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# THE CANADA LANCET:

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## Original Communications.

### SUPPLEMENT TO PAPERS ON DYSENTERY, SCARLET FEVER, &c.

BY WILLIAM KERR, M. D., GALT, ONT.

In the September (1873) number of this journal, I expressed a hope that I would be able to bring forward a modification of my remedy for Dysentery, suited to those cases which altogether resist the Digitalis and Squill combinations. I cannot yet speak with confidence, as my experience is very limited, but I think I may venture to lay the investigation before your readers, as a step, I hope, in the right direction, which the diligence of other explorers may carry further forward.

Fifty years ago, Dr. Duncan inculcated in his lectures on *Materia Medica* in the University of Edinburgh, the advantage of extending the examination of the medicinal properties of a plant into other plants of the same natural order, and Dr. Paris, in his *Pharmacologie* insists that the power of all classes of medicines, Laxatives, Diuretics, Narcotics, &c., is increased by joining together several of the same. To these views I am indebted for the measure of success which has attended what I have styled the Digitalis and Squill combinations, and these views have been my guides in extending the investigation. It may not be without interest to connect the whole from the beginning, and to show by what changes the present stage has been reached.

I had used Henbane and Camphor, successfully in a case of excoriation of the fauces, when I was consulted for nursing sore mouth, by an elderly female, who had suffered from it for twenty years. It was cured by the same remedy in fourteen days, and several others yielded readily. In one as related by me in the Upper Canada Medical Journal, Dec. 1853, the sensation of scalding

aggravated by swallowing whatever is pungent, a characteristic of nursing sore mouth, extended down the gullet to the stomach, and gave rise to symptoms of Dyspepsia. These complaints had lasted several months, and were cured in four weeks. Others having both nursing sore mouth and Dyspepsia, were readily cured of the former, but more rarely of the latter. Believing myself to be on the right track, and confident of some gain, I did not discard Henbane and Camphor in the succeeding cases of Dyspepsia, but added Hemlock, (*Conium Maculatum*) when I had the satisfaction of curing several whose complaints had previously resisted me. In the course of months I again encountered unyielding cases, when, encouraged by what a combination of narcotics had already accomplished, I included Stramonium, and obtained an additional and decided gain.

Accident led to the selection of the next ingredient. I had several times used with benefit the combination of equal parts of Henbane, Camphor, Hemlock and Stramonium, together with a similar proportion of opium in Dysentery, which in a generally mild form was prevalent at this period. One man was cured so rapidly that I enquired minutely into the circumstances, and found that for some time previously, and while using my prescription, he was under the influence of a medicine containing a diuretic. Acting on this suggestion I added Digitalis, and soon recognized increased efficiency not only in Dysentery, but in Dyspepsia, and other affections of the mucous membrane. I may say here that during the whole investigation it was found that any addition which was beneficial in one disease of this membrane, was likewise beneficial in every other of the same in which I had an opportunity of trying it, and *vice versa* a retrogression in one was a retrogression in the others. It is, therefore manifest that, though Dyspepsia and Dysentery afforded the greater part of the evidence, the search was not merely for a remedy for these, but generally for diseases having their seat in a tender or ulcerated state of the Mucous Membrane.

I had exhausted the officinal narcotics, and in most instances Dysentery yielded more readily than with opium alone, and Dyspepsia more frequently than with the simpler combinations. It is not to be understood, however, that as the medicine rose in efficacy, there was a correspond-

ing scale in the cases of disease cured, that it gradually became able rising from slight to cure the more severe. A greater proportion of all cases occurring to me were cured, but among those which resisted treatment were some apparently not worse than others which had yielded readily to the same combination; on the other hand Henbane, Camphor, and Hemlock, nearly inoperative in the greater part of severe cases, removed dyspeptic symptoms from a boy after the accompanying headache had brought on amaurosis, restoring him to health in all respects, except blindness. The test of increasing efficiency, therefore, consisted in previously unyielding cases being cured, and in a greater number of apparently slight, as well as evidently severe, being also cured.

Numerous cases still baffling me, farther improvement was necessary, which could only be gained by the addition of medicines unrecognized by the pharmacopœia; my thoughts were, therefore, turned to the wild plants of the woods and swamps. While pondering on where to begin, I was struck by the number of umbelliferæ known as poisons, but not as medicines, and determined to investigate this order. Passing by in this sketch those which gave no proof of gain, I added *Cicuta Maculata*, and obtained decided improvement, and subsequently the *Conio-selinum Canadense* with increased benefit. In a case of obstinate Dyspepsia I tried these successively and afterwards conjointly, together with the other components, and obtained a perfect cure. A case of Dysentery, which had resisted the preceding combination, was also speedily cured.

At this stage I ceased to retain Camphor on account of several dyspeptic patients having from time to time complained that it aggravated the tenderness of the stomach, and now one positively refused to take medicine containing it.

In some instances, especially in children, *Digitalis* disagrees; to suit such Squills were substituted.

The combination now consisted of *Digitalis* or Squills, Henbane, Stramonium, *Conium Maculatum*, *Cicuta Maculata*, and *Conio-selinum Canadense*. In this form it had gained considerably more power not only in Dyspepsia, but with opium also in Dysentery. The latter was epidemic in the autumn of 1856, and in one intensely severe case, characterized by that generally fatal symptom profuse sanguineous discharges, accompanied by

great tenderness of the abdomen, and latterly for two days with total sleeplessness, when agony was extreme, and death apparently not far off, relief succeeded by sleep was obtained in an hour, and recovery completed in little more than a week; the total quantity of medicine given amounting to only forty-nine grains, or seven of each ingredient.\* The rapidity of relief and of cure were in striking contrast with the inefficiency of the ordinary medicines, which, under the direction of two medical gentlemen had been administered for several days previously. In another, though much less severe instance, the medicine failed, fortunately, however, a case of Dyspepsia threw light on the cause of failure. This patient assured me that every dose was followed by pain in the stomach. Suspecting *Conium Maculatum*, I substituted another Umbelliferous plant *Sium Lineare*; no further complaints were made of pain, and a cure was obtained. Applying this experience to the case of Dysentery, a similar change was made with the like result.

Failures or tardy success caused me to re-investigate the Solanaceæ, and the opinion arrived at was that those which best aided the other components were *Dulcamara* and *Stramonium*. I tried three of this order in the combination, but the peculiar effects of the Solanaceæ, thirst and dimness of vision, became too disagreeable to allow more than two members of it to be retained. During the investigation, each change, which never consisted of more than the addition or subtraction of one plant, was tried in all the cases of disease of the mucous membrane which occurred to me. Notwithstanding these precautions, progress was not always forward. If the patients happened to be curable by less potent combinations, I might be led astray and getting into a wrong path might deviate considerably, till failures where there ought to have been successes told me that I was in error. Returning to the narrative, my suspicion was roused respecting *Stramonium*, which I discarded, adopting another of the Solanaceæ, and possibly when I did so the case under treatment was one that I now know to be exceptional, where *Stramonium* does disagree. The cases immediately following did not indicate loss of power, but soon Dysentery set in epidemically,

\*At this period all the ingredients were equal.

when it became manifest that the medicine had lost its former efficacy. I am happy that no patient died, I failed, however, where former experience had led me to expect success. Still believing that I was on the right path I doubled the quantity of each of the Umbelliferae, but without benefit, though without injury, then I fell back on Stramonium, the other components being Digitalis or Squills, Dulcamara, Stramonium, Sium Lineare, Cicuta Maculata\*, and Conio-selinum Canadense, and the readers of this journal know with what benefit.

