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THE CANADA LANCET:

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VOL. VI. TORONTO, FEBRUARY, 1874. No. 5.

Original Communications.

CHARLATANISM.

BY GEORGE GRENIER, M.D.

Translated from *L'Union Médicale du Canada*, by Thos. R. Dupius, M.D., etc., Kingston.

Concluded.

Having shown the improprieties and dangers arising from the use of secret remedies, we shall now resume the subject of French legislation on this matter, and proceed to point out the advantages which this country would derive from the adoption of that system. The measures applied in France are certainly very efficacious and strike at the root of the evil, and it would be well for us to put forth our strongest efforts to obtain similar acts from our legislature.

If we are not quite satisfied that the time has fully arrived for the suppression of all these secret remedies that are kept on hand ready prepared, and recommended for the cure of so many diseases, we ought, at least, to deprive them of their mysterious character, as it is from this, chiefly, that most of their popularity arises. The *Medical and Surgical Reporter* of Philadelphia has for a long time past, been publishing formulas of these medicines, which were obtained either from analysis, or from the patent office. To those acquainted with the nature of these compounds, it is scarcely conceivable how men can be such fools as to go to the trouble of obtaining patents under different names, for mixtures of which the composition is, generally, so nearly alike. Parties who do so must have their minds made up to obtain their living by imposture, or else they must be woolly ignorant of the simplest rudiments of the science of medicine. We will suppose, for charity sake, that most of them are in the latter condition,

Those having seen some of their friends restored to health under the use of some particular remedy—it may have been either by its influence, or by the *vis medicatrix nature*—at once suppose that they have made a grand discovery, and really deceive themselves, while they are deceiving others in respect to it.

The only argument of any weight that can be brought forward in defence of our actual system is, that it may be convenient for families, and especially those which are situated at a distance from centres of population, to have a variety of simple remedies within reach, to which they can easily have recourse in sudden attacks of disease.

We admit this to be true, but at the same time affirm, that *patent medicines* fulfil that requirement very imperfectly indeed. For, in the first place, it is extremely difficult to make a judicious choice among them, on account of their all being proclaimed sovereign remedies for nearly all diseases, with a view of increasing their sale; and in the next place it is uncertain and indemonstrable whether they possess the powers attributed to them or not, because their composition is unknown. All unknown medical compounds are potentially dangerous, and therefore the community should be protected against them.

If we cannot deprive people of the privilege of buying such remedies, we might at least compel the manufacturers of them, to place the names of the ingredients, of which they are composed, upon their labels. Public opinion would, by this means, be enabled to exercise such a degree of control over them, that the entirely useless and injurious ones would ultimately disappear.

Persons who are in the habit of physicking themselves with these sort of remedies, and persons living in retired places who believe it necessary to have such at hand, would not be deprived of them by the foregoing arrangement.

Those who are fond of *friction* could have *friction* still, with Radway's Relief or Pain Killer.

Were the possibility of obtaining patents for their pretended discoveries taken from those parties, whose branch of industry is speculating in the ills of humanity, as it should be, they could still avail themselves of their trade-marks to protect their merchandise. Of course this measure would be unpalatable to such gentlemen, inasmuch as it would notably diminish the amount of their profits.

Once the nature of the materials entering into their compounds were known, the value which their mysterious character invests them with would be lost.

We do not make the above proposition with a view of favoring the existence of such remedies at all, but as a middle course that would have the effect of expelling dangerous remedies, and diminishing the sale, as much as the customs of the country will permit, of those which cannot yet be entirely prohibited. To give effect to any law interfering in this matter as we have recommended, severe penalties, in the shape of fines and imprisonment, would need to be inflicted on those who refused to comply with its requirements, or who practised deception with regard to the nature of their compounds.

In concluding this part of our subject we may add that we consider it desirable to put an end to the obscene advertisements that defile many of our newspapers, and which thus distribute among families subjects of thought, of which, it were better they should be always ignorant. It is impossible to regard, without feelings of indignation, the fact of otherwise respectable journals polluting their columns with advertisements really criminal: Do their proprietors ever reflect on the awful consequences for which they are responsible to society, and still more to God? But there is a very easy and practicable method of putting an end to these revolting abuses.

Let the Federal Government prohibit the transmission by mail of all papers containing these infamous advertisements, and they will soon disappear. In reference to this matter our neighbors are in advance of us, for at the last session of the U. S. Congress, an act was passed of which the following are the prominent features:—

The first clause enacts that, "Whoever sells, lends, gives, or shows, or offers to publish any obscene book, pamphlet, advertisement, circular, image, model, instrument, or other object of an immoral nature, or any medicine for procuring abortion, or advertises such things for sale; or shall write or print, or cause to be written or printed any advertisement whatever, that shall make known, when or how or from whom, or in what way any of the above objects can be obtained, manufactured, or printed for such purposes, shall be guilty of a misdemeanor, and

"shall, upon conviction thereof, be imprisoned in penitentiary for not less than six months, nor more than five years, or shall pay a fine of not less than \$100, nor more than \$2,000."

The second clause prevents the transmission of the above objects by mail; and makes whoever forwards or receives them liable to be fined not less than \$100, nor more than \$5,000, or to be imprisoned at hard labor for not less than one year nor more than ten, or to undergo both penalties, at the discretion of the judge.

The third clause prohibits the importation of these articles, and empowers the custom house officers to seize them.

By the fourth clause every employer of the Government who allows the law to be violated is made punishable by the penalties enumerated in the second clause.

The fifth clause empowers all district judges to issue, on affidavit being made, a warrant to search for, seize and destroy any of the objects aforesaid.

This stringent enactment produced the desired effect; and the next day after its adoption all immoral advertisements were either suppressed, or wholly deprived of their offensive features. And why should we not obtain similar results here?

Persons ignorant of the enormous traffic carried on in those articles of a criminal nature, cannot adequately estimate the immense good to public morality which would accrue to us from the adoption of a similar statute. We are informed by the *N. Y. Medical Review*, that Anthony Comstock, of Brooklyn, in a letter to one of the members of Congress, enumerated the following articles as seized by him alone, in the space of a few months: Obscene images and photographs, more than 182,000; books and pamphlets of the same nature, more than 5 tons; obscene songs and catalogues, more than 21,000; watches, pen-knives, and rings, more than 5,000; steel, copper, and wooden plates, more than 1,000; stereotypes for obscene books, more than 5 tons; obscene playing cards, from 5,500 to 6,000; articles made of India-rubber, of an immoral nature, more than 30,000; lead moulds for the same, more than 700 pounds; newspapers, nearly 4,600; letters inquiring for the above articles, nearly 15,000; also in three months 50 arrests, and 13,000 names obtained of persons who trafficked in the foregoing.

The infamous dealers in this obscene merchan-

dise took various ways of circulating information respecting it. Lists of the names of persons to whom advertisements could be safely sent, were kept ready prepared as articles of commerce, and bought and sold; and fraudulent advertisements were resorted to by many as a means of bringing their books and other articles before the public. One dealer was in the habit of advertising that for fifty cents he would send an album, and when any one forwarded this amount, he received, by return of mail, a catalogue of obscene books, and a note informing him that the album was only a pretext to furnish him with this catalogue; but that if he wished to purchase any of the books enumerated therein, the sum he had sent would be placed to his credit. Sometimes an engraving of a celebrated person or renowned place was made the cloak under which were sent indecent pictures, catalogues of obscene books, and various other articles intended for immoral practices and for procuring abortions.

We have no reason to doubt that this infamous traffic is carried on in Canada on a large scale. We, ourselves, are acquainted with several persons who have been the recipients of some of those obscene books. The Royal Mail is thus employed in scattering the seeds of the most loathsome immorality amongst the cities, towns, and rural districts of our fair country! And will the government with an efficacious remedy on its own hand, and one that has been adopted in other countries, not endeavor to apply it, but remain indifferent in the face of these revolting abuses? How much longer shall we suffer a condition of things so utterly prejudicial to both the moral and material interests of our population?

We have extended these considerations of charlatanism to a much greater length than we anticipated; but the subject is of such importance, that we feel confident of the pardon of our readers, though we pursue it even a little further.

It remains for us now to decide upon the best means of ridding the medical profession of the parasites that are devouring it, and of protecting society against the various healers and charlatans, whose disastrous proceedings we are, to a certain extent, witnessing every day.

To accomplish this desirable object, we need in the first place professional instruction, secondly, instruction of the people, and finally, legal prohi-

bition. Physicians are, by the nature of their duties, brought into contact with all classes of society, and hence for the honor of their profession, they ought not to be inferior to any in education. If they would secure the respect which ought to be an accompaniment of their titles, both their special and general attainments should be equal to the high position in society which they occupy. Society, moreover, very properly demands that those who are guardians of the public health, should possess such qualifications as fit them for the fulfilment of this important mission. And the more fully society is satisfied that physicians possess such qualifications, the more unreserved will be its confidence in them, and the clearer will become the dividing lines between them and the ignorant empirics.

Everything which elevates the standing of the medical profession, must, therefore, have a tendency to repress Charlatanism. Far be the thought from us, that the existing body of medical men lack the necessary qualifications for the performance of their onerous duties. Thanks to the clergy, and to many devoted laymen, the Province or Quebec is well furnished with places for superior instruction, whence the youth can draw the principles of truth and virtue, at the same time that they are receiving a substantial and brilliant education. Thanks also to the devotedness of our ancestors, the existing generation of medical men have been able to acquire in our Medical Colleges, sufficient knowledge for the exercise of their profession, and such a course of training as, (if the difficulties of the task and the means placed at their disposal are taken into consideration), it must be acknowledged, could not have been made better. For, if in France, England and Germany, where classical and professional education are so complete, they are still endeavoring to make them more perfect, it would be astonishing if in a country as young as ours, there were not chisms to be filled up, errors to be abolished, progress to be realized. In order that physicians may be equal to their high position, and may by broader views and superior ideas be distinguished from charlatans, it is necessary, above all things, that every one intending to fill a physicians station, should undergo a rigid and thorough course of preliminary training. The general opinion of the profession at present is, that the existing system under which

Universities receive their pupils, is liable to serious abuses, and that it should be reformed in such a manner as to allow a body representing the whole profession, to exercise the power of subjecting professional aspirants to a thorough examination. And further, many are of opinion that the *medical* examinations should be conducted before a board composed partly of the profession at large, and partly of the professors at the Universities. Rivalry amongst teaching bodies, as a means of elevating the standard of medical education, would not be destroyed by this system; on the contrary it would excite in professors a spirit of emulation which would manifest itself by efforts to draw from their pupils proofs of the superiority of their teaching. For that final examination a knowledge of certain branches that are not yet included in the course of instruction prescribed by law, should be required, as Hygiene, Histology, Pathology, Practical Chemistry, Practical Medicine, and an extension of the time devoted to some others, especially Clinics. Most of the Universities have shown their appreciation of the utility of this course, inasmuch as they have adopted it of their own accord.

During the twenty-five years since the founding of the College of Physicians and Surgeons of Lower Canada, the circumstances of the country have undergone so great a change, that this institution no longer answers the wants of the profession and the public. The indifference of the profession in regard to it is nearly complete.

For a long time back hardly any person would become members of a body without power or life, and it is very probable that in a short time it will become entirely defunct for want of knowledge to adopt such measures as would quicken it with a renewed vitality. It needs to be reorganized on a broader basis, and so constituted that every physician shall be compelled, both by his own interests, and by the law, to become a party in it; and to it, then, should be given the control of both the classical and medical education of every one that aspires to become a member of our noble profession. Let the Province be divided into districts, and let each district elect one representative; let the Universities on their part furnish a certain number; and we should then have a body full of life and vigor, receiving at each election sufficient new material to re-animate and re-juvenate it.

Let this body possess, amongst its other powers,

that of suspending or annulling the license of such of its members as dishonor the profession in a flagrant and public manner, that we may no longer be disgraced by having to acknowledge as conferrers those who degrade themselves by culpable practices, or by the most bare-faced charlatanism; and to prevent an abuse of these powers, let their action, if deemed necessary, be guarded by making it requisite to obtain the approbation of the Lieutenant-Governor in Council to ratify it, in cases of this kind.

We shall not at present pursue the consideration of this matter any further, although the foregoing suggestions are worthy of being more fully developed; we will observe, however, that such measures as we have pointed out, would tend to strengthen the guarantees given to the public by the profession, and would place us in a position to demand with increased authority, that society should be more effectually protected from the imposters who take advantage of public credulity.

The success of quackery depends upon the credulity of mankind, and whence arises this but from ignorance? That people may be in a position to judge of real knowledge, and appreciate merit, they must receive a certain amount of instruction, for without this, they are left a prey to all who from mercenary or other motives, seek to allure and deceive them. Of a subject of such vital importance to all as a knowledge of the mechanism and functions of the human body, and of the proper methods of maintaining their healthy action and remedying their derangements, the majority of persons are prodigiously ignorant.

It cannot be expected that every person should study thoroughly these several subjects; but it cannot be denied that it would be exceedingly beneficial for the great majority, at least, did they possess correct opinions to guide them in their efforts to preserve health of both body and mind. Then why not introduce into our schools, and especially into our colleges, an elementary work containing such principles of human physiology and hygiene as are necessary to be known by everybody? Is not this study one of the most important in ameliorating the condition of men, and in securing his well being? And may we not go a step further, and express what we firmly believe, that if people were instructed in various branches of medical knowledge we should see them less fre-

quently caught by the baits of charlatans? We are too apt to regard the science of medicine as a sanctuary into which the profane have no right to enter. There are in medicine, of course, many things which to a mind uninitiated into its mysteries would be incomprehensible; but there are, on the other hand, many established and unquestionable truths, which any mind endowed with ordinary faculties, could easily apprehend, and make the rule of its conduct. The object of medical science is not alone to cure or relieve disease; it should extend itself to the protection of the public health, and to the advancement of the welfare of the people by instructing them in sanitary measures.

Furthermore, if we wish the people to be competent judges of the capacity of those who profess to be able to relieve their sufferings, they must receive a certain amount of instruction to fit them for that position. People estimate the value of the skilful physician more highly in proportion to their ability to appreciate his merit, and it is seldom that those who possess a fair amount of knowledge allow themselves to be imposed upon by the pretentious ignoramus.

Hence the true physician has nothing to fear, but all to gain from that instruction of the general public, which will enable people to judge of his capabilities, and appreciate the value of his services.

By means of such instructions as we have suggested, given in schools and colleges, by public lectures, as well as by publications in the most widely circulated journals, the education of the people in these important matters, would at least be accomplished. The clergy, also, who happily in this country as elsewhere, march at the head of intellectual progress, could render important aid in obtaining this result, were they inclined to do so.

We must not deceive ourselves, however, by supposing that the means which we have just been mentioning would alone be sufficient to abolish all the evils arising from the knavery and impudence of charlatans. We have already demonstrated that man, in consequence of his self-love, has a strong tendency to allow himself to be deceived by anyone who is cunning enough to flatter his tastes and desires with promises of any easy cure in his various ailments. The law alone possesses the power to remedy the abuses originat-

ing in this; and as it has deemed it necessary to exact from those who would practice medicine properly, guarantees which assume the form of *licenses*, it ought, by all means, to protect the health of its subjects against empirics, and all others who set themselves up to practice the healing art without possessing the knowledge necessary for it.

