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Original Communications.

FIBRO-CYSTIC DISEASE OF THE RIGHT HALF OF THE  
THYROID GLAND AND ITS REMOVAL.

BY EDWARD M. HODDER, M. D., F. R. C. S., ENGLAND,  
*Professor of Obstetrics, Trinity College, Toronto, Consulting Surgeon  
Toronto General Hospital, &c., &c., &c.*

Miss A., æt. 18, a very healthy and well grown young lady, first perceived a swelling at the side of the larynx, and nearly in a line with the thyroid cartilage, about two years and half ago.

It gave her no pain, yet, it increased rapidly for the first six months, at the end of which time it had acquired the size of a pullet's egg, it now remained stationary for a time, neither appearing to increase nor diminish, and during this period various means were used to promote absorption, the different preparations of Iodine and Lead being the principal.

Although it did not apparently increase in size outwardly, yet it must have done so towards the median line, as it pressed upon the œsophagus rendering deglutition both difficult and painful, and upon the larynx as it seriously affected the voice, making it husky, and preventing her from singing.

These symptoms gradually increasing, she was anxious for its removal, and consulted a medical man in the part of the country in which she resided. Supposing it to be a simple cyst, on the 10th of April, 1872, an operation was attempted, but, the surgeon in attendance finding the attachments much firmer and deeper seated than he expected, and having divided the external jugular vein at an early stage of the operation, wisely contented himself with cutting off the upper portion of the tumour, securing the vessels, and closing the wound.

The patient states that the portion removed was about the size of a hen's egg, *ovula*, containing a thick starchy substance, that there was much loss of blood during the operation, but none afterwards, that the ligatures came away in about three weeks, and the wound healed without suppuration. She remained well for about two months after the operation, when the tumour again began to grow, accompanied by sharp stinging pains, and her voice had never regained its former tone, although somewhat improved—now, as the tumour increases, the voice becomes more and more husky.

This young lady's mother was supposed to have ovarian tumour and was sent to me for operation, the daughter accompanying her mother to nurse and attend her.

Failing to detect any ovarian disease, no operation on the mother was required, but, the daughter thought it a good opportunity to get rid of a disease which greatly disfigured her, as well as producing much pain and inconvenience in respiration and deglutition.

After a very careful examination of the tumour, finding the upper and projecting portion very moveable, and not at first being able to trace any deep seated attachments, I, like the surgeon who had operated in April, could hardly believe that it was disease of the thyroid gland, but, upon a closer and more minute examination, and finding that it moved with the larynx, and from the history of the case, I made up my mind that it was fibro-cystic disease of the gland itself, and as the disease was increasing, and as it already pressed injuriously upon the œsophagus and larynx, I consented to remove it.

Oct. 31st, 1872. This day was fixed for the operation, and accompanied by my friends Drs. Temple and Cook, we proceeded to the house, and after another careful examination and consultation with my friends we decided upon its removal. Everything being ready, and chloroform given and watched carefully by Dr. Cook, I commenced

the incision downwards and forwards in the course of the cicatrix, to obviate greater deformity, and then directly downwards, and by careful dissection I soon exposed the upper and more projecting part of the diseased mass. I continued my dissection to the lower angle of the wound, and was ably assisted by Dr. Temple who retracted the more important vessels and nerves, so as to enable me to get to the pedicle or root of the gland. Although the body of the gland did not partake of the fibro-cystic condition of the upper and more projecting portion, yet it was very considerably enlarged, projecting backwards and inwards, pressing strongly upon the œsophagus, larynx, and upper part of the trachea, and was very firmly attached to the lower and posterior border of the thyroid cartilage, and to the crico-thyroid membrane. During the latter part of the operation I was materially assisted by Dr. Temple seizing the body of the gland with a pair of toothed forceps, and drawing it outwards which enabled me to get at the root or firmest attachments.

Its removal required careful and minute dissection, and was effected in great measure by the finger and handle of the knife, with occasional touches of the blade.

There was a good deal of hæmorrhage during the operation, principally venous, but the external jugular having been divided in the first operation, I was saved from the risk of dividing that vessel. Two arteries, the superior and inferior thyroid, alone required ligatures, and a few twigs were twisted.

After the removal of the gland, the carotid, pneumogastric, œsophagus, the thyroid and cricoid cartilages were distinctly seen; the wound was left open until all oozing had ceased, and was then closed by several points of suture, a piece of dry lint, with a few strips of plaster and a bandage, completed the dressing.

I wish here to record my thanks to the two gentlemen who so ably assisted me, for short handed as we were, and a formidable operation, the difficulties would have been greatly increased, had they not anticipated every touch of the knife.

After the removal of the tumour it was found to be the right lobe of the thyroid gland entire, the upper half being about the size of an egg, and fibro-cystic in character, which formed the projecting portion, the cysts containing a grayish substance somewhat like sago in appearance and consistence, the upper and larger cyst having been torn by the forceps during its removal; the lower half, and that

portion which pressed upon the œsophagus and trachea, was about four inches long, and appeared healthy although very much hypertrophied.

Nov. 1st. She passed a quiet night but without sleep, voice feeble; deglutition painful and difficult; pulse quiet, no febrile excitement, no bleeding or pain in the wound.

Nov. 2nd and 3rd, doing well. 4th, removed the dressings, the lint was not even stained, and the wound was found to be completely united throughout.

Nov. 6th. The points of suture were removed to-day, union is perfect, no suppuration. The voice is somewhat restored, and all pain in swallowing has ceased.

Nov. 16th. Ligatures still firm, otherwise not a bad symptom. Her mother returns home to-day, and she has asked permission to accompany her, promising to come back the beginning of the week.

Nov. 20th. Ligatures still firm, in every other respect quite well.

Remarks.—I am induced to publish this case because the operation is one of rare occurrence, the majority of surgical writers not even hinting at the removal of this gland by the knife, the few who do, speak in the strongest manner against surgical interference, Gross says:—"If a surgeon should be so adventurous, or fool hardy, as to undertake the enterprise, I shall not envy his feelings, while engaged in the performance of it, or after he has completed it, should he be so fortunate as to do this. Every step he takes will be environed with difficulty, every stroke of his knife will be followed by a torrent of blood, and lucky will it be for him if his victim live long enough to enable him to finish his horrid butchery." \* \* \* \* \*

"Thus whether we view this operation in relation to the difficulties which must necessarily attend its execution, or with reference to the severity of the subsequent inflammation, it is equally deserving of rebuke and condemnation. No honest and sensible surgeon, it seems to me, would ever engage in it."

In the case which I have given above the gland had taken on rapid growth, and it was a great deformity to a very fine looking girl it was pressing injuriously upon the œsophagus and trachea, and in a short time would probably have seriously injured this young lady's health.

Although the removal by the knife is so strongly condemned by most surgeons, I considered the operation justifiable under the circumstances, and being urged by the patient and her mother, I consented to operate, rather than postpone it until the tumour had assumed gigantic proportions and thereby render the operation one of greater danger and severity.

This operation was not one of great severity, there was no great loss of blood, no vessels or nerves of any importance wounded, no great constitutional shock, it was not followed by any inflammation, no suppuration took place, the wound uniting throughout by the first intention. It was simply a careful dissection on the living body, where one false step might have been followed by serious, if not fatal consequences.

Three days after I had operated I received the November number of the *Canada Medical and Surgical Journal*, in which I see that Dr. Fenwick had, like myself, been "fool hardy" enough to remove a diseased thyroid gland of very large size, and with the most satisfactory result, and upon the success of which, I most heartily congratulate him.

If we always follow the doctrines laid down in books, we can never advance, we can never improve, surgery requires an exploring mind, with a bold and steady hand, devoid of rashness, and guided by prudence and sound knowledge to accomplish such successes as are now daily seen, as in the operation for the excision of joints, ovariectomy, and others which but a few years ago were ridiculed and condemned, and considered as altogether unjustifiable.

I do not wish it to be inferred, that because Dr. Fenwick's case and my own were successful that I should advise every enlargement of the thyroid gland to be removed, on the contrary, I consider it a very dangerous operation, and one which ought never to be attempted for the removal of the ordinary hypertrophied condition of the gland, commonly called *goitre*. Nevertheless the operation does not deserve the sweeping condemnation bestowed upon it by many surgical writers, but may be undertaken in certain diseased conditions, when from pressure upon important parts, the health of the individual is likely to be seriously affected.

I should strongly caution the younger members of the profession living in remote country towns and villages, from attempting the operation, unless assisted by a competent staff of practitioners

accustomed to operations, and this remark applies equally to other serious and dangerous operations. Within this year I have had sent me from all parts of the country cases for ovariectomy, where no ovarian tumours existed, and many other surgical diseases, which, if any operation had been attempted, would have left the unfortunate sufferer a corpse upon the table.

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## NATURE AND TREATMENT OF VAGINISMUS.

BY DR. MACK, OF ST. CATHARINES.

(Read before the Medical Society, St. Catharines, July 3rd, 1872.)

*This extremely annoying disease is so perfectly under the control of the Surgeon, that it should be placed among the well recognized forms of complaint, for which his resources are called upon. Efforts have been made of late to call in question the propriety of Sims or Simpson's operations, based doubtless upon cases of abuse.*

Having operated, in all, about ten times, I would now submit a condensed history of two typical examples of the disease and its treatment.

Mrs. G., married 18 months, menstruation regular and normal except in being attended with some dorsal and hypogastric pain. Sexual intercourse extremely unpleasant and painful, yet tolerated, although with much repugnance, her husband complained to Dr. M. that his married life had been very far indeed, from what he had expected it to be. Examination per vaginam proved to be very difficult from the great sensitiveness of the osium vaginae, examination by the Speculum was not to be attempted without anesthesia. The Carunculae Myriformes and remains of the hymen were florid and large, but the seat of most exalted sensation appeared to be at the fourchette accompanied by spasm of the sphincter vaginae. Examination under Chloroform shewed symptoms of endo-cervicitis.

The following day full insensibility having been produced, I introduced two fingers of my left hand, and having divaricated them so as to put the parts fully on the stretch, I made two incisions so that they should represent the letter V, the oblique part of the incisions commencing about two inches up the vagina, about one inch from the mesial line along the posterior wall, dividing the mucous coat

and after being continued to within less than one inch from the perineal surface, then carried straight in the mesial line, and dividing the soft parts freely for about half an inch from the raphe perinei the same oblique portion of the incision was then made upon the opposite side.

Pledgets of Charpie soaked in a weak solution of Persulphate of Iron were placed in the incisions, and a compress secured by a T. bandage; the strictest quiet, and rest in bed were enjoined. Cold applications of lint, wet with iced water were kept up, the bladder being relieved every 8 hours by using the catheter. After forty-eight hours the dressings were removed, and one of Sims' glass dilators directed to be introduced occasionally, and retained for about two hours. Four days after the operation, the use of the dilators proving extremely painful, full anaesthesia having been induced again, the remains of the hymen were carefully and thoroughly removed by a small curved scissors. No haemorrhage followed, and in about 24 hours the dilators could be tolerated. Two weeks after the first operation the local treatment for the inflammatory condition of the cervix uteri was commenced, and after about two months treatment a complete cure was effected, resulting in the birth of a healthy son in less than ten months. This case is one of the milder type, the next is a fair sample of the more severe forms of the disease.

Mrs M married about 3 years, without issue, declares that perfect connection has never been effected. Her husband has been morbid and unhappy, and the matrimonial alliance is likely to terminate in great misery for all parties. Examination per vaginam could not be thought of, the attempt was violently repelled by involuntary struggles. After inhalation of Chloroform, examination disclosed the hymen partially ruptured, and the entrance of the vagina rigid, and small as in the virgin state, keeping up the anaesthesia the incisions were at once made as already described, and then immediately the remains of the hymen were carefully dissected away. Persulphate of Iron was applied to the bleeding surfaces, and a small glass dilator was introduced and maintained by compress and bandage.

In 24 hours the dilator was removed, wet compresses applied, and 48 hours after the operation a larger dilator was introduced for about two hours. From this time, for about fourteen days, the dilators were inserted, gradually increasing their size at intervals of about two hours, and retained about two hours each period. At



speculum was then introduced, and local treatment directed to a slight endo-cervicitis which yielded in the space of six or seven weeks.

