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THE CANADA LANCET.

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE,
CRITICISM AND NEWS.

VOL. XVI. TORONTO, JULY, 1884. No. 11.

Original Communications.

GLIMPSES OF TRANSATLANTIC SURGERY.*

BY J. P. BROWN, M.D., L.R.C.S.E., GALT, ONT.

GENTLEMEN :—Perhaps it would not be uninteresting while dealing with subjects with which all are familiar to touch lightly upon observations taken at the hospitals of England and Scotland only a year ago, and it is but just before commencing to remark upon the increasing number of graduates of our Canadian Universities, who find it to their advantage year by year to spend a season or more in the time-honored institutions of our mother-land. We, as Canadians, are proud of the position which our colleges occupy, and of the honors and other marks of distinction conferred upon our students when abroad ; yet, we cannot but feel and confess that these old centres of civilization with their crowded populations, their long trained and tried men, their accumulated lore and experience of centuries, open up to us a deeper and a wider field for research, and offer a more thorough knowledge of the art and science of our profession than we can possibly obtain in as limited a time in our own land. Hence it cannot but be a sound policy for our men after obtaining a theoretical training at our own schools, than which few can afford better, combined with all the practical information which our hospitals can give to finish off and prepare themselves for practical life by a season or two abroad. True, I did not follow this course myself, but allowed fifteen years to elapse after graduation before putting the plan into execution, but on the principle of "better late than never," the few months spent in hospitals abroad, will ever be remembered as a bright and profitable period, as well as a happy break in the ordinary routine of regular practice.

My first visit was to Old Edinboro' with its

classic beauty—its halls of learning—its monuments of Art—and to me, above all, its immense complex but complete Royal Infirmary. I will not describe the building, but when I say it is admirably situated, with good drainage, beautiful surroundings, and composed of an elaborate succession of buildings, all well lighted, well ventilated, and connected together by wide covered corridors, I have said enough. It is the only hospital in Edinboro, and is consequently systematically arranged for the admission of persons of all ages, and both sexes when suffering from disease or injury, or otherwise requiring professional skill. The staff of professors and teachers is composed of good men—the majority of them young or in the prime of life, many of them eminent, either as physicians or surgeons, and their clinical lectures in almost every case were clear, logical, searching expositions of the subject matter in hand.

Joseph Bell is among the most uncompromising of the disciples of Lister ; and his many operations that I witnessed, with the exception of one, were all performed under spray. He removed a number of breasts for scirrhus, and the treatment in each case was very similar to the preceding one. After producing anæsthesia, the carbolic spray was turned on—the instruments, sponges, &c., all being taken out of trays containing a one to forty solution of carbolic acid. The incisions were often elliptical ; cat-gut ligatures were invariably used ; also a long drainage tube which appeared to me of unnecessary thickness ; the usual sutures, but no plaster straps ; small oil silk protective placed over the line of union, covered by heavy layers of gauze, the lower ones being soaked in weak disinfectant solution. The cases were allowed to stand over for two days and then dressed daily under spray, the arm being bound each time almost invariably to the side. Although the cases differed much, they all did well. The union was generally rapid, and I was informed that frequently many years would elapse without a recurrence of cancer.

The exceptional case that I mentioned was one of extensive necrosis of the tibia. He refrained from using the spray on account of the deep-seated and wide-spread suppuration. This seemed like a strange argument to be used by an advocate of Listerism. He laid the leg open for two-thirds the length of the tibia, and with hammer and chisel, cut through the sound bone to reach the sequestra.

* Read before the Ontario Medical Association, Jan. 5th, 1884.

These being removed, the several dressings of silk and carbolized gauze were applied. The dressing under spray was repeated on the third day, and at intervals subsequently the patient making a rapid recovery.

Prof. Annandale, who ranks high in the estimation of Scotch University men, had one remarkable case which made quite an impression at the time. He cut down through the mesial line upon the prostate in search of a supposed tumor but found instead a completely encysted stone an inch and a quarter in diameter, imbedded in the prostate. He extracted it with the cyst. The operation caused great hemorrhage. This continued with so much severity, that half an hour subsequent to the completion of operation, the drainage tube was taken out and the wound plugged with silk carbolized. In a few hours hemorrhage ceased, the tube was returned, and the patient, I believe, made a good recovery.

Genu-valgus, or Knock-knee, is common among the lower classes in the British Isles, and the operation for the deformity so frequent, that I may be pardoned for describing one of Prof. Annandale's cases. The child, female, 8 years old, was anæsthetized, and both limbs operated upon. A longitudinal incision in front and to inner side and parallel to lower third of femur was made, and wound held open by traction hooks. This was followed by a cross incision through the periosteum a little above the inner condyle and the bone itself cut almost through at the same site with hammer and chisel. The balance of the bone was broken by force, and the other limb being treated in like manner, they were each in turn straightened and fastened to the arms of a frame splint, the arms passing upwards on the outside of the limbs and were united by a cross-bar below the feet. No spray was used but carbolic oil—one to ten—was dropped on the wound from a syringe used for the purpose.

Among the most deeply interesting of operations was one performed by Mr. John Duncan, for obstruction of the bowels of a chronic character, upon a woman over fifty years of age. Five years previously she had suffered severely from abscess of the right iliac fossa; this had opened externally and I understood the operator to say into the bowel also. This fistula remained open for some time and finally closed, from which period the patient began

to suffer from obstruction. Fecal discharges were always small and watery and accompanied by pain. Sometimes obstruction became complete for a week or ten days with much vomiting, not unmixed with stercoraceous matter. During these periods life would be sustained by enemata of milk and beef-tea. Slight natural evacuations would again occur, and by careful dieting and copious injections the patient would enjoy a sufferable existence for several months again until the old symptoms would return. Each time the attack of complete obstruction became more alarming until finally Prof. Duncan decided to operate. So important and interesting was the case generally considered that a full staff of professors and lecturers, besides a large number of outside members of the profession gathered with the students in the principal operating theatre at the appointed time. Anæsthesia being complete, Mr. Duncan excised the old scar, and then carefully dissected through the adhesions down to the intestine. The first incision was parallel to Poupart's ligament. From this a little internal to the centre of it, another was made directly upwards. The flaps were deflected and the intestine reached. The affected portion was found, and was with much difficulty separated from its adhesions. The diagnosis was fully confirmed. The affected intestine was of a dark red congested color, and its calibre very much diminished. On examining it afterwards it would barely admit of the insertion of a pen-holder. Having extracted a sufficient amount of the intestine external to the abdomen so as to secure facility for completion of the operation, sound portions of the bowel above and below the stricture were fastened together by silk suture behind. Then the anterior and lateral portions of the upper gut were stitched to the upper portion of the intended artificial anus of the abdominal wall, and the anterior and lateral portions of the lower gut fastened by suture in like manner to the integuments above Poupart's ligament. The wound then being closed as much as possible, the bowel itself was excised to the extent of about three inches, the two segments thus together forming the artificial anus. The operation lasted one hour and-a-half, during which time the patient was completely under the influence of chloroform; and as the hemorrhage was very free, and the patient herself much emaciated, many expected that she would hardly survive the operation. She rallied,

however, very well, and Mr. Duncan, in his subsequent address stated that, if this primary operation proved successful, he intended, in due time, to perform a plastic operation, closing up the artificial anus and thus restoring the natural one to its normal use. Spray was not used in this case, Mr. Duncan being as strong an opponent, as Mr. Bell was an advocate of its utility. The dressings, however, were of the usual antiseptic character. Patient passed a good night, and reported herself as freer from pain on the following morning than she had been for months. I did not hear the subsequent history of the case.

On my last visit to Edinboro Infirmary I saw a patient suffering from one of those unfortunate accidents which sometimes occur even in the hands of the best surgeons. It was a case of empyema in a strongly built man of about thirty years of age. Paracentesis had been successfully performed a week previously, and a rubber drainage tube inserted; several pints of pus were discharged. From that time the drainage had been constant. One dressing had been made since under spray. But on approaching the bed on this occasion we found the poor fellow suffering very acutely. His lips were purple; he was propped up in bed and laboring under the severest dyspnoea. The surgeon was alarmed by his unexpected appearance, and immediately removed the dressings under the spray as before; but the discharge was very slight, and no drainage tube could be found. It slipped inside the pleural cavity, and by its presence there undoubtedly caused all the distress and general symptoms of collapse which we witnessed. The surgeon made many efforts to find it. He enlarged the wound, passed his forefinger deep within the chest, used forceps of different shapes, tried exploring sounds, and various positions of the body, with no effect but to increase the agony of the sufferer. The dressings were put on again and we left the ward sadder and perhaps wiser than when we entered. How long the poor fellow lasted I did not hear.

With regard to these drainage tubes I may mention that the usual way of securing them is to pass a couple of strong sutures through the external end and then to secure them firmly to the limb or body before applying the dressings. I was speaking of this case to the House Surgeon of the Children's Hospital, in Hackney, London, some weeks later.

He remarked that they always found difficulty in securing the tubes so as to avoid the possibility of accident; and that he had devised a method which secured perfect safety. He showed me the arrangement, and also two in actual use there. The end of the tube was split in quarter segments longitudinally. A circular rubber cap was then made with a hole in the centre large enough to admit the tube. The ends were passed through, and by the application of heat welded on to the upper surface of the cap. The cap would thus effectually prevent the possibility of slipping in so much dreaded.

As the surgical cases, methods of operation and general treatment were very similar in the various hospitals of London to what they were in Edinboro; I will not dwell on them, but pass on to notes taken upon several ovariectomy cases at the Samaritan Hospital at the west end. The building is not large, being simply one of a row of good sized three storey houses, supplied with a rear entrance for patients and a front one for the medical staff and visitors. The lower flat is devoted to offices, visitors' room, and out-patient department, where a very large number of women are treated daily. The ovariectomy rooms are on the highest floor and hundreds of operations are performed there every year by Sir Spencer Wells, Mr. Thornton, Mr. Bantock and others. Sir Spencer Wells and Mr. Thornton both use carbolic spray, and the Lister treatment in full, while Mr. Bantock, like Dr. Keith, of Edinboro', has entirely discarded the former while adhering to the latter on general principles. I saw two of Wells' cases. They both made excellent and rapid recoveries. I might describe Mr. Thornton's method of operating, as I had the good fortune to witness two of his operations on succeeding days. In each the fullest preparations were made. The room was scrupulously clean—ventilation perfect—instruments and sponges all placed in trays containing carbolic solution one to forty in strength. The hands of the operator and all his assistants, nurse included, were washed in like preparation. None others were allowed even to touch the patient or any of the instruments, sponges, &c., employed in the operation. In each case spray was used. The sponges, of which there were a large number, were wrung out and counted by the nurse upon the order of the operator before commencing—patient was put under chloroform—extremities covered warmly—abdomen exposed

and covered by rubber cloth, containing oval aperture, and held tightly down.

The incision in each case was between four and five inches long, extending from an inch below the umbilicus in the mesial line toward the pubes. After cutting through the abdominal wall, a tapping instrument with rubber tubing attached was plunged into the cyst, and the fluid drained into a vessel beneath. The cyst-walls were then gradually extracted, the adhesions being broken down by the fingers or handle of scalpel, the blade being used very little—numerous artery forceps were employed and allowed to remain suspended until the close of operation—torsion in many cases doing away with the necessity for ligatures. The large arteries were all ligated with cat-gut. The pedicle in each case was secured by a strong double silk ligature passed through its centre, then divided, each half being tied by its own half of the ligature. These were cut near to the knot. The pedicle being cut short was returned into the abdomen. Great pains were used to perfectly stop the hemorrhage before closing the abdomen. Finally, by a free use of sponges the oozing ceased. The nurse was again ordered to count the sponges while the external wound was being closed with interrupted sutures. In neither case was a drainage tube used. Dry lint was placed over the surface and long strips of adhesive plaster laid laterally over the abdomen. The patient was then removed to a bed in the same room, and shortly after returning to consciousness a dose of opium administered. The lightest diet was ordered for several days. An enema after three or four days and no dressing of abdomen for a week.

Mr. Bantock's operations, which resembled very much those of Mr. Thornton, with the single exception that spray was not employed, were all equally successful in the end. He had one rather peculiar case that created a good deal of interest. A woman aged about forty had an immense abdomen. He and several other physicians had, at different times, examined her very carefully. They could not, however, be sure in diagnosis, and so he announced to the class that as the case was doubtful he would make an exploratory incision. He made all the preparations for ovariectomy if necessary, and then making a straight linear incision in the mesial line for three or four inches, introduced a director and cut through the peri-

toneum. As a result there was an immense discharge of light straw-colored fluid; the case being one of peritoneal dropsy. Numerous adhesions had been formed between the gall-bladder, liver and intestines and granulations were present everywhere. The case was dressed like one of ordinary ovariectomy and made a good recovery, though in all probability the dropsy would not be long in returning.

Before leaving this subject I may mention that prior to leaving Edinboro' I had a long conversation with Dr. Keith. He has the reputation of being the most successful ovariectomist in the world. In recounting his experience he stated that some years ago he performed six operations within a few days of each other. He used the spray in every case. They were all what he considered average cases, and he performed the operations in his ovariectomy ward at the Royal Infirmary. Three out of the six died being a mortality of fifty per cent. This shook his faith in the efficacy of spray protective, and he determined to perform his next six without it although in other respects using anti-septic routine. The result was most gratifying and consequently he continued the practice. Out of the last fifty-one cases, although all spray had been discarded, he had lost but one, or barely two per cent., the lowest percentage on record. This result has had the effect of thoroughly establishing his views. Dr. Keith claimed that there were three valid objections to the use of carbolic spray in ovariectomy. 1st. The constant throwing of spray over the abdomen of the woman for the length of time required to perform the operation, had the effect of thoroughly chilling the system, and acting as a vital depressant. 2nd. The amount of carbolic acid absorbed was sufficient to have a seriously sedative or poisonous effect. 3rd. The spray obscured the parts operated upon, and consequently rendered the operation itself somewhat more difficult and dangerous. One would imagine that Dr. Keith's objections are hardly entitled to the weight which he gives them, when we remember that Sir Spencer Wells, with his habitual use of the spray, loses barely four per cent.

It seems strange to find in the regular surgical staff of any large hospital such a diversity of views entertained by the leading men. One would judge however, that extreme Listerism is on the wane. And why should it not be? when men who have

discarded it are equally successful with those who sedulously follow its rigid routine. In obedience to the germ theory and Listerism combined we are directed to open abscesses, only under the protective influence of the spray: yet as I said before, Prof. Bell, the strongest supporter of the practice at the Edinboro' Royal Infirmary discarded it in his case of necrosis of the tibia, on account of the extensive suppuration existing, and yet in what essential points did this differ from an abscess?

Before closing I would like to say a word or two with regard to the administration of chloroform, of which I saw several hundred cases, in none of which was there any evil result. In Edinboro' a handkerchief or napkin was usually doubled or twisted to suit the fancy of the administrator. A drachm or two was placed upon it and renewed as occasion required. One operator folded his napkin in a small rectangular form, poured the chloroform on one side and placing the edge of the cloth on the chin just below the lip, held it at right angles to the face. The mouth and nose thus remained uncovered. His theory was, that the vapor of chloroform, being so much heavier than the air, would not rise, but be drawn in with each inspiration. The patients usually went quietly under the influence of the anæsthetic. There was very little opposition to its administration, and they were kept quite unconscious until the operation was over.

