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THE CANADA LANCET:

A MONTHLY JOURNAL OF

MEDICAL AND SURGICAL SCIENCE.

VOL. VI. TORONTO, MARCH, 1874. No. 7.

Original Communications.

INJURY OF BRAIN WITH PARTIAL INSSENSIBILITY AND APHASIA LASTING 18 DAYS—RECOVERY.

BY J. H. MCKAY, M.D., L.R.C.P., AND L.R.C.S., EDIN.
TRURO, N.S.

I was called on the 10th of June last to attend a young man named Skinner, a brakeman on the Intercolonial Railway. While standing on the last car leaning out and holding on by one hand, he by some means lost his hold and fell, striking on his left temple, the train at the time going at the rate of twenty-five miles an hour.

I saw him half an hour after the injury. He presented the following symptoms: A large swelling about the size of a hen's egg on the left temple about 1½ inches above the superciliary ridge. The skin was unbroken, showing that he must have fallen on a flat surface. On examination I found this swelling to contain liquid blood, surrounded by a hard rim, giving a feeling that might be easily mistaken for fracture, but no distinct fracture could be detected on closer examination. I understood from those who picked him up that respiration was suspended for a short time. When I saw him, which was about half an hour after the accident, the breathing was regular but not stertorous. Pulse about eighty full and compressible. Eyes firmly closed and turning from side to side, pupils dilated and slightly sensitive to light. With these symptoms there was restlessness to a very great degree, constant motion of the limbs not in any particular direction, but giving one the idea that something was in contact with him that caused him pain which he endeavored ineffectually to remove. All the usual restoratives were applied without effect. I removed him to Truro, a distance of four miles without any change in his symptoms except having

several times vomited, which gave me hope that consciousness would soon return. On removal to his residence I again examined carefully the seat of injury and thought I detected slight depression of the skull. General symptoms continued the same throughout the evening. Ordered him a powerful cathartic, cold applications in the meantime having been kept constantly to the head. No change during night; was quiet at short intervals as if in sleep, the remainder of the time tossing from side to side. Purgative repeated on following morning without effect.

I then in company with Dr. Fraser of New Glasgow gave him an enema composed of half-a-pint of warm water with a table-spoonful of turpentine, at the same time giving him three drop doses of croton-oil in a tea-spoonful of olive oil, repeating every two hours until a free evacuation from the bowels was induced, without any sign of returning consciousness. After consultation we decided that on the following morning we should make an exploratory incision, and be guided by circumstances for the rest. We accordingly did so, laying open the skin for about three or four inches over the seat of injury sufficient for a free exploration; after turning out some clotted blood, we could on strict examination detect no fracture, but there appeared to be slight depression. Under such circumstances we did not deem it our duty to go any further and brought the edges of the wound together by means of sutures. The opinion we then formed of the cause of the continuance of the symptoms and which we think was afterwards in a manner verified, was that compression was caused chiefly by extravasated blood, and also in a slighter degree by depressed skull. During the time of the operation he struggled in the same manner as in the first few hours after the injury. There was evident sensibility to pain although there were no other signs of returning consciousness. This brings us to the fourth day, and during all this time the eyes remained closed; pupils slightly dilated and partially insensible to light; breathing natural. I then shaved the back part of the head, and applied a fly blister, extending from ear to ear without any apparent effect. The diet during all this time was limited to a little gruel, milk, and beef tea, of which he took considerable quantities; the swallowing remained quite good. On the sixth day after dressing the blister and having his linen changed, he showed

evident signs of exhaustion, the breathing became slow, pulse feeble. I immediately prescribed him tea-spoonful doses of brandy-and-water, equal parts every ten minutes, until some improvement showed itself or something gave me warning to stop, and in the course of an hour the pulse and respiration improved greatly. I may here say that I was repeatedly asked to bleed this patient, by his friends, and by every one with whom I came in contact. I have been since asked by medical men when telling them of the case why I did not bleed. I did not do so because I had no faith in it and I am firmly convinced that had I done so my patient would have sunk and died. He might have become conscious for the moment, but only to be followed in a short time by death. I have seen patients killed, or at all events their end hastened by the too free use of the lancet, but this is a digression. I may here mention that during the whole course of treatment his urine was passed without any trouble, the first few times in the bed—owing no doubt to his inability to make his wants known; but after a few days his attendants could tell by his restlessness that he wished to urinate, and by placing the urinal in a proper position he would immediately do so. This showed me that he was to a certain extent conscious. He could also tell what was given him to eat, as articles of food that he formerly disliked he would spit out after the first mouthful. This brings us to the end of the first week. Now for the first time he opened his eyes, but no recognition of surrounding objects was manifest, only a blank vacant look, although when the hand was passed rapidly across the field of vision the lids would close for a moment. There being no signs of improvement I again on the 8th day applied another blister on the side of the head, opposite to that of the seat of injury and also put him on a mixture containing Bromide and Iodide of Potassium, which was continued during the remainder of the time he was under my charge, in all five weeks.

During the nine following days he continued nearly in the same state with very slight signs of improvement. Would rest well at night and eat all the food given him. At the end of sixteen days he was much stronger than at any previous time. He now showed signs of recognizing those about him whom he knew formerly, and if asked to shake hands would do so, but no word escaped his

lips. The pupils still remained dilated although sight was restored.

On the eighteenth day while his sister was sitting at his bedside asking him if he would not speak one word in answer to some question, to her surprise he said "yes." This was the first time he had uttered a word, or had made an attempt at utterance during all this time, and now all in a moment came back to him the power of expressing himself in words. After this time he continued to improve rapidly, could answer questions quite well, but was very easily confused and would then wander off on something else. When asked about the accident he had no recollection of where or when it had occurred, or how long he had been laid up. His improvement continued for the next two or three weeks, both in health and intellect, and at the end of five weeks from the time of the accident he returned home, walking to the station a distance of five hundred yards without assistance. This was the last time I saw him, and other than a slight dilatation of the pupils, which gave him a vacant look, I could detect no difference in him. I understand that he has since returned to his duties as brakesman.

This case I think peculiar in many respects, in the first place we have partial unconsciousness, the patient appearing as if he were in a sleep, and again this semi-conscious state, lasting for nearly three weeks. All the functions of the body were fulfilled, some of the senses seem to have been blunted while others remained unimpaired; but what I wish more particularly to speak of is *Asphasia* or the loss of the faculty of speech, a failure of the memory of words and of the memory of those acts by which words are articulated this implies loss of intelligence. The *Aphasia* seems to have been owing in this case to some injury to the anterior lobe of the brain over the left *Supra-orbital plate*; this was exactly under the seat of the external injury. Dr. Gall was the first who located the faculty of speech in the anterior lobes of the brain which lie on the *supra-orbital plates* irrespective of side. Dr. Marc Dax taught in 1836 that in the left anterior lobe alone was situated this faculty. M. Broca in 1861 brought it down finer still, and put it in the posterior part of the third frontal convolution on the left lobe of the brain. If this be true then we have in this case from a blow on the left temple, injury of the posterior part of the third frontal convolution on

the left side. This, at any rate, is another case pointing to the seat of the faculty somewhere in the neighbourhood of the place mentioned by Broca. Whether extravasation of blood in the brain substance, injury of substance itself, we know not; but we conjecture one or both of these to be the cause of the symptoms in this case.

REMARKS ON A CASE OF CHLOROFORM POISONING.

BY H. J. SAUNDERS, M.D., M.R.C.S., KINGSTON, ONT.

T. D., æt 60 took about half an ounce of chloroform, mistaking it for spiritus chloroformi. I was called about ten minutes after and found him nearly insensible; Five or six minutes later he was perfectly unconscious; the eyeballs became insensible to the touch, the respirations shallow and prolonged, and the pulse so feeble as to be scarcely perceptible at the wrist. Mustard was applied to the pit of the stomach, with the hope of inducing vomiting, and to the nape of the neck and calves of the legs. I also attempted to inject Ammonia and Brandy, into the rectum, but the sphincter ani was paralysed, and everything escaped as fast as injected. The breathing continued to become feebler and the expirations being cold, I tried keeping up artificial respiration after a fashion by compressing the chest with my hands about fifteen or sixteen times a minute and allowing it to expand, which I did for nearly an hour when the respirations became more natural, and the eyeballs began to show signs of returning sensation. In half or three quarters of an hour more the patient was able to sit up and take a little weak brandy and water, after which he slept well for the rest of the night. Except a little headache and feeling of weariness next day, no bad effects followed.

The chief interest of this case is from its rarity. I have only been able to find four recorded, two by Mr. Spence, as having occurred in the Royal Infirmary, Edinburgh, reported in the "Lancet," August 9th, 1856. In one of these, two ounces was swallowed, the patient was unconscious for five hours; the respirations which at one time went as low as seven in the minute, being kept up by the application of a galvanic battery. Recovery was complete four days after, when the

patient returned to her work, which was that of a nurse. Mr. Spence's other case was that of an inmate of the Infirmary, who swallowed six ounces; the same treatment was adopted, with recovery from the anæsthesia, but death took place forty-eight hours after from acute gastritis. Mr. Spence deprecates the use of alcoholic stimuli, and advises ammonia in such cases, on the theoretical ground that the chloroform causes an excess of carbon in the blood which would be increased by alcohol. The third case is reported by Mr. Wells in the "Lancet" of February 19th, 1870. The patient in this case attempted to commit suicide by swallowing half an ounce of chloroform. Unconsciousness lasted about two hours, and artificial respiration was maintained by the use of electricity. In each of these cases the stomach pump was used within three quarters of an hour from the taking of the chloroform, but no trace of the drug could be detected in the matter withdrawn. The fourth case is recorded by Dr. Neild, of Melbourne, in the "Australian Medical Journal," for April, 1871. The patient, who had been on a debauch for several days, swallowed an ounce of chloroform. The treatment adopted in this case was injection of dilute liq. ammonia into the veins of the arms; two drachm were thus given, and partial recovery took place, but death occurred thirty-six hours afterwards preceded by incoherence and illusions.

It would be difficult to determine from these cases what is a fatal dose of chloroform, as although in Dr. Neild's case death occurred from one ounce taken internally, yet as the man was suffering from delirium tremens at the time, we can scarcely say how far death was owing to the poison. The symptoms in those cases where only half an ounce was taken seemed to threaten immediate death, yet recovery took place without any bad after-effects, and Sir Dominic Corrigan records a case, (Dublin Hospital "Gazette," November 15th, 1854.) where a patient suffering from delirium tremens swallowed a six ounce mixture containing over half an ounce, without any evil effect, the patient slept well after taking it and recovered free from delirium. The late Mr. Nunneley, in 1848 published the results of an elaborate series of experiments with various anæsthetics from which he concluded that the ethers and chloroform were almost inert when administered internally, unless given in very large

quantities, when they acted as local irritants, not producing as much effect on the cerebral system as an equal quantity of alcohol. The above cases, however, show that they must be taken, "*cum grano satís.*"

The treatment to be adopted is merely to sustain the vital powers till the effects of the anæsthetic passes off. The stomach pump appears useless, as although applied in three of the above cases within forty minutes of the accident, the matters removed showed no trace of chloroform, while in one of Mr. Spence's cases it excited violent retching and vomiting so as nearly to asphyxiate the patient. The warmth of the body should be maintained by hot external applications, and the respirations by electricity or the various artificial methods, using as little violence as possible. At the same time stimulating enemata might be given, those containing ammonia being preferable to alcohol.

HEPATIC NEURALGIA.

BY HENRY BOGUE, M.D., VICTORIA, ONT.

I propose to give you a few cases on the disease termed "hepatic neuralgia" (Hepatalgia of the French). As the terms applied to this affection are different, the fact would seem to imply a different pathological condition. I am, however, of the opinion that the condition answerable to the symptoms cannot always be satisfactorily made out. Great pain is always present when there is passage of gall stones, congestion of parenchyma, stoppage of gall duct, and in gastrodynia.

In hepatic neuralgia, congestion is probably at the bottom of it all; for by unloading the portal system, immediate relief has always followed. The cases are scarcely worth recording, but from the fact that we seldom see anything similar in journals. Still, such cases make up a considerable item in the medical man's practice in the country; and therefore, such being the case, he should be ready with the most appropriate treatment. The first case occurring in my practice was in the year 1860. Mrs. H., æt. 45, was seized with great pain in the right hypochondrium shooting through to the back; pulse rather quick, 90; great perspiration; some thirst; great tenderness over the part affected; respirations, about 25 per minute.

I ordered search for gall stones, but none were found. Treatment: bloodletting, 8 ozs.; hot poultices; opium, grs. 2, every 4 hours, with 2 grs. of calomel; as a diaphoretic, spiritus mindereri and nitric ether, every 4 hours; smart purging, followed by pot. nitrate and pot. bi-carb. *aa.* five grains every 8 hours. Recovery complete in about a week.

Mrs. M., æt. 36, mother of seven children, was seized with great pain in the right hypochondrium, extending to the pit of the stomach; pulse small and quick; some nausea, but no vomiting; pain paroxysmal; unwell sometime before. Was called hurriedly; bled to 8 or 10 ozs. from foot; put the feet in hot water, and administered calomel and opium every two hours for two or three doses, followed by a brisk purgative. I also used diaphoretics, quinine and tinct. ferri. mur. She got over the attack in a few days, although not perfectly well, and has had no more attacks since. Was this passage of gall stones, or simple congestion, stretching the peritoneal covering?

Mrs. P., seized with great pain in the right hypochondrium; worse than any case yet seen; bled to 8 or 10 ozs.; full doses of tinct. opii; calomel and opium, *aa.* 2 grains, 3 or 4 powders: brisk purge; nitro muriatic acid in full doses; pot. bi-carb. and pot. nitrate, *aa.* five grains, every 6 hours. She recovered in a few days, and continued well for a longer period than any time before. This case was treated for a long time by other medical men without success.

Mr. Henry B., of New Hamburg, complained for eight or nine months of sudden and severe pain in the right hypochondrium, when he was obliged to leave off work and call in a physician. Every week or two the pain would recur, and this state of things continued for eight or nine months. Being a stranger, I was called. He was bled to eight or nine ozs.; tinct. opii. was administered in full doses for a few hours,—then calomel and opium, followed by brisk purging, and diaphoretics. Quinine pot. nitras and sodæ bicarb were given three times a day for a few days, when he became quite well, and continued so for some time, until he escaped my observation. His cure is remarkable, from the fact of his being under treatment so long without benefit.

The next case was a Mrs. P., advanced in life, about 70 years of age, who was seized with great

pain in the right hypochondrium, nausea and vomiting, great tenderness over the stomach. Tinct. opii. was tried in large doses, so that I became uneasy until the contents of the stomach were ejected, without any benefit. Blood-letting was used to eight or ten ozs. when the pain ceased as if by magic. With an additional dose of castor oil the patient rapidly recovered, and has had no more such attacks since.

Correspondence.

(To the Editor of the LANCET.)

SIR,—I regret to say that the Medical Bill does not answer the expectations of all the members of the profession in Ontario, and no Act that would please all could ever possibly become law, as it would of necessity be not acceptable to the general public. Your Correspondence columns, for the last two years, have been principally remarkable for three subjects:—1. Internal dissensions. 2. Abuse of men who laugh at our æsthetical rules. 3. And, alas! in more than one case, appeals to the benevolent. Now, Sir, to every one of the above heads, the chorus to each verse, I fear, is "Money."

Question 1.—Why should we pay money to this Council?

The public will not grant us everything we desire, so let the Board go "by the board." Men however forget one very important point,—that this Board has had one beneficial effect, viz., that it has prevented an influx of practitioners into our already over-crowded ranks, while many younger men, who have passed the examination and have settled in practice, fulminate diatribes in your columns against the Act, Council and Board of Examiners; because, perhaps, some old woman believed in another old woman of the opposite sex, who probably sent his friend to the happy hunting grounds and deprived his opponent of the chance of making money by prolonging her misery. To those the answer is very easy. I believe that the examinations of the College are higher than those of any teaching body in Canada; for this reason, that the questions which, I, at least, have seen, are simpler and easier than those of the teaching bodies. I mean that the questions given by examiners in universities are frequently intend-

ed rather to adorn their calendars, than to be answered by the student.

Is it not a matter of astonishment that a certain percentage of men were unable to pass our lower examination, who had taken the higher degree of M.D.; so that by comparison, I might not blunder in spelling Encyclopædia, still I might be hopelessly ignorant of A B C? The intention of the Council was to prevent the entrance of such pretenders into our ranks, which to a great extent, although not sufficiently so, has been attained the men of the last few years are greatly in advance of the iatro-protoplasms of the past, so far as Canada is concerned at least, and *ex-necessitate*, will reap their reward, though not all at once. The answer then is very simple to Question 1.—Support your own interests, so as to make money.