The lady returned to New York her residence, and in less than one year from that time, she gave birth to a fine healthy infant.

The first report of any treatment for this distressing neurosis is to be found in Burn's principles of midwifery where in the portion of his book assigned to describing the anatomy of the pelvis, and when treating of the pudic nerve it is stated. "The pudic nerve, after re-entering the pelvis gives off several small branches, which go to the obturator internus, sphincter ani and extremity of the rectum. It then divides into two. The trunk as it may be called, runs forward with the artery to the clitoris, covered as it proceeds along the rami of the pubis, by the erector.

The other division is distributed to the perineum and vagina. It approaches the vagina nearly in a line with its junction with the perineum, and sub-divides and ramifies on the end of that passage, but chiefly on its orifice.

This nerve is often preternaturally sensible, so as to cause great pain in coition as well as at other times. It may be exposed by cutting through the skin and fascia, at this side of the labium and perineum beginning in a line with the front of the vaginal orifice and carrying the incision back for two inches. The nerve being blended with cellular substance, is not easily seen in such an operation, but it may be divided by turning the blade of the knife and cutting through the vagina to its inner coat, but not injuring that. It may be more easily divided by cutting from the vagina. Slitting merely the orifice of the vagina will not do. We must carry the incision fully half an inch up from the orifice of the vagina, and also divide the mucous membrane freely in a lateral direction.

In another place he tells us that the sensitiveness is sometimes dependent on little tubercles or inflamed patches at the orifice, in which case, we may try the free application of nitrate of silver with or without scarification.

But if there be no tubercles, and especially if there be tightness at or within the orifice we must in one or more places divide the mucous coat, as high as there is anything like a band.

Dr. Nestel reports a case successfully treated by electricity. Dr. Mahend also in his book *Stérilité chez la Femme* reports a success from the same mode of treatment.

There are other cases of pain in coition, distinct from vaginismus, which must be borne in mind, *e. g.*, painful affections of any of the parts adjacent to or contained in the vagina, inflammation of Bartholin's follicles.

The operation performed by me depends, I believe, wholly for success upon the *ad hoc* treatment, by keeping up dilatation for all of which we are indebted to the practical ingenuity of Dr. Marion Sims.

It will be clearly understood that I do not advocate the performance of this operation in all cases of vaginodynia indiscriminately, but in cases where it is not due to hysteria curable by constitutional measures, or to fissures and sores of the vulva, eruptions or neuromata, vaginitis or metritis in any of its forms capable of treatment locally or generally, or to tubercle of the meatus urinarius, but rather to those cases dependant upon spasm of the sphincter vaginae with an excessively irritable condition of the nervous filaments. Emmett divides the fibres of the sphincter, and the tense corded band usually to be found at some part of the vaginal wall.

I do not think that vaginismus depends wholly upon spasm of the sphincter vaginae, but upon pain in the fasciae and muscles deriving sensation from the branches of the pudic nerve and which must, of necessity be divided and kept from re-uniting by the method of Sims'.

Debout, Chamie and M'uhon all recommend the operation as described by Burns. Simpson operated subcutaneously with a tenotome.

Menville de Pouseen recommends when the affection will not yield to constitutional and local mild remedies, cauterization of the inferior portion of the vaginal orifice. Lasfranc reports a case cured by bougie. I have seen balladonna, atropine and the glass dilators succeed, but in our devotion to conservative surgery, we must draw the distinction between that and no surgery, and remember that the cruelty lies in losing time and creating suffering from months of futile efforts at gradual or forcible dilatation or wearing out the patience of all concerned with quantities of medicaments consigned to the stomach, local baths, poultices or ointments.

Pregnancy would prove a sure remedy, but I think it unlikely that the indecate proceedings of anaesthetising a woman and leaving her to the marital embrace, as reported by another practitioner would prove very difficult to reduce to general practice.

In conclusion I would state that with one exception the cases I have met with were found among that class of society in which the intellectual faculties are too often exercised at the expense or neglect of the physical.

## MEDICAL SOCIETY FOR MUTUAL IMPROVEMENT.

ST. CATHRINES, ONT., Tuesday, April 9th, 1872.

Dr. Goodman brought under the attention of the Society the unusual severity of the local and constitutional derangement following vaccination during the last few weeks, when, from the dread of a visitation from the epidemic, which has been so severely felt in the large cities, a sudden furore for this operation presented itself. In many instances a distressing gastric fever followed; eruptions of a vesicular and pustular form appeared on the extremities and body, and deep, sloughy, unhealthy ulcers, with fununcular spots, appeared upon the arm, at the site and the spot vaccinated.

Dr Mack had remarked the same thing, and attributed it to bovine vaccination, more or less immediate; it was apparent in cases where constitutional debility was to be looked for, the local sores also occurred after the most careful mode of introducing the virus; he would like to know\* if the vaccine pustule was more benign when produced from lymph transferred from arm to arm.

Dr. Comfort was of the opinion that the moistened crust would be always found more irregular in its effect than the recent lymph and he adduced an instance where the infection proved successful when conveyed from one arm to another, although he had failed with a reliable scab. In the low fever following vaccination he had witnessed symptoms of a desquamative process occurring throughout the mucous tissues.

Dr. Sullivan enquired if any definite opinion had been arrived at as to the validity of the virus, obtained from those who had been re-vaccinated.

Dr. Comfort preferred the infection from a child of good constitution and health, family history, he had found re-vaccination succeed a second and even a third time, and he thought, in the presence of an epidemic, the surest plan would be to re-vaccinate until the characteristic pustule failed to be produced.

Dr Alexander condemned vaccination with virus taken from an adult who had been re-vaccinated, and related an instance of a fatal case of the confluent form of the disease in a Medical student, who had not been vaccinated in infancy, but had been vaccinated from an

adult who had been re-vaccinated. The Dr. went on to say that the best results had followed in the management of an epidemic at Kingston some years ago, from the following treatment:—covering the face and neck with a mask, lined with a composition of carbolic acid, tallow, and lampblack, and the stimulating mode of treatment.

Dr. Grote advocated the application of undiluted carbolic acid to the pustules individually, it was painless and prevented pitting.

Dr. Mack reported the following case. A young lady was brought to him with a large fluctuating tumour a little to the left of left sacro-iliac junction, and at the upper part near the crest of the ilium, the integument was very thin, and the contents appeared to be fluid, and not much thicker than water.

The young lady's father was told that it probably was spina bifida, and that operative interference would be injudicious. He stated that the regular medical attendant from her birth had expressed an opinion that it was not spina bifida, and his readiness to "cut it out."

Dr. Mack told the father that the sac might be emptied by the use of a small trocar, and a more reliable decision could be aimed at.

The girl was brought by her parents to a boarding house, kept for the accommodation of invalids, and in the presence of Dr. Goodman and F. L. Mack, an exploring trocar was introduced into the tumour, and about 12 ounces of clear fluid, non-albuminous, was evacuated. The operation was followed by a remarkable hollow in the centre of the site of the tumour. No further operative interference was deemed advisable, the fluid was reproduced to the full extent in 24 hours, and in 48 hours it was again evacuated. Slight tetanic symptoms in the extremities were manifested from the first, and an uncontrollable restlessness. Spontaneous evacuation of the cyst took place on the third day, and very serious symptoms made their appearance—rapid tense pulse, intense headache, occasional spasmodic contractions of the lower limbs,—no sensorial disturbance. On the morning of the fifth day she expired—no *post-mortem*.

Had not an early spontaneous or accidental rupture of the cyst been inevitable, he should have regretted consenting to interfere, but, under the circumstances, the exploring trocar employed could not have hastened much the impending catastrophe, from rupture of the cyst. Dr. Sullivan had seen a case of large cysted spina-bifida in a volunteer, serving in the United States army, the ultimate result he could not report.

Dr. Mack reported a case of tumour complicating pregnancy and parturition, in which delivery was effected after cephalotomy.

Dr. Comfort brought under the notice of the Society three cases of intra-capsular fracture of the neck of the femur, occurring respectively, at the ages of 90, 70, and 65; they all recovered the powers of locomotion very well. In the discussion which ensued, it was maintained that only in the event of an error having been committed as to the nature of the fracture, could there be any purpose served by the employment of splints in such cases.

Dr. T. Mack reported the following case—An unmarried lady, aged about 32, consulted him under the following circumstances. Had suffered for 3 or 4 years from sacral pain to an extent to hinder her from taking any exercise. Menorrhagia to a most exhausting degree gradually supervening within the last two years, hysteriform neuropathia occurring from time to time. Vaginal and uterine exploration demonstrated retroversion, abundant opaline discharge from os uteri, and an admeasurement upon the sound of about  $2\frac{3}{4}$  inches. Sea-tangle tents were introduced until sufficient dilatation had been effected, when a globular inelastic body could be plainly felt, having its lower attachment to the uterine wall posteriorly, a little more than one inch above the os externum; the pedicle was evidently very broad, in fact as broad as it could be, and still receive the name of a pedicle at all. A sponge tent was left in to maintain dilatation, the vagina slightly packed with moistened cotton, and, upon the following day, assisted by Drs. Goodman and F. L. Mack, he proceeded to the removal of the mass, an operation which proved by no means simple or easy. Every effort to enclose it in the chain of the *écraseur*, with the aid of Sims' adjusting branches, proving futile. He resorted to the wire instrument of Braxton Hicks. After much tedious manipulation the wire cord was tightened, close to the uterine wall, and by slowly turning the screw, the polypus was cut through and brought away, the removal proved to be complete. Upon examination, the growth proved to be a sub-mucous tumour, or fibrous polypus, so called. No hemorrhage ensued, and a good and speedy recovery crowned his efforts. The tumour proved to be about the size of a hen's egg.

Dr. Sullivan alluded to a case of purpura following an attack of erysipelas, he stated in connection therewith, that he had witnessed excellent effects in camp Scurvy from the liberal use of scraped raw

potatoes and vinegar among the prisoners of war, in the late civil war in the United States.

Dr. Mack had given in dyscrasia of a malarious origin lime juice and quinine with marked benefit.

Wednesday, July 3rd, 1872.

Dr. Mack desired to lay before the Society a preparation of mercury, obtained by acting upon the precipitate by albumen, from a solution of bi-chloride of mercury, with a solution of pepsin; the reaction with sulphuretted hydrogen, plainly showed the presence of the mercurial compound.

Dr. Mack had prescribed it with benefit in a few cases, but could not say any more than to invite the attention of the gentlemen present to the mixture, and to request a trial for it.

Dr. Sullivan reported a case of cerebro-spinal meningitis successfully treated by calomel and quinine.

Dr. Goodman alluded to a case now under treatment in the General and Manne Hospital, apparently of typhoid fever, with a train of peculiar symptoms referable to periodical congestion of the spinal meninges. Inhalation of chloroform had in a very marked manner succeeded in relieving the neuralgia and spasmodic affection, attendant upon the exacerbations. This occurred after the total failure of narcotic and other measures to allay pain and procure sleep.

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#### "BARLEY ITCH."

A young farmer in the Township of Kingston consulted me about a curious affection, to which he gave the name *Barley Itch*. Ever since he can remember it has been impossible for him to engage in harvesting or threshing barley without being covered with a very annoying eruption, being more annoying when sweating at work, or *waking* in bed. He feels more or less of it even after passing a field of ripening barley. Every Autumn he loses flesh wonderfully, this itch for about six weeks keeping him awake a good part of the night. The eruption seems to be more of the character of acne than anything else, but will yield, in point of irritability, to nothing that he has used and the remedies tried have been almost numberless. I have seen him but once—about ten days ago—but as the affection was new to me I thought I would ask your readers if they could give me any information on the subject.

M. D.

KINGSTON, Nov. 13th, 1872.