At the London Hospital which has nearly 800 beds, and at which a very large surgical practice is done, it is the almost universal custom to administer chloroform through an inhaler. The amount required is thrown into the instrument—which is then clapped tightly over the face—while the assistants hold the fortunate or unfortunate victim. The result is that in almost every case there is at the commencement a somewhat violent struggle. The patient cries for air, says he is choking, suffocating, etc., but the only effect is that the apparatus is held if anything a little more closely until the patient gradually becomes unconscious and ceases his struggles. In my inexperience in this method of producing anæsthesia, I was constantly afraid that some poor fellow would succumb, ere the surgeon's knife performed its important duty; but I am happy to say no such unfortunate casualty occurred. Still my impression with regard to an inhaler was not at all favorable—and I fancy it will be a long

time ere I add one to my ordinary armamentarium.

As a rule the hospitals in London and Edinboro'—particularly the Royal Infirmary at the latter place—are admirably kept. The wards are scrupulously clean. The ventilation systematically attended to—while each hospital has its full complement of trained and efficient nurses. The ladies there take a lively interest in these noble works of charity, and regularly supply them with hampers of choice flowers, very many of these being presents from the conservatories of the wealthy. These are divided up into bouquets and clusters and placed at regular intervals once or twice a week throughout the wards, cheering the thousands of sufferers by their beauty and fragrance. The physicians and surgeons are among the best of men—large-hearted noble fellows—who take a genuine pride and pleasure in doing all they can to alleviate the sufferings of the unfortunate class of people committed to their care. And filled as the hospitals are by sufferers from the lower walks of life, many of them constantly living from hand to mouth, and barely scraping together the necessaries for existence, it is little wonder that they often look back to the days or weeks spent in the hospital or infirmary as among the happiest of their lives.

REPORT ON ASIATIC CHOLERA IN CALCUTTA, BY PROFESSOR KOCH.

Translated from *Uniao Medica*, Rio de Janeiro, by JOSEPH WORKMAN, M.D., Toronto, Ont.

As a complement to my report of the 16th of December last, on the labours of the Commission on Cholera in Calcutta, I have now the honour of transmitting to your Excellency the following information:—

The Commission has every reason to be gratified with the efficient concurrence and the sympathetic support awarded by the local authorities and the chiefs of hospitals.

We were permitted to examine almost all the bodies of those dying of cholera in the city hospitals allowed to be opened. Up to the present time we have made note of the materials furnished by nine autopsies, and eight patients under cholera.

As these cases occurred at equal intervals, we had sufficient time for the continuation of our investigations with all care. Various cases which

ended in death, after a short course, and without presenting any other complication of a pathological nature, afforded us opportunities for making important observations. From these favourable circumstances the Commission was enabled to give much advancement to the solution of the problem.

We must first of all say, that from the microscopic analysis we were able to discover, in the intestines of choleric, the same bacilli which we had before discovered in Egypt. In my report of 17th December last, I left provisionally undecided the question whether these bacilli, like other bacteria, belong to the number of the habitual parasites of the human intestine, or are, under the exclusive influence of the pathological process of cholera, developed in the intestinal mucus. Up to this time many characteristics which should have enabled us to distinguish these bacilli from other similar microbes, were wanting. Fortunately this want has now been met, thanks to the methods employed in the Hygienic Institute, which in this particular afforded valuable service, we have been able to isolate the bacilli coming from the intestines of choleric, and to cultivate them in pure media. A rigorous observance of the bacilli developed in cultures of complete purity, has led us to discover certain properties which are very characteristic, relative to the form and the growth of these bacilli in nutritive gelatine, so as to render it possible to distinguish them perfectly from other bacilli.

We have now no difficulty in answering the question whether the bacilli exist habitually in the intestines, or are met with only in the intestines of choleric.

In the first place, by means of cultures made in gelatine, we succeeded in discovering the bacilli, not only in the dejections of choleric, but also in the intestinal contents of the choleric cadavers. This result was constant in all the cases examined by us. We proceeded to examine the intestinal contents of other cadavers, and found that the bacillus did not exist in them. Until the present, eight cadavers of persons who died of different diseases, (pneumonia, dysentery, phthisis, and kidney disease), have been examined by us. Lastly we have examined the intestinal contents of different animals and substances rich in bacteria, and so far we have not met with a single bacillus resembling that of cholera.

If in the future these facts shall prove constant, we shall have achieved a very important result. In fact, if these bacilli, endowed with specific properties, pertain exclusively to the cholera process, it will no longer be legitimate to doubt that an etiological relation exists between their presence and cholera, even when trials to reproduce the disease in animals prove abortive. But here also, the conditions appear to be very favorable, as some recent experiments on animals have furnished results that permit the hope of future success.

Besides these labours the Commission succeeded also in acquiring information as to the conditions that favour the development of cholera in Calcutta—a question of much interest and capital importance.

Outside of India, in cities which have not been attacked by cholera, unless at long intervals, it is impossible to determine with security the salutary influence that certain hygienic measures, such as improvement in the quality of drinking-water, and drainage of the soil, etc., have over cholera; therefore the fact of cities having been preserved one or more times from the scourge, is found always to be subordinate to accidental causes. In the meantime, in cities such as Calcutta, which present yearly a considerable mortality, any hygienic measure that has an effective action against the malady, must lead to a manifest diminution of mortality.

Now, from 1870 onward, cholera has suddenly diminished to a very evident extent in Calcutta. Before that year the mean annual mortality from cholera in Calcutta, was 10.1 per 1000 inhabitants. Since 1870 it has come down to 3 per 1000. This fact deserves attention, and it ought to contribute to the effectual combatting of the scourge.

According to the almost unanimous opinion of physicians here, the diminution of cholera is to be attributed to the establishment of a good supply of drinking-water. The Commission felt it to be their duty to form their opinion in this relation, from actual inspection. For this purpose they visited the hydraulic works and the system of water supply of Calcutta. They made a series of analyses of the river water, before and after its filtration at Pultah, and they found that the water destined for the use of the population possesses excellent qualities.

Through the medical journals the French Com-

mission charged with the study of cholera in Egypt, declare, in their report, that they have obtained results that differ from those which I have had the honour of making known to your Excellency, and of having found in the blood micro-organisms special to cholera. In view of this statement your Excellency may have been led to suppose that the German Commission has succeeded badly in its investigations; I therefore regard it as my duty to make known to your Excellency my opinion in this relation.

In the human blood we find, along with the red and white corpuscles, small rounded, pale elements, varying in number, denominated by us *Blutplattchen*. In various pyretic diseases, as petechial typhus and pneumonia, the number of these elements increases. In consequence of the resemblance which these elements have to micro-organisms, they have been confounded with bacteria.

These elements are met with in quantity in the blood of choleric and their cadavers, as I have verified. Moreover, it is not a new fact; other observers had before announced it. Dr. Cunningham, in his work, "*Microscopical and physiological researches into the nature of the agent producing cholera*," 1872, gave an exact representation of these elements in the blood of choleric.

Seeing that the most rigorous methods of investigation have never enabled us to discover in the blood of choleric other elements similar to bacteria, and that the description given by the French Commission of the elements mentioned, assimilates in every point to the *Blutplattchen* above mentioned, I am forced to admit that the French Commission has fallen into the same error as other observers who have taken these *Blutplattchen* for specific organisms. These elements cannot have any etiological relation to cholera, for, as has already been said, they are met with in the blood of persons in a healthy state, or those who have been attacked by diseases different from cholera.

THREE CASES OF NECROSIS OF THE LOWER THIRD OF THE FEMUR.

BY THOS. R. DUPUIS, M.D., ETC., KINGSTON, ONT.

Both caries and necrosis of bone are common enough diseases, and their pathology and general treatment I shall not attempt to discuss. Volumes

have been written upon them and every surgical work contains sufficient information for the guidance of the general practitioner. My object is simply to place before the readers of the LANCET a few thoughts on necrosis occurring in that peculiar, yet comparatively frequent site, the popliteal surface of the femur, and to record the success that has attended the cases in which I have operated, by thorough removal of the sequestra. Three cases are not many indeed, but following each other in close succession and yielding such satisfactory results as they have, render them worth a passing notice.

As is well known caries attacks the most vascular parts of bone, and bones distinguished by abundance of cancellous tissue such as the vertebrae, sternum, innominate bones, the carpus, tarsus and the articular extremities of long bones, notably the femur, tibia and humerus. Necrosis, on the other hand, is more strictly confined to long bones, and especially to those which lie superficial or close under the integument, and are thus more liable to injury from blows, changes of temperature, etc. Recently, however, I had under my care a case of necrosis of the posterior portion of the sacrum in a saddler, who had sat much on his bench. I removed several pieces of bone. Some years ago I had a case of extensive necrosis and exfoliation of the outer table of the frontal bone in a sewing girl who used frequently to strike her forehead against some part of her sewing machine when stooping over to thread the needle or regulate the thread. In reality, therefore, there is no obvious line of demarcation between the sites of caries and necrosis, the one or the other depending greatly upon the structure of the part attacked and the activity of the circulation in it. According to Mr. Timothy Holmes, chronic inflammation of bone is generally the result of one of three causes, namely syphilis, rheumatism, or injury, and he thinks this arrangement of causes indicates their order of frequency. Every practitioner of experience must be familiar with examples of diseased bone from various causes. Those practising in large cities will, as a rule, see more of the results of syphilis, while those practising in small towns and country places will be the better acquainted with diseases of bone from rheumatism and injury. I cannot, however, consider rheumatism a frequent cause of either caries or necrosis,

for although I have repeatedly witnessed changes in the articulations of bones from rheumatism, such as eburnation, exostosis, apophyseal enlargements, etc., I can recollect only two cases in which necrosis of bone followed acute rheumatism, one being a case under my own care in a girl about fourteen years of age, and the other case in a girl of about the same age upon whom I saw another surgeon operate for the removal of the sequestrum. The seat of the necrosis in both cases was the external surface of the upper part of the shaft of the right humerus. Bone affections from syphilis are too common, assuming almost every variety, and attacking almost every part of the osseous system. Those from injury may of course be found in any bone liable to external violence; yet they may be more or less limited to certain situations, because some parts are much more susceptible of morbid action than others, and thus an injury which in one situation would develop into inflammation and necrosis would in another pass off without serious consequences. The greater susceptibility to morbid action accounts for the frequent occurrence of necrosis in the popliteal portion of the femur, following injury to that bone; the chief causes of this being its vascularity and its great size where it expands into the two condyles. The patients of whom I write are not scrofulous, rheumatic or syphilitic as far as I could discover, and the necroses for which I operated were purely traumatic, although no one can deny the fact that their osseous systems must have been somewhat more liable to disease than is compatible with a perfectly healthy constitution.

The first case was a laboring man, aged 26 years, who had suffered for about fourteen years with fistulous openings about the popliteal space. They discharged large quantities of pus and occasionally small pieces of bone, healed and re-opened, and new ones opened when the old ones healed, and they were accompanied by all the symptoms of dead bone. The history of his case was that he had been hurt upon the leg above the knee by a blow from a stick, when a boy of 12 years old, while he was at work picking up chips and brush in a "new fallow," where men were "logging." After receiving the blow his leg swelled greatly, pained him very much, was poulticed and fomented for a long time, and finally "lanced," by which operation a large quantity of pus was liberated.

From that time the wound could never be healed, and he was regarded as being afflicted with a "fever sore."

Examination revealed a sequestrum of dead bone inclosed by new growths between which were numerous cloacæ through which the discharges found their way. He was greatly reduced in flesh and strength, unable to walk about without crutches, and in every way in a very unpromising condition. After due consideration of all the circumstances, and at his request, I decided to operate upon his leg. Preliminaries having been arranged an incision over four inches in length was made into the popliteal space in such a direction as to lie to the inner side of the external popliteal nerve and to the outer side of the vein and artery. On reaching the bone it was found necessary to use the chisel and mallet to cut away the new growths, and liberate the sequestrum. The largest piece removed was nearly four inches in length, jagged at the ends and presented a generally worm-eaten appearance. All small pieces were carefully taken away, and the cavity thoroughly washed out with carbolyzed water, 3 per cent., by means of a syringe. The operation was performed on the 15th of May, and he was well on the first of the following September. The man continues strong and well (now over three years) and earns his living by sawing wood and other laborious occupations.

The second case was that of a laboring man aged 33, who when between nine and ten years of age while attending school hurt his leg. He and the other boys used to go in swimming, and after coming out of the water to run and jump about violently for a length of time. One day he hurt his leg during this exercise, and it was attacked with severe pain, great swelling supervened, formation of pus, and its discharge by "lancing," followed, and for a year he was entirely laid aside. He gradually recovered partial health and strength so as to be able to work when he grew to be a man, but the sores resulting from the injury could never be got rid of. When he came under my care his leg showed evidence of several sinuses having healed, but two—one from each side of the limb which communicated—were open and discharging freely. It looked almost incredible that a sequestrum could be so long in dissolving, but it was true nevertheless, for examination revealed dead bone. An operation similar to the preceding one was

performed on the 3rd of March last, a piece of decaying bone two inches in length was removed, and by the end of April, the wound was entirely healed.

The third case was a healthy looking boy, aged 13 years, who had got his leg hurt by wrestling about a year previous. Usual history of such cases, pain, swelling, suppuration, and open sinuses. Examination revealed dead bone. As the sequestrum here lay upon the outer part of the posterior surface of the femur, I reached it by cutting in from the side, just in front of the tendon of the biceps. The bone was easily reached, the dead portion removed without difficulty. In six weeks the wound was healed, and the boy went home well.

What I claim for these three cases is, that they show the propriety of removing dead bone at the earliest possible opportunity, the ease and safety with which sequestra may be removed from the posterior part of the lower third of the femur, if proper care be exercised, and the frequency of necrosis, in this peculiar site. The first patient had suffered for nearly fourteen years, and was well in about $3\frac{1}{2}$ months after the operation. The second had suffered for 23 years and was cured in about two months by operation. The third case had been going on for a year, but was terminated by a return to health in six weeks after operation. In all of them Esmarch's bandage was used during the operation and bleeding was almost *nil* after removal of the bandage. The drainage tube was inserted into the lower part of the wound and the rest of it brought together with sutures; carbolic oil and lint was applied to the wound and the leg enveloped in a roller bandage from the foot upwards. No bad symptoms followed any of the operations, all progressing favorably to the cure.

ON EXCISION OF THE TONSIL.*

BY G. STERLING RYERSON, M.D., L.R.C.S., E.

Lecturer on the Eye, Ear and Throat, in Trinity Medical College, Toronto.

The question, "When should a tonsil be excised?" is an exceedingly practical one which comes up for discussion almost every day in practice. The answer it would be well if possible to define precisely. The indications for excision I consider

to be the presence of symptoms either of impaired nutrition with marked obstruction to respiration, frequent relapsing, inflammation or suffering in contiguous parts.

Marked enlargement of the gland is almost sure to be accompanied by impairment of the general health, partly through the imperfect circulation of the blood, and partly also because of the broken rest at night. It is also probable that the stomach suffers from the constant swallowing of unhealthy mucus. Obstruction to respiration is a serious matter in the young, inasmuch as it causes the deformity of the chest, known as "pigeon breast." These symptoms demand the removal of the offending gland, because there is not time to wait for the slower action of internal and local remedies. The Eustachian tube and middle ear are very apt to suffer from inflammation by contiguity. The nasal mucous membrane also may, and frequently does present symptoms of severe inflammation and consequent obstruction of the nose. These symptoms also demand most urgently the removal of the tonsil.