While investigating the Umbelliferae a wrong theory led me to discard Conio-selinum Canadense for another of the same order. I had at that time a patient who for a dozen years had had Dyspepsia, accompanied with constipation, greatly impaired sleep, severe headache, loss of memory, and, when I first saw him, a state of mind closely approaching to insanity, declining, for instance, to walk out of doors, because he said everybody looked at and talked about him. I directed twelve grains of the digitalis combination to be taken daily, digitalis being increased to a full proportion, and Stramonium reduced to half, to avoid thirst, which a larger quantity of the latter continued for a length of time would have excited. To obtain a naturally open state of the bowels, two parts of Aloes were added to five and a half of the combination, a laxative so gentle that the patient is generally unconscious of having taken medicine. This being accomplished the complement of the medicine was made up by the same, but without Aloes. He soon slept better, dyspepsia and headache diminished, his memory gradually improved, and he began to take out door exercise, not avoiding those whom he casually met. In the course of a year he was able to teach a school, nevertheless, he continued to take the Digitalis combination more or less regularly for several years. It was in the course of this period that conio-selinum was removed, from this time he never ceased to complain that the medicine had lost its efficacy till this plant was restored again, which I did without informing him, but he recognized the restoration as speedily as he had done its abduction. A case of

Dysentery gave a similar testimony, when I no longer hesitated to replace Conio-selinum Canadense, greatly to the delight of my dyspeptic patient.

The same testing process was resorted to with Cicuta Maculata. Retaining Conio-selinum Canadense, I kept it out, and several patients having dyspepsia failed to obtain relief to the extent I expected, till Cicuta Maculata was replaced. As stated in my papers on Dysentery and Scarlet Fever, I pulled down the combination, and built it up again, examined thirty-two plants or their products, and occupied between five and six years in the investigation.

Prior to my first paper on Dysentery between 400 and 500 patients had been treated, of whom only four had died. To avoid unfairness I published every report transmitted to me, yet in my second paper (1867) the same measure of success is recorded. Towards the end of the year a medical gentleman in Michigan and another in Illinois, wrote to me that the medicine which had been very successful the preceding year, had that autumn not shown the same power. Still the general testimony of my correspondents was one of success, and the failures few in number; Dr. Clarke's letter, (Aug. 73 *Lancet*) bringing up his experience to last midsummer, was not at variance with the tenor of reports from others. The failures in the Western States, those mentioned by the Rev. Dr. Robb in Western Africa, and more especially the case of the gardener, (Sept. *Lancet*, which occurred to myself, convinced me that a renewed search was needed to obtain a medicine capable of combating such cases successfully. This opinion has been confirmed by the results of last autumn. In some parts of the country the treatment has been very successful, but in others there have been failures, the total of which make a greater number than in all my previous experience put together. The steps which have led to what I trust may prove to be a remedy began fourteen years ago with a different object.

In each of my two combinations there are three diuretics, Digitalis or Squills, Dulcamara, and Sium Lineare, belonging to three natural orders. Convinced of the benefit derived from carefully selected, not random, combination, I gave these to two children having Anasarca follow-

\*I do not doubt that the other species of Sium and Cicuta might be substituted. Only one species of Conio-selinum exists on this continent. See the works on American Botany by Gray and Wood.

ing Scarlet Fever, with speedy benefit and effected a complete cure. Too often in dropsical affections ordinary diuretics only temporarily remove the collection of water, but I am satisfied, comparing my former experience with my present, that this less frequently happens when the patient is treated with the combination now mentioned. Give the following instance its due weight, and it will be seen that not only was a large quantity of synovial fluid removed, but that the patient was completely and permanently cured of a disease usually believed to be beyond the influence of diuretics. A man who in consequence of a blow, for two years had had inflammation of the synovial membrane of the knee accompanied with great effusion of watery fluid, giving rise to lameness, and for eight months to so much pain as to interfere with sleep, applied to me saying that he had been under the care of several medical men, and that he was now willing to submit to amputation. I gave daily in divided doses two grains of Digitalis, and four of each of the other two. In two months she was thoroughly cured, all pain removed, no trace either of lameness or swelling left behind, so that the most strict examination could not detect which knee had been diseased, and further the cure was permanent. In a similar case which had lasted three months, and where for a fortnight previously pain had greatly interfered with sleep; in twenty-four hours the patient was so much relieved as to sleep soundly, and in a week was nearly well; the cure was permanent. The smallness of the doses, and the speed with which they take effect are usually very striking, frequently in twenty-four hours the flow of urine is increased, and there is no necessity of pushing Digitalis to the verge of causing sickness.

Sir Thomas Watson thus expresses himself in favour of several diuretics put together, "sometimes a combination or farrago of diuretic substances prove more efficacious than larger doses of any of the ingredients administered singly."

A few years after the idea of forming the preceding diuretic combination had occurred to me, at the successful conclusion of the treatment of a case of dyspepsia, the patient told me that a goitre of long continuance had considerably diminished. In this the diuretics could have had no share, the absorption must therefore have been owing to the other constituents. The

patient was contented with the gain obtained, and declined taking more medicine, but profiting by the hint, I have since always given these along with our recognized deobstruents, Iodide of Potassium, Henbane, and Hemlock (*Conium Maculatum*) the medicine consequently consisting of Iodide of Potassium, two of the *Solanaceæ* extract of Henbane and Stramonium, and three of the *Umbelliferae*-Hemlock, *Cicuta Maculata*, and *Conio-selinum Canadense*, combined in the proportion of two parts of the first to one of each of the others, and given in doses of three grains twice or thrice in a day. The effect is more certain and speedy than a much larger dose of Iodide of Potassium. The following is an example: a lady 25 years of age had a large goitre from her early girlhood. It was wholly removed in fifty days by 100 grains of Iodide of Potassium, and 50 of each of the others.

I had placed the diuretics in a separate combination, and in glandular affections found that the remaining three added potency to the recognized deobstruents. I had also found headache arising from dyspepsia curable by the digitalis or squill combinations, but the same medicine useless and even hurtful in nervous affections unaccompanied by dyspepsia. In searching for the change necessary to suit such cases the diuretics were found to be injurious, and I resorted to the deobstruent combination, in some cases with advantage; lastly, a case occurred which showed beyond doubt that Stramonium was decidedly hurtful. Unlike cases of dyspepsia, which seem to be more numerous in Canada than those of any other disease, nervous affections with which dyspepsia has nothing to do are few in number. In endeavouring to find a remedy I therefore could not subject each member of the contemplated combination to the same rigid examination, as I had done to the others. There being no evidence against the *Umbelliferae*, Hemlock, *Cicuta-Maculata*, and *Conio-selinum Canadense* therefore remained; looking to the undoubtedly powerful effects of Strychnine and Calabar Bean in nervous diseases, I added them, the latter partly on its own account, and partly to counteract the poisonous tendency of Strychnine; lastly, I made the addition of *Spigelia Marylandica*, belonging to the same natural order as Strychnine, on the supposition that it might heighten the medical properties of the latter, without increasing

its poisonous, for which I think I have analogy in the other combinations. These changes were made solely in reference to nervous diseases, and success in some very striking instances was the consequence. I imagined that I was getting farther away from diseases of the mucous membrane, but to my surprise some cases showed that I was coming nearer. These patients told me that their bowels were now more regular, and that when it was necessary to add Aloes, the action was as gentle as that of laxatives formed from the Digitalis or Squill combinations, the effect I apprehend of the Umbelliferæ; at the same time there was more power in removing the tendency to constipation.

I have mentioned the success attending Herbane and Camphor in nursing sore mouth, the same success continued to attend the successive combinations so that I looked upon this complaint as the most curable of diseases of the mucous membrane. Three years ago, however, a case occurred which proved altogether unyielding, though apparently not worse than others, and last winter a woman complaining of nursing sore mouth and Dyspepsia was readily cured of the latter by the Digitalis combination, but the former remained unaffected. The Strychnine combination was then given with very speedy improvement. The medicine consisted of equal parts of all the ingredients except Strychnine.\* Dose, three grains containing  $\frac{1}{2}$  gr. of the latter thrice a day. She was cured by thirty-two doses.