## CORRESPONDENCE.

To the Editor of the Canada Lancet

DEAR SIR, —I have long delayed laying before your professional readers my views in reference to the position our Body (the Eclectic) occupies in the College of Physicians and Surgeons of Ontario. It is true we have a right to elect five members as representatives in the Medical Council, apart from this there is little else for us to do, as will be seen by references hereinafter made, except to act in concert with the general movements of the Council, over which—were our representatives so disposed—we could exercise no control, from the fact that we are outnumbered. No cause has yet arisen in the workings of the Council to justify any opposition to its general movements by our representatives, for be it said to the honor of its members, our Body has been more than fairly dealt with, as we have been allowed from year to year to elect two members upon the Central Examining Board each year, but unfortunately for us to no purpose, as not a single student for the last three years, or during the existence of the present Ontario Medical Act, has manifested a desire to be examined in our (once) specialty, or desired to be registered by any other title than Mem College of Physicians and Surgeons, Ontario, all making choice of one name, hence, all enjoying one professional faith. There is nothing inconsistent in this, as the features or codes of professional faith so peculiar in former days, dividing up the profession into three distinct Bodies, have most wisely passed away. Prior to 1869, the profession in Ontario consisted of three Bodies, each holding separate legal rights, the Allopathic Body, the Homœopathic Body, and the Eclectic Body, each body in former days adhering closely to its *pathy*, thus Allopathy, derived from two Greek words, *alios* and *pathos*, "morbid condition," the phraseology meaning *curatio contrariorum per contraria*, therapeutically meaning the institution of "a new morbid condition to remove the one that the patient might be suffering from." Homœopathy, the direct opponent to the last named theory, is derived from the Greek *omoiopathia*, *omotos*, like and *pathos*, affection, in common parlance, *similia similibus curantur*, thus meaning that the remedial agency used must be such as will produce a like affection in a healthy constitution, as the patient to be treated seemed to be labouring under. This doctrine, which is indeed very fanciful and

fraught with many excellent peculiarities, was known to our forefathers as well as to the profession of recent times. Gregory in his writings makes use of the following remarks: "*Mos medicinae est ut aliquando similia similibus, aliquando contraria contrariis curet. Nam saepe calida calidis, frigida frigidis, saepe autem frigida calidis, calida frigidis sanare consuevit.*"

The last, but not least, of these Bodies in Ontario holding separate legal licensing powers prior to July 1869, is the Eclectic, which is not without its professional motto, being derived from the Greek, *eklektikos*, *ek* and *lego* meaning choosing or selecting, &c. Our emblem being *exarbitris sumendum est optimum*, thus meaning, choosing or selecting the "best therapeutics from all sources," which considered in the light of pathological chemistry, should be regarded as the *sine qua non* in the treatment of disease. But, since the first sitting of the Medical Council in July 1869, the representatives in the Council from the then Allopathic ranks, have with great propriety dropped that term and assumed a broader phraseology; viz., "The General Profession," embracing thereby all the general therapeutic views known to the Medical world; thus setting aside the creeds and dogmas, which once so strenuously kept the sects apart, and endeavouring to establish a system or rule of guidance for the profession, based upon reason and science, and which must inevitably be the desire of every scientific practitioner. As the profession now stands in Ontario, there is no difference existing between the Eclectics and the members of the "General Profession," with which we have been most courteously invited, and strenuously urged to unite, and that body of the profession has met us more than half way, having dropped its former name and assumed one unexceptionally *ours in faith*, to wit, the "general profession." In our union with the general profession we still secure equal rights and privileges and I can therefore see no cause for delay. This subject was carefully weighed by myself and Dr. Muir at the last meeting of the Council, when upon due deliberation, we thought it best to accept the terms offered by the members of the general profession, and announced in open council our willingness so to do. Since then I have received communications from the following gentlemen of our body, who readily and heartily concur in the course taken by myself and Dr. Muir and all are desirous of merging in the "General Profession." Their names are as follows: Dr. J. Sinclair, Delta; Dr. B.



T. McGhie, Elgin, Dr. A. Howard, Delta; Dr. Gray, Seeley's Bay; Dr. Clark, Portland; Dr. Howey, Kemptville; Dr. Edwards, Addison; Dr. Chamberlain, Farmersville, Dr. W. Kilborn, Bishop's Mills, Dr. A. H. Kilborn, Russell, Dr. J. Merrick, Merrickville; Dr. Rose, Boad Head, Dr. Lander, Frankville, Dr. Gould, Newcastle; Dr. Mott, Wyoming, Dr. Bell, New Edinburgh, Dr. R. Kenney, Farmersville, Dr. H. Bates, West Branch, Cedar Co., Ill., the last two decline to register unless fusion takes place, on being notified of which they will at once Register.

These medical gentlemen (and there are many more in our ranks) imbued with a large progressive spirit, readily conceive, under existing circumstances, the advantages our Body would gain by merging in the "general profession" over our present position. In dropping the term "Eclectic," we are not coerced to adopt an old antagonistic one, which in former days was so diametrically opposed to our present or former views, but we merge in that august Body, "The General Profession," with perfect liberality on one side and immortal truth, untrammelled, on the other. If this is not meeting us more than half way, then I am disposed to say I am imbued with a spirit of unfairness and must confess that I have been impulsed to act by improper motives. But when I cast my eye upon the names of those gentlemen who have communicated with me, saying, "hold out," "press the subject of fusion," "stop not short of obtaining it," I should consider, were I to let this golden moment pass without expressing my views upon this all important subject that I was betraying my trust and no more worthy to act in the capacity of a representative in the Council. It gives me no chagrin to accept the term, member of the "General Profession." What in the name of common sense can a man ask for more liberal than this? And yet it is supreme! no prefixed adjective to lessen its value or narrow its proper import. I say in a word it is supreme! The Council has fixed or established the fact that on the event of our merging, the profession shall only be called the general profession, and each registered member shall be a member of the Col. Phys. & Surg., Ont. It does not preclude any registered member thereafter from styling himself whatever he pleases. He may say, I belong to the Allopathic School, the Homœopathic School, or the Eclectic School, or he may be more concise and style himself as "regular," "irregular," or *defective*, be this as he pleases. I am disposed to

leave the matter of choice to the member himself and allow the public to discern his merits, which I am inclined to think would place him in the last category. The Legislature, no doubt, intended that the Ontario Medical Act of 1869, should be the means of raising the standard of medical education, and elevating the status of the profession to a more respectable position. Our Body were then perfectly willing and also desirous of seeing the standard of education raised, and thus consented to the action of the Legislature. The Council established by the College of Physicians and Surgeons of Ontario, has dealt in more than a spirit of fairness, as each year it has placed two of our members upon the examining Board. The result after three years trial has proved to no purpose; no students have applied for an examination separate from that laid down by the "General Profession," and yet the Council has cheerfully paid those eclectic members each year for literally doing nothing. These expenses have to be borne by the student at a very considerable outlay. The paramount question now arises, how long will the Council suffer this to continue? for the students are becoming aroused to a sense of the injustice of the present arrangement. Again, should our Body desire to hold out and still retain its dwindling existence and wish the Council to appoint each year two eclectic members upon the Examining Board, it will unquestionably be the duty of the Council to institute measures to tax us with an annual assessment of from five to ten dollars to defray such expenses. So far our Body has no cause of complaint of the manner in which we have been treated by the Council. A Dominion Medical Act has been proposed, but it has been strenuously opposed by the Council. This, if allowed to pass, would in the language of my learned and esteemed friend Dr. Campbell, "snuff us out of existence." In conclusion I now ask, Mr. Editor, every registered practitioner belonging to us (for with none other can we deal) in the Province of Ontario, to write me at once and let me know each his own views in reference to merging in the General Profession, for without unity there can be no proper action taken. I have the honour to be,

Yours most respectfully.

S. S. CORNELL, M. D. M. M. C.

[To the Editor of the *Canada Lancet*.]

SIR,—

In the November number of the *Lancet*, I saw a letter in reference to a card of mine over signature of "English Practitioner." I was not aware that it contained anything contravening medical ethics, at the time I published it. However, if it did, I am sorry for it. I very much regret it, at least that it should be found so offensive as to lead any medical gentleman to review it in an article so replete with bitter invective. It is to be suspected that "English Practitioner" writes not for the benefit of the profession, but as if he had some personal motive in attacking me. I am as much opposed to quackery in all its forms, as he is; the truth of which my medical friends in Belleville can attest. But, as "English Practitioner" has assumed the censorship of the Profession in respect of Medical ethics, with all due deference to his superior knowledge and attainments, I send you his card, as published *verbatim* in three of our town papers, and leave the Profession to judge which contains the greatest amount of quackery, his card or mine.

DR. CLAPHAM,

(Of the Firm of Dorland &amp; Clapham),

Member of the College of Physicians and Surgeons, Ontario. Licentiate of the Royal College of Physicians and Surgeons, Kingston, Canada. Registered Member of the Pharmaceutical Society's College (by examination), London, England. Formerly Student in the Edinburgh University, Scotland, (under Sir James Y. Simpson and Professor Syme, respectively, Physician, Accoucheur, and Surgeons to Her Majesty the Queen).

*Eleve de l' Ecole de Medicin, Paris, France. Student aus der Universitat, Berlin, Germany.* Assistant Medical Officer for some time in the Hospital for Women and Children, Yorkshire, England. Staff Surgeon in the U. S. Army during the late War. Four years Professor of Anatomy, &c., Iowa University, U. S. Corresponding Secretary, Microscopic Society of America. Professor of Physiology, Hygiene, and Anatomy, Albert University, Belleville.

PHYSICIAN AND OPERATIVE SURGEON.

Residence—Pinnacle Street; lately occupied by Dr. Yeomans, near the Dafoe House. Office on Front Street as before with Dr. Dorland.

"English Practitioner" paraded his card before the public con-

taining his numerous degrees and honorary titles ; not satisfied with that, he must needs tell the public where he was a student, and associate his name with the great Simpson and Syme of Edinburgh. The English language is not sufficient for his purpose, he brings to his aid a little French and about as much German, and all this we are to suppose is not done for effect. Oh, no ! However, we shall leave the Profession to judge which of us has used the more extraordinary means to procure business or to court notoriety.

Yours most respectfully,

ROBERT TRACEY.

Belleville, Nov. 12th, 1872.

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THOUSANDS OF YEARS FROM TO-DAY.—Our faccious brother, Oliver Wendell Holmes, summons up a man of the year 18072, and asks a number of questions, here are a few of them :

“ Has any serious accident happened to the planet in the last thousand years ? ”

“ What is the present form of religious belief ? ”

“ What fuel is in use since coal gave out ? ” &c., &c.

He suggests the asking of a great many other questions, amongst them, it would be entertaining, if not profitable to enquire :

“ How many articles of the *Materia Medica* of 1872 remain besides quinine, opium, mercury, ipecac, chloroform, iodide of potassium, and iron ? ”

“ When were the essential causes of malarial and zymotic diseases discovered ? ”

“ What diseases, besides those of the zymotic class are now considered essentially self-limited ? ”

“ When did the profession make it penal to resort to the use of the speculum uteri on insufficient cause, and when was poking uterine sounds and sponge tents into the uterus on all occasions forbidden by statute ? ”

“ How long did the homœopathic humbug last, and what humbug succeeded it ? ”

“ What placebos succeeded arsenic, witch-hazel, and carbolic acid, in the treatment of wounds and bruises ? ”

“ When was the procreation of the race regulated by law ? ”

“ Has the lancet been permanently cast aside ? ”—*Clinic.*

## Selected Articles.

## PROTECTIVE POWER OF VACCINATION

The following facts and figures were laid before the British Medical Association at its late meeting, by the Rev. Samuel Haughton, M.D., D.C.L. —

"When I come to England, I am astonished to find intelligent persons in numbers who, for some reason, come forward publicly to oppose the process of vaccination. Some of these people express a strong doubt—an honest doubt—whether the mortality from small-pox is really as fearful as the doctors say. To get a proper basis of calculations as to the mortality from small-pox among unvaccinated persons, we must go back to the records of past generations in this and other countries, and we find this astonishing result, that from 66 to 70 in every 100 persons attacked by small-pox must die if not vaccinated. Some people have the idea that this is a bugaboo of the doctors, and that they need not necessarily die if not vaccinated. Of course it is impossible now to get the experience of an immense number of persons who have not been vaccinated, to give them the small-pox, and see how many would die. This experiment could not be easily carried out. Therefore I adopted another method. I took it for granted that the writers and records of the close of the last century were correct. The average which they gave was that 66 per cent. of every class—men, women, and children—must die if they had got the small-pox and were not vaccinated; whereas, of those who were attacked after being well vaccinated, the number of deaths was only 6.6 per cent. This reduction of the mortality from 66 to between 6 and 7 per cent. represents what vaccination has done. The value of vaccination is, therefore, established beyond the possibility of a doubt, and I think that this is a subject on which the medical profession should speak out. Should not Birmingham, with her literary men and newspapers, lead the public on this great question? I wrote to my friend Dr. Hayden, of the Mater Misericordie Hospital in Dublin, to send me the total number of small-pox cases treated there, and of the deaths, and I undertook, from these figures, to calculate the number of those who were vaccinated and those who were not. This forms a very simple problem in mathematics, of which I will not trouble you with more than the result attained.

