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THE  
CANADA LANCET.  
A MONTHLY JOURNAL OF  
MEDICAL AND SURGICAL SCIENCE.

Vol. V.

APRIL, 1873.

No. 8.

Original Communications.

EXTENSIVE ABSCESS OF THE ABDOMINAL CAVITY.

BY P. C. CONSTANTINIDES, M.D., M.R.C.S. ENG., TORONTO.

On the 6th of last August, I was called by Mr. B., of this city, to see his wife, who was, said he, "in the last stages of consumption." On my way to his residence, he informed me that Mrs. B. had been suffering from "disease of the lungs" for over a year, and that she was now so far gone that her medical attendant—a leading homœopathist—on his last visit, gave them plainly to understand that Mrs. B. could not recover; indeed, that she could not possibly survive many hours. He had not called to see her since, and during all this time, that is, 48 hours, it was most distressing to witness how slowly she was sinking, and, though barely alive, there she was lingering yet.

On my arrival, I found the house filled with Mrs. B.'s numerous friends, who had all collected to be with her during her last struggle. I was led by noiseless steps and tearful eyes to a darkened chamber, where, beset by her nearest relations, I found the object of my visit. She lay on her back, sunk in the centre of her bed, covered with a blanket; and although the heat of an August afternoon was oppres-

sive, her hollow features wore an air of uncomfortable chilliness. Her eyes, partially closed, were sunk deep into their sockets, her nose pinched, and deathly pale; her lips bloodless, and, parted slightly, they exposed the tip of her dry, glazed tongue, protruding between her teeth, thickly encrusted with sordes; the whole of her wan countenance was bathed in cold perspiration, her breathing was bronchial and very slow, her pulse unperceptible, her voice had failed days ago; her right side was paralyzed, her mental faculties appeared to be intact, although, from utter exhaustion, she could hardly see or hear, or intelligibly whisper her wishes. On lifting the coverlet, her terribly emaciated form was exposed to view—*I use the words in their strictly literal meaning—a living skeleton.* She held her fleshless thighs flexed, resting the sharply defined condyles of the femora on her hollow abdomen, the tibiae and fibulae of the legs, with their overlying integument sunk deeply between them, doubled over the thighs, her feet resting on a pillow. Over the umbilicus, a small piece of lint covered the orifice of a sinous fistula, which, on lifting the dressing, gave discharge to a profuse flow of thin, yellowish matter, horribly fetid, yet distinguished by that indescribable odour peculiar to discharges from abdominal abscesses. Simultaneously with the outgush of the discharge, a rigor, a deathly pallor and a distressing sensation of nausea overcame the faint patient; and these symptoms, I was assured by the nurse, were invariably marked whenever the sore was dressed.

From Mrs. B.'s mother-in-law, an intelligent and observant lady, who had been with her more or less during all her illness, I gathered the following particulars of the case:

On the 18th of June, 1871, Mrs. B. was confined of a healthy male child—her third. During that confinement she flowed profusely, and subsequently appeared daily to be losing strength without any apparent cause. Presently a slight swelling made its appearance in the neighborhood of her "stomach," while the slightest effort to exert herself, or even to rise from her bed, caused a sickening pain in the tumor. The swelling gradually appeared to extend itself all over the abdomen, which also became more and more tender to the touch. There were now periodic chills and fever, accompanied with distressing nausea and vomiting. As the more alarming of these symptoms gradually subsided, the swelling about the abdomen, and the general puffiness all over the surface of

her body, became more prominent. Now this unaccountable fulness was at first mistaken for *fat*. As things became more clearly developed, Mrs. B.'s disease was pronounced to be *general dropsy*. Her health steadily continued declining, the "general dropsy" appeared to become more and more confined to the abdominal region, while the attacks of rigor and fever increased every day in frequency and duration. Mrs. B. was now given to understand that her malady had taken the form of *intermittent fever*, for which, after she had been treated fruitlessly for a while, she was advised to seek relief in change of air. Accordingly, with a good deal of difficulty, she was taken to some country place, where, soon after her arrival, she had the misfortune to fall from a carriage, and sustain some internal injuries. From that moment the "swelling about her stomach," which up to this time continued daily to grow, though very slowly, increased rapidly in size, and in a few days it was apparent that the gathering was "coming to a head." A physician who was called in thought proper to lance it, giving discharge to a large quantity of matter. The discharge continued to flow for a week or so, when the abscess was closed, and the fearfully emaciated patient began once more to cherish some renewed hopes of convalescence. But her hopes were only doomed to a speedy disappointment, for the tumor gave evident signs of renewed growth again, and in six weeks it spontaneously burst open, giving exit to a deluge of thin, greenish matter, much more in quantity than at first. Mrs. B.'s spirits as well as strength sunk now to the lowest ebb, and she was carried back home to die. Her original physician was called once more to her assistance, and although he kindly exerted every effort to make her as comfortable as possible, he decidedly could give her no hope of recovery, as her protean lesion had now taken the most hopeless of all turns, namely, that of *pulmonary phthisis*, while the unexpected prolongation of her miserable existence was ascribed to the constant draining of her decaying respiratory apparatus through that "lucky safety-valve" which nature had so kindly provided for her in the form of a fistula; which circumstance sufficed also fully to explain the reason why—according to Mrs. B.'s irrepressible query—she alone of all her fellow-sufferers of the same malady with herself, did not cough and expectorate? And so deeply was the importance of that drain to her miserable existence impressed upon her mind, that I found it the hardest task, in my

after-treatment, to induce her to submit to some measures whereby we might dry up that horrible "safety-valve!"

I have already described the condition in which I found my patient, when I was first called in to see her. To any one acquainted with scenes such as this, her case at first sight could, certainly, promise no hope. Terribly exhausting as her disease was, however, one moment's observation sufficed to fully convince me that one-half, at least, of this fearful emaciation was to be ascribed to sheer starvation. Of so delicate a nature was the potency of the medicines which she had hitherto been taking, in infinitesimal doses, that the very simplest and most wholesome articles of food were "incompatible" with them, and accordingly they had been as strictly prohibited as they had been faithfully eschewed, so that when I proposed—as the only expedient I could then recommend which might prove of some use to the dying woman—that her parched lips and mouth might be moistened now and then with a few drops of brandy and water, her horror-stricken nurse could hardly be persuaded to administer what she had been taught seriously to consider as fatally antagonistic to the virtue of the last few drops and globules which she had given the patient shortly before my arrival. But there was no time to be lost; a drowning man will catch at straws, and she, with a trembling hand and fearful countenance, went about in the execution of my suggestion. Having done this, I directed her to lift up some of the blinds, to let in more light. All friends present, but one, were kindly requested to retire from the crowded chamber, and having made everything about her as cheerful and comfortable as possible, I left, with a promise to return in a few hours, expecting only, however, to find the dying woman beyond the need of human aid.

On my return, I was surprised to find that my patient was not only still living, but also presenting symptoms of decided improvement. In fact, the very small quantity of the stimulant she had taken, seemed certainly to have had so beneficial an effect, as sufficed to determine me there and then that my patient would and should recover. During the first few days, she was kept alive by the unwearied perseverance of her friends, who kept feeding her with drops of stimulants. As soon as she was able to swallow nourishment or medicine in sufficient quantities, she was put on a liberal diet, including every article of wholesome food she might relish; while

iron, quinia, arsenic and the principal vegetable bitters were steadily exhibited, with the most beneficial results. Her profuse sweats speedily yielded to the mineral acids. As dressings for the abscess, carbolic acid, iodine, tannin and the sulphates of copper and zinc, answered every purpose. Her bowels, which, up to this time, seemed to have been in a state of chronic congestion, were relieved by means of opium, while her almost unquenchable thirst was gratefully allayed with small draughts of claret, and lime and lemon water.

One of the chief and most embarrassing difficulties I had to contend with, as soon as my patient was able to stir herself, was her utter inability to extend her doubled-up lower extremities, which, for weeks and months together, she had been obliged to keep bent up, in order to maintain her abdominal muscles in a state of constant relaxation. The wasted flexors of her legs seemed to have had their rigidly-contracted tendons fixed immovably within their sheaths. The slightest attempt at passive motion, though made ever so gently, put her in a state of fever, followed by an attack of alarming faintness, out of which it was no easy matter to restore her. It was therefore found expedient to have the stiffened joints rubbed, two or three times daily, with emollient liniments, and wrapped up in flannels, and, after a while, various sorts of splints were used to maintain gentle and gradual extension. By these means, with an infinite amount of patience on the part of her friends, she regained the use of her legs. When she was sufficiently strong to be lifted up from her bed into an easy chair, it was found that the attempt to maintain the erect, or even semi-recumbent posture, caused her internal pain, or "dragging down" as she called it, in the site of the abscess. As she gained in strength, in the course of time this difficulty was finally overcome, by means of proper abdominal supports.

I met Mrs. B. the other day, taking a walk on King-street, and her answer to my question regarding her health, was, "I feel, now, better than ever in my life."

## NOTES ON SURGERY.

BY J. H. GARNER, M.D., LUCKNOW.

CASE 1.—AMPUTATION OF THE HAND.—Mr. McD. came under my care last June. He had, prior to this, consulted my friend, Dr. McCrimmon, who had told him that he was suffering from a malignant tumor of the metacarpal bone of the middle finger. He then sought relief from a "cancer doctor," some twenty miles from here. At the end of a few weeks he returned, and asked my advice. The hand was now quite powerless; the metacarpal bones of the index, middle and ring fingers were denuded and protruding, detached from the phalanges; wrist joint and carpal bones seriously involved. I operated, by removing the hand, and in a short time he returned home as well as could be expected.

REMARKS—There was nothing in the operation more than ordinary; but such cases as this, and others of a similar nature, show very clearly that the public really require protection, more than the medical profession. The law, as it is at present, is useless as a means of protection, and stands much in need of amendment. If this patient had been properly treated at an early period, the hand might have been saved. Here we have a quack "cancer doctor," without any qualification or knowledge of disease whatever, who entirely ignores the medical profession and its rules and regulations, practising upon the credulity of poor, confiding patients, and there is apparently no law to prevent it—no penalty—no redress.

CASE 2.—AMPUTATION OF THE BREAST.—Towards the end of January, 1872, Mrs. J. G., of this neighborhood, came under my care, with undoubted and well marked symptoms of cancer of the right mammary gland. There was no complication whatever of the axilla or other parts, as far as we could see. She was about 40 years of age; of spare habit; has been 18 years married, had no children; complained for some time of derangement of the stomach and general debility, biliousness and nervousness. The ovaries were slightly enlarged, but there was no functional derangement of these organs. Several medical men in this vicinity were called in consultation, and we all agreed that the sooner the breast was removed the better.

I was requested to operate, and the patient was placed under my care for some time previous to the operation. Drs. Tamlyn, McCrimmon and McKay assisted me. The patient was brought fully under the influence of chloroform, and, having previously marked the line on which to make the incision, I proceeded to remove the gland. The time occupied in the operation did not exceed eight seconds. There was scarcely any portion of the pectoral muscle excised, the hæmorrhage was slight, not exceeding one, or at most two, ounces. I left the wound open for about twenty minutes after the arteries were tied, as is my usual practice, so as to be thoroughly satisfied that no more arteries required the ligature. The atmosphere is undoubtedly the best styptic for freshly incised wounds. The wound was stitched and dressed, and the patient placed in bed. Her recovery was exceedingly rapid. She had no recurrent bad symptoms, and, in a fortnight, rode home six miles in an open sleigh, quite convalescent. The breast was removed in January, and in the following April she did her usual household work. Not the slightest unfavorable symptom has yet occurred, and I hope never may.

REMARKS.—As a historical record, Galen was the first who has mentioned excision of the mammary gland. The operation was performed in the following manner.—An incision was made at the base of the tumor, and immediately seared with a red-hot iron. Incision was made after incision, and red-hot iron applied after red-hot iron, till the barbarity was brought to a close. Yet we, who know so much better, need not boast. It was life against death, and the ancients chose life rather than death, just as medical men and their patients do to-day, and with the same objects in view. The Arabian physicians of the days of Harounal Raschid were far in advance of those of Charlemagne in surgery. They used a toothed forceps to hold the breast, and cut it away with a species of scissors, they also used torsion to arrest hæmorrhage, as well as ligatures and cauterization. We can thus trace the mental effort towards improvement, in this one operation, over a space of 1750 years. Little is known about the surgery of the dark ages. In Edinburgh, in 1820, under the best skill of the day, it required an hour and three-quarters to remove the mammary gland, and it was considered a brilliant operation at that. In 1844, I was present when the late distinguished Mr. Syme took half-an-hour to remove



the mammary gland. It has been my lot to remove the breast a number of times. In some of my earlier operations, I occupied at least twenty minutes. The idea then was extreme caution, lest some artery might be cut too close to the thorax, and, retracting within the cavity, bleed so as to cause death. In all operations, it is of the greatest importance for the surgeon to gain the complete confidence of his patient. This may usually be secured by a little friendly intercourse prior to operating, it paves the way for ultimate success; more than by the most skilful treatment, where confidence is absent.