Is the law as it now exists sufficient? Alas, by what passes under our observation we learn, too well, how much it leaves to be desired. And does this arise from an intrinsic defect of the law itself, or from the indifference of those whose duty it is to see it executed? We believe that the two causes are combined in rendering the law inoperative. We require a law strict, practical and clear, and of such a nature that its execution would not be virtually impossible.

All intermeddling in the treatment of diseases by unlicensed persons, should be immediately restrained, and the unlawfully exercising of the functions of a medical man, should be held to be a misdemeanor, and should be punished by penalties of such severity as would secure the respect of the law.

The exclusive power to prosecute in cases of violation of the law, possessed by the College of Physicians and Surgeons should be taken from them; for the results obtained up to the present time, show how imperfectly the work has been done. Their bureau have so often ordered the prosecution of charlatans, and so seldom united to continue it to conviction and the execution of punishment, that this negligence is patent to all. The duty of searching out and prosecuting transgressors of the law, should devolve upon *public* officers, because the object aimed at is not the protection of a particular class, but of society at large. Every one injured should have the right of complaint against illegal practitioners. (My opinion has long been that, to effectually cope with quackery, every person should have the right to complain, and that the complainer should receive a part of the fine, or other remuneration, in the same way as such is provided for in infringements of the game laws, and liquor license laws. D.)

What penalties would it be proper to inflict on charlatans? Formerly, in some cities they were subjected to corporal punishment, in others they were covered with disgrace. "In Montpellier they

had the power to take a quack doctor, if one should be so unfortunate as to stray thither, and place him upon a poor miserable ass, with his face turned towards its tail, and in this manner to march him about through the whole city, to the hooting of children and the jeers of the populace; to beat him and cast ordure upon him, to pull him from side to side and to curse him."—(Tisset.) At present charlatans are punished by fine or imprisonment, or both as fixed by law, at the discretion of the judge.

Whenever any person usurps the title of "Doctor" in connection with his illegally practising medicine, for the purpose of obtaining the confidence of the sick, he should be still more severely punished. The fact of his having usurped this title and led people to believe that he legally possessed it, should of itself be reprehensible without even requiring evidence of his having practised illegally. A penalty of from \$25 to \$100 adjudged against him, on a summary conviction before any justice of the peace, would not be too severe for the different violations. Finally, armed with these powers, and strong in the conviction of duty to be fulfilled, the profession would become organized throughout the country, into County Medical Societies.

Should any medical man fail to connect himself with the Society of his district, the fact alone of his being unconnected, would be deemed sufficient to seriously affect his professional honor; inasmuch as these associations would exist for the very purpose of carefully removing "gangrenous members from the medical body," and pointing out to public notice those who are the opprobrium of that body, for the first chastisement of such.

Furthermore, the members of these Societies, occasionally breaking away from their scientific pursuits, and communicating to one another the various cases of illegal practice, would collectively take means for their suppression.

Complaints thus signed by all the physicians of a city, a district, or a county, would have a powerful influence with public tribunals, and would place the matter above all suspicion of having been instigated by any personal interests. Then these deplorable evils, of which the people are the primary victims, would soon terminate, and the unsightly plague of Charlatanism gradually disappear.

OPERATION OF LITHOTOMY.

BY A. HALFORD WALKER, M.D., DUNDAS, ONT.

Having been requested to publish the following case, I do so with pleasure, as it may have the effect of inspiring many young practitioners like myself with sufficient confidence to undertake important operations, and thereby prevent their being obliged to send their patients to the larger centres, where surgeons of more experience are to be obtained, as I have done in two or three instances in the past; but hope not to be necessitated to do so in the future. For all operations of magnitude the two chief requirements are a knowledge of the parts, and self confidence; the former of which can be obtained by study, and the latter by practice, and operating whenever opportunity affords.

On December 7th, Mr. John P——, aged sixty-one years, wood turner by trade, called at my office, to be treated, as he termed it for gravel, showing me two calculi, each as large as a pea, that he had passed the previous day accompanied with a great deal of pain, informing me that he had passed many others as large, and some larger. I immediately introduced a sound, and discovered the presence of one or more large sized stones. He had been suffering from all the accompanying symptoms of stone, and was much reduced in health, so much so that he had been unable to do any work during the previous four months. When I explained to him the nature of the case, he was quite anxious to undergo the operation. I ordered him to remain quietly at home for a week, and prescribed the following, to allay nervous irritation and to neutralize the urine:

| | |
|---------------------|----------|
| R.—Potass. Bicarb., | ʒiv. |
| Sodæ Bicarb., | ʒiiss |
| Potass. Bromid., | ʒvi. |
| Tr. Hyoscyam, | ʒii. |
| Aq. ad. | ʒviii—M. |

Sig.—One tablespoonful 3 times a day.

On the 14th I ordered a full dose of castor oil, and on the following morning an enema, having appointed 2 P.M. for the operation, in which I was ably assisted by Drs. Locke, O'Reilly and White of Hamilton. After the patient was fully under the influence of chloroform administered by Dr. Locke, I injected seven ounces of tepid water into the bladder, first drawing off any urine that

remained in the organ. My object being, that on entering the bladder, an unirritating fluid would first flow over the wound instead of acrid urine, that might tend to produce untoward inflammation. Having decided on the lateral operation, I made the first incision three inches and a-half long, and one inch in depth, without encountering excessive hemorrhage, I then cut down upon or up into the staff, which was full sized and grooved on the left side. During this part of the operation I was materially assisted by Dr. O'Reilly, who held the staff. On cutting into the bladder the rush of water brought a stone directly to the opening, which was easily extracted; and on exploring with the finger I discovered three more which were extracted without much difficulty. I then injected the bladder through the wound with a weak solution of carbolic acid, 1 to 75, and introduced a drainage tube, and put the patient in bed. Called in the evening and found him very comfortable, pulse 80; ordered a continuance of the mixture, with an increase of the Tr. Hyoscyam. Removed the tube on the following day, on the fourth and fifth day the urine flowed by the natural passage, and on the sixth passed by the wound again; on the ninth day it again partially passed by the natural channel, and continued to do so more and more each day, until by the 22nd day, when it altogether ceased to pass by the wound. Not a single bad symptom occurred during the whole period of recovery. On the 14th day the patient was permitted to sit up for an hour, increasing the time each day. On the 24th day he was enabled to walk up and down stairs; and to-day, four weeks since the operation, he says he has not felt so well for many years.

The four calculi together weighed 14 drachms, and were quite hard and smooth.

Correspondence.

To the Editor of the LANCET.

SIR.—“Humanitarian” in your last number has mistaken the main object of my paper on Child-bed Fever. In it I wish to show that the chilliness which has led to the adoption of the usual treatment, that of encouraging perspiration, arises, not from actual cold, but from moisture on the skin, and consequently instead of warmth being applied,

and warm drinks given, that the patient ought to be cooled. Spirits are not required in all cases, in many simply cooling is sufficient to avert danger, in others half a wine glassful of brandy may be enough. But when Child-bed Fever, through mismanagement or constitutional debility, assumes symptoms which tell that there is great danger, then spirits are required to be given freely to restore exhausted strength; as strength increases the tendency to perspiration diminishes. If the reader says that the strength cannot be greatly exhausted, because the patient was in perfect health but a few days previously, let him ask himself in what other disease of similar duration will “a few loose stools sink the patient beyond the possibility of recovery;” or the abstraction of eight or ten ounces of blood cause death in less than half an hour? There may be some, but at present I do not recollect them. Any person who has practised many years must forget much, if he can bring himself to say that there are no cases where the administration of spirits has saved life; but taught by what he sees around him he will not prescribe them, except where conscientiously believing them to be required. I would as deeply lament the formation of intemperate habits as “Humanitarian,” but spirits given for a short time during a great emergency are not likely to do this, and in fact the cases requiring them liberally, though from their importance occupying a considerable space in my paper, are few in number, the threatenings require but a small quantity, and if the management be correct there seldom ought to be even a threatening.

WM KERR.

Braehead, Galt, 9th January, 1874.

(To the Editor of the LANCET.)

SIR,—I observed in the September number of the LANCET, an article clipped from the *Norwood Register*, relating to one Wm. Paerson, M.D. From your remarks on the same, I learned that much could not be expected from a man of his character and attainments. But what do you think of Dr. C——? I send you his advertisement, clipped from the *South Simcoe News*. (See LANCET for Oct., page 68.) I also enclose you a second advertisement. It alludes to a case of placenta prævia, which proved fatal in the hands

of two physicians. I have reason to believe that the proper steps were taken in the treatment of the case.

Yours, &c.,

MEDICO.

ADVERTISEMENT.

With all due regard and consideration, as well as respect, for the feelings or interests of all the parties concerned, whether of the relatives or the attendant Physicians in the case. I feel myself in duty bound, in accordance with the teaching of the first law in nature, to contradict the statement of the attendant physicians, in the case of Mrs. John Armson, deceased, in effect that owing to natural causes, death was inevitable. I beg to humbly state that similar cases under my care, have invariably made a good recovery.

L. CLEMENT, M.D.

[Comment is wholly unnecessary.]—Ed.

Selected Articles.

THE ANTICIPATION AND TREATMENT
OF *POST PARTUM* HÆMORRHAGE.

ABSTRACTS OF PAPERS BY DR. BASSETT, DR. BOYD
MUSHET, DR. HEYWOOD SMITH, DR. TALFOURD
JONES, ETC.

Dr. JOHN BASSETT, Professor of Midwifery in the Queen's College, Birmingham, in a paper read before the monthly meeting of the Birmingham and Midland Counties Branch, on November 13th, advocates strongly the preventive treatment of uterine hæmorrhage. He regards granular degeneration of the kidneys with albuminuria, and general debility from insufficient nourishment or defective power of assimilation, as very frequent causes of the tendency to hæmorrhage. Andral and Tyler Smith directed special attention also to the anæmia occurring in pregnant women. After referring briefly to the various researches upon the increased volume and altered condition of the blood during this period, he enters upon the consideration of hæmorrhage itself. The worst cases, he considers, are those in which there is alternate contraction and relaxation of the uterus, or where there is irregular contraction, following, as frequently happens, from tardy or precipitate labours. "For more than twenty years," he says, "it has been a rule of practice with me to pay careful attention to the health of all pregnant women who come under my notice, well knowing that a healthy pregnancy is followed by a natural labour and a favourable recovery. This led me to examine very carefully into the condition of those who were in the habit

of flooding. I found them uniformly out of health; they all suffered from impaired powers of assimilation in one form or other; they were weak, dyspeptic, nervous, with diminished muscular power... I always prescribe iron in combination with an alkali or an acid, as the particular circumstances may indicate. As regards anticipating *post partum* hæmorrhage at the time of labour, ergot, given shortly before the birth of the child, answers sometimes, but is uncertain; a moderate dose being better than repeated larger doses. Pressure is generally and deservedly relied upon for ensuring detachment and expulsion of the placenta, contraction of the womb, and arrest of unnecessary flow of blood. It is the readiest and most effective means we have at hand; and, in the majority of cases it is all that is required to check hæmorrhage. Grasping the uterus with the hand, and holding it firmly, is the method in common practice; but when the flow is very severe, and does not yield to this proceeding, it is well to transfer the pressure to aorta—a practice which is, in my opinion, of the utmost value, and the importance of which is by the present race of accouchers much undervalued." "Where the Hæmorrhage is less severe, the binder, with a triangular-shaped pad underneath, is more effective than pressure by the hand, preventing the uterus from rising in the abdomen and filling with blood, and allowing a coagulum to form in the interior." He does not approve of constantly removing the clots from the interior of the uterus whilst hæmorrhage is going on, regarding these as the consequence, and not the cause. Cold acts at first as a powerful stimulant, producing shock in the system; but as a sedative, if used for a longer time. Opium, where spasm or alternate contraction is the predominating feature of the case, is of the greatest value. "If, then, ergot, cold, pressure, and opium, have failed to check the hæmorrhage, we are called upon to take the next step, and inject a solution of the perchloride of iron into the uterus... My experience of it has not been great. I judge it to be a remedy of great efficiency, but of doubtful safety." When the hæmorrhage has been controlled, and the patient passing from a state of shock into one of syncope and collapse, transfusion is the one resource.—*Ibid.*

A RARE PHYSIOLOGICAL EXPERIMENT.

Dr. BRANDT, Professor of Surgery in Klausenburg, has placed on record, in the *Wiener Medizinische Wochenschrift*, a case in which removal of the sound kidney took place in the human subject. A healthy man, aged 25, was stabbed in the left hypochondrium. Hæmorrhage to the amount of three or four ounces followed; and, about three hours after the accident, a fleshy looking tumour was expelled through the wound by a fit of cough-

ing attended with severe pain. It was replaced by a bystander, but was soon again driven out by the cough. On his admission into hospital, twenty-four hours after the injury, Dr. Brandt, after a careful examination of the protrusion (of which a careful description is given), arrived at the conclusion that it was the left kidney. Its surface, with the ureter, was torn in some parts, and allowed the escape of a fluid, at first yellowish and transparent, but afterwards sometimes reddish and sometimes turbid yellow. It had an alkaline reaction, a specific gravity of 1.042 to 1.052, containing a large quantity of albumen and mucin, with some hæmoglobin, traces of urea, and an abundance of alkalis and alkaline earths. It gave a sediment, which on microscopic examination was found to consist of pus-and-blood-corpuscles, masses of nuclei, mucus-fibrils, and fibrinous clots; also epithelium of the kind belonging to the calyces and pelvis of the kidneys. Dr. Brandt arrived at the conclusion that the organ was rendered useless, that its retention endangered life, and that it would be best to remove it. The previous history of the patient did not contraindicate this: he had had no severe illness, and, though the urine in the bladder contained some albumen, this might be derived from the injured organ. Accordingly, on the fourth day of the injury—a photograph of the patient having been first taken—Dr. Brandt tied the pedicle of the tumour in two parts, by means of a ligature passed through the middle, and cut it away with a knife. This operation was done on June 7th, and on the 23rd the patient left the hospital convalescent. No symptoms of uræmia or of peritonitis occurred during the progress of the case. The urine was throughout acid, of specific gravity of 1.010 to 1.040, and of normal composition: at first it was of a reddish yellow colour, but afterwards became clear yellow. Dr. Brandt has seen the man several times since the operation. He has no signs of disease of the heart, but complains of a sense of oppression and fatigue, especially in going up stairs, and says he cannot work as well as before. Dr. Brandt, however, suspects that he may say this to avoid military service. *British Medical Journal.*

ON THE FUTURE OF OPERATIVE SURGERY FOR STONE IN THE BLADDER.

BY SIR HENRY THOMPSON, F.R.C.S.

* * * The greatest achievements of the healing art, throughout all time, are those which have been connected not merely with the cure but with the prevention or extermination of human maladies. You know that I can name diseases of the gravest kind which, thanks to scientific medicine, do not now exist. The plague, at all events with very

slight exception, is in Europe a matter of history, and has been so for a long period. Small-pox is, at the present moment, simply an anachronism. It has no right or title to existence, and shows itself only because some people are foolish or ignorant. I will go further, and say that typhoid and other eruptive fevers are falling into the same category, and only await increased human intelligence and determination to become things of the past. And I feel sure you will agree with me that cholera must equally become subject to our control. Indeed, it is impossible that it can be otherwise. All these glorious conquests belong to "medical" work, conventionally so called; although I protest against this most unnatural divorce between two divisions of the healing art which never can be practised apart, as I shall have occasion incidentally to illustrate. Still, and just as naturally, "surgery," especially so regarded, has not found its function so much in the extermination of disease as in its cure and repair. But on this occasion I desire to claim especially for surgery, and as the result of purely surgical practice, the accomplishment of the great enterprise. I venture to set before you.