Last summer a child aged two years was seized with Dysentery, the stools bloody and slimy, accompanied with tenesmus, and occurring every hour or even half hour. The Squill and Digitalis combinations were successively given, but without benefit. When at least eighty grains of these, containing fully twelve of opium, had been taken, I changed to the Strychnine combination without opium, and obtained a cure when only three grains or  $\frac{1}{2}$  gr. of Strychnine had been swallowed. In the summer of 1872 this child had Acute Diarrhoea which he struggled through, not benefited by the Digitalis, Squill, or Bisulphite of Soda combinations with or without opium, and when these were discontinued, not benefited by Laudanum pushed to the utmost verge of safety. Last spring this child's father was harassed for weeks by frequent calls to stool accompanied with pain

and tenesmus, voiding little, and sometimes almost nothing. Six grains containing  $\frac{1}{8}$  of a gr. of Strychnine relieved him greatly, and three grains twice a day cured him in less than a week. Slight attacks both before and since have been removed by the Digitalis combination, with opium which, however did little or no good in the more distressing condition cured by the Strychnine. A child of his four months old was in the beginning of September seized with Dysentery which increased till, for two or three days, stools accompanied by slime and tenesmus, but without blood, occurred every half hour. Strychnine combination having speedily cured his brother, was first tried, but though pushed to doses of  $\frac{1}{10}$  of a grain together with four drops of laudanum, it did no good; frequent starting indicated that larger quantities could not be borne. The disease yielded pretty readily to the Squill combination with opium.

Last June, a child of four months, usually constipated, was seized with bowel complaint threatening to become Dysentery, the discharges, five or six daily, were copious, he had considerable pain and was feverish. The Strychnine combination ( $\frac{1}{2}$  gr. of Strychnine) was given without Laudanum every three hours. He was relieved by bedtime, and next day was nearly well. In July he was attacked pretty severely with Infantile Cholera, profuse watery stools occurring ten or twelve times a day. Strychnine combination ( $\frac{1}{2}$  gr. of Strychnine) with half a drop of Laudanum was given every three or four hours, vomiting soon ceased, and in three or four days he was pretty well. In the beginning of August this child was attacked with Dysentery. At first the stools were about eight daily, and not bloody. I gave Strychnine combination ( $\frac{1}{2}$  gr. of Strychnine) with half a drop of Laudanum every four hours, but without checking the disease. In four days the stools having become bloody, I exchanged the Strychnine for the Squill combination with opium, which gave no relief; the disease increased, the stools became more frequent, and the child's countenance and sunken eyes told of exhaustion and suffering. After two days' trial I returned to the Strychnine combination, increasing the dose to  $\frac{1}{2}$  gr. of Strychnine with the same dose of Lau-

\* I have since diminished Calabar Bear and Spigelia Marylandica to a half part each, the three Umbelliferæ constituting one part each, together with one grain of Strychnine added to one hundred grains.

danum as formerly, viz., half a drop. These were given nearly every three hours during the first day, and the child becoming easier and sleeping longer, next day and for a few days they averaged one every four hours. By about eight days, after the dose of the Strychnine combination was increased, the child ceased to require medicine.

Last summer, Dr. Lovett, of Ayr, in this neighbourhood, wrote to me that in the autumn of 1872 my medicine had not been so efficacious as formerly, and in sending a supply I enclosed a small quantity of the Strychnine combination. A patient with pretty severe diarrhoea, which had lasted seven weeks, and resisted all the common medicines, applied to Dr. L. who gave him the Digitalis combination with only temporary benefit. A fortnight afterwards, having become much emaciated and very weak, the Strychnine combination was given without opium; he began to improve after the first dose, ( $\frac{1}{2}$  gr. Strychnine) and when he had taken twelve was perfectly well.

Besides Dr. Lovett, of all those who last autumn obtained medicine from me, Dr. Eccles of Arkona, was the only medical gentleman to whom I sent the Strychnine combination. I did so in consequence of his mentioning that the epidemic of Dysentery in his locality was very severe.\* I would have sent it to all my correspondents had I then had more experience, and had not an explanatory letter, which I had not leisure to write been required with each sample. The quantity sent to Dr. Eccles was very small, and was used in one pretty severe case, aged 50 years, 16 or 18 bloody stools daily. A dose containing  $\frac{1}{8}$  gr. of Strychnine was given six times in 24 hours, and four grains of opium in the same time for two days. After this the intervals were rapidly lengthened; the effect of the medicine was satisfactory, and the result successful. In this epidemic there were a number of failures, but notwithstanding, Dr. Eccles writes: "I am quite certain that I have never used any medicine in the treatment of epidemic dysentery that I am so well pleased with, and that can attain the same results as the Digitalis and Squill combinations."

Dr. Eccles and some others suggest that the medical gentlemen who have favoured me with reports given in my printed papers, had not met with severe epidemics. Looking to the years

over which these extend, and the severity of many of the cases, this solution seems to me untenable. My suspicion is that the failures were owing to a change going on in the epidemic constitution of the disease, heralded possibly by the want of success of the Digitalis and Squill combinations in the case of nursing sore mouth, and two years ago in a few cases of Scarlet Fever, as mentioned in the Dec. LANCET, both diseases being affections of the mucous membrane. Most medical men having 25 years experience must remember epidemics differing in their characters; these have been so striking that authors have uttered warnings that a medicine or practice stated to be beneficial at one period and found to fail at another is not to be condemned, as it may at one time have had all the efficacy attributed to it. No disease illustrates this more strikingly than Scarlet Fever. Upwards of 30 years ago respectable writers proved conclusively that the Scarlet Fever of that period was inflammatory and benefitted by bloodletting. I remember the anxiety every case of Scarlet Fever gave me, and my happiness from the change of treatment. I had been losing numbers, but in the remainder of that epidemic I bled every patient, treated about 30 and did not lose one. Two years afterwards there was another epidemic, and I commenced to bleed, but was soon deterred from proceeding by the rapidity with which the patients sunk. Dr. Hartshorne, (Watson's Practice of Physic 1872), recalls cases in the early part of his career benefitted by bloodletting. Adopting the opinion that last autumn the epidemic of Dysentery had changed its character in a number of instances in some parts of the country, not in others, there is no difficulty in accounting for the failures; an epidemic is fatal not because it is essentially severe, but because the treatment is unsuitable. The gardener's case (Sept. LANCET) was not very severe, not nearly so dangerous looking as many whom I have seen speedily relieved and cured by the Digitalis or Squill combinations, but the effect of these was to aggravate his disease, and bring on an approach to narcotism. It is worthy of notice that his two daughters, who were seized while waiting upon him, were easily cured by the squill combination. At Arkona, last autumn, there were severe cases cured by

these combinations, and cases which altogether resisted them. I know of no symptom by which we can determine the type of the disease, and hence the appropriate medicine. When the Digitalis or Squill combinations suit, and the dose adequate, relief is speedy, in an hour or a few hours at farthest; if by that time there is no relief the Strychnine combination may be tried and found suitable. The cases of the two little brothers, ill with Dysentery about the same time, indicate that there is an essential difference in the nature of the two varieties; the Squill combination failed with one, but the Strychnine readily cured him, this failed with the other and the Squill succeeded.

In attempting to form some idea of the nature of the change in the type of Dysentery, perhaps aid may be afforded by attending to the nature of the medicine which has been so far successful. It was compounded without a suspicion that it would be applicable to diseases of the mucous membrane, and as indicated by the new selections was intended solely for nervous diseases. Is it allowable, therefore, to conclude that the incoming type of Dysentery differs, from that which has prevailed for years, in being to some extent a nervous affection? If the case of nursing sore-mouth may be taken as an illustration, the affection of the nerves is local, for the Squill combination relieved the stomach, but the Strychnine was required for the mouth. Upwards of thirty years ago Nux Vomica was strongly recommended in the treatment of Dysentery, if I remember, by an English practitioner of note, and was said to have been successful in numerous cases, (*British and Foreign Quarterly Medical Review*) but as no notice is taken of this either by Sir T. Watson, or his American editor Dr. Hartshorne, I suppose that the practice has fallen into desuetude. Is it possible, that at the period Nux Vomica was alleged to be successful, an epidemic constitution, similar to that of which a number of cases occurred here last autumn, prevailed in England, and that constitution having long ceased, Nux Vomica or Strychnine in Dysentery has possibly come to be looked upon as a delusion?