CASE 3.—EXTIRPATION OF THE EYE-BALL.—I was requested by Mr. P., of Kinross, to see his child, a little girl about five years of age, who had disease of the right eye. On examining the orbit, I found a tumor pressing the eye from behind, forwards, and causing intense pain. I suspected it was a fungoid growth. Dr. McCrimmon concurred with me in the diagnosis, and we agreed on immediate extirpation. Chloroform was administered, the lids widely separated, and a strong pack-thread passed through the eye. The globe was then removed, and along with it a tumor as large as a walnut, which surrounded the optic nerve. At the suggestion of my friend, Dr. McCrimmon, I also removed the lachrymal gland. The operation was followed by rather copious hemorrhage. When the flow of blood had subsided, we carefully cleansed out the cavity, and found two small tumors, as large as hazel-nuts, situated on the orbital plate, near the internal canthus. These were removed with care, and also all that was practical of what surrounded the optic nerve, and we thought nothing was left of the tumor. The eye was dressed and the child sent home, it soon healed up. She did very well for about six weeks, and played as usual with the other children. I was shortly after requested to see her, and found the cavity filled and protruding, and the upper lid red, inflamed and tumid, with numerous dark vessels over the surface. The other eye was now involved, accompanied with all the former symptoms, but in a much milder form. She gradually sank, and in about four months after the operation, died, quite comatose, evidently from compression of the brain. The eye protruded very much, and became nearly sightless. Opiates and palliative treatment gave but little relief. The parents wished me to remove this eye also, but I did not consider such action justifiable, as it would almost to a certainty have ended fatally.

CASE 4.—EXTIRPATION OF THE EYE-BALL.—A short time after the death of Mr. P.'s child, I was sent for by Dr. Tamlyn, of Wingham, to see Mr. T. I., of Morris township. He was about 27 years of age, and in full vigor of life. The right eye-ball was much protruded, and vision, although not gone, yet very indistinct. There was a large tumor, nearly filling the orbital cavity, especially towards the external canthus. The lids were swollen, but not red; pain very great, especially towards morning; but otherwise the general health was good, having a fair appetite and resting well in the early part of the night. We agreed to operate, and were assisted by Dr. Scott, of Bluevale. The tumor was very large, and I had to make an incision fully two inches long, towards the temple, from the external canthus. I had a great deal of trouble in removing the contents of the orbit, especially the lachrymal gland. The tumor was fungoid, and very dense for such, which we attributed to the pressure. The bleeding was profuse. The orbital cavity, when cleansed of blood, showed that a portion of the growth enshrouded the optic nerve, and was with difficulty detached. The gentlemen present were unable to discern any remains of the tumor, after the operation; and we all made diligent search, clearing away every particle of blood, and sponging freely, whilst we examined carefully with a good pocket lens. The eye-lids did not seem to be implicated in the least, merely a little swelled. When the patient first took chloroform, the pulse suddenly rose, and his countenance became very flushed; but just before we had completed the last survey of the parts involved, his features turned cadaverous, and we gave a little brandy. He had no disease of the heart that we could discover, nor could the loss of blood account for it. He revived quickly, however, we closed the lids, and applied a rag dipped in water, keeping it in its place by a bandage, gently applied. I gave orders to his friends to renew it as often as it became dry. A quarter of a grain of sulphate of morphia was administered, and he passed a good night. In a few weeks he was able to be about, nearly as well as usual, and even helped his brother in the field. He was under the care of Dr. Tamlyn during his convalescence. I saw him about six weeks after I had operated, and I then noticed that the eye-lid was red, tumid and streaked all over with dark-colored veins. About the beginning of October, I was again sent for to see him, and both he and his friends were anxious for me to

operate again, as they all said he had received such wonderful relief after the first operation. After carefully examining the eye, we found the adjacent parts so much involved, that my colleagues and myself considered it useless to operate; and I stated that it was my conviction that the left eye-ball was also affected, in which the others concurred. The friends were extremely grieved upon hearing that we declined to do anything more than use gentle lotions and soothing treatment. A few days afterwards he went to Toronto, to obtain further advice. I am not aware what medical man he consulted, but he was told the truth, and recommended to return home, which he did. The left eye now became rapidly worse, and in a few weeks was fearfully protruded; but the pain was not so great as with the right. He died about Christmas.

Before Mr. I. came under my care, he had gone to Toronto and was treated by some one who advertised, in some of the daily papers, as an "eye doctor." Upon his return home, Dr. Tamlyn told him that he was suffering from fungoid tumor of the orbit.

REMARKS.—In comparing these two cases of extirpation of the eye, and their termination, many grave points naturally arise. The operation was as successful for a time as possible, and the relief experienced by both patients very great. In neither case was an atom of the diseased mass left, that could be found. The eye-lids, at first, were not involved, and exhibited nothing for many weeks after the operation, of a malignant character. Both orbits filled up well, and for a time everything did prosperously. Then the opposite eye followed in precisely the same stages as the other, and death terminated both cases. What is the seat of origin of the tumor? After considering the circumstances carefully, I should suppose it to be in the cranial cavity. If it were located in the cavity of the orbit alone, it is not reasonable to suppose that, after complete extirpation, the same disease should attack the other eye. The nerve was completely surrounded by the tumor in both cases, as far as I could remove it, and I went as deep as I dare go, and also made every search I could. The growth seems to run along the sheath of the nerve of one eye first, and then to follow that of the other. It is a remarkable fact that only one eye seems to be attacked at once, as in these cases before us. I was anxious to make a *post mortem* examination, but the friends would not allow it.

.In a case of malignant growth of the orbit, is it justifiable to

extirpate? If the malignant disease is situated in the eye-ball, I should not hesitate. The sooner it is removed, in my opinion, the better. If the growth is so confined, there will not be much likelihood of its involving any of the surrounding tissues, and the prognosis would be more favorable. But if the tumor involves the tissues surrounding the eye-ball, it may be asked, What is the benefit of operating, or is it a case for the knife? as death is almost inevitable in a few months. Judging from what we have seen, I should say extirpation of the entire contents of the orbital space is imperatively demanded, for the following reasons:

1. The patient suffers intensely, and the relief obtained for the time is great.
2. Life is prolonged for some months.
3. The second attack is not so severe as the first.
4. Although death is certain, yet it comes in a milder garb.

In conclusion, it might be asked, Would it be justifiable to extirpate both eyes? This question is not easily answered. We see that great relief is afforded by removal of one eye, and life would likely be further prolonged; and although complete blindness is a great sorrow, yet the love of life is a keener desire. As a general rule, however, I must say that in such other cases as I have seen and treated, extirpation of the orbital contents is very unsatisfactory, the termination being generally fatal. I have twice extirpated the eye most happily. One case was in consequence of the organ being destroyed by the bursting of a gun, and the other by a blast in a rock that exploded sooner than was expected. A fragment ruptured the eye-ball, and fractured the zygoma. Both patients lived for years after. Yet it is a well attested fact, that when one eye is injured by a blow or other violence, the second often sympathizes so keenly, that total blindness is the result.

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## TREATMENT OF BURNS.

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BY P. V. DORLAND, M.D., L.R.C.P. LOND., L.R.C.S. EDIN., BELLEVILLE.

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The Grand Trunk Railroad, as usual, met with a disaster, on the 21st of June, 1872, in which some seventy persons were severely burned. I need scarcely remark what so often has been observed as a consequence of extensive burns, that there is the most serious constitutional disturbance. We all know that the extent of surface

burned, the locality, and the age of our unfortunate patients, have much to do with its severity, and the fatality. We have all observed, probably, that the most fatal period is the first week after the accident. In 50 reported cases, 33 died before the eighth day, 27 before the fourth day, and hence the importance of thoroughly comprehending the primary treatment and of modifying the after treatment as indicated. During the intense smarting pain we are admonished to act promptly with the most efficient means at our disposal, for if this excitement be too long continued we may have complete collapse or if not so serious an end, we may have, during this stage, congestion of some of the vital organs, and, at a later stage, perforation of the bowel from ulceration. By cutting short the pain we lessen the duration of the first stage, and the evil consequences of weakened nervous force and diminished circulation. By acting properly at this stage, we lessen the danger at the second stage, or that of re-action and inflammation. How often have we seen cerebral symptoms arising during the first stage, and, no doubt, at this stage also, begins those causes which result in perforation, a very common occurrence in the later stages. To relieve the smarting we simply require cold water and tr. cantharides; ʒj. of the latter to a gallon of water. This will relieve it in a few minutes, or cold water will do it alone, but requires a much longer time.

Mr. W. came under my treatment about 36 hours after the accident. He was the most severely burned of any, with the exception of some eight or ten that died the first day. None survived, that had the same extent of surface burned. I found him with scarcely any perceptible pulse; the surface cold as death; intellect clear, but indifferent to his fate. Internally I ordered him warm beef tea, with eight drops tinct. capsicum every hour; brandy, milk, and water, equal parts, with plenty of sugar and eight drops of capsicum every two hours, and this was continued until re-action set in. At this time I gave him quiniæ sulph. and pot. chlor. in small doses, with two drops of tr. aconite every two hours. I diminished the brandy, but continued the capsicum, milk and beef tea every three hours. On the sixth day I gave him turpentine emulsion 4 or 5 times a day. In this way I supported him and prevented too sudden a re-action, and, I have no doubt, limited the ulcerative process, so very common in the bowels after burns. Locally I ordered flour of slippery elm, mixed with olive oil and a very small quantity of

carbolic acid, and after it was thoroughly applied I applied a bandage where applicable, with several objects in view. 1st. To equalize the circulation. 2nd. To prevent excessive granulations, and if they did arise to absorb them. 3rd. To protect the parts more effectually from atmospheric influences. 4th. To maintain their normal temperature as far as possible. 5th. To prevent determination of blood to the burned surfaces. In the third stage Wood was treated by Dr. Clapham alone, as I was in Europe, and the doctor conducted him safely through. Four others were treated, in the same way, by myself and Dr. Clapham, with uniform success.

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COMPOUND COMMINUTED FRACTURE OF THE SKULL,  
WITH LACERATION OF THE DURA MATER.

BY H. MCNAUGHTON, M.D., ERIN.

J. H., the subject of the following observations, is about 32 years of age, sober and steady in his habits, and has a fair education. On the 26th of July last, when engaged in finishing a barn, he received a blow on the head from an axe that fell from the top of the building. As soon as he felt the stroke, he made several irregular movements, and tried to get out of the building, but staggered and fell on the floor. I saw him about two hours after the accident. He had lost nearly a quart of blood, and there was a good many small portions of cerebral substance scattered over the barn floor. Pulsations 48, and respirations 14 per minute. He protruded the tongue with difficulty, and answered questions indistinctly. There was complete paralysis of the right arm, he could not move the right leg, but there was some sensation in the foot, the bladder retained its contractive power.

On examination, I found an incised wound, about four inches in length, extending forwards to the coronal suture, one inch to the left of the middle line, and backwards and outwards, to a point about two inches from the inter-parietal suture. There was a solution of continuity in the bone, and the superior portion was depressed, and apparently under the corresponding part of the opposite side for about three inches. At the anterior part of this depression, there was a well marked oval indentation. With the concurrence of my colleague, Dr. Munro, of Fergus, I made an attempt to raise

the bone, but without success. A considerable quantity of clotted blood and cerebral substance came away.

On the following morning, the pulse was about 44, his general appearance was much the same. With the assistance of my colleague, I took out a disc of bone with the trephine, and elevated the depressed part. We removed a depressed fragment at the anterior part, about one inch long and one-quarter of an inch broad on the outer table, and about twice those dimensions on the concave surface. Immediately beneath this fragment, there was a laceration of the dura mater. On introducing my finger through this opening into the brain, I detected the end of a spicula of bone, at a considerable depth. After a little manœuvring, I succeeded in getting it away with the forceps. It was very sharp at the extremity, and about the size of a twenty-cent piece. A considerable quantity of the grey cerebral matter came away during the time I was occupied in getting away the fragments. We removed the clotted blood as carefully as possible, and put one stitch in the wound. The patient was kept quiet, in a dark room, and ice and iced-water applied, in cloths (frequently renewed) to the affected part. He vomited shortly after he was put to bed.