Before, however, I enter upon that future which I have undertaken to discuss, it is necessary first to sketch briefly the state of surgical practice relative to stone in the bladder during the present century.

Let me say, in general terms, that fifty years ago any man with a stone in his bladder could have it removed only by the knife: an operation universally allowed to be a very serious one in middle age, and at advanced age to be attended with extreme risk. About this time—that is, in the year 1822—Civiale removed calculi from two patients, in the presence of the Academy of Paris, by a process of drilling and grinding them with instruments introduced through the urethra into the bladder. From that time to this, that process, generally termed lithotomy, has been developed into the now widely different and greatly improved operation which is adopted at the present time. During the first twenty years of its progress it was probably the cause of increased mortality among stone patients; the inevitable result of change from a system of operating elaborated by the hands of masters during many centuries, to one totally different and to which every man's hand was new. Still it lived on: men had faith in its future. Barbarous as the earlier instruments and the earlier practice might be regarded to-day—indeed it would be really barbarous to use those instruments now,—they served during a transitional period as materials to be improved by experience. And so by slow degrees the almost perfect mechanism of to-day—the light, I had almost said agile, yet powerful instrument of to-day—results, after an infinity of suggestions and many long years of

trial, from the coarse, heavy, slow tools which were, partly by persuasion and much by force, introduced into the patient's bladder some years ago. And precisely, by equal steps, the demonstrable result by cure became better and better. Meantime those who could not perceive the value of the new method, as I quite readily conceive they might not, sought other modes of reaching the bladder by incision, which should be safe, or at any rate better adapted to the smaller stones with which lithotripsy, at all events in prudent hands, alone proposed to deal. And so the bilateral, the ordinary medium, or that refinement of it known as "pre-rectal," or some other inconsiderable deviation from the beaten track, was essayed for the purpose. Inasmuch, however, as anatomy remains the same, we can scarcely expect much improvement in the route by which the surgeon is to reach the bladder by the only two outlets at his service—either above or below the arch of the pubes. Who has not studied that great problem in silent thought at night, as well as in the dissecting-room by day? What a long line of devotees to our art have given their best energies to win, if ever so small, a tiny point of vantage ground in the perfecting of lithotomy; seeking how better to approach that canal, or avoid that vessel, or injure least that gland. And what is the verdict relative to that which is the chief among all the newer modes, as compared with the classical lateral operation? I can scarcely ask you to hear it better than from the lips of my friend, Mr. Cudge, of Norwich, who, after a careful and extended analysis of the results at Norwich of the median operation, says: "My present experience teaches me that it is advantageous and suitable only for those patients in whom the stone is of small size. . . . Beyond this limit the path becomes thorny and dangerous," &c. This expresses the same view I have held in my lectures respecting it, and I think is receiving the general assent of surgeons who are studying the subject by comparison, and among them the more operators of experience abroad, with whom I have recently had the advantage of conferring on this matter.

I now come to what the lithotripsy of to-day is capable of performing, and before doing so I must say a word about the numerical results of calculous cases, in relation to mortality. I find that there are still some persons who persist, in connexion with this subject, in presenting to public consideration numerical results in which the cases of children and of adults are indiscriminately mingled. Now this practice is eminently misleading; and if not due to utter thoughtlessness, there can be only two causes for the usage. It must be either from gross ignorance of the relative degrees of hazard attaching to the two sets of cases, or from an intent to mix as large a proportion as possible of children's cases with those of adults for the purpose of

making a small mortality for the total. Now, in the interest of truth, or for any honest purpose whatever, it is essential to keep apart the cases of stone which occur before puberty from those which occur after that period. Before puberty lithotomy is a notoriously safe operation, and at most not more than one death occurs in sixteen cases. Among adults the operation is always hazardous, so that the average results of the best lithotomists (*who treated all their cases by that method, and none by lithotripsy*—a very important consideration) is about one death in every six cases from puberty to fifty-eight years; and from that to eighty, about one in every three and a half cases. The case of the adult furnishes a condition wholly different from the case of a boy, whose sexual organs are as yet undeveloped, and in whom none of those intricate and subtle sympathies exist between the constitution at large and the reproductive organs. It is these which, in the adult, exercise so great an influence, giving origin to the phenomena we term "urethral fever," sometimes grave, and which we rarely or never meet with among boys and females. Of these I say little or no more to-night. Reject then all figures in all tables in which these two classes are not clearly defined.

It is my business to-night to deal with stone in the adult—the largest and most important part of our subject; and in speaking of what lithotripsy can do, although it is not absolutely powerless for children, being only useful for very small stones, I beg you to bear in mind it is solely a question now of stone in the adult, and that necessarily means stone in the adult of advanced age.

* * * Let me now consider the single question—What is the object we propose to attain in lithotripsy? I answer, in brief, to reduce the stone to such small fragments that they may pass easily by the urethra, and to do this by exerting as little mechanical action as possible.

We are to aim at applying force to the stone in such a manner as not to injure the delicate canal which must be traversed, and the sensitive organ, the bladder, in which it lies. And the force should be so applied that the minimum of irritation should accrue from the fragments that are made. In fact, the sources of danger in lithotripsy are but two in number: injury to the soft parts by the instruments employed; and injury to those same parts from the sharp edges and angular forms of the fragments which are produced by the process. When we have reduced the mechanical action to the minimum of capability to inflict mischief, and have learned to make fragments in such a manner that they shall produce the least amount of irritation, why then we shall have arrived at perfection in lithotripsy. Hence it is that I have always endeavored to work with the fewest and most simple instruments possible, and to reject preliminary injections always, and subsequent washings-out as far as possible.

How far have we solved the problem in question? I answer, perfectly, in relation to calculi of a certain size. With a calculus of certain weight and dimensions, whether of uric acid, phosphates, or oxalate of lime, say not exceeding the volume of an ordinary nut, a perfect result may be ensured. I call your attention to that tray containing sixty-three stones, and in which, let me remind you, the patients were of a mean age of over sixty years. There was not a single death among those cases. The size I name was not exceeded. And I assert that I have never yet had a death following the operation of lithotripsy in which the stone was within the limits of that size. Nor have you any right to expect anything but success with such stones, requiring, say, two sittings, or perhaps three at the most, if you only take care to act with the utmost gentleness.

So far, then, is the problem solved, and triumphantly. But it is another thing when the stone much exceeds these dimensions, and where, not two, but five sittings are necessary for its removal; and, *a fortiori*, danger still increases when the requisite number of sittings rises to eight or ten.

In the next two trays are about a hundred stones of middle size. At this size, which is that, say, of an almond in its shell, the result is still most excellent, far superior to that of lithotomy, but not a sure success as before. Hence a certain small proportion of deaths was met with—about one in twelve or thirteen cases.

In the last tray of larger stones, the mortality was more considerable, perhaps one in eight or ten cases. With regard to some of the latter, it is quite possible that some of them would have been better cut.

* * * The Diagnosis of the presence of stone in the bladder and of its size is a matter of the highest importance.

I affirm that it is not less important to be capable of finding a stone when small and determining its size, than it is to perform the operation properly afterwards. I might almost go further: I think I shall find you agreeing with me before I conclude, that the diagnosis I speak of is the more important matter of the two; and that I may venture to say that I would rather, for the sake of calculous patients at large, and for the future of lithotripsy, have keen diagnosticians than expert handlers of the lithotrite, if I could not have both. Because, as we shall see, all progress depends on the *early* diagnosis; for when the stone is really small, no man worthy of the name of surgeon, and with a fair experience of instruments in the bladder, will fail to crush it safely. You see it is lithotripsy that has brought this question of diagnosis home to us. When there was but one mode of removing the stone—when it was necessary to cut from the perineum to the bladder for every stone, no matter how small or how large, it mattered very little

whether we made an exact estimate of its size, if we only were quite certain a stone of some sort was there. What, again, did it signify whether it were mulberry, uric-acid, or phosphatic in its character? It was nothing to the lithotomist whether one would crush easily and the other with difficulty or not at all.

Nor is there any real difficulty about making the diagnosis on which I lay so much stress. Nothing is more easy, as I shall soon have to show, if only you follow the right method. Granting me this, and the unrivalled success of lithotripsy for small stones, already proved, it logically follows—

That the operation of lithotomy must in future be rejected for all stones which are of moderate size.

Now, this is a most important fact, and it is one, I believe, which has not yet received its full consideration from the profession. For it follows, further, that all those attempts which have been made during the last fifty years, and may still be making, to perfect lithotomy for small stones are useless and obsolete. We cannot require an operation by cutting for small stones. And I am quite safe in saying that the results of that tray, with sixty-three cases of elderly adults without a death, never have been, and cannot be, equalled by any cutting operation whatever.

* * * This brings to us the practical mode of looking for the stone early, and discovering its presence when small. How is this to be done?

First, respecting the mode of sounding. It is absolutely essential to employ a light sound, which can be easily turned in the bladder and urethra. Nothing but a quick and delicate movement will elicit an audible note, or produce a sense of contact, with so small a body as a pea lying in the interior of the bladder. Therefore it is better to have an instrument which will roll easily between the finger and thumb, and not require the wrist or the arm to create the movement. Hence the handle should be cylindrical, like the stem, but smaller, which I originally designed for my lithotrite, and which is now much used here, and is almost universally employed abroad. The beak should be very short, so as to be turned with the utmost facility. To find a small stone the bladder should be empty, or nearly so. I prefer a patient to make water a few minutes before sounding, and certainly never to be injected or prepared in any way, which only tends to defeat our object. Let him lie down, with his pelvis a little raised, and then let the instrument gently glide down the urethra; it is five to one, however small the stone may be, that it is just grazed as the beak passes through the neck of the cavity into the bladder. This is perceived easily if the sound is only guided lightly by the faintest touch of the finger and thumb. Field and guided by the wrist and arm so slight a graze may be unnoticed. If not felt, let the sound make two

or three quick semi-rotations right and left; if still nothing found, depress the handle slightly to turn the beak below, close to the neck of the bladder, and make two or three similar movements there. That is where the stone will be found, if there is one, in the nearly empty bladder; and in the same manner a small fragment will be found at the close of a case.

* * * Secondly, the early signs and history of vesical calculus are to be carefully noted. This brings us to what appears to me a very striking and suggestive question. How is it that the existence of a calculus in the bladder, a product almost always of slow growth, and giving abundant signs of its presence, can ever attain anything beyond a certain size without being discovered? That it does so is too true; but that it should ever grow to be of large size is to me astonishing. I assert that more than half the stones I operate upon are found in cases in which no suspicion as to the real malady has arisen until the sound has been employed. Now, with the utmost deference to others, and only after the acquirement of a profound conviction on my part, I venture to say that it is my belief that the early signs of calculus are not generally sufficiently recognised. In the whole course of my experience I have not met with more than two or three cases in which the obvious early signs of calculus were absent. To me they appear quite unmistakable. They may be present, or nearly so, in cases in which no calculus exists; but when these signs are present, then always ought the sound to be used. So far have we been from recognising who are the real calculous patients that we find it stated in our classical works on the subject that stone is most prevalent in children. Not at all. Stone is uncommon in children compared with its frequency among elderly adults. I am quite aware that in most large hospital records, half the entire number of cases are found below the age of puberty; and it is that which leads to such surprising statements about the small mortality of the lateral operation, as I have before alluded to. But then among the poor stone is comparatively frequent in children. Among the well-to-do it is very rare to find a juvenile case at all. The latter class, however, furnish it abundantly at the other end of life, and here it is that the bulk of stone cases is to be found.

And what is the ordinary and typical history of a stone case? I speak, as anyone, of course, may understand, of uric acid and oxalate of lime. The phosphates are mostly of local origin in a bladder incapable of emptying itself, and belong to another category. You will find a healthy-looking man with good family history as to longevity, but mostly tainted with gout, one or two cases of it existing, antecedent or collateral, or in its absence some record of gravel or stone in an ancestor. At middle life he finds uric acid in his urine, as a

brickdust deposit, more or less persisting. Soon after, a small bit of gravel passes, with or without a marked attack of renal pain: if the latter, he is at the time much relieved by medicine; but often no special treatment or regimen is adopted at this critical point in his life to check the tendency now fully developed; so, after an interval, another and another pass, and then no more for a few months; and although some little suspicious symptoms appear, they are thought very lightly of, especially as he has not during the last nine or twelve months passed any gravel as he used to do. Whereupon he congratulated himself and is congratulated—not prudently; and the suspicious symptoms are credited so often “to that little weakness of the bladder which all people have as they get onwards in years.” Delusive axiom! But what are these suspicious symptoms? Not very marked, but ample to render almost certain to the experienced observer that that interval of freedom from passing gravel only marks an advancing stage of the malady, and shows that the gravel is now too large to pass the urethra; that it is in the bladder and is growing by accretion, consuming surplus uric acid for that purpose day by day. For on inquiry you will find that the frequency of micturition is greater by day, during movement, than by night, during rest—conditions altogether contrary to that “weakness of advanced years” (prostatic hypertrophy) when the frequency is almost always greater by night than by day. You will find a slight pain—a mere passing sting—is mostly present at the close of the act of micturition and in the end of the penis, while in the “weakness” the pain, if any, is from distended bladder, before micturition, and is relieved by the act. Next, it will probably be ascertained that some day lately, after an unusual walk, or it may be after an hour or two in the saddle, a little blood was observed in the next urine: soon forgotten, or, if named, was followed by the recommendation not to do it again, but which unhappily aroused no suspicion of the true cause; so, not being done again, the occurrence did not reappear, which again comforts everybody. Well, after listening to such a history, I am always morally certain that one or two small stones exist, and of course the sound is introduced at once, and almost invariably a small stone or more is discovered. No anxiety need arise, and the patient may now with reason be congratulated, since a small stone is certainly the safest solution of his symptoms; for, as I have already said, the malady for the most part occurs in people of otherwise good health and strong constitutions. I have no hesitation, then, in saying that from fifty-five to seventy-five years of age is the favourite term for calculous diseases, at all events in this country.

* * * I now think I have fairly proved that the operation of crushing the stone is safe and successful for all small stones, and I think I have also

proved, or have gone far to do so, that a stone may be always found when it is small. It follows then, if you admit these things, that lithotripsy must be the future operation for calculus in the adult.—*Lancet.*

CASE OF "LUMBAGO" TREATED BY THE APPLICATION OF THE CONTINUOUS GALVANIC CURRENT AND THE RHYTHMICAL EXERCISE OF THE AFFECTED MUSCLES.

UNDER THE CARE OF DR. G. V. POORE.