Tonsils, the seat of chronic relapsing inflammation, should be removed. Also cases of true pathological hypertrophy of the tonsil are best treated in the same way, medicinal treatment being nugatory. The tonsils are frequently enlarged in strumous and delicate children; if there be no symptoms as before related, they are best left and treated by internal remedies, prominent among which are syr. of the iodide of iron and compound syrup of hypophosphites. Local astringents may also be used with benefit. In cases of follicular tonsillitis it is not often necessary to remove the gland. Local treatment with fused nitrate of silver on a probe applied to each follicle is generally successful. Mere enlargement of the gland without other symptoms, I do not consider to indicate its removal.

With regard to the mode of operation, the cases must be selected. For large, prominent tonsils, especially in children, the tonsillitome is, in my opinion, best suited. In moderately enlarged and very hard tonsils, in true hypertrophy and in the long, flat-shaped tonsil, the vulsellum forceps and blunt bistoury should be used. It is almost impossible, however, to use the bistoury in the case of young children, without an anæsthetic. I do not regard the danger of hemorrhage as a very

* Read before the Ontario Medical Association, June, 1884.

serious one. It is very rare, and it can be controlled by pressure on the artery, local tampon, or in extreme cases by ligature of the carotid. It is most dangerous in children who do not know enough to assist the operator.

THE LOCALIZATION OF PERINEPHRIC LESIONS BY MEANS OF CLINICO-ANATOMICAL STUDY.*

BY JOHN B. ROBERTS, M.D., PHILADELPHIA.

The author stated that his paper was suggestive rather than demonstrative or conclusive; and that he hoped the Fellows of the Association would investigate all cases of perinephric disease, which they met, with a view to definite localization.

The lesions liable to involve this region primarily or secondarily, are inflammation, abscess, cancer of the kidneys, cystic degeneration, renal calculi, hydronephrosis, etc. The early recognition of the exact seat of such lesions can only be attained by study of anatomical relations and clinical histories. The importance of such localizing knowledge will not be gainsaid in these days of nephrotomy, nephrectomy and kindred operations. As the study of cerebral localization has now advanced beyond the stage of speculative physiology, and has become of practical value to the physician and surgeon, so will the study that leads to localization of perinephric lesions become of future value. The symptoms and signs which must guide us in fixing the exact site are those due to extension of inflammation to adjacent structures, and those caused by increase of bulk and consequent pressure at the seat of disease. These may be termed the localizing symptoms as discriminated from the inherent symptoms of the lesion itself.

Although there are no dividing lines separating the perinephric area into tracts, it is convenient to speak of upper, middle, and lower anterior, and upper, middle, and lower posterior tracts.

The speaker then discussed the various symptoms likely to be produced by lesions in these different tracts; and from the clinical histories of cases reported by himself and others, and from anatomical study deduced the following conclusions:—

A table of symptoms of probable and possible value in localizing perinephritis and perinephric lesions. All anterior regions.—Pain, tenderness, swelling, œdema, pointing, etc., in front and side of abdomen. All posterior regions.—Pain, tenderness, swelling, œdema, pointing, etc., in loin. Upper tracts.—Pleuritic friction, pleural effusion, empyema, expectoration of pus, dyspnoea, suprarenal involvement, solar plexus involvement. If on right side, bilateral œdema of legs, jaundice, fatty stools, persistent vomiting, rapid emaciation, ascites. Middle tracts.—Albuminuria and casts; suprapubic, scrotal or vulvar pain or anæsthesia, suppression of urine, uræmia, pus in the urine, œdema of scrotum or varicocele; especially on left side. Lower tracts.—Flexion of hip, pain or anæsthesia of front, inside or outside of thigh, retraction of testicle, pain at knee, scrotal or vulvar pain or anæsthesia, without accompanying albuminuria, unilateral œdema of legs, abscess or sinus near Poupart's ligament, constipation (if left side), involvement of chyle receptacle (if right side).

Correspondence.

THE PUBLIC HEALTH BUREAU.

To the Editor of the CANADA LANCET.

SIR,—In the May number of the LANCET, in an article on "Public Health," it is stated that the meeting of the profession which was held here in March to consider the Dominion Health Bureau question, ignored (though not intentionally) "the body that had hitherto conducted such work," referring, I suppose, to a special committee, which had been appointed for two or three years, previous to last year's meeting of the Canada Medical Association at Kingston, but which at the last meeting was not re-appointed; hence there was no such committee as that to which you allude to "conduct the work." Besides, the medical men in the House being legislators and representatives, considered that with them might most properly originate any such movement as the one upon which action was taken. It was the intention to fully consult the *public health* committee of the Association in reference to the proceedings before any legislation took place. Furthermore, at that meeting there were about twenty-five medical men, while at the latter meeting to which you refer, when the resolution

* Read before the American Surgical Association at Washington, D. C., May 2nd, 1884.

was passed that 'further consideration be deferred' &c., there were, I think, not more than about six. Later again another large meeting was held, at which, besides many members of the House (medical) were some twelve or fifteen medical men from Quebec Province, which concurred in the main with the action of the first meeting, as did the deputation concerning sanitary matters from the province of Quebec. It was the strong desire of all that there should be 'united' action. By giving the above publication you will oblige,

Yours truly,

EDWARD PLAYTER.

Ottawa, May 26th, '84.

Reports of Societies.

ONTARIO MEDICAL COUNCIL.

The annual meeting of the Medical Council of the College of Physicians and Surgeons of Ontario was held in Toronto on the 10th ult., Dr. G. Logan, of Ottawa, President, in the chair.

Dr. V. H. Moore, representing Queen's College, was enrolled as a member. After routine the President delivered his valedictory address. He alluded to the satisfactory manner in which the officers and board of examiners had discharged their duties. In regard to the matriculation examination, it was found that the Education Department, while requiring of all students in Latin only 20 per cent. for pass, demanded from those who had previously passed the intermediate and came up for the Latin only, 40 per cent. for pass. Regarding this as unfair, he directed the registrar to pass all students who made 20 per cent. and upwards in Latin. He granted no permits to practise during the year nor stayed proceedings in any case. He was urged to undertake the expense of the defence of Drs. McCammon and Bray in the recent libel suit, but in consulting the solicitor, he was informed that such action would be illegal. He thought the Council should at once endeavor to obtain power to punish those who violate well understood rules of the profession. Dr. Day was then elected President for the ensuing year and Dr. Spragge Vice-President.

The following Standing Committees were next appointed:—Registration Committee—Drs. Rosebrugh (*Chairman*), Vernon, Bergin, Fenwick and J. W. Wright. Rules and Regulations—Drs. Mc-

Donald (*Chairman*), Grant, Rosebrugh, Campbell and J. W. Wright. Finance—Drs. Edwards (*Chairman*), Allison, McCargow, Henderson and Douglas. Education—Drs. Lavell (*Chairman*), Geikie, Moore, H. H. Wright, Edwards, Burritt, McDonald, Husband, Logan, Williams, Burns, Cranston, Bray, Fenwick and Buchan. Printing—Drs. Vernon (*Chairman*), Moore, Campbell and Burritt.

Petitions and communications were then read and referred to the proper committees. The report of the Curriculum Committee was also read and referred to a committee. The report of the Board of Examiners was referred to the Education Committee.

The special committee appointed last year to make arrangements for the sale of the College Building, reported that they had an offer of \$15,000, but they understood that the value of property in the neighborhood was rapidly advancing, and advised delay. They had an offer of a site near the Toronto University on very favorable terms.

June 11th, 1884.

After reading the minutes, several notices of motion were given and petitions read, among others, one from Mrs. Dr. Corlis, of St. Thomas, asking to be registered as a matriculated student, which was referred to the Registration Committee.

Dr. Fenwick then moved, that after this date examinations for medical students be held in the city of London, in addition to the examinations in Toronto and Kingston. After considerable discussion, the motion was ruled out of order, as the Act expressly states Toronto or Kingston.

Dr. Burns introduced a by-law, which was passed, to regulate the election of representatives to the Council, which will take place on the last Tuesday in May, 1885, and also for the appointment of returning officers. The by-law requires that every candidate who seeks election must have the signatures of at least ten registered practitioners resident in the Division, attached to the nomination paper. The following are the names of the returning officers:—Drs. G. E. Richardson, Chatham; J. S. Edwards, London; H. P. Yeomans, Mount Forest; H. McKay, Woodstock; W. T. Harris, Brantford; T. W. Reynolds, Hamilton; J. E. White, Toronto; R. J. Gunn, Whitby; R. W. Bell, Peterboro'; W. Hope, Belleville; A. J. Horsey, Ottawa; J. W. Pickup, Brockville.

The report of the Treasurer was then read. The

receipts during the year were \$9,549.88, including a balance from last year of \$2,163.98; the examination fees from pupils and the registration fees from physicians, amounted to \$6,370.28. Less than \$200 was received from fines inflicted upon illegal practitioners. The expenditures amounted to \$5,658.14, which included a payment of \$1,081.86 to members of the Council, about \$1,500 for salaries, and \$1,331.60 to examiners, leaving a balance on hand of \$3,891.74. No payments have been made towards liquidating the debt on the building.

The following changes were made in the Curriculum, but they do not come into force until one year from date:—

Graduates in Arts will hereafter be required to take a four years' course and be examined in all the subjects comprised in the professional examination.

Permission is given students to spend the six months necessary in compounding medicines, in a drug store or in the office of a physician. A new clause was added, which provides that each candidate for the final examination must present a certificate of ability to make and mount microscopic specimens; attendance at six post mortems, and a certificate of ability to draw up a report on a post mortem examination; also a certificate of having reported satisfactorily on six cases of clinical medicine and six of clinical surgery. A change was made in the primary examination, so as to make them "written" and "oral," instead of "oral" only as heretofore. "Therapeutics" has been transferred from the list of subjects in the primary to the final examination, and "Pharmacy" is inserted instead of Botany, which is struck out entirely.

June 12th.

The Council met at 10 a.m. After routine, Dr. H. H. Wright called attention to the fact, that owing to a defect in the Anatomy Act, there was a scarcity of "subjects" for dissection, and asked the members to use their influence with the members of the Legislature to secure necessary amendments.

The following motion by Dr. Bray was then carried:—"That it is desirable in the interest of medical education, that increased facilities for the study of human anatomy should be provided, and that a committee consisting of the vice-president and members of the Council residing in Toronto, be instructed to wait on the Ontario Government for the purpose of inducing the Legislature to pass the Anatomy Act,

and that a copy of this resolution be sent to each member of said Legislature as embodying the views of the medical profession of Ontario."

Dr. Burns moved that Drs. Cranston, Henderson, McDonald and Edwards be a committee to act in conjunction with the Ontario Medical Association to obtain a grant for a pathological museum from the Local Legislature.—*Carried.*

Dr. Williams moved,—“That this Council when seeking further legislative powers from Parliament, should endeavor to obtain the right to appoint a medical practitioner in each electoral division, to tax all medical bills that may be under dispute and referred for his decision, and that such decision shall have the same legal effect as the taxation of bills of costs by the taxing master of the legal profession.—*Carried.*”

Dr. Buchan moved that Drs. Geikie and Douglas be appointed to represent the Council at the approaching meeting of the British Medical Association and at the International Medical Congress at Copenhagen.—*Carried.*

The report of the Building Committee, which was adopted, recommended that a site be selected for the erection of the College near the University.

The following officers were elected for the ensuing year:—Dr. Pyne, Registrar; Dr. Aikins, Treasurer; D'Alton McCarthy, Solicitor.

June 13th.

The first business was the consideration of the report of the Finance Committee. A by-law was passed granting an increase of salary to the Registrar, from \$1,000 to \$1,200.

Dr. Lavell presented the report of the Education Committee, which was adopted. It recommended that the Council accept a county board teacher's certificate of qualification, when endorsed by the Educational Department, as being equivalent to the Intermediate High School certificates on the third non-professional of 1884, as now required by this Council; that no equivalents be accepted in lieu of lectures or hospital practice; that the examiners of last year be re-appointed, with the exception of Dr. Nicol, for whose name that of Dr. Anderson, of Hamilton, be substituted.

The Committee on Legislation recommend that a bill be presented to the Legislature providing that the annual fee paid to the Registrar be raised to \$5, which may be commuted by a life payment of \$20; that a clause be inserted in the Act providing that no school or college not having a medical faculty shall hereafter be admitted to representation in the Council; that a taxing master be appointed for each electoral division; that the Council shall have power to establish a code of ethics, and in the event of any violation of the code to punish the offender by suspension or erasure of his name from the register of the College, such action to be preceded by examination by the Council, the same to have power to examine wit-

nesses on oath. This latter clause has special reference to the following paragraph from a petition presented to the Council:—"We also beg this Council to urge upon the Ontario Government the necessity to introduce a clause giving to this Council the power to cancel the licenses of those who engage with parties outside of Canada, acting as their agents, thus putting the law at defiance to the great detriment of those practising in this Province."

ONTARIO MEDICAL ASSOCIATION.

The fourth annual meeting of this Association was held in Hamilton on the 4th and 5th ult, Dr. D. Clarke, President, in the chair. There were a large number of members present, and the proceedings were commenced by the reading of the minutes of last session. A communication was then read from the Women's Christian Temperance Union, asking among other things, what ought to be the attitude of the medical profession towards the sale of intoxicants? The matter was referred to a committee.

The reading of papers was then taken up, the first one being by Dr. Workman, of Toronto, on "Aphasia." He was received with great applause by the members, and his paper was listened to with much interest. The paper, which was a very able and interesting one, will appear in the next issue of the LANCET. An interesting discussion followed, in which many of the members took part, and a cordial vote of thanks was tendered the author. It was also decided to have the paper printed.

On taking the chair in the afternoon, the president delivered his opening address. After expressing his thanks to the association for the honor conferred upon him, and his hope that he might be able to discharge the duties of the office in the same admirable manner as the Nestors of the profession who had preceded him in the presidential chair, he proceeded to say he would devote his paper to a mild criticism of matters appertaining to the profession, but hoped that any wounds inflicted would be treated as those of a friend. The first matter referred to was the increase in educational facilities during the last few years, which he considered a matter of congratulation, and that there was no excuse for students with their present facilities and privileges, the results of which are to be seen in the improved culture of the younger members of the profession. In connection with this improved culture, he thought that great credit

was due the colleges and central licensing body for the institution of a higher curriculum. Reference was then made to the low state of the professional standard twenty-five years ago, this low standard being due to the number of "irresponsible colleges, boards and isms, while licensing bodies held out strong inducements in the shape of a low standard to students "anxious to become full fledged in the shortest possible time." As a result the body which offered the strongest inducement got the most money and the practice degenerated into a mere matter of business competition. The many excellent practitioners then educated and now amongst the most gifted members of the profession had, he thought, become so from natural aptitude, not from any advantages of the system then in vogue. Then there was a demand for practitioners; now there was an over supply, and it was apparently a question of the survival of the fittest, but supply would regulate the demand. In the United States there is now a great effort being made to rectify this error and all colleges and societies are calling for reform, the evil sought to be remedied being shown by a quotation from a report of Dr. Wright to the New York Medico-Legal Society. Now the great evil is a tendency to specialties, the number being absurd; for though some were adapted to men of special aptitude who, like poets, are born with enthusiasm for knowledge in certain fields for which they are congenitally suited, these were individuals and not classes. Outside of cities the practitioner must be equipped fairly and have a many-sided knowledge. In speaking of these general practitioners, an exception must be made of the non-reading members, the old fossils who trusted to their general knowledge, which would be the better for an extended reading. He administered a fitting rebuke to those members of the profession who adopt the method of the quack in publishing their cases in the local paper. He then referred to the various advertisements in the different papers, both religious and secular, many of which by their covert allusions, did great mischief to the morals of the community, especially to those of weak minds; allusion was also made at some length to many of the advertisers who were really worse than criminals. In conclusion reference was made to the attitude which should be adopted by the profession in regard to prognosis and the evil of magnifying the disease of patients, in order to obtain credit for remarkable cures. He counselled a cheerful countenance, as much attention was paid to the countenance of physicians by the public; lastly, he gave a quotation from Punch, on the hardships of physicians, finishing with a statement of the proper position in reference to other medical men, and the public.