From the figures sent me I calculated, though I had never seen a patient, that 120 of the cases treated at the hospital had not been vaccinated. I wrote to tell Dr. Hayden this, and he wrote back to say that the number recorded as known to be unvaccinated was 119. Since I have come to Birmingham, Mr. Woodley has kindly placed at my disposal all the information he possessed, and I hereby beg to tender him my warmest thanks for his courtesy. Although Birmingham has suffered what I cannot but regard as a most contemptible epidemic, the facts are strikingly illustrative of what, to my mind, is the truth of the principle which I am placing before you. Since the 18th November, 1871, there have been 1911 cases of smallpox, of which 262 have died. I leave out the cases remaining under treatment. I calculated from those figures that 230 persons in Birmingham who had been attacked with the disease had never been vaccinated. I found in Mr. Woolley's returns that the certainly non-vaccinated were 209, while doubtful cases numbered 44. Well, it was fair in such a case to split the difference and call it 22, and, as that suited my theory very well, I adopted it, and when I added them to the 209 it made 231, which was only one above my calculation. It is like the trick of a conjurer, walking into the town, asking the number of smallpox cases and deaths, never having seen the patients, and yet telling the people of the town how many were vaccinated and how many were not. Dr. Trench tells me that 1616 cases were treated in the Liverpool hospital, the deaths were 375, from that I calculated that the non-vaccinated cases numbered 451. The number actually recorded as non-vaccinated was 432, being 19 less, but I am perfectly certain that to those should be added several of those properly set down in the reports as doubtful. This opens up a problem highly interesting to the profession of medicine. As the mathematician in his closet can direct the astronomer in what part of the heavens and when to look for certain planets, so the progress of science and medicine can tell with certainty when and where certain districts will be attacked with epidemics. The records of the fearful epidemics and plagues of the middle ages have perished, the poor have perished with no man to regard them. Even the writings of Defoe may be searched in vain for any statistics of the great plague which would satisfy the demands of modern medical science. But, by examining into the records of our own times, we shall be able to read back the history of the epidemics of the past, the number and percentages of the mortality of those who suffered, who lie forgotten in their graves, and whose history no one has recorded."—*Brit. Med. Jour.*, Aug. 17, 1872.

## ADDRESS ON MIDWIFERY.

BY DR. EVORY KENNEDY, LATE MASTER OF THE DUBLIN LYING-IN HOSPITAL.

Dr. Kennedy delivered the Address at the Opening of the Section on Midwifery, in which he related the following cases:—

CASE I. *Excision of part of neck of Uterus.*—Dr. Kitson, of—, brought a patient from the country, suffering from ulceration of the os uteri. The neck was enlarged considerably, and elongated, the ulcer, which impressed us both as presenting all the characters of malignancy, occupied about one third of the neck. It had taken a rapid course, bled at intervals freely, and upon the slightest touch, and was attended with pain, sleeplessness, and marked constitutional disturbance. It was, however, circumscribed and limited to the part ulcerated; the remainder of the neck and os being healthy to the appearance and touch, although larger than natural. The lady had borne children. The part of the neck engaged extended from the posterior along the left side of the os, and the diseased structure appeared to occupy the entire substance of the wall. Under these circumstances the case promised little or nothing from the application of the ordinary caustics, and the choice appeared to lie between the free application of potassa fusa and excision. The latter was determined on, first, because of the limited extent of the part engaged, secondly, because of the apparent malignancy, thirdly, from the difficulty of destroying by the potassa the whole diseased structure, without extending its action to the adjoining vital parts. On the other hand, the diseased structure came well within our view; the neck was long, affording facilities for the use of the knife. The patient was placed on her back. The vaginal wall and labia were distended by my four brass tractors, firmly held by Dr. Hans Irvine, and Dr. Kitson. An ebony spatula, nine inches long, and half an inch broad, was introduced and placed within the os. This I held firmly in my left hand, whilst I introduced the scalpel which I now exhibit, which, you perceive has a handle seven inches long, while the blade is scimitar shaped. Cutting from without inwards towards the resisting spatula, commencing near the point of junction with the neck and body of the uterus, above the central part of the diseased structure, by two disarticulating incisions A, a triangular section was removed. I was prepared to draw the uterus

down with the double tenaculum; but this was unnecessary, from the perfect manner in which my assistants used their tractors. This allowed me the assistance and security of the spatula to cut upon. It has occurred to me that, in a case where excision is preferred, and where the facilities I described do not exist, the spatula might be armed on the reverse side with two hooks, when it would perform the double office of uterine tractor and spatula, as necessary. The vagina was simply plugged with Ruëpini's styptic. There was scarcely any hemorrhage. The patient recovered speedily and perfectly, and in about two years afterwards conceived and carried a living child to the full period. Her labour was easy and natural; and I had an opportunity of examining her at an interval of several years afterwards, when she was quite well, and the uterus, with the exception of the loss of a portion of the neck, was perfectly sound.

CASE II. *Portion of Placenta thrown off during Pregnancy.*— A lady, in the seventh month of her pregnancy, was seized with hemorrhage, ascribed to over-exertion. There were no labor pains. On examination, a portion of the placenta was found protruding through the os uteri. The hemorrhage continued for several days, but not to serious extent, and still there was no labor. At length, foetid grumous discharges mixed with a little blood, occurred, attended with sense of downward pressure. The portion of placenta descended lower in the vagina; its connection with the interior of the os separated; and I removed it with very little assistance. As no increase of hemorrhage occurred from this, I thought it was unnecessary to plug the vagina. The hemorrhage and discharge ceased, and the patient went on without any inconvenience, except the precaution of keeping the horizontal position for six weeks longer, when she was delivered of a living boy apparently at or near the full time. The edge of the placenta that remained could not be felt near the os, and the portion that came away consisted of the vascular structure without the reflected membranes. There was no discharge of liquor amnii until the labor set in.

I have already had the honor of calling your attention to some of the more rapidly destructive of puerperal diseases in a paper read for me, in my absence, by your secretary, at your Dublin meeting, under the head of purpuric puerperal fever. It is now my intention to allude briefly to other forms of blood-poisoning, but more



especially to puerperal arthritis and puerperal gangrene, premising that, when this disease shows itself, it is usually most rapid and unsparing in its onslaught, and no tissue in the body escapes its ravages.

CASE IV. *Puerperal Arthritis—Erosion of Cartilages of Elbow, Hip and Ankle Joints.*—Kenny, three weeks delivered after a difficult and protracted labor, was awakened from sleep in the night by an acute pain in the left groin. In the morning, she observed a swelling in the middle of the thigh, which at the end of two days had completely engaged the entire limb. The pain became less acute as the swelling increased, but never entirely subsided. Some days subsequently to the swelling of the thigh, she was seized with violent pain in the elbow, but did not perceive any swelling. All these symptoms progressively increased, notwithstanding frequent leeching, stinging, poulticing, opiates, and mercury. She was admitted into the hospital on January 28th, 1829; and on the 30th, there was an obscure sense of fluctuation over the outer third of the thigh. An incision was made into it, but no pus followed. On February 3d, she had a severe rigor, and on the 4th she died comatose. A *post mortem* examination was made twelve hours after wards.

The cellular tissue throughout the entire thigh was filled with gelatinous lymph. An extensive abscess extended from nearly one extremity of the thigh to the other, between the periosteum and muscles. The muscles were pale and flabby, and appeared much softer than natural. About one inch of the upper part of the femoral vein contained pus, its inner tissue was vascular, but did not appear to have lymph upon its surface. The synovial membranes of the hip, knee, and ankle-joints, were filled with puriform matter. The cartilage covering the bones of the hip, appeared healthy, whilst that covering those of the knee and ankle was in part removed by absorption, particularly in the ankle, where scarcely a trace of cartilage could be detected. The uterus was vascular, and inclined towards the left side. The cartilage was removed altogether from the extremities of the bones forming the right elbow-joint. The viscera appeared healthy.—*British Med. Journal.*

## THE DUTIES OF THE PROFESSION.

INTRODUCTORY LECTURE BY PROF. LEISHMAN, MED. DEPT.  
UNIVERSITY OF GLASGOW.

We give below some extracts from the opening lecture delivered by Prof. Leishman, University of Glasgow, which will be read with interest and appreciation by many of our conferees.—

The duties of the medical profession are, as it is proper you should know even thus early, very onerous and often irksome. I have sometimes wondered, in these days of strikes, what would be the result if we were all to stand out for an eight-hours movement, knocking off work at five, spending the evening with our families, and enjoying unbroken rest during the hours of the night. Suppose we formed ourselves into a professor's union, and called out, let us suppose, the doctors of Glasgow by way of an experiment. The public might manage to get along for a limited period without lawyers—I would almost venture to assume they could manage to exist, for a week at least, without clergymen—(laughter)—but so soon as a person becomes ill, or fancies he is ill, nothing on earth will prevent him from sending for a doctor, without the slightest reference to the hour of the day or night. So that, from the 1st of January to the 31st of December, you must be content to remain at the call of the public, without one moment of intermission upon which you can depend—unless you do what every man ought to do, run away periodically from your work for a little relaxation. I see no indication in the future of a medical millennium. Nor do I believe that any of the new systems of political economy will benefit us in the slightest degree, as you must lay your account with an arduous life; but there is one, and only one, way in which that life may be a perfectly happy and contented one, and that is what I have already alluded to—the love of work as work, and that, I would have you remember, is a taste which if not developed now is not likely to be after you have begun to practice.

You do not require to be told that in the practice of medicine and surgery you cannot all attain an equal measure of success. And this would no doubt be the case were the whole matter left to what we call chance, or to the principle of natural selection. There are certain qualities, indeed, which may be said to command success, but we do not always find that it is the best students or the most able men take the highest position, although their chance is certainly the best. Many of you, therefore, must be prepared to see men whom you know to be your inferiors taking precedence of you, and passing you in the race of life. This, which should in no way discourage you, may be the result of social connection or personal in-

fluence. Or it may even be, in some instances, the result of what it is difficult to define—some trick of manner, by which your friend is able to suck his cane or wipe his spectacles with an air which is supposed to indicate profound wisdom, and thus impose upon a too credulous public. Such things will always happen, and such may be one of the annoyances and disappointments which you must encounter before you attain success. But what, you may ask, constitutes professional success? From a pecuniary point of view, the highest success in our profession (with a very few exceptions) involves nothing more than a modest competency, but this a man of simple tastes and unblemished character may count upon, if only he is conscientious in his work. I have placed the case thus, in the first place, in its pecuniary aspect, not because it is the most important any more than it is the most attractive, but because I hold that a certain pecuniary position is essential to success. Although its incentive is doubtless a powerful one, one can scarcely expect sustained mental effort under the harrassing presence of a prolonged continuance of the *res angusta domi*, but, on the other hand, the man who looks to more sordid gain as the great object of life in a profession such as ours, is not envied in his success nor pitied in his failure. If you wish, therefore, critically to analyse professional success, you should look at it in the light of the motives which have swayed, and the means which, to this end, have been adopted. Notoriety and real professional eminence are two very different things, but each equally may command the vulgar element of success. If you will be satisfied with mere notoriety, you may possibly reach it by the exercises of petty expedients of various kinds, sensational writing, illustrated by apocryphal cases, busying yourself in public affairs, in the management of charitable and religious associations (occupations which, of course are only disreputable when employed as means to such an end). By such wily arts you may no doubt succeed, but what sort of success is it when reached? Have you that surest test of real eminence—the confidence of your professional brethren? Have you the approbation of your own consciences? Must you not in your heart of hearts recognize in yourself a miserable imposter—a peripatetic sham? Some of you may in this respect become callous in after years, but I am sure that now, while you still cling to the ingenuousness and honest aspirations of youth, such a course can have no charm for you, but must, on the contrary, excite feelings of disgust in your minds. No, gentlemen, above all things be honest, and abjure shams. I would conclude these observations, gentlemen, with the advice with which I began, that you should practice your profession as you should conduct your studies with a view to the happiness of your lives. And a very little thought will suffice to show you that this will best be done by cultivating a taste for what I have called honest, earnest work. If you do this, your vocation will be a source of entire pleasure to you, in

stead of a daily toil, your minds will expand under the influence of extended knowledge; and your lot will be one, if not of brilliant success, at least of calm contentment. And, as time rolls on, and the advance of years brings you to the evening of life, you will be able to look back upon a career of conscientious duty, with a feeling of pride in the consciousness that you had fairly expended in the pursuit of your calling such talents as God had given you.