The formation of another medical combination re-opens the question of compound medicines as compared with simple. Dr. Elliotson advocated the latter on the ground that the effect of the

agent employed could thereby be better determined. A patient might very justly reply, "this may be very interesting to a medical man, but I am interested in obtaining the medicines which shall most quickly and certainly cure me." I am satisfied that no single ingredient nor ingredients taken from any one natural order could accomplish what I have claimed for the three combinations. A single medicine too, points to nothing beyond; it succeeds or it fails without indicating an advance, whereas the Digitalis and Squill combinations, in consequence of being compounds, formed stepping stones as it were for the Diuretic, and subsequently for the deobstruent combination, and this last for the Strychnine. I am inclined to think that as the tissues of our frame touch each other, so must their diseases, and as the diseases, so must their remedies, if we can only find the points of contact. We do not see absolute simplicity in nature. Suppose a person to fancy that the most nutritive food is to be found in a single principle, gelatine, for instance, he would soon find himself mistaken, and would be compelled to add one by one all the others; in fact, he would repeat in diet what I have done in these medicines. Whether I have succeeded in gaining the best arrangement, or the best selection of the medicinal substances, farther experience may determine, but when we see order manifested in every department of science, can we refuse our assent to the belief that in compounding plants for medicinal uses there must be order also.

[If any of our readers should wish to examine into the merits of these remedies, they will find mention made of them in the United States Dispensatory, page 1576, latest edition. Reference is also made to Dr. Kerr's investigations.] E.D. LANCET.

#### CASE OF OVARIOTOMY.

BY A. GROVES, M.D., M.C.P.S., FERGUS, ONT.

The patient, Mrs. McLean, aged 40, the mother of ten children, first noticed a lump in the left iliac region, in January, 1873, about a month after her last confinement. She was at this time troubled with Leucorrhœa. In May following she suffered from acute pain in the lower part of the abdomen,



principally toward the left side. For this she was treated by the late Dr. Munro, an accomplished physician of large experience. This attack subsided in a few days and she began to enlarge rapidly. I first saw her on the 30th of July, and found a tumor filling the whole abdomen. On careful examination I decided that it was ovarian and monocystic. On the 22nd of September, the respiration being much interfered with, I advised her to allow me to tap the tumor. She, after some persuasion, consented to this, and I then asked Dr. Tamblyn of Douglas, where she then resided, to be present. First, to make assurance doubly sure, the needle of the hypodermic syringe was passed into the tumor and about a drachm of fluid withdrawn; then a small trocar and canula was used, and there flowed away about twenty-five pints of a clear, highly albuminous fluid. She now lived in tolerable comfort for some time, but the fluid re-accumulated, and it was found necessary to tap again on the 4th of January, 1874, and again on the 27th of February. I now strongly advised Ovariectomy, as her health was failing fast. She consented to allow an operation, but before the day appointed her courage gave way on account of the advice of outsiders, and I was compelled to tap her once more on the 27th of March. After this she was too weak to sit up more than a few minutes at a time, and seeing that death was certain unless immediate relief was given, I obtained her consent, and proceeded to operate on the afternoon of the 5th of May, in the presence of Drs. Clark, of Guelph, Middleton and Paget, of Elora; Smith, of Drayton; Tamblyn, of Douglas, and Alexander, of Fergus. The patient having been put under the influence of chloroform, I made an incision extending from the umbilicus to the pubes, and after carefully dividing the tissues, the tumor bulged forward through the wound, and at the same time a large quantity of ascitic fluid escaped. The tumor was found to be adherent to the left wall of the abdomen, the uniting band being about four inches in diameter and very firm. I now evacuated the tumor with a large trocar and canula, broke down the adhesion and withdrew the sac. The pedicle was short, and it was decided to secure it by passing a silk ligature and tying it in two parts. This was done, but on dividing the pedicle a vessel spouted freely and I at once passed a strong needle carrying a carbolized cat-gut ligature which I had intended to use in the first instance. On tying

this all bleeding ceased, the ligatures were cut off short as advised by Tyler Smith, and the pedicle dropped into the abdomen. The abdominal cavity was now carefully sponged out, all the water used during the operation being slightly impregnated with chloride of sodium and carbolic acid. The wound was brought together by eleven silver-plated steel needles, made to pass through the whole thickness of the abdominal parietes including the peritoneum. Over the needles a thread was wound in the form of a figure of eight. No other sutures were used, and no strips of plaster were applied, but simply four or five folds of soft cotton, saturated with a solution of carbolic acid over the wound, then a pad at each and a bandage drawn pretty tightly. Before closing the wound I inserted a rubber tube in its lower angle of the size ordinarily used for nursing-bottles. This drainage tube was about two feet in length and was found to answer the purpose admirably. Of course there was not enough fluid to keep up a constant flow, but I found it quite easy to pump out 4 or 5 drachms every 3 or 4 hours by making use of the elasticity of the tube. An hour before operating I gave one third of a grain of morphine, and a similar dose afterward whenever there was any uneasiness. The patient passed a good night, slept well, and passed her water without the catheter.

May 6th. Patient free from all pain, pulse 104, tongue moist and quite natural in appearance, troubled a little with irritability of the stomach. A considerable quantity of fluid came away by the drainage tube.

May 7th. The condition of the patient very favourable, but complaining of slight pain in the abdomen. I now applied over the abdomen a rubber tube made into the form of a circular mat, and kept a stream of cold water running through it, at the same time containing the morphia. The pain soon subsided and in ten hours the tube was removed.

May 8th. The same favourable condition continued, and every day afterward was still more favourable.

On the fourth day the bowels moved, and on the seventh I removed five needles and found the wound united throughout. On the eighth day I took out two more needles, and on the ninth the remaining four, applying strips of adhesive plaster after the removal of each needle.

## THE CANADA LANCET.

On the 14th day she sat up, and on the 20th was able to go down stairs, and on the 5th of June, one month after the operation, she walked down town and went shopping.

*Remarks.*—The progress of the above case was most satisfactory. The patient at the time of the operation was greatly emaciated and so weak as to be almost unable to stand, the feet and legs had been œdematous for two months, the appetite almost gone, and the tumor, which filled the whole abdomen from the pubes to the ensiform cartilage, was filled with a fluid which was so albuminous as to become almost solid on heating, and yet after the operation recovery was rapid, uninterrupted and complete.

There was one point of detail in this case which I think of considerable importance in any serious operation but which is not mentioned by the authors so far as I know. It is this—that I had all the water used during the operation boiled and allowed to cool, and then slightly disinfected. By taking these precautions all risk of introducing the seeds of after trouble by means of the water necessarily used, is avoided. This risk might by some be looked upon as quite chimerical, but surely when the germs of Typhoid Fever and other diseases are introduced very often with the water we drink, and those germs are so tenacious of life as to pass through the stomach uninjured, there may be some danger in introducing water which may be impure into the peritoneal cavity.

This is a point which appears to me to be worthy of at least as much consideration as the disinfection of sponges, ligatures, etc., and one which does not seem to have, hitherto, received the attention its importance merits.

### Correspondence.

To the Editor of the LANCET.

SIR,—I possess the following diplomas: M. R. C.S., Eng. L.M., London L.S.A., Lond. L.K.Q.C.P., Ireland L.C.P.S., Lower Canada and registered in England, and yet, without payment of further fees I am, by virtue of the Ontario Medical Act just passed, an illegal practitioner in Ontario, cannot recover fees, and can be fined from \$25 to \$100.

It is strange that a good legal opinion was not taken before embodying this Act, with regard to the rights of medical practitioners who are registered according to the Imperial Medical Act.

This states in schedule 31, that "Every person registered under this Act shall be entitled according to his qualification or qualifications to practice medicine or surgery, or medicine and surgery, as the case may be, in any part of Her Majesty's dominions, and to demand and recover in any court of law, with full costs of suit, reasonable charges for professional aid, advice and visits, and the cost of any medicines, or other medical or surgical appliances rendered or supplied by him to his patients."

It may be interesting to your readers to learn the opinion of the authorities on this point.

In July, 1860, Dr. Wm. J. McNiece of Milton, Canada West, wrote to the Medical Council of England, complaining of a Local Act which, as it now does, ignored the Imperial Act. After some delay in applying to Canadian authorities, the following reply was made:—

Downing-street, Sep. 13, 1861.