The employment of faradism and galvanism for the relief of the various forms of muscular rheumatism is generally admitted to be one of the most useful and successful applications of electricity to medicine. The charge is, however, often made that the relief afforded, except in mild cases, is only momentary, and that the disease returns again with all its former severity within a few hours of the anodyne application. "Lumbago," so-called, is often dependent upon serious organic change either in the membranes or the bony covering of the spinal cord, or upon disease of some of the abdominal viscera which are in contact with the spinal column; and in such cases it is obvious that, although the galvanic current may relieve pain for a time, it is vain to expect any permanent results from its employment. The following case illustrates what may be done even in the most chronic and obstinate cases, and such as have resisted all the usual modes of treatment:

W. G.—, a brass finisher, aged thirty-five, was admitted as an out-patient on July 16th, 1873. He was bent almost double; walked with the greatest difficulty; complained of intense "lumbago" pain; and gave the following history:—He has been accustomed to work a good deal with the lathe, standing up and moving the treadle with his right foot. About six years ago a pain came on gradually affecting the backs of the thighs and the hips, which the medical man attending him called sciatica. This pain became so severe that he was obliged to give up work, and has not since been able to resume his employment. The pain left his legs and finally settled in his back, and is now most marked in the lower dorsal and lumbar regions. It is often of a plunging, shooting character, much aggravated by the slightest movement or even by the most gentle touch. Movement has become so difficult that he is sometimes as long as two or even three hours in dressing or undressing himself. The few hundred yards which he has to walk in order to reach the hospital are accomplished with the greatest difficulty and at

the expense of much time and suffering. He states that when he wakes in the morning his back is not nearly so bent as it is later in the day, and the bending seems to be due to the failure of those muscles which ought to keep the spinal column erect.

The pain was not limited to the immediate region of the spinal column, but the intercostal muscles on both sides seemed also to be affected. There was no sign of any disease of the vertebra, or of the cord, and no particularly tender points were detected along the spinal column. No sign of abscess, lumbar, iliac, or psoas; no numbness, tingling, or loss of power in the legs. The ailment seemed to be, mainly at least, muscular.

He had previously attended as an out-patient at five of the metropolitan hospitals, and, in spite of cupping, blistering, poulticing, plastering, the application of liniments, and the administration of all kinds of internal remedies, had, with one exception, derived no benefit. The abstraction of blood by cupping had relieved him, but only temporarily.

The galvanism was applied by placing the positive pole at the upper part of the spinal column, in the middle line, and sponging the whole back, including the intercostal muscles, with the negative pole. From ten to eighteen cells of Mayer and Meltzer's zinc-carbon battery were employed, and the immediate results was the diminution, if not the abolition of the pain. During the application the patient was made to exercise his muscles rhythmically by bending, extending, and rotating the spine, and by frequent inspiration. The effects of this treatment were at once apparent, even from the first, and at present all the extreme symptoms have disappeared. He dresses and undresses without difficulty in five minutes, the bowing of the back, though still obvious (and likely to remain so), is much less, and he habitually walks about half a mile to the hospital without difficulty. The important point in the treatment was apparently the rhythmical exercise of the muscles, which improved their nutrition; but without the anodyne application of the galvanism such exercise would have been impossible. One obvious effect of the current was that of "counter-irritation," for during its application the skin of the back became of a bright-scarlet colour, as if a mustard poultice had been applied. Various internal medicines have been given, including iodide of potassium and opium, but none of these had any appreciable effect.

A test case is said to be preparing in Chicago, in which a man is charged with refusing to be vaccinated and having the small-pox in consequence, endangering the lives and health of his neighbors.

FATAL RETENTION OF URINE, PRODUCED BY A FIBROID GROWTH, IN A YOUNG CHILD.

BY HENRY SMITH, F.R.C.S.

On Friday, November 28th, my attention was called by Mr. Delatour, our junior house-surgeon, to a child, nineteen months old, who had retention of urine. On examination I found that the bladder was greatly distended, but that the child did not appear to suffer pain. The history of the case was, that on the previous Wednesday the mother, finding the child could not pass water, took it to a medical man, who vainly attempted to draw off the water. On the following day she took it to the hospital, and Mr. Delatour, ascertaining that there was a very tight phimosis, very properly divided the prepuce, but the retention did not give way, and he then very carefully attempted to introduce a catheter, but failed.

I attempted to pass a No. 3 silver catheter into the bladder, both without and with chloroform, but I was utterly foiled, and I could clearly feel the point of the instrument travelling along on the left side of the urethra. The rectum appeared to be preternaturally dilated, and there was a perceptible hardness between this and the bladder, which I could not make out. I thought possibly that it might be some blood effused from the previous attempts at the catheterism, or that possibly there might be a stone sticking at the neck of the bladder.

The child was admitted into the hospital, and, as a further attempt at passing a catheter failed, I requested Mr. Bell, assistant-surgeon to the hospital, to relieve the distended bladder by the aspirator. This was done, and twice repeated, but the child gradually sank four days after admission.

On making a post-mortem examination we at once discovered the cause of the retention and our difficulty, for there was a large, irregular, fibrous growth intersposed between the rectum and the bladder. It apparently sprang from the periosteum of the pubis and ischium, extending under the arch of the former backwards and forwards, thrusting the urethra out of its position against the left ischium. So extensive was the growth that there was a solid mass two inches wide, situated between the rectum and posterior part of the urethra. On microscopic examination the appearances presented were those of a fibroid or recurrent growth.

I have not met with a case similar to this, either as regards the situation of the disease or the particular results which were produced. It is well known that in children we occasionally meet with growths, either fibrous or fibrocystic, in various parts of the body, and which are probably congenital. In this instance the growth may have been

one of this kind. Whether, however, it were congenital or not, the locality was peculiar; and we have here presented to us an illustration of a morbid condition not hitherto associated in the mind of the surgeon with the causation of retention of urine in the child.—*Lancet*.

THE PNEUMATIC ASPIRATOR IN SURGERY.

BY CHARLES D. HOMANS, M.D., BOSTON, MASS.

The advantage of the use of the aspirator, in enabling surgeons to make a diagnosis in cases where the existence of fluid is doubtful, seems to be pretty generally recognized; but practitioners do not appear to realize that this instrument is of great value in surgery, in the treatment of many other affections. It has been used for the removal of pus and synovia from joints, for the emptying of chronic abscesses, in cases of chronic hydrocephalus, of retention of urine, of strangulated hernia, and to relieve the pain of distention in cases of great flatulence. In all these cases—some of necessity, mortal—the relief to pain is very great, while, as a rule, the punctures made by the aspirator needles have been followed by no serious consequences; in fact, in most cases, at *post-mortem* examinations, but little, if any, trace of their passage could be found.

This instrument was used many times, during the past season, in my service at the City Hospital, and the following are some of the most striking of the cases:

CASE I.—*Strangulated Hernia*. April 20th, P. B., laborer, aged 54 years, has had oblique inguinal hernia on the right side for the past ten years; he has always worn a truss, till within a week before entrance; three days ago, after exertion, the hernia came down, and has remained down since, notwithstanding efforts at reduction were made by himself and two physicians. Constitutional disturbance not great. The hernial mass was about the size of a hen's egg, and very tender. The patient was etherized, and taxis tried for half an hour, without success. A fine aspirator needle was then thrust into the tumor, and from the three or four drachms of fluid, containing bubbles of air, drawn out. Taxis was then again resorted to, and the hernia immediately returned. No unfavorable symptoms supervened, and the patient was discharged, well, the eighth day after the operation.

CASE II.—*Strangulated Hernia*. May 26th. B. R., seaman, aged 27 years, entered the hospital with a large inguinal hernia on the right side, which had been down for several hours, and which he had vainly tried to reduce himself. He had been ruptured more than seven years, and had

usually worn a truss of his own manufacture. Four years ago, he was operated on by a distinguished surgeon of London, by Wood's method, for the radical cure of the hernia; but the operation, at first apparently successful, was followed by a recurrence of the rupture, after seven or eight months. Since then, it has frequently come down, but he has always been able to return it without the aid of a physician. Now, there is a large hernial tumor in the right groin, very painful and tender. It is quite firm to the touch, and the skin over it shows the scars of the operation in London. There was some acceleration of the pulse, and the countenance was anxious. The patient was etherized, and attempts were made to reduce the hernia by the taxis, by position, and in every way that could be suggested, but without success. The tumor was punctured with the fine needle of the aspirator, three successive times, but no fluid or gas passed out. The ordinary operation for strangulated hernia was then resorted to, and the tumor found to consist wholly of intestine, very tightly compressed, which may, perhaps, explain why no fluid or air came after the punctures. The patient did perfectly well, and was discharged three weeks after the operation.

CASE III. *Retention of Urine from Stricture.* A man aged 37 years, entered the hospital with his bladder distended with urine, none having been passed for thirty hours. Many attempts had been made to pass an instrument through the urethra, but without success. There was a stricture four inches from the meatus, and blood followed the attempts to pass the catheter. The fine needle of the pneumatic aspirator was passed into the bladder, behind the pubes, and three pints of urine were drawn off. The bladder was punctured again the next day, after which the urine came naturally.

CASE IV.—A man aged 38 years, was brought to the hospital, having fallen astride a plank ten hours before, and having been unable to empty his bladder since. He was suffering greatly from distention, and the aspirator was immediately used, as in Case III., forty ounces of urine, slightly tinged with blood, being drawn off. It was afterwards necessary to perform perineal section; and the man eventually recovered.

Dr. Wm. Ingalls also used the aspirator in a case of retention of urine from stricture, with similar good results; and it was used many times for emptying abscesses, exploring tumors, etc. Its use in one of the cases of strangulated hernia was, apparently, of the greatest service, while, in the other case, no harm was done, though three punctures were made. In the cases of retention of urine, the advantage of this manner of relieving suffering is certainly very striking, over the old way of tapping through the rectum. The needle is more easily introduced, if a very slight puncture is first made through the skin.—*Boston Med. Jour.*

CAUSES AND TREATMENT OF CERTAIN FORMS OF SLEEPLESSNESS.

BY DYCE DUCKWORTH, M.D., F.R.C.P.,

I believe that one of the most common causes of sleeplessness in persons otherwise not in bad health, is dyspepsia in some of its forms, and, although most observers would be prepared to agree to this view, I think the subject has not received sufficient attention. As Sir Henry Holland has remarked (*Medical Notes and Reflections*, page 218), "no rules are more important than such as apply to the relation between digestion and sleep," and he proceeds to show that all such rules are exceeding scanty and incomplete. "Notwithstanding the perpetual experiment which life affords upon the subject," I aver, then, that dyspepsia is not only one of the commonest, but also one of the least recognized, of the causes of loss of sleep; and amongst reasons for this statement are the facts that the symptoms of digestive disturbance are sometimes, indeed frequently, not appreciable, or not at all prominent, at the time of retiring to rest; and also, that the diurnal digestion may be in a comparatively vigorous state. Most persons are familiar with acute dyspepsia as occurring in the night, and supervening upon errors of diet; and in such cases a disturbed sleep is rudely broken by an attack of cardialgia or acid vomiting. The dyspeptic symptoms to which I specially allude as interfering with sleep, are less severe than those just enumerated. The patient retires to rest and sleeps, it may be calmly, for a short period, but then he awakes, and forthwith secures no more sleep for several hours. To such a form of dyspepsia Cullen alludes, and he was the victim of it himself. He writes, "Persons who labour under a weakness of the stomach, as I have done for a great number of years past, known that certain foods, without their being conscious of it, prevent their sleeping. So I have been awakened a hundred times at two o'clock in the morning, when I did not feel any particular impression; but I knew that I had been awakened by an irregular operation in that organ, and I have then recollected what I took at dinner, which was the cause of it. Dr. Haller is liable to the same complaint; and, in his larger work especially, he gives the particulars of his own case and to the same purpose that I have done, as he learned it from his experience." So far as I know, nocturnal dyspepsia of this character is not described in treatises on digestive disorders. The sources of it, however, may, I believe, be various. There may be no actual suffering experienced, and, beyond dryness of mouth, burning soles of the feet, and heat and throbbing in the head, there is little to complain of.* These symptoms may supervene

*The cerebral circulation is in this, as in most forms of insomnia, increased in activity.

several hours after the last meal, but they never occur unless some error of diet have been committed; and it may not always be possible, as in Cullen's own case, to attach blame to the particular article of food, or to the unwholesome combination of aliment which has led to the result. And naturally, the question of idiosyncrasy must be considered in all such cases.

It seems most probable that the symptoms are due to a too acid condition of the contents of the stomach and upper part of the small intestine, and it is certain that excess in fatty and highly seasoned food, in fruit, and in wines of various kinds, is the chief exciting cause of the dyspepsia. Hence there is no more fertile source of this trouble than the fashionable dinner-party, especially if there be indulgence in the sweet courses and in fruit, and if the fatal dietetic error, peculiar to Englishmen, of mixing various wines be committed. The misery of insomnia is rendered more certain subsequently, if both strong coffee and strong tea be taken after such a dinner, as is not unfrequently the case. The dyspepsia is thus aggravated by special excitants.

The form of indigestion known as "dyspepsia des liquides," described by Chomel (*Des Dyspepsies*, Paris, 1857, p. 99), and by Dr. Thorowgood in this country, may also prove excitative of sleeplessness. But this affection, together with such symptoms as I have just described, are best referred clinically to the type of atonic dyspepsia, and, when the immediate discomforts are relieved, a more prolonged therapeutic course is needed to promote recovery.

It is needless for me to do more than allude to the almost intolerable insomnia, delirium it may be called, induced by excess to tea or of coffee taken late in the evening. All persons are not effected by these, and some people can even sleep soundly after taking one or other, provided they retire to rest immediately, and do not begin to do brain-work. It is less well-known, however, that smoking strong tobacco late at night is a source of sleeplessness to some people, and if practised after dietetic errors only tends to aggravate subsequent wakefulness.

I pass on now, to speak of sleeplessness due to overexhaustion, both bodily and mental. It is well known, and within the experience of most persons, that a certain point of fatigue may be reached when sleep is impossible. This condition is the result of increased flow of blood to the brain, consequent on vaso-motor paresis. After a day of incessant activity, when body and mind have been unduly taxed, this state may be reached. If, in addition, there be anxiety of mind or a persistent source of worry, the insomnia is aggravated. To "take off one's cares with one's clothes," as has been said, is indeed an excellent rule, but one, at times, very difficult of accomplishment.

Literary men suffer from insomnia oftentimes as the result of brainwork, executed at the small hours of morning, and sometimes because of bodily exhaustion superadded from sheer want of nourishment. Brain-work, in addition to the tax upon the ordinary powers by the pursuit of a profession, is, I believe, highly exhausting to the majority of those who practise it, especially amidst the calls, turmoil, and high pressure of life in a metropolis. The state of bodily fatigue to which I allude, is sometimes experienced by travellers who, after a hard day of locomotion, with perhaps irregular, and not very nourishing, meals, endeavor to procure a night's rest without taking a sufficient or suitable meal in the first instance. And it is precisely at this meal that the grossest dietetic mistake may be committed. The digestive powers are at a minimum, and yet there is a large demand for nutrition. The difficulty is not always easily to be met, but attention to the rules of physiology will in most instances, I believe, secure the wished-for result both for stomach and brain. And so, for the throbbing head and busy brain of the literary man or student, there are rules to follow, of which I shall speak presently.

The treatment of cases of insomnia due to nocturnal dyspepsia is to be met by remedies affording relief temporarily, and by measures calculated to improve the digestion generally. Naturally, if due discretion were exercised at the last meal taken, no disturbance would occur, but I have already shown that it is not always possible to discover the offending article or articles of diet. A large meal taken late after exhausting work, and when solid food has not been eaten in the middle of the day, is liable to be digested with difficulty. Hence long intervals between meals should be avoided. There is no harm in varied diet at a late repast, provided too much be not taken, and the food be skilfully cooked. As adults are the sufferers from this complaint, so in most cases have they the requisite knowledge of the particular articles of food that best agree with them.* The question as to stimulants, however, is less readily answered. No one can doubt that much of the dyspepsia of the affluent classes in this country is due to indiscreet mixing of liquors a practice which

*In the case of a nourishing meal being required late at night, after a hard day's travel, I know nothing more suitable than good beef-tea, if it can be had; and, by the aid of prepared extracts of meat, this now quite within the reach of travellers in the most outlandish quarters. Chicken, and simply prepared salad of lettuce, is likewise easily digestible late at night, by even delicate and exhausted persons. Good draught beer is advisable, if it agree generally, or dry champagne: the latter, indeed, is often an excellent remedy. In cold weather, mulled claret is very valuable; and something is perhaps due to the nutmeg in its composition, for this spice, as Cullen shewed, is, in full doses, an important hypnotic. (*Materia Medica*, vol. ii, p. 204). Lettuce has similar properties.

is singularly in discord with the science and skill now imported into culinary matters.