Dr. Howe, of Buffalo, delegate from the New York Medical Society, was then introduced; Drs.

Workman, Covernton and Macdonald were also invited to seats on the platform. Dr. Tye then read his paper on the "Management of the third stage of labor." Considerable discussion followed, Drs. Macdonald, Hamilton; Geikie, Toronto; Bray, Chatham; Bryce, Toronto; Stark, Hamilton; Brouse, Brockville; Macdonald, Toronto; Richardson, Toronto; Griffin, Brantford; Mullin and Rosebrugh, Hamilton, taking part. Next came Dr. Powell's paper on "Later antiseptics in private practice," illustrated by specimens of the newest materials, such as peat, wood-wool, iodoform gauze, corrosive sublimate gauze, decalcified bone tubes, etc. The discussion which followed was taken part in by Drs. Burt, Paris; and Turver, Parkdale. Dr. Griffin, of Brantford, described a case of tumor in the abdomen, the specimen being shown. Drs. Sheard and Graham, of Toronto, made remarks on the paper. Dr. Brouse, of Brockville, followed with a paper on "Ovariotomy and Strangulated Hernia," in which Drs. Groves, Fergus; Campbell, Seaforth; and Turver, Parkdale, spoke.

In the evening session, papers were read by Drs. Burnham, Thorburn and Adam Wright, Toronto, and Turver, Parkdale. During the evening the Mayor was introduced and addressed the meeting, welcoming the members.

SECOND DAY.

The chair was taken at 10 a.m. After routine Dr. Graham, of Toronto, read a paper on "'Idiopathic Anæmia," giving the history of seven cases. The origin of this obscure disease was he thought in the nervous system. Fowler's solution was he thought the only remedy of any value. In the discussion which ensued, Dr. Arnott, of London, said he had experienced great satisfaction from the use of eucalyptus. Dr. Sheard, Toronto, thought an error was made by us in referring all obscure diseases to the nervous system; he thought that the fluids of the blood might possibly be in such an abnormal condition as to produce the changes found in the blood corpuscles. Dr. Cameron, of Cayuga, thought it might be of a similar nature to scorbutus caused by lack of sufficient vegetable food. The president and others also discussed the paper, after which Dr. Groves, of Fergus, read a paper on "Operations on the chest for removal of pus or other fluid from the cavity of the pleura." Dr. Powell said he used the syphon principle in his operations, and showed by means of the instrument which he used his method of treatment. The discussion was also participated in by Drs. Aylesworth, of Collingwood, Richardson, Temple and Bryce, of Toronto.

Dr. Hutchinson, Brussels, then read a paper on "Hodgins' Disease," and illustrated it by a girl aged 10, suffering from the disease, who was present.

Dr. Worthington, of Clinton, read a paper on "Cerebro-spinal Meningitis," which gave an account of an epidemic seen in his neighborhood during 1871-72. Drs. Harrison, of Selkirk, McCargow, of Hamilton, White, of Toronto, Campbell, of Seaforth, and Turver, of Parkdale, gave their experience during this and other epidemics.

Dr. Alexander exhibited a patient with an obscure affection of the knee joint, which had started apparently from an injury two years ago, followed by another about a year ago. The joint itself was very weak, bending inwards when the man walked, while there was great enlargement of the lower part of the thigh. After some remarks on treatment from Drs. Sheard, Toronto, and Groves, Fergus, Dr. Osborne, St. George, showed a patient who had a peculiar growth near the inner angle of the left eye that had been gradually increasing in size for the last seven years.

A resolution was then moved and seconded by Drs. Powell, of Edgar, and Fulton, of Toronto, and carried, with reference to the work of the several temporary committees which was to ensure better attention to their reports by appointing a special subject for the consideration of the committees a year in advance, the chairman to open the discussion on the same.

Dr. Rosebrugh, of Toronto, then read a paper on "Boracic Acid and Boro-glyceride in the treatment of purulent inflammation of the middle ear."

The next paper was by Dr. Riordon, Toronto, giving an account of a case of double uterus and vagina.

Dr. Harrison, Selkirk, then read a very witty and able paper on vaccination, defending the practice against some of the attacks made on it. Drs. McCargow, Hamilton, and Campbell, Seaforth, made remarks on the subject, while Dr. Bryce spoke on the subject of the supply of vaccine and the difficulties to be met with.

Dr. Brown, of Galt, read a paper entitled, "Glimpses of Transatlantic Surgery," giving an account of operations and methods adopted in the principal hospitals abroad. The last paper was read by Dr. W. H. B. Aikins, of Toronto, on the local treatment of spermatorrhœa. The report of the committee on "Medical Ethics" was left for consideration at next year's meeting. The report of the committee on the communication from the Women's Temperance Union, was also left over. A special committee was appointed to report on the subject of Bacteria at the next meeting. The Committee on Nominations reported as follows, and the report was adopted:

President, Dr. Worthington, Clinton; 1st Vice-President, Dr. Tye, Chatham; 2nd Vice-President, Dr. Richardson, Toronto; 3rd Vice-President, Dr. Brouse, Brockville; 4th Vice-President, Dr. Powell, Edgar; General Secretary, Dr. J. E. White, Toronto; Treasurer, Dr. J. E. Graham, Toronto;

Corresponding Secretaries, Dr. Irwin, Kingston ; Dr. Harris, Brantford ; Dr. Waters, Cobourg ; Dr. Hutchinson, Brussels.

It was decided to hold the next meeting in London. After the usual votes of thanks the meeting adjourned.

ONTARIO BOARD OF HEALTH.

The third annual meeting of the Ontario Board of Health was held in Toronto on the 30th of May. The newly appointed chairman, Dr. C. W. Covernton, delivered his inaugural address, in which he dwelt upon "sanitary matters in connection with public health. The principal topic was the removal of sewage in large cities, and Toronto in particular, alluding to the different methods of disposal, precipitation, trunk sewer, etc. The reading of communications followed.

The report of the Committee on Epidemics, etc., contained many illustrations of the necessity for greater public attention to vaccination, greater care on the part of physicians in detecting the disease in its early stages, and more speedy and energetic action by local Boards of Health.

The report on the diphtheria epidemic which occurred some months ago at Smith's Falls, contained striking illustrations of how the disease spread by lack of isolating precautions on the part of householders, and carelessness of physicians and local Boards of Health in carrying out disinfecting measures.

The Board referred the matter of the ventilation of schools to Dr. Cassidy. The Publication Committee was authorized to send to each municipality a specimen blank book for the reports required to be given by local Boards of Health. The secretary was requested to prepare a circular regarding neglect to notify the Board of the formation of local Boards. A committee was appointed to prepare a specification for a system of dry removal of excreta adapted to the circumstances of small towns.

Prof. Galbraith, Drs. Rae, and Bryce, were appointed delegates to attend the meeting of the Ontario Medical Association at Hamilton on June 4th.

A discussion took place upon the introduction of small-pox by immigrants, and it was decided to communicate with Dr. Tache, Deputy Minister of Agriculture for the Dominion, and with the rail-

way managers, concerning the necessity for more extended and systematic action between the Dominion, the Provinces, and the railway authorities for the inspection of immigrants from their arrival at the port of entry till their distribution in the Dominion or passage into the United States.

The following committees for the ensuing year were appointed :—Epidemic and Contagious Diseases—Dr. Covernton, Dr. Bryce. Sewerage and Water Supply—Dr. Oldright and Prof. Galbraith. Foods, Drinks, Adulterations—Dr. Bryce. Buildings and Ventilation—Dr. Cassidy. Poisons—Dr. Rae. School Hygiene—Dr. Yeomans. Legislation—Dr. Bryce. Publication—Drs. Oldright, Covernton, and Cassidy.

OTTAWA MEDICO-CHIURGICAL SOCIETY.

At the regular meeting of this society a paper was read by Dr. Small upon '*Simple continued fever.*' He referred to the fact that the Royal College of Physicians adopted the name in their nomenclature to cover all anomalous cases of continued fever that could not be classed with Typhoid or the other well recognized forms. The ambiguous definitions, descriptions, and points for diagnosis as found in the various books, were pointed out. A fever coming within the descriptions was very prevalent in Ottawa, but observations showed that a specific or miasmatic influence was its cause, in this point differing from the various authorities. The question whether it should be regarded as a distinct fever or a type of Typhoid was discussed. The writer was inclined to accept the theory that all fevers were due to a germ, which, under the influence of certain conditions produced in one case a simple continued fever, and in another a severe type of Typhoid. The conclusions of the paper considered the application of this theory to all other fevers. In opening the discussion the President, Dr. Powell, said he frequently met with these mild continued fevers, and although not contagious he could understand that they might be due to the same poison as Typhoid in a mild and altered state. Dr. Playter thought there was much in the view, and referred to the very different effects that could be produced on the system according to the cultivation of the bacilli. Dr. Prevost was always inclined to consider mild febrile attacks as a gastric or bilious fever. He also gave the history and exhibited

a patient with a chronic painless disease of the elbow joint.

The meeting then adjourned. A paper will be presented by Dr. Grant at the next meeting.

BRANT COUNTY MEDICAL ASSOCIATION.

The above Society convened in Brantford on Tuesday 27th May. There was a fair representation of members present, Dr. Harris, President, in the chair. The minutes of the last regular meeting were read and adopted. Dr. McCargow, of Hamilton, gave a very interesting paper on "Injuries, embracing wounds of the brachial, radial and posterior tibial arteries."

Dr. Tegart gave notes of three very interesting cases from his practice, namely, rupture of the uterus, strangulated hernia and metrorrhagia.

Dr. Griffin shewed a case of obscure abdominal disease resembling carcinoma.

Dr. Harris related a case of complete spontaneous inversion of the uterus, where he had successfully reduced the inversion, and complete recovery took place.

These papers were each fully discussed, Drs. Sinclair, Griffin, Tegart and others taking part.

After some routine business the Society adjourned to meet in Brantford on the first Tuesday in September next.

Selected Articles.

SAYRE'S EXTENSION SPLINT FOR DISEASE OF THE ANKLE JOINT.

Synovitis of this joint may occur through cold and exposure, but more frequently it is the result of a wrench or strain being followed by an acute effusion into the joint. You may also have an osteitis from the effects of a blow or concussion, which will bring about an effusion of blood into the cancellous tissue of the bone, which may be the cause of serious disease; in the course of time necrosis and caries following. Some authors term this, chronic disease of the joint, progressive disease of the joint. The reason why this disease is so slow in its progress, apparently assuming a chronic form, is simply because the injury which caused it was at the time very slight. A moderate amount of pressure being brought against the side of the joint may result in the extravasation of a single drop of blood into the cancellous bone-tissue; now this injury is so slight that the man

may continue at his work, but this slight injury, in perhaps from six to twelve months, has then produced such marked injury as to demand attention. In our examination, we then find increase of temperature, in the part, perhaps accompanied with a semi-fluctuating feeling and intense pain upon pressure in certain positions.

The diagnosis of osteitis is not always easy; there is usually pain, and if you apply the surface thermometer, you can detect an increase of temperature; on examining the joint, by using compression and extension, you will be able to detect the disease in either ligaments or cartilage. If you stretch the ligaments, it will cause pain if the disease be in the ligaments; if the disease be in the bone, the pressure upon the parts will produce intense pain. I do not believe that the disease commences in the cartilage itself, but being devoid of sensibility, it undergoes change and becomes necrotic after the bone has become diseased; the cartilage becoming absorbed, leaves the cancellous bone-tissue exposed, then the pain becomes excruciating. When the cartilage becomes ulcerated, there is a thickened condition of the synovial membrane ensuing, and its secretion becomes gelatinous and of a reddish color. If the disease be not arrested, caries of the bone takes place, and as soon as the slightest portion of the bone becomes dead it becomes a foreign body, and is the source of constant irritation until it is removed; the slow process of nature may, in time, burrow through the tissues, and thus the bone be discharged. The greatest difficulties that I have seen occurring in the ankle-joint, arise from very slight injuries.

A case that came under my treatment was that of a farmer who simply twisted his foot while plowing, and at the end of two or three years he had a diseased joint, which it was thought would require amputation. He was sent to me as a specimen of chronic disease of the joint, which is claimed to be the result of a strumous affection; but this is not so in the great majority of cases, and even in those persons of a strumous diathesis it will require some injury at a special point in order to form a primary lesion. In this case a large amount of bone was removed, and following this was an extensive hemorrhage; the wound was at once filled with oakum saturated with persulphate of iron; the man finally recovered with a good, useful foot, having a perfectly movable joint.

I saw a young lady two days ago who had had her ankle locked up for two years in a plaster-of-Paris dressing, without affording her any relief; but on the contrary, the disease was still progressing. There had been no extension made at the time the dressing was applied; the diseased surfaces had been locked up immovably, but they were still pressing upon each other, and hence absorption of the structures was still going on. She came to me, and I at once applied the extension

splint (Fig. 1), which gave her immediate relief. I removed the splint the next day, and at once the pain was as severe as before, showing that the articular surfaces being brought together caused this intense pain.

The extension splint which I use for the ankle-joint you will notice consists of an iron foot-plate with an anterior and posterior rod, each composed of two pieces, sliding into each other by means of a ratchet and key. These rods extending upward to just below the knee are attached to a collar, which passes around the leg. The posterior rod, just at the heel, has a joint at that point, while the anterior one is attached to the central portion of an arch passing over the foot. Just anterior to the arch the foot-plate is divided and hinged in order to allow of flexion of the toes—the foot-plate at the heel being slightly narrower than the heel itself in order that the foot may not slide from side to side. This point must be specially attended to when ordering the instrument.

In applying this instrument, I first pass inch-wide strips of the mole-skin adhesive plaster parallel with the leg from just above the ankle to the knee, placing them almost close together all around the leg, and securing them firmly by a roller-bandage. Then placing a piece of old linen under the foot upon the foot-plate of the instrument, to absorb moisture, I secure the foot in position with adhesive plaster to the instrument, as I here show you. (Fig. 2.) I now pass a roller bandage around the foot, over the plasters, and secure them firmly, leaving, as you observe, the ankle-joint exposed. Then securing the collar of the instrument just below the knee, I reverse the ends of the adhesive plaster over the collar, and then pass another strip of plaster around the collar over the other strips to hold them in place, supplementing the same with a roller bandage, which I pass down the leg also. You will now notice that the instrument is firmly secured, and I am prepared to make my extension, which I do by first keying out one rod and then the other, until I have reached the correct point, which affords most relief. This being done, I am now at liberty to make my compression around the joint as may be indicated, covering in the whole with a roller bandage. As the dressing is now complete, the parts are entirely covered in. But always make your extension at that stage of the dressing, as I just now showed you; do not make your extension after your dressing is complete and the parts are all covered, or strangulation may occur and necessitate the instant removal of your dressing.

If the ankle-joint be injured by a sudden shock, as from jumping out of a waggon, or from any height, put the foot at once into hot water, and keep it there for several hours, gradually increasing the heat of the water to as hot as it can be borne. On removing the foot from the water, ap-

ply a snug bandage, and keep the parts at rest for a few days. In the majority of cases you will find that this treatment is all that is required when applied early.