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**HYPODERMIC INJECTIONS OF QUINIA.**—The salts of quinia, and especially the hydro-chlorate, says Dr Otto, are not sufficiently soluble to be commonly employed in subcutaneous injections, and the surgeon can neither be sure of the dose required, nor of the rapidity of their action. He recommends the use of pure quinia dissolved in ether, this solution is much less irritating than either the acid or alcoholic solutions. Quinia dissolves in ether in sufficient quantity to produce a prompt action, and to permit a considerable dose to be injected. The quinia should be dissolved in the ether, which should then be filtered and allowed to evaporate to some extent, so that a more concentrated solution may be obtained. The solution he uses contains, in about half a drachm, five grains of sulphate of quinia. Dr Otto has never observed any local inflammation caused by the injection of this solution, and he has injected as much as five grains of the quinia at one time without finding any other inconveniences than those which ordinarily accompany large doses of quinia, such as buzzing in the ears. The injection of this quantity rapidly produces a depression of the temperature of the body amounting to  $1^{\circ}$  C. Hypodermic injections of quinia are particularly suitable to cases of puerperal fever, and those of purulent infection, but they may also be employed with advantage in cases of intermittent fever.—*Practitioner*, Sept 1872, from *Le Mouvement Medical*, June, 1872.

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**DIPHTHERITIC ALBUMINURIA.**—R. Browning, L R C P L, in the *British Medical Journal* says: From what I have lately witnessed while watching two local epidemics of diphtheria, I am disposed to consider that albuminuria is present in nearly all cases. That its appearance is usually about the end of the first week after the diphtheri-

tie membrane is developed, though sometimes earlier more rarely later. Coexistently with its appearance, there is a notable diminution of the quantity of urine, and an increased excretion of urea; whilst lithates generally, tube casts, both granular and waxy frequently, blood corpuscles not seldom, and pus globules occasionally are found on examination of what is secreted. The urinary specific gravity mostly averages 1016, and the temperature of the body is, as a rule, 100.4 to 102 degrees.

The gravity of the prognosis increases in an equal ratio with the quantity of albumen existing in the urine, independent of the amount of throat affection or kidney disorganization, and an early or late discovery of albumen is of serious import. The local mischief attacking the pharynx, larynx or other structures, and paralysis sometimes occurring are entirely the result and symptomatic of a morbid poison affecting the general system, just as the sore throat of syphilis is the sequence of a blood disease previously contracted. Albuminuria in any quantity, is due to obstruction of circulation through the kidneys, caused by congestion of the malpighian tufts, this congestion being produced by paralysis of the nerves supplied to them; but a mere trace only of albumen arises either from pus or else blood which has casually entered the volume of urine. The indication of treatment is to remove this obstruction by overcoming the paralysis, and this is best accomplished by local faradization. Seven cases are reported in detail, two of which terminated fatally. In these two, no faradization was employed. The other five, which were all of a very serious nature, recovered after faradization had been resorted to. All were marked by unmistakable evidence of blood poisoning and albuminuria, with more or less suppression of urine. The treatment of all was conducted on the same principles, plus or minus the induction coil; the object aimed at being at first, during the premonitory symptoms, to regulate the secretions, and then to support the strength of the system in every possible way. My sheet anchor was the tincture of perchloride of iron, sometimes combined with glycerine, sometimes with chlorate of potash, and sometimes given *per se*. Stimulants and nourishment in every variety were supplied with no sparing hand. The customary topical medication was of course attended to. In some instances, the ordinary conductors fitted to most galvanized batteries; in others, "Etna's" were employed. Faradism was thus employed over the lumbar regions along the lower part of the spine, and as nearly as possible in the direction of the ureters.—*Droit Review of Medicine.*

BLISTERS IN PNEUMONIA.—Dr. C. J. B. Williams, in speaking of pneumonia, says.—*American Practitioner*—"My experience has taught me to put great faith in large blisters, both in asthenic pneumonia and bronchitis, and I am confident that I have seen many lives saved by their means. Instead of being lowering they give a salutary excitement to the circulation, and the copious serous discharge which proceeds from the skin tends to relieve the congested lung without wasting the red blood, that is so necessary to sustain the functions. Small blisters teaze as much as large ones, and are far inferior in the relief they afford."

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NEW USE OF BARNES' DILATORS.—Mr. H. M. Morgan records (*British Medical Journal*) two cases in which he resorted to Barnes' dilators with advantage. The first was a case in which the waters broke early, and the os small and unyielding. Mr. M. thought that by making an artificial bag of waters, he would materially assist labor, so with some difficulty he managed to introduce Barnes' largest bag within the os by means of an uterine sound. When once it was there, it was easy to pump in nearly a pint of cold water, and the labor then progressed very well, each pain dilating the os by means of the artificial bag, quite in a natural way. The second case was one of miscarriage at the eighth month, with profuse hemorrhage, placenta previa and unyielding os. Mr. M. ruptured the membranes with a stilette, and then, by means of a long pair of ovum forceps, he passed Barnes' largest bag (rolled up small) quite into the womb, and afterwards pumped into the bag nearly a pint of warm water. As she had no pain worth mentioning, he had given her forty minims of liquid extract of ergot before puncturing the membranes. As soon as he had filled the bag with water, he commenced dilating the os himself by drawing at the tube till his finger and thumb could reach the root of the tube in the vagina. The result was that in little more than five minutes, he pulled a soft bag as large as an ordinary newborn child's head through the os, and then the vagina and perineum were gradually dilated in the same way until the bag came right away. He found the head presenting, and pains were coming on moderately, but, as there was no time to be lost, he preferred not to wait for nature to act, so with one hand internally and the other externally, he turned the child and brought a foot down, and soon

completed the labor with the aid of the patient's own pains and efforts. The placenta was expelled naturally, and the womb contracted well after it. Dilatation, he says, would not possibly have been accomplished so quickly, so easily, so painlessly and so safely by the hand. Moreover, this bag being pressed against the bleeding placental vessels in its passage through the os, compressed them and checked the hemorrhage in the same way as the head does in those cases where the pains are strong enough to keep it well pressed against the os.—*Am. Jour. Med. Sciences.*

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**EUCALYPTUS GLOBULUS.**—Prof. GUBLER, in a memoir published in the *Journ. de Pharm. et de Chimie*, states that all parts of this tree are impregnated with an aromatic substance, most abundant in the young branches, flowers, and leaves. The febrifuge properties of the eucalyptus have been established by numerous observations. Under the name of "fever tree," it constitutes, in Australia and the neighboring countries, the popular remedy against the prevailing fevers. The observations of a number of European physicians agree in placing its febrifuge powers in the most favorable light. Success in its use seems to be the rule, almost without exception, and it is in cases most rebellious to quina and the other febrifuges that the leaves of the eucalyptus are reported to have produced the most remarkable results.

It would seem that these trees exert a marked hygienic influence wherever they are found. It is cited as a notorious fact that intermittent fevers are entirely unknown in regions favoured by their growth, whereas, in localities similar in respect to climate, soil, etc., but destitute of eucalyptus, the population is decimated by paludal fevers. It is generally supposed that the marsh miasms are neutralized by the aromatic emanation from the trees, but Prof. Gubler regards it as probable that the sanative results are to be in part attributed to the purifying effects of the offal of the foliage and the continually desquamating bark upon the stagnant waters. Of such waters travellers drink with impunity, whereas it is imprudent to drink from similar marshes not bordered by these trees.

Eucalyptus is employed as a stimulant and disinfectant dressing to wounds, and as an astringent and hæmostatic. It is useful in leucorrhœa, its success in this condition is attributed by Prof.

Gubler to its toxic effect upon the several infusoria which exist in the vaginal secretion.

The power of the active principle of the eucalyptus in preventing the development of cryptogams is remarkable. Solutions of the salts of morrhua, strychnia, atropia, aconita, and esenna, for hypodermic injection, prepared with water distilled from eucalyptus leaves, retained their limpidity for several weeks, while other solutions prepared with pure water became turbid with conservoid flocculi in a few days.—*Medical News and Library*.

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TRACHEOTOMY AFTER APPARENT DISSOLUTION.—John Wood F. R. S., at the close of a clinical lecture on tracheotomy, relates the following experience :

In conclusion, there is one point which it may happen to be important to keep in mind, and that is, the duty of completing these operations upon the windpipe, when once begun, in the face of every possible eventuality which may arise in the course of it, even up to and beyond the apparent death of the patient. In no case is the truth of the saying, "while there's life there's hope," more paramount than in operations to relieve suffocation, to which, as in cases of drowning, the higher truth may be almost applied that "beyond life there's hope." One of the most striking instances of resuscitation after apparent death during tracheotomy I have been lately witness to. A few weeks ago I was called in the middle of the night to the relief of a medical man, considerably beyond middle age, suffering from laryngitis combined with bronchitis. On hastening to his house, which was at a considerable distance from my own, I found Dr. Goddard, of Edgeware road, in attendance, who had judged very rightly that an operation afforded the only remaining chance of relief from the very threatening symptoms presented by the poor patient, and had accordingly requested my assistance. A glance at the distressed countenance and the dusky lips and finger-nails, a hurried pressure of the failing pulse, a brief listening to the raucous laryngeal noise and heaving chest, deprived of vital air, led me, after a hasty consultation, fully to coincide in the imminent necessity of tracheotomy, with a view of at least prolonging life. While the rapid incisions were being made to expose the trachea, the patient suddenly ceased to breathe, the pulse stopped, the eyes rolled over



and seemed to become glazed, and after a brief spasm of the facial muscles, usually observable just before dissolution, all seemed to be stilled in death. A considerable obstacle was now met with in extensive and very hard ossification of the trachea, upon which the scalpel made little impression. With the words upon my lips, "I fear we are just too late," but remembering the maxim I have endeavored to impress upon you, I persevered notwithstanding, and by the exercise of considerable force, and by first converting the scalpel into and then using it in the fashion of a saw, I got through the hardened trachea and passed in the tube. After employing the usual methods of artificial respiration, we were in a few minutes encouraged by a gentle sigh of inspiration; and in less than a quarter of an hour the patient was sitting up in bed, breathing freely through the tube, expressing himself as comfortable as possible, and writing upon slate a professional certificate as to the urgent necessity of the operation and the celerity of its performance. — *The Lancet*

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ON THE EARLY DIAGNOSIS OF TYPHOID FEVER.—Dr. P. W. Latham, Cambridge: (*London Lancet*, June, 1872) in a clinical lecture on the subject, remarks as follows:

From the information the thermometer gives me I fully endorse the following statement. "The physician who judges of fever cases without taking note of the temperature, is like a blind man trying to find his way. With much practice and great intelligence, the blind man may succeed; but he will more frequently fail, and always do, only with great difficulty and unsatisfactorily, what to him who sees, requires no effort.