"SIR,—I am directed by the Duke of Newcastle to state that he has referred to the Government of Canada the compl. of Mr. McNiece that he is required by the law of Canada to pass an examination before receiving a license to practice medicine, being entitled to such practice independently of any Examination by an Imperial statute of 1858. I learn that the Canadian Government consider themselves precluded by the terms of their local statutes from issuing this license, nor have the Imperial Government any means of compelling them to do so, or of obtaining an alteration of the local law. The Governor points out, however, that if the Imperial Statute has given Mr. McNiece the power to practice without reference to the Provincial Act, he wants no Provincial license to enable him to do so."

I am, Sir, your obedient servant,

FREDERICK ROGERS."

The Medical Council therefore reported as follows with regard to numerous complaints from the various colonies:—

"It is, however, clear that where restrictions are imposed on practice by local acts, no such restrictions can have any effect on persons practising in the colonies who are registered under the Medical Act Victoriae xxi. & xxii., cap. xc."

There is a clause in the Ontario Medical Act which by the above quoted decision of the Gover-

nor and of the English Medical Council will be of no avail against practitioners registered in England. I refer to S. 26, "Any person entitled to be registered under this Act, but who shall neglect or omit to be so registered, within six months after the passing of this Act shall not be entitled to any of the rights or privileges conferred by registration under the provisions of this Act, so long as such neglect or omission continues, and he shall be liable to all the penalties imposed by this Act or by any other act which may be in force against unqualified or unregistered practitioners."

Therefore, notwithstanding the above clause I can violate the Ontario Medical Act with impunity. Non-registered I can practice and recover fees. Non-registered I cannot be proceeded against as the Act declares for illegal practice, and indeed as far as practitioners like myself are concerned the Act is not only a dead letter but a gross insult. Whilst the quack errs with impunity, and can evade the law with ease, this Ontario Act calls a man with five diplomas (equal to any in Canada) an illegal practitioner, and threatens him with heavy fines unless he is content to be mulct of about \$10.00, and \$2.00 a year in addition, for registration.

The Act is an insult to professional men from the mother country, and a sample of greater ignorance than is usually exemplified even in Acts of Parliament.

If I am mistaken in my reading of the Act I shall be thankful for correction.

I am, Sir, yours obediently,

AN ILLEGAL PRACTITIONER WITH FIVE DIPLOMAS.

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To the Editor of the LANCET.

Toronto, May 21st, 1874.

SIR, — There appears in the last number of the CANADA LANCET an article entitled "Drug-gists vs. Physicians." The *true* facts of the case are as follows: An old friend brought me a physician's prescription to have it prepared, which I did, and labelled it according to directions; the medicine is taken home, and in the meantime Dr. Constantinides is called in and shown the prescription and mixture, whereupon he (the Dr.) immediately tells the gentleman that if his mother had taken that medicine "it would have killed her in one hour," this intelligence had the effect of start-

ling the patient's family considerably, who quite naturally put the blame on the dispenser, and sent me word to that effect.

Supposing the Dr. had spoken the truth on this occasion (which he did not), it was certainly a very unthoughtful way of speaking to a patient, and my large circle of friends, including members of the patient's family, who were made aware of the circumstances, when they were satisfied that the blunder lay altogether with the Dr. and his unguarded speech, which very naturally excited them so much, was a false alarm, advised me to take legal proceedings against him for interfering with my business. However, I did not, but I instructed my lawyer to write him, which he did, and as you sarcastically remark, "modestly" requested the Dr. to write me, stating that he was wrong in condemning my dispensing. So although, if he was at all of an enquiring mind, he must have made himself aware of the dose of Liq. Arsenicalis by this time, and known that he had exposed his ignorance and thereby lost the confidence of at least one patient, still he was not gentleman enough to acknowledge it. So, I preferring not to have anything to do with him, let the matter drop, and I can assure you that I was not a little surprised to see your bitter article in the LANCET, in which Dr. Constantinides' ignorance is aired before the whole medical profession. And now, in my defence, I have only to state that the crime that brought this article against me is that I dispensed the following physicians' prescription:—

R.—Iodine, grs. vj.  
Pot. Iodidi, ʒj.  
Fowler's Sol. Arsenic, ʒss.  
Syrup Simplex, ʒviijss.

and plainly directed a teaspoonful to be taken twice a day after meals.

And now I believe that any medical man in Canada, except Dr. Constantinides, would see at once that I was not wrong in dispensing such a prescription. It certainly would not kill a patient in one hour, and it is a minimum dose.

And now one word on labelling poisons. You state that I am a transgressor of the law because I did not label the mixture "poison;" now, I think you are completely mistaken, or at least wrote very unadvisedly on this point; at any rate I do not think the "meaning of the act" requires us to label "poison" every mixture we prepare from a physi-

cian's prescription that might contain tinc. nuxvomica, tinc. opii., liq. strychniæ, or any other poisonous substance, although in proper doses, and I am very sure medical men would not like to have medicine sent home to their patient's labelled "poison" in large letters, as you propose. Thanking you for the space you have given me in your valuable journal,

I remain yours truly,

HUGH MILLER.

### MALPRACTICE IN MIDWIFERY.

To the Editor of the LANCET.

SIR,—A short time ago a healthy, robust woman, a native of Ireland, who resided in the County of Lanark, was, during her first pregnancy, affected with profuse epistaxis, and a young man who practised a short time in Montreal, and published a pamphlet on Asiatic cholera, the greater part whereof consisted, in my opinion, of excerpts from the publications of his contemporaries, was called to her assistance.

After trying a few simple remedies which were ineffectual in arresting the hemorrhage, he told the patient, "That her life would not be saved, by any mode of treatment, but by immediate delivery." The patient unfortunately consented to allow him to induce labour, and he forthwith commenced his butchery by forcibly dilating the vagina and os-uteri. The screams of the patient were heard at a considerable distance from her bed chamber, and she repeatedly solicited him "to desist and allow her to die in peace." He, however, persisted till the female attendants urgently requested him "to let her alone," he then, when alas too late, withdrew his hand, and in less than an hour thereafter death terminated the sufferings of the unfortunate patient,

Respectfully yours,

Carleton Place.

WILLIAM WILSON, C. M.

[Will the *Globe* and other journals of similar views say in the face of such instances as the above, that the public need no protection against the ignorant charlatans that infest the country.] ED.

### Selected Articles.

#### CLINIC ON DISEASES OF WOMEN.

BY PROF. T. G. THOMAS, NEW YORK.

#### SCARCOMA OF THE UTERUS (SUSPECTED).

You would do well to watch this patient narrowly. Notice the complete debility. I know the first thought that enters your mind is that she has carcinoma, which she has not. When the case is examined, you would be very likely to tell your patient confidently that you can cure her, and the chances are that you would be very much mistaken. If I had seen and understood a case like the present long ago, I would have made fewer mistakes than I have.

M. O. T., aged forty, single. Up to the present has menstruated. During the last two years complained of pain in the legs and back. Has also complained of metrorrhagia, but never was examined before yesterday.

*Vaginal Examination.*—The crevix is open and admits the tip of the finger. The uterus is in position, and measures two inches and a half. There projects down into the cervix a mass, and around this mass you can sweep the finger. The sensation it gives the finger is that it is hard and round. My opinion is that, although this resembles polypus, it is not polypus, but another variety of growth that has only lately attracted attention. I refer to uterine sarcoma.