There are also a great many mild cases in which by massage for a number of hours you can restore the circulation and cause an absorption of the extravasation; this, however, is an experimental treatment which will not answer in all cases. You may sometimes secure absorption of the fluid in a few days by this method; it is at all events worthy of a trial. There is no law by which you can be governed as to the treatment by this means; you are safer, therefore, to rely upon giving the joint complete rest for a little while, until the inflammatory action has subsided. In some cases it may be necessary to apply leeches or cups to lessen the amount of blood in the part; but I prefer to use the cups and prick the parts with a sharp tenotome; by this means you avoid the bad leech-bites. Persons who have a bad diathesis do not bear leech-bites well, as it may be followed by an erysipelatous inflammation. Many of these cases of ankle-joint disease are reduced to a bad condi-

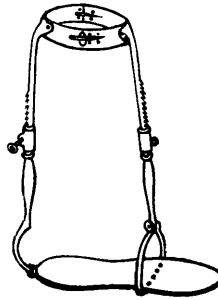


Fig. 1.

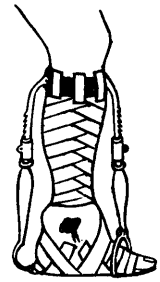


Fig. 2.

tion by the long-continued use of poultices. These solicit more blood to the part, and the foot becomes one boggy, doughy mass. Apply firm compression around the joint, and you will be surprised at the result. When the connective tissue becomes loaded with this exudation, the more it is poulticed the worse it will become. If the disease has gone on to suppuration, open the joint at once, and let out the pus, avoiding injury to all vessels and tendons; always cut parallel to the vessels and tendons. If you find the bone to be dead, take it out, as it is then a foreign body, and until it is removed there is no prospect of recovery. Keep the limb in the horizontal posture as long as the ankle throbs when brought to the ground. Do not let them assume the erect posture too early. You can never have an inflammation of the joint without a reflex action of the muscles following sooner or later, if the disease cannot be arrested. This, of course, gives rise to deformity, the stronger muscles prevailing; and hence the more common deformity is talipes equinus, with sometimes more or less valgus or varus.

To prevent that, you should always make extension. It is absolutely necessary to secure extension as well as rest for the part, the extension being applied with sufficient force to prevent compression of the articular surfaces—the contraction of the muscles then becomes *nil*. Very often there is an enormous amount of effusion around the joint, which can only be relieved by firm compression. In this case, use a large wet sponge, squeezing out all the water, then bind it firmly around the joint, after which dip the joint in water or pour water over it, and the sponge absorbing the moisture will secure greater compression. Many persons used to amputate these joints. I, however, think cases of diseased joints but seldom require amputation. Here (showing cast) is a case in which I was called upon to assist at an amputation of the ankle-joint. I came to the conclusion, after examining it, that an effort should be made to save the foot, as it appeared to be tolerably healthy. My suggestion was adopted. Extension was then made, and the foot secured in the manner described, with the most satisfactory results.

Case 3. This little child was brought to me three months ago, suffering from disease of the ankle-joint. At that time it was characterized by that peculiar boggy feeling which I have before described in these joint diseases. In this case the extension splint has been used, and in addition the sponge has also been applied around the joint to secure additional compression. The splint has now been worn for about two months. The mother states that the child has had no pain at all, and when the instrument is properly adjusted, she can play around the house with the other children. Now you observe here that by pressure upon the child's foot I cause no pain. To-day we will omit the use of the sponge, and now, having extended the joint, I make firm compression around it by means of the adhesive plaster and the roller bandage. You thus have the joint entirely at your control when dressed in this manner.

In those cases where an abscess appears and you find excessive inflammation, you can freely open the joint and let out the pus. In diagnosing for pus, hold one finger absolutely still and gently pass the other over the inflamed surface, in a line parallel with the long axis of the muscles; do not go from side to side of your finger which is stationary, or you will be deceived by the lateral movement you cause the muscular tissue to make; but go above and below with the long axis of the muscular fibre. By this means of slight compression you will cause the pus to pass under your other finger, and thus distinctly feel the fluctuation; this is a simple, practical point. In these cases the abscesses must be thoroughly evacuated either by aspiration or free incision; if the latter, it should be freely washed out antiseptically, and filled with Peruvian balsam, and dressed with

oakum; then allow your patient to get out as soon as possible. Now, if you thoroughly master the principles of this treatment, you can perform these operations equally as well as myself, and thus save the joint from amputation.

Case 4. In this boy's case the extension splint has been removed from the ankle, and in its place has been substituted a piece of sole leather which has been thoroughly wetted, and then moulded to the foot and ankle while it was extended; it was then bound securely to the joint with a roller bandage, and allowed to remain there until it had become thoroughly hardened, when it, of course, assumed the exact moulding of the parts; you then cover this leather splint on both sides with moleskin adhesive plaster, the adhesive side out, and apply it once more to the limb, at the same time making traction upon the foot and securing the splint to the foot with a roller bandage; this being accomplished, extension is now made, and your bandage continued above the ankle up the leg; the splint is thus firmly secured, and extension of the joint maintained sufficient to prevent attrition of its surfaces.

Often, in many of these cases where you are unable to secure the leather or extension splint, you can fold a piece of paper up very tightly, then cover it with a piece of adhesive plaster from end to end, on both sides, with the adhesive side out. Then bend it to fit the anterior portion of the foot, allowing it to pass up the leg. Now fold up another piece of paper, and cover in like manner, and apply to the sole of the foot and pass up over the heel. Having placed these in position, take a roller bandage and secure them firmly to the foot as far as the ankle. My assistant then making traction upon the foot, I continue my roller bandage above the ankle-joint and up the leg over the paper splint, the adhesive plaster holding it in position, and by this means my extension is maintained. In this case before you I shall again apply my extension splint, in order to make the adjustment more perfect. I merely show you the method of adjusting this leather or paper in such cases where you have not the opportunity of securing the iron splint.—*Med. and Surg. Reporter.*

CARCINOMA OF THE OMENTUM AND LIVER.—BARTHOLOW.

The case now on the table is a very interesting and instructive one. This man is 66 years of age and is a farmer. He has followed a laborious occupation all his life. He states that he was perfectly well until last October (five months ago), when he began to notice that stooping caused pain. One month later he discovered a tumor in the abdomen. There is now considerable pain caused by movement or bending of the body.

Looking at the abdomen, you observe that the

anterior surface is pressed up by a mass which is most prominent in the neighborhood of the right hypochondrium. Depressing the walls of the abdomen, I am able to get my fingers beneath the edge of this mass, and with a little effort I can lift it up to a certain extent. On the right side the thickness is somewhat greater. I have drawn a line around the edge of the tumor as it is determined by percussion. As you see, it is oval-shaped, with the point downward, and has to a certain extent the shape of the omentum, which hangs down in front of the intestines. The thinnest part is about one inch in thickness, and is in front.

The questions which we first encounter are, what is the relation of this mass to the organs within the abdomen, and is it connected with the liver, for you see the greatest thickness and prominence is in the neighborhood of the liver? With a little care I can insinuate my fingers beneath the ribs and between them and the tumor, and by careful percussion I am unable to find any marked difference in the percussion note over the liver and over the tumor. This mass, if separated from the liver, extends under the shelving border of that organ and comes in contact with it. In front, light percussion over the tumor gives a dull note, while stronger percussion develops distinct tympanites. Light percussion throws into vibration the hard mass which lies in the anterior part of the abdomen, while deep percussion brings out the tympanitic note of the stomach and intestines which lie beneath the mass. This indicates that the mass is in front of these hollow organs. What organ is there in front of the stomach which, being diseased in this way, would lie in this position? Of course, that organ is the omentum.

I shall next examine the condition of the aorta which, running beneath the tumor, might come into relation with it. Listening with the stethoscope, I hear the ordinary sounds. There is nothing to indicate that the aorta is pressed upon. By simply pressing firmly enough the stethoscope on the aorta, the sounds characteristic of aneurism may be developed. It sometimes happens a diagnosis of aneurism of the aorta is made in this way. If this tumor pressed upon the aorta we should expect to have pulsation, thrill and bruit. There is nothing to indicate pressure on the aorta; on the contrary, the sounds heard indicate that the aorta is not impinged upon. We have in this fact an additional reason for believing that the mass lies in front of and is distinct from the aorta and adjacent organs.

The appetite is poor, and there is a sense of fullness after eating even a small quantity of food, although there are no eructations. This sense of fullness is evidently simply mechanical, the mass in front preventing any distention of the stomach. There is no indication that the stomach is involved.

From a consideration of these various points I

come to the conclusion that this mass is connected with the omentum, and extends under the margin of the liver, involving that organ secondarily. Although he has had no jaundice, he has at times exhibited a distinctly bilious appearance. He has that faint yellowish hue which is observed in some cases of slight jaundice. I show you a specimen of the urine passed a few minutes ago. Testing with nitric acid, it is found to contain the biliary coloring matters. In other words, the biliary function of the liver is disturbed, as is shown by the peculiar tint of the skin and the examination of the urine.

The surface of the body is cool, the pulse rather slow and the organs of circulation are in a fairly good condition, normal, for this period of life, so to speak.

We next come to the final point: What is the nature of this growth, and what is its relation to this obvious hepatic disturbance? When we consider the age of the subject, the great hardness of the mass, its rapid development and the great emaciation which it has produced, we can scarcely avoid concluding that we have to deal with malignant disease, most probably of the scirrhus variety. For the reasons which I have given, I think that the mass occupies the omentum, passes somewhat under the liver, with which it is probably connected by inflammatory adhesions—for he has had considerable acute pain—and that secondary deposits have taken place in the organ. We have then scirrhus of the omentum, with secondary deposit in the liver.

Such being the character of the case, what treatment should be pursued? Of course, if this diagnosis be correct, the treatment will occupy a very secondary position. In all cases of this kind, as I have told you on other occasions, we should not pronounce a fatal sentence, but should assume the existence of a curable disorder. I shall follow the beneficent rule in this case, and assume that we have a condition which can be remedied, and shall use that remedy which, above all others, has the power of affecting the absorption of inflammatory and specific exudations. I will, therefore, tentatively give massive doses of iodide of potassium, by way of beginning the treatment. By massive doses, I mean from twenty to forty grains three or four times a day. This is such a diffusible agent, that in order to make a profound impression, it must be given in large doses. I shall order for this patient half a drachm of iodide of potassium three times a day, well diluted with water, so as to give the stomach as little distress as possible. The patient also suffers from constipation, which should be relieved by enemata.

Topical applications would be of no service if the diagnosis which we have made be correct; but following out the beneficent rule, already laid down, I shall order the ointment of the red iodide of

mercury to be used once a day until the characteristic action on the skin is produced. I use this on account of its specific action, and because it unquestionably has the power of promoting absorption.

Another thing which should be done, as an aid to diagnosis, is to introduce into the mass an exploring trocar, and withdraw, if possible, some of its contents for microscopical examination. This would have been done before presenting him to you, but the man just came to the clinic. We shall, however, take an early opportunity to make the puncture. This can be done with perfect safety, and will probably settle the question as to the character of the growth.—*The Col. and Clin. Record.*

ADVICE TO MEDICAL WITNESSES.

In the transactions of the Oregon State Medical Society, will be found a paper on Forensic Medicine, by the President, Dr. C. C. Strong, of Portland, Oregon, from which we condense the following advice to physicians who may be called upon to give medical testimony in the course of a trial. First, let there be the most thorough preparation; the study of the case should be as complete as possible, as every opposing lawyer has "crammed" for the occasion, and will not fail to take advantage of the slightest slip in the testimony of the witness. It places a medical man in a very unpleasant position who comes into court from a half-performed post-mortem examination, satisfied because he has detected disease of the heart sufficient to cause death, if he is questioned whether or not there was fracture of the skull; and if subsequent examination or testimony reveals that condition, of which he was ignorant, he loses professional standing which can never be recovered. Let the preparation be methodical, and if possible, chronologically arrange the facts in the case. Be careful to refresh the memory just before the trial as regards places, dates, names, and times; and when possible in naming a particular day, in the course of the testimony, it is well to give the reasons which impressed it upon the mind. Consider carefully beforehand size, weight, distance, when these are involved, using invariably their old English standards in mentioning them; and where proximate measure only is required, be sure and refer to well known articles. There is nothing impressive, but the contrary, in referring to some professional standard generally unknown to the laity, unless it is necessary to make the testimony clear. If the witness is able to make some kind of a sketch showing the relation of a body, or portion of one, to its surroundings, his words can be much more plainly and definitely understood—but the sketch must be absolutely accurate.

As an expert the physician will frequently be

called upon for his opinion, and as his conclusions are to be deduced from proven facts, they must be carefully drawn to possess any value. To perform this duty thoroughly he should therefore not wait until in the witness box. Tidy's advice may well apply at this point. He says: "And if in the quiet of your study you fail to come to a satisfactory conclusion, do not attempt a wild conjecture in the hurry and excitement of the witness box. To be accurate is ten thousand times better than to appear brilliant." The physician should carefully study the opinions held and expressed by others, and be able to give good definite reasons why he adopts some and rejects others, always remembering he will be exposed to the scathing fire of cross-examination. He should bear in mind the difference between a fact and an opinion so that there may be no confusion in his mind regarding their identity. For example, it is a fact that certain drugs are deadly poisons; but their action in producing certain effects is an opinion. The direction, size and character of a wound are facts. Deductions drawn as to the manner in which the wound was produced, or for what purpose, is, in most cases, a matter of opinion. An opinion, however, is always based on facts, and either a personal knowledge of the circumstances relating to these facts, or knowledge gained from undisputed authority concerning them, is essential. No tolerance can be given to hearsay or rumor. A biased statement given by a witness is invariably detected, and attempt of the witness to arrogate to himself any of the duties of the jury, injures the value of his evidence. The plainest English should be employed, and any tendency to exaggeration suppressed. Be sure before answering that the entire question is thoroughly understood, and the question alone asked should be answered without ambiguity or useless expressions. All "ifs" and "thats" should be omitted if possible, and the answers should convey real meaning in such clear, unmistakable language that there can be no misunderstanding. If no distinct opinion on a certain subject has been formed, there should be no hesitation in saying so; and the physician should never allow himself to be drawn into, or give, an opinion formed on the spur of the moment, in the witness box. As nearly as possible the exact language of conversations testified to, or authorities quoted, should be given. When the close pressure of cross-examination occurs, the only safety of the witness is in coolness, self-possession, and a thorough knowledge of the case. If he lose his temper, he is sure to be led on until he irretrievably damages himself, his testimony, or his medical reputation. Admitted ignorance of a question not understood is not only not condemnatory, but praiseworthy; and within certain limits the answer, "I do not know" is both safe and honorable. A witness may be obliged to answer yes or no in a

given case ; but, though he may not modify it, he has a right to explain his answer so as to make it comprehensible, and he should always avail himself of that privilege, to prevent any chance of a misunderstanding of his meaning. All facts should be given as the witness understands them, without reference as to their effect, and in opinions drawn from facts if any honest doubts arise, they should be plainly stated.

The witness should never allow himself to be drawn into a discussion ; but having given an opinion, and the reason for it, let it rest there. He is entitled to have the question fairly and clearly stated to him ; and the utmost care is required that the conditions of a hypothetical case should be plainly discerned and properly understood by him before answering. If the hypothetical case contains impossibilities, or inconsistencies, he should never endeavor to give a mixed answer, but insist that a proper case be given him. One of the most important points of all to be remembered is, that the opposing attorney will probably attempt to impair the value of important testimony given by the medical witness, by showing lack of professional knowledge, and will propound questions which are incapable of definite answers, because of differences of opinion among high medical and legal authorities. The only manner by which such an attack can be met is to enter the courtroom prepared to state the existence of such differences, when they exist, and as they will probably relate either in a direct or remote manner to the subject of trial, the simple form of preparation is that recommended by Tidy, namely, get the case well up in your office before the trial.