It is at all events sufficiently well-known that to drink one wine is most wholesome for dyspeptics; and whether it shall be claret, dry sherry, or alcohol in some form, properly diluted, must be decided in each case. In some instances of acid dyspepsia, port wine is of use, and appears to call forth less acid than sherry, perhaps, as Dr. Budd has suggested, on account of its astringency. For the immediate relief of the insomnia and dyspepsia, full doses of alkalies should be given. The calcined magnesia or solution of carbonate of magnesia in excess of carbonic acid, and the compound rhubarb or Gregory's powder, are amongst the best remedies. A large draught of cold water will also prove effectual at times. The success of the therapeutical measures throws light upon the existing cause of the sleeplessness, even when this is hardly suspected. Cullen does not state what remedies he employed in his own case, but we may rest assured that he treated himself.

The dyspepsia of liquid, as a cause of insomnia, is naturally best treated by the adoption of a diet in which less fluid is taken. The underlying atonic condition of the stomach and intestines requires the remedies proper to such a state; and here may be mentioned, as of especial value, the mineral acids, strychnia, and quinine.

For the sleeplessness ensuing upon tea or coffee taken late at night, there is hardly any remedy that I know. To give alcohol in any form, with a view to induce sleep, after excess of tea, is of no use. I believe it is better to read an easy and not too entertaining book when in this condition, for sleep is thus more quickly induced than when the sufferer lies conscious of each cardiac and vascular pulsation, and agonized by floods of rushing thoughts.

For the relief of the insomnia following exhaustion, either mental or bodily, there is happily a good deal to be done. No greater mistake can be made than to retire to sleep at the time of completed digestion.

It is almost proverbially known to be bad to go to bed fasting. Insomnia, from this cause, is, of course, easily met by taking some simple food. People, whose duties occupy them far into the night, and who have exercised their mind with any effort, should take a full evening meal, or, failing this, nourishment must be had later on. And where there is, from any cause, undue pressure of work, mental strain, or anxious watching, I know no nutriment so suitable as well made beef-tea or extract of meat. The latter is of especial value, being always at hand, and, if taken in the form of Mr. Darby's extract, the best, I believe, of all such preparations, and spread upon bread or biscuit, is eminently calculated to relieve the craving felt, and to supply a readily digestible little meal. Such measures, I think, are more to be recommended

than was the practice of literary men fifty years ago, which consisted in the imbibition of whiskey-punch, made with infusion of green tea.

I should recommend all bad sleepers who cannot trace their insomnia to indigestion, and who may have passed an unduly long interval since their last meal, to employ extract of meat in the manner I have just described. I can, at all events, bear testimony to its value from personal experience, and I have known benefit to be largely derived from its use in several other instances.

The sleeplessness due to cold feet in winter time, resulting from alterations of arterial blood-pressure in the body, is best met by the use of pediluvia at bedtime; and the addition of mustard or tincture of iodine is valuable, especially where the sufferer is a victim to chilblains.

Experience shows that a long nap after a late dinner interferes with proper sleep at the usual time. I believe that a short sleep of a few minutes ("forty winks") is really valuable after dinner to those who have to work late at night. If the sleep be of an hour's duration, digestion is disturbed, and, in some cases, nightmare occurs immediately on going to bed.

Sleeplessness may sometimes be the result of mere bad habit. There may be no error of diet as the cause, and no dyspepsia; but there is simply a morbid apprehension as the head is laid upon the pillow that sleep is impossible, and forthwith the brain begins to be busy. This state is most apt to supervene upon a long course of broken rest. Persons who have kept watch by the sick, especially where there has been mental anxiety and distress, suffer from this form of insomnia. The acuteness of their trouble has more or less passed away, but night brings disease and apprehension with it. This form is engendered, then, as a bad habit from an interruption, more or less prolonged, of one of the periodical functions of the brain. It is not possible to detach entirely, in these cases, the peculiar mental element—the active conjuring up of past scenes, or the busy memory; but, in other instances, no cause is readily to be found, and we are compelled to believe that the bad habit results from a low condition of nervous energy.

The benefit to be derived in this form of insomnia from change of scene and change of air is very remarkable, and it is, indeed, seldom advisable to employ medication. There can be no doubt of the value of the change of air in many forms of sleeplessness; but, in awarding the true therapeutic value to climatic influence, we must not altogether lose sight of the effects of the *medicina mentis*. To pass from the noise and sullen heat of dwellings bordering upon the streets of London on a summer night, to a cool and well-aired apartment, in any peaceful country district, is in itself a strong incentive to slumber; but beyond this, there are special aerial conditions and influences due to proximity

of sea,* nature of soil, and immediate surroundings, which unquestionably require due consideration in each case. Indeed, attention to such points is almost as necessary, in some instances of sleeplessness, as it is in the cases of sufferers from spasmodic asthma.

The best drugs to employ in such cases, if they must be employed, are the bromide of potassium or chloral hydrate. Henbane, in full doses, is also of service.

Persistent odours will prevent sleep. Thus, flowers in a sleeping apartment—where, by the way, they never should be placed—giving off aroma, will affect certain people powerfully, causing headache and cerebral irritability (*vide* Moore on *Going to Sleep*, page 37. London, 1868). I have known the effluvia of certain embrocations to act in preventing sleep for a time in some patients; belladonna, tar, and citronella, in particular, are to be blamed.

While laying stress upon securing pure air for sleeping apartments, as far as is possible, attention must be paid to the amount of moisture present in the air. In many instances, the air is deficient in moisture, and the dry air inspired, often laden with dust, is a source of discomfort to the nasal and bronchial membranes; not only so, the influence of a too dry atmosphere is perceived by the whole cutaneous surface, and thus a source of irritation exists which is not unfrequently the last to be suspected.

In the case of bedridden persons, or during long illness, this point is to be attended to, and the absence of moisture is to be met by keeping water in the room, and, if need be, by sprinkling water on the floor. I am sure that many persons have additional cause for their sleeplessness in the dry air they inspire in the bedrooms of hotels, after doing a hot season on the continent of Europe. They are committed, perhaps late at night, to a room that has been shut up and baked by a fierce sun all day, and that has not had an ounce of water in it for days. To open the windows may entail a plague of mosquitoes, or give entrance to a still more deadly malaria. In such a case, I recommend a very free distribution of water to various parts of the floor. I have known quarts of water to evaporate in a single night when used in this manner, showing the urgent necessity for the employment of it.† The same condition of dryness is met with

*Townspople resorting to the seaside very commonly experience marked sleeplessness during the earlier part of their stay; and the same is sometimes the case in the pure air of the country. Long continued exposure to air, as Dr. Handfield Jones has remarked, is a powerful inducer to sleep; but it is to be observed that the air must be pure, and, if possible, of bracing character. Long continued exposure to the air and ochlotic miasms of large towns is by no means so effectual an hypnotic.

†It is highly probable that ozone is generated by such a procedure as I recommend. Dr. Cornelius Fox's observa-

in winter in all apartments warmed by artificial heat. This is not felt where there are open fireplaces; but, if stoves be employed, then all the unfavourable conditions for insomnia are present, unless the amount of heat and moisture be duly regulated. According to Dr. Cornelius Fox, air, containing a healthful amount of moisture, exhibits a difference of about five degrees between the wet and dry bulbs of the hygrometer. If the difference be greater, moisture should be added.

As to the best posture to assume on going to sleep, I think little need be said. Dr. Radcliffe has lately recommended natural decubitus to ensure sleep, but, lest this seem paradoxical, it should be added that this advice is for bedridden persons, the subjects of chronic nervous disorders, and the plan suggested is in opposition to a sitting posture to be maintained during the day by a suitable bed-support. In the case of otherwise healthy people who suffer from heat and throbbing in the head as part of their insomnia, a posture with the head somewhat high is desirable in order to promote sleep upon physiological principles. A hard pillow should also be employed in such cases.

In conclusion, I would remark that the best knowledge we now possess, as to the action of the drugs commonly used to secure sleep, shows us that both bromide of potassium and chloral hydrate cause diminished flow of blood through the brain; and hence, as in many similar cases, the advance of the science of therapeutics has shed light upon the mysteries of pathology.—*Brit. Med. Journal.*

OVARIOTOMY—DRAINAGE TUBE PASSED FROM THE PERITONEAL CAVITY THROUGH THE VAGINA.

This case was treated at the Addenbrooke's Hospital, Cambridge, by Prof. Humphrey, and is reported in the *Lancet*, (Oct. 18th, 1873). The subject was a widow aged fifty-two, admitted Feb. 7, 1873, who had been tapped twenty-one times. The abdomen measured five feet in circumference a little above the navel. The operation was performed Feb. 7, under Chloroform, by an incision four inches long, which was made as near to the pubes as possible, for the purpose of avoiding the region of the trocar punctures, where adhesions were most to be expected. The linea alba was carefully divided, but a gush of fluid showed that the sac had been opened. The fluid was allowed to flow away, and the sac was accordingly emptied. It proved to be adherent to the whole of the fore

tions on the "Purification of Air by the Vaporisation of Water," in his book on *Ozone and Antiozone*, and his paper on "Coke as a Fuel in relation to Hygiene," should be read by all interested in sanitary matters.

12 P.M. Pulse 84, complaining of great pain and constant desire to make water. Drew off a small quantity of urine with the catheter.

20th, 8 A.M. Pulse 104; tongue dry. 12, noon, pulse 120; tongue moist. 6 P.M., pulse 125. 11 P.M., pulse 132; tongue dry. Great pain all day and constant desire to pass water. Morphia given every three hours in doses of one-third of a grain.

21st, 8 A.M. Pulse 120; tongue moist; pain gone; desire to pass water not pressing. Discontinued morphia. 1 P.M., pulse 125; 6 P.M., pulse 120; 12 P.M., pulse 120. Patient slept a little.

22nd, 9 A.M. Pulse 112; 4 P.M., pulse 125; 6 P.M., pulse 132; considerable vomiting: 11 P.M. pulse 116; gave morphia and bismuth, vomiting stopped and patient slept.

The progress of the patient after this time was most satisfactory. On the 5th day the bowels were moved by enema, and on the sixth day I removed one needle, and those remaining on the eighth. On the twelfth day the patient sat up, and for the first time since the operation passed water without the catheter.

On the seventeenth day one ligature came away, and on the twenty-eighth she went home in a sleigh, a distance of eighteen miles, expressing herself as feeling quite well.

Remarks.—The above case presents at least one point of importance. Before the tapping the tumor was quite moveable, being non-adherent; after the tapping it became immovable and adherent over two thirds of its surface. The adhesions were recent, and I feel satisfied were caused by the escape of fluid into the abdominal cavity through the puncture made by the trocar; as a result adhesive inflammation was set up. The trocar used was a very small one, and the usual precautions were adopted. The point to be considered is whether it is good practice ever to tap in a case where ovariectomy is possible. It would seem from the above case that tapping may complicate matters seriously; indeed such a degree of inflammation may be set up as to destroy life, and one may well ask for what prospect of benefit? It does not seem that a real cure of ovarian tumor ever was cured by tapping; the patient is weakened, the radical operation may be complicated or life itself be destroyed, and there is no advantage to be gained sufficient to counterbalance such serious drawbacks. For myself I shall in future be in favour of operating without a resort to tapping previously.

SUCCESSFUL CASE OF RESUSCITATION FROM CHLOROFORM NARCOSIS.—NÉLATON'S METHOD.

BY CHARLES WM. GOVERNTON, M.D., M.R.C.S., ENG.;
L.C.A., SIMCOE, ONT.

Whether Nélaton's theory that chloroform narcosis results from anæmia of the brain be correct or not, the fact is unquestioned that the circulation through the capillaries of the brain is sometimes retarded under the influence of narcotics. Dr. Snow's experiments have demonstrated that chloroform, ether, and probably all narcotics have the power of suspending muscular irritability, and Prof. Alison has shown that the functions of the various organs of the body are accompanied by a force which aids the capillary circulation, and on the function of any organ being interrupted the circulation through it is retarded, as is seen in the most striking manner in the lungs during asphyxia. For the constant action between the oxygen of the arterial blood and the brain there is required a never ceasing current of blood, and when this is interrupted in any part of the brain it is clear that there must be interference with the process of oxidation. From these premises Dr. Snow argued that it does not signify whether there is increased or diminished pressure in the cranium, or whether the quantity of blood in the brain is more or less than natural—that the relation between asphyxia and narcotism is this—that in asphyxia there is an absence of oxygen, whilst in narcotism the oxygen is present, but is prevented from acting by the influence of the narcotic. With this close affinity between asphyxia and narcotism there is a great similarity in the phenomena of the two conditions, the different parts of the nervous centres losing their power under the influence of chloroform and ether in the same order as in asphyxia. The action of the heart continues in asphyxia after the muscles of respiration have ceased to contract, and this is the case under chloroform narcosis. Without pretending to form an opinion of the correctness of these theories, it is yet obviously the duty of the practitioner when suddenly confronted with the imminent peril of chloroform narcosis, to practise the treatment of Nélaton, the success of which has been so frequently recorded, and equally obvious, to communicate to the profession the successful result. With this conviction I forward for publication in the *Lancet* the following case:—

On the evening of the 19th of January I was called to visit Willie Hooker, a lad aged nine years, who, while riding on his hand-sled behind a passing omnibus, lost his grasp of the projecting step, and before he could get out of the way was run over by a sleigh a short distance in the rear. Beyond a lacerated crescentic wound on the inner border of the gastrocnemius muscle, from the horse's foot, he received no other injury than a severe bruise of the fleshy parts. As there was great tenderness of the whole leg I ordered warm water dressings, and deferred until the next morning bringing the gaping edges of the wound together by sutures. The following day, assisted by my son, who although not a medical student, has proved on several occasions to be reliable, I administered a drachm of chloroform, and after an interval of several minutes finding that no evidences of his being brought under the influence were apparent, I poured another drachm on the sponge; this, after a short time, seemed to have produced the requisite degree of anaesthesia, but on handling the leg preparatory to putting in the first suture, he screamed and struggled violently, so that before complete insensibility was produced I had to administer a third drachm. Very shortly after the limbs became relaxed and complete anaesthesia established. The sponge was then given to a Mrs. Garland, a neighbor who had kindly taken the mother's place—with instructions to keep it a short distance from the nostrils. Four sutures were quickly put in and the edges drawn together, a wet compress placed over the wound and a bandage lightly applied. On asking for a pin to fasten the terminal end of the bandage, Mrs. G. in handing one to me dropped the sponge, and to my horror I discovered there was no evidences of breathing, and no pulse at the temple or wrist. The boy was lying on a sofa, so it was only the work of an instant to place his head on the floor, and direct my son to hold his legs in the perpendicular position. An elder brother sitting by a window was directed to throw it open; cold water at hand was dashed on the face, and fortunately without difficulty I was enabled to grasp and keep protruded the tongue with the thumb and finger of left hand; with my right I made pressure alternately on the thorax and abdomen, whilst Mrs. G. quietly and intelligently elevated and depressed the arms, settling to the work as coolly as if she had been a member of the staff of the Royal Humane Society

for years, neither by word nor sign giving evidence of trepidation. On such alarming emergencies it is difficult rightly to estimate the lapse of time, but certainly the most wretched quarter of an hour I ever experienced appeared to elapse before there was the least appearance of animation. My son's estimate was over twenty minutes. The first attempt at inspiration was of the feeblest, gradually succeeded by more vigorous ones; vomiting then ensued. In attempting to slightly turn and elevate the head so as to guard against the vomited matter that filled his mouth regurgitating into the trachea, I lost my hold of the tongue, and the jaws instantly closed like a vice; all attempts at prying them open failed, and again I feared the case would prove hopeless. To my inexpressible relief another faint attempt at vomiting occurred with complete relaxation of the jaws; the tongue was instantly again grasped, and held firm until the breathing was completely established, pulse perceptible, and slight coloration of lips and face returned. For another five minutes he was kept inverted, the nostrils cleared of vomited matter, and friction of the chest with a dry towel employed; he was then replaced on the sofa, made reclining at an acute angle by placing one end on a chair, and in a few minutes we became jubilant. The boy opened his eyes, moved his head to one side, and fell into a calm sleep; this continued for more than an hour, when he awoke conscious. There is little doubt in my mind that if artificial respiration in the horizontal position had been solely relied on, our efforts would have proved futile.