Question 2.—Why should we (who have passed) pay money to this Council? If the Council does not receive support from other sources than the *graduating supply*, it must necessarily collapse for want of funds. The supply of graduates is not, as formerly, in excess of the country's demand. Should, therefore, the Council fail from lack of means Free Trade in Medicine will be the inevitable result—a consequence hoped for by the Schools, longed for by the formerly alien corporate bodies, and ruinous to the country practitioner. I have a certain knowledge of medical politics in Ontario, and I regret to say that too many of our clients think more, while employing the practitioner, of his religious tenets, than his professional skill. Answer to Question 2.—Support your own interests, so as not to lose money.

Question 3.—Your appeal to the benevolent of our profession for widows and orphans? Answer, money.

Now, Sir, if it is admitted that there exists a strong inducement in our profession to elevate (!) it to a trade level, why not carry that principle out *ab initio* by every trade rule, viz., organize! organize! organize! I am perfectly aware that what I have written will be distasteful to many, objected to by others, and a point blank negative replied to by assertions by some. Yet spite of all the various feelings that may be exhibited each by each, according to the individual character of the man, it ends in one proverb. I am sorry to pen it, "Every one for himself and *κ. τ. λ.*" Then, Sir, if I am correct in my proposition that we as a

body corporate in the community (I mean the Medical Fraternity of Ontario,) look rather to pecuniary advancement than to the encouragement of the philosophical portion of our position let us throw a sop to Cerberus and proceed for money, and if by making money we can use it for higher purposes in our profession, well and good.

Why not initiate an "Ontario Medical Association?" The reasons for it are fourfold; 1st. To protect ourselves; 2nd. To protect the public; 3rd. To elevate our profession to such a pitch that the philosopher, not the fool of the family should be considered the fit one for our profession by the general public. 4th. To make money. There is not the slightest doubt that had legislation initiated the appointment of such a scheme, modelled on the British Medical Association at home, many of the troubles incident to our College would have been avoided; but at the same time when the late Dr. Parker's Bill became law it was only the precursor that a desire existed in the profession for reform as to present legislation. Dr. Parker's Bill was a step in the right direction, so far as my first corollary is concerned, and each succeeding Act has become more favourable to our interests. True there may be objections to some of the details, but if we were "organized" we would be able to bring to bear such pressure on the Legislature as would make it impossible to refuse us protection. Supposing, therefore, that a scheme should be initiated similar to the British Medical Association, but with this very important addition, viz., that to it should be added in its formation some such method as that which exists we will say among the Engineers on this continent, viz., a mutual provident society; that on the death of a member of our Association each and every one of the members pay a certain sum to the heirs of the deceased member.

To protect the public! In this case I think the public up to this time have been so well protected that the great mass of them look upon us as their natural enemies rather than as their protectors. Of the masses we may say as was said of Cassio, "Cassio I love thee, but never more be officer of mine!"

If there is not an innate desire in the masses to commit crimes that humanity loathes at, then we as a profession should not be disgusted and horrified at the advertisements we see in the daily press.

Our duty is not only to protect the public, but also to guard carefully the interest of this *ante-natal* public.

With properly organized machinery brought to bear on our legislators, the criminal law would be so changed that the regular men would not only drive the scum to their proper *habitat*, viz., a too intimate acquaintance with *Cannabis*, or a prolonged residence in *hospitio Reginae*.

To make our profession one that the family mediocrity be not considered as sufficiently capable. The rewards in our profession are few and far between, and are, I regret to say, in the hands of the member where the tempting bait lies, the consequence being that men are tempted to prostitute medicine for politics, and hence to make money. An association might be formed such as I think of, that would prevent that at least.

And lastly to make money. The Association would agree on a Tariff, not for sections or localities, but for the whole Province. This is the only way to settle all difficulties. And as the farmer becomes richer so he buys a pianoforte for his daughter, so when the country practitioner rises in the social scale by the accumulation of wealth, we may be able to see the microscope as the necessary object, rather than the bottles that too frequently cumber the studio of the medical man.

I am afraid that this communication may be too long for your columns. If the little skiff I have floated off be deemed worthy of discussion in other and abler hands I know a prouder vessel will be launched.

Yours truly,

ALPHA.

Reports of Societies.

MEETING OF THE MEDICAL PRACTITIONERS OF THE COUNTY OF NORFOLK.

A meeting of the Medical practitioners of the County of Norfolk having been called by Dr. Alfred Bowlby, the last Vice-President of the late Gore and Thames Association, (in the absence of the President, Dr. Clarke, M.P.P.) there were present the following gentlemen viz: Drs. Bowlby, Bogue, Joy, Patterson, Sparrow, Hayes, &

Walker, Franklin, McKay, Phelan, Lutz, Taggart, Seagar, Marquis, Chadwick, Hagerman and Duncombe. Telegrams were received from Drs. McInnis, Stewart, and others regretting their inability to attend. Dr. A. Bowlby was appointed Chairman, and Dr. R. C. Walker Secretary.

Dr. Bowlby briefly explained the object for which the meeting was called, and desired that the meeting discuss, firstly the secession from the Profession sought to be obtained of the local Legislature by the Homœopathic sect,—and secondly a consideration of the Medical Bill, to be amended as suggested by the Executive Committee of the College of Physicians and Surgeons of Ontario.

Moved by Dr. Hayes and seconded by Dr. Joy and carried unanimously,—

“That whatever may have been or may be our views regarding the principle involved in combining the various elements of particular dogmas into the General Profession as at present effected by the Ontario Medical Act for educational purposes, we are united in the belief that that Act has been practically beneficial in checking the presumption of pretenders and in elevating the general standard of Medical Education, and that its repeal would be detrimental to the welfare of the general public.

Moved by Dr. Bogue, seconded by Dr. Hagerman, and carried unanimously,—

“That inasmuch as the Homœopathic element now enjoy, and under the late Medical Act will continue to enjoy, equal rights and privileges with the members of the General Profession, and of the Eclectic body, the Act of independent Incorporation sought by it, while it shows a confession of its weakness in fair and honest competition, is nevertheless uncalled for and unnecessary, and the separate powers which it asks of our Legislature would be injurious alike to the public good, and to the uniform system of general professional education, aimed to be accomplished by our Canadian Universities.

Moved by Dr. Lutz, seconded by Dr. Franklin, and carried,—

“That the Secretary be instructed to communicate with our Representatives of the two Ridings of Norfolk in the Ontario Legislature and solicit them to confer with the Executive Committee of the Medical Council of Ontario, praying their aid

in urging the views embodied in the foregoing resolutions upon the members of the Legislature and of the Government, and to take such other steps as they in their wisdom may deem requisite to carry them into effect.

The amendments to the Ontario Medical Act and the communication from the Executive Committee of the council of the College of Physicians and Surgeons were then taken up.

The Chairman called upon Dr. N. O. Walker, the first Classical Examiner of preliminary subjects for students, to state the progress made by the Medical Council, and whether it would not be prudent to lessen the number of members and thereby lessen expenses. Dr. Walker briefly stated the connection he had with the Medical Council during the first few years of its existence. He thought the representation not too large, and commended the economy exercised by the Council in appointing an Executive Committee, and in reducing the number of examiners; he alluded to the many good results already effected. He regarded that a Profession so important and influential as the Medical Profession should have an examiner of its own, as the Law Society had—he thought it a retrograde step when the Council appointed two separate examiners at Kingston and Toronto. Uniformity in the preliminary examinations was thus destroyed. He thought the Profession ought to assist in sustaining the Medical Council in the absence of Government aid; the students ought not to bear the whole burden at the threshold of a laborious and responsible profession.

After a long discussion it was moved by Dr. Taggart, seconded by Dr. Sparrow, and carried,—

“That from our experience, we the Medical practitioners of the County of Norfolk deeply feel that our Provincial Government has not in the past done its duty towards the health and *lives even* of our fellow citizens inasmuch as it has not protected them from being imposed upon by charlatans and from being tampered with by unskilled and incompetent pretenders:—That we, as members of the Community having families, and knowing the evils of unqualified and ignorant quackery, consider it the bounden duty of the State (as in all civilized European countries) to take care of the lives and health of the sick and unfortunate, and by *penal enactments* restrain all except skilled

and properly qualified and educated persons from the practice of medicine and surgery."

Moved by Dr. Seagar, seconded by Dr. Patterson, and carried,—

"That this meeting is of the opinion that it is the duty of our Legislature to grant a sufficient sum to meet the expenses of the General Council of the College of Physicians and Surgeons of Ontario, inasmuch as they under the Medical Act have the guidance and control over the necessary requirements of those seeking to attain to the responsible positions of guardians of the public health and hand-maids of nature, and that until such duty is recognized by our Representatives in Parliament, the general profession should sustain the Medical Council in their good work, and thus relieve the students, and at the same time demand that penal clauses be added to the amended Act, capable of restraining entirely the incompetent unqualified and uneducated from tampering with diseases and injuries.

Moved by Dr. Walker, seconded by Dr. Duncome, and carried,—

"That the Secretary be instructed to send a copy of the above resolutions to the Secretary of the Executive Committee, to the Editor of the the "*Canada Lancet*," and to each of the Representatives of this County in the Legislature of Ontario.

An uniform tariff of fees, Surgical and Medical, was then discussed, and the meeting adjourned subject to the call of Chairman.

ALFRED BOWLBY, *Chairman*.

N. O. WALKER, *Secretary*.

[The above resolutions are a fair reflex of the views of the profession in all parts of the country. Similar resolutions were adopted by a meeting of the profession in Toronto a short time ago,—and also by the Brant Co. Medical Association in June last.]—Ed. L.

Selected Articles.

TREATMENT OF LACERATION OF THE FEMALE PERINÆUM.

Dr. D. Hayes Agnew (*American Supplement to the Obstetrical Journal of Great Britain and Ireland, June, 1873*) speaks, after further experience, with great confidence of the value of his operation, described in 1867 (*Pennsylvania Hospital Reports*),

for the cure of lacerations of the female perinæum. The chief points of practical interest are the closure of the recto-vaginal septum, and the restoration of the perineal continuity at a single operation; the use only of the interrupted wire suture, and no lateral division of the sphincter. The bowels are freely moved early in the day previous to the operation, and one or two grains of opium are afterwards administered, in order to prevent the descent of the feculent matter into the rectum. After etherisation, the patient is placed on the back, in the lithotomy position, the limbs supported by assistants, and the sides of the laceration denuded to the extent of one inch in breadth, removing the thinnest possible layer of tissue. Next, the recto-vaginal septum is freshened. This is sometimes best done with the scissors. A long needle, supported on a handle—the eye being near the extremity—is armed with an iron thread, well coated with silver. Dr. Agnew uses for the first suture, iron, in order that it may not break. The needle is entered three-quarters of an inch from the margin of the wound, below its lowest point, at the interior part of the ischio-rectal fossa, and carried forwards and upwards, until it appears on the middle of the vaginal surface of the septum, just above the line of denudation; the thread is then picked out of the eye of the needle, and the latter withdrawn, and made to pass unarmed through the corresponding parts on the opposite side, emerging on the septum, close to the first. The wire is now passed through its eye, and, as the needle is withdrawn, makes the complete circuit of the wound, so that, when it is tightened, the parts are pursed together. Two or three other silver sutures are inserted, the blood carefully sponged away; or, what is better, washed away by a stream from a syringe, and the parts approximated, to favour which the limbs should be brought together. To maintain the apposition, perforated shot are run down the wires, and clamped with a pair of compressing forceps. A superficial suture is sometimes inserted with a curved needle between the deep ones. The subsequent treatment consists in securing the limbs of the patient together, removing the urine two or three times in the twenty-four hours, or by allowing a self-retaining catheter to remain in the bladder, having a small Indian-rubber tube attached to its extremity, in order to conduct the urine into a vessel properly placed. The bowels are to be kept quiet for seven or eight days with opium, and any painful accumulations of flatus in the rectum are to be removed by carefully introducing a female catheter. The diet should consist of milk, animal broth, eggs, cream, toast, and, after the fifth day, some solid food. The stitches are not to be removed until the seventh day; and on that day, or the day following, the bowels should be opened by small doses of castor oil, or some

saline, at considerable intervals (two teaspoonfuls of oil every fourth hour). The utmost caution is to be observed in securing the first evacuation. The nurse should be directed to support the nates—the patient to avoid any strong straining effort; and, if necessary, the contents of the rectum may be softened by throwing into the bowel, very gently, a little warm water. The rectum may become impacted with a large mass, the expulsion of which would certainly tear asunder the tender line of union; and then it is proper to pick a channel through the centre of the mass, until its walls fall together, and it may safely be expelled. Once opened, the bowels should be locked up for four or five days, in order that the cicatrix may become solid.

TREATMENT OF SPASMODIC ASTHMA BY CHLORAL.

BY C. T. WILLIAMS, M.D., F.R.C.P.

At a meeting of the Clinical Society of London, October 10th, Dr Williams brought forward three cases of spasmodic asthma treated by chloral. The first was that of a married woman, aged twenty-three, from the Isle of Man. Various remedies had been tried in vain. On her arrival in town, Dr Williams did not at first pursue active treatment, hoping that the change of climate might give relief. The fit, however, coming on as usual, chloral was given in twenty grain doses. After the first dose she fell asleep for an hour; after the second she slept a whole night; and a few more rendered her breathing quite clear. The drug was then omitted, and the patient remained free from asthma for more than a week. The second case was that of a lad, aged sixteen, who had been subject for six years to attacks occurring once a week and lasting three days. Chloral was given during a severe paroxysm, with the result of causing sleep and immediate relief to the breathing. He remained in the Brompton Hospital free from attacks, in spite of several threatenings of dyspnoea, which were always averted by the timely administration of chloral. The third patient was an unmarried woman, aged twenty-seven, with a history of asthma of two years' standing; the attacks occurring every morning, lasting two or three hours, and often recurring in the forenoon. During a very severe one, which occurred in the Brompton Hospital, a variety of drugs were tried with little effect. Chloroform inhalation gave some relief, but caused cardiac intermission. Hypodermic injection of morphia did good, but her increasing lividity precluded its continuance. Chloral was then given in twenty-grain doses, and the first dose induced slumber and easy respiration. The drug was continued in

smaller doses for upwards of two months, during which time the attacks seldom recurred, and, when they did so, were extremely mild. Once the chloral was omitted, and the asthma immediately returned, but ceased on resuming it. All the cases were complicated by catarrhal symptoms, and in the third case there was considerable emphysema, which diminished during the patient's stay in the hospital. Biermer, of Zurich, had already used chloral extensively in these cases. Dr. Theodore Williams's own experience, founded on upwards of twenty cases, was decidedly favorable to the use of the hydrate of chloral in spasmodic asthma. In only two cases had any untoward symptoms arisen.

Dr. Reginald Southey remarked that most cases of asthma showed a nervous or hysterical temperament, and that if the disease depends distinctly on a neurosis, the drug acted as a stimulant, and so did good. In one case that had come under his notice, nitrite of amyl was decidedly beneficial, though the effect was only temporary.

Dr. A. P. Stewart, in complimenting Dr. Williams on his paper, observed that chloral hydrate was a very uncertain remedy, that it sometimes caused great and alarming depression of the circulation, and usually extreme irritation, with affection of the eyes, etc. He (Dr. Stewart) believed rather in the efficacy of large doses of bromide of potassium, which, in his opinion, was a less perilous remedy than chloral hydrate.

Mr. Nunn asked Dr. Williams if any of his cases were due to special diet, and remarked that various articles of food, as rice, will in some persons cause symptoms akin to suffocation.

Dr. Williams, in replying, did not agree with Dr. Southey as to the stimulant properties of chloral, demurred to the dangers attending its administration indicated by Dr. Stewart, and thought it a safe remedy, inasmuch as very few fatal cases resulting from its use are recorded, although it is now well known as a domestic medicine. He believed that the cases recorded in his paper were due, not to dietetic, but to climatic causes.—*Lancet* Half yearly abstract.

[We have tried this remedy in spasmodic asthma and can fully endorse the statements of Dr. Williams.]—Ed. L.

SANITARY SCIENCE.