NEUROSES OF THE VISCERA.—Dr. Clifford Allbutt in the Gulstonian lectures gives the following :—If we turn our eyes upon the flock of women who lie under the wand of the gynæcologist, we shall find it so largely composed of the neurotic and hysteric, that we may say in our haste the uterus has no substantial diseases ; that its affections are all neurotic, or so far reinforced by neurosis as to depend for their cure mainly upon neuropathic medicine. Herein we in our turn should be to blame. Many a woman, otherwise robust enough, and many a woman, whose weakness may lie not in her nervous system, suffers from uterine disorder, from painful uterine states, nay, even from distant sympathetic pains also, which come of mischief wholly local, or of mischief reinforced by diatheses other than the neurotic. Making however, the utmost allowance for all these, I contend that a vast number, I will go further, and say a preponderating number, of such sufferers lie under the scourge of neurosis, and that their uterine and ovarian disorders are either wholly neurotic, or, as I have said, so reinforced by neurosis as to depend chiefly or wholly upon general medicine.

Let me take as an instance a young lady coming of a family in which great mental gifts had thrown into relief the many eccentricities and humours which accompany them ; a family, too, of which no household had been free from nervous disease. She possessed the gifts and the attractions of the neurotic diathesis, and labored under its defects. It is possible also that she was in some degree under the stress of what Anstie called the unconscious sexual impulse. She was restless, excitable, and suffering. Her pains were mostly pelvic and abdominal. She never put her feet to the ground, partly because it intensified her pain, partly because she had been forbidden to do so. She had lain on her back for months. Pessaries had been introduced, but, being intolerable to her, were withdrawn. Her periods were agonizingly painful for the first two days, and were profuse, and she had constant leucorrhœa. Her appetite was almost gone, her stomach queasy, her frame emaciated ; but she was unselfish and full of courage, and would have scorned the wiles and exacting whims of hysteria. Her womb had been incessantly under specular and other examination for a year or two, and, like nearly all such patients, she had uterus on the brain. I found the vagina tender, and the womb exquisitely tender ; its substance was soft, and its attachments lax. Its position, therefore, was somewhat backward and downward. Acute suffering was caused in the upper hypogastrium when the fundus of the uterus was pressed upon *per rectum*. The rectum was full of fæces. By the speculum, I noted that there was both uterine and vaginal catarrh, and that the os uteri was excoriated—in the state, that is, of the upper lip of a scrofulous and snivelling little boy.

My most difficult task was to win my patient over to the belief that her disease was not mainly uterine, but mainly neuralgic ; this once accomplished, our progress, though slow, was sure. I declined to initiate any treatment whatever until she would get her feet to the ground, and thenceforth cautiously regain the use of her legs. This took three months. Meanwhile I declined to "cure the ulceration of the womb" for the twentieth time, but made her content with rectal and vaginal astringent douches, first hot and afterward cold. As soon as she could walk, we perched her upon horseback. She was treated with the phosphide and valerianate of zinc, with bromide of ammonium, iron, quinine, and like remedies, with occasional sedative suppositories. In six months I found the uterus more compact, the ligaments braced, and the os clean and sound ; the leucorrhœa had ceased, and all the parts could be handled without pain. Menstruation was still painful, but less so than formerly, and there was some menorrhagia. She was mixing, however, in general society, could ride gently to hounds, had regained appetite and looks ; and, although I then lost sight of her, I

have every reason to suppose she is as well as she is ever likely to become.

REMARKS ON CHOLERA INFANTUM.—Dr. James Craig, Jersey City, N. J. (*Archives of Pediatrics*) says:—During the summer months the mortality among children is alarming, and calls for the earliest attention of medical men. The extreme heat and enervating character of our climate tend to exhaust and induce a nervous condition of the system, and when attacking the digestive organs produce a specific diarrhoea, well named cholera infantum. Its course in some cases is very rapid, and in all dangerous, if not soon relieved. The watery evacuations produce a thickened condition of the blood, interfering with free circulation, causing passive congestion of the brain, and adding another danger, viz., compression from effusion of serum into the ventricles, producing convulsions, and in some cases coma and death.

Convulsions, also, are caused by reflex action from irritation of the stomach and bowels. In some cases the stools are very frequent, with an odor *sui generis*, which is almost pathognomonic of the disease; in other cases, there may be very few movements, but very large in quantity, and when such is the case may there not be a septic influence at work poisoning the blood and overwhelming the system? Cleanliness should be rigidly observed, and the stools removed as soon as voided. Vomiting, or the effort to do so, is a very distressing symptom, and demands prompt attention.

The treatment of cholera infantum varies very much, and depends upon the physician's ideas and experience. The indications are to prevent nausea and vomiting, support the strength, and check the diarrhoea. If nursing, no change in diet is made, but care should be taken not to nurse the child too often or too much at a time. If bottle-fed the milk is stopped, and stale bread, soaked in water with a little sugar and brandy added, or Robinson's prepared barley, or arrow-root made with water, and given in small quantities answers a good purpose. Milk is also prohibited where the child is weaned, but is gradually resumed as it improves; where the child is weak, one teaspoonful of brandy to six or seven of water, a teaspoonful of which is occasionally given. Where a more powerful stimulant is required, carbonate of ammonia in one or two grain doses mixed in syrup of acacia is used according to the age of the child.

For the gastric and intestinal derangement my favorite prescription is:

R. Liq. Acidi Carbolici, 5 per cent, ℥j ;
 Bismuthi Subcarb., } aa ℥j ;
 Pepsini sacch., }
 Syr. Aurantii cort., ℥ij ;
 Aq. Cinnamomi, ad..... ℥iij ;

M. Sig.: A teaspoonful every two or three hours until relieved.

I also apply a spice plaster over the abdomen composed of the following: Powdered cinnamon, cloves, nutmeg, ginger, allspice, of each, two drams; honey and glycerine, of each, four drams; white of one egg, and spread on cheese cloth or fine mosquito netting. It may remain on over the region of the stomach and bowels for hours or days without blistering; it merely reddens the skin, and is an excellent counter-irritant. A bandage should be applied over it to keep it in place.

Change of air frequently brings about convalescence in a very short time. When that cannot be had, the next best thing is to take the child out daily for an hour or two at a time early in the morning and late in the afternoon. While in the house the child should be kept in a well ventilated room, free from draughts.

USE OF FORCEPS IN BREECH PRESENTATIONS.—

Dr. Truzzi is strongly in favour of the use of forceps in breech presentations. He says that, in cases of impaction of the breech in the upper or middle parts of the pelvic cavity, the prompt extraction of the fetus being indicated, and while one of the hips is not yet rotated under the arch of the pubes, it is better to have recourse to the application of the forceps to the fetal pelvis than to trust to traction on the groins, which is insufficient if practiced with the fingers, and dangerous with the blunt hook or fillet. The proposal of Clivier to apply the forceps on the thighs rather than to the pelvis of the fetus, though seductive theoretically, does not work practically. It is difficult to limit the pressure of the forceps to the thighs alone; and if this be not done the abdomen would be pressed on, and possibly even the liver injured. The concave extremities of the forceps pressing on the convex surface of the thighs, slip downwards and forwards, and after a few pulls the original good hold is lost. Much easier and safer is the plan of applying the forceps to the side of the fetal pelvis. The iliac bones at this period are so elastic, and, compared with the bones of the head, are so protected by the soft parts, that even if the force of compression be somewhat abused, it is difficult to injure the fetal pelvis. To obtain a firm hold, the extremities of the blades must be passed beyond the crests of the ilia, and when the handles are approximated they bury themselves slightly in the walls of the abdomen, and on traction being applied, bear on the crests of the ilia, and at the same time impart to the hips of the fetus a convexity to which the concavity of the blades of the forceps exactly adapts itself. The liver runs no risk since, large as it is in the fetus, it never descends to the level of the crest of the ilium; besides, its lowest part is the thin edge of the right lobe, which may be displaced inwards, but not lacerated or contused by pressure of the forceps. The same may be said of the intestine,

which from its mobility avoids even the consequences of considerable pressure if this be made in a methodical and skilful manner. A folded cloth may be placed, as suggested by Tannier, between the handles of the forceps, to prevent too much compression. The forceps takes a better hold, and the author has never seen it slip in sacro-posterior positions. He recommends, in some cases of sacro-posterior positions, that the position should be altered by a forcible rotation of the sacrum forwards before using traction. It is better, he says, to keep up a certain amount of compression in the intervals of traction; if this be not done, the iliac wings, by their great elasticity, tend to resume their normal place, and the forceps may be displaced.—*Lon. Med. Record.*

CHRONIC BRIGHT'S DISEASE.—Dr. Wm. Pepper (*Medical Times*, April 19, 1884,) gives the following in regard to treatment:

"With this pulmonary trouble and emaciation, I should be unwilling to treat her with such a rigid diet as I should resort to if she were in a better state of nutrition, and were not the subject of chronic lung disease. She will receive a light breakfast and supper, consisting of some form of mush, with cream or milk. Her dinner will consist of meat, fish, or oysters. Between each meal she will be given a glass of milk; egg will be avoided. The form of albumen found in eggs has seemed to me to dispose to an increased excretion of albumen. I prefer to this lean, under-done meats and oysters.

"I propose to give her cod-liver oil and bichloride of mercury. Iodide of potassium, which I should gladly give her occasionally, irritates the kidneys. I therefore prefer to use bichloride of mercury, beginning with a moderate dose and increasing it as the stomach will permit. I shall commence with one-fiftieth of a grain, slowly increasing to one-twentieth of a grain, immediately after meals. The cod-liver oil will be given during the alkaline stage of digestion, an hour and a half after meals. Iodine will be applied over the left chest as frequently as can be done without producing too much irritation of the skin. The action of the skin will be promoted by daily friction and the rubbing of a little oil into the skin."

ANEURISM—LACERATION—PROLAPSUS UTERI.
—M. Trélat communicated two cases of aneurism to the Société de Chirurgie, one of which refused to be influenced by indirect pressure sustained for a relatively long period. The position occupied by the tumor was the popliteal space, and although compression was made in Scarpa's triangle, no diminution was appreciable. At last the ligature was resorted to, and the tumor was not slow to shrink, harden and disappear. The same member reported a case of suture of the perineum, in which

the perineal and vaginal sutures were made. The patient cured rapidly. Out of eleven cases thus operated upon, only three failed. M. Verneuil, who agreed with M. Trélat as to the position of the sutures, preferred the silver wire to the mother-of-pearl buttons; he leaves them eight or ten days *in situ*. M. Després was astonished at the large number of these cases which have recently come to light. In his long career he had only three times practiced the operation. His principle was to wait until three months after the delivery; and to prevent the vaginal liquids from penetrating the wound, he made the patient lie upon her face.

M. Thomas communicated the case of an irreducible prolapsus of the uterus, and for which he was compelled to have recourse to total ablation by the elastic ligature. It was the case of a domestic, who for two years had been suffering from the affection in question, and all attempts at reduction were rendered useless. The tumor was voluminous, and showed signs of sphacelating. In an attempt at reduction he tore the posterior wall of the vagina. It was then he decided on extirpation, and the patient made a good recovery.—*Medical Press.*

ELECTRICITY IN PARALYSIS CAUSED BY CEREBRAL HEMORRHAGE.—Authorities differ greatly as to the time which should elapse after an apoplectic attack has been followed by paralysis, before commencing treatment by electricity. The general opinion is in favour of allowing some time to pass, so as to permit the absorption of the clot and the subsidence of the inflammatory reaction. Prof. De Kenzi (*Revisita Clinicae Therapeutica*, Jan., 1884) on the other hand, thinks that electricity may be employed, if proper precautions are taken, with the greatest success a short time after the attack, that is, in the first week. To the treatment of electricity he invariably adds other means to prevent the return of the hemorrhage and the development of inflammatory reaction. These consist in the external use of bromide of potassium, the constant application of cold to the head, and the administration of some drastic purgative whenever there is constipation. The application of electricity exerts an immediate effect on the muscles, which, in the majority of cases, at once regain their contractile power under the influence of the will. S. P. was admitted suffering from cerebral hemorrhage; on the fourth day of the attack there was complete paralysis of the left leg. Electricity was applied to the muscles of the thigh, and immediately afterwards the patient was able to bend the limb and to raise the knee for some distance from the level of the bed. On the next day the patient was unable to extend the limb after bending it; electricity was again applied; he then flexed and extended the leg without difficulty. On the sixth day paralysis of the toes only remained,

and this also yielded to electricity. The application of electricity ought to be practised directly the rapid and spontaneous disappearance of the paralytic phenomena, which is usually noticed in the first days after an attack of apoplexy, is arrested. The intensity of the current should be very little, and such that it can hardly be perceived by the observer, touching the rheophores with his fingers wetted in salt water. The interruption of the current must be considerable, the greatest that can be obtained with the automatic interrupting apparatus of the electrical machine. The electrical excitement must be limited to the muscles and intramuscular nerves, therefore the two rheophores must be applied successively for a few seconds to the fleshy parts of the various muscles. The duration of each application is from one to several minutes. The instantaneous action of electricity in paralysis from cerebral hemorrhage is easily explained by admitting that these paralyzes are often neurolytic or suspensive, and that they do not depend on destruction of nerve elements. The electricity induces in the nerves a negative variation, which extends to the two extremities of the nerve-fibre; so that it overcomes the state of neurolysis determined at the central extremity of the same fibres by the extravasation of blood.—*London Medical Record.*

DIGITAL DILATATION OF THE OS.—At a meeting of the Obstetrical Society of Philadelphia, held April 3rd, 1884, Professor Theophilus Parvin expressed the following views on this subject, while discussing a paper:

He would be sorry to see digital dilatation adopted as a rule for all cases. The fingers, used as recommended, did not act solely, possibly not chiefly, as dilators but evoked uterine contractions. Voluntary efforts at bearing down were not needed during the first stage; they were dangerous rather than helpful. The method might be useful in some cases after the rupture of the bag of waters, which was the natural dilating agent. There was also danger of septicæmia from germs on the fingers. He did not think the finger so good a dilator as Barnes' dilator, because unequal, partial pressure upon the os did not evoke the decided uterine contractions that uniform pressure did. He thought the danger of a change of presentation by the use of Barnes' dilator was very slight. He would prefer a mechanical dilator to the finger whenever dilatation was necessary, but thought something ought to be left for nature. Any sort of interference involved a possibility of danger.—*Col. and Clin. Record.*

ORAL PATHOLOGY.—A red line on the gums, with fetor and metallic taste, indicates ptyalism, a blue line, lead poisoning; great sponginess, with sloughing and great fetor, scurvy; a red line about

the teeth and along the gums, periostitis; purple gums and purulent discharge, necrosis; gums hot, red, swollen, very tense, phlegmon; gums inflamed and soft, with fluctuations, alveolar abscess; swollen gums, fetid discharge, mucous patches, shallow ulcers under the tongue, eroded palate, eruption of mouth, skin and scalp, gums everted, fetid matter from necks of teeth, syphilis; a white coated tongue, indigestion; a brown, dry tongue, depression, blood-poisoning, typhoid fever; a red, dry tongue, inflammatory fever; a red, glazed tongue, general fever, loss of digestion; a tremulous, moist and flabby tongue, feebleness, nervousness; a glazed tongue, with blue appearance, tertiary syphilis.—*Independent Practitioner.*

SPERMATORRHŒA.—A mixture containing tincture of perchloride of iron and tincture of nuxvomica should be given twice or three times a day; also a pill containing a fourth or a third of a grain of extract of belladonna with three grains of camphor, should be given at first, every night immediately before going to bed. If these lines of treatment be adhered to, the patient, whether suffering from real spermatorrhœa or simply from frequently returning nocturnal emissions will be greatly relieved. The emissions will occur less and less frequently, till, in the course of a few weeks, or possibly months—for a malady of long standing (as this usually is) is never cured immediately—they will cease altogether, or only occur at such intervals as may be deemed normal, and in which there is no harm whatever.—*Brit. Med. Jour.*

SUBUNGUAL EXOSTOSIS.—(*Gaz. med de Nantes.*) M. Heurtaux exhibited a subungual exostosis of the right big toe, which he had removed from a lad of 15. The first manifestation of this tumor was about a year ago. At first, pains were only slight, but the wearing of boots became very painful. Three or four months later, the nail was raised, then perforated as of excessive usage. Pain became unbearable; the exostosis was the size of a hazelnut. In order to remove it, the nail had to be extirpated first, a horny layer which covered it had to be detached; then a hollow gouge was plunged in it obliquely, and by this means the tumor was lifted out.—*St. Louis Med. and Sur. Jour.*

SULPHATE OF IRON IN THE TREATMENT OF HEMORRHOIDS AND PROCTOCELE.—Dr. Wimpellberg recommends an ointment of the subsulphate, in the proportion of 12 grains to the ounce, to be applied night and morning. In cases of proctocele, he uses the persalt internally, in doses of 2 gr. three times a day, in conjunction with the local use of the ointment. He speaks particularly of the rapidity with which he has known piles to disappear under this treatment during pregnancy.—*Medical Bulletin.*

THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science
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Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Advertisements inserted on the most liberal terms. All Letters and Communications to be addressed to the "Editor Canada Lancet," Toronto.