Correspondence.

To the Editor of the CANADA LANCET.

SIR,—I desire to furnish a somewhat striking and actual illustration of the truth of the concluding remark in Dr. Clarke's communication to you, and which appears in the LANCET for February, viz.—“As it is now, our worst foes are those of our own household.” It may not be amiss at the same time to express the hope that a full and satisfactory explanation can be given of what is complained of.

During 1874, central Ontario was visited by a perambulating quack, styling himself “Edward S. Franks, M.D., Lecturer on the Anatomy and Physiology of the human Eye and Ear, their diseases in

where cold can be continuously applied, there can be no doubt of its benefit when resorted to with judgment and discrimination. It is, of course, only applicable to the early stages of inflammation with marked elevation of temperature, and absence of any sense of chilliness. We should rely greatly in its use, upon the *thermometer* and the *sensations of the patient*.

Of late years, belief is gaining ground in the efficacy of cold applications in the treatment of inflammations of *serous tissues*. To every practitioner the practical question presents itself as to whether he shall apply hot or cold applications in the first or forming stages of these inflammations. Some are partial to one, some to the other. As a rule, German practitioners resort to cold applications. "At the commencement of an attack of pleurisy," says Niemeyer. "I cannot sufficiently recommend the use of cold and of local blood-letting." And in acute peritonitis, he says he has seen "the best results, in cases that were amenable to any treatment, from covering the entire abdomen with cold compresses, and renewing them every ten minutes." He regards leeches to the abdomen, the use of cold, and the internal administration of opium, as the most effective treatment.

It must be remembered, however, that, in all cases of peritonitis, the tendency to death is at the heart, and increased feebleness of heart-action, as I shall more fully state in a moment, contra-indicates the use of cold to the surface, without at least giving stimulants as the same time.

Prominence has been recently given to this point in considering the use of the cold bath, or cold applications, in the treatment of *pneumonia*. Its use may, however, be exceptionally dangerous in this disease. What, then, is the danger in pneumonia? And can the objections to the use of the cold bath, as a general antipyretic, be in any way overcome? These are interesting practical points, and can be answered only by a clear comprehension of the natural history of the disease under consideration. This I can state only in brief.

In a somewhat general sense, then, pneumonia presents two main points for our consideration: 1st. *Restriction in lung function*; 2d. *Fever*. There are other points of interest, but these are the ones with which we are chiefly concerned at present.

Now, what relation, it may be asked, does the local lesion sustain to the heart-action?

This whole subject is ably discussed in a recent clinical lecture by Prof. Jurgensen, of Kiel (Prussia). He maintains the position that the immediate cause of death in pneumonia is "insufficiency of heart-action." I cannot give, at length, the ingenious process of reasoning by which he arrives at this conclusion. Briefly stated, it is something like this: The pneumonic exudation affects an increased resistance to the lung circulation, and therefore imposes a greater demand for work upon

the right ventricle. This increased resistance to the circulation of blood in the lungs causes correspondingly increased labor of the heart in order to effect a complete exchange of gases. The *high temperature of the blood*, according to Prof. Jurgensen, is an important and dangerous element in pneumonia, as in many other forms of disease. With the rising of bodily heat, rises the frequency of the pulse: the labouring time of the heart is increased, and the time of rest lessened; carbonic acid is increased beyond the normal amount, and must be eliminated quicker than in health. This requires, of course, increase in the force of the heart and the respiratory muscles.

But the fever, we are told, leads to "degeneration of the muscular fibers of the heart," and lessens its power at a time when it is already overtasked by its efforts to overcome the resisting pulmonary exudate. Now this loss of contractile power, growing out of failure of nutrition in all high febrile states, will be the most severely felt in those parts whose expenditures are the greatest, and these are the constantly laboring muscles—the heart and the respiratory muscles. Hence the great danger, in pneumonia, of the heart losing its contractile force. This, according to the views here presented, is the "dead point of danger"—not so much the local disturbance in the lungs; else why, inquires our author, do we find, soon after the natural crisis has set in, say the fifth or seventh day, such marked subsidence of all subjective phenomena, notwithstanding the continued infiltration of lung-substance? "*The fever*," says Jurgensen, "is the most dangerous enemy of the heart With the cessation of the fever, the power of the disease is broken."

How, then, shall we subdue the fever, which is the "dangerous enemy in pneumonia?" Shall we resort to cold applications, as in pleurisy, peritonitis, etc.? In the hospital at Prague we are told that "every acute sthenic pneumonia is treated with cold compresses;" and Smoler says, "it is exceptional for a patient not to feel material relief from this treatment." And Niemeyer has made extensive employment of cold in "croupous" pneumonia, as in pleurisy and peritonitis, and, relying upon a large number of very favorable results, says he can recommend the practice.

Prof. Jurgensen is also partial to cold water as a febrifuge. He states that, to his knowledge, nobody has employed the bath so frequent, so cold, and with such untiring energy, and that he has never had any reason to regret the practice; and yet no one more clearly recognizes than he *a priori* objections that may be raised to the cold bath—that is, if not accompanied by the use of stimulants. What are some of these objections?

In the first place, contraction of the vessels of the periphery, caused by the cold bath, brings on increased resistance to the blood-current, and with

it increased labor of the heart, which, we have seen is already enfeebled by the fever, by increasing labor, and by increased resistance in the consolidated lung-tissue.

That during a cold bath, therefore, a fatal collapse may ensue in pneumonia is a clinical fact of great practical importance—one that is to a certain extent exceptional; and hence the prominence I have given to the subject in this connection. Under no circumstances should cold baths be resorted to in pneumonia, in cases of aged people, very fat people, debilitated people, and finally those suffering from heart-disease. And, if none of these considerations forbid its use, the heart-action should always be supported by stimulants at the time of the bath. Of these I will mention alcohol as most rapid in its action; quinine, as the most permanent. If there is any doubt as to the failure of heart-action, quinine is the remedy above all others, for the reason that while it diminishes temperature, it tones and strengthens at the same time the failing muscles of the heart. As a general febrifuge and cardiac stimulant, digitalis should also be mentioned in this connection as a valuable addition to the quinine. But, with a purely antipyretic method, Liebermeister claims to have brought down the mortality in "croupous" pneumonia from 24.4 per cent. to 8.8 per cent. But the value of this exclusive treatment certainly requires to be confirmed by further experiment before it can be generally received. Moreover, our pneumonias in this country vary so greatly in their type, and in different localities, that all exclusive modes of treatment are out of the question. Indeed, quinine and stimulants are, in many cases, indicated from the first.

I have dwelt mainly upon the uses of the cold bath in the more inflammatory types of pneumonia, because it brings up the question of *excessive blood-heat* upon the body, and especially—for reasons suggested—upon the *heart* and *respiratory muscles*.

It cannot escape the attention of the general professional reader, that growing attention is given to the danger resulting from simple *increase of bodily temperature*. Without discussing the question as to the cause of the fever, we are beginning to discuss its effects upon the organism as a dangerous element of disease *per se*. Trousseau says: "Few persons recover from enteric fever if the temperature exceeds 105°." This may be too dogmatical in its statement, but it is an approximation to the truth. Fever is a dangerous element of itself, and it is beginning to be more and more recognized as such. In typhus, typhoid, and other infectious diseases, "the greatest danger," says Niemeyer, "is from the severity of the fever." This danger he regards as a double one. On the one hand, the increase of the bodily warmth above a certain point—say 108°—"induces paralysis of the heart and renders life impossible;" while, on

the other hand, "continued increase of the production of heat, or increased tissue metamorphosis, induces consumption of the body of the patient." The exhaustive effect of the fever is compared to that of excessive bodily fatigue.

In the treatment of these fevers, Niemeyer urgently advises the *abstraction of heat*, and speaks of cold affusion, or the cold bath, as one of our most valuable antipyretic agents. This will be recognized, however, as an old remedy in fevers. It was a favorite with Galen, and still more so with Currie; and, at a later period, with our own countryman, Nathan Smith. At the present time Niemeyer and others urge only what Currie so enthusiastically wrote about during the latter part of the last century. His *Medical Reports on the Effects of Water, Cold and Warm, as a Remedy in Febrile Disease*, are among the most eloquent contributions to the professional literature of his time, and his recommendations have been followed with much success. Armstrong, who wrote so well on fevers at a later period, speaks no less enthusiastically of the febrifuge virtues of water. He adopted, substantially, Currie's mode of using it.

Niemeyer has somewhat modified his mode of using cold water. Formerly when the bodily temperature had risen to a dangerous height, and there was occasion to lower it, he had his patients "wrapped in cold wet sheets, and the proceeding repeated at intervals of ten or twenty minutes until the desired end was attained." But, observing that there was occasional exhaustion along with the retardation of the pulse, he more recently doubted the propriety of such sudden and persevering abstraction of heat. He raises the question, very properly I think, as to whether it is not possible to exhaust the patient by an "excessive increase of the production of heat," comparing it, as already stated, to the effect of excessive bodily exercise. He now resorts to less sudden and less energetic abstraction of heat than formerly. His plan is substantially that recommended by Ziemssen: "As often as the temperature rises above 104° the patient is placed in a bath whose temperature is about 10° below that of his body, or about 95°." The temperature is gradually reduced to 68°, the patient remaining in till he is slightly chilled. He is then placed quickly in a warm bed. This is repeated at first four or five times a day; subsequently it is reduced to two or three. If quinine is used in two or three grain doses at the same time with the abstraction of heat, he thinks we are not obliged to use the baths so often.

In the inflammatory stage of our autumnal or remittent fevers, in which there is marked elevation of temperature, with dry, hot skin, cold affusion frequently proves to be a valuable sudorific. My experience with it in this class of fevers in the West and South-west has been extensive, and I can speak, therefore, with confidence as to the value of

the treatment. In all malarious forms of remittent fever the exacerbations are characterized by very sudden and marked elevation of temperature. It is not unusual to find a temperature of 105° or 107° during the first or second paroxysms of the fever. Now, practically it is found extremely difficult to produce diaphoresis by drugs when there is such excessive heat of skin. A patient rarely sweats at a temperature above 102° . The degree of heat called the "sweating point" is essential, and nothing secures this so well, so speedily, and so surely as affusions of cold water. Shower a patient at 105° or 106° until he feels a slight sensation of chill, then wrap him in warm blankets, and as a rule, he will sweat profusely. I have arrested many simple malarious remittent fevers by one or two cathartic doses of calomel, the use of cold water during the pyrexia, followed by large anti-periodic and febrifuge doses of quinine. If the temperature in these fevers is 104° or more, skin dry and hot, pulse frequent, brain excited, and back aching, I am confident we give our patient the speediest relief in the shortest period and simplest manner by cold affusion. It rapidly lowers the temperature, and tends to the production of free perspiration.

Among the exanthematic fevers, the temperature of the skin is perhaps hotter in *scarlatina* than any other, and in none do we derive greater benefit from sponging or the cold affusion of water. Currie was of opinion that it "extinguishes scarlatina," preventing the eruption, and arresting the further progress of the fever. He considered it applicable only to the forming stage of the more sthenic forms of the disease, when the temperature was from 105° to 108° F. His plan was "to strip the patient and dash four or five gallons of the coldest water to be procured over his naked body." The affusion was repeated as the obstinacy of the fever indicated.

Many practitioners, of latter date, have followed the suggestions of Currie. Dr. Laycock, of Edinburgh, has resorted to cold affusion and the wet sheet with very marked advantage; and I believe the profession everywhere to-day, although perhaps less enthusiastic than Dr. Currie, regard the practice with favor. When the febrile action is free and strong in the inflammatory or anginose form of the disease, the little sufferer, restless, burning with fever, and exhausted for want of sleep, will often perspire freely and fall into a sweet slumber after the use of the bath. If there is any doubt as to the propriety of further use of the shower bath, or sponging with cold water, the inunction of oily substances, or sponging with tepid water to which small quantities of glycerine are added, may be substituted.

If the time allotted to the present paper permitted, I might multiply instances of the value of cold water in all *overheated conditions of the blood*. The testimony is constantly increasing and becoming

more specific on this point. Wilson Fox, M. D., Prof. of Clinical Medicine in University College, London, has recently published an exceedingly interesting monograph *On the Treatment of Hyperpyrexia, as illustrated in Acute Articular Rheumatism, by the external Application of Cold*. The dangerous effects of excessive temperature have specially claimed his attention. In a carefully observed series of cases, he found that when the temperature suddenly rises from 103° or 104° to 107° , 108° or 109° , the case usually proved fatal within one or two hours after the temperature of 109° had been attained. This sudden rise of temperature is regarded by Wunderlich as one of the phenomena of death; indeed it often continues, and sometimes increases, for one or two hours after death.

Fox publishes a number of cases, in which, by repeated immersions in the cold bath, life was protracted for nearly thirty-six hours after the temperature in acute rheumatism had reached 109° . But, notwithstanding the great and imminent danger of sudden and high rise of temperature, he reports many cases in which rapid fall of temperature and recovery followed the cold bath. One case is specially notable from the gravity of the symptoms, which indicated speedily approaching death. The temperature rapidly rose from 107.1 to 109.1 , when the patient became entirely unconscious. She was put in a bath of 96° —"unconscious, pulse imperceptible, the face in the highest degree cyanotic, and the breathing such as commonly precedes the act of death." In five minutes after she was in the bath, the temperature in the rectum was 110 . Ice was placed on her chest and on her abdomen; a bag filled with ice was also placed to her spine. Within fifteen minutes the temperature in the rectum had fallen to 109.1 , in five minutes more to 108.4 (the average temperature of the bath being then 66); and thus it continued to fall. Within an hour and a half from the time she was put in the bath, the rectum temperature was 99.5 , the circulation was restored, and consciousness had returned. Brandy was freely given; the patient took six ounces within an hour. The subsequent treatment consisted in resort, from time to time, to the cold bath, and the application of ice as before, to counteract returning elevation of temperature—the free use of quinine, brandy, beef-tea, milk, and eggs. At the end of a week "the patient sat up in bed and ate a boiled sole for dinner." In this case—and it only illustrates many others—the immediate cause of the dangerous symptoms was undoubtedly the *sudden elevation of temperature*.