In a very exhaustive discourse delivered at the Birmingham Town Hall, and published in *Nature*, Professor Corfield alluded to sanitary science as a thing of yesterday, comparatively speaking; but sanitary art, the art of preserving the health, whether of individuals or of communities, he remarked, has been studied and practised for ages. Sanitary science is the latest and highest develop-

ment of medical science because of the extreme importance of its objects and results. It is the study of the causes of diseases, and it points out the means of preventing them; and I am sure, continued the lecturer, you are all agreed that "prevention is better than cure;" as Rollet of Lyons well said, "Medicine cures individuals, hygiene saves the masses." But while we contrast hygiene (another name for sanitary science) with curative medicine, we must not forget that it is altogether a medical science, and that its great lights have been all medical men (mind, I am not speaking of the art now, but of the science), and this is necessarily so, and always must be so. I have said that sanitary science is the study of the causes of diseases, of the modes in which they originate, and in which they spread from one person or place to another. It is therefore only those who are acquainted with disease that are competent to deal with it all, and these are those who have made medical science generally their special subject. You sometimes hear it said that medical men don't know much about diseases. Just think what this means; disease has been studied by earnest men in all its various forms for thousands of years; experiences have been recorded, comparisons made; the effects of remedies noted from generation to generation, and yet we are asked to believe that medical men don't know anything about diseases; the thing is absurd on the face of it. * * *

But if sanitary science is a thing of yesterday, such is not the case with the observation of sanitary facts, nor with the practice of sanitary art, and while it is true that sanitary science is essentially and entirely a medical study, and is necessarily so, it is equally true that the practice of the art of preserving the health is not only possible to all, but is a duty which devolves upon all. In all ages we have had writers on this subject. From all countries we may learn useful lessons about it. From the times of Hippocrates, Galen, and Celsus we have had records of the results of observations on the methods of preserving the health; from the time of Moses we had lawgivers imposing sanitary conditions of existence upon unwilling, because ignorant populations. We look upon the immense engineering work undertaken and carried out by the Romans to supply their towns with pure water with astonishment, and we turn round and see our own towns supplied from polluted rivers, or, worse still, from shallow wells dug in the soil upon which they themselves stand, well supplied in most cases chiefly by the foul water which has percolated from the surface of the ground. We have found out in later times that one of the main conditions of the health of communities depends on the purity of the drinking water, and we see that the Roman engineers, by having to go to a considerable distance for water in order to get it to a sufficient height in their cities, accidentally, as it were, fulfilled one of the most important of sanitary requirements.

"Knowledge is power," and as we come to know more of the conditions which favour the spread of diseases, as we do daily, it is our own fault if we neglect to use the power which that knowledge gives us. There are two conditions of insalubrity which are pre-eminent. I hardly know which to place first. The one is overcrowding, and the other the accumulation of refuse matters in and about dwellings. These conditions were those which especially favoured the spread of the fearful plagues of the middle ages, as a result of overcrowding we have a deteriorated condition of the air, from the diminution of the amount of its most essential constituent, oxygen; and, worse still, we have it rendered foul by the exhalation of decomposing organic matters from the bodies of the persons breathing it. Such a state of air is especially favourable to the multiplication of the poisons of diseases; such a state of the air is also brought about by the non-removal of refuse matters from the vicinity of habitations.

I consider that one of the most important conclusions that the study of sanitary science has forced upon us lately is the conclusion that the immediate removal of refuse matters is one of the first necessities of the healthy existence of a community. There are those who would have you believe that refuse matters may be rendered innocuous in one way or another, so that they may be kept with safety in and near to houses. Don't listen to them; the principle is wrong—radically wrong. Depend upon it that the true method is to get rid of such matters at once, and in the simplest possible way, and that is the cheapest plan in the end. Show me a town where refuse matters are kept—no matter how they are treated—and I will show you a town where the standard of vitality is low; I will show you a town with a high death-rate, especially among children. *Medical Press and Circular.*

PLANTS IN SLEEPING ROOMS.

In a recent number of the *St. Louis Medical and Surgical Journal* is a letter from Mr. Kedzie, in which he quotes a paragraph from Professor Johnson's "How Crops Feed," in which it is stated very correctly that the quantity of carbonic acid absorbed by day by plants in direct light is vastly greater than that exhaled during the night. According to Corenwinder's experiment, fifteen to twenty minutes of direct sunlight enable the colza, the pea, the bean, the raspberry, and sunflower to absorb as much carbonic acid as they exhale during a whole night. Boussingault found as the average of a number of experiments that a square metre of oleander leaves decomposed in sunlight 1.108 litre of carbonic acid per hour; in the dark the same surface of leaf exhaled .07 litre (each litre is equal

to about two pints and one-eighth) of this gas. From this it would appear that the balance is likely to be in favour of their utility in purifying the air, especially as during the day they eliminate oxygen. In order, however, to determine the point, Mr. Kedzie collected air from the college green-house, in which there were more than 6000 plants, before sunrise, and after the room had been closed more than twelve hours. The average of five analysis showed that there were 3.94 parts of carbonic acid in 10,000 of air, and it thus appears that the air in the greenhouse was better than "pure country air," which contains 4 parts in 10,000. To ascertain whether the air in the greenhouse had more carbonic acid by night than by day Mr. Kedzie analysed two specimens at 2 p.m. These gave 1.40 and 1.38 parts of carbonic in 10,000, or an average of 1.39 parts, showing that the night air contained more carbonic acid than did the air of the day. On the whole, it may be safely concluded that the presence of one or two dozen plants in a room will not exhale enough carbonic acid by night to injure the sleepers.—*Lancet*.

DIAGNOSIS OF SCROTAL TUMORS.

BY THOMAS BRYANT, F.R.C.S., SURGEON TO GUY'S HOSPITAL.

[We quote the following passage as an example of the practical method with which Mr. Bryant deals with a subject]:—

"I propose now to consider the subject of diagnosis of scrotal tumors as a whole, to describe the train of thought as it passes through the surgeon's mind in his attempt to diagnose a tumor of the testis, and to point out the special symptoms, or their combination, as they tend to indicate the presence of any special affection. Fully recognizing the great difficulty so frequently experienced in forming a positive opinion as to the nature of a scrotal tumor, I believe that a near approximation to truth may generally be made when the history of the case and its special symptoms are carefully weighed, and I am not disposed to place amongst the impossible the diagnosis of a scrotal tumor, because occasionally great difficulty may be experienced, or it may be beyond our power to form any positive opinion upon the point. There are gradations of probability in all our conclusions as to the diagnosis of any disease; a certainty, untainted by fallacy or doubt, is rarely obtained; and I take it, we are as often correct in our judgment of a scrotal tumor as we are of any other affection.

"The first point the surgeon has to decide, on being consulted as to the nature of a scrotal tumor,

has reference to the question of hernia. Is the tumor from the abdominal cavity? Should the surgeon be able to isolate the growth at its neck from the abdominal cavity by the thumb and finger the question is or at once decided, for almost all scrotal tumors can be so isolated, it being quite exceptional for any to pass up the cord so far as the internal ring. Rare cases of vaginal hydrocele, or hæmatocele, in which the tunica vaginalis is open up to the internal ring, form an exception.

"This important preliminary point having been decided, the nature of the growth claims our attention next.

"Is it a hydrocele or a hæmatocele? Is it the product of inflammation or of tubercular disease? Is it a new growth altogether, and if so, is it innocent in its nature or malignant?

"Should the tumor prove translucent by transmitted light, the existence of a hydrocele may fairly be decided, although the form of this affection may yet be doubtful. Is it an ordinary vaginal hydrocele, or is it encysted? Should the tumor be large, even, and pyriform, and should the testis be found, either by means of manipulation or by the opacity displayed at one spot on transmitting light—at the posterior part of the tumor—vaginal hydrocele may be suspected; but should the testis exist in front or at one side, and should the tumor be small and have been of very slow growth, and should it be more or less globular or evidently multilocular, a cystic hydrocele may probably be diagnosed. The tapping of the tumor, will, however, settle the diagnosis; for in vaginal hydrocele the fluid will be more or less straw-colored and albuminous; in the encysted it will be thin, non-aluminous, pale, and probably opalescent, containing on microscopical examination granules and spermatozoa.

"The presence of hydrocele is thus readily decided in the majority of cases, but in rare or old instances the tumor is at times opaque, thus complicating the diagnosis. The history of these cases will, however, tend to throw much light upon the point, for it will to a certainty reveal a disease of very long standing; the tumor will be probably painless and fluctuating, and the testis will be made out in its usual position at the posterior part of the sac. Should a doubt exist, a puncture with an exploring trocar and canula will decide the question, for in these cases fluid will be drawn off of a dark color, loaded with cholesterine.

"We will now pass on to the consideration of tumors which are not translucent, and not hydrocele, and it is here that the surgeon experiences true difficulty in his diagnosis, for almost all the diseases of the testis are insidious in their growth, and most are painless in their development. The hæmatocele usually follows upon some strain or injury, and increases with tolerable rapidity up to a certain point

and is accompanied with pain which soon subsides ; it then becomes stationary as to size, and remains torpid for a variable period, when pain again appears with other signs of inflammation. The presence of the testis is also to be made out by manipulation towards the posterior part of the organ. The surface of the tumor is always smooth, more or less oval or pyriform, and semi-elastic or fluctuating.

"The inflammatory affections of the testis have a peculiar shape, being literally flattened ; they are usually accompanied at some period of their course with tenderness and pain, and often associated with fluid in the tunica vaginalis. In the syphilitic inflammation this fluid is often copious. Both organs are also generally involved, either together or at different times. The tumor is usually somewhat tender to the touch, and has a firm fibrous feel, unlike the semi-elastic and half-fluctuating sensations given by the cystic or carcinomatous disease. In very chronic cases the testis may, however, be perfectly painless, and will allow of any amount of manipulation without distress ; the natural testicular sensation will soon have disappeared. In syphilitic disease the surface of the tumor will probably be irregular, with firm fibrous outgrowths in different parts and in the tunica albuginea.

"In the tubercular affection of the epididymis or testis there should not be any difficulty in the diagnosis, for the tubercular deposit, as a rule, takes place unaccompanied with any pain, or any symptom beyond that produced by its deposition. When deposited in masses—its usual form—it feels like some foreign body introduced into the body of the gland or of the epididymis ; it is at first quite painless and unproductive of any symptoms, these only appearing when the material begins to soften down, and excite some inflammatory action in the parts around. The tubercular material may be deposited in one mass or more masses, these subsequently, perhaps, coalescing into an irregular induration. When suppuration takes place, the diagnosis is complete.

"The cystic or simple tumors of the testis are painless from the beginning, painless during their growth, as well as on manipulation, and are to be recognized by purely negative symptoms. They attract the patient's observation only from their size ; can be handled without exciting pain, and are usually free from even the natural sensation of the organ upon pressure. They are slow in their progress, uniform in their outline, and more or less globular ; are always confined to one gland ; are rarely accompanied with fluid in the tunica vaginalis ; and, on being punctured, emit only a more or less blood-stained glairy mucus.

"The cancerous tumors of the organ are more rapid in their development than the cystic—a year's growth, as a rule, giving a large tumor ;

they are likewise painless, and readily allow of free manipulation. The natural sensation of the organ also disappears. They are unaccompanied with a hydrocele, and also involve only one organ. They have a more elastic and fluctuating feel than the cystic, and the inflammatory enlargements, and when their outline is unequal or bossy, the projection is generally softer than the other portion of the tumor. An exploring needle, or trocar and canula, rarely, if ever, reveals the mucoid fluid so characteristic of a cancer. In the preceding table the chief points of difference in the several chronic affections of the testicles are clearly shown."—*Half-yearly abstract of Med. Sciences.*

AUSCULTATION AS AN AID TO THE DIAGNOSIS OF STONE IN THE BLADDER.

BY HENRY H. HEAD, M.D. PHYSICIAN TO THE ADELAIDE HOSPITAL.

Dr. Head states that he sounded a gentleman's bladder and was pretty sure that he detected a stone, but did not think the evidence absolutely conclusive, when it occurred to him to try auscultation, to see if it would assist his diagnosis. He accordingly applied one end of an Indian-rubber tube to the top of the catheter with which he was examining him, and the other to his ear, and at once heard, with the greatest distinctness, the instrument strike the stone. The evidence afforded was so conclusive that there could no longer be any doubt on the subject.

He adds : "Since I saw the above case, I have performed my experiments with substances of various sizes and degrees of hardness, placed in a bladder distended with water, and have never failed to discover them by the sense of hearing, which I have found much more delicate than that of touch. Even a small piece of soft chalk, not larger than a pea, can be most easily detected ; the slightest touch of the catheter or sound being conveyed to the ear, when it could not be recognized by the hand.

"I feel confident this method of applying auscultation will afford most material aid to the surgeon in forming a diagnosis in doubtful cases.

The apparatus used by him consists of a small vulcanized Indian-rubber tube, about eighteen or twenty four inches long, to one end of which an ivory ear-piece is attached, similar to that used for ear-trumpets ; and into the other end is inserted a metallic plug, with a tapering end protruding which should be pressed tightly into the canal of the catheter ; or, if a solid sound is used, the end of the tube, without the plug, may be fastened to it.—*Irish Hospital Gazette. H. Y. Abstract.*

TWO NEW METHODS OF RECTAL LITHOTOMY.

Dr. Theodore Schaffer (*Vierteljahrsschrift für prakt. Heilkunde*) describes two new methods of lithotomy, which he calls, 1. recto-vesical lithotomy; 2. recto-urethro-prostatic lithotomy. By the recto-vesical lithotomy, we penetrate directly into the bladder. This operation is performed in five stages. The first comprises the preliminary dilatation of the rectum and the bladder. The dilatation of the rectum is intended to facilitate the access of instruments. It is effected by the aid of Sims's speculum, slightly modified. The rectal walls are further separated by means of hooks of metal wire. The dilatation of the bladder is intended to increase the projection which its base forms in the rectum, to separate laterally the seminal vesicles, and thus to remove them from the field of operation, and finally to elevate the peritoneal *cul-de-sac* which is thus protected. This dilatation is obtained by injection of air, or preferably, of carbonic acid gas, the latter being better borne. When the bladder is very irritable, this injection of gas is not made until after the patient has been placed under chloroform. In the second stage, dissecting forceps are applied above the base of the prostate. The rectal mucous membrane is pinched up transversely, and the fold longitudinally incised. In the third stage, the muscular layer of the rectum is similarly divided. In the fourth, the prostatic perineal aponeurosis is seized, drawn through the rectal wound, and divided longitudinally, after it has been ascertained that the incision will not affect either the seminal vesicles or the deferent canals. In the fifth stage, the base of the bladder (examined first with the same precaution) is longitudinally incised by the aid of scissors, which are conducted along a groove in the catheter. The incision is made to an extent proportional to the presumed size of the stone, but always taking care not to injure the peritoneum. The stone can then be extracted. A few points of suture are then applied by a form of needle invented and described by the author as greatly facilitating the operation. The second method is named by the author lateral recto-prostatic lithotomy. It is especially applicable to young subjects, with a view to avoid injuring the peritoneal *cul-de-sac*, which in them descends very low. As in the first method, the bladder and rectum are first dilated; the catheter is then introduced into the bladder. The sound may easily be felt in the membranous part of the urethra, and the prostate explored. Half a centimeter below the border of this organ, a fold is caught by a strong forceps, including the mucous and muscular layers of the rectum. When once all the layers of the rectum are divided, small oblique incisions are made at the extremities

of this wound, in such wise as to form a rounded flap, convex below. This flap is lifted up, then dissected. The membranous portion of the urethra is then reached, which is divided, as well as the prostate, to an extent proportionate to the supposed extent of the stone. Some points of suture are then applied to the prostate and the flap, which falls back and applies itself to the spot by its own weight. The author considers the application of suture very important in these cases, to avoid fistulæ. In the operations of rectal lithotomy, where the parts divided have thus been brought together, cure was obtained once in eight days, and once in eleven days, without leaving any fistula.—*Brit. Med. Journal*.

A SAFE METHOD OF INDUCING PREMATURE LABOR.

BY BEVERLEY R. MORRIS, M.D., NOTTINGHAM.

The process that Dr. Morris describes is by galvanism, as far as he is aware by an entirely different application of the principle from any before attempted. The principle involved was introduced by Mr. Dancer, of Manchester, many years ago, for the purpose of arresting post-partum hemorrhage, and this it undoubtedly effected satisfactorily; but the apparatus was so cumbersome, that few practitioners could carry it about with them, and, probably from this cause, it was never generally used. The instrument invented by Mr. Dancer was so arranged that one pole of the galvanic current could be introduced into the uterus, while the other was applied over the abdomen; it was so constructed that either a continuous or an interrupted current could be applied. The instant effect was a powerful contraction of the uterus, and a subsequent cessation hemorrhage.