Paget refers to this class of tumor as recurrent fibroid of the uterus, and describes the variety as being of a nature that easily breaks down, and when it has broken down proves a mass that resembles fungus hematodes. If removed it will return again and again. Eventually the death of the patient resembles that of carcinoma. Beware, in excluding this disease. That which makes me suspect it to be a sarcoma, is the fact that there is so grave constitutional trouble arising from such a small tumor. The microscope alone can settle the matter. True carcinoma is heterologous with the tissue from which it develops. Uterine fibroids are the reverse of this, whereas sarcoma holds middle ground, as being composed of connective tissue and cells, but the connective tissue in sarcoma is in much greater quantity than in carcinoma. That is about all I know on the subject, and I think it is about all that is known. It is only in the recent works that it is mentioned, and I do not think that it is mentioned in all of them. Some years ago I published six cases of carcinoma, and I feel confident now that four or five of them were sarcoma, from their development. I hope I may be mistaken about this, but I shall remove or confirm my suspicions by operating on the case. The operation

will be to slit up the cervix and either enlarge the mass or strip it from the uterine wall. If it is a fibroid, this may be done easily, but by no means so if it is a sarcoma. Mathews Duncan has reported a case of this kind. When the mass breaks down and leaves a bleeding stump, the hemorrhage is usually very profuse.

#### RECTO-VAGINAL FISTULA.

Mrs. X, aged thirty-one, married; has had two abortions, the last one five years ago. Eight months since detected, for the first time, an escape of air from the vagina. Shortly after this there appeared fecal matter.

*Vaginal Examination.*—About one inch from the anus there is found an opening existing between the rectum and vagina. The sphincter of the anus is perfect. This class of fistula is usually caused by a fish-bone, or some other irritating substance resting on the rectum and ulcerating its way through. Syphilis is a very common cause of it, though no trace can be detected in this patient. Vesico-vaginal fistula, on the other hand, is nearly always the consequence of parturition, and usually caused by the head of the child pinning the fold of the bladder to the pubes for a sufficiently long time to cause a slough.

*Treatment.*—Before operating evacuate the bowels thoroughly, and for this purpose catharsis should be extended for a period of ten days or two weeks. The reason of this prolonged catharsis is, one or two evacuations of the rectum do not by any means remove the fæces from the whole intestinal tract, but when you have thoroughly evacuated the bowels the patient may be kept constipated for a week without any difficulty. To produce the effect a cathartic pill may be given every eight or ten hours. What is true in this case, as to the advantage of producing complete catharsis, is also true before operating for ovariectomy.

*Operation.*—The patient is placed on the back, and Sims' speculum introduced so as to press up the anterior wall of the vagina; retractors are then introduced, so as to keep the sides of the vagina crowded back. Then the finger is introduced into the rectum and the fistula brought forward and exposed. This case was operated on before, but it was a failure. In operating it is important to make a wide base, into which the sutures are inserted; there is great danger of making too narrow than of too broad a base, as far as the success of the operation is concerned.

#### SUB-PERITONEAL FIBROID OF THE UTERUS.

A. D., aged thirty, widow, negro; has been sick for the past fifteen years; complaining of pain in the lower part of the abdomen, in the back, and in the lower extremities; has also had menorrhagia.

*Vaginal Examination.*—The cervix is large, and patulous, and low in the vagina. On introduction of the sound the uterus is found to measure three and a half inches in diameter. Posteriorly to the uterus there is a large mass which presses on the rectum. When pressure is made on the womb it moves up, and carries this mass with it. It is, therefore, not cellulitis. One of the ovaries also dislocated. The tumor posterior to the uterus and attached to it is a subserous fibroid. I think it is that, from its connection with the uterus, from the peculiar feel it gives to the finger, and lastly, from the race the patient belongs to.

*Treatment.*—The medical treatment of subserous fibroids is not very promising, to say the least. It may then be asked what is the good of knowing that this is the true state of affairs, when we can do nothing. Simply this: it keeps us from treating a case like this when we know treatment will cause trouble. For fibroids ergot is the best remedy; but in a case like the present, when the tumor is completely external to the body of the uterus, any influence exercised on the fibres of the organ can do but little benefit to the tumor. When the patient ceases to menstruate the tumor will give her less and less annoyance. By applying a pessary the heavy uterus might be kept up, and the disagreeable symptoms of which the patient complains be removed. Beyond this treatment would be useless.—(*Phia. Med. and Surg. Reporter.*)

#### NASAL POLYPUS.

Dr. Keyes exhibited to the New York Pathological Society (*Medical Record*, April 15, 1874) a young man upon whom he had operated for the extraction of a nasal polypus (myxoma). The growth commenced, seven years before, in the right nostril, and continued to increase gradually for four years, at the end of which time it was extracted by means of the polypus forceps. No relief followed; and the tumour, which evidently had not been extracted entire, continued to increase, and three weeks ago the patient consulted Dr. Keyes. The right nostril was then entirely occluded, and there was considerable deformity on the external aspect of the nose. An attempt was made to find the pedicle by the use of a probe, but without success. It seemed to be high up, and very long. Extraction with the long forceps was done, and as much of the tumour as could be reached was torn away. No relief followed. It was then discovered that a large remaining portion of the tumour was situated in the posterior nares. The patient being etherized, the forefinger of the left hand was introduced its whole length into the right nostril, which was unusually small and very dilatable. The forefinger of the right hand was then introduced into the

mouth; the tumour which was already well pushed back, was easily hooked backwards, and removed entire. The attachment was found high up on left side. The polypus itself contained in its substance two cavities of pus.

The interest of the case consisted in the felicitous method of operating, and in the apparent *à priori* impossibility of introducing a moderately large finger with such ease into a small nostril.

In reply to a question from Dr. Knapp, as to whether the method of operating was original, he remarked that he had obtained the idea from Prof. Frank Hamilton, who had been accustomed to employ a similar procedure in such cases.

Dr. Sell remarked that Prof. Billroth performs the same kind of operation.—*Med. News and Library.*

## THE BRAIN POWER OF MAN—HAS HE TWO BRAINS?

BY DR. BROWN-SEQUARD.

The lecturer was appropriately introduced by Professor Henry, who stated that the lecture was one of the series generously provided for by Dr. J. M. Toner, for the discovery of new facts in medicine.

Dr. Sequard commenced by saying that his views, he hoped, being somewhat novel, would command attention. The facts he would dwell upon were new, probably would not be generally accepted, and perhaps would not be easily understood, by those not familiar with medicine.

Have we two brains? and, if so, why not educate both? The views of science upon this subject were different from his. The left side of the body was the side affording volition to the brain, and, *vice versa*, the right side of the brain afforded volition to the body. Eminent authorities had declared that either side of the brain was competent for this purpose.

But we use only one side, and, therefore, leave out of account one-half of brain matter. We owe due education to both sides of the brain, or, rather, to the two brains.

As to intelligence, the eminent authorities he had cited established the fact that either side of the brain was competent for full development of the faculties. There were many persons of two minds, because they were never able to make up their minds. Some men claimed to be rational while they were insane. There were many cases that show clearly that there were two brains. He had known a boy in London that manifestly had two brains, whose peculiarities he described. He would fall into a comatose state, and suddenly open his eyes brightly, inquiring of his mother why he was not introduced to the gentleman who was present while he was asleep. Again, the lecturer saw him

when the boy recognized him. He had two mental lives. He knew nothing of what occurred in his sleeping condition, when fully awake; and when in the latter condition, he knew what had occurred when in the former. The lecturer had seen three cases of this kind.

As regards faculty of speech, the fact that we had two brains was not so easily proved. The loss of the faculty of expression depends upon disease of the left side of the brain; and this proves that the right side is distinct.

As regards sight, a theory has been put forth by a celebrated physician of London that the right side of the base of the brain is the centre of sight. The inner half of the right eye and the outer half of the left eye have the base of the brain as the centre. A disease in the left side of the brain, where the optic nerve touches, would therefore affect only one-half of the brain. Notable cases were given in which parties had seen but one-half of certain objects that they gazed upon. If the disease exists only in the left side of the base of the brain, only one-half of the eye will be affected. So there are many cases that go to sustain the philosophers. But we do not accept conclusions unless theory is thoroughly supported.

There were three series of facts, but one would be enough, to show that the theory should be rejected. Diseases of the brain, where the optic nerve touches, would not be sufficient to cause loss of sight. One side of the brain would be sufficient to sustain sight. An alteration of any portion of the nervous system, acting upon other parts, can produce disease in that part. Injury to the spinal cord would produce loss of sight on either side. There was nothing more common than the loss of sight temporarily in children who suffered from worms in the stomach. An injury in one half of the brain can exist without producing loss of sight. Either half of the brain may, therefore, serve to sustain sight.