I cannot follow out the many interesting observations of Fox in the use of the cold bath in the treatment of hyperpyrexia, especially in acute articular rheumatism. His records are among the most interesting of modern medical literature, and

clearly demonstrate that, so far as we at present know, the application of cold to the surface stands unrivalled as an antipyretic in all cases of excessive elevation of bodily temperature.

I have thus far, it will be observed, spoken of the uses of cold water as a hemostatic, a general nerve-tonic, an antiphlogistic, and a general and most valuable antipyretic. But the advantages of modern hydropathy are perhaps more clearly illustrated in the treatment of *abdominal affections* than any others. Many such cases have been overdressed, their nervous system disturbed, their digestion impaired, their nutrition at fault; or perhaps they may be worn out from habits of dissipation and luxury. What they often need is what they will not, as a rule, submit to in private practice, namely: a thorough system of *hygiene*;—sunlight, fresh air, systematic exercise, the shower bath, the douche, the pack, frequent draughts of pure cold water instead of more doubtful beverages, simple diet, milk, brown bread, and rest of body and mind, such as they find at the best hydropathic institutions of the country. These hygienic agents, intelligently administered, often effect cures when drugs alone had failed—when, indeed, drugs are positively injurious.

But the varied therapeutic uses of water, and the several plans of application, such as by *irrigation*, *ablution*, *affusion*, the *douche*, the *shower bath*, and the *pack*, do not come within the general scope of this paper. It has been my object, mainly, to revive the discussion of an old subject, and especially to attract attention to the use of the cold bath in all cases of excessive and dangerous elevation of temperature. In our eager search for "new remedies," we are prone to forget old ones, and especially such as nature furnishes us so bountifully as water. Some of us, of late years, in our enthusiasm of progress, have almost forgotten, if we ever knew, that Currie and Armstrong, and Jackson and Forbes and Smith wrote so well and so truthfully about the virtues of water.

Attention is directed in the paper to the following point:—

1st. That the therapeutic action of water, as a hemostatic agent, is mainly and primarily upon the nervous system, and through that upon the capillary blood-vessels.

2d. Its direct action as a sedative in the treatment of some forms of inflammation, with suggestions as to its mode of application.

3d. Some points in the natural history of pneumonia, the effect of *excessive temperature*, especially upon the heart and respiratory muscles, and the necessity of using cardiac stimulants when resorting to the cold bath.

4th. The danger, in the essential and others forms of fever, from the *increase of bodily temperature per se*, and its effects in producing paralysis of the heart; together with the value of cold baths

or spongings in such cases as an antipyretic. 5th. And lastly, the uses of the shower bath, the douche, and the pack as general hygienic agents in the management of chronic, abdominal, and nervous diseases.

In my hurried presentation of the subject, I have purposely avoided detailed statement as to the mode of applying cold water in medicine. Nor have I dwelt upon its dangers other than in pneumonia. All these questions I leave to the individual judgment of the practitioner, trusting that the merits of the remedy may secure for it the consideration it deserves. A remedial agent it has been subject to great vicissitudes of fortune; and that its virtues may have been greatly exaggerated in the past, is no reason why we should allow a valuable remedy to fall into comparative disuse.—*Med. Record*.

SURGICAL NOVELTIES OF 1873.

The surgical novelties of the year may be put down as three in number. First comes the Aspirator, which, though originated by Dr. Protheroe Smith, has received an extended application from Dr. Dieulafoy of Paris, who read a paper on the subject at the meeting of the British Medical Association, and has also published a work in English. Although the majority of surgeons will probably not be prepared to use the instrument in every sort of case with the enthusiasm of its author, there can be no doubt that it is often of great advantage to be able to extract fluids from deeper parts of the body with safety and certainty. The second novelty is the introduction of a bloodless method of proceeding in cases of amputation and other operations on the limb, by means of an elastic bandage by which the limb is blanched, and a circular elastic cord which compresses both the arteries and veins of the limb. This plan, proposed by Professor Esmarch, was introduced into this country by Mr. MacCormac, and has been adopted in some form by most hospital surgeons. It remains to be seen whether there are any drawbacks to the system, and especially whether embolism is likely to result in certain cases from displacement of clot which may have already formed in the veins of a damaged limb. The third novelty is the use of the elastic ligature for the division of soft parts—e.g., the breast—proposed by Professor Dittel, of Vienna, and quite recently introduced into this country by Sir. H. Thompson. The practice is too recent for surgeons as yet to have fully appreciated its merits, but our impression is that cases will be found to be few in which the use of the knife will be superseded by the necessarily tedious process of the elastic ligature.—*Lancet*.

A NEW APPARATUS FOR THE TREATMENT OF FRACTURES OF THE PATELLA.

BY W. J. WHEELER, M.D., T.C.D., L.R.C.S.I.,
Surgeon to the City of Dublin Hospital.

* * * In the apparatus now on the table, is a hollow wooden splint, $4\frac{3}{4}$ inches wide, and extending from above the middle of the thigh to the sole of the foot, at which point a footboard is attached by means of a hinge; this splint having two transverse bars, is fitted into a long box-splint, the sides of which are forty inches long and six inches in depth, in which it travels horizontally. That portion of the splint on which the limb rests can be elevated or depressed as required, by means of perpendicular slots cut through the sides of the box-splint. Thus, the splint can be adjusted to suit a long or short leg, the limb can be elevated or lowered at pleasure, and the foot placed at any angle. This hollow splint is fixed in position by means of thumb-screws which fit into the transverse bars before mentioned, two semilunar pieces of metal, softly padded, are fixed one above the other below the fractured patella by means of leather straps which pass round the limb, the leg is secured to the splint by means of two broad web straps, one round the calf the other at the ankle; the foot can be bandaged to the foot-board; a roller with each adjustment is fitted in the box-splint below the foot-board. From this roller start four cords, which passing through brass sheaves, are attached, two to the upper and two to the lower metal pads by means of chains and light-hooks. The roller is turned by means of a key, and acting on the cords, causes the metal pads simultaneously to approach each other, thereby bringing the fragments into opposition; the rack is covered by a brass box, which can be locked, so that the adjustment of the splint cannot be interfered with by the patient.

The advantages of this apparatus will be more briefly detailed by comparison. To those who advocate Malgaigne's hooks, I claim all the advantages without the objections; my splint provides for the position of the limb, Malgaigne makes no such provision; this apparatus will procure perfect coaptation of the fragments without penetrating the soft parts, without the pain and irritation frequently caused by the hooks. In several cases treated in London by Malgaigne's method, erysipelatous inflammation has endangered both the limb and life of the patient. It is superior to Sir A. Cooper's method, by drawing on both fragments, and can make well-maintained traction on the lower as well as on the upper fragment if necessary—and over both the plans just mentioned, by its being able to exert greater or lesser force on each fragment, as the case may require. It would

be tiresome were I to enter into a comparison with all the other contrivances that have been used for this fracture.

In conclusion, I will only add, that not only is this splint suitable for the fracture for which I have introduced it, but I believe also for fractures of the thigh or fractures of the leg.—*Med. Press and Circular.*

INCREMATION.

No less distinguished a member of our profession than Sir Henry Thompson has accepted the inevitable odium of the *pro fanum vulgus*, by attaching his name to a manifesto in favor of incremation as a means of disposing of our dead. Several months since the *Medical Press and Circular* took the lead amongst the British medical periodicals in a review of the continental views on the subject, and since then the proposition to reduce to ashes the bodies of our dead has attained—if not favour—at least toleration.

Sir Henry Thompson has—in contributing largely to the conversion of public prejudice—done something to make the proposal distasteful and ridiculous by his suggestions for the economical uses of the products of incemation. We do not consider it an unreasonable public prejudice which offers vehement objection to the utilisation of the remains of our friends for gas or manure, and the applicability of incemation in this way would not be generally possible or of any material advantage if it could be carried out.

The scientific arguments in favour of the burning of our dead are complete and unchallengable. By so doing we would carry out rapidly, and without disadvantage to others, the process of decomposition which now occurs slowly, and at the expense of disseminating the most noxious effluvia into the atmosphere which we breathe. Moreover, good taste and respect for the dead ought certainly to exercise their promptings in favour of incemation, for our association of idea with the rank churchyard, and corrupted remains must inspire, one would suppose, a loathing which does not attach to the ancient funeral honours of the pyre.

Humanity of feeling and sanitary advantages alike speak in favour of the proposition, and it only remains to educate the public out of their present prejudices to solve one of the most difficult sanitary questions of the day.—*Med. Press and Circular.*

THE HYPODERMIC USE OF ETHER—has been found beneficial in collapse from hemorrhage. It is injected till the breath shows its presence. There are no unpleasant local effects.

Medical Items and News.

A recent advertisement states that competent agents are wanted for the sale of a new medicine, "which will be very profitable to the undertaker."
—*Med. & Sur. Reporter.*

THE everlasting pill of the ancients consisted of metallic antimony, which, Dr. Paris says, being slightly soluble in the gastric juice, was supposed to exert the property of purging as often as it was swallowed. Imagine *one* pill for the repeated use of a whole family for their lives!

"If you are unlucky enough to sever a man's carotid artery," said Nelaton, "remember that about two minutes must elapse before syncope takes place, and as many more before death supervenes. Now four minutes are just three more than are needed for binding a ligature, *provided you are not in a hurry.*

PULSE OF VARIOUS ANIMALS.—Vatel, in his "Veterinary Pathology," gives for our domestic animals the following pulse: Horse, from 32 to 38 pulsations per minute; ox or cow, 25 to 42; ass, 48 to 54; sheep, 70 to 79; dog, 90 to 100; cat, 110 to 120; rabbit, 120; guinea-pig, 140; duck, 135; hen, 140.

CHLORAL HYDRATE IN PUERPERAL MANIA.—A case is reported in Tilden's *Journal of Materia Medica* for November, 1873, in which, after two weeks of violent insanity, treated without permanent benefit by other sedatives, the disease yielded promptly to chloral hydrate, 20 grs. every two hours till 60 grains were taken.—*Pacific Med. Jour.*

SUGAR AND MAGNESIA AN ANTIDOTE TO ARSENIC.—The *Mouvement Medical* relates various experiments conducted by Mr. Carl, with the result of showing that sugar, mixed with magnesia, may serve as an antidote in cases of poisoning by arsenious acid, in which cases, too, the internal use of the hydrated magnesia is most valuable.—*Lancet*, Aug. 2, 1873.

THE DIAGNOSIS OF LIPOMATA.—An excellent suggestion is made in a French Journal. A character peculiar to lipomata resides in the property belonging to all fatty tumors, of hardening under the action of cold. When, after the use of ice or the ether spray, in the case of a doubtful tumor, the growth is felt to become harder, the presumption is that the case is one of lipoma.—*Med. and Sur. Reporter.*

It has been ascertained that during the past year £80,000, in donations of £1000 each, have

been given to the various London charities anonymously, and in nearly every instance it is thought that this disinterested work of charitable munificence has been by one and the same individual. There has also been one anonymous donation of £5000, and probably nearly a quarter of a million in smaller sums.

HEALTH OF LONDON.—The number of births registered in the metropolis during the past week was 1,702, and deaths 1,540. The births were 352 and the deaths 156 below the average numbers in the corresponding week of the last ten years. The death-rate which in the two previous weeks had been 27 and 28 per thousand of population, declined last week to 24 per thousand.

LOCAL USE OF IODOFORM.—This substance has been used by Dr. Parrot in sloughing ulcer of the vagina, with great success. Generally in two or three days it stops the extending course of the disease, and cicatrization rapidly takes place. Iodoform is as successful in these cases as in bubo or fungous sores. It must be applied plentifully. The sores must be first well washed and cleansed, and then covered entirely with the powder. Sometimes, when the ulcer is very moist and there is much loss of substance, it is useful to put on two dressings daily.—*Ibid.*

The question of introducing homœopathy was presented to the faculty of the University of Naples a few months ago, eliciting the following reply: "The University of Naples is not a proper field for instruction in homœopathy, because the rational medicine which is imparted here on the natural sciences, excludes allopathy as well as homœopathy, or any other absolute system or dogma. The study of rational medicine is as far removed from the ancient allopathy, with its blood-letting and purgation, as from the recent delusion of homœopathy with its ridiculous infinitesimal doses and similia similibus medication."

CHLORIDE OF POTASSIUM IN EPILEPSY.—Dr. Lander uses chloride of potassium instead of bromide of potassium in epilepsy. He mentions the following advantages in the employment of the substance: "It is more active, is but one-sixth of the cost, and has not the secondary effects of the bromide. He begins with small doses, but has been able to continue the use of the substance for months without any inconvenience in daily doses of from one drachm to a drachm and a half. According to Dr. Lander, bromide of potassium is transformed into the chloride in the stomach. This is therefore an additional reason for prescribing it at once in this latter form."—*Scalpel, Belgium.*

THE CANADA LANCET :

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TORONTO, FEBRUARY 2, 1874.

HOMŒOPATHIC LICENSING BOARD, WITH UNIVERSITY POWERS.

It has always been the dexterous policy of Dr. Campbell to obtain the ear of persons of official rank in the Government without any regard to the mutations of politics, and in this we recognize the versatility of his powers of *savoir faire* and *savoir dire*. The public as a rule take little interest in the dogmas of school men, and when applied to for signatures to petitions against alleged grievances, unthinkingly support with their names an application for unfair class legislation. These petitions industriously circulated, and for the reason above stated numerous signed, help to impress on the members of the Legislature the idea of a grievance, which as we think in our "Extra" we have sufficiently demonstrated to have no existence. This erroneous opinion of disability is essentially serviceable to the Homœopathic branch of the Medical Council at the present time, when we are endeavouring to procure from the Legislature amended medical legislation, for the interests alike of the public and the profession. Whether this denominational influence, or supposed influence will, prevail against the appeal of the great body of practitioners to the Legislature is a question, to one side of which we are too deeply pledged to give an unbiased opinion, but of this we are certain, that should it prevail all hope of elevating the standard of medical education, general as well as professional, is at an end, the era of free trade inaugurated, and no other way left us for drawing a line between the educated physician and the blatant ignorant quack, but by extensively organizing Medical Associations; the

qualifications for membership differing "toto cœlo" from the royal and easy road proposed by Dr. Campbell for enabling a man to affix M.D. to his signature. We presume the Doctor in his present iconoclastic mood will decide upon the vernacular rather than the Latin for the wording of his *degrées* (save the mark) and thus screen the possessors from the inconvenience of being asked to translate them. He has surely forgotten the general purport of the oath required by his *Alma Mater* at the time of his graduation, otherwise he could hardly reconcile to his conscience an attempt to bring University degrees into contempt by ranging them alongside such abominable counterfeits. We cannot for a moment suppose that the various universities of the Dominion will quietly and without an effort submit to this high-handed attempt of wresting from them their hitherto exclusive powers of conferring well-merited degrees—this insolent desire for underrating the value of classical acquirements to a physician. But even if they did yield to popular clamor and consider they were compelled to make a sacrifice of principle in sinking their graduates to a level (at least in the estimation of the unthinking) with the future M.D's. of this proposed Homœopathic Licensing Board, we may rest assured that medicine will not be without its share of scholars so long as it holds out a sufficient inducement to men of ability to enter the profession.