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TORONTO, JULY, 1884.

The LANCET has the largest circulation of any Medical Journal in Canada.

RESTRICTION OF NOSTRUMS.

The adulteration of articles of food is held to be a crime against public health and morals, and all enlightened governments have enacted laws declaring such practices illegal, and ordering persons guilty of them to be punished by fines and imprisonment. However imperfectly such laws may be obeyed their universal approval is undoubted. In all this we see the principle acknowledged that the people need to be protected against imposture; and not only so, but protected against themselves. This is freely conceded by the press and the legislature in this and every enlightened country. It is not until we enter the domain of medicine that the principle meets with opposition. Let it be hinted that the people need to be protected against charlatans and nostrum vendors, and a loud chorus of opposition arises from thousands who are advocates of restrictive laws as applied to food and drink. They admit the right of the State, within certain bounds, to declare it unlawful to manufacture or sell certain articles of food or drink, but deny the right of the State in any way to circumscribe the liberty of the subject in the matter of medicine. This is not logical; it is not common sense. The reverse would be nearer the correct view, since the people generally are far better judges of the quality of food and drink, and their effects, than they are of medicines. Moreover, the laws regulating food and drink have regard, for the most part, to the physically strong and mentally sound, a class ordinarily capable of protecting themselves, while laws regulating the sale of

medicines and nostrums, have regard, for the most part, to those who are physically weak, and incapacitated for correct and impartial judgment, from the effects of disease. If any class in the community need to be protected it is those labouring under the physical and mental debility induced by disease. They are the easy prey of every form of medical imposture which promises relief from their maladies. The ordinary layman readily sees the necessity of punishing the man who practices fraud in the matter of his beef-steak, or his ale, but when it comes to guaranteeing that he shall not be injured by the medicine he takes, he does not so readily see the force of the argument.

Happily in this, as in nearly every other civilized country, the law requires that those who undertake to cure disease shall be educated and skilled in their calling—not but there are those who would readily break down the barriers erected against charlatanism. Even in this country, and in this day of high intelligence, we have in our midst those who are willing, nay anxious, to expose the weak and suffering amongst us to the rapacity of the quack and the nostrum vendor. So far as the law can do it the quack is kept at bay, but the patent medicine vendor has full liberty to ply his calling. That he makes good use of his opportunities no one will deny. The vast amount of capital employed, the enormous sums spent on advertising, and the large stocks everywhere exposed for sale, are sure evidences of a thriving trade. It is appalling to contemplate the evils resulting from this cause. There is first the diversion and misapplication of capital and energy. Some faint idea of the extent of this business may be formed from a consideration of the figures furnished in a memorial to the U. S. Congress, presented by the patent medicine men in 1882. In the U. S. there is an internal revenue tax of from 8 to 10 per cent. on manufacturers' prices. This tax yielded nearly two millions of dollars in 1882. From this we learn that the volume of business done by the manufacturers in that year amounted to about \$24,000,000, and if to this be added the profits of the wholesale and retail dealers it will represent double this amount. Frauds on the revenue, and all taken into account, the annual cost of patent medicines to the people of the United States cannot fall much short of \$50,000,000. From the same memorial we learn that the patent medicine men

paid the press in twenty years, most of it within the last few years, no less than \$100,000,000. To show the princely way in which the patent medicine men subsidize the press, secular and religious, and thus give newspaper men an interest in the trade, we may mention that Vogler & Co., the St. Jacob's Oil men, spent in this way, \$400,000 in one year. A glance at the columns of any leading newspaper is sufficient evidence of the truth of this statement. It is no secret that the revenue derived by the press from this source is very large, and rapidly increasing. Under such circumstances it would be folly to look to the press for aid in a movement having in view the curtailment of this traffic, or its regulation within certain bounds.

The most unreasoning will not contend that even a tenth part of these millions is obtained for value received. These vast revenues are obtained by misrepresentations and exaggerated statements regarding the efficacy of the nostrums in question. Worse than all, the money is filched from the pockets of the sick and suffering, most of whom are too poor to provide themselves with needful food and clothing, yet are induced to invest in these vile compounds in the vain hope of realizing the promises of cure held forth in the attractive patent medicine literature scattered broadcast throughout the land in the form of almanacs, pamphlets, advertisements, and entertaining articles on other topics spiced with particular nostrums which now adorn the pages of every newspaper. This traffic not only robs the poor and the sick but destroys life as well. A rich syndicate—for this is the modern way of "booming" a nostrum—obtains possession of the columns of every influential newspaper on the continent. Able writers are employed, and the remedy is dished up to us whether we have ordered it or not, in the shape of reading articles, and every newspaper reader is compelled to swallow the nauseous dose. History records many infamous swindles, such as the Holland Ruses, and the South Sea Bubble, but the patent medicine humbug is the most gigantic and inhuman the world ever witnessed.

THE ONTARIO MEDICAL ASSOCIATION.

The fourth annual meeting of the Ontario Medical Association, which took place in Hamilton on the 4th and 5th ult., under the presidency of Dr.

Clarke, of Toronto, was a most successful gathering. Although a comparatively young association, it gives evidence of great vigor and a long career of usefulness. The papers read were numerous, varied, and of more than ordinary merit. The discussions which followed were in most cases interesting and instructive. But in view of the increasing number of valuable papers presented from year to year, we think it would be advisable to extend the time of the meeting to three days instead of two, as the time is rather short to do justice to all. Some important papers and reports are left over every year from want of time to read and discuss them. This is not only most undesirable in itself, but also most discouraging to those who spend much time and labor in the preparation of papers and reports. With regard to the next place of meeting, although in principle opposed to the peripatetic system, we are pleased that London has been the place chosen for next year's meeting, and sincerely hope that our confrères in the "Banner city of the West" and surrounding country will bestir themselves so as to make the meeting a great success, far outstripping any of the previous ones. In future, however, we hope to see Toronto become the fixed place of meeting. It is confidently expected that the Medical Council will have the new College buildings erected by that time, or at all events very shortly, and as it is the intention to establish a pathological museum in connection therewith, this will be the most suitable place for the meetings of the Association.

The papers read at the meeting will be published from month to month in the Toronto medical journals and will no doubt be read with interest by the profession generally. An important change has been made in regard to the work of the committees on medicine, surgery, etc. In accordance with a resolution passed at the last meeting, the chairman of each committee will read a paper and open the discussion on some previously selected subject, instead of presenting, as formerly, a comprehensive report which was almost invariably taken as read, owing to its inordinate length. This is an improvement in the right direction and one which, if properly understood and acted upon, will give zest to the work. Dr. Addison Worthington, of Clinton, was chosen president, and the next meeting, as above stated, will be held in London on the first Wednesday and Thursday in June, 1885.

The following committees have been struck by the President. In our next issue we will be able to give the subjects selected in Medicine, Surgery and Obstetrics, and also the names of those who will lead the discussions in each, in accordance with the plan determined upon at the last meeting.

Standing Committees.—To be added to the Committee on Credentials—Drs. Caw, Parkhill; and Griffin, Brantford. Nominations—Drs. Aylesworth, Collingwood; Richardson, Toronto; Ridley, Hamilton; and Harrison, Selkirk. Public Health, etc.—Drs. Ryal and Shaw, Hamilton; McKinnon, Guelph; and Fraser, Sarnia. Legislation—Drs. Leslie and Hillyer, Hamilton; Hunt, Clarksburg; and McMahan, Dundas. Publication—Dr. Fulton, Toronto. By-laws—Drs. Potts, Cobourg; Battersby, Port Dover; and Thrall, Woodstock. Medical Ethics—Drs. Biggar, Hamilton; Howitt, Guelph; and O'Reilly, Toronto.

Temporary Committees.—Surgery—Drs. Powell, Edgar (Chairman); Malloch, Hamilton; McFarlane, Toronto; Groves, Fergus; Bray, Chatham. Medicine—Drs. Tye, Chatham (Chairman); Mullin, Hamilton; Graham, Toronto; Carney, Windsor; C. K. Clarke, Kingston; Phillip, Brantford. Obstetrics—Drs. Temple, Toronto (Chairman); Holmes, Chatham; Harris, Brantford; Rosebrugh, Hamilton; A. A. Macdonald, Toronto; Gunn, Brucefield. Ophthalmology and Otology—Drs. Ryerson (Chairman), Reeve, Burnham, Rosebrugh and Palmer, of Toronto. Necrology—Drs. Kitchen, St. George (Chairman); Hillary, Aurora; Aikman, Collingwood. Audit—Drs. McKay, Woodstock (Chairman); Miller, Hamilton. Papers and Business—Drs. Hutchinson, Brussels (Chairman); McLean, Goderich; Anderson, Winchester Springs; Baines, Geo. Wright and Nevitt, of Toronto. Arrangements—Drs. Arnott, London (Chairman); Wishart, Edwards and Moorehouse, London; Fairchild, Burford; Tisdale, Lynedock and Porter, Walkerton.

Among the exhibitors, the firm of Reid & Carnrick, of New York, was ably represented by Mr. Gisborne, of Toronto, with a full supply of their valuable pharmaceutical preparations, maltine, lactopeptine, etc. Mr. Stevens, of Toronto, exhibited a great variety of surgical instruments and appliances, and also the use of the electric light as applied to laryngoscopy. The latter instrument attracted considerable attention.

THE ONTARIO MEDICAL COUNCIL.

The annual meeting of the Ontario Medical Council was held in Toronto on the 10th of June and following days, under the presidency of Dr. Day, of Trenton. This was the last meeting of the present Council prior to the elections, which will take place in May, 1885. The proceedings of the Council were transacted very quietly and in a most business-like manner, the great bulk of the work being done in committees. Some very important recommendations were made by the Committee on Legislation, with reference to certain amendments to the Medical Act. Among these may be mentioned the insertion of a clause giving the Council power and authority to discipline the members of the College who may be found guilty of unprofessional conduct. This power seems to be greatly needed, in view of the fact that certain members of the College have so far forgotten what is due to their honorable calling as to hire themselves to peripatetic quacks and imposters to do professional work in this Province from which the latter were debarred by the Act. Another proposed amendment provides that the annual membership fee be raised to \$5, which may be commuted by a life payment of \$20, or in case of those who have paid their annual dues regularly, \$20—less the amount previously paid. This will be considered a great relief, as most members will no doubt prefer to pay the commutation rate, rather than have the worry of sending a small remittance every year. The clause which proposes to give the Council power to appoint a medical practitioner in each electoral division, to tax all medical bills in dispute, with powers similar to the taxing master in Chancery, is a move in the right direction and will, if made law, be the means of preventing many vexatious lawsuits. Last, but not least, is a clause which provides that schools and colleges without a teaching faculty shall not be admitted to representation in the Council. It has been universally felt that the college and school men in the Council were out of all proportion to the Territorial representatives, and as a means of getting over the difficulty, it was at one time proposed to double the number of Territorial representatives; but this was objected to on the ground that such a measure would largely increase the expenditure. If, however, by this enactment a number

of the college men are swept away, the representatives will be more evenly balanced.

A few unimportant changes have been made in the curriculum, which will come into force after June, 1885. One of these has reference to graduates in arts, who were formerly allowed one year's time in the medical course. This regulation was originally intended to give encouragement to young men to take an arts course prior to entering the study of medicine, and was in our opinion a very wise provision. We would therefore regret very much to see the above-named change carried into effect.

JAMES JOHN DICKINSON, M.D.

The subject of the following sketch, whose death occurred on the 10th of May, was born in Cornwall, Ont., in the year 1819. He was the son of Noah Dickinson, M.D., who was a pioneer and a member of an old family of U. E. Loyalists. He received his early education in the famous Grammar school of the town. On arriving at his majority he joined the active militia, in which he served seven years, rising to the rank of ensign. He was present at the battle of Windmill Point and other engagements. In 1842 he began the study of medicine in McGill University, where he graduated in 1846. He at once volunteered to go to Grosse Isle in attendance upon the *ship fever* patients. In the autumn of 1847 he returned to Cornwall, commenced practice, and in 1850 married the daughter of the late Rev. Dr. Mountain, rector of Trinity church.

Dr. Dickinson never lost sight of his attachment to the military service, to which the years of youth were devoted. He organized and for years commanded a troop of yeoman cavalry, of which he was Major, entitling him to the rank of Lieut.-Col. in the militia. He was for two years Reeve of Cornwall, was always a staunch Conservative and a respected brother of the Masonic Order, his remains being interred with the honors of the craft. Dr. Dickinson remained in the active practice of his profession up to the close of 1879, at which time he handed over many of his responsibilities to his partner, C. J. Hamilton, M.D., of Goderich, who subsequently became his son-in-law and who has now succeeded to his extensive practice. Like all men of fearless temperament, Dr. Dickinson

acquired many pronounced enemies, as he did hosts of admiring friends. He was a leader in his profession and an ornament to it, and his death is deeply regretted by all who knew him, professionally or socially.

ROBERT STEPHEN, M.D.

We very much regret to announce the death of Dr. Robert Stephen, of Digby, N.S., on the 20th of April, at the age of 76 years. Dr. Stephen was born in Elgin, Scotland, and emigrated to Canada in 1835. He attended lectures in the Royal College of Surgeons, Dublin, and was soon after appointed surgeon to one of Sir Alexander Bannerman's ships during a voyage of two years to the Arctic Ocean. On his return he practised a short time in Elgin, prior to his emigration to this country. At the solicitation of a number of the inhabitants, through the late James H. FitzRandolph, he settled in Digby, where he continued to practise his profession up to the time of his death. He was a member of the Nova Scotia Medical Society and coroner of the county of Digby for the past thirty years. During the long course of his professional life he had outlived all his early contemporaries, and had acquired a host of friends, who well appreciated the native kindness which underlaid his apparently brusque demeanor. Firm and decided in his opinions and views, he fearlessly maintained what he considered was the right, with all the energy of his character. Deceased was the father of R. W. Stephen, Esq., of the Senate Staff, Ottawa.