On the following morning, his pulse was 52, and his general appearance good. He improved steadily, the pulse gradually rose to the normal standard, the wound kept clean, and there was no bad odor, although the weather was very warm. The ice was kept on about twelve days, after that time the cloths alone were used, dipped in cold water. The wound was closed at the end of the third week. The paralysis disappeared by degrees, and, about the end of the fifth week, he began to go about with the aid of a stick. He can walk with ease, bring his hand to his mouth, or place it on the back of the head, he eats well, sleeps well at night, and is perfectly free from headache. He reads distinctly, and can calculate with readiness. His memory appears to be as good as it was before the accident. He lost at least one ounce of brain substance, but there does not appear to be any change in his intellectual or moral faculties. The stitch was removed on the second day.

It is generally better, in cases of this kind, to leave the wound open. The danger is not so much in what we see, as in what takes place where the eye cannot reach. The retained exudation is a frequent cause of inflammation, and the tension of the parts, caused by

the sutures, has no small influence in the same direction. My experience leads me to look on ice as an agent very much superior to weak solutions of carbolic acid, in the treatment of injuries of the head. I used no medicine during my attendance, beyond a mercurial purgative, and an occasional sudlitz powder.

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## CASES IN SURGERY.

BY T. N. REYNOLDS, M.D., ORION, MICHIGAN, U. S.

CASE I.—**ABSCESS OF THE LIVER.**—W. G., *æt.* 21 years, of robust habit, was injured on the 20th July, 1871, by the upsetting of a load of hay while passing over a bridge, by which he was precipitated to the bottom of the ravine beneath, a distance of about 30 feet. No bones were broken, and he recovered well from the shock, but enteritis set in, for which he was treated by Dr. D. F. Stone, and he so improved as to be able, on the 22nd August, to be removed to his home, which was within the limits of my visiting practice. Soon after his arrival at home, I was called to see him, and found him suffering from severe intra-abdominal pains, affecting the liver as well as bowels. After fomenting the entire abdominal region with turpentine fomentations, moving the bowels daily by enemata, giving turpentine emulsion, and anodynes when the pain was severe, and keeping him upon bland and nutritious diet, he soon improved and became quite strong and fleshy.

On the 14th December, I was again sent for, and found him suffering excruciating pain in the liver, and more or less pain and tenderness over the entire abdomen. I used hot turpentine fomentations over the hepatic region, and otherwise treated him somewhat as before. On the 24th December, I noticed slight fulness over the ninth and tenth ribs, pulse 120, skin dry, tongue covered with white and red patches alternately. I stated to the patient and his friends that I thought an abscess was forming in the liver.

At each daily visit, the fulness over the liver seemed increased, and as the patient's strength was failing and I feared the abscess might burst into the abdominal cavity, I proposed an operation, and obtained the consent of the patient and friends, and on the 30th December, in presence of Dr. D. F. Stone, without giving an anæ-



thetic, lest violent movements of the body or vomiting might cause the abscess to break internally, I cut down obliquely upon the ninth, tenth and eleventh ribs, in the lateral thoracic region, and passed a trocar and silver canula to the depth of about two and a-half inches from the surface, over the upper border of the tenth rib, into the abscess; and, on withdrawing the trocar, over three pints of pus flowed through the canula. The canula was tied and retained in the abscess for four days, after which the pus flowed through the fistula.

The pulse fell from 120 to 110 in one hour after the operation; pain soon ceased, and the patient steadily improved, without any bad symptoms, till 10th April, 1872. Although the abscess discharged freely, he was able to come to the office, a distance of four and a-half miles, for his medicines, which consisted of a tonic, and a dilute solution of carbolic acid—whic<sup>h</sup> was injected into the abscess three times a-day.

On the 5th June, 1872, while riding on horseback at a rapid pace, he was taken with an acute pain in the anterior abdominal region, and I was again sent for. In spite of our best efforts, a large abscess formed in the abdominal wall, and opened about half-an-inch below the umbilicus. But his sufferings did not cease, for in a few days another abscess formed between the latter and the pubes, which I opened with a bistoury. These two merged into one. After having suffered the most severe and almost incessant pain, he died on the 15th July, 1872.

During this last attack, although pus was still discharged from the abscess in the liver, there was no pain in that region, and the daily discharge grew somewhat less.

I might just say, that, immediately previous to his last attack, he had nearly recovered his natural strength, but his right shoulder was considerably lower than the left, on account, I suppose, of adhesions which had formed in the hepatic region. About two hours before his funeral took place I reached his residence and obtained a *post mortem* examination, but had not time to send for any of my medical friends. I found a portion of the peritoneum, about 2 inches in diameter, underneath the lower abscess, eaten through, and also a portion, about an inch in diameter, underneath the upper one, and a large quantity of pus among the intestines. Nearly half the right lobe of the liver was implicated in the old abscess. There was no large sac, but several sinuses in different parts of the diseased por-

tion, all of which joined to form the fistulous opening in the side. The pleural cavity was obliterated and the pleura firmly adherent all round as high as the upper border of the 9th rib in the middle of the lateral thoracic region.

CASE II.—REMOVAL OF THE RIGHT ULNA AND A THIRD OF THE LEFT FIBULA IN THE SAME SUBJECT.—J. S., æt 14 years, an intelligent boy, of slightly scrofulous constitution, was attacked in the latter part of Dec., 1871, with erysipelas, which, I suppose, was phlegmonous, and treated by two or three Homœopaths till the 20th of May, 1872, when I was called to see him. His father said that he had wished to consult me before, but was deterred from doing so by the attending physicians, who told him that I would be so harsh and reckless that I would kill the patient, either with powerful medicines or by inconsiderately operating upon him. On examination I found him very much emaciated, pulse 130, the entire right ulna diseased and all apparently necrosed except the part immediately entering into the formation of the greater and lesser sigmoid cavities, and about half an inch of the styloid process, and no attempt at formation of bone. There were several cloacæ discharging pus, one at the summit of the olecranon, and another which discharged a very large quantity of purulent matter from the lower fourth of the ulna, which was entirely denuded. There were two sinuses over the left fibula, the upper third of which was in a state of complete necrosis. I put him upon mild alteratives, tonics, beef essence, &c.; changed the green salves which were being used, for antiseptic dressing on cotton batting, to be changed three times a day, and otherwise tried to improve his strength.

On the 3rd of June, his strength having considerably improved, I put him under chloroform, laid open the tissues along the external border of the ulna, as high as the subcutaneous portion, and removed the entire bone (excepting half an inch of the carpal extremity) as high as the base of the coronoid process, where it was nearly eaten across.

The insertion of the triceps and most of the insertion of brachialis anticus, and origin of the pronator radii teres were preserved intact; but some of the posterior portion of this remaining fragment of the ulna was lost. I then closed the soft tissues with sutures and narrow adhesive strips, dressed as before, and soon the purulent discharge grew less and healthy granulations set in.

On the 10th of June I removed the upper third (necrosed portion) of the fibula, which was already nearly detached from the living portion. Both seats of operation healed in time, and the cloacæ and sinuses closed. Both limbs, which were rigidly flexed, have with use and daily frictions, become very nearly straight. He has recovered nearly perfect flexion of the elbow, apparently perfect pronation and supination of the hand, and almost perfect strength of the arm; for his father tells me that he can conveniently carry two pailfuls of water at a time, one in each hand.

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### Correspondence.

(To the Editor of the LANCET.)

DEAR SIR,—In your last issue Dr. Tracy, in his controversy with Dr. Clapham, has intentionally, or otherwise, driven me into a position that calls from me a few remarks, not indeed that I am on the defensive, but that I fear the introduction I gave Dr. Clapham, and the motives of Dr. Tracy in reproducing it, in your journal, might be misconstrued. Dr. Tracy calls my introduction an *ethical* one—ironically of course—and quotes it to show that Dr. Clapham was not properly introduced to the public of this place, in contradiction to Dr. Clapham's assertion that he was. In that production there is not one word that could displease the most scrupulous observant of medical ethics. And how remarkable that it should have received the criticism of our very ethical and liberal friend Dr. Tracy, whose cards have been exhibited in the most public places as a practitioner of rare qualities, on the private diseases of females. The doctor is not only a most *consistent man*, but an excellent tactician. He professes to be an Englishman of *Welsh* extraction I understand, and at the same time is a member of the Irish Protestant Society, Orange Association, Odd Fellows, Free Masons and, I believe, of St. George's Society, and I do not know how many Christian societies he may be associated with. Truly, "he is a liberal man." It is, however, Dr. Tracy that is not strictly ethical; what of it? It is only the opinion of one individual. There is no ethical law to guide us in these respects, and if there were a law that was hostile to truth and modesty, it would only demonstrate the imbecility of its originators, and would harmonize with many of

the incongruities that have been tolerated and perpetuated by many of the members of our profession. The introduction was simply what I had learned of the doctor from others, and what I knew of him myself, and I am pleased to know that the opinion I gave of him, in the first place, has been verified in many respects. He has received an important appointment from one of the first Universities in our country, and from men, certainly good judges, of an educated man in general literature. At all events Dr. Clapham knew nothing of this card until he saw it in the paper, and consequently no blame *could* be attached to him. In fact the card has had nothing whatever to do with Dr. Tracy's conduct towards Dr. Clapham. He has made use of it to conceal the real truth, which was simply unmitigated jealousy, a passion, I regret to say, which predominates to such an extent with some medical men that they make themselves most miserable, and inspire others with a just dread of their slanderous tongues. The time came when the thinking man had an opportunity of displaying his superiority over the mere routinist, or the passive observer, and which, you are aware, seldom occurs in medical practice, so *thoroughly* ignorant are the masses of anything that relates to *physic*, much less the merits or demerits of medical men. A few days after Dr. Clapham's arrival the accident on the Grand Trunk railway occurred near Belleville, a report of which will be found in another place. It was at this date, and simply because of a difference of opinion in reference to the treatment of these unfortunate sufferers, that the hostility towards my partner commenced.

Yours respectfully,

P. V. DORLAND.

Belleville, March 18th, 1873.

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(To the Editor of the LANCET.)

DEAR SIR, In an excellent synopsis of the "History of Medicine," written by Dr. Agnew, and published in the *Lancet*, there is an omission of the name of one of the most deserving of our masters in the dark ages, which it would be well to supplement. I refer to Andreas Vesalius, who published the *first reliable* work on Anatomy given to the world. Before his day, the dogmatism of Galen prevailed, and it was thought to be the vilest sacrilege to dissect the human body. All anatomical knowledge of the human body had

been obtained in a crude way, from comparative anatomy. Vesalius did not desecrate graveyards, but he haunted charnel houses, gibbets, and plague-stricken localities, fearless of death, and defiant of persecution. At the early age of 28 years, he published an *illustrated* work, (still extant) remarkable for its thoroughness and fidelity to truth. He dedicated it to Charles V, of Germany, and, like Copernicus, in a similar position, hoped, in this way, to avert the coming storm of popular indignation. He was appointed the Emperor's physician in spite of the sharp weapons theologic, hurled at him for, so-called, sacrilege and Atheism. The charge had centuries before formulated into a proverb, *Ubi sunt tres medici, ibi sunt duo athei*. Philip came to the throne, and then the blood-hounds of persecution were let loose, and he was hunted to death. He was sentenced, by an august court, to go on a journey of penitential sorrow to the Holy Land, for his *sin* of *post mortem* examinations, and perished by the way, but "his works do follow him." In the picture gallery at Munich, *behind one of the doors, and in a dark corner*, is an admirable picture of him, executed by the great and noble painter Hannan. A raging crowd of infuriated fanatics is outside his dwelling, thirsting for his blood. His door and window are bolted and barred. Before him is a crucifix, to him, an emblem of faith and hope. His scalpel is searching, as if endowed with instinct, every nook, cranny, passage, and labyrinth of the human brain, perhaps, expecting to find the seat of the domain of animal life, or the dwelling-place of transcendent intellection and moral judgment. He was a martyr for the truth, and should be included among those worthies, who, like Galileo, Kepler, Ricetto, Vanini and Bruno, are

"Heirs of all the ages, in the foremost files of time."

D. CLARK.

Princeton, March 16th, 1873.

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TO THE EDITOR OF THE CANADA LANCET.

DEAR SIR,—Being a reader of your journal, and observing a correspondence from Dr. Cornell, upon the subject of fusion, etc., published in the December issue; and also a review of the same, in the January number, over the signature of Vox (whose name does not appear in the *Ontario Medical Register*), and as he does not use any *pseudonym*, I therefore concluded that he must have been *deified*.

Accordingly, the *Oracles of Delo* (?) were applied to. For some time the Court of Apollo was thrown into complete confusion to determine who Vox was, when, after due deliberation, it was made known to the Court that Vox was a son of Erudition! Whereupon Apollo called the Muses into the assembly, and directed them to notice Vox and the profession in Ontario, in the following satire:

FROM THE COURT OF APOLLO,—

TO VOX.