As to the voluntary movements, these depended upon the action of the body. Yet there were many small muscles which were not affected in cases of paralysis. There were cases on record in which it was shown that the lower lobe of the brain could be destroyed without affecting these voluntary movements. There were several such cases. We must, therefore, look on one-half of the brain as being sufficient to sustain voluntary movements on both sides of the body. An irritation in any part of the brain may affect any part of the body, and an irritation in any part of the body can produce paralysis in another part. The irritation could also act upon remote parts. This shows that the power of will does not control the entire action of the body. When paralysis occurs it depends upon irritation.

The same reasoning applies to sensation. There were thousands of cases affecting the brain that did

not affect the feeling. Passing these facts in review, we find vast differences, owing to the fact that one half of the brain was developed for certain things and the other half for other things. To the left side of the brain belonged the faculty of expressing ourselves by speech. Articulation, depended in great measure upon the left side of the brain. Difficulties in the mechanical point of speech were more frequently found when the left side of the brain was diseased. It was the mental part that was lost, and not the mere mechanical action. The left side of the brain was also the motive power of gesture. When the left side was diseased, patients lost the power of gesticulation.

As regards writing, it was lost more frequently in diseases of the left side of the brain. The right arm was paralyzed by diseases of this side. Many thus diseased could not write from memory, although they could use their fingers and copy. In those cases it sometimes occurs that persons could not write at all.

Intelligence depends more upon the healthfulness of the left side than of the right side of the brain. The right side of the brain in some cases has the power of the left, if properly developed. This serves to hysterical developments and to nutrition of the body. One, the left, applies to mental; the other to the natural life.

The right side of the brain operates upon the limbs in cases of paralysis and other diseases; also, upon disturbances in the lungs, the liver, and other parts. Hysterical and emotional symptoms are more common in cases of disease of the right side of the brain; out of 120 cases of paralysis that came under the lecturer's observation, there were 96 caused by disease of the right side. An alteration of the retina of the eye will come more frequently from disease of this side of the brain. Out of 69 cases of convulsions of the eyes, 47 were due to disease of the right side. Death occurs much more frequently by disease of the right side of the brain, and in case where patients do not die, it will produce more extensive and enduring paralysis.

All this shows, not that the two sides of the brain differed originally, but that there were different developments of each. The left side of the brain was much larger than the right side. If a person went frequently to the same hatter, he would find that his hat had from time to time to be enlarged. There was no question that the brain grew. By studying a particular subject the person became more proficient, and the brain was more fully developed.

There was no doubt that the left side of the brain predominated in our system. Our being right-handed showed it. There was no population in the world that was not right handed. The right hand of the body was mostly used. Left-handed

individuals used the right side of the brain, showing the connection between these things.

There was primitively a difference between the two brains. In children, convulsions were sooner developed in the left than in the right side of the brain. This was attributable to excess of blood in the left side. Parrots roosted on the right legs, and their talking power came from the left side of the head.

There were four vital points to be considered. The first was that asphyxia was connected with the left side of the brain in persons that were right-handed, and with the right side in those that were left-handed. The second point was that children who were first learning to talk, if disease came in the left side of the brain, learned to talk just as well with the right side of the brain. Though losing half of the brain, they got along just as well.

This proved that the right side could be educated, with the left hand for execution. The third point was that four out of every hundred left-handed persons learned to write with the left hand; therefore, the left side of the brain, even with persons left-handed, could be educated better than the right side. The fourth point was that the leg was rarely so much affected by paralysis as the arm. He, however, would pass over this argument, as it could only be understood by medical men.

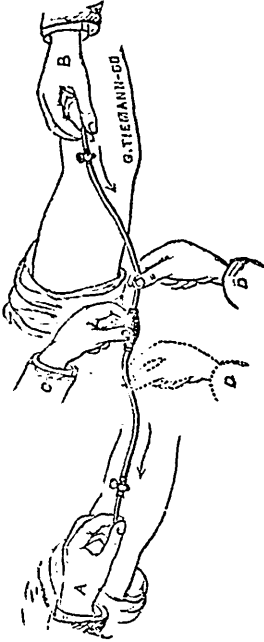
If the lecturer had established that we had two brains, then they should be developed. If we could develop the legs and arms of both sides, we could develop both sides of the brain. If we gave as much attention to the left side of the body as we do to the right side, we would fully develop our two brains. The important point, therefore, would be to make children use both sides of the body—alternately using the right and left arm and the right and left leg equally. There would be no difficulty in thus training children to full development.

Even adults who had lost speech by disease of the left side of the brain, could regain the power by cultivating the right side. In gesture, persons who had lost the use of the right arm could be trained to use the left. If children were thus trained, we would have a sturdier and healthier race, both mentally and physically.—*Cincinnati Lancet and Observer*.

#### AVELING'S APPARATUS FOR IMMEDIATE TRANSFUSION.

The apparatus consists of the following: an India-rubber bulb, oblong in shape, and of sufficient size to contain two fluid drachms; India-rubber tubes six or seven inches in length attached to the extremities of the bulb; and stopcocks attached to the outer extremes of the tubes. Also,

two silver tubes: one, bevel-pointed, called the afferent tube (seen at A), which is to be inserted into the vein in the arm of the patient; the other round-pointed, called the efferent tube (seen at B), which is to be inserted into the vein in the arm of the donor. Also, a pair of fine forceps and a scalpel.



MODE OF OPERATION.

First, place the apparatus in a basin of tepid water, and, while completely under the water, for the purpose of filling it and insuring its cleanliness, compress and expand the bulb until the air contained within the bulb and rubber tubing is completely expelled. When the air has been completely expelled, and while the apparatus is yet remaining beneath the surface of the water, turn the stopcocks at both extremities of the rubber tubing in such a manner as to entirely preclude the possibility of air gaining access to its cavity. The patient having been brought to the side of the bed and the arm made bare, a fold of skin over, a vein at the bend of the arm is to be raised, transfixed, and divided. The vein now brought into view is to be seized with the fine forceps, slightly raised, and a small opening made into it for the reception of the bevel-pointed silver or afferent tube. This tube, which has been lying in the basin of tepid water, should carefully be kept filled with water when it is removed, by placing the thumb or finger over its larger opening.

The tube, now being filled with water, has its bevel-pointed extremity at once inserted into the opening already made in the vein, and is then entrusted to the care of an assistant (A), who carefully

compresses the edges of the wound around the tube, and at the same time holds his thumb or finger over its larger opening to prevent the escape of the water.

While the operator is performing this part of the operation, an assistant should prepare the arm of the blood-donor in the same manner as for venesection. An opening is then made into the vein, and round-pointed or efferent tube at once inserted with its point towards the fingers. The donor should then be seated in a chair at the bedside of the patient. It is better not to secure the tubes in the veins by ligatures.

The India-rubber portion of the apparatus, thoroughly cleansed, air perfectly expelled, and completely filled with water, is now to be carefully and closely adjusted to the two tubes in the veins. When adjusted, the stopcocks are turned straight, and transfusion is commenced by first compressing the India-rubber tube on the efferent side (donor's) and then squeezing the bulb which forces two drachms of water into the afferent vein. Next, while the bulb is compressed, shift the hand and compress the India-rubber tube upon the afferent (patient's) side. Then allow the bulb to expand slowly, and blood will be drawn into it from the donor's vein. When the tubing and bulb are filled, bring the hand back, compress the tube, follow this by compression of the bulb, and two drachms of blood will be thrown into the afferent vein. In this manner the process can be repeated any number of times desired, rapidly or slowly, and the exact amount of blood transfused can be known by counting the number of times the bulb has been emptied, and subtract one, which accounts for the water first used.

The advantages claimed for this method of transfusion are:

(1.) The chances of coagulation are small, because the blood is removed from the action of the living vessels for only a few seconds, and glides smoothly through the India rubber without being exposed to the air.

(2.) The apparatus is effective, simple, portable, inexpensive, and not likely to get out of order.