The application of this principle to the induction of premature labor was made by Mr. John Varley, surgeon, of Nottingham. The mode of using this instrument, modified by Mr. Varley, is to insert the metallic point within the os uteri and then, placing the other pole to the abdomen, pass a slight continuous current through the uterus for ten minutes or a quarter of an hour. This induces a dilatation of the os, which is further increased by substituting a larger conical point, and again continuing a gentle current for a few minutes. In each case in which this method had been used so far, labor has followed in two or three days; but, should this not be the case, it will only be requisite to apply the current daily until it does. The safest way is to expose the os uteri by a speculum, which may then be withdrawn over the instrument. The great portability of the instrument and battery will allow it to be readily carried in the pocket, and

it is always ready for use at a moment's notice; and the induced current seems to me amply sufficient for the purpose. The arrangement for giving a continuous or broken current is very simple, and entirely and instantly within the operator's power.

The instrument consists of a metallic sound, covered, except at the point, with a non-conducting material, and having a metallic connection at the handle, and so arranged as to be either broken or continuous by a touch of the finger. This intermediate part is connected with one pole of the battery; while the other pole is attached to a metallic tube or conductor for external application, either direct or through the hand of the operator. It is manifest that there are other cases in which it may be most usefully employed, as, for instance, in sluggish or atonic labor, and other similar states.—*Brit. Med. Journal. Half-yearly abstract of Med. Science.*

[It may be employed with success in chronic constipation of an obstinate nature, one pole of the battery of the proper shape is introduced into the rectum and the other is applied over the abdomen. This should be continued for ten minutes or a quarter of an hour, and repeated daily.]—Ed. L.

ON GALL-STONES.

Schiff thinks that these calculi are formed of cholesterin, not because this substance is formed in too great abundance, but because the bile does not contain the principles which maintain it in solution. These are the cholates and choleates of soda and potassa, more than the alkalinity of the bile which dissolves the cholesterin. Schiff therefore advises the administration of eight grains of choleate of soda, to be given twice daily, and increased until "saturation" is indicated by irregularity of the pulse, which becomes slow during repose and accelerated by the least effort. The dose may then be diminished, but not entirely suspended—a considerable time, a week at least, being required for the remedy to produce amelioration of the symptoms.

Gall-stones are exceedingly common at Carlsbad, and Dr. Pichler, of that spa, gives (*Memorabilien*, December, 1873,) some interesting notes on treatment. He obtains the best results from sub-cutaneous injections of morphia, followed by a dose of chloral by the stomach. It is certain that the effect of chloral may be greatly increased by preceding it by morphia hypodermically, so much so that the effect has been sometimes too great, so that, although Dr. Pichler is supported by Nussbaum and others, caution is required. By means of narcein, succeeded by chloroform, Rabuteau produced such an effect on a dog that he could,

after waking up, be pinched or pricked without exhibiting any sign of feeling, although he walked about and knew his master's voice. Some such effect as this is seen when a dose of chloral hydrate is taken soon after morphia has been injected hypodermically. No cases would be more appropriate for the cautious employment of such treatment than those in which the passage of gall-stones is producing unpreventable agony.

The treatment of gall-stones Dr. Habershon (a) divides into that which is calculated to relieve the paroxysm; that which lessens the jaundice; and thirdly, that which is designed to prevent the recurrence of the attack. As to the first, the intensity of the pain calls for immediate attention, and by means of the hypodermic injection of morphia and the inhalation of chloroform we are enabled to afford considerable relief; these means are much more effective and better than the internal use of opium, which is with difficulty absorbed, and has sometimes been given in such large doses as to endanger the life of the patient. Externally hot fomentations may be applied, or, what is more effectual, the mixed chloroform liniment, belladonna liniment, and aconite liniment—half an ounce of the two first, and a drachm of the latter. If the bowels are confined, they should be acted upon by a free mercurial purgative and warm saline draught, or by an enema.

In hastening the removal of the jaundice, unstimulating diet and gentle action on the bowels are the best means to employ; and the saline mineral waters are often of great assistance, but must be administered with caution. Alkalies may be used with advantage, not only in facilitating the discharge of inspissated bile, but in lessening duodenal irritation. It is of great importance also where other calculi are retained, and also where there is much irritation to the pyloric region of the stomach and the first portion of the duodenum. Bismuth with alkalies is of some value in diminishing this gastric sensibility; but, while anaesthetics and anodynes afford immediate relief, and alkalies promote recovery, a great amount of patience is required by the medical attendant, as well as by the patient, lest the disease be aggravated by over-active treatment.—*The Doctor.*

THE CURE AND CRAVING FOR STIMULANTS.

DR. BUNTON has been writing letters to the *British Messenger* on the temptation to drunkenness caused by the craving for stimulants felt by some people. He furnishes prescriptions which he believes will overcome this craving, and which, we

(a) Lettsomian Lectures for 1872, "On Diseases of the Liver."

presume, are to be obtained by his readers at the nearest chemists. Here are two of them :—

“1st. Put a quarter of an ounce of sulphate of iron and half an ounce of magnesia in an ordinary quart bottle, and fill it up with peppermint water. A wine-glassful to be taken three or four times a day. Instead of the peppermint water an infusion of dried peppermint may be used. It may be made stronger or weaker according to the taste of the patient, and should be allowed to cool before it is added to the sulphate of iron and magnesia. A little gum-arabic or gum-tragacanth added to the mixture will keep the magnesia better suspended, but this may perfectly well be omitted. The bottle should be shaken before the dose is poured out. 2nd. Take an ounce of quassia chips and pour over them as much cold water as will fill three quart bottles. Let them stand an hour, and then strain. Add to the strained liquid $6\frac{1}{2}$ fluid drachms of the solution of iron, sold under the name of ‘Liquor Ferri Rerchlorida.’ Two table-spoonfuls or half a wineglassful to be taken three or four times a day. The iron solution may be measured out with a teaspoon, one teaspoonful being equal to one fluid drachm; but teaspoons vary in size, and it is therefore better to use a glass measure, which may be bought at any chemist’s.”

No doubt there are many cases in which chalybeate is indicated, but it may be questioned whether it would not be wiser of those who wish to try the plan to ask a medical man first. The value of such advice is indicated by the following remarks appended by Dr. Brunton to the recipes we have quoted :—

“When the person’s tongue is pale, flabby, and marked with the teeth at the edges, the second prescription may be found more useful than the first. When there is any tendency to flatulence the first should be taken a quarter of an hour before meals; and if either of them causes uneasiness when taken on an empty stomach, they should be used immediately after meals.

“In presence of a robust habit and florid complexion, the following prescription, which I owe to the kindness of Mr. John Groom, of Hampstead, may be found more servicable than either of the preceding. Add one ounce of bruised genetin root to one quart of boiling water. Let this stand four hours; then strain off the liquor, and add two drachms of carbonate of ammonia. A wineglassful may be taken two or three times a day when the craving comes on.

“This prescription was used by Mr. Fox, (now of Brighton) when surgeon to Bedford Jail. Though I have recommended it in certain cases in preference to the other prescriptions, it may be used by all who are addicted to the use of intoxicating drinks.”—*Med. Press and Circular.*

BLOOD-STAINS.

A commission composed of several eminent physicians has recently, at the instance of the Medico-Legal Society of Paris, made an investigation and supplied a report on the tests for blood in blood-stains. The report appears in the “Annales d’Hygiène” for July, and a good translation has been made of the paper by Dr. Denig, which has been published in the *Cincinnati Lancet and Observer* for October. The examination of a blood-stain may be divided into three parts—the histological, the chemical, and that by means of spectrum analysis. As regards the histological investigation little need be said. The form and size of blood-globules in man are so characteristic that if any of the blood can be obtained in a fluid state no difficulty should arise in their determination; fortunately also they preserve their characters to a great extent when dried, and if treated with appropriate reagents they may then be also easily recognized. To this end it is important that the addition of pure water should be avoided, as the corpuscles swell up and become invisible. The little speck of clot should be allowed to macerate in some fluid similar to the serum of the blood, of which a good imitation may be made by dissolving four parts of chloride of sodium and three hundred parts of white of egg in twenty-seven hundred parts of water. Another fluid is the iodised serum of Schultze, which is made from amniotic liquor to which a few drops of tincture of iodine have been added. A solution of one-half per cent. of common salt in distilled water is also a good menstruum. When minute clots have been macerated according to their age, from a few minutes for a recent speck to a day or two for one of some years’ standing, they become discoloured, and the presence of *fibrine* and *white corpuscles* may then be recognized under the microscope. Even when the red corpuscles can no longer be discerned, but more satisfactorily if some of the fresh blood can be obtained, its presence may be determined by means of the spectroscope. If a few drops of blood be added to a little water, so as to confer upon it a delicate peach-blossom colour, and the tube be fixed in the opening of the spectroscope, the luminous rays of the spectrum which pass through the liquid present two bands of absorption between the lines D and E Fraunhofer in the yellow and green. These bands are the same as those that occur with a solution of the crystals of hæmoglobin. On the addition of reducing agents, as hydrogen, or tartrate of the oxide of tin, to the blood, the spectrum of reduced hæmoglobin is obtained, characterised by a single absorption-band as large as the two bands of unreduced hæmoglobin, and commencing a little to the left of the line D of Fraunhofer. The next proceeding is to obtain crystals of the chlorohydrate of hæmatin. A little of the blood is placed

on a glass slide, and dissolved by the addition of a drop of water, and an exceedingly small quantity of chloride of sodium is then added. A thin glass cover is then superimposed, and a little glacial acetic acid is allowed to penetrate beneath the glass cover. The slide is held over a spirit-lamp to the point of ebullition under the microscope; highly characteristic crystals will now be seen, or if not, a little more acid may be added, and the heat reapplied. The crystals are small, rhombohedral, and of a dirty-brown colour, and with a little practice can be obtained from a quantity of blood scarcely recognisable by the naked eye.

Finally, resort may be had to the chemical test with tincture of guaiacum. For this purpose a tincture of guaiacum is prepared by digesting a portion of resin, taken from the centre of a large piece, in alcohol of the density of 80° ; in another vessel some binoxide of hydrogen (antozone) is mixed with some pure sulphuric ether and preserved in a cool place secured from light. When the tissue on which the suspected spot is situated is white, and can be washed, it should be placed in a small capsule of glass or porcelain, and moistened with a little cold distilled water in order to entirely dissolve the stain. The liquid is then decanted, and a few drops of the tincture of guaiacum and ozonised ether are then added. When blood is present the liquid immediately acquires a blue or greenish-blue colour. The suspicious stains are not unfrequently found on vestments of different colours and material which deprive them of their characteristic brown appearance, or render them nearly invisible. When such is the case, or they have been imperfectly washed out, Dr. Taylor recommends the following method of procedure:—The suspected portions of tissue are moistened with distilled water. Two or three sheets of white blotting-paper, previously tested by the guaiac process, are forcibly pressed on the moistened surface over the spots. If they be due to the colouring matter of the blood, a stain of a red or a yellowish-red tint is communicated to the paper. A few drops of the guaiac tincture should now be allowed to fall on these spots on the paper. Should a blue colour immediately become manifest, the presence of blood is doubtful, and a physico-chemical examination must be made both with the spectrum and search for hæmatin crystals in order to determine the absence or presence of blood. If, on the other hand, the stains on the blotting-paper undergo no change in colour on the addition of the tincture of guaiacum, a few drops of the ozonised ether are poured on. As in the former case, if blood be present the stain on the paper will acquire a blue colour, varying from a pale sky-blue to a deep indigo, in proportion to the amount of blood present. It must not be forgotten, however, that the presence of nasal mucus, saliva, or pus will give rise to similar results. Should, however, no colour manifest itself after the

successive employment of both the guaiac and the ozonised ether, the stain on the cloth or other substance is not due to the colouring matter of the blood. It will thus be seen that in any suspected case, in order to arrive at a definite conclusion in regard to the presence of blood, the expert should always in the very beginning divide the matter at his disposal into four parts, using the first in histological analysis, the second for spectral, the third for the production of crystals, and the fourth for Taylor's guaiac process.—*Lancet*.

TREATMENT OF FISTULA IN ANO BY THE ELASTIC LIGATURE.

BY WILLIAM STOKES, F.R.C.S.,

Professor of Surgery, Royal College of Surgeons, Ireland.

As the substitution of the elastic ligature for the knife in many surgical operations, a method recommended originally by Signor Silvestri, of Vicenza, and recently adopted and strongly advocated by Professor Dittel, of Vienna, is now largely engaging the attention of the surgical profession both at home and abroad, a few particulars of a case of fistula in ano, recently operated on by me in the Richmond Surgical Hospital by this method, will probably be read with interest.

William M., æt. 48, a strong, muscular man, of irritable temper and intemperate habits, was admitted into my wards in the Richmond Hospital on December 10th, 1874, suffering from fistula in ano. Six years previously he suffered from an abscess at the left side of the anus, which was opened while he was in Whitworth Hospital, under treatment for an attack of the delirium tremens. No fistula resulted from this opening. Two years subsequently he suffered again from an abscess in this situation, and in September, 1873, another abscess formed, which burst, and a blind external fistula resulted.

On examination shortly after his admission into the hospital, I perceived the external opening of the fistula, situated at about an inch and a quarter to the left side of the anus. On introducing a director in the fistula, I found that it passed upwards and inwards to an unusual height, and also that it was incomplete. In consequence, therefore, of the great length of the fistula, and the distance of the external orifice from the anus, I considered it a suitable case for treatment by the elastic ligature, as by the ordinary operation, owing to the amount of tissues which would have had to be divided by the knife, the hæmorrhage would probably have been very excessive and difficult to control. This, considering the patient's

habits and constitution, would have been a matter of serious consequence.

I first completed the fistula by Blandin's bistoury, and then I passed a long probe, armed with a double elastic ligature, through the fistula. Owing to its great height, I had considerable difficulty in detaching the ligature from the probe in the rectum; but this I eventually succeeded in doing, and drawing out the loop through the anus I removed the probe, thus leaving the two free ends of the ligature through the orifice of the fistula. I then put the double ligature tightly on the stretch and fastened it securely. This latter procedure was accompanied by a considerable amount of pain, which continued for about an hour subsequent to the operation. A morphine suppository then administered, however, effectually relieved the pain.

On the evening of the fourth day after the ligature was applied it came away, the patient not having lost during the entire proceeding a single drop of blood. The parts divided by the ligature united with remarkable rapidity, and recently the patient returned home in excellent health and spirits.

The impression produced in my mind by the result obtained in this case has been most favourable, the case being one which, owing to the peculiar habits and constitution of the patient and the great height of the fistula, most surgeons would have certainly hesitated or declined operating on by the ordinary method of division of the sphincter.

Although I entertain grave doubts as to the alleged immunity from the occurrence of pyæmia, which Professor Dittel claims for this method, I am confident it will be in many instances preferred by operating surgeons to cutting instruments, "when," as Professor Dittel observes, "he has to undertake operations in cavities and canals which are out of sight, or which are so narrow that it is extremely difficult, if not impossible to use cutting instruments within them, or when he feels certain whether he may be able to tie the bleeding vessel (as in anal fistulæ situated high up). In other cases he will desire to avoid hæmorrhage and the formation of large wounds in children or in old persons.—*Med. Press and Circular.*

REMOVAL OF GROWTHS, ETC., BY THE ELASTIC LIGATURE.

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

I have been asked by so many persons to state anything I chance to know relative to this subject, that it seems necessary to comply briefly with the suggestion. I confess, however, I would rather

have waited for a larger personal experience than the observation of a few cases at Vienna and the management of one case here can afford me. But as in making experiments—and no doubt many of my brethren will be inclined to try the plan—it is certainly desirable to be first provided with a hint or two relative to the procedure, I see no objection in writing a few lines for the purpose.

Of the woman whose right breast I removed by means of the india-rubber ligature, I may say that she has made an excellent recovery. The progress of the case was unsatisfactory at first, owing to two circumstances. The first was an attack of erysipelas, prolonged rather than severe, which appeared two or three days after the application of the ligature, and which affected the right arm, shoulder, and most part of the back.

Erysipelas has been very prevalent of late. Thus, I operated by lateral lithotomy this day fortnight on a man in the hospital, aged seventy-three years, who has been attacked by it in the perineum, buttock, and scrotum, but who is nevertheless doing admirably well, and will soon recover. So that I see no reason to suppose that any special liability to erysipelas arises from the peculiar nature of the operation on the breast.