Hail, Vox! illustrious son of Erudition,  
 Master of the Healing Art, achieved by long lucubration!  
 Not so with Chiron, the centaur, Æsculapius or his sons,—  
 Podalirius, the first of phlebotomists, or his brother Machaon,—  
 They were deities, gods or sons of gods, we're told,  
 Who, all forms of diseases cur'd, as if, by magic, bold!

As *leeches*, 'twas unnecessary they should be profound  
 In *Latin, Greek, Hebrew, Arabic*,—but renown'd.  
 Were they of celestial birth—with banners unfurl'd—  
 Citizens of earth, in erudition of another world?  
 Thus *facile* to them was the healing art made known,  
 From god to god, or sons of gods, and the nymph CEnone.\*

But poor Vox! of pensive mien and brow of anxious thought,  
 Who, with keen and searching gaze, in his *dictionary*† sought,  
 By pond'ring o'er the letter'd page where vast experience lies,—  
 Spending half his hours of silent night with earnest, wakeful eyes,—  
 To make out the *pathy*, held by each school of the day,  
 And *select* which was *best* the course of death to stay.

Alas! the school of Vox' first faith—*allos pathos*—is defin'd,  
 Which, in after years, prov'd obnoxious to his mind;

\* CEnone was a nymph, taught by Apollo the use of medicinal herbs and the general principles of the healing art, and resided at Mount Ida before the Trojan war and at its close. Upon the death of Paris, she died of grief. She dearly loved him, and he also reciprocated her love, having formed her acquaintance, while residing at Mount Ida, acting in the capacity of a shepherd, prior to his stealing Hellen, the cause of the Trojan war.

† Vox, in his review, only speaks of having a dictionary, which is presumed to constitute his library. The words in italics refer to expressions used in the review.

To his *dictionary* he repair'd, with an air of great disdain,  
 To see if he, by it, some vantage ground might gain,  
 When, lo!—a word—by Greek is spoken,—  
*Omoio-pathia!*—I'm, dear friends, not joking.

"This," says Vox, "is what I never yet could *glean*,  
 Tho' hinted at by Gregory, the learn'd, of Aberdeen,  
 But now I perceive, with wonder and surprise,  
 How Gregory propounded to Hahnemann, the wise,  
 'The true principles in therapeutics on which to venture,  
 Consisting exclusively in *similia similibus curantur.*"

"But still," says Vox, "with all this I'm not content,  
 'There's another school which I must circumvent,—  
 In Ontario,—it is last, not least, known to us,  
 In nomenclature, claims Greek origin—*ΕΚΛΕΚΤΙΚΟΣ!*"  
 Not an origin of man's design, brought forth by pensive thought,  
 Or gov'rn'd by rules of deduction, from past experience fraught.

Nor did fresh necessity or great calamities give it birth;  
 Its name is connected with the deities, how valuable is its worth!  
 Taught by Apollo, were the *deified*, in therapeutics, skill'd  
 In cordials pure and sanative, from Nature's lap distill'd.  
 'Tis from Homer, the history of the past we learn,  
 How they invoked the deities the course of death to turn

Thus, from pestilence and plagues, were whole armies sav'd;  
 Men, with broken bones and wounds contus'd, to health were made.  
 Was he an *Edætic*?\* for whom the stern Achilles exclaimed,—  
 "Nestor! to the camp with ardent zeal, this *leech* restore again,  
 Who, at the siege of Troy, was wounded by Paris lance;  
 And to armies, of more value was than many heroes' chance"

For, skill'd was he in surgery and surgical appliances profound;  
 Removing darts, staying blood, and soothing pain, renown'd.  
 Or was he *one*† from whom the dead new life receiv'd,—

\* Machaon; he and his brother, Podalirius, accompanied Agamemnon to the siege of Troy (B.C. 1192).

† Æsculapius, who, according to Ovid, restored Hippolitus to life, who was travelling in his chariot on the sea-coast; his horses took fright from an awful sea monster, capsized his chariot, and dragged him across the rocks and tore him to pieces. Æsculapius being called to see him, restored this noble prince to life. In this act, Æsculapius encroached upon the rights of Jupiter, who caused the physician to be killed by lightning.

Causing the vengeance of Jupiter, who, being displeas'd,  
 'To see a mortal on his right, supreme ! so rudely encroach,—  
 That he, with lightning, the *leech* kill'd, to save reproach.

"After all," says Vox, "'twill not do, with *crum* progression,  
 For the *Eclectics*, as a body, to merge in the *General profession*."  
 The Medical world looks on, and says, "'Tis the height of folly  
 To withhold uniting as one, *nothing vulpine*—be jolly !"  
 In Ontario, there's no cause to keep the sects apart :  
 Merge in one, with one accord, and with one heart !

To all this, "Vox" cannot quite agree,—  
 'Tho' each sect he's tried, in numbers three,—  
 And exclaims, with ardor, the *gist* of his wit.

"*Nemo mortalium omnibus horis sapit* !"  
 This rash expression, Apollo says, lacks intuition,  
 And fusion ! Vox should espouse, as an act of contrition.

Here ends all, the Muses were, by the Court of Apollo, instructed to  
 say ;

Hoping Vox will memor'alize his conferees, and that without delay—  
 To act in unity for the profession's interest, as a whole,—each taking  
 a part,

Assuaging past grievances, with future prospects, that the healing art  
 May achieve a status renown'd in learning and fame ! and condescend  
 To drop the name of each *pathy*, which, in fusion, may wisely end.

#### CALLIOPE ET CALIO.

Temple of Muses, March 1, 1873.

CORONERS Francis Lucas Nesbit, of the village of Angus, Esquire, M.D., to be an Associate Coroner within and for the County of Simcoe. William Graham Bryson, of the village of Fencelon Falls, Esquire, M.D., to be an Associate Coroner within and for the County of Victoria.

COLLEGE OF PHYSICIANS AND SURGEONS KINGSTON.—The following gentlemen passed their final examination on the 21st ult.—J. B. Kennedy, C. H. Lavelle, A. S. McLennan, J. A. Close, A. David, A. N. Purdy, W. W. Walker, S. T. Macadam, J. McMahon and H. Spears.



## Selected Articles.

## ACTION OF MERCURY ON THE LIVER.

The valuable report of the Edinburgh Committee of the British Medical Association on the Action of Mercury on the Liver added very largely to our knowledge of the subject, without altogether settling a great many important questions concerning the therapeutics of the drug.

Few physicians who have had any practical experience of the use of mercurial purgatives in cases of so-called "biliousness," will deny that their immediate effect is decidedly beneficial, although many may be deterred from employing them by the belief that, once begun, they must be continued, and will ultimately prove highly injurious to the patient. The relief occasioned by a blue pill and a saline purgative is a matter of every-day observation, but the *modus operandi* of the mercury is a question on which much difference of opinion prevails, and any attempt to answer it must depend, to a considerable extent, on the view taken of the pathology of "biliousness." Do the dull, heavy, and languid feelings, the disinclination to exertion, mental or bodily, the irritable or peevish temper, the failing appetite, the muddy complexion, and dingy conjunctiva, which most persons know, alas! too well, owe their origin to catarrhal changes in the gastric and intestinal mucous membranes alone? or is popular pathology partly right in ascribing them to "bile in the blood" or a "sluggish liver?" For our part, we are inclined to hold the latter opinion, and to believe that not without reason are the disappearance from the eyes of the yellowish tinge which seems as if it only required to be somewhat deepened to become jaundice, and the coincident appearance of bile in the stools after a mercurial purgative, pointed to as proofs that too much bile in the blood is (partly at least) the cause of biliousness, since with its removal from the system the symptoms disappear. So long as it was supposed that bile was formed in the blood, and only separated from it by the liver, such a view as this might meet with ready acceptance; but how are we to reconcile it with the doctrine of most physiologists, that bile is not separated from the blood by the liver, but is formed within that organ itself? Fortunately, this is not diffi-

cult, for Schiff has shown that we have been latterly accustomed to take too narrow a view of the functions of the liver, and that it separates bile from the blood, or, as we may term it, excretes, as well as forms or secretes it. This he did by tying the ductus choledochus in dogs, and putting a canula into the gall-bladder, so that he could collect the whole of the bile secreted by the liver. Immediately after the operation, the flow of bile was abundant, but in the course of half-an hour it became greatly diminished, and remained so, never again reaching the amount at first observed. This curious result Schiff found to be due to the bile being all removed from the body by the canula, instead of passing, as it normally does, into the duodenum, whence it is reabsorbed into the blood, and again excreted by the liver. In the first hour after the fistula was made, the liver was excreting as well as forming bile, and so more flowed from it than in any subsequent period when it was only forming it.

Whenever Schiff introduced bile into the blood, either by injecting it directly into the veins, or putting it into the duodenum, stomach, or areolar tissue, the flow of blood from the liver was at once increased, but again diminished when the additional bile had been excreted. By another series of experiments, he also found that not only can a certain quantity of bile be present in the blood without producing jaundice, but that it probably is always present. We thus see that, normally, a great part of the bile goes round in a circle, from the liver into the duodenum, thence into the blood, so to the liver again, while another part is carried down by the contents of the intestine, and, after becoming more or less altered, passes out of the body with the feces.

Let us now consider what the result will be if the quantity of bile circulating in this way should be increased. All observers are agreed that abundant food increases the secretion of bile, and we will suppose that this has been done by continued good living and a succession of heavy dinners, such as most Englishmen are accustomed to indulge in at Christmas time. The stomach and intestines, in all probability, also become disordered, and it would be hard to say what part of the condition in which the patient then finds himself is to be assigned to them and what to the bile, but this we can readily see, that all the symptoms that an excess of bile in the blood can produce, short of jaundice, will be occasioned, nor can these

be removed by any purgative medicine, which, like aloes, will merely act on the large intestine. The colon may be cleared of its contents, but the bile will go on undisturbed in its accustomed round. Very different, however, will be the result if a purgative be administered which will act on the duodenum, as we will assume mercury to do, more especially if it be combined with such an one as sulphate of magnesia, which will act on the rest of the bowels. The mercury stimulates the duodenum to peristaltic contraction, the bile is hurried rapidly downwards, the remainder of the intestine is likewise contracting vigorously, and in a short time all chance of re-absorption is gone, for the bile has been finally evacuated. All excess of bile has thus been got rid of, and, as far as it is concerned, the liver, duodenum, and other organs may now go on performing their functions in the normal way, until some fresh indiscretion on the part of the patient again causes a disturbance.

In the account we have just given of the action of a mercurial purgative, we have assumed that it acts on the duodenum. Now, this we cannot at present directly prove, but we have the indirect proof afforded by the fact, observed by Radziejewski, that leucine and tyrosine, which are products of pancreatic digestion, appear in the feces after the administration of mercurials, as well as that yielded by the large evacuations of bile which calomel produces, and which, as Buchheim has shown, really give their characteristic green colour to the so-called "calomel stools." By thus causing elimination of bile, and lessening the amount circulating in the blood, calomel acts as a true cholagogue, in the sense in which the word was employed by those physicians who looked upon the liver merely as an excreting organ, although, as modern experimenters have proved, it may lessen the amount actually secreted, and this it may do in a double fashion, for not only does it diminish the quantity which has to be excreted by the liver in the manner already explained, but, as the Edinburgh Committee of the British Medical Association have shown, it likewise lessens the formation of bile. In their experiments, the diminished secretion which followed mercurial purgation could not be due to the prevention of re-absorption, for the whole of the bile was regularly removed from the body as quickly as it was secreted, and we are, therefore, obliged to attribute it to diminished formation. What the cause of this may be, we are not at present in a position confidently to state, but we know that

fasting lessens the formation of bile, and if the food be hurried out of the intestine by a purgative before it has time to be absorbed, it might just as well not have been eaten at all.

We have now seen how an excess of bile may be present in the blood without the liver being either "sluggish" or torpid, and it seems to us that the difference of opinion which has hitherto prevailed regarding the action of mercurials is in great measure due to attention having been directed to the amount of bile poured out from the liver, instead of to what is of much more importance in reference to "biliousness" - viz., the quantity which remains in the blood after a dose of blue pill or calomel.—*The Lancet*, Jan. 4, 1873.

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### THE RELATIVE FREQUENCY OF DISEASE BETWEEN THE RIGHT AND LEFT SIDE OF THE HEART.

BY CORNELIUS BLACK, M.D., LONDON, M.R.C.P., COR. FELLOW IMPERIAL  
SOC. OF PHYS., VIENNA, ETC., ETC.