"Let me show you how far this is true. During the first four or five days, the general symptoms which may then, as I told you, accompany the disease—viz., the rigor, the languor and feebleness, headache, epistaxis, giddiness, pain in the back and aching of the limbs, the appearance of the tongue, the state of the bowels, the condition of the urine, etc.—may not be very distinct, or any of these morbid symptoms may be entirely absent. In a considerable number of cases, in fact, it would be impossible for you to say, without using the thermometer, whether the patient were suffering from typhoid fever or not. But the thermometric course of the

disease at this time, unless it supervenes on some other malady, is very regular; and by taking the temperature at eight A. M. and six P. M. for three days, the presence of typhoid fever may be decided. On the other hand, one single observation may, with very great probability, negative the existence of the disease.

"The following is the formula (from Wunderlich) of this initial stage:

	Morning	Evening.
First day.....	98.6 deg. Fahrenheit.	100.4 deg. Fahrenheit.
Second day.....	99.4 " "	101.4 " "
Third day.....	100.4 " "	102.6 " "
Fourth day.....	101.6 " "	104 " "

"If, then, a person, previously quite well, feels uneasy, perhaps has a rigor, and in the evening we find his temperature about 100.4 deg. or 101 deg F., falling the next morning about a degree, rising again in the evening, and approximately following the above course, the disease may be diagnosed with tolerable certainty."

THE CHARACTERS OF THE TRUE RESPIRATORY MURMUR.—  
Dr. James R. Leaning remarks as follows in his pamphlet on the above subject:—"The ear accustomed to auscultation, after a few moments of concentration of the attention upon the respiratory murmur, will recognize its dual composition. If the chest be perfect in condition the tidal-air sound will be heard in inspiration only, soft and short, like breathing gently through the closed teeth, while the true respiratory murmur will be continuous, increasing in fullness in inspiration, and diminishing in expiration. It is of low pitch, and is like the roaring of the sea at a distance, the waves breaking on an even shore of sand, or, better still, like the sound made by bees in cold weather, when the hive is tapped with the finger. It is like the unnumerable vibration of the wings of bees, increasing to maximum in inspiration like the coming waves on the sea-shore, and decreasing in expiration as they recede. If the breath be held, this murmur may be heard without admixture, for there can be no bronchial murmur. The sound is the susurrus of the delicate muscular fibres of the true respiratory system, contracting and relaxing over the dilating and resisting residual air. If the breath be held after a full inspiration, the murmur will be at its maximum; if it be held after expiration, it will be at its minimum fullness. It cannot be exaggerated,

as has been said of the so-called vesicular murmur. If the true respiratory system be unduly dilated it loses its power to contract on the residual air, and the murmur wholly ceases. This is a sign of emphysema, and is proof of the muscular cause or origin of sound, which may return again after rest."

"This murmur only commences to be developed in the child at eight years of age, becomes recognizable at twelve, but is only fully developed at maturity. A beginner in auscultation may recognize true respiratory murmur in a good subject with ease. But when the chest has lost its excellent quality as an acoustic chamber by physical changes, resulting from inflammation, or when, from disease of the lung, itself, the natural respiratory murmur has been altered or lost, or when the chest, although in its natural conditions, may be covered by thick and hardened muscles, the trained expert ear only can arrive at diagnostic truth."

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### A MODIFICATION OF THE OPERATION FOR PHYMOSIS.

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BY HARRISON ALLEN, M.D., SURGEON, PHILADELPHIA HOSPITAL.

The modification proposed is based upon the truth of the following statements: 1. The glans penis lies obliquely backwards to the longitudinal axis of the penis. 2. Contraction of the preputial orifice, from chancres, scars, or other rarer conditions, may create phymosis independently of other causes, but, as a rule, acquired phymosis, particularly if it be complicated with venereal disease, is due to inflammatory thickening of the entire mucous layer. In such cases the glans is compressed, as with a rind, by a stiff, inelastic membrane. If there be much narrowing of the preputial chamber, the penis is jammed backwards in its sheath, and its frenum is made tense from a fixed point below, and lies obliquely upwards and backwards.

Writers have cautioned us, in selecting the method of Ricord, not to be guided by the outline of the glans penis as defined through the integument, else too much of the latter may be excised. But even when the operation is properly performed the incision imperfectly exposes the glans, thus making another incision through the

mucous layer necessary. Besides this, the frenum is liable to a mutilation by the first cut. This latter is an awkward occurrence, since union, under the best of circumstances, lingers about the frenum, and an undesirable bagginess of the integument at this point too often remains.

I have thus briefly indicated that the essential points of an operation for phymosis should be those which secure integrity of the frenum as well as the exemption from too free incision of the skin-layer of the prepuce.

The method of meeting these points is simple. Having first slit up the prepuce upon a grooved director,—thus permitting the penis to assume its normal position to the sheath, and the true relations between it and the foreskin to be accurately determined,—the operator takes a straight needle, of moderate size, and, arming it with a single strand of well-annealed silver wire, transfixes both layers of the foreskin about a fourth of an inch in advance of the corona. Before pushing the needle through, that portion of the foreskin in front of the needle is snipped off with the scissors,—sufficient tissue being reserved to bring the edges together,—when a twisted suture is effected. The needle is next inserted at a point midway to the frenum, and the same procedure repeated as in the first instance. In consequence of the redundancy of the skin about the frenum, the division of the mucous layer is best effected at that point before that of the skin. The scalpel is better than the scissors for this purpose. The skin should be removed by the latter instrument after transfixion. Two sutures introduced upon the opposite side, in the manner already given, complete the operation. Should the spaces between the wires gape, they may be approximated by silk threads. These may be removed within twenty-four hours. The silver wires should be retained a day longer.

It will at once be seen that the retraction of the skin-layer is prevented by transfixing the two layers at the same point before the removal of the integument. This, indeed, is the gist of the whole matter. The slitting of the prepuce, instead of being a mere expedient to remove pressure from a threatened glans, or to explore for a concealed chancre,—uses to which it is commonly restricted,—becomes a stage of the operation of circumcision. Moreover, it enables the operator to dispense with the use of the fenestrated forceps.

This operation has been performed by myself and others fourteen times, and has given entire satisfaction in every instance.—*Medical Times.*

RINGING THE DOCTOR'S BELL.—*The Medical Times and Gazette* of June 8 says, "Some time since, we published the case of a boy whose tooth had been extracted by a surgeon who had been annoyed by the young scapegrace pulling his bell as "a lark." An action was brought against the surgeon, and he had to pay damages. We have now to record a case somewhat similar, and in which the doctor was again made defendant in an action. At Burnley, last week, Dr. Dean, a member of the Town Council, and in large practice, was charged with unlawfully, maliciously, and feloniously applying a certain corrosive to the forehead of Louis Calverly, with intent to disfigure, etc. It appeared in evidence that about a fortnight since the boy went to the doctor's house to examine the bell handle, which is in the shape of a closed fist. The bell rang, the defendant came out. He took the boy into the surgery, and wrote the word "Bell" on his forehead with caustic. The legal advisers on either side had a long consultation, the result of which was the withdrawal of the summons, on the defendant making an apology and paying costs. Undoubtedly in the two cases the defendants went far beyond the mark in the punishment they inflicted, but we believe no magistrates would convict a surgeon of an offence if he gave the runaway ringer a good horse-whipping. However, all things considered, we advise our brethren on no occasion to take the law into their own hands. Magistrates deal sharply with the silly and offensive people who ring doctors' bells for amusement. Only last week, Mr. May, an undergraduate of Trinity College, Cambridge, was charged at the police-court with ringing Dr. Ransome's bell in Jesus lane, and, notwithstanding an offer to apologize and a good character from his college tutor, he was fined forty shillings and costs.

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• HOW HOMŒOPATHIC CONVERTS ARE MADE.—The following amusing account of a conversion to homœopathy is taken from the *Boston Medical and Surgical Journal* of July 4:—

"Prof. Henderson, of Edinburgh, avowedly one of the leaders of homœopathy in Scotland, and before his adoption of the new practice a physician to the Edinburgh Infirmary and a Professor in the University, owed his medical conversion, it is said, to a curious incident. The story is attributed to the late Sir James Simpson. Dr. Henderson had been induced by Abercrombie to investigate the subject of

homœopathy, and he made certain researches which he mentioned in public as having struck him. Simpson, some time before that, had received from a well-known homœopathic chemist a case containing a set of phials filled with globules, which he had never used. These he said, he should be glad to hand over to Henderson, and the latter with pleasure accepted them. He used them, and was so struck with their effects that he declared himself convinced of the truth of the homœopathic doctrines. Unfortunately, it turned out too late that he had unwittingly deceived himself; for the case with its phials had long been a plaything for Simpson's children, who used to empty out the little globules into heaps and fill the phials indiscriminately. It need hardly be said that this was not known to Simpson when he gave Henderson the case, but it became known to him afterwards, and he made Henderson aware of it. But Henderson had gone on too far to recede, even if he had desired to do so, and he became a declared practitioner of homœopathy.

**TESTS FOR DETECTING STRYCHNIA.**—The *Popular Science Review* states that Dr. Filhol, in a recent paper on this subject, maintains that strychnia should, in cases of poisoning, be obtained in the solid state, the alkalinity of its solution should be ascertained, as well as its intensely bitter taste, its behaviour with chlorine, and its blue coloration under the influence of sulphuric acid and oxidizing substances should also be seen; while, lastly, as a very delicate reaction, Dr. Filhol observes that with chloride of gold, strychnia (in solution) yields immediately a crystalline precipitate, which, although slowly, is yet distinctly formed in solutions containing one-tenth of a milligramme of the alkaloid. This precipitate and that formed by chlorine are at once dissolved by concentrated sulphuric acid, and chromic acid being added, the well-known blue coloration that strychnia yields with this last reagent is produced. The presence of alcohol in liquids to be tested for strychnia should be avoided.—*Lancet*, April 27th, 1872.

**PROF. GROSS'S TREATMENT OF GOITRE.**—Treatment will consist in stimulating the absorbent vessels, although the application of agents of too stimulating a character must be avoided, otherwise irritation will be produced, and the mass will be enlarged instead of diminished. The neck will be thoroughly washed at least once in

the twenty-four hours with hot water and soap, and immediately afterwards a portion of the following ointment will be applied to the surface of the tumor and well rubbed in:—

R Ung. hydrarg. biniodid . . . . . ʒ j. ;  
Cerat simp . . . . . ʒ vj. M.

The patient will take internally the *Liquor iodinii compositus*, gtt. viij., in sweetened water, three times daily.

A piece of thin flannel and oiled silk will be worn around the neck. The diet will be regulated and all red meats avoided. Six grains of blue mass in combination with a grain of ipecac will be given now and then at bedtime to regulate the secretions.—*New Remedies*.

A SIMPLE METHOD OF ARRESTING EPISTAXIS.—Dr. Roland G. Curtin says (*Phil. Med. Times*), Dr. Albert H Smith, in order to soften the nasal mucus of children in the nostrils, recommends the introduction of lard upon a small roll of fine linen wrapped like an ordinary lamplighter.

It occurred to me, in a case of epistaxis, that a similar roll of paper, moistened with water and coated with the dry tannic acid, inserted into the nose, might be of service. I tried it, with immediate success.

I have since found that old linen answers the purpose better than paper applied as above, as it makes a better carrier, being softer, more flexible, and less liable to break down through excess of moisture. I have also found that the powder adheres better if soft lard be used instead of water.

I have tried this repeatedly with uniform success, and believe, if it were resorted to, that the disagreeable operation of plugging would seldom be found necessary.—*New Remedies*.

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TORONTO, DECEMBER 2, 1872.

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## VALUE OF EXPERT TESTIMONY.

This subject is pressing itself upon the attention of the authorities both in the profession of law and medicine. Several cases which have come before the Courts lately in Canada and in the United States, teach the important fact that something more is needed than exists at present, with a view to establish the value of expert testimony in courts of law. An expert is one who has gained a thorough knowledge of a subject, at least, who is master of all that is known upon the subject. This knowledge may be gained in various ways. It is generally acknowledged that those who have had peculiar advantages in Hospitals, Asylums and other public institutions are better qualified to act as experts than those who have not had such favourable opportunities. This is generally true, but not necessarily so; on the contrary there are many who are better experts, after seeing a few cases of insanity, or performing a few surgical operations, than some who have spent years in Hospitals and Asylums.