SODIUM SALICYLATE IN UTERINE AFFECTIONS. —M. Balette, in an article on this subject in *Bull. Gen. de Thérap.*, states that this remedy in ordinary doses allays the pains of dysmenorrhœa, probably by its sedative action on the central nervous system. It also promotes the menstrual flow, and in some cases provokes its re-appearance. In four instances, in large doses, it was followed by abortion, but moderate doses seem to have no tendency to act as an abortifacient. No oxytocic effect was ever observed in experiments on animals. Nevertheless, the caution is added that it should never be given during gestation, except on very precise

indications, and that then its action should be watched carefully.

CURABILITY OF LOCOMOTOR ATAXY.—In a recent number of *La France Médicale*, Prof. Eulenburg states that of 300 cases, he has known only three cures, but thinks the percentage might be increased by more assiduous treatment. He regards nitrate of silver as the remedy *par excellence*, but thinks it is inert when given in pill, and recommends subcutaneous injection in the form of the hyposulphite or albuminate. He uses the following.

R—Chloride of silver,	grs. iss.
Hyposulphite of sodium,	grs. ix.
Distilled water,	ʒ v.

Five to fifteen minims are to be injected daily in the dorsal region. Cold compresses are recommended to relieve the pains, and the use of the continuous current is also advised.

CROTON-CHLORAL IN WHOOPING-COUGH.—Dr. Moore, of Brockville, Ont., has been using this remedy for the past eight years in the treatment of whooping-cough, with the most gratifying results. In ninety-five per cent. of the cases in which he has used it, the disease was cured in from six to twelve days. He found it act equally well, no matter what the age was. It must be given in full doses, properly dissolved, and every three hours. His method of prescribing it is as follows. For a child from eight to ten years of age :

R—Croton-chloral hyd.,	ʒ iiss.
Aqua bullientis ad.,	ʒ viij.—M.

Sig.—ʒ ss. every three hours, night and day.

The above dose, of course, should be increased or lessened, according to the strength and age of the patient. He says croton-chloral has proved as sure a specific in his hands, in whooping-cough, as quinine has in intermittents.

GONORRHOEAL RHEUMATISM.—Struppi (*Central-Blat fur Chirurg*) has investigated eight cases of gonorrhoeal rheumatism. He finds that it only occurs as a complication when the primary disease has passed the compressor urethrae and involves the prostatic portion of the urethra. The indications of treatment are to prevent the extension of the disease to the prostatic portion of the urethra. The author also recommends rest in bed, cold applications, low diet, and the administration two or

three times a day of five or six grammes of salicylate of soda, and friction of the joint, after pain has disappeared, with glycerin solutions of iodine and iodide of potassium.

MOVABLE KNEE-JOINT AFTER EXCISION.—In the London *Lancet* for May 17th will be found the report of a case of excision of the knee-joint by Dr. Boutflower of the Salford Royal Hospital, in which the joint motion was complete, notwithstanding the fact that a considerable section of bone had been removed from the femur and tibia, as well as the entire removal of the patella. The patient was 7 years of age, thin, anæmic and of a strumous habit. The limb was put up on a Watson's splint under Listerian precautions, and retained until the 21st day, when a plaster-of-Paris bandage was applied. The wound was entirely healed on the 14th day.

CASES OF MALPRACTICE.—The editor of the *Pacific Med. Journal*, in an article on the above subject, says: "We regard it as one of the first duties of physicians to each other, to defend one another as far as possible against charges of malpractice, which, even if more or less true, are likely to involve errors of judgment only; to conceal the errors of others as they would their own; to keep in strict privacy all personal difficulties; and in most instances to avoid the exposure of dissenting opinions on professional questions relating to patients." We fully endorse the sentiments herein expressed by our worthy confrere of the Pacific.

TREATMENT OF HÆMOPTYSIS.—Dr. Taylor, of the North London Hospital, for consumption discusses the treatment of hæmoptysis in the *Lancet* of June 14th. He prefers warm applications to the chest, instead of ice, as usually practiced. He applies hot flannels (120° F.) over the angles of the ribs from summit to base, *i. e.* over the sympathetic ganglia. Internally he regards opium or morphine hypodermically as the most useful drug. If opium is contraindicated he then prefers oil of turpentine and fluid extract of ergot, the former by the mouth and the latter by the mouth or hypodermically.

SMALL-POX EPIDEMIC IN LONDON.—Our British exchanges state that the small-pox epidemic in London is assuming large proportions, and the ad-

missions into the hospitals, for the reception of infectious cases, are increasing in number. In the East-end the spread of the disease has necessitated the adoption of special precautionary measures, and Dr. O'Connor, the medical superintendent of St. George-in-the-East Infirmary, has suspended the usual visiting privilege to patients' friends during the small-pox epidemic.

THE BRITISH MEDICAL BILL.—The London *Lancet* of June 14th states that the Government are determined to press the Medical Bill. It has twice passed the House of Lords and is expected to be up for a second reading in the House of Commons in a few weeks. Nothing but the most serious political complications can justify any further delay. The profession is anxious to have the bill become law at an early date and there is every prospect of its being carried through before the adjournment.

A JUST VINDICATION.—Dr. D. McLean, of Detroit, Prof. of Surgery Ann Arbor Medical College, has been elected President of the Michigan State Medical Association. This is a most gratifying triumph for that gentleman, not only as showing the confidence and esteem of his confrères, but also as a vindication of the verdict of the jury in the outrageous libel upon his character made by the *Detroit News* a short time ago. We congratulate the Dr. on the result.

IODINE PREPARATIONS AND QUININE.—Rabuteau, in a communication to the *Société de Biologie*, (*Deut. Med. Zeitung*) calls attention to the occurrence of disagreeable symptoms in the digestive organs and nervous system from the combined administration of iodide of potassium and sulphate of quinine. He insists that twenty-four hours should elapse between the administration of an iodide and the quinine. He also warns against the use of quinine during the menstrual period, as it sometimes gives rise to severe symptoms.

PERSONAL.—We have much pleasure in learning that T. S. Covernton, M.D., son of Prof. C. W. Covernton, M.D., of Trinity Medical School, has obtained the License of the College of Physicians and Surgeons of Edinburgh, after a stringent examination,—a fact which we may readily believe, since the proportion of the "plucked" has reached

50 per cent. of the candidates. This should serve as an adequate refutation of the puerile insinuations against the Scottish Universities, made by certain magniloquents in this Province.

APPOINTMENTS.—Dr. G. A. Bingham has been appointed Assistant Demonstrator of Anatomy in Trinity Medical College, Toronto. Dr. W. Henderson has been appointed Demonstrator of Anatomy in the Kingston Medical College. Dr. W. J. Young has been appointed Assistant Surgeon Huron Battalion of Infantry, *vice* Dr. Gounlock, resigned. Dr. J. W. McLaughlin has been appointed Assistant Surgeon West Durham Battalion of Infantry, *vice* Dr. Bryson. Dr. Harris has been appointed Medical Health Officer for the City of Brantford.

LACTOPEPTINE.—This well-known remedy is constantly gaining in favour with the profession in the treatment of bowel complaints in children, especially in cholera infantum. Our own experience in its use in the latter affection, leads us to bring it again under the notice of the profession at this season of the year. It may be combined with bismuth, calomel, ipecac, or any other agent that may be indicated. It aids digestion, controls the action of the bowels, modifies the secretions promptly, and produces no disagreeable after effects.

A NEW TRUSS.—We have been shown a new truss recently introduced by Messrs. Toms & Co., of this city. It is what is called a belt truss, which may be adapted to any form of hernia. The pad is fitted with a V shaped spring, which it is claimed secures upward and inward pressure, varied by adjustable springs. Surgeons who have tested the truss in their practice, state that the results have been highly gratifying and satisfactory.

CEREVISIÆ IN OBSTRUCTION OF THE BOWELS.—A correspondent writes to say that a case of obstruction of the bowels lasting twelve days, in a child four years of age, was ultimately relieved by the use of *cerevisiæ fermentum* (beer yeast). Whether this was a case of *post hoc* or *propter hoc* it is of course impossible to say, but the issue was no doubt satisfactory.

CIDER AND STONE IN THE BLADDER.—The Paris correspondent of the *London Lancet* states

that according to Dr. Dumont, stone of the bladder is almost unknown in Normandy. This he attributes to the use of cider in place of wine and beer. Cider, he maintains, is therefore an excellent remedy for gravel; also for obesity and certain forms of gastritis.

ORGANISMS AND DISEASE.—The *British Medical Journal* says that it is very easy to find organisms in any disease if the proper methods of preparation be observed, but is very much more difficult, and far more important, to establish that there is any connection between the organism and the disease.

BRITISH DIPLOMAS.—Dr. H. H. Graham (Trin.) has been admitted to the M.R.C.S. Eng., and Dr. F. H. Sawers (Trin.) to the L.R.C.P. Lond. Dr. D. G. Inksetter (McGill) has obtained the double qualification, L.R.C.P. & S. Edin.

THE PREVENTION OF BED-SORES.—A solution of gutta-percha in chloroform (four to thirty) is useful to protect the skin over projecting bones and to prevent bed-sores in wasting diseases.

TRIPLETS.—Dr. J. Sutherland, of Bedeque, P. E. I., reports a case of triplets. The children weighed 6, 6½ and 7¼ lbs. respectively. Mother and children all doing well.

Books and Pamphlets.

CLINICAL LECTURES ON MENTAL DISEASES. By T. S. Clouston, M.D., Edin., F.R.C.P., E., Physician Superintendent of the Royal Edinburgh Asylum for the Insane, etc. Philadelphia: H. C. Lea's, Son & Co. Toronto: Williamson & Co.

This is decidedly the most practically useful book on mental diseases we have ever yet seen, and we are convinced that every attentive reader of its rich and highly instructive pages will dissent from the first line of the author's preface in which, with that modesty which is the usual accompaniment of genuine merit, he premises that "Another book on Mental Disease almost needs an apology." It is indeed too true that a few, perhaps too many, books devoted to this subject have needed an apology, not only in the preface, but

also at the close. Dr. Clouston's book was much needed, therefore it stands in no need of "an apology." It was needed by the entire body of the medical profession, and to students of medicine it will prove a real treasure. It is not a mere didactic treatise, dealing in puzzling abstractions, and interlarded with profitless speculations. It "holds the mirror up to nature," and shows insanity in its multitudinous and marvellous images, with a fidelity of depiction which cannot fail to command the commendation of every reader who has had large opportunity of observing the mental and physical phenomena of the disease. It may, in truth be styled an assemblage of pen-photographs, every one of which is true to life, without the failure of a single lineament, or the distortion of a single feature; nothing deserving of notice has been omitted in the description of cases, and nothing of surplusage has been daubed over them, and the book has one merit, which indeed we had every reason to expect; it is that of perfect and honourable candour. Dr. Clouston has not been afraid to impart valuable instruction by instancing his own mistakes or failures. This is a virtue much to be commended, for it is far too much desiderated, both in medical teachers and medical writers. A sea-coast studded with wrecks, may be safer to the navigator than a strange and smiling sea with hidden reefs. The young practitioner who loses his first patient receives, perhaps, the best lesson he has ever had, whilst he whose success has been due to the resisting vitality of his patient, which has triumphed over the combined force of the disease and its erroneous treatment, has made a very perilous start. Of the printing of this book, no eulogy could be too high. We wish we could say the like of its illustrated plates. The student must not imagine that they are fair average representations of the morbid anatomy of the brains of the insane. They are no doubt faithful representations of special extraordinary cases, the colouring of which has, perhaps, been rather over-done by an over-zealous artist.

BRAIN EXHAUSTION. By J. Leonard Cornell, M.D. New York: D. Appleton & Co. Toronto: Hart & Co.

This is a short octavo of 28 chapters. It might have been made a more generally useful book had the writer more largely eschewed medical termino-

logy. It contains much matter that might be more useful to the reading public than will be found instructive to medical scientists. The author's strictures on the cram system of education, which is devastating so many brains and bodies in the United States, and not a few in Canada, should be well pondered over by all parents of precocious and ambitious children, and by all teachers who are in danger of falling into the evil habit of top-knot cultivation. The infant philosopher is destined, too often, to shine as the adult fool; and many a boy who has been scoffed at by his fellows and derided or frowned on by his stilt-walking teacher, has come to the front in life's battles, and carried off the laurels which have evaded the grasp of those who far distanced him in early years. Should another edition of Dr. Cornell's book be called for, he will do well to prune it of medical technicalities, and extend its more useful parts, even at the expense of omitting some that may not be unprofitably dispensed with.

DEUTCH'S MEDICAL GERMAN. New York: J. H. Vail & Co. Toronto: Williamson & Co.

This will prove a useful little book, small enough to be carried in a young man's coat pocket. It is "a manual" intended for the use of those physicians who have to practise among Germans, and are not familiar with their language. It gives in German, and, many thanks to the author and his publishers, not in the abominable Gothic type, but in very clear Roman. 1st. Terms relating to the various organs and parts of the human body. 2nd. The names of diseases and their symptoms. 3rd. Conversations such as pass between physicians and their patients, in examination of their condition, and in stating the proper treatment. To those students who desire to visit the medical schools and hospitals of Germany, it seems to us it would be a most useful pocket companion.

PATHOLOGY, DIAGNOSIS AND TREATMENT OF DISEASES OF THE RECTUM AND ANUS, by Chas. B. Kelsey, M.D., New York, with two chromolithographs and nearly one hundred illustrations. New York: William Wood & Co.

We have perused the above work with much pleasure and profit. The work has for its basis the volume on the same subject contributed by the author to Wood's Library of standard medical authors for 1883, but contains many important

changes and additions. Each branch of the subject under discussion has been brought fully up to date, and we regard the work as one of the best of its kind. It embodies all the recent advances in pathology, as well as the best and most improved methods of treatment.

ON THE PATHOLOGY AND TREATMENT OF GONORRHEA. By J. L. Milton, Senior Surgeon to St. John's Hospital for Diseases of the Skin, London. Fifth edition. New York: William Wood & Co.

This is the February number of Wood's "Library of Standard Medical Authors," and contains what the author has written in various periodicals upon the subject. It is a very complete treatise upon this disease, and although all the writer's opinions cannot be endorsed, the book will be read with profit.

PRACTICAL MANUAL OF OBSTETRICS, by Dr. E. Verrier. Fourth edition, with the four "Obstetric Tables" of Prof. Pajot. Revised by Ed. L. Partridge, M.D. New York: William Wood & Co.

DIAGNOSIS AND TREATMENT OF DISEASES OF THE HEART, by Constantin Paul. Translated from the French. New York: William Wood & Co.

These are the March and April numbers of Wood's Library respectively. The former will be found a most excellent resumé of Obstetrics. The authors are men eminent in their specialty, and the work has a well-deserved reputation in France, having already in a very short time reached a fourth edition. As a text-book it occupies a position intermediate to the Students' Manual and the elaborate treatise. The latter is replete with useful information on the subject treated upon, and will be found a useful addition to the physicians' library.

Births, Marriages and Deaths.

On the 25th ult., Dr. W. J. Douglas, of Castleton, to Mattie M., eldest daughter of Robt. Macklam, Esq., of Brighton, Ont.

At Digby, N.S., on the 20th of April, R. Stephen, M.D., aged 76 years.

It Quebec, on the 10th ult., Dr. J. E. Landry, aged 70 years.