If the question were asked, "Which side of the heart is the more frequently affected by disease?" the answer perhaps in nine cases out of ten would be that the left side of the heart is the one which more frequently suffers. This answer would not, however, embrace the whole truth. It would be true of the aggregate of cases of cardiac disease without reference to age, but it would be untrue if the occurrence of cardiac disease were referred to the later periods of life. If a man lives to the age of about forty years without having suffered from cardiac disease, and if after that period the heart becomes affected, the mischief will, as a rule, be found to exist in the right side. If, on the contrary, cardiac disease should occur before that age, the disease will almost invariably be found to exist on the *left* side. Hence it follows that the right side of the heart is the seat of cardiac disease occurring before middle age.

As in time, so it is with respect to the nature of the diseases which affect the right and left sides of the heart respectively. Those of the right side are the result of tissue degeneration, or of mere mechanical influences, those of the left side are almost invariably the product of inflammation. The former are diseases which tend to

widen the valvular apertures and to dilate the right side of the heart, the latter are diseases which tend to contract the valvular apertures and to increase the size and bulk of the left side of the heart

Disease of the right side of the heart is essentially passive and secondary in its character, disease of the left side of the heart is essentially active and primary in its character. I speak now of disease when it occurs, not when it has existed for some time. Active inflammation of the left chambers of the heart arises, it progresses to a certain extent, treatment subdues it, the patient recovers, but a certain amount of damage is left behind. Years pass on the patient during this time appears none the worse for his previous illness; but at length pulmonary symptoms suddenly manifest themselves, and then it is that the physician discovers that the left side of the heart is permanently damaged, and that the present condition of the lungs is traceable to this cause.

In this instance the mischief in the heart inducing this condition of the lungs is not, strictly speaking, active. The first step of the cardiac disease was active, but the second step was chronic. Bit by bit—increment by increment—after the patient's apparent recovery from the primary attack, is the valvular lesion left by such attack added to, not perhaps constantly, but intermittingly, until at length the aggregate increments of addition so hamper, oppress, obstruct, and distort the mitral or the mitral and aortic valves, that secondary consequences begin to follow.

In such a case the cardiac disease producing the first degree of valvular lesion was *active* or *acute*, whilst that which really induced the secondary consequences—congestion of the lungs, hæmoptysis, hypertrophy of the lower lobes, or hypertrophy of the left ventricle—was essentially chronic.

Acute rheumatism—a fruitful cause of cardiac disease in the earlier periods of life—is seldom seen beyond the age of fifty. I have, however, attended a case of acute articular rheumatism at the age of seventy-five; but such an instance was an exception to the rule. After fifty, acute rheumatism gives place to a form of rheumatism which slowly produces rigidity of the coats of the bloodvessels, hardens and contracts the tendons, thickens and renders stiff and rigid the ligaments of the joints, hardens and lessens the articular cartilages.

Thus, then, according to a law of nature the *ultima linea* of life ends in—degeneration.

I hold that the breathing of impure air is a fruitful source of disease of the right heart occurring after middle age. How many people ignorantly favour its occurrence by confining themselves to closely shut, non-ventilated, stuffy rooms in which the carbonic acid has accumulated to two or three per cent. of the air they respire? How many are thus destroyed by being compelled, through the exigencies of life, to pass the greater part of their time in pits and manufactories where ventilation is defective, or in which the air respired is poisoned by noxious fumes and offensive emanations from the materials undergoing the process of manufacture! How many are falling victims to poisonous influence upon the heart of the atmosphere of an underground railway. What do these facts suggest? How are these evil results to be prevented? The simple answer is—Let the rooms in which you live be effectually ventilated by an incoming current of air filtered from all adventitious impurities, and so divided that no draught shall be felt, and by an outgoing current which shall remove from the apartments the carbonic acid, carbonic oxide, sulphurous acid gas, sulphuretted hydrogen, and other noxious compounds, as rapidly as they are generated. Apply the same principle to public buildings, theatres, schools, manufactories, pits, and to all places in which people are accustomed to congregate.

When the degeneration of the right heart has progressed to a certain extent, incompetency of the tricuspid valve follows either with or without the aid of an exciting cause. Hence it is easy to understand why dilatation of the right heart and tricuspid incompetency are often found to exist apart from any previous history of cardiac disease.

The third great vital function which influences the degenerative tendency of the heart is that of the circulation of the blood. To preserve the health of the tissues, the blood must not only be pure and rich in the materials of growth, but it must flow with a certain speed through all the blood vessels. If the speed with which the blood moves is on the side of either *plus* or *minus* of the standard of health, disease will shortly arise. If it is on the side of *plus*, active disease of the heart, where that organ is the one to suffer, will follow. If on the side of *minus*, tissue degeneration ensues. Active disease will be the consequences before middle age, degeneration after that period.

These facts teach that all violent and long-continued efforts of

the body should be avoided. They hurry the heart's action to an inordinate degree, they cause it to throw the blood with great force into the extreme vessels, and, as there is almost always one organ of the body weaker than the others, the vessels of this organ become distended, and, remaining distended, the organ itself becomes diseased. Running, rowing, lifting, jumping, wrestling, severe horse-exercise, cricket, football, are fruitful causes of heart disease. Those which require the breath to be suspended during their accomplishment are more fruitful causes in this respect than those which require no such suspension of the breathing. Rowing, lifting heavy weights, wrestling, and jumping do this; and of these, rowing is the most powerful for evil. At every effort made with the hands and feet, the muscles are strained to their utmost; the chest is violently fixed; no air is admitted into the lungs; blood is thrown by the goaded heart with great force into the pulmonary vessels, they become distended; they at length cannot find space for more blood, the onward current is now driven back upon the right heart, its cavities and the blood-vessels of its walls become in like manner distended; the foundation of disease is laid. Hypertrophy, hæmoptysis, inflammatory affections of the heart and lungs, are the consequences in the young; valvular incompetency, rupture of the valves or of the muscular fibres of the heart, pulmonary apoplexy, and cerebral hemorrhage, are too frequently the immediate consequences in those of more mature years.

If the flow of blood is *minus* the standard of health, the heart's walls are imperfectly nourished by reason of a deficient supply of food within a given time: the blood itself, receiving less aeration, is in consequence more impure; degeneration of the heart's walls is thus induced, if it does not already exist—hastened, if it is present.—*Lancet*, August 24th, 1872.

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TREATMENT OF HÆMORRHOIDS AND PROLAPSUS OF  
THE RECTUM BY THE CLAMP AND CAUTERY,  
WITH THE RESULTS FURNISHED BY  
300 CASES AND UPWARDS.

PAPER BY MR. HENRY SMITH—LONDON MED. SOCIETY.

He commenced by referring to the first recorded cases of the

treatment in question which were given to the Profession in the Lettsomian Lectures delivered before the Fellows in 1855. At that time the cases he had operated upon were only thirty-eight, but the results of these induced him to continue the treatment, as his experience increased, he gradually began to discard the use of ligature, and he finally gave it up altogether, partly in consequence of some disastrous results in his hands, and partly from the excellent experience of the clamp and cautery. He now had operated on upwards of 300 cases, and many of them of the most severe and formidable character both locally and generally, and he would lay fairly before the Society the results of his extensive experience. He would first refer to some of the objections which had been made against the treatment in question, some of which were quite frivolous, such an one for instance as had been urged against it by a well-known writer on diseases of the rectum, who affirmed that the operation was bad because more than an hour was consumed in performing it, the truth being that five, ten, or fifteen minutes were ample, as far as the actual operation was concerned according to the nature and magnitude of the disease. As regards the mortality which had occurred in his hands, he had already laid before the Profession two instances where death had taken place after the operation, and since that period a third fatal case has occurred in the instance of a gentleman in broken-down health, on whom he had performed a somewhat severe operation, severe vomiting set in and continued for thirty-six hours, and then intense jaundice followed, the patient dying on the fifth day. There was no *post mortem* examination, and thus it was impossible to say whether death was caused by the chloroform or from some latent liver disease which had been aroused into activity by the operation. Only in two instances had anything like severe constitutional disturbance arisen after the operation, with reference to hæmorrhage which was pronounced by some as a grave objection to the operation, he had not met with one single case where he had to plug the rectum, and only one instance where it was necessary to inject iced water. This immunity from bleeding he considered to be due to the great care with which he applied the cautery, using it very freely and with instruments of various shapes and sizes. He had never seen ulceration occur and persist for a length of time after the operation in any single case in his practice. The period of convalescence was short in the majority of his cases, the patients



were walking about in a week. He had never known erysipelas or secondary abscess to occur after operation, a condition which occasionally gave great trouble after the use of the ligature, and the pain which ensued was generally at an end after two or three hours. The author then made some special observations regarding the mechanism of the instruments he used. Above all things it was necessary that the blades of the clamp should have a perfect parallelism when they closed, and it was very important after the cautery had been applied, to unscrew the blades very gradually in case any vein should have escaped the influence of the cautery. There existed considerable difference of opinion as to the value of the non-conducting plates of ivory attached to the clamp, but he never thought of operating without them, and if the patient did not take chloroform they were absolutely necessary as they entirely prevented the pain of the cautery. In corroboration of his remarks as to the absence of bleeding and other points to which he had referred, Mr. Smith read letters from several of the old house surgeons of King's College Hospital, all of whom spoke as to the absence of bleeding in the cases they had attended.

In the discussion which followed,

Mr. Bond said, that when at King's he had seen both cautery and ligature used, and had left without any decided opinion on the subject. Subsequently, a case of severe kind came under his notice, which had been treated by the cautery with great success. He had since then used the cautery in fifty cases very successfully and without hæmorrhage. He only used cautery in severe cases, preferring ligature in simple cases. He never used the clamp without giving chloroform, and thought the ivory appendages were of no use. He preferred the clamp for prolapsus ani, and for some operations about the nymphæ.

Dr. Vine defended the ivory bars which he had invented. Ivory was a non-conductor, and prevented burning of adjacent tissues by conduction or from slipping of the cautery.

Mr. Alingham congratulated Mr. Smith on his success. He thought the clamp and cautery a good method of operation but that the ligature used as it ought to be was a better. In 3,000 cases operated on at St. Mark's Hospital by ligature not one case of pyæmia occurred, and tetanus in one case only. He had not had a single death in 500 cases operated on by ligature by himself. As

regarded hæmorrhage perhaps he had not at first applied the cautery so freely as Mr. Smith had, but of late he had used the iron freely, and had had no hæmorrhage. His patients were sent out too soon after the use of the clamp and cautery, severe ulceration ensued inevitably. The susceptibilities of patients to pain differed greatly, but he thought there was no more pain after ligature than after the clamp. He thought the ivory wings of the clamp too broad and prevented the removal of sufficient tissue. Free removal was absolutely necessary, and the pile should be removed down to the cellular tissue if a radical result was aimed at.

Mr. Alfred Cooper had had a great number of cases of hæmorrhoids under his care, and had used the ligature and clamp about equally. He had never any reason to be dissatisfied with the ligature, but with the clamp he got severe secondary ulceration, and much greater pain was caused by the clamp than by the ligature. He had never seen hæmorrhage after the ligature, he could not understand how a patient could be cured effectually after three or four days. The plan of ligature introduced by Mr. Salmon, at St. Mark's, answered admirably.

Mr. Dunn corroborated Mr. Smith's statement as to the case they had seen together. The patient had been under the care of several eminent surgeons who declined to operate. He thought however the plan of ligature at St. Mark's was excellent.

Mr. Davy drew attention to Ambrose Pare's directions for avoiding the burning of skin. He thought the ivory was useful, the instrument often slipped when grasping the pile.

Mr. Wm. Adams asked whether with reference to the ulceration might it not be caused by using too hot an iron or by constitutional causes? The *écuseur* had given him satisfactory results in cases of disease of the rectum.

Mr. Wiblin (Southampton), as a provincial Fellow had listened to the paper and the subsequent discussion with much pleasure. In his earlier years he had used the ligature, but of late he had used the clamp which he much preferred, as causing less pain, and out of thirty-eight carefully recorded cases he got excellent results and had never had any hæmorrhage. He had not himself observed ulceration, and had been surprised at the rapidity of recovery.

The President for many years dealt with piles by means of ligature as taught at Guy's, but had not been quite satisfied. For the

last eight or ten years he had used the clamp and cautery and had been well pleased with the results. He thought the iron should be freely used and that the ivory might facilitate this. The clamp was only a means to an end, and the treatment should be spoken of as by cautery than as by clamp. He always clamped each of the diseased portions before using the iron. The galvanic cautery answered admirably.