The second unfavourable circumstance is that, being my first case, the elastic thread was not tied tightly enough, as I now think. In fact, I was afraid of snapping it at the time of operation.

At the end of eight or ten days the ligature was evidently not embracing the still undivided portion so firmly as it ought to have done. I therefore made it tighter, which was very easily done by pulling out the loop from the wound as far as possible without much hurting the patient, and tying round it a fine ligature, so as to diminish, perhaps by one-half, the encircling noose. Certainly the mass was larger than I at first suspected it to be; and it is not to be overlooked that the whole breast was of course extirpated.

The cord on one side gave way about the second day; I therefore did not reapply it until after the other half of the breast had been divided; and on this occasion the process was more rapid, and no more erysipelas appeared as the result of the fresh pressure from the ligature on the skin. The whole mass was removed about ten or twelve days since, and nothing can be better than the appearance of the wound now, which began to diminish rapidly after the tumour came away.

I am satisfied that the fine india-rubber tube which I used, and which was the only material then attainable, was not sufficiently strong. I have therefore had some *solid* cord manufactured for me, which is more powerful, and which I believe will divide the tissues in at least one-half the time which was occupied in this case by the tube. Its superiority is very manifest, for, being much stronger, it may be drawn at least twice as tight as

the tube, and the consequence is that not only is the tension on the tumour greater, but the cord itself by the same process becomes finer, and therefore cuts more rapidly. In fact, there is no comparison between the two.

A small quantity of this cord could not be made, as no such product is required for any other purpose, and I have, therefore, deposited the whole with Messrs. Weiss and Son, from whom it can be obtained.

I also think it must be better, as Prof. Dittel now does, to apply the ligature to one-half of the breast at a time, the lower side, and not to use the second for the upper half until the first has separated. This was what actually did occur in my case, only the upper ligature, having remained some thirty-six hours or so before giving way, strangled the whole mass, and produced a far more offensive result than would have occurred had only one been at first employed.

No doubt the principle objection to the plan is the smell which necessarily arises from the sphacelated portion. This was much controlled by constant irritation with carbolic acid and water, from a bottle placed above the level of the patient's head; a small current flowing through a tube, the lower extremity of which rested on the breast as the patient lay in bed, the part being isolated by means of a macintosh cloth, and the solution running into a receptacle below. All this was admirably arranged and attended to by the house-surgeon, Mr. Buxton Browne.

No doubt a breast is a rather severe test for a ligature, although I do not hesitate to anticipate a very much better result with a more powerful cord. For the removal of the testicle, and for division of fistula in ano, I think it will be found admirable.

The cord itself ought to be more accurately described. Its size before use is the following:

When applied it should be strained until it is a mere thread—say like this:

It would be very easy to devise a simple apparatus to tighten it subsequently, but it is so easy to accomplish this by pulling it out if loose, and tying a bit of fine ligature round the portion to draw out, that it seems unnecessary to employ any other means. But with the new cord it is very probable that no such readjustment will be required.

THEORY AND PRACTICE OF TRANSFUSION.

BY ROBERT BARNES, M.D., F.R.C.P.

There is nothing more sad than to see a woman in labour or childbed bleed to death. It is surely a just reproach to our art if such a

catastrophe occur. The first thing to study is, how to obviate the causes of hæmorrhage; the second is, how to put a stop to the hæmorrhage when actually present and threatening to continue; the third is, how to rally the system from dangerous exhaustion induced by the loss of blood.

The highest achievement of medical science would undoubtedly be to secure the first of these three ends, and thus to exclude all necessity for considering the remaining two. Unfortunately we cannot in all cases command all the essential conditions. We must therefore make up our minds how to deal with hæmorrhage and its effects. The number of cases in which hæmorrhage cannot be averted, now that we have so affected a resource in rebellious cases as the topical use of perchloride of iron, is becoming more limited every day. Still, even in some cases where hæmorrhage has been stopped, life may ebb away unless restorative means be applied. The greatest of these is transfusion. I rejoice to see the revival of this operation concurrently with the extending use of the perchloride of iron.

The following case, though not successful, is not without interest in several points:—A short time ago I met Dr. Devereux, of Tewkesbury, at a case of extreme exhaustion from secondary post-partum hæmorrhage. At one time it was thought the patient was dead, so utter was the prostration. The pulse rallied now and then, but often flagged so that it became imperceptible; the respiration was laborious and frequent, so loud that it could be heard in the adjoining room; the face and extremities were cold; the voice almost extinct. She swallowed beef-tea and port from time to time, but soon vomited all. This was about 8.30 P.M. The extreme prostration, and the hopelessness of getting any nutriment absorbed either by stomach or bowel, led us to look upon transfusion as the last hope. Discussing the means of accomplishing this, we found the best we could do was to use the aspirator syringe. This had to be fetched at a distance of five miles. In the meantime I got everything ready. The gardener offered an arm. At 10 P.M. the operation was carried out. The syringe being made on the principle of a stomach-pump, with reversible action, answered extremely well. We filed down the point of the aspirator-trocar, and this served very fairly for insertion into the patient's vein. As circumstances left no other chance between immediate and mediate transfusion, so were we compelled to defibrinate the blood. The man who yielded the blood was fat, and his veins small, so that it was with difficulty we obtained four ounces. This was defibrinated by whipping with a silver fork and filtering through a cambric handkerchief. Believing that one factor in the danger attending cases of prostration is the merely dynamic one arising from the absence from the heart and vessels of

fluid to act upon, and considering that we had so small a quantity of blood at our disposal, I first filled the syringe with a solution of phosphate of soda, carbonate of soda, and chloride of sodium, at a temperature of 100° F. Pumping this through the syringe also served to get rid of air from the apparatus. The vein in the patient's right arm was found by pinching up a fold of skin, transfixing it transversely to the course of the vein, and then dissecting through a little cellular tissue. It was then pinched up by forceps, and a sufficient opening made into it. The trocar was passed one inch and a half into it. The injection was then slowly made. The blood was partly mixed with the saline solution; altogether about six ounces of fluid, including all the blood, was thrown in. Almost instantly the pulse improved, warmth spread over the body, the face and manner became more natural, the respiration became tranquil, and we were tempted to hope that she might pull through. We prepared everything for repetition of the transfusion in the morning should the condition be favourable. But the rally was short; the respiration again became moaning, rapid, and laboured; the pulse flagged, and the patient sank at 1.30 A.M., about three hours after the injection.

Amongst other reflections suggested by this and similar cases are the following:—

1. The vomiting of the beef-tea and wine, which had been accumulating in the stomach from repeated exhibition in small doses, in an unchanged state, and the obvious failure of any restorative effect, are proofs that the vital power is so low that nothing is to be hoped for in the way of replenishing the empty circulation from absorption.

2. The rapid and laboured respiration is evidence of the craving of the system for oxygenated blood. Air goes in and out of the lungs with great rapidity, but it has nothing to act upon. Its obvious effect is to accelerate the cooling of the body.

3. When we see things at this point—extreme exhaustion, feeble or imperceptible pulse, rapid laboured breathing, non-response of the system to nutriment and stimulants administered by the stomach or rectum, and vomiting and great agitation,—we may fairly conclude that direct injection into the vessels is indicated.

4. Blood may be used either whole or defibrinated. The choice will be governed by circumstances. If we have Aveling's or other proper apparatus to practice transfusion from arm to arm, so that the blood passes from giver to receiver without ever being exposed to the air or allowed to rest, this will often be the preferable plan; but where the proper apparatus is wanting, as it is likely to be, defibrination is better.

5. The experience of Dr. Little in cholera cases, and other considerations, show that saline solutions may be injected into the veins with advantage. I

believe that they may, with great utility, be used to supplement or to dilute the blood used in transfusion for the loss of blood, and that not only is the saline fluid useful by virtue of its chemical properties, but also by its physical quality of bulk, supplying a volume of fluid upon which the heart and vessels can work effectually.

6. That transfusion will be more and more extensively resorted to appears to me certain. Its extended use, however, must greatly depend upon a general understanding of the conditions that call for operation, and of the modes of performing it. So long as it is considered necessary to have a special apparatus, the operation should be performed rarely. But let it be understood that blood either whole or defibrinated will do, and that almost any syringe can be made to answer, and the great obstacle to the extension of the operation will have vanished. Nothing can be more easy than to furnish every stomach-pump case with a flexible tube to which a transfusion-canula is attached. As no practitioner of medicine ought to be without a stomach-pump, the necessary apparatus will never be wanting. I should not hesitate to use an ordinary Higginson's syringe.

Here, as in all great emergencies, an essential condition is to *act in time*. Just as the perchloride of iron may be used too late, so may transfusion or injection be delayed until the nervous centres will have lost the power of responding to the fresh pabulum supplied.—*Lancet*.

CLINIC ON VARICOCELE AND STRICTURE.

BY JOHN H. BRINTON, M.D., PHILADELPHIA HOSPITAL.

Varicocele.—This man, a German, is 55 years of age; he has had varicocele on the left side for some years; it is gradually increasing in size, is productive of great annoyance, and of much pain, and utterly unfits him for work. He cannot earn his daily bread. It is worse in warm weather. And here let me say a word or two relative to the symptoms, generally of varicocele. The swelling of the left side resembles, as has been so often remarked, a bundle of earth worms; they roll under the finger, and can be mistaken for nothing else. Sometimes the bulk of the venous mass is very great; and at other times scarcely larger than normal. You will find, however, that the relative size has little to do with the degree of pain. A small varicocele may sometimes cause great agony, and a large one scarcely any incumbrance whatever, or the reverse may be true. This is a very important matter, and is one which usually guides my treatment. If a patient with varicocele merely suffers some annoyance, a little

weight in the testicle, perhaps with a show of weakness, I content myself with a palliative treatment. If he suffers pain, sharp, shooting pain, with liability to exacerbation on exercise, with sometimes a tendency to orchitis, or epididymitis, and almost always with great mental depression, then I resort to a radical cure by operation.

What is the palliative cure? It is the use of a suspensory bandage. You will be astonished, in practice, to find how few persons understand the proper selection of suspensory. Most will order or choose some elaborate arrangement provided with a strong elastic or silk band, the effect of which is to draw the testicles strongly up against the crotch, in which position they are liable to be rubbed by every motion of the thigh. Now this is all wrong; a testicle with varicocele is a very tender object, and must be most carefully treated. The best of all suspensories for an engorged or irritated testicle, is the old-fashioned French suspensory, which you can buy for a quarter of a dollar at any apothecary. These dressings simply support the testicle, and if the bag or sac is of proper size, and the buttock strips of sufficient length, they steady the organ, take off all the weight, and protect it from the attrition of the thighs. This is a little matter, but just remember it, gentlemen, it will be useful to you some day. If you doubt the soundness of my directions, buy the respective suspensories, strap them on yourself, wear each one a day, and then see which you like best.

But let us suppose that the case for your treatment is one in which the palliative treatment is inadmissible. Perhaps your patient is prevented, by his infirmity, from earning his own living; perhaps his case is one of great physical and mental suffering; what then will you do? Operate by the ligature of the spermatic veins. Refer again to this diagram: here the needle is represented as being carried across from side to side between the vas deferens and the cord. It is then turned backward beneath the skin, and the front of the veins. The veins of the cord are thus included, in the loop of the ligature. You will say to me, I am sure, "You tie the spermatic artery as well as the veins; is there no danger of atrophy of the testicle?" There is, I believe, none, for you will observe this great anastomosing branch, to which I have already referred, and which connects the deferential with the lower part of the spermatic artery, and which will still carry sufficient blood to the testicle.

The ligature of the veins is the operation we will select, and I will practice it upon this patient. Before an anæsthetic is administered to him, I will ask you to examine his scrotum; see how large is this mass of veins, and how the weight of the contained column of blood drags

down all the structures, and causes the testicle to hang low; see, too, when he is in the upright position, that the varicose vessels become turgid from the effect of gravity.

I now take the upper part of the scrotum between my thumb and fingers, and roll it a little; as I do so I clearly distinguish the veins, and in the back part the mass I detect a firm, round cord, like a knitting needle. I squeeze it, and the man experiences a little nausea. Try this experiment on your own person to-night, before you retire. The round cord is the vas deferens, and I am thus careful in fixing its position, in order that it may not be included in the ligature I am about to apply. Retaining my grasp on the vas, I now let the patient lay down, and direct an assistant to give him a little chloroform or ether. I next take this straight needle, armed with an exceedingly strong thread of fine Italian hemp, and carry the needle transversely across the scrotum, between the vas deferens and the veins. Its point has now emerged; I draw out the needle and reverse its direction carrying it through the opening or exit, but this time making its point pass in front of the dilated veins and close beneath the skin. I then draw out the needle and ligature through the first opening or entrance. The whole mass of veins, as well as the spermatic artery, are now included in the loop of the thread, but the vas deferens and its artery are not. I then tie in a bow-knot all of the included tissues, having first passed the ends of the ligature through the holes of this big button. The veins are thus completely strangulated, and the operation is finished. The proceeding which I have thus described is the old operation of Malgaigne, itself an improvement upon Gagnebe's. Malgaigne knotted his threads over a conical piece of cork. The button you have seen used is possibly better, but the operation is one and the same thing.

Now what is the after treatment of this case? Simply this: a dose of opium, rest in bed, and, mark: the next direction, the constant application of a small piece of ice upon the testicle operated upon. Of course this will be upon two or three folds of flannel, to prevent the freezing of the part. I place great stress upon the ice application; without it the testicle usually swells very considerably, and sometimes this inflammatory condition is attended by great pain. You will find that the ice will control this action to a great extent, and I hope to be able to demonstrate his fact to you in the progress of this patient's case.

There is but one other point to refer to, and that is the length of time during which this ligature should be allowed to remain. I usually remove it at the expiration of ten or twelve days, as by that time the obliteration of the veins have been effected by the inflammatory process. Sometimes, when the swelling is inconsiderable, and there is

no pain whatever, I allow the thread to remain until it cuts its way out, which usually happens in about eighteen or twenty days, and am then sure of a cure. I shall bring this man before you next Wednesday, so that you may see his condition for yourselves.

STRICTURE.

I wish now to resume my remarks upon the subject of stricture, at the closing point two weeks ago. You will remember that I then had both of these men before you. Each of them suffers under an obstruction situated just in front of the membranous urethra. I made the diagnosis in these cases in your presence, and you will recollect that I succeeded in passing through each of these strictures a fine whalebone capillary bougie, and over that one of the tunneled instruments which I exhibited to you. I told you at that time, that the after treatment of these cases would consist in carrying out the work of dilatation which had been so prosperously begun and that this gradual dilatation could be accomplished by means of flexible instruments. Here are these instruments, and it is concerning them that I would speak this morning.

When you come to talk over this matter of stricture and its treatment with your surgical brethren, you will be surprised, if indeed you have not already been, by the variety and by the strength of the different opinions expressed concerning it. One man will tell you, "I never use soft instruments, I abominate them; the metallic instrument is good enough for me." Another will say, "I regard the metallic instrument as dangerous, I have seen men killed by them, therefore I always employ flexible instruments." Now, gentlemen, each of these speakers might in one instance be entirely right, and in another entirely wrong. For my own part, I employ flexible instruments of every shape, size and form, and I also make quite as extended a use of the various metallic instruments. Look, if you please, at that case of instruments; it is my every day working supply; and see how largely it is provided with every sort of instruments, both flexible and metallic. Now when ought you to use the one, and when the other?

I can but illustrate this matter by reference to the two patients in the arena. This man had a very tight stricture; I overcame it by the whalebone, and in so doing explored it thoroughly, and was enabled to arrive at an idea of its nature. His was a long, tortuous, twisted, structure, difficult to pass in consequence of these very characters. It was admirably suited for the flexible catheter; not at all suited for the metallic unresisting instrument, which would doubtless have caused pain, and possibly, unless carefully used, might have done some

mischief. I accordingly used upon this man the flexible catheter, beginning with the smallest size, number one English.

And this leads me to speak of the quality of flexible catheters. Always buy the best; they cost something at first, but they do their work; inferior catheters do not. The English catheters are now-a-days admirably made, and they are a good deal stiffer than the French, and are well suited for structure. See how I use one on this patient; he has already dilated his stricture up to 8 or 9, and I take catheter No. 9 English. I withdraw the wire, for I scarcely ever use them with the wire in position. I then straighten the catheter, and dip the point of the instrument in hot water, which softens it, and makes it somewhat more flexible. Then oiling it well, I place the patient in the recumbent posture, and run the instrument easily down the urethra. It is now in the narrowed part, and I feel the grasp of the stricture as the softened beak passes on. The stricture is now passed, the instrument is in the bladder, and the water flows. It is for this reason that I prefer the catheter to the bougie. The flow of the urine is most reassuring. Such is this man's treatment. He has learned to conduct it himself day by day. He is now up to number 9; in a week he will reach number 12, when I shall provide him with a catheter, and have him discharged.