At a casual glance it may seem very fair to have both sides of a question examined; but to permit either side to bring forward experts to testify in their especial interest is the worst possible way to gain the ends of justice and truth. *Common* and *expert* testimony are very distinct; the one refers to the incidents which have occurred in reference to the case, the other to *opinions* offered upon the evidence or a hypothetical case.



In a matter of opinion upon the evidence adduced in any particular case, differences are sure to arise on some point or points, hence this is used as an argument for bringing opposing testimony to bear upon the case. This goes to the jury—in most instances an illiterate class of men—and they are supposed to decide the matter about which the experts could not agree when examined separately in the witness box.

The jury are the judges of *the facts* and law in the case elicited by common testimony, but they cannot be expected to decide on matters touching the opinion of expert testimony. It would therefore be a great improvement upon the present mode of conducting these cases to have a *corps of experts* appointed to examine and report upon the case, and this report should be considered final as regards the expert testimony. They would have time to investigate the case carefully, weigh the evidence well, and arrive at a more satisfactory conclusion than any one could be expected to do in a witness box. Many facts may be brought out during a cross-examination, which may alter the complexion of the case and require the modification of an opinion previously expressed, and without a moment's notice, while badgered and browbeaten by an impudent attorney, one is expected to deliver matured views and opinions upon matters that may require thought and study. This is manifestly unfair and can only be remedied in the way we have suggested. The common testimony of the law in the case alone should be decided by the jury, and if experts are called, let it be acknowledged by an acquiescence in their opinions.

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#### AMENDMENTS TO THE MEDICAL ACT.

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At the last meeting of the Council of the College of Physicians and Surgeons in July, a committee was appointed to draft amendments to the Ontario Medical Act to be submitted to the legislature at its next session. The time is gradually approaching when the legislature may be expected to meet, but we have not yet heard that this committee has been called together, or that any steps have been taken to prepare the amendments to be laid before that body. Some of the proposed amendments are of considerable importance, and it

is only right and proper that they should be not only prepared with the utmost care and attention, but they should also be ready for distribution among the members of the profession some time previously in order to give an opportunity for discussion and a free and full expression of opinion concerning them.

One of the clauses of the contemplated amendments proposes an annual assessment on the members of the profession of two dollars each for the support of the Council. This is not to be thought of however, unless the committee is able at the same time to secure the passage of a stringent penal clause, thus giving the profession as it were a *quid pro quo* in the shape of protection against unlicensed practitioners. There can be no reasonable objection to the payment of a small annual tax, such as is proposed provided the profession is thoroughly protected against all kinds of quackery. It is also proposed that each member of the College shall receive annually a copy of the *Medical Register* which will contain, besides the names of the registered practitioners, a copy of the Act and other useful information. This of itself will be worth half the amount of the annual assessment. It is expected that by means of this assessment sufficient funds will be raised annually to meet the working expenses of the Council, without taxing the Students so heavily as at present. The Council will also be enabled to establish a sinking fund for the purpose of securing a Hall in which to hold its annual meetings, examinations, etc., etc. The object the Council has in view is well worthy the kind consideration and support of the whole profession. The incorporation of the proposed amendments will assist in arousing a closer sympathy between the Council and the profession, and strengthen the bond of union among the various members of the craft in Ontario.

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#### MEETING OF THE ECLECTIC MEDICAL SOCIETY.

A meeting of the above Society was held in this city on the 29th of October, pursuant to notice, "to take into consideration the present state and prospects of the Eclectic School of Medicine in Ontario." Dr Bell of New Edinburgh, President of the Society was in the chair, and Dr Bogart was appointed Secretary in the place of Dr. Hollingshead who had resigned. Many subjects of interest, bearing upon the prospects of the Eclectic School were discussed,

and the following important resolutions were carried unanimously, except two dissentient votes to fourth resolution. — 1. Resolved that while recognizing the advances which the General School of Medicine has made towards adopting the remedies and principles of practice of the Eclectic School, the time has not yet arrived to give up our distinctive name, and position, as a separate branch of the medical profession in Ontario. 2. That the Ontario Medical Act has fully recognized the rights of the Eclectic School to separate representation in the Council, and that these rights should be maintained to the fullest extent by our representatives. 3. That under the Medical Act we are on a perfect equality with other branches of the profession and that no advantage would accrue to our School from a surrender of our individuality. 4. That Drs. Cornell and Muir, by their conduct, have altogether forfeited their right to continue as our representatives, and that they be forthwith called upon to resign their position in the Council. 5. That these resolutions be communicated to Drs. Cornell and Muir, and that immediate steps be taken to carry them into effect. In addition to the votes of those present, the Secretary brought forward upwards of thirty letters which he had received from members of the Eclectic Society expressing their cordial concurrence in the above resolutions.—*Globe*.

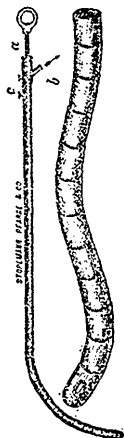
We have been requested to publish the above report of the proceedings of the Eclectic Medical Society. We may say however that this is the first intimation that we have had of the existence of the above Society, and were not aware that such a meeting was in contemplation. As to whether it was largely attended or not we are not in a position to say definitely, but we have reason to apprehend that the attendance was rather sparse, and that the resolutions were all ready cut and dried for the occasion, besides we fancy (whether rightly or wrongly) from the style and character of some of the resolutions that a very prominent member of the Homœopathic School had a hand in the business. Be this as it may, one thing is certain the Eclectic body can not long hold out in its present anomalous position. Those of them who have not sufficient foresight to see that the tendency of their present relationship will be to extinguish them, and that too, in a very short time, must just be left to find it out, argument would be wasted upon them. Under existing circumstances therefore, we do not feel disposed to lift our finger one iota more than we have done, with a view to urge them to accept the terms we offer. Nothing can be fairer or more reasonable, and if they choose to continue in their present forlorn condition under the wing of the leader of the Homœopaths, we are content to leave

them there. Some of the resolutions are remarkably refreshing, but it is very doubtful whether they will secure the object their framers have in view. With regard to Drs. Cornell and Muir we think we can safely say that they will not resign their position in the Council at the bidding of the minority of their representatives however respectable and influential they may be.

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### NEW INSTRUMENTS.

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We give a wood-cut representation of a segmented catheter, devised by Dr. Squires, of Brooklyn, New York. It consists of a series of hollow silver discs, made smaller at one end than the other, so as to fit into one another like a number of cups or tumblers. These are held together by a chain running through the series. This is tightened or loosened by means of a screw situated at the outer extremity. The instrument is shown in its ordinary position; but by loosening the screw "a" it becomes as limber as the vertebrae of a snake. This enables it to find its way readily into the bladder no matter how tortuous the urethra may be. By tightening the screw "a" it becomes as rigid as an ordinary silver catheter. A rubber hose may be attached at "b." Dr. Sayre, of Bellevue Hospital Medical College, has applied this principle to a Nelaton probe. It is called the vertebrated probe, and is exceedingly useful in detecting dead bone where it is deep seated and the sinuses are very tortuous. The advantages of both these instruments are too apparent to require any comment. They are manufactured

by George Tiemann & Co., New York.

TORONTO GENERAL HOSPITAL.—The arrangements entered into by the various medical schools in this city, for the regular delivery of Clinical Lectures in the Hospital four times a week, during the continuance of the winter session, is giving the most entire satisfaction to the students in attendance, and will no doubt be the means of drawing larger classes in the future than have attended in the past. With a liberality which is praiseworthy, the trustees have ordered the issue of perpetual tickets for the moderate sum of ten dollars each, thus affording the utmost facilities to students for continued attendance at the Hospital from year to year during their academic course. The thanks of the medical faculty of Toronto, and also of the students of the various schools are due to the trustees, for their kind assistance and active co-operation in carrying to so successful a result this much needed reform in medical education. There is only one point which now remains to make it a complete success, and that is sufficient means to enable the Hospital to increase the amount of clinical material by the admission of a larger number of patients from all parts of the country. It is to be hoped that the local legislature will at its approaching session make such provision as will place this deserving charity upon a more satisfactory basis in this respect.

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#### NOTES AND COMMENTS.

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CHLORAL HYDRATE IN TRAUMATIC TETANUS.—In the *Brit. Med. Journal* for Nov., Dr. Lovegrove records a case of recovery from traumatic tetanus by the use of chloral hydrate. The patient received a severe injury to the knee by the passing of a loaded waggon over it. Opium was at first administered to relieve pain and procure rest, but when tetanic symptoms set in, chloral was substituted with the results above mentioned.

ILL HEALTH OF DR. DRUITT.—It is stated in the *Brit. Med. Journal* that Dr. Drutt, the well known author of a work on Surgery, and editor of the *Medical Times and Gazette*, is compelled by reason of ill health to retire for two years to a more genial climate. A subscription with a view to the public recognition of his eminent services is proposed.

## ABDOMINAL ANEURISM CURED BY AORTIC COMPRESSION.—

In the *London Lancet* of April 20 Dr. Walter Moxon reports a case of abdominal aneurism cured by Mr. Durham and himself, by compressing the aorta on the proximal side by means of Lister's abdominal tourniquet, the pad of which was adjusted and screwed down until all femoral pulsation ceased. Compression was steadily maintained for ten hours and a half, the patient being kept under chloroform. No severe constitutional or local symptoms followed. The aneurism after a few hours commenced to pulsate anew, but remained smaller and harder, and gradually grew smaller, so that at the end of a month all pulsation had ceased in it as well as in the femoral.

CARBOLIC ACID IN WHOOPING-COUGH.—Dr. C. Glen Bott *Med. Times and Gazette*, June 29, 1872, has found carbolic acid to have wonderful power in arresting whooping-cough. He gives  $\frac{1}{4}$  to  $\frac{1}{8}$  of a drop freely diluted with water every four hours to a child eight years old, or in some cases  $\frac{1}{3}$  of a drop three times a day to a child four years old.

TREATMENT OF HEMORRHOIDS.—Hemorrhoids, connected with prolapsus, were successfully operated upon by the application of nitric acid some thirty years ago by Dr. Houston of Dublin. The method found great favor at the time, but has been somewhat displaced by the ligature. Billroth, of Vienna, has of late revived Houston's operation, and reports excellent results, especially in those cases where frequent and dangerous hemorrhage had occurred.

MEDICINAL VIRTUES OF EUCALYPTUS.—Dr. Wooster says (*Pacific Med. and Surg. Journ.*).—he has now used some gallons of this extract during a period of eight months in the U. S. Marine Hospital, and is surprised at its uniform and reliable effects in affections for which it is suitable. It is a diuretic of rare virtue, and may be administered when most of the diuretics in common use are inadmissible. It is an aromatic tonic, and has notable restorative effects in low states of the system, as in typhoid fever, typhoid diarrhoea, and dysentery. In vesical catarrh it alone cures. In spasmodic stricture it relieves with great promptness. In all affections of the mucous membranes its beneficial action is remarkable. He has treated many cases of acute gonorrhoea with no other remedy. It is also very useful externally in chronic ulcers.

**MEDICAL ELECTION.**—Dr. Hillary of Aurora has been elected to fill the vacancy caused by the death of Dr. Agnew as the Representative of the territorial division of Midland and York in the College of Physicians and Surgeons Ont.

**DEATH.**—In Hamilton on the 15th ult., JOHN MACAULEY HAMILTON, M.D., R. N., aged 72 years.

**CORONERS.**—Wm. Rear Esq., M. D. of Oakwood, to be an Associate Coroner for the County of Victoria. Wm. Freeman Esq M. D., of Georgetown, to be an Associate Coroner for the County of Halton. J. A. MacDonell, of Thunder Bay, to be an Associate Coroner for the district of Algoma.

**A MAGNIFICENT FEE.**—Sir William Gull the eminent London Physician who was one of the attendants on the Prince of Wales during his illness, received a fee of four thousand dollars for one visit to Cork to see the Hon. R. R. Vernay, Lieutenant in the 52nd regiment who was ill with a fever. Dr. Gull's consulting practice is worth £25,000 a year, the largest of any physician in the world.