He replying Mr. Henry Smith thanked the Fellows for the kind manner in which they had received and discussed his paper. He agreed with the President that the cautery was the principal part of the operation, it should be applied at a black heat. If there had been so much ulceration as had been spoken of, surely he would have heard of it. Mr. Allingham's remarks were valuable, as regarded pain, except in a very few cases he had not met with it, and this he attributed to the ivory plates for which he had to thank Dr. Vinc. — *Med. Press and Circular.*

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#### SUCCESSFUL CASE OF GASTROTOMY IN EXTRA UTERINE GESTATION.

BY LAWSON TAIT, F.R.C.S. ROYAL MED AND SURGICAL SOCIETY

In the case of J. N.—, æt. 27, extra-uterine pregnancy was diagnosed on September 23rd, the child having arrived at the term and died about the end of the July previous. The operation was performed on November 2nd, the section being much as in ovariotomy. After opening the sac the feet presented, and no difficulty was experienced in removing the child, except in extracting the head from the pelvis, in which it was deeply packed, and where it had contracted adhesions to the floor of its cavity. The edge of the wound in the sac was stitched to the edge of the peritoneal wound by a continuous suture, the peritoneal cavity being thus completely closed. The upper half of the parietal wound (its entire length being about seven inches) was closed by deep sutures. A syphon drainage-tube was inserted deeply into the pelvic cavity, and the whole was syringed out every eight hours with a solution of soda. A fetid discharge issued from the cavity till about the eighth day after the operation, when it became purulent, and was mixed occasionally with placental debris. Pieces of detached placenta were

removed occasionally, together with foetal hair which had become adherent to the internal surface of the cyst, and been detached from the scalp in removing the child, until November 29th, when the great mass of the placenta was removed. After this the cavity rapidly closed, the part in the pelvis being quite obliterated early in December, and the whole shut up by the end of the month, leaving only a small sinus. The patient had a severe struggle with hectic.

The chief peculiarities of the case are—the absence of any “false labour” previous to the death of the child, the leaving the placenta undisturbed, and the peculiar method of closing the peritoneal cavity, and leaving the parietal wound partly open. To leave a communication between the cyst and the peritoneum is to run the guntlet of pyæmia and peritonitis. Closing the parietal wound entirely must lead to similar results.

The operation, performed as in this case, would seem to have no greater risks than ovariectomy, and it is certainly preferable to leaving the cases to take their chance of discharging the misplaced fetus by suppuration. If possible, the operation ought to be done near the term, and before the death of the child. If the latter condition cannot be obtained, the operation ought to be undertaken as soon after the death of the child as possible, to avoid the serious complications of adhesion between the fetus and the cyst.

Mr. Spencer Wells thought the paper was of importance as showing that the placenta might be left and allowed to be discharged through the abdominal opening. This removed one of the great difficulties and dangers of the operation. From the account given, he thought that in this case the incision might have been made through the posterior wall of the vagina; it would have allowed more perfect drainage, and have imitated the natural process when the fetus was spontaneously discharged, which was usually through the vagina or rectum.

Dr. Heywood Smith said there had recently been three such cases at the Hospital for Women, but all had proved fatal. In one case gastrotomy was performed and the placenta removed; the patient died from hæmorrhage and shock. In another the placenta was left to be discharged through the abdominal opening; the patient died of peritonitis, which came on before the operation. He thought it was best to operate early during the life of the child—  
*Med. Press and Circular.*

### ON THE FALL OF TEMPERATURE ACCOMPANYING GREAT WOUNDS BY FIRE-ARMS

By Paul Redard abridged from a Translation by Arthur E. F. Barker, L.R.C.S.I., "Dublin Jour. of Med. Science," Sept., 1872

Placed during the latter part of the French war, the struggle between the regular army and the Federals,—in the ambulances "de la Presse," (in the service of his master, M. Demarquay), M. Redard had ample opportunities of noticing the effect of injuries by fire-arms in lowering the temperature. Every time a patient suffering from a grave wound from a fire-arm was observed by him, a lowering of the temperature of the body was found. In most of the cases the injuries had been inflicted by the bursting of shells, but in some they had been caused by cannon-balls shattering limbs, and in the instances of the Federals the wounds had usually been received while they were in a state of intoxication. In such M. Redard found a wound produced a much greater fall of temperature than did one of equal extent in men of temperate habits, and in them amputations were most unsuccessful. He, therefore, quite endorses the dictum of M. Verneuil, that the prognosis of traumatic lesions, all other things being equal, presents an exceptional gravity among subjects addicted to drinking chronically. The author narrates his observations in fifty cases, and concludes his memoir with the following deductions :

"1. In great injuries by fire-arms, fall of temperature is a constantly observed fact.

"2. Several elements come into play in producing this fall. Among the principal we will mention,—nervous shock, the excitement of the combat, with consecutive stupor, hemorrhage, and, lastly, alcoholism

"3. Every wounded man brought into an ambulance with a grave wound which seems to necessitate an operation, and who shows a temperature below 35 5' (95.9° Fahr.) will die, and ought not, consequently, to be operated on

"4. Every wounded man in whom a salutary reaction is not produced within four hours, and in whom the reaction is not a direct sequence of the fall of temperature, must be considered as gravely injured.

"5 Burns give rise to an exceptionally great fall of temperature.

"6 The same is the case in wounds of the abdomen. The fall is the more marked the nearer the wound approaches the stomach.

"7 The diagnosis of penetrating wounds may become less difficult, on account of the characteristic thermometric phenomena to which they give rise.

"8. The state of intoxication in which the wounded are sometimes found favors singularly the observed fall of temperature.

"9 Wounds by shells, other things being equal, produce a fall of temperature more accentuated than those by balls." - *Med Times*.

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#### PROPYLAMINE IN RHEUMATISM.

The alkaloid propylamine, which is now obtaining some celebrity in this country as a cure for rheumatism, is a body with which chemists have been some time familiar.

Propylamine is identical with the body *secalin*, the volatile alkaloid discovered by Winckler, in ergot of rye. The same alkaloid has also been obtained as an artificial product from narcotina, codeia, cod liver oil, and other substances, and it has also been found in certain species of *chenopodium*. The most productive source of propylamine appears to be herring brine or pickle, and it is separated from the brine by distillation with potash. The product contains much ammonia, and when neutralized with hydrochloric acid, the mixed chlorides of ammonium and propylamine are obtained; this last can be separated from the first by means of absolute alcohol, in which it is soluble.

The chemical formula of propylamine is  $C_3H_7NH_2$  (Attfeld), and it appears as a colourless volatile body possessing an intensely strong odour of herrings. It mixes readily with water, and with hydrochloric acid forms white fumes of chloride.

Dr. Awenarius, of St. Petersburg, first called attention to the use of propylamine in rheumatism, and between March, 1854, and June, 1856, this physician treated 250 cases of rheumatism with great success. Some of the cases were acute, some chronic, and many complicated.

A solution of twenty-four drops of propylamine in six ounces of

mint water, with syrup added, may be given in doses of half a fluid ounce every two hours, with every prospect of benefit to the patient.

Messrs. Rew & Co., of 282 Regent Street, to whom we are indebted for a very characteristic specimen of propylamine, inform us that 30 to 60 drops of carbolyzed ether added to each dose of propylamine, very completely destroys the very unpleasant fishy smell and taste, so very objectionable in the pure uncombined alkalioid.—*The Doctor.*

### VACCINATION.

The following propositions are "offered as matters of belief, and some of them as matters of record, by a writer in the *Medical and Surgical Reporter* :—

1st. Without vaccination, 1 death in 10 would be the result of small-pox.

2nd. Without vaccination, 19 out of 20 would have small-pox.

3rd. Without vaccination, 67 per cent. of the cases of small-pox would be fatal.

4th. With vaccination, not 2 per cent. of the inhabitants will take small-pox.

5th. With vaccination the percentage of deaths from small-pox is only about 8 of the 2 per cent. who will take it.

6th. A larger percentage of those who have had small-pox will have the secondary disease than of those who have been vaccinated. That is to say, vaccinia is a better prevention of varioloid than small-pox is.

7th. Humanized virus is more likely to take than the original virus from the cow.

8th. Humanized virus, whether it takes or not, does not produce such severe constitutional symptoms as primary cow virus does.

9th. It is not proved that either humanized virus or primary cow virus is the better in its protective effects.

10th. There are certain individuals who do not seem susceptible of variola.

11th. There are certain individuals who do not seem susceptible of vaccination.

12th. The taking of small-pox after vaccination is no proof that a secondary vaccination would have succeeded.

13th. A successful re-vaccination is no proof that the individual re-vaccinated would have taken small-pox.

# The Canada Lancet,

A Monthly Journal of Medical and Surgical Science,

Issued Promptly on the First of each Month.

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

TORONTO, APRIL 1, 1873.

## THE MEDICAL BILL LATELY BEFORE THE LEGISLATURE

It is scarcely necessary for us to state that the Bill to amend the Ontario Medical Act was thrown out by the Committee of the House, owing to a want of unity among the members of the profession who appeared before it, and the expression of individual members throughout the country against the taxation clause. This is much to be regretted for various reasons. In the first place, in consequence of the small number of candidates likely to present themselves at the approaching examinations, there will not be sufficient funds to pay the travelling and other expenses of the examiners, and in view of this fact, the following humiliating resolution was passed by the Executive Committee at a late meeting, and ordered to be appended to the notice sent to each of the examiners:

"That in view of the small number of candidates about to present themselves at the approaching examinations, there may not be sufficient fees received to pay the amount heretofore allowed by the Council as remuneration to the examiners, be it resolved that the Registrar be directed to intimate this fact to each of the examiners appointed at the last Session of the Council, and request them to state whether they are willing to undertake their duties as examiners on the above uncertain condition as to their remuneration."

*Carried.*



The result is that some of the examiners have refused to act. We have also been credibly informed that the Government was prepared to grant a sum, equal to the amount to be raised by the annual assessment on the profession, for the purpose of assisting in the erection of a Hall for the use of the College.

In the discussion which took place in the newspapers and elsewhere, while the proposed Amendments to the Medical Act were before the House, the Medical Council came in for a large share of blame, and far too little was said on the other side of the question. The friends of the Bill were too confident, and some of them too apathetic, and gave in this way the advantage to the noisy few who clamored against what they very imperfectly understood.

The Medical Council may very likely require the practice of a somewhat more rigid economy of its funds in the future ; but no new corporation could be created, and enter upon its duties more successfully, or, on the whole, with fewer grave blunders to answer for ; and the experience of the past will be of great value in time to come. The great good the Council has done in securing an all but uniform standard of matriculation and professional examination, far outweighs any comparatively trivial and easily corrected mistakes which have been made. Under such circumstances, for any one to propose the doing away with the Council, and a return to the old licensing system, would be preposterous—and most injurious alike to the public and to the profession.

At present, every one, no matter from what quarter he comes, who desires to practise, must present himself for examination before the Central Board of the Medical Council. The examiners are so chosen, that no school *can* have a preponderance of influence upon the Board ; and candidates are further secured against any possible adverse bias on the part of an individual examiner, by the wise rule, under which the number, instead of the name of the candidate, is put upon each paper ; so that, as no examiner knows the writer of the paper he is scrutinizing, his judgment must necessarily be unprejudiced. ALL CANDIDATES submit to the same examination, upon what may be called the foundational subjects of medicine ; while those holding any special tenets, have the privilege, if they wish it, of choosing an examination upon these specialties, before examiners appointed for the purpose. And in this connection, it surely speaks volumes for the fuiness and perfect fairness of the present Central

Board system of examination, that during the whole *four* years of its existence, no candidate (whatever he may have intended to practise afterwards) has chosen any other than the General Examination. And this will appear the more gratifying and creditable, when it is known that this has, in *every case been purely voluntary*; no pressure or influence of any kind having been brought to bear upon a single candidate. Indeed, the advocates of what some call the special systems of medicine, openly declare that they desire the full examination to be undergone by every one; so that hereafter, in Ontario, a knowledge of any specialty will be regarded as *an addition to*, rather than *a substitute for*, other general professional knowledge. Prior to this Central Board being founded, each school of medicine throughout Canada, and each Government Medical Board—of which Ontario had three—was an independent, and, to no trifling extent, a rival licensing body. Can this be returned to? Could it for one moment be tolerated? The only answer is—NEVER! Yet, were the Council destroyed, the Central Board would die with it, and the old and most wretched state of things, just spoken of, would speedily be resuscitated.