The other patient has a stricture of a different type. His is annular, and short, a mere ring. At the beginning of the treatment, however, it was very tight and irritable. It, too, was first essayed with the whalebone, and it has since been gradually dilated with the flexible English catheter. As far as the anatomy of this stricture is concerned, it was admirably suited for the metallic instrument, but the irritability was so great, and the tendency to urethral fever so marked, that I was obliged to proceed very cautiously, and use the conical soft French instrument I show you here, which is even less irritating than its English sister. The urethral irritability in this case has, however, disappeared. The man can readily pass number 8 or 9, and I am now beginning to use the metallic catheter, which I am quite sure will soon overcome the obstruction, and insure a speedy cure.

But, gentlemen, there is one matter with regard to stricture which you must always bear in mind, to wit: That it is very doubtful if any stricture is ever really cured. It may be dilated, it may be kept in abeyance, and give no judicious instrumentation; but I very seriously doubt whether any organic stricture is ever really, absolutely cured, beyond all peradventure. I always give my patient some sort of instrument of proper size, and this I direct him religiously to insert from time to time, once a week, or once in ten days, as the case may be. I tell him, too, that should he neglect this precaution, he exposes himself to a return of his

trouble. How long this aptitude to return may last I cannot tell. I have seen an old stricture start into new life like an old volcano, after twenty years' quiescence, and again show signs of savage power.—*Med. and Surg. Reporter.*

A HINT IN GIVING IODIDE OF POTASSIUM.

A useful hint is revived in the *British Medical Journal*, by Mr. JOS. P. MCSWEENEY. He writes :

Sir James Paget was the first to call the attention of the medical profession to the following interesting fact, viz., that carbonate of ammonia greatly increases the therapeutic action of iodide of potassium. I have had extensive experience in the treatment of syphilis, and have tried it with the best results, and find that five grains of iodide of potassium, combined with three grains of carbonate of ammonia, are equal to eight grains of the potassium salt administered in the ordinary way. The following case is a good example.

John—, aged 50, consulted me about a sore situated on his left arm. There was a profuse discharge from it, and the smell was intolerable. On asking him a few questions, I got the following history. He had been a married man, his wife having died a short time ago; he had no children. Some years ago he contracted syphilis, and was treated by mercury, pushed to excessive salivation. The secondary symptoms had been well marked, and the sore about which he consulted me was of eight months' standing. He consulted several surgeons, and could get no relief. I ordered him five-grain doses of iodide of potassium, combined with three grains of carbonate of ammonia. After taking a few tablespoonfuls of the bottle, the bad smell altogether disappeared, as a man told me who was sleeping in the same room; at first he could not bear the smell, but after taking a few tablespoonfuls of the bottle he could detect no smell. The man remained under my care for about a month, and in that short time was perfectly cured, and in very good health and spirits. I could publish five cases with almost similar results. I have also found it of the greatest service in the treatment of internal aneurism, by relieving the pain and helping to consolidate the tumor. (*Med. and Surgical Reporter.*)

TURPENTINE IN PYÆMIA; RECOVERY.

The patient was a workman on the Great Eastern Railway, who sustained a severe laceration with fracture of two metacarpal bones, from the passage of a truck-wheel over his hand. A few days after the necessary operation, in which an effort was made to save some of his fingers, gangrene set in,

and a secondary operation was performed above the wrist. This was shortly followed by rigors, profuse sweats, sleeplessness, low delirium, subsultus, and stupor, the wound becoming sloughy and offensive. In spite of free stimulation the man was evidently rapidly sinking under the fatal disease—pyæmia. As a *dernier resort*, half-drachm doses of turpentine were administered in egg emulsion every four hours. After the third dose it was discontinued, as a remarkable improvement had taken place: the pulse and the temperature had fallen, the consciousness returned, and the patient took liberally of brandy and beef-tea. The favourable change was, however, of brief duration, as the day following all the asthenic symptoms reappeared, and the patient relapsed into a comatose condition. The turpentine was again had recourse to in the same doses, and with the same happy effect; but this time the improvement was permanent. All other danger passed by, and the patient made an excellent recovery.

During the height of the attack the sound arm became much swollen and suspicious-looking of purulent mischief. This subsided from the commencement of the turpentine treatment. No abscess formed. Under carbolic-oil dressings the wound granulated rapidly, and the man was soon able to be out.

That the antiseptic and stimulating effect of the turpentine was the means of rescuing this patient from a fatal disease seemed so apparent that it is worthy of more extensive trial in hospitals, where pyæmia so often adds to the mortality after operation.—*Lancet.*

MEDICAL WITNESSES' FEES.

An occurrence at a recent Petty Sessions at Ilford illustrates the ignorance of both magistrates and medical men respecting the fees due to medical witnesses. In a case of attempted suicide the surgeon who had treated the prisoner, when called upon to give evidence, asked the bench for his fee before he was sworn. The chairman said the bench had no fund wherefrom to give it to him, but he could not be compelled to give evidence without it. The only thing the bench could do was to grant him a certificate to give to the Commissioners of Police, and he could stand his chance, if he liked, of getting his expenses from them. Naturally enough, the surgeon declined this offer, and his evidence was not taken.

We believe the magistrate was altogether wrong in his statement. Under a regulation of the Home Secretary every medical witness before a magistrate is entitled to a sum not exceeding 10s. 6d., if residing in the city, borough or parish where the examination takes place, or within two miles of it; or if beyond that distance, to a fee not exceeding £1 1s.

This fee would have been paid as a matter of course by the police authorities on the magistrates certificate, or if there were any difficulty, an appeal might be made successfully to the Home Secretary. The surgeon was wise, no doubt, to make his appeal before being sworn, and in a civil action might decline to give evidence without previous remuneration; but we doubt the legality of his refusal in a criminal case.—*Lancet*.

SPINA BIFIDA CURED BY INJECTION.

E. G., aged three years, as she was brought to me in April last, with a spina bifida tumour, which, wholly covered by true skin, stood out with a prominence of nearly four inches, and measured thirteen and a half in circumference. It was very sensitive to the touch, became tense when the child cried, and palpation discovered a perfectly fluid condition of its contents. It was slightly pendulous when the child was erect, and gave her a ludicrous, although at present rather fashionable, appearance when dressed—the projection at her age being unlooked for.

Her mother stated that it was like a walnut at birth, and had increased gradually; that she walked at two years; was now active, although not firm on her legs, and easily knocked over; that she enjoyed excellent health, but was constantly annoyed by escapes from the bladder and rectum; but that she had always been advised to let it alone.

The treatment of this—my second successful case—was by the same method as that described in the *Journal* of the 26th April last; viz., by injection of Dr. James Morton's solution of iodine and iodide of potassium in glycerine; and was briefly this: Two tentative tappings with a medium canula, of respectively twelve and ten ounces of clear fluid, were made, with an interval of eight days, both being followed by an irritable and feverish condition of the child, and gradual refilling of the tumour to its original size. Ten days afterwards, other ten fluid-ounces were removed, and half a drachm of the solution injected. The opening was instantly closed on each occasion by a layer of lint soaked with flexile collodion. This last operation in a few days made the tumour tender, and caused the child to be feverish, restless, and extremely excitable, with decrease of appetite, milk and soups alone being taken. Ten days after this first injection, the tumour was very slightly less, and eight ounces were then removed, followed by injection of a similar quantity of the solution. This gave rise to even more severe irritative symptoms of the nature described; but a fortnight later showed the tumour only one-third of its original size, although still sensitive and painful when interfered with. At that time, about five ounces were removed, followed

by a third injection of half a drachm; this caused cessation of any further formation of fluid, and a gradual absorption began, which, at the end of twelve weeks from the first interference, presented the appearance of a roughened, darkened, hardened, and thickened condition of skin, quite normally sensitive to the prick of a needle, replacing the tumour and closing the spinal aperture with an apparently gelatinous mass.

The treatment extended over nearly seven weeks, and the measured fluid removed amounted to forty-six ounces—a larger quantity, to my knowledge, than from any previously successful case. Half a drachm of the solution was deemed sufficient for each injection, owing to the large extent of sensitive surface to be dealt with; and the irritative symptoms developing therefrom quite justified the precaution taken.

This, my second case, with Dr. Morton's, make four successes, all that have been so treated; and, without appearing too confident of further success, the result is very hopeful and gratifying to the introducer of this method of treatment.

The patient is now very active on her feet (amusing herself, and standing as much consequent fatigue daily as her healthy companions), growing rapidly, and the sphincters are now almost wholly under control; cold sea-water being preserved with.—*Brit. Med. Journal*.

Medical Items and News.

SIR HENRY THOMPSON declined to come forward as a candidate for the representation of the University of London in Parliament.

The sad news of the death of Dr. Livingstone from dysentery seems to be confirmed beyond a doubt.

THE New York Laryngological Society has elected Dr. Morell Mackenzie as one of its honorary members.

DR. ROBERT BARNES has been elected one of the twelve honorary members of the Obstetrical Society of Philadelphia.

It is officially announced that His Royal Highness the Duke of Edinburgh has been pleased to make the following appointment in his household: Dr. Wilson Fox to be physician in ordinary to their Royal Highnesses the Duke and Duchess of Edinburgh.

A REMEDY FOR CHILBLAINS.—One ounce of tannic acid is to be dissolved in about a pint of water, and four scruples of iodine in a sufficiency

of concentrated alcohol. The two solutions are then mixed together, and enough water is added to make up two pints of fluid. The best time for using the remedy is on going to bed. The solution is placed on a slow fire in an earthen or china vessel; the part affected with chilblains is then introduced into the fluid, and it is to be kept there until the liquid becomes too hot to be borne. The part is then to be withdrawn, and to be dried by being kept near the fire. When the chilblains are ulcerated it is best to diminish the quantity of iodine.—*Répertoire de Pharmacie.*

"SCHOOL HOUSE VENTILATION,"—In my estimation, no ventilation is good which requires the opening of doors and windows at any time. Window ventilation is often used in warm weather, but I consider it undesirable, because it admits insects, dust, and hot air; *i. e.*, air hotter than might be secured by properly arranged air-ducts, which may be so contrived as to introduce comparatively cool air. But window ventilation certainly should never be used in cold weather, while the scholars are not taking active exercise. It is never necessary in good ventilation.

Ventilation should, as far as possible, be automatic, and should be beyond the control of every one except the person who has it in charge. This self-acting ventilation may best be secured by combining the ventilating system with the warming apparatus, so that the active condition of the warming apparatus shall necessitate an active ventilation; because we are much more sensitive to a change of temperature than we are to the stupefying influence of foul air.—R. C. KEDZIE, M.D., *The Sanitarian for February.*

HOW TO CHECK SCARLET FEVER.—"Stamping out" is the new and significant process for the arrest of many diseases, and in none can it be more effectually employed than scarlet fever. This should of course, include isolation. All cases should be promptly reported to the health authorities, under heavy penalties for neglect, and all occurring among persons unable to afford seclusion, should be taken care of at public expense in appropriate hospitals, at safe distances from populous neighborhoods. And the rich should be compelled to provide seclusion in isolated rooms for cases occurring among them, or else relinquish the care of them to the health authorities, and be subject to the necessary costs. All clothes used by the patients should be disinfected or destroyed. Water closets, cesspools, and drains attached to the hospitals and dwellings of the sick, should be thoroughly disinfected.—DR. JOHN MORRIS, *The Sanitarian for February.*

TINCTURE OF DIGITALIS AND CHLORAL HYDRATE IN DELIRIUM TREMENS.—Dr. E. Cheney (*Boston Medical and Surgical Journal*, October

16, 1873) records the case of a Scotchman, aged 35, who, when first seen, had neither taken food nor slept for nearly a week, during which time he had been on a continuous debauch. His mind was greatly agitated, his muscular system in a state of unrest, and his pulse feeble and frequent. A strong mustard plaster was applied to the pit of his stomach; fifteen grains of chloral were given; and, in twenty minutes, twenty drops of tincture of digitalis. These were retained; and, in ten minutes, thirty grains of chloral were administered, and were followed by three hours of refreshing sleep. A raw egg and some milk were then given, with another portion of digitalis, and in a short time thirty grains more of chloral. This time he passed off into a sleep of many hours, from which he awoke much relieved. Small doses of digitalis were continued for several days, partly to reduce the pulse, but principally for the sake of the eliminative action of the kidneys.—*British Medical Journal.*

TRAUMATIC TETANUS SUCCESSFULLY TREATED WITH CALABAR BEAN.—Dr. J. Duncan. (*Chicago Medical Journal*, November 1873) used Calabar bean in a severe case of traumatic tetanus, after large doses of opium, chloral, ether, belladonna, and bromide of potassium, had been given without benefit. A tincture of the bean was used, containing one grain of the powdered drug to four minims of the menstruum. Fourteen drops were given at once, and subsequently nine drops every two hours. In four hours, a troublesome spasmodic contraction of the neck of the bladder was overcome, a quart of urine was passed voluntarily, and the pulse fell from 104 to 80. The patient's general condition, however, remained about the same. The remedy was continued in doses of eight drops every three hours for fifteen days, when, as there was not much change for the better, fifteen drops were given every three hours for the entire day. The following day—the twentieth of the disease—the patient was able to leave his bed, ate with great appetite, and from that time progressed steadily to complete recovery.—*Ibid.*

Messrs. Field & Co., of London, have introduced, for medical purposes, candles medicated with the balsams of which the vapour is most often beneficially inhaled by persons suffering from bronchial irritation and spasmodic asthma. Among these are benzoin, storax, etc. The candles give out, while burning aromatic fumes in abundance. Among the various modes of diffusing balsamic vapours in the air inspired by patients with various affections of the breathing, this novel method is one of the most ingenious yet proposed. It is clean, effective, and free from all trouble. It deserves, and no doubt will receive, trial by medical men.

THE CANADA LANCET :

A Monthly Journal of Medical and Surgical Science

Issued Promptly on the First of each Month.

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

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TORONTO, MARCH 2, 1874.

MEDICAL BILL.

"This measure is intended to give to a certain sect, or perhaps it will be more correct to say, a clique representing a sect of medical professors, a legal endorsement of infallibility. The Medical Council is to decide what is Medical truth. The Medical Council is to decide how truth shall be taught." *Globe*, Feby. 19th.

A consummate politician once observed that if there were no such thing as honesty it ought to be invented, so true is it that honesty, in the long run, is the best policy. "There be, says Lord Bacon that can pack the cards and yet cannot play well; so that there are some that are good in canvasses and factions that are otherwise weak men." One of the shops of these haberdashers of small wares, as the same eminent person calls the folk we are talking of, it is our business now to set forth.

We cannot imagine that the Editor of the *Globe* had never heard of the exact position of the profession at the time when the compromise was made some four years ago, viz., the existence of a number of medical corporations, in the annual graduates and licentiates of which there was too frequently evidence of a desire to accumulate the concrete in the exchequers of the several treasurers, rather than to afford proof of due heed having been given to the careful education, theoretical and practical, of the young men thus armed with licenses to kill or cure, as the case might be. So far from the Medical Council attempting, as above alleged, to formulate what they conceived to be medical truth, or to decide how truth should be taught, their President, Dr. Clarke, repeatedly

urged on Dr. Campbell the establishment of a Homœopathic School of Medicine in Toronto, and thereby remove the only ground of grievance, for their students, then complained of, viz., the necessity of spending two years in the Ontario schools after they had completed the curriculum of the Homœopathic Colleges in the United States. This, by a majority of the Council, was held to be a fair matter for complaint, and at an extra session the compulsory attendance was reduced to one session. How does the allegation (in another portion of the *Globe* editorial quoted from) that a determination, on the part of the Council, to absorb the smaller portion of the Homœopathic element into the general body square, with this fact?

Again the Editor says, "Is it, however, in the interests of the public, not of a class that we have to approach this subject." It is not clearly the interest of the public that the standard of medical qualification should be high with reference to preliminary education as well as to medical? The necessity of a liberal education to the practitioner of medicine ought, especially, to be advocated at the present moment, when the state of the profession has become such as to have attracted from the Legislature a degree of attention, which, if earlier bestowed, would have saved us from the unenviable distinction of demonstrating how far a noble calling might be debased, and from the questionable remedy openly advocated by many prominent members, free trade.