**BULLOCK'S BLOOD IN ANAEMIA AND PHTHISIS.**—Bullock's blood is now the fashionable remedy among the Parisians for anæmia and phthisis. The young ladies take it with great facility, and many say they prefer it to cod liver oil. For the more fastidious, however, a pharmacein has prepared an extract of blood which is administered in the form of pills, three grains of this extract is said to represent about half an ounce of pure blood. Many cases of anæmia have been cured by this blood treatment, and some phthical patients greatly benefitted, at least as much as they would have been under cod liver oil.

**MAGENDIE'S SOLUTION OF MORPHINE.**—In the last number of the *Lancet* we gave the formula for the above solution, but by a mistake of the printer the symbol  $\bar{3}$  was put for  $\frac{3}{4}$  as the quantity of water to be used. The strength is two grains to the drachm, and for ordinary use the latter quantity is sufficient to prepare at a time. The morphine is also more readily dissolved by the application of gentle heat.

**BOSTON FIRE.**—We have been requested to state that the firm of Codman & Shurtleff, instrument makers, Boston, have not suffered from the late fire, and are prepared to fill all orders, for instruments and appliances as usual.

**AMPUTATION OF ALL THE EXTREMITIES.**—Mention is made in the *British Medical Journal* of Oct. 5th, of a young woman named Robertson, whose hands and feet became gangrenous as a result of embolism. The whole of the extremities were amputated by Dr. Begg, of Dundee. This occurred in the autumn of 1869. Very ingenious appliances have been made for her by Mr. Heather Bigg, which enable her to walk about by means of crutches, to feed and dress herself, knit, write, &c. The case is one possessing a good deal of interest as being the only case of the kind on record in which the whole of the four extremities have been removed. It is decidedly an unique case.

**CONCUSSION FOLLOWED BY CHOREA AND DROWSINESS.**—C. Handfield Jones, M. B., F. R. S., of St. Mary's Hospital, (*British Medical Journal*), reports a case of concussion of the brain and spinal cord followed by chorea and drowsiness. The patient, a painter, received his injuries in May, 1869, by falling from a scaffold. He was in the Hospital three weeks and was discharged; but was soon after attacked with twitchings of the limbs, accompanied by drowsiness. He was again admitted into the Hospital, near Windsor, and in about a month grew better. In the course of 1870, he grew worse again, and in December, 1871, he was admitted into St. Mary's Hospital. He was now decidedly choreic and slept most of the time. He was put upon 2 drachm doses of succus conii with good diet, and subsequently upon cod liver oil and hypophosphites, iron and quinine. In a short time he improved under the above treatment, but was liable on the slightest excitement to a return of this affection. There was no evidence that his previous occupation had anything to do with his present condition.

**A POSITIVE SIGN OF DEATH.**—The Academy of Sciences of Paris, in 1870, offered a prize of 20,000 francs for some simple and positive sign of death, which any non-professional person could understand and apply. The most practical and satisfactory one given is mentioned in a late number of Virchow's Archiv. It depends upon



the fact that no matter how profound the syncope or how death-like the person may appear if the circulation continues, however feebly, the person is not dead. All that is necessary therefore is to tie a string firmly around the finger of the supposed corpse, if the blood circulate in the least, the whole finger, from the string to the tip, will swell and generally turn a bluish red. This test is exceedingly simple and conclusive.

**PRESERVATION OF BODIES FOR DISSECTION.**—At St. Thomas Hospital, London eleven bodies have been preserved in excellent condition, some for more than five months. The method adopted is identical with that used by Prof. Marshall, to whom the authorities at this school are indebted for the details of this process. The arteries may or may not be injected with a weak solution of arsenite of potash, but Mr. Marshall objects to large quantities of arsenic being used, one or two ounces being quite sufficient for the purpose. The bodies are then immersed in a fluid consisting of twenty-four gallons of water, twenty-eight pounds of common salt, one pound and a half of nitrate of potash, and three pints of Burnett's fluid (Chloride of Zinc) to each body. After many trials these proportions have been found to be best adapted for preserving bodies for dissection, for if too much salt or nitrate of potash be used, the skin gets very hard. By this means Mr. Marshall has been able to preserve portions of the body in good condition for demonstration for a period of ten years. The *Lancet* regards this as the best method it has yet seen; it has the further advantage of being the cheapest; and the fluid in which the bodies are immersed need only to be changed once in several years.

**PHOSPHORUS PILLS.**—A writer in the *Druggist's Circular* gives the following formula for a pill of phosphorus, by which he says they can be made of small size, at short notice, and to keep without evolving fumes: Dissolve one grain phosphorus in half a drachm of chloroform and rub in a mortar with two scruples powdered liquorice root till all the chloroform has evaporated. Add half a drachm powdered soap and work into a mass with water and divide into 24 pills.

**VEGETABLE GROWTHS IN THE EAR.**—Since the year 1844, when the attention of the profession was first called to the subject,

the growth of minute fungi in the ear has been reported to be a common cause of disease of that part. The meatus, canals, and tympanum are sometimes covered with the growth in the form of white or yellow mold on their surface. Cases of diseased ear occur in which are detected the fungus *Aspergillus*. Tinnitus, inflammation, and the accumulation of wax are the attendant symptoms. The treatment consists in the application of a solution of carbolic acid, five grains to the ounce of water. As it is found impossible to transplant the ectophytes to a healthy ear by inoculation, we suspect they are the effects of disease rather than the cause.

**CONSUMPTION.**—Dr. McCormac of London, in his pamphlet on consumption, remarks as follows —The habitual respiration of air, not pre-respired, is essential, absolutely, to the effective prevention of Consumption, Scrofula, and other forms of tubercular disease. Air pre-breathed will not sustain combustion, will not sustain life. About 40 grains of Effete Carbon are excreted every 15 minutes, in the form of carbonic acid gas, from the lungs, provided always that air *not* pre-breathed shall be alone respired. If not, the effete carbon, being insufficiently oxidised, is retained *pro rata* as Tubercle within the living organism, and leads sooner or later to its destruction.

**SMALL POX EPIDEMIC.**—This loathsome disease is prevailing to an alarming extent in Buffalo. Efforts are being made by the authorities to prevent its spread.

**CHOLERA.**—This disease is gradually extending westward, as is its wont, cases with deaths are of daily occurrence in Buda, Lemberg, Prague, and other parts of Austria. In the Province of Galicia from Oct 1st to 15th upwards of 5,000 persons were attacked —of these 1,632 died.

**ETHER AS AN ANÆSTHETIC.**—Ether is gradually growing in public favor in England as well as in the United States, as an anæsthetic agent, and is destined sooner or later to displace chloroform. Several articles have appeared lately in the *British Medical Journal* and other leading medical journals in Europe and the United States, in favor of the use of this agent in preference to chloroform as being much safer, and at the same time quite as good an anæsthetic.

## TORONTO GENERAL HOSPITAL.

DISEASE OF THE FOOT—AMPUTATION—UNDER THE CARE  
OF DR. AIKINS.

(Reported by R. B. Nevitt).

R. A., 38 years of age, entered the Toronto General Hospital on the 15th of August, suffering from disease of the left foot.

Last January, on the 15th of the month, he cut his foot with an axe with which he was cutting some wood, and the edge made an incision over the joint of the great toe, about one inch and a half in depth. At the time of the accident it did not bleed much, but began to bleed when he was walking home, a distance of about a mile. Three days after, it began to fester, poultices were applied and continued for about a month. In about two months the cut was healed. Several sinuses subsequently made their appearance on the dorsum of the foot, and also on the side and sole; these kept opening and closing, and the patient was much reduced from hectic fever. Dr. Oliver, of Petrolia, had him under his care for some time, and recommended him to come to the Hospital. He did so, and on the 15th of August he was placed under the care of Dr. Aikins.

He was put on the regular Hospital diet. His foot was extremely painful, red and inflamed, three or four sinuses existed, all of which pointed towards the metatarsal bone of the great toe, and most of them were connected with each other. Dead bone was detected by the probe. Poultices were applied, and the foot slightly elevated. Treatment was continued for some time, but with little effect.

September 19th—To-day Dr. Aikins operated upon the foot. The operation consisted in a slight modification of Chopart's. An incision was made from a point about half an inch anterior and inferior to the internal malleolus upwards and across the dorsum to a point directly opposite, and a second incision from the same point downwards and across forming the flap from the sole of the foot. The muscles were dissected back, and the head of the astragalus and anterior extremity of os-calcis sawn off. Having ascertained that there were no portions of diseased bone left, the flaps were brought together by fine iron wire sutures. The flaps being rather short, the tension was pretty strong, and a large number were required to

lessen this force. The foot was strapped and elevated, and cold water dressings applied. During the evening a good deal of heat and redness appeared in the stump, and the oozing was slight. Ice and a weak solution of carbolic acid was added to the dressing.

September 13th—The swelling and redness increased, and two of the lowest straps were cut. The wound seemed slightly inclined to suppurate, otherwise the patient was doing well.

September 14th—Suppuration going on, but the discharge is healthy looking—the swelling had diminished.

September 19th—Doing very well—union taking place—the sutures have all been removed.

September 24th—The patient is doing well in every respect, his appetite being good, and bowels moved regularly. The lips have closed with the exception of one or two points where there is a little suppuration.

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#### BOOKS AND PAMPHLETS RECEIVED.

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*Urinary and Renal Disease, including Urinary Deposits*, illustrated by numerous cases and engravings, by William Roberts, M.D., F.R.C.P., London. Second American from the second revised and enlarged London edition. Philadelphia: H. C. Lea. Toronto: Copp, Clark & Co.

This work is divided into three parts—The "first part" is devoted to the Physical and Chemical properties of the Urine, and the various alterations it undergoes in Health and Disease. The various methods of Examining the Urine Clinically are pointed out, and also the Microscopical Appearances of Urinary Deposits. The "second part" treats of Urinary Diseases, such as Diabetes Insipidus, Diabetes Mellitus, Gravel and Calculi, and Chylous Urine, and their appropriate treatment. The "third part" embraces the various forms of Organic Disease of the Kidneys, their pathology, course, and treatment.

The first edition of this work was exhausted some time ago, and the demand for a new one being urgent, the author was induced to undertake it. The plan of the work as far as the new edition is concerned, is the same as the old one, but many chapters have been

revised, and new matter added. Two entirely new articles have been inserted—one on "Suppression of the Urine," and the other on "Paroxysmal Hæmaturia." Several new engravings have also been added. It is an exceedingly useful and practical work, and will well repay a careful and attentive perusal.

*Physician's Visiting List for 1873*, by Lindsay and Blakiston. Philadelphia.

It contains an almanac, table of signs, a description of Marshall Hall's ready method in Asphyxia, Antidotes to the various Poisons, and blank leaves for memoranda, &c. It is arranged for twenty-five patients weekly, but any other size desired may be ordered. It is a very convenient and exceedingly useful little work, and will save the busy practitioner hundreds of dollars every year, that but for it, he would forget to enter in his day book.

*Transactions of the American Otolological Society*, Fifth Annual Meeting, July, 1872. Boston. James Campbell & Son.

*Paper on Infant Asylums*, by A. Jacobi, M.D., President of the Medical Society of New York. New York. D. Appleton & Co.

*Report of the Medical Superintendent of the Toronto Lunatic Asylum for 1872*. Hunter, Rose & Co.

*The Physiological value of Phosphorus as an Organical Element*. An essay to which was awarded the prize of the American Medical Association, for 1872. By S. R. Percy, M.D., Professor of Materia Medica, New York Medical College, &c., &c.

#### Law Respecting Periodicals, Newspapers, &c

1. Subscribers who do not give express notice to the contrary, are considered as wishing to continue their subscriptions.

2. If subscribers order the discontinuance of their periodicals or newspapers, the publisher or publishers may continue to send them until all arrears are paid up; and subscribers are held responsible for all numbers sent.

3. If subscribers neglect or refuse to take the periodicals or newspapers from the office to which they are directed, they are held responsible till they have settled their bills. Sending numbers back, or leaving them in the office, is not such notice of discontinuance as the law requires.

4. If subscribers remove to other places without informing the publisher, and their periodicals or newspapers are sent to the former directions, they are held responsible.