The Council, then, must be sustained. And it cannot be thought right that the chief burden of its support should fall upon the students who go up for examination. Warned by past blunders, a wise economy will certainly be practised by the Council in future.; but the students' fees must be lowered to a reasonable amount, and the diminution of revenue from this source will have to be made up in some way. The assessment clause of the late Bill, which was strangely struck out by a majority of one in the Parliamentary Committee to which it was referred, was intended in part to meet this. The maximum amount was fixed at the trifling sum of \$2 per annum, fully one-half of which was to be returned in the shape of a copy of the annual *Register* and the proceedings of the Council. A large proportion of the trifling balance was to be set aside for the building of an Examination Hall, and the establishment of a Museum and Library, to belong to the medical profession of Ontario,—just as Osgoode Hall belongs to the lawyers. In view of the fact that the druggists pay an annual fee of \$4, and the lawyers \$20, the trifle sought to be imposed as a tax upon our profession appears very small. We hope that next session the clause will be introduced into the Bill then to be brought in, for no one who knows the

medical profession well, can doubt its perfect willingness to contribute reasonably to the promotion of professional interests.

There was nothing narrow in the proposed legislation. Its great features being to sustain the Council in its work of making every practitioner of medicine, no matter what he may style himself, pass a professional examination of a creditable kind, to enable this to be done at the lowest possible cost to students, by securing aid from the profession and from the Government, and to give as far as law can give—adequate protection to all who, being registered practitioners, were entitled to it.

Believing, as we do, that the Council has been a great benefit to the profession already, and that it may be even much more so in the future, believing that the Central Board, the existence of which in its present satisfactory manner of working, depends upon that of the Council, is a great benefit to the profession and to all our schools—by stirring us all up, so to teach our pupils, that on trial before that body, they may do credit to the colleges from which they come. we sincerely hope that most of the recently suggested improvements in the Medical Act may very soon become law

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#### DISPOSAL OF SEWAGE.

The manner of disposing of the sewage of large cities is a subject which has engaged the attention of some of the most eminent scientific men in Great Britain. Several very interesting and important articles have appeared of late in the *medical and secular press of England regarding this matter, and various plans have been suggested to accomplish this object.* The great aim is so to dispose of the sewage as to render it innocuous, and at the same time to subservise some useful purpose in an agricultural point of view, and so to carry on this operation as to make it pay the cost of working. It is no doubt an exceedingly difficult problem. There are three plans by which it is proposed to dispose of and utilize the sewage which now flows into the bays and rivers from large cities, viz., *irrigation, filtration and precipitation, or the A B C process, as it is called, because Alum, Blood, Clay and Charcoal are the substances used.* The process by irrigation consists in allowing the sewage to flow over the land in numerous channels, dug for the purpose, but for

obvious reasons it has not been generally adopted. The poisonous emanations which proceed from these trenches contaminate the air for miles around, and the soil itself is likely to suffer from overmanuring, besides, it never could be brought into practical effect except at a very great cost, and in the most incomplete manner, owing mainly to the scarcity of arable lands in the vicinity of large cities. The process of filtration consists in passing the fluid through beds of sand and charcoal, by which it is deodorized: but the manurial element of the sewage is lost, and this is one of its principal objections. It could only be carried out on a small scale, unless at a cost which would be out of all proportion to the advantages accruing.

By far the best method which has yet been attempted, is the so-called A B C process. This has been in operation for some time in England, and has been carried on by a company called the "Native Guano Company." The works are situated at Crossness, on the southern shore of the Thames. The sewage is allowed to flow into large tanks, and alum, blood and clay are added, by which the solid constituents are precipitated, while the charcoal deodorizes and clarifies the liquid portion, which is allowed to flow into the Thames. The precipitate, which is a muddy kind of substance, is dried by machinery, and constitutes what is called "native guano"—a powdery substance which is largely used for agricultural purposes. The water which flows away is perfectly clear and free from all impurities. The guano sells at a fair price, and thus is realized a handsome sum of money towards paying for the necessary outlay, and it is hoped that as experience is gained in this process, and in regard to the value of guano as a manure, it will eventually pay the whole working expenses. This is undoubtedly the most satisfactory, in all its results, of any of the processes hitherto tried, and one which is likely to come into general use in all civilized communities. It opens up a new industry, and one which it is hoped may ultimately prove highly remunerative.

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#### COMBINED EXTERNAL AND INTERNAL, OR, BI-LATERAL VERSION.

Dr. W. S. Richardson, of Boston, lately read a paper on the above subject, before the Massachusetts Medical Society, in which

he claimed for Dr. Wright, of Ohio, the credit of the plan of version by the combined external and internal method. This has called forth a letter from Dr. J. Braxton Hicks, of Guy's Hospital, London, published in the *Am. Journal of Obstetrics*, in which he refutes this statement, and claims for himself priority in regard to this plan; and states that Dr. Wright, according to his own published statement, only used the internal hand, not even mentioning the *external one*. The distinctive point of the plan introduced by Dr. Braxton Hicks, is, that *both hands are used together*, one supplementing the other, so that, when the internal hand begins to lose power, the external one gains power, and *vice versa*.

This principle was applied by him to both partial and complete version, and it is a curious fact that, in the practice of neither German nor other obstetricians, has the use of both hands simultaneously been described. The only use of the external hand has been, hitherto, to steady the uterus, to prevent recession. He also claims that, before his description, no author had described complete podalic version, without passing the hand internally, with both hands, in such a manner that one might choose which pole of the fetus should be made to present. According to his plan, he requires only to pass one or two fingers into the os, and bring the head, by the external pressure and internal fingers, down to the os, and retain it there till the gentle uterine contractions have confirmed the new position. The following case is from Braxton Hicks' work on *External and Internal Version*, Case 16. "In this case, premature labor had been induced at the seventh month for contracted brim. At about thirty-six hours after the introduction of the sponge-tent, the membranes rupturing, I was summoned, and found the os uteri the size of a crown-piece, with the back of the thorax presenting. On passing the two fingers into the os uteri and placing the other externally on the lower part of the abdomen, I was able to make out the head lying toward the right side. By pressing it downward from without it impinged upon the two fingers within the os, and thus the head could be moved about at will, and was placed at the os uteri. It was then observed that the funis had passed down by the side of the head. I instantly replaced it by the internal hand and pressed the head into the os with the outer hand, which was done with great ease. By continuing the pressure for a half-hour, the funis was permanently kept up and the head remained firmly in the natural

position The pains being feeble and setae failing to act, the long forceps were applied, and the child was born alive and the patient did well "

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#### NOTES AND COMMENTS.

THORACIC ANEURISM TREATED BY GALVANO-PUNCTURE. — Dr McCall Anderson, in the *Glasgow Med Journal*, Feb. 1873, mentions a case of thoracic aneurism, in which electrolysis was had recourse to as a last resort. A Stohrer's battery was used, with only a single insulated needle connected with the positive pole. The point of insertion was previously frozen by means of Richardson's spray apparatus. A zinc plate, connected with the negative pole, was placed on the chest, about seven inches from the point of insertion of the needle, and separated from the walls of the chest by a sponge dipped in salt and water. This was repeated four times, and the result was the reduction of the tumor to one-fourth its former size. It became quite solid, and firmer than the surrounding structures, while the pulsation and systolic murmur became less distinct, the purring tremor entirely disappeared, and the patient was relieved of all pain and discomfort, and felt in perfect health. Dr A. thought that, in carrying out the operation, the object should be to induce only a partial coagulation, in the hope that this might be followed by a slow deposition of fibrin in successive layers. Sudden coagulation would tend to produce inflammation and sloughing.

DETERMINATION OF THE LIFE OR DEATH OF THE FÆTUS. — Dr. Cohnstein (in *Arch fur Gynak.*, vol iv 3rd part, 1872) (*Med. Record*, Lond.), states that the information whether the fœtus is living or dead during pregnancy, but especially during parturition, is often of the greatest importance, and where hearing the fœtal heart and feeling the fœtal movements fail, or are uncertain, ascertaining the temperature *in utero* will often very materially assist if not decide us in determining the question. It is a fact that the temperature of the fœtus *in utero* is higher than the maternal temperature, and experience proves that the careful introduction of the thermometer into the uterine cavity, between the membranes and the wall of the uterus, is unattended by harm. We have thus a ready mode of settling the question when it is otherwise doubtful.

CEREBRO-SPINAL MENINGITIS.—This disease is at present prevailing as an epidemic in the Province of New Brunswick. It is at present limited to the neighborhood of Moncton, although a few cases have appeared in St. John; a few cases have also occurred lately in the western part of this Province. It is also prevalent in the Western States, particularly in Kansas. It appears to be very erratic in its course, appearing and disappearing in different parts of the same State or Province, at different times, without seeming to travel in any particular direction. In the cases that have occurred within the past two months, the mortality has been very great. Prof. Loomis, of New York, who has had considerable experience in the treatment of this affection, gives the following:—Sol. saturat. potass bromide, minims xl. every two or three hours; quiniæ sulph., grs. iij. to v. every three hours, ice to the head and spine; blisters to the nape of the neck; bleeding, when the constitution of the patient will admit of it, and tonics during convalescence.

SUPERFŒTATION PHYSIOLOGICALLY CONSIDERED.—Professor B. E. Shultze, of Jena, a prominent gynæcologist of Germany, in a lecture on twin gestation, remarks:—

“The most weighty physiological objection to superfœtation consists in the fact that during the existence of pregnancy the development of new ovuli in the ovaries ceases entirely. Not a single exception to this rule has ever been established by observation. The ovaries of females deceased during pregnancy, or after delivery, have been submitted to careful observation; but all pathological anatomists agree that in all such cases the corpus luteum of the last pregnancy can easily be discovered, but no follicles which have ruptured at a later period.”

THERAPEUTIC VALUE OF GELSEMINUM.—This remedy is very highly spoken of in the treatment of various inflammatory diseases. It appears to exert a marked influence in relieving the congestion and controlling inflammatory excitement. It has been administered in dysentery, combined with opium and rhubarb, with very beneficial effects, even in the gravest forms of the disease. In gonorrhœa and ophthalmia of a highly inflammatory nature it has been found of signal service, by relieving the congested state of the vessels and promoting resolution.

**THE TRANSFUSION OF BLOOD.** The Transfusion Committee, appointed by the Obstetrical Society of London, has adopted the following programme of its aims and objects—1. To collect evidence from gentlemen who have had experience in cases of transfusion 2 To obtain the particulars of all recorded cases (performed on the human subject), with the view of finding out, as far as possible, to what extent the so-called successful cases were due to transfusion 3 To examine the various kinds of instruments used in both the mediate and immediate forms of the operation. 4. If considered necessary, to institute further experiments for the purpose of determining how far transfusion may be relied upon as a means of saving life, and also the best mode of performing the operation. The Committee will be happy to receive communications on the subject, which should be addressed to the honorary secretary, Dr. Madge, at the Society's Library, 291 Regent Street, W.

**ELECTRO-THERAPEUTICS IN CONSTIPATION.**—Dr. Cade, (Lyon Medice, No 4, 1870), (*Southern Med Record*) mentions the case of a lady of eighty, affected with habitual constipation which arose after dysentery, from which she had suffered at the age of twenty years. The author having tried various remedies for several months, and when the patient was in great danger of her life, he bethought himself that the sole method of causing peristaltic motion was electricity. Using the apparatus of GaiFFE, he applied the negative pole to the rectum, and the positive pole to the umbilicus. The induced current was made to act for twenty minutes, commencing with the least intense, and increasing up to No 5 of the graduator. The sitting, although long and painful, was well supported, and the author had the satisfaction of seeing the patient relieved of her constipation by an abundant evacuation of solid feces.

**THE PLEA OF INSANITY.**—We beg leave to call attention to an article on the above subject in the Feb. number of the *Lancet*, by Dr Clark, of Princeton. The "plea of insanity" would not so often be urged if the same course were always adopted as in a recent case in Massachusetts, in which application was made to the court for the discharge of a person from the lunatic asylum who had been sent there for having committed murder in a fit of "temporary insanity." The judge instead of doing that, however, handed him over to the civil authorities to be tried on a *sane* basis.



**REMOVAL OF A NEEDLE FROM THE HEART.**—In the *Medical Press and Circular* (Feb. 26) is given an instance of a man who for nine days followed his ordinary occupation, in pain and discomfort, having a needle fixed in the tissues at the apex of the heart. On the ninth day, in consequence of his statement and in view of the pain he was suffering, an incision was made over the fifth intercostal space, and the broken eye of the needle was found on a level with the intercostal muscle. This extremity was seized, and the foreign body was withdrawn. The patient recovered without an unfavourable symptom. With this history the exact position of the needle in the wall of the chest is given, as also is that of its probable position in the heart; the movements of the foreign body, caused by those of the heart are figured, and their measurements are added. Some remarks are made upon recovery and duration of life after somewhat similar injuries, and an appendix of cases is given in the form of a table.