What guarantee does Dr. Campbell's bill afford for the universal diffusion of a liberal education among the future Homœopathic practitioners in the modest propositions, that the examinations shall be held with closed doors, and the period for matriculation examination unfixed?

If it be granted that a reasonable degree of scholarship and of scientific attainment, such as any young man of moderate abilities and application may easily acquire and every one must master, to render him a worthy member of so high a profession is essential for fitting the mind for a study so extensive and arduous as medicine, then it follows as a necessary sequence that the matriculation examination should be held as the first step in the programme of medical education. The Medical Council have wisely so ordered it, and we can scarcely view the omission in Dr. C's Bill of the period at which it is to take place, as other than a

determination to open out a royal road to future aspirants of his branch of the healing art.

One more quotation from the editorial in which the *petitio principii* spirit is displayed from beginning to end, "given to any one school of ideas special sanction and protection, and you help to crush out independent ideas and discourage independent research."

The subjects rendered imperative by the Council were those only on which all medical knowledge is based, viz., Anatomy, Physiology, Botany, Chemistry, Toxicology, Medical Jurisprudence, Operative Surgery, Operative Midwifery and Diagnosis.

A student having passed on these keystone branches had only to proclaim himself as an intending Eclectic or Homœopathic practitioner, to occasion his transfer to the gentlemen appointed to conduct the examination in the theory and practice of these two schools. If none of the candidates cared to avail themselves of this privilege, we fail to see how the Council are to be credited with a desire to crush out independent ideas and discourage independent research.

In the acts of the Council there is abundant evidence of a determination to enforce on all future practitioners a competent knowledge of all subjects essential, for the safety of the lives of Her Majesty's lieges that might hereafter be dependent on their judgment and skill, but of medical dogma, not a scintilla.

It may, perhaps, be argued by some that extent of knowledge is not always commensurate with the time consumed in its acquisition, that one man may learn more in two years than another in ten, and that we have no right to inquire where a man got his knowledge, nor how long he was in acquiring it. To act safely for the public on this belief it would be necessary to change the entire character of the examinations, and we are inclined to believe that the change would be a decided improvement on the present system, *e. g.* The examinations in Anatomy and Operative Surgery should be conducted in the dissecting room. In Chemistry in the laboratory. In practice at the bed-side in a Hospital. In Midwifery in the maternity wards, in fact the whole character of the examination eminently practical.

The Editor of the *Globe* may probably conceive that on this subject, Thor's hammer in their hands

has been wielded with a tremendous urbanity, and that obnoxious individuals have been gelatinized with the strictest regard to good breeding, but to our mind the views of Crabbe of newspaper writers are german to the article in question.

" Their careless authors only strive to join
As many words as make an even line,
As many lines as fill a row complete,
As many rows as furnish up a sheet!"

The medical profession seek no legal endorsement of infallibility, their motto has ever been "Life is short, Art long, Experience deceptive, Judgment difficult." We are on the contrary frequently taunted by sceptics in medicine of the uncertainty of our science, but we may fairly submit that as much uncertainty and want of uniformity of opinion is apparent in Theology and Law. In evidence of the first it is only necessary to advert to the differences of opinion manifested in the so-called infallible Catholic Church by Dupanloup, Dollinger and Strossmeyer at the comparatively recent Œcumenical Council; of the second the daily reports in newspapers of appeals from one Law Court to another, and occasionally from the Court of Appeals to the House of Lords, sufficiently demonstrate that Law is far from being the perfection of human reason. The *Globe* as yet in its virtuous indignation anent monopoly and exclusive privileges has not considered it expedient to preach a crusade against the Benchers of Osgoode Hall; the moment, however, that the Medical Council apply to the Legislature for an amended Act to enable them, by a fractional contribution annually from the profession, to provide themselves with a local habitation, as well as name all the vials of their indignation are poured out on poor Pillgarlic's head, and he is branded with refusing the right to live to any practitioner who does not submit to his terms, and seeking the power to prosecute all medical unbelievers.

Dr. Campbell's Bill would not appear to have given general satisfaction to the Homœopaths as is evidenced by a letter from Dr. Clarence T. Campbell, of Stratford, in the *Globe* issue of January 31st. We quote the following paragraphs: "Though a period of six months elapsed between the appointment of the Committee and the meeting of Parliament, we received no intimation of the peculiar provisions of the Bill until a few days since, after it was

printed, and when it had become too late to make any important alterations in its character." Again, "it is a cumbrous and unwieldy piece of machinery, calculated only to involve the profession in unnecessary expenses, while conferring exclusive and extravagant powers upon the Council for which it provides, and more particularly for the President. The Bill is certainly, in my opinion, more fitted to create and perpetuate a 'one man power,' than to be of lasting benefit either to the profession or the public." From the opinion thus expressed by Dr. Clarence T. Campbell, of his namesake—the framer of the Bill—it would appear that, like one of the characters in Molière's play, "Les Fourberies de Scapin," he was disposed to exclaim,—

"Que diable alloit il faire dans cette galere."

THE MEDICAL ASPECTS OF FEMALE EDUCATION.

A little more than a year ago, Dr. Edward H. Clarke, lately Professor of Materia Medica in Harvard College, delivered a lecture before the New England Women's Club, in Boston; and now we find this lecture reproduced and enlarged in the form of a book published under the title of "Sex in Education." For a very instructive review of this little work we refer the reader to the *American Journal of the Medical Sciences* for January, 1874. Additional facts are therein stated, which, with the author's, deserve to be well pondered by all interested in the education of girls, and the cultivation of the female intellect. In some part, we believe, the errors perpetrated in the United States are practised through like ignorance in the higher schools of this country; and it will be well, therefore, to rouse the attention of thoughtful and observant medical practitioners in Canada to this important subject.

In this work Dr. Clarke shows that the educational methods of the day as practised in American schools and seminaries, completely ignore the teachings of physiology. He maintains that it is a great mistake to employ for girls the identical methods, used for, and perhaps well adapted to, boys. It is ignored that during her school days the girl is passing through the most critical change in her life, and that, in developing womanhood and establishing a new function, the vital powers

are severely taxed. And yet, though for a time during each month, the school girl experiences a great and unaccustomed drain upon her vitality, this drain has not been allowed to lighten her tasks a particle. In the schools, seminaries and colleges for girls in the United States no heed whatever seems to be paid to the physiological laws which pertain to sex. No account is taken of those periods when nature needs all the available power for the performance of a new and arduous function. Day after day the pupil must work with her brain, and stand and walk and exercise, just as if periodicity had no place in her system. Instead of resting both body and mind for a few days, she is expending the nerve-force which should give tone to the uterus, and exhausting menorrhagia occurs, which, of course, in turn places the system in a still worse position for the next period. The system of keen competition among the scholars permits of no provision for periodical rest. Any lost time must be made up, lest the pupil should fall behind hand and so be disgraced and humiliated. This terrible routine may go on till the health is completely broken down, and prostration compel removal from school. Other disturbances of the uterine functions as amenorrhœa, and incomplete or non-development of the reproductive organs take place as a consequence of mental overstrain during early menstruation. The tendency toward sterility, so marked among American woman, is attributed by Dr. Clarke to a diversion of the vital forces from the reproductive system to the brain.

To remedy these defective methods in female education, Dr. Clarke advises as a first duty to modify the order of study, discipline, diet and exercises in schools and colleges, so as to make them conform to physiological requirements. The boy's school ought not to be made a model for the girl's. Judicious experiment is required, founded on the observation of physiological laws. Four or five hours daily, he thinks, it may be assumed, is as much study as should be required of a girl from fourteen to eighteen years old. Absolute rest, or diminished labour should be enforced every month. The competitive system should be so far relaxed for girls, that the periodical remissions should not be allowed to involve loss of standing.

Pursuing his inquiries abroad, in the view that the almost uniform vigour of foreign and the

equally uniform debility of American women of culture, lies in the observance or neglect of natural laws. Dr. Clarke ascertained that much greater attention is paid by the aristocratic classes of Great Britain and Germany. In Germany three important points in the education of girls are diligently attended to. First, as a rule, girls are removed from school at the appearance of the catamenia, and thenceforward instructed at home and by private tutors. Second, by immemorial tradition among mothers, the closest supervision is exercised during the menstrual flow. The girl is watched and guarded, obliged to refrain from study, from late hours, excitement, and all but the gentlest exercise; and if delicate, is kept in bed three days. Third, school girls are never allowed to go to parties.

The physiological truths at the bottom of the admirable German system of management of school girls require to be brought to the notice of parents and the managers of high-class female seminaries and colleges in Canada. This duty devolves mostly on the medical practitioner, to whom no indelicacy will be attributed should he refer to it. We, therefore, ask our friends to give thought to the subjects treated of in the work which has served as the occasion of this article.

CONGENIAL WORK.

In the December number of the *Can. Med. and Sur. Journal*—(a copy of which we have received through a friend, the Editor not having the manliness to send us his reply)—the editor again returns to his congenial work of dirt throwing and slander. In his reply he makes the remarkable statement that the July No. of the *Canada Medical and Surgical Journal* was mailed on the 8th day of July, (precisely?) the hour is not mentioned. We confess to a good deal of surprise at the boldness of our cotemporary, for his readers must know that such a statement if intended to convey the idea that his journal is issued so early in the month is not warranted by the facts. If the *Canada Medical and Surgical Journal* is mailed with such promptness and regularity there must be something radically wrong with the postal arrangements not only in Montreal and Toronto but throughout the whole Dominion,—for some of the subscribers to

that *Journal* have informed us that it is no uncommon thing for them to receive it one and sometimes two months after its apparent publication. To show this more forcibly we need only say that, the reply of our cotemporary to the article in our December issue will be found in the December number of that journal.

The editor has backed down somewhat; he now says one of these articles was from the *type* of the *Canada Medical and Surgical Journal*. How should we know that? What is there peculiar about the type of that journal which distinguishes it from all other type of the same kind? If it was desired to have this article go forth as a reprint from the *Canada Medical and Surgical Journal*, as is alleged, why not announce it on the title page, as all journalists do? and then there could be no mistake about it.

PERNIO TREATED BY ELECTRICITY.

Dr. Alonzo L. Leach describes, in the *Philadelphia Medical Times*, his method of treating chilblain by electricity. He considers that we have, as the result of frost-bite, a partial or complete paralysis of the vessels as well as a nervous element, evinced by the pain and the intolerable itching. Electricity tends to give tone to the parts and restore them to their normal condition. This is the result sought for in all applications, but they only do so temporarily in a majority of cases. The cause re-appearing, the pathological condition still remaining, we have a return of all the symptoms. The secondary or induced current applied for a period of time every day, or at longer intervals, will place the parts in a healthy condition and effect a permanent cure.

As chilblain is just now a complaint of the season, it may be well to append another method of treatment, which is that adopted by the writer. The foot is first soaked in a bath as hot as can be borne, for fully fifteen or twenty minutes. The effect of this is to alleviate the pain and itching of the subcutely inflamed subcutaneous tissue; and afterwards the part is painted with tincture of iodine for a few times. The result rarely disappoints one. Dr. Balfour, of the Chelsea Royal Military Asylum, recommends the application of iodide of ammonium, pre-

pared by mixing equal parts of the liquor iod. comp. and aqua ammonia. Dr. Leach, above quoted, says of this, that he finds it ordinarily most marked in its action.

AMENDMENTS TO THE MEDICAL BILL.

The amendments to the Ontario Medical Act have passed through the committee of the House, and will soon come up for a third reading. Some slight changes and amendments have been made, one especially, which removes the only ground of objection that the Homœopaths could raise successfully to the present arrangement. It is as follows:—

That until a Homœopathic Medical School shall have been established in Ontario, candidates wishing to be registered as Homœopaths, shall pass the matriculation examination established by this Act, as the preliminary examination for all students in medicine, and shall present evidence of having spent the full period of study required by the curriculum of the Council, under the supervision of a duly registered Homœopathic practitioner; provided that, for a period of four years from the passing of this Act, such Homœopathic students may pass their matriculation examination at any time prior to the passing of their professional examination.

Such candidates must also have complied with the full curriculum of studies, prescribed from time to time by the Council for all medical students, but the full time of attendance upon lectures and hospitals required by the curriculum of the Council may be spent in such Homœopathic Medical Colleges in the United States or Europe as shall be recognized by a majority of the Homœopathic members of the Council, provided that in all Homœopathic Colleges, where the winter course of lectures is of only four months duration, that certified tickets of attendance on one such course shall be held to be equivalent to two-thirds of one six months course, as required by the Council.

This arrangement secures a thorough preliminary examination for all, and so extends the course of study to be pursued by Homœopathic students that they will be thoroughly educated, and can have no fear of passing the examination of the Central Board on subjects common to all, no matter who the examiners may be.

We trust that our friends in the country will write to their representatives in the House and urge them to support the present Bill, and also caution them against supporting any measure, no matter by whom introduced, tending to subvert the great principle of a CENTRAL EXAMINING BOARD.

ALEPPO BUTTON.—Dr. Nortabet, in the *Medical Times and Gazette* of Jany., 1874, describes a disease which is common in the East, especially near the rivers Tigris and Euphrates, and which is called "Aleppo Button or Aleppo Evil," from Aleppo, the name of the place where it was first observed. It most commonly appears on the face, appearing in the form of a hard red papular elevation of the size of a pea. In a few weeks the sore breaks and forms a scab, which is hard, thick and closely attached to the skin beneath. It sometimes spreads from a quarter of an inch to two or three inches in diameter, and is generally circular or oval in shape. It generally remains stationary for several months and then begins gradually to get well, occupying about a year in its course, hence it is sometimes called the *year pimple*. It is not contagious, and it is believed by the natives to be due to drinking the waters of these rivers and their tributaries. It leaves behind it an unsightly scar, which remains through life. It sometimes assumes a malignant form, and by spreading and destroying soft structures as the nose, lips, &c., causes much disfigurement. It is very intractable to local and constitutional remedies and is generally allowed to run its course. Cod Liver Oil internally, and the solid nitrate of silver and acetic acid externally, have been found useful.

A NATIONAL MEDICAL LIBRARY.—The United States Government, by authority of Congress, appropriates annually the sum of five thousand dollars for the purchase of medical books and periodicals for the Army Medical Library, and a further sum of five thousand dollars for the Army Medical Museum. The effect of this care in collecting medical literature and pathological material will be to make Washington the centre for the highest medical culture on this continent. At present, we believe, the collection of medical periodicals at Washington is altogether unequalled by

any similar collection at home or abroad. Certainly, there is at Washington a better and more complete set of Canadian medical periodicals (both extinct and extant) than is to be found in the Library of the Parliament of Canada. So that in after times, when some Canadian writer may wish to undertake the preparation of a history of the medical literature of his native country he will find the most abundant materials, not in his own land, but in the capital of a neighbouring nation. Our rulers should be stimulated by the practice of the American Government, we think, to pay more attention than they give, to the encouragement of Canadian medical literature.

HONORS TO CANADIANS.—Henry Howitt, Esq., M. D., of Trinity College Medical School, passed the required examinations for the Diploma, on the 22nd of Jany., and was duly admitted member of the Royal College of Surgeons, England. Of 96 candidates who presented themselves at this examination 26 failed to satisfy the court of examiners, or in other words were "plucked."

"RANKIN'S ABSTRACT" DISCONTINUED.—The half-yearly abstract of the medical sciences, known as "*Rankin's Abstract*," and which has been published in London for the last twenty-nine years, and re-published by H. C. Lea, of Philadelphia, has been discontinued. The No. for January, 1874, is its last issue. We deeply regret the loss of our old acquaintance. The need for such periodicals is not now so great, however, as in former years.

Toronto General Hospital Reports.

EPILEPSY FOLLOWING AN INJURY OF THE BRAIN, CURED BY TREPHINING.

UNDER THE CARE OF DR. HODDER.

Reported by Mr. B. Nevitt.

HENRY CROSS, Aged 18, admitted Nov. 24th, 1871, states that six years ago next January, he received a kick from a horse on the right side of the head, near the anterior inferior angle of the parietal bone. He was quite insensible at the time of the accident, and continued so for nearly a week. A small wound existed through which the medical man removed several small portions of bone, and

afterwards elevated some depressed bone. There was hernia cerebri about four weeks after the accident, which retarded his recovery. There was paralysis of the left arm for a fortnight, after which it gradually got better, still remaining weaker than the other.