The work of reconstruction entered into some years past by the Medical Council was a great one, and the difficulties not trifling, the measure of success that we had attained, authorized the hope that consolidation would eventually be obtained, that if we were yet a long way off the zenith we had safely passed the nadir, that the wranglings of school-men would in time give place to those broad and comprehensive views on the subject that should alone influence men of a liberal profession, viz., increased diligence in the study, and advancement of the various departments of medicine. We are now, it would seem, to return to Hobbes description of the primitive condition of man: "A congeries of atoms, owning no authority, and engaged in perpetual war," as of course if the proposed Bill obtains the sanction of the Legislature, the various Universities and Colleges will resume their licensing power, the Council will die a natural death, and with it all chance of establishing a high and uniform

curriculum. This reforming backwards may be fairly attributed to the selfish *ambition* and purposes of one individual.

"I have no spur
To prick the sides of my intent, but only
Vaulting ambition, which overleaps itself,
And falls on the other side."

GOVERNMENT AID TO MEDICAL EDUCATION IN ONTARIO AND ON THE CONTINENT.

Governments and politicians in Canada have, of late, dealt rather scurvily by our medical institutions. Politicians have lent themselves to the stupid cry first raised against the literary colleges, and next against the medical schools, that they were denominational and therefore not entitled to public support. Successive governments have withheld the grants formerly given in aid of medical education. Accordingly it is a matter of fact that at the present day in Ontario medical education is carried on without any assistance whatever from the State. The State forgets that it may some day need the services of properly educated men; and forgets, indeed, that already it claims some trivial services to which it has no right, save by compensation, which, however, it omits to make.

Very differently fare the medical educational institutions on the continent. In France, notwithstanding her calamities, means are found to equip the medical faculties with still greater facilities than have been possessed before, so that the Republic does not fall short of the Empire in this respect. In Paris some finely-furnished pathological laboratories have been appended to the hospitals, where clinical teaching is carried on, and teachers and students reap every advantage that can be derived from the thorough investigation of disease. These laboratories have been copied from similar establishments previously existing in Berlin and Vienna, where, through the action of the Prussian and Austrian Governments, respectively, great attention has been paid to the furtherance of medical education. Suddenly, since the advance of the cost of living in Berlin and in the Austrian capital, Leipzig has become a favorite seat of medical education in Germany, great numbers of students having deserted Berlin for this more economical city. This influx of students has been kindly welcomed by the

public authorities. It is proposed to found, as an additional attraction and advantage in connection with the University of Leipzig, a clinique for mental diseases. For this purpose the sum of twenty-five thousand pounds is proposed to be paid out of the public purse. Truly, a magnificent proof of the estimate of medical educational advantages entertained in Germany.

The very recital of such munificence must be staggering to the cheese-paring politicians of Ontario, who sought to economize the public expenditures by cutting off the grants to the medical schools. Small in amount as were the annual grants to the medical colleges, the sum of seven hundred and fifty dollars a year, must have assisted materially in the purchase of apparatus and equipment, to which purpose the money was chiefly, if not altogether, appropriated.

We think it cannot be pretended that the Canadian Medical Schools and the members of the profession which these schools help to mature, do not suffer by this withdrawal of government aid. In point of fact, all the schools in Ontario have suffered financially and their resources for teaching have been in part crippled by this mistaken notion of economy. In progress of time, should not this mistake be rectified, it is to be feared that the result will be manifest in the great and increasing difficulties which our schools must encounter in being deprived of pathological laboratories and their adjuncts to successful teaching which mark the advances of the day in the continental schools. Nothing but great industry on the part of teachers and students can keep both up to the standard of progress which is now being reached in medical tuition abroad, and even with all the possible industry, many of the truths of modern physiology and physical and chemical science must be taken on credit by the Canadian student, and be passed by without demonstration by the Canadian professor for lack of laboratories and apparatus which government assistance might procure.

We are not without some expectation that ere long the Provincial Government will see its way to make provision for high-class medical education in this part of the Dominion. It establishes a school of Technology for the advancement of the mechanical arts, and to be consistent it should also advance the higher art, and one more difficult of attainment, and more essential to the public weal, that of medicine in all its departments.

BIRMINGHAM AND PRIESTLEY.

Dr. B. W. Richardson, F.R.S., (so eminent by his labours as a physiological experimentalist, and as an authority on anæsthetics,) has been giving a series of popular lectures in Birmingham. "Joseph Priestley," as a pioneer of modern science, was the subject of one of the lectures, and at the end of a very vivid portrayal of the life and scientific labours of Priestley, Dr. Richardson made a spirited appeal to the people of Birmingham to atone for the evil done by their forefathers in burning Priestley's house, and in driving him away from Birmingham; and concluded eloquently thus:—"From the ashes of the burned house of Priestley let there arise a temple of science,—make it as he would have made it, resplendent, unrivaled in means for scientific research; give to it his immortal name, and depend upon it that his fame, not less immortal, will descend through your sons,—aye, and through your daughters, too,—conferring, in the ages to come, new lustre on your noble town and new blessings on mankind." It is pleasing to find that this eloquent appeal from a worthy cultivator of science was almost immediately responded to. Through the liberality of Sir Josiah Mason, a site close to the Town Hall has been purchased, and the new Priestley College of Science will soon be commenced.

WEALTHY PHYSICIANS.

Examples are not wanting in British experience, of physicians getting rich by their profession, or having great wealth conferred upon them by inheritance—very often the two sources of wealth going together to make a fortune. Among late examples may be cited Dr. Bence Jones and Sir Henry Holland. Recent English journals mention that the will of the late Dr. Dalrymple, M.P., was proved on the 28th November last by his widow; and a personalty of the handsome sum of £45,000 being sworn to, shows that this medical member of the House of Commons lived in affluent circumstances and has left his family well provided for.

OPENINGS.*—A good opening for a medical man in Albion, Ont. Address, Dr. Hickman.

LARGE STONE IN THE BLADDER.—Dr. Hingston, of Montreal, has removed from the bladder of a young man an oxalate of lime calculus with a phosphatic coating, which measured nine and a quarter inches in greatest circumference,—the largest, so far as we have yet heard, removed in Canada. The lateral method was adopted, and the patient, æt. 22, made a good recovery.

CHOREA TREATED BY GALVANISM.—There has occurred at the General Hospital, Birmingham, recently an interesting case of chorea in a young man, aged eighteen, which has been treated with great success by the daily application of galvanism to the spine. Other treatment had previously been unsuccessful. The case was under the care of Dr. B. Foster, and improvement dated from the second application.

ESMARCH'S METHOD.—Since the introduction into England, by Mr. MacCormack, of Esmarch's bloodless method of performing operations, the method has been practised by many surgeons of eminence. Lately, Mr. Gaugee, of Birmingham, removed four inches of necrosed bone from the middle of the femur of a lad aged nineteen. By this means great facility was given for examining the bone, and not a teaspoonful of blood was lost. It was on an operation of this kind (necrosis tibiæ) that Professor Esmarch based his celebrated clinical lecture, giving a precise account of the origin and advantages of the practice of employing the elastic bandage.

THE HOSPITAL SHIP, "VICTOR EMANUEL."—The English medical journals give great credit to the dockyard authorities, and to those concerned in medical supervision, for the excellence of design and completeness of detail carried out in the construction of the hospital ship, "Victor Emanuel," intended for service on the Gold Coast. One enthusiastic medical visitor exonerates the Government from all charge of parsimony, and says the country has never sent out a floating hospital so carefully planned. He advocates the importance of carefully keeping the plans and specifications for future guidance, as it is probable such vessels will be largely employed in future wars. Let us see how this enthusiasm may be tempered by the experience of invalids in this ship under the tropical sun on the African coast.

UNUSUAL DOSES.—It has been suggested that some uniform mode of marking unusual doses in prescriptions should be adopted by the profession. At present each individual prescriber uses some invention of his own to designate any unusual departure from the ordinary dose. It has been proposed in the British Pharmaceutical Conference, with a view to remedy this, that the prescribing physician should in every case add his initials, thus: *Tr. digitalis* ʒss. (J. R. C.) The German physicians use a note of exclamation (!) after the article, thus: *Tr. digitalis* ʒss. (!). Some are in the habit of underlining the sign, thus: *Tr. digitalis* ʒss. From this it is apparent that some uniform sign should be adopted that would be understood by druggists &c. The one proposed by the British Conference seems the most suitable.

TRINITY COLLEGE MEDICAL SCHOOL.—In a recent issue of some of the British Medical journals, the name of "Trinity College, Toronto," was omitted from the list of Colonial Universities recognized by the Royal College of Surgeons of England. As the Royal College had recognized Trinity College Medical School as soon as it was re-established, this omission was known to have been accidental, and we now learn that the authorities of Trinity College have received a formal notification of its full recognition long since, and an explanation that the above-mentioned omission was a mere accidental error. A similar notification has also been received from the Royal College of Physicians and Surgeons of Edinburgh.

APPOINTMENTS.—John Brandon, of the Village of Ancaster, Esquire, M.D., to be an Associate Coroner, within and for the County of Wentworth. David O'Brien, of the Village of Renfrew, Esquire, M.D., to be an Associate Coroner, within and for the County of Renfrew. Daniel Alexander Sinclair, of the Village of Melbourne, Esquire, M.D., to be an Associate Coroner, within and for the County of Middlesex. George Lewis, of the Village of Fort Erie, Esquire, to be an Associate Coroner, within and for the County of Welland. J. H. Parsons, M.D., has been appointed to the Chair of Medical Jurisprudence and Toxicology, in Victoria College.

BANNING TRUSS AND BRACE CO.—We beg leave to call the attention of our readers to the instru-

ments and appliances manufactured by the above Company. They make a specialty of the manufacture of trusses and braces, in both of which they have no superiors. Their various forms of spinal braces have given remarkably good satisfaction wherever they have been fairly tested. They are light, easily adjusted and comfortable to the patient. We take great pleasure in recommending these appliances to any who may be in need of them. All orders should be addressed to the "Banning Truss and Brace Co.," 704 Broadway, New York, U.S.

SINGULAR PHENOMENON.—A singularly rare, interesting and unique case has lately come under our notice. A colored man, native of Buffalo, U. S., who calls himself (Dr.) George Thomas, aged 45, has been exhibiting before the medical classes in the schools in Toronto during the past week. The case is altogether a puzzling one. The pulsation of the heart can be heard equally distinct on both sides below the nipple. By the action of the muscles of the thorax and abdomen he appears to have the power of displacing the heart, and arresting the pulse at the wrist, for when the muscles are in a state of contraction and the abdomen rendered tense the heart sounds may be distinctly heard, first in the left lumbar region, low down, and then in the right; at the same time they are absent in the precordial region, and the pulse at the wrist cannot be felt. He has also the power of throwing the abdominal muscles into undulating contractions which are very peculiar, producing a wave-like appearance, which is capable of being reversed—the undulations at first proceeding from above downwards, and finally from below upwards.

COLLEGE OF PHYSICIANS AND SURGEONS.—The following gentlemen passed the Matriculation examination in medicine recently held at the High School:—James G. Morden, Marshal Sutton, J. S. Atkinson, Caleb East, Rowland B. Orr, Archibald McCurdy.

DIED.—At Lloydtown, on Tuesday, Jan. 20th, 1874, William Scholfield, M.D., aged 38 years.

At his residence, near Wellington, Prince Edward County, Ontario, on the morning of the 5th Jan. 1874, Dr. Willet Casey Dorland, aged 68 years and 6 months.

On the 21st ult., Dr. Keator, of St. John, N. B., of congestion of the lungs.

Dr. S. W. Butler, late editor of the *Med. and Surg. Reporter*, Philadelphia, died at his residence on the 6th ult.

DEATH OF THE SIAMESE TWINS—The celebrated Siamese twins are dead. They died at their residence, (a farm near Mount Airy) N. C., U. S., on the 17th ult., at the age of 64. Chang, the smaller of the two, had a stroke of paralysis two or three years ago; since then his health has been gradually declining. The other (Eng) was in good health up to the death of his brother. He was greatly frightened at the announcement of his brother's death; and partly from this and the vascular nature of the connection between them, he died about two hours afterwards. No *post mortem* examination was performed, as should have been done in the interest of science, but it has long been known that a very large artery exists in the band which connects them. A surgical operation had long been contemplated on the death of Chang; but his brother was dead before the surgeon, Dr. Hollingsworth, arrived. They were married to two sisters, and were the fathers of several children.

BOOK NOTICES.

THE STUDENT'S GUIDE TO MEDICAL DIAGNOSIS. By Samuel Fenwick, M.D., F.R.C.P., etc. From the third revised and enlarged English edition. With illustrations on wood, pp. 328. Philadelphia: Henry C Lea, 1873. Toronto: Willing & Williamson.

This work was undertaken with a view to the author says of assisting the students in attendance on their clinical lectures in one of the London Hospitals. It is illustrated with wood cuts of pathological lesions, and representations of microscopical sections. The author first takes up diseases of the organs, as the heart, lungs, liver, kidneys, abdomen, and brain; then fevers, rheumatism, gout, and diseases of the skin. A description is first given of the morbid anatomy of each as the result of disease, the leading symptoms are then stated, the significance of each pointed out, and its value as a differential sign weighed. The arrangement is very convenient for the student; the style is clear and impressive, and well adapted to the object the author has in view.

THE TECHNOLOGIST, OR INDUSTRIAL MONTHLY FOR 1874.

The January number of this interesting journal issued by the Industrial Publication Company, 17 Broadway, New York, has come to hand, and usual, it is filled with valuable information. It contains upwards of fifty important articles. Of the nineteen are illustrated, the illustrations including two full-page engravings, printed in colors. The descriptions of new machines and processes are clear and explicit. Those of our readers who are interested in industrial progress, ought by all means to examine this periodical, which may be obtained of any news agent, or direct from the publisher. Each number contains 38 large pages and is published at the low price of \$1.50 per year, or fifteen cents per single number.

A HAND-BOOK OF THE THEORY AND PRACTICE OF MEDICINE. By Frederick T. Roberts, M.D. M.R.C.P., Assistant Physician to the University College Hospital, London, etc. Philadelphia: Lindsay & Blakiston, 1874. Toronto: Copp, Clark & Co.

This book is one of a class much needed and highly prized. In a short space the author gives the leading facts known up to the present date regarding the nature and treatment of disease. In the compass of this single volume a vast amount of information of the best kind is to be found. Its eminently practical character, as well as its being written in a very readable style, cannot fail to make it a favorite with students as well as with the busy practitioner.

DEMOREST'S ILLUSTRATED MONTHLY MAGAZINE for January. Subscription, \$3 per annum, with a beautiful chromo as a premium. (See advt.)

THE PHYSICIANS' HAND-BOOK FOR 1874. By V. Elmer, M.D., and A. D. Elmer, M.D. New York: W. A. Townsend.

HAND-BOOK OF PHYSIOLOGY. By William Sedgwick Kirkes. Edited by W. Marrant Baker, F.R.C.S., etc. With 248 illustrations. Eighth edition; pp. 835. Philadelphia: L. C. Lea. Toronto: Copp, Clark & Co.

A PRACTICAL TREATISE ON THE DISEASES OF THE EAR, including the Anatomy of the Organ. By J. B. St. John Roosa, M.A., M.D. Professor of Diseases of the Eye and Ear University of New York, &c. &c. Illustrated by wood engravings and chromo-lithographs. New York: Wm. Wood & Co. Toronto: Willing & Williamson. Price \$4.50.