**BAPTISIA TINCTORIA IN TYPHOID FEVER.**—Edward Duffield, M. D., in the *Medical Record*, gives the history of two bad cases of typhoid fever, where, after trying nuxic, and sulphurous acids with quinine and extract of belladonna, and the turpentine emulsion, and failing to relieve, or even make any decided impression on the disease, he at last resorted to the baptisia tinctoria, or wild indigo, with decided success. He says: "Whilst we do not desire to be oversanguine, and are frank to admit that its trial in ten or eleven cases is not sufficient to establish its full value, yet, it is sufficient to assure us of its power thus far, and to ask that the medical profession shall give it a full and fair trial for themselves."

**A FRENCH LAW OF PRIMOGENITURE.**—The French War Minister, General Cissey, has promulgated a curious decision, in which he has settled the question of the seniority of twins in a manner satisfactory to himself, although contrary to physiology. It has been established physiologically that of twins, the later to see the light is the elder. General Cissey has decreed that henceforth the infant which comes first into the world shall be considered the eldest and summoned in that quality to serve in the ranks. Although physiologically unfounded, the decision has the merit of counting the existence of a man from the moment he first appears on earth.

## REPORTS OF SOCIETIES.

## COUNTY OF BRANT MEDICAL ASSOCIATION.

The quarterly meeting of this Association was held, in the Kerby House, Brantford, on Tuesday, the 3rd ult., there being a large representation of the medical men throughout the county present. There was also a number of visitors present, by invitation, among whom were Dr Rosebrugh, of Toronto; Dr Turquand, the late President of the Medical Council; Dr Clarke, representative of the Gore and Thames division in the Council, Dr Wiggins, Principal of the Blind Institute, and others. Dr. Henwood, the President, in the chair. Dr. Philip, the Secretary, before reading the minutes of the last meeting, made a few remarks in introducing the visitors, alluding to their standing in the profession, and that it was a hopeful sign of the future prosperity of the Association when they were able to bring to any one of their meetings so many distinguished members from a distance. The proposed amendments to the Ontario Medical Act were discussed at great length, Dr J Y Bown leading off in a very able speech, objecting to most of the proposed changes, and especially the "annual licence fee." Drs Griffin, Turquand, Clarke, and several others, also took part in the discussion, after which a resolution condemnatory of the proposed changes was passed and ordered to be sent to the Registrar.

Dr. Rosebrugh, who was present by invitation gave an address upon the uses of the Ophthalmoscope. Several of the pupils of the Blind Institute and others were present, and were examined in presence of the Association, each of the members being afforded an opportunity of viewing the diseased structure. A vote of thanks was cordially passed by the Association to the doctor, for his kindness in being present upon this occasion. The Committee formerly appointed to carry out the establishment of a public Dispensary for Brantford, was re-appointed, to enter into negotiations with the Board of Health of the town, which latter was empowered on Monday evening last, by the Council, to make the necessary arrangements with the Medical Committee. This has long been a great necessity in Brantford, and we hope soon to see the Dispensary in full operation, and we have no doubt, under the present vigorous management, but that it will soon be in thorough working order. A

Committee was appointed to draw up a tariff of fees, to be adopted at the next meeting of the Association. A branch Medical Society, for the town of Brantford, was recommended, and will be adopted at the next meeting. The reading of papers was postponed until the next regular meeting, as the discussion of the proposed amendments to the Medical Act occupied necessarily a great deal of time. A large amount of miscellaneous business was disposed of, after which the Association adjourned, to meet again on the first Tuesday in June.

CANADIAN INSTITUTE, MEDICAL SECTION, TORONTO.

FRIDAY, Jan. 24, 1873.

Dr. A. D. Williams read a paper on "Chloral Hydrate," giving in detail the preparation and pharmaceutical properties of the drug, and the physiological, therapeutic and toxic effects of its administration. He cited several cases of tetanus, in which its use had proved successful. It was advisable to exercise care in giving the hydrate with opium, for its action upon the encephalon was likely to prove excessive if the system was under the influence of the narcotic. The comparatively slow elimination of the hydrate, as found in Dr. B. W. Richardson's experiments, also pointed to the likelihood of injurious effects ensuing if the remedy were given in frequent doses for a length of time.

FRIDAY, Jan. 31.

Dr. Archibald introduced the subject of "Delirium Tremens," and gave a resumé of his experience. He had an unfavorable opinion of chloral hydrate, and had decided to discard opium. In several instances, narcotics had seemed to him to aggravate the patient's condition. He had seen one patient through a number of attacks, and found that the so-called expectant proved the most satisfactory; nutritives, laxatives, etc., being judiciously administered. He had therefore decided to adopt this plan in future cases.

Dr. Coleman considered that inanition was an active element in the causation of delirium tremens, and thought that the small number of cases occurring amongst those committed to houses of correction, etc., where the inmates as a rule were provided with an abundant supply of good food, corroborated this view.

Dr. N. Agnew prescribed neither alcohol nor opium, but gave calmatives, cholagogues, etc.

The prevailing opinion, elicited by the discussion, was in favor of a supporting and expectant treatment, and of withholding alcoholic stimulants and powerful narcotics.

The meeting adjourned to the ensuing Monday evening, to consider and revise the proposed medical tariff.

MONDAY, February 3, 1873.

The Tariff was considered, and altered so as to harmonize, as far as possible, with the suggestions of various members of the profession, who had been consulted in regard to it.

The Secretary was instructed to furnish the medical men of the city with copies of the amended Tariff, for their consideration prior to the public meeting.

FRIDAY, February 28, 1873.

Ordinary meetings resumed after an interruption due to the holding of public meetings, to consider the Medical Bill, Tariff, &c.

Dr. Geo. Wright read a paper on "Acute Rheumatism." In reviewing the remedies usually administered, he expressed himself in favour of Alkalies, and in the more chronic form, of Iodide of Potassium, as being the most suitable, and in the majority of cases sufficient. There is, however, no remedy applicable to all cases, there is no specific. In some cases no remedies seem to be of any avail, and the treatment is most unsatisfactory. He also referred to an interesting instance of *ptyalism* in one of his patients under treatment by colchicum. From the behaviour of the case there could be no doubt that the salivation was caused by this drug.

A discussion followed, in which Dr. W. W. Ogden stated his preference for chino-cococynthin, especially in rheumatic gout. Dr. Coleman favored the use of Tinct. Ferri. Chlor.

MARCH 7, 1873.

Dr. Reeve read a paper on "Diseases of the Ear," touching upon the frequent occurrence, importance, and effects, immediate and remote, of this class of affections, and the impropriety of neglecting them; advantages of improved methods of diagnosis by mirror, speculum, turning-fork, &c., and their bearing upon treatment; various points in treatment—removal of polypi by snare, excision of tonsils, use of post nasal syringe in preference to nasal douche, &c.

Dr. Roseburgh referred to the use and value of Valsalva's method, and to the amenability of ear-disease to treatment if this be

begun early. Dr. Coleman alluded to some difficulties in the use of the turning-fork, and also to Hinton's method of cleansing and treating the middle ear.

MARCH 14, 1873.

Dr. Oldright introduced the "Treatment of Placenta Prævia," and referred to the ordinary methods of treating Placenta Prævia—

1. Simpson's method of separating the placenta from the walls of the uterus.
2. The more usual method of detaching one side, and turning.

He had also seen a few days ago in Churchill, reference made to a method of passing the hand through the placenta and turning, of which Churchill disapproved. The speaker then described the treatment he had adopted in a case a year or so ago. The usual pathiative treatment (the hemorrhage subsiding) until labor really set in. As soon as it was apparent that this was the case, a full dose of fluid extract of ergot was given, and the *finger passed through the placenta*, allowing the waters to escape on its withdrawal. The advantages claimed for this plan were, (1) that the head (or presenting part) of the fetus is speedily brought down upon the placenta and upon the enlarged vessels at its attachment, acting as a sort of tourniquet upon their bleeding mouths. (2) The area of the uterine walls are speedily lessened, and the portion occupied by the placenta shares in this lessening, and the walls of the vessels are brought into apposition.

A discussion ensued, in the course of which Dr. Riddell alluded to the method of plugging the vagina with cotton, dipped in a strong solution of alum, and giving ʒss. doses of Plumbi Acetas. It was objected to this plan, that the confined blood would dissect backward, separating the placenta and dilating the uterus. Dr. Coleman alluded to the theory of Dr. Barnes, who does not think that the cervix enters into the formation of the uterine chamber during gestation, and that it is the enlarging of the placenta without a corresponding enlargement of the cervix which causes the hemorrhage. Barnes' plan is, therefore, after puncturing with a stilette or quill to allow the liquor amni to escape, to detach the placenta from around the edge of the cervix only, and allow the labor to proceed. The foetal circulation is thus not arrested, and he had effected the delivery of the child alive in twenty-nine successive cases. Several members testified to their personal observation that the cervix does flatten out to form part of the general cavity.

## BOOKS AND PAMPHLETS.

**CLINICAL LECTURES ON DISEASES PECULIAR TO WOMEN.** By Lombe Atthill, M.D., University Dublin. Fellow and Examiner in Midwifery, King and Queen's College of Physicians, etc., etc. Second edition, revised and enlarged with six lithograph plates and wood-cut illustrations. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co. Price in cloth \$2.25.

The above is a work of about 240 pages, and contains the views of a practical worker and teacher of the diseases of women. It is printed on toned paper, well bound, and in a compact form. It deals chiefly with diagnosis and treatment, and is a condensed epitome of the experience of twenty years' clinical observation. The clinical character of the work admirably adapts it to the wants of students and young practitioners. These lectures were first delivered at the Adelaide Hospital, Dublin, and were subsequently printed for the use of the students in attendance there.

**THE SCIENCE AND ART OF SURGERY.** By John Eric Erichson, Senior Surgeon to University College Hospital, London. New edition, revised and enlarged by the author; 700 engravings on wood. Philadelphia: H. C. Lea; Toronto: Copp, Clark & Co.

The present edition comprises a work of 2000 pages, and is in two volumes, the first embracing first principles and surgical injuries, and the second surgical diseases. This book has been long and favorably known to the profession, and it is, therefore, unnecessary to give a detailed account of the subjects treated. The present edition places the work fully abreast of the times in all the improvements of modern surgery. Many chapters are re-written and re-arranged, and much useful matter has been added, while many of the errors of the former edition have been corrected. The description of Syme's amputation at the ankle-joint has been changed so as no longer to mislead, but unfortunately the objectionable illustration remains. The chapter on inflammation and its results is changed to suit the advanced ideas of pathology, and the antiseptic treatment of wounds is fully given. An account of the transplantation of cuticle is also added. Diseases of the jaws are also more fully treated, and one or two new and useful illustrations of the methods of excision are given. The style of writing is pleasant and easily understood, the type clear, and the mechanical execution of the work all that can be desired. This work has always been held in high estimation in the past, and the present edition fully entitles it to the continued confidence and support of the profession as a work of reference. It is undoubtedly deserving of a place in every surgeon's library.

**THE PRACTICE OF SURGERY.** By Thos. Bryant, F.R.S., Surgeon to Guy's Hospital, London, with 507 illustrations. Philadelphia: H. C. Lea; Toronto: Copp, Clark & Co.

This is a work of about 1,000 pages octavo, and differs in many respects from the ordinary Surgical Text Books of English authors. It contains upwards of 500 illustrations, 400 of which are original and copied from preparations or drawings in Guy's Hospital Museum, or copied from nature. This is a most interesting feature of the book, and one which should commend itself to every practising Surgeon. The practice he inculcates in his work has in most points been tested by experience. He also gives the statistical results of many of the more important and hazardous operations, for the guidance of others; and these are also drawn chiefly from the records of Guy's Hospital. No subject has been omitted which comes under the notice of the general surgeon, except the recognized specialities of the eye, ear, and dental surgery. To have given them in outline, he says, would have been to mislead, and to have done more would necessarily have added much to the size of the volume. The surgery of the urinary organs is very fully treated of, especially the subject of lithotomy. The various amputations, as to situation and mode of operating, are concisely, yet clearly, given. The author prefers Pirogoff's operation to Syme's in all cases in which the os calcis is sound. The profession really owes a deep debt of gratitude to Dr. Bryant for placing in their hands such a mass of new facts, illustrations and opinions, expressed in clear and comprehensive terms, as are embodied in this work. The only wish we have to express regarding the book is that a little more care had been bestowed on the wood-cuts.

**SWAYNE'S OBSTETRIC APHORISMS.** Second American edition, from the fifth revised English edition, by G. R. Hutchins, M.D. Philadelphia: H. C. Lea; Toronto: Copp, Clark & Co.

**DENTAL CARIES, AND ITS CAUSES.** By Drs. Liebre and Rottenstein. Translated by Thos. H. Chandler, D.M.D. Philadelphia: Lindsay & Blakiston; Toronto: Copp, Clark & Co. Price \$1.50.

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