He gradually regained his strength, but has not been able to study much, and feels giddy if he bends forwards. Four years after the accident he was seized with fits of an epileptic character, which were always preceded by the aura epileptica creeping up the left arm. The fits come on often when asleep and are not of a violent character, when he awakes from them he is aware of having had them, altho' quite insensible at the time. He generally has two fits within a few days of one another, then they remain absent for weeks or months and again recur. Since April last he has had about ten fits. He is now unable to study, but he can work on the farm without inconvenience, provided he keeps his head up and does not stoop forward. His general health is good, appetite, bowels, &c., natural. There is a want of power generally on the left side, his left leg getting tired more quickly than his right, his left arm is weaker in proportion than his leg, and the muscles of the face show it still more clearly. The tongue cannot be pushed as much to the left side as to the right.

The depression is great, being about 2½ inches long by an inch wide. At its anterior part there appears to be a deeper cavity from which the pieces of bone were removed; he complains of pain and soreness on making firm pressure all round the margin, and says he can feel the pulsation of the brain, although not apparent to others. The hair was to be shaved off, and a consultation called for Tuesday next at one o'clock.

Nov. 28th.—At the consultation held this day, present Drs. Bethune, Richardson, Geikie and Hodder, an operation was decided upon, but as there were some cases of erysipelas in the Hospital, the lad was told that he had better return home for a while.

March 26th, 1872.—Re-admitted on usual terms Erysipelas has again made its appearance, so that the operation must be postponed.

April 6th.—No fresh cases of erysipelas admitted, and all those in the Hospital doing well. The lad is to be transferred to Widmer Ward at once, and

not be allowed to enter either of the wards where erysipelas exists. To have

Pil. Aperiens ij. at bed time, and

Haust. Domestic ℥iss. in the morning.

18th.—The operation of trephining was performed to-day, and two portions of depressed bone removed—one portion pressing deeply upon the brain, and upon its removal showed the dura mater pulsating. A fragment of bone, half the size of a hazel nut, pressed down upon the brain opposite the middle meningeal artery and was firmly adherent. On elevating it the artery or a branch was wounded and bled freely, but ceased without requiring anything more than the cold sponge. The dura mater and brain itself retained the impress of the depressed bone, and continued to do so till the wound was closed. The operation consisted of an incision of about two inches in extent along the lower edge of the former wound, and about an inch above the ear, another incision one-and-a-half inches perpendicular to this about its centre, and the angles reflected, when a portion of the temporal bone was exposed and the small trephine used to remove a portion. After removing the depressed portions of bone, the rough edges and angles were cut off by bone nippers, and the wound brought together by three wire sutures, and cold water dressings applied.

19th.—He passed a quiet and comfortable night; feels well, but complains of pain in the wound and there is weakness in the left arm; pupils alike; skin warm; pulse frequent and firm, but not hard, 120; tongue coated; has had one slight passage, and his urine is passed freely.

R.—Tr. Verat. Viridi	M. xv.
Tr. Aconite	M. vi.
Aqua ad.	℥ij.—M.

One tablespoonful to be taken every two or three hours.—Mist. Aperiens ℥iss. cras mane.

20th.—Continues in a comfortable condition; slept quietly the greater part of the night; pulse down to 90 in the morning, but rose to 110 shortly afterwards; skin comfortable; tongue white and coated; less pain; numbness of left arm diminished, and pain in head less; bowels have not acted. Repeat aperient mixture; the verat. viride to be continued if required.

21st.—Bowels acted four times through the night which was the only cause for not sleeping soundly; he is better in every respect; tongue cleaning at

edges; pulse 80, soft; pain in head nearly gone; mind clear; pupils acting alike; omit medicines; beef tea and gruel when desired.

22nd.—Doing well in every respect; pulse 84, full soft; pain in head gone; tongue cleaning; numbness of arm also gone. A discharge of thin serum or lymph looking fluid came from the perpendicular incision last evening and to-day; the rest of the wound quite united. Mist. Aperiens, ℥iss. cras mane.

24th.—He feels better than he has done for a long time; all pain and uneasiness disappeared; pulse, tongue, bowels, &c., in a normal state. Continue.

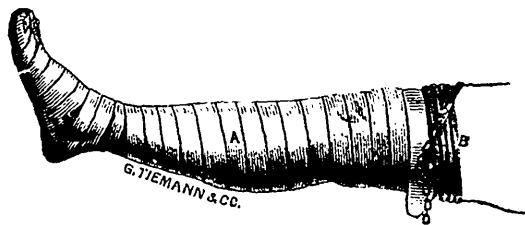
26th.—Not a bad symptom; neither ache nor pain; tongue clean; appetite good; wants more food; pulse 80, soft and regular; bowels moved twice daily; sleeps well at night; the discharge less and healthy in appearance. To have one-half ($\frac{1}{2}$) pint beef tea extra.

29th.—Continue as before; wound nearly closed. He states that he had a slight fit on Friday night, the 26th or 27th. No one, however, saw it, neither has he shown any signs of it in any way whatever.

31st.—He improved in every respect and left the Hospital on the 21st inst, with the wound healed and quite well. In a letter received from his father fifteen months after the operation, he says "you will be pleased to hear that Henry has entirely recovered, he is able to work on the farm as well as ever, can study without inconvenience, and has had no return of the fits since the operation."

New Instruments.

ESMARCH'S TOURNIQUET.



We lay before our readers a wood-cut representation of the appliance used by Professor Esmarch to control hæmorrhage during surgical operations. It consists of an elastic rubber bandage which is applied to the limb as shown in the cut, and also a

rubber cord or tubing, having a hook attached to one extremity, and a few links of chain to the other. It is applied as follows :

While the anæsthetic is being administered, the lower portion of the limb is enveloped in oil silk, to prevent soiling the bandage ; then the leg is bandaged tightly from the toes to above the knees with the elastic rubber bandage (*A*), which, by gradual compression, forces the blood out of the vessels of the limb. Immediately above the knee, where the bandage terminates, the rubber cord or tubing (*B*) is wound four or five times around the thigh, the one extremity being joined by means of the attached hook to the chain at the other end. The rubber tubing or cord compresses all the soft parts, including the arteries, in such a manner that not a drop of blood can enter the bandaged portion of the limb.

The elastic bandage and the oil silk are now removed, and the leg, below the tourniquet, presents the appearance of a limb of a corpse, the pallor of the same forming a remarkable contrast to the rosy hue of the skin above, and the operation is conducted *as though on a cadaver*.

After the operation, the rubber cord is slowly removed, the circulation is restored, and those arteries which have previously remained unnoticed, tied. The patient presents the same appearance as before the operation, his pulse is full and strong, and convalescence will no doubt follow much more rapidly and surely than if the operation had been performed in the customary manner.

The tourniquet can be used with more or less complete success in nearly all operations on the extremities. In extirpation of tumors, in the removal of scrofulous sores or caries, and resections of small bones or joints, the tourniquet need not be loosened until the wound has been dressed.

This tourniquet possesses an advantage over all others that it can be adjusted to any portion of the limb, and the location of principal arteries need not be considered. It is manufactured by Messrs. Tiemann & Co., New York, and may be purchased for \$3.75, American currency.

DIED.

In this city on the 22nd inst., JAMES ROWELL, M.D., in the 43rd year of his age.

Book Notices.

A PRACTICAL TREATISE ON THE DISEASE OF THE EAR, including the Anatomy of the Organ. By D. 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.

Dr. Roosa is already well and favourably known as a most indefatigable worker in the department of Aural Surgery. He introduced the use of the aural mirror into the practice of the New York Eye and Ear Infirmary in 1863, whence it has been generally adopted on this continent, a simple and inexpensive instrument by which any physician may, in a few minutes, learn to examine a membrane which not a few practitioners have never seen on the living subject.

"This work" Dr. Roosa in his preface says, "is intended to be a guide to those who wish to treat the diseases of the ear. The portion that is devoted to a description of these diseases, and the means for their relief and cure, is founded upon my own experience in the observation and treatment of more than thirty-eight hundred cases, in public and private practice."

We have perused its pages with both pleasure and profit, and have found it a most useful treatise and safe guide to the practitioner.

The work is divided into four parts, viz: I. The External Ear. II. The Middle Ear. III. The Internal Ear. IV. Deaf Muteism. The anatomical descriptions and illustrations are also divided and very conveniently arranged. The article on foreign bodies in the external meatus is full of faithful warning. Dr. Roosa emphasizes the recommendation not to attempt the removal of a supposed foreign body from the external auditory canal unless it can be seen. Cases are reported where death resulted from rude manipulations in searching for supposed foreign bodies that could not be found at the post mortem examination.

It appears that, by far, the greater number of cases of aural disease arise from diseases of the Middle Ear. Two hundred and eighty pages, or more than one-half of the entire work are devoted to the anatomy, diseases and treatment of this cavity.

In acute inflammation of the tympanic cavity, the benefit of local depletion is nowhere better

seen; the effect of two or three leeches in front of the external meatus is almost magical.

Paracentesis is performed if the membrana tympani is bulging from the presence of matter in the drum cavity. This is followed by the air douche through the eustachian catheter or by Politzer's Method. In scarlet fever the ears should not be neglected.

Ninety pages are devoted to what Dr. Roosa calls "Chronic Non-suppurative Inflammation of the Middle Ear," which he divides into two forms, the "catarrhal" and the "proliferous." The former is the most common cause of deafness; and is almost invariably associated with catarrh of the naso-pharyngeal space. There is thickening and excessive secretion from the mucous membrane. In the latter there is an entire absence of catarrhal symptoms; the character of the inflammation being essentially hypertrophic with connective tissue formations.

In the treatment of nasal catarrh, Dr. Roosa strongly condemns the use of the nasal douche (known as Thudichum's or Essex's Nasal Donche). Sixteen cases of acute inflammation of the Middle Ear are reported, which Dr. Roosa believes can be directly traced to the use of this apparatus.

He was the first to call attention to this dangerous procedure. In the treatment of the eustachian tube, or rather, as he maintains, the middle ear through the tube, Dr. Roosa differs from the English surgeons; he believes that the eustachian catheter is *essential*, and that, except in the case of young children, Politzer's method, although most valuable and indispensable, is as an adjuvant to the former. The improvement in the hearing from inflation of the drum daily with atmospheric air, doubtless depends upon the re-establishment of the equilibrium of atmospheric pressure upon the two surfaces of the drum membrane. Dr. Roosa is not explicit on this point however. With reference to the modern operations upon the tympanic membrane and division of the tensor tympani muscle, Dr. Roosa does not seem to have had much experience. He however speaks approvingly of Dr. Hinton's method of treating the middle ear by perforation of the membrana tympani and washing out the cavity and eustachian tube by injections forced from the external meatus through the middle ear and eustachian tube, or *vice versa*. Hinton

maintains that in nearly all cases of deafness of long standing, the drum cavity is more or less filled with dry mucus. Roosa cannot concede this, although it is supported by high authority, and notably that of Schwartz of Halle. In Dr. Roosa's practice, the results of treatment have not been brilliant, in these cases of "chronic non-suppurative inflammation of the middle ear." In 355 cases, 48 per cent. were unimproved. This appears less surprising when we learn that in one-half of these cases the hearing had been more or less impaired for periods varying from five to forty years.

Cases of acute suppuration of the middle ear, according to Roosa, are too often allowed to terminate in chronic suppuration and impairment of hearing; although the results of judicious treatment are most satisfactory,—the discharge arrested; the perforation healed, and the hearing restored, in many cases in a few days. Paracentesis of the membrane may be necessary. After perforation, in addition to syringing with warm water and the instillation of zinci sulph: gr. ii.— $\bar{5}$ i. the air douche, either by Politzer's method or the eustachian catheter, should also be used once or twice a day. Should there be tenderness, redness or swelling over the mastoid, the process should be cut down upon and the incision extended upwards at least half an inch.

"Chronic suppuration of the middle ear" it seems is often mistaken for that "rare disease," chronic suppuration of the external auditory canal. Dr. Roosa combats the prejudice against the stoppage of a purulent discharge from the ear. In the language of Wild, "*we can never tell*" (after the discharge has once set in) *how, when, or where it will end, or what it may lead to.*" Dr. Roosa thinks this should be impressed upon the attention of every practitioner of medicine. As a pre-requisite to the successful treatment of this affection, the parts must be thoroughly cleansed, by the practitioner personally, at least twice a week. This can only be done by a combination of syringing and the use of the air tube through the eustachian tube. In recent cases Dr. Roosa uses weak solutions of zinci sulph.; in old cases he uses strong solutions of argent. nit. Nitrate of silver solutions are found to be of little value unless containing at least 40 grains to the ounce; they are sometimes used as

strong as 480 grains. The hearing is in some cases very considerably improved by the artificial membrana tympani, but Dr. Roosa uses them only in cases of adults possessed of a considerable amount of intelligence.

In the treatment of mastoid periostitis by incision over the process, Dr. Roosa says that he has been sometimes amazed at the depth to which the scalpel entered. He recommends perforation of the mastoid bone when it is found to be diseased, and in cases of suppuration of long standing with frequent and painful exacerbations.

Fortunately for afflicted humanity, diseases of the internal ear do not often occur. In 1,500 cases of aural disease Dr. Roosa found only 57 such cases. The deafness occurs suddenly and is nearly absolute. The tuning fork can not be heard on any part of the head or against the teeth. In deafness from disease of the membrana tympani, or impacted cerumen in the external meatus the tuning fork on the head is heard even better than by the normal ear. In the treatment of diseases of the labyrinth, much was expected, at one time, from the use of electricity, but according to Dr. Roosa there are no authentic cases on record of a cure of a true inflammatory affection of the labyrinth by this agent.

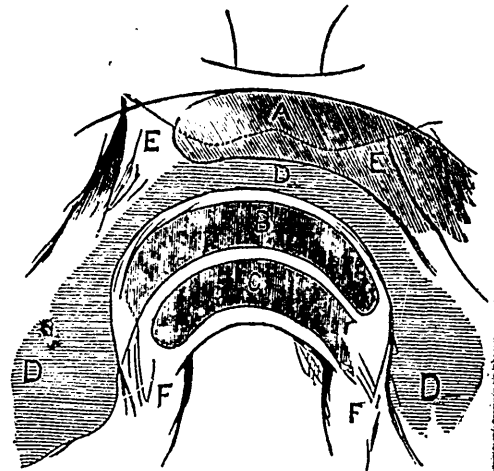
In bringing this imperfect review to a close we would add that if ever a scientific treatise met "a felt want" it is Dr. Roosa's. We trust that the author, who is still young, may long live to see the fruit of this young tree that has been planted under such favourable auspices.

The wood-cut illustrations, of which there are 110, are remarkably well executed, and the publishers may be congratulated on the good style in which the book has been brought out; it is unexceptional in every respect.

APOMORPHIA AS AN EMETIC.—This substance is obtained from opium or morphine. Its importance as an emetic is owing to the rapidity with which it operates. It is best used subcutaneously; the dose is from $\frac{1}{8}$ to $\frac{1}{7}$ of a grain in solution. Emesis is brought about in from 3 to 5 minutes, and the effects pass off within half an hour, no unpleasant results being left behind. The muriate of apomorphia is chiefly used.

CHANG AND ENG.

The *Philadelphia Medical Times*, (Feb. 19) from which we copy, contains a full account of the *post mortem* examination of Chang and Eng, which was conducted by Drs. Pancoast and Allen. The chief interest in regard to this phenomenon centres in the anatomy of the band which united them. The following is a diagrammatic representation of the dissection of the band, so far as it has been examined. The words Eng and Chang in Siamese mean "right and left," respectively, and they are so represented in the diagram:



Eng

CHANG

- A.—Upper or hepatic pouch of Chang.
- B.—The peritoneal pouch of Eng.
- C.—The lower peritoneal pouch of Chang.
- D.—Connecting liver band, or tract of portal continuity.
- E. E.—(Dotted line) union of ensiform cartilages.
- F. F.—Lower border of the band.

The band is about four inches long and eight inches in circumference. There was found to be a union of the twins at the ensiform cartilage. The pouches of peritoneum were also found to pass from Chang into the body of Eng, and one from Eng into the body of Chang, and lying between the two preceding. Their livers were found to be continuous, so that a colored injection thrown into the portal vein of Chang passed through the band into the liver of Eng. In the absence of liver tissue this connection is called the *tract of portal continuity*. The vascular connection of the band has not yet been fully investigated. When this has been done we will again refer to the subject to give a more complete description. There is, however, no large vessel connecting them, as was formerly supposed.