(3.) The operation is safe, easy, uninterrupted, and a close imitation of nature. — *Med. Record, N. Y.*

## TREATMENT OF BREECH PRESENTATIONS

BY R. A. F. PENROSE, PROF. OF OBSTETRICS,  
UNIVERSITY OF PENNSYLVANIA.

We come now to the all-important subject of the treatment of breech presentations. It is evident, after the description I have given, that the earlier parts of a labor by the breech are tedious; that the danger to the child does not begin, until its body is born, as far as the umbilicus, and the head



engages at the superior strait; it is also evident, though the *earlier* parts of labor may last for many hours without detriment to mother or child, that the *final part*—that is the delivery of the head—*after it begins to engage at the superior strait*, cannot be prolonged many minutes without necessarily causing the death of the child. It is clear, too, that at this supreme moment, when the child's fate hangs in the balance, and a very rapid termination of labor alone can save it, that, at this supreme moment, the *chief force* of labor, up to this time, is suddenly annihilated, and, unless a *new force*, or forces, be applied, either by nature, or by the attendant, the child cannot be saved.

From these considerations, then, we draw the following conclusions. In breech presentations, the *first* stage of labor should be *thoroughly* accomplished, before the second stage begins. Hence, we *never* rupture the bag of waters, knowing how very valuable it is in dilating, safely and thoroughly, the external organs; the woman should be kept quiet, so that no movement on her part may cause a premature rupture of this important dilator.

During the second stage of labor, we should make no attempt to hasten the delivery of the breech; it may be hours, especially in a primipara, before the soft and yielding nates overcome the resistance of a rigid perineum; yet this delay is not dangerous, while it secures a *complete stretching* of the structures, through which, at the close, we wish to bring the head with great rapidity. In this part of labor, then, the only precaution necessary is to favor, or cause *rotation of the hips*.

At last, the breech is born; the lower extremities, if not before, are now extended and delivered; these, in a *natural labor*, should be merely supported, and the delivery should be trusted to nature, until the body is expelled as far as the umbilicus. The cord should now be pulled a little down, so that it may not be too much stretched, or, if it be between the nates, it should be freed, and should be brought opposite one of the sacro-iliac symphysis.

About this time the uterine force is rapidly failing, and *new forces* must be applied. One of these *new* and *indispensable* forces is the voluntary bearing-down efforts of the mother. The woman should be directed to use her utmost effort; the emotion of labor should be stimulated, by assuring her that the safety of her child, in a great measure, depends now upon herself. Under this *new force*, the shoulders rapidly descend; the arms, in a typical natural case, flexed, and the elbows in contact with the sides of the thorax; should, however, one or both arms become extended, they must be brought down, in the way I shall presently describe, when speaking of *artificial* breech presentations, or version. As soon as the shoulders have reached the floor of the pelvis, *prompt* and *complete* rotation must be secured by forcing the posterior shoulder into the hollow of the sacrum; this movement

places the head *transverse* at the superior strait, in which position, even if it be *completely extended*, there will be ample room to permit rapid descent and delivery. Here, the supreme moment of labor is reached; the process may have lasted *safely*, up to this time, for many hours; but now, a *few minutes of delay* are fatal. The question, then, is, How shall we secure the quickest delivery? The uterine power is lost; traction on the body of the child not only extends the head, but may *damage the spinal cord beyond the possibility of recovery*; a *vis à tergo* is required, rather than *any force from the front*, and we supply this *vis à tergo* by directing the mother to *strain to her utmost*; supporting the body of the child, two fingers should be insinuated along the *side of the pelvis*; the head, recollected, is *transverse*, and placed at the root of the nose, or, if this cannot be done, in the mouth; the fingers of the other hand should be placed supportingly on the *back* of the head. In much less time than I have occupied in giving you these directions, the head descends into the pelvic cavity; *when it has reached the floor of the pelvis*, and *not until then*, the rotation of the occiput to the symphysis pubis should be secured, and, in a few seconds, the mother continuing her straining efforts, the child will be expelled.

All works on obstetrics show the head *rotated, with the face in the hollow of the sacrum*, before it has reached the floor of the cavity; assistance is represented as rendered by the fingers *inserted along the perineum*. The posterior depth of the pelvic cavity is five inches, for the bony pelvis, and four or five inches for the distended perineum, in all, say *nine or ten inches*; hence, it is evident that, when the face is *where the books represent it to be*, viz., in the hollow of the sacrum, your fingers will scarcely reach beyond the coccyx and you *will not be able*, in ordinary cases, to apply them, *as represented*, on the sides of the face.

We constantly meet with cases where the mother cannot supply the necessary expelling power, or does so inefficiently, at the moment, when, the child is doomed to certain destruction, unless delivered rapidly. Here, the almost universal practice is to apply the forceps. An obstetrical writer and teacher can scarcely be found who does not direct, in cases of breech presentation, to have the forceps ready, and when the moment of grave peril comes, to apply them. Now, gentlemen, I wish to be understood, and quoted, as stating absolutely and positively, *that the forceps are seldom or never required* in the delivery of the head, in breech presentations. The use of this instrument, so universally recommended, is a *rough, unintelligent application of unnecessary and badly applied force*. A thorough knowledge of the mechanism and physiology of breech presentations reveals forces amply sufficient to accomplish the *much-to-be-desired, speedy delivery of the head*; in other words, *the*

power, in such cases, should reside in the well-instructed brain of the intelligent practitioner, and not be sought for in the rude grasp of his iron instrument.

When you meet with a case of breech presentation, where the head has reached the superior strait, and the mother cannot supply the necessary expelling power, *do not think of the forceps, but apply your hand or hands on the lower part of the abdomen*, or an assistant can make the pressure for you, and *press directly down on the head*; you can, by this proceeding, *apply any amount of a vis à tergo*; you can *supplement entirely* the lost force of the uterus, and the lost force of the mother's efforts. Take this idea, then, with you, that, in almost all cases of breech presentations, the forceps are unnecessary, and that the rapid delivery of the head can always be *easily and quickly secured by the bearing-down efforts of the mother, aided, or even replaced, by the bearing-down efforts of the attendant.*—(*British Obstet. Journal, Am. Supplement.*)

#### AN UNNATURAL POSITION OF THE HEAD A CAUSE OF DEATH FROM CHLOROFORM AND OTHER ANÆSTHETICS.

BY G. W. COPELAND, M.D., BOSTON.

In the *British Medical and Surgical Journal* of February 26, I published a short article on the "Styloid Muscles and Anæsthetics," in which I referred the cause of impeding breathing during anæsthesia to the action of the styloid muscles closing the glottis. I also pointed out how the difficulty could always be relieved without making traction on the tongue, simply by tilting the head forward in a natural position, so as to relax these muscles and permit the patient to breathe through the nose.

It has since occurred to me that many of the deaths which have resulted from the use of anæsthetics may have been due to the imperfect knowledge that has existed regarding this matter. The difficulty experienced in keeping the air-passages free has, ever since the discovery of anæsthetics, been the most troublesome and dangerous complication attending their use. All authorities agree that obstructed or impeded respiration is a symptom attended with great danger to the life of the patient, and always requires prompt and immediate attention.

Waring, in his book on Practical Therapeutics, sums up the experience of the profession with chloroform, in the following observations: "Watch carefully the respiratory movements, and the color of the cheeks, lips, and eyes. Signs of danger: lividity of the face, stertorous respirations, irregular,

gasping respirations, feeble pulse, death-like pallor." His directions are, "Stop the chloroform, open the mouth, draw out the tongue, and watch carefully."

When we consider the ways in which deaths occur during anæsthesia, we see that these signs of danger have not been so designated without sufficient reasons.

Gant, in his *Science and Practice of Surgery*, speaks of death from chloroform as follows: "During inhalation death may occur in three different ways: by asphyxia, by cardiac syncope, or by coma.

"Asphyxia is indicated by the ordinary symptoms, lividity and turgerence of the face, violent respiratory efforts, and cessation of the pulse and of the heart's action."

In cardiac syncope "the patient, after a few inspirations, suddenly becomes pale and faint, the pulse beating almost imperceptibly for a few moments, and then ceasing, although the respirations may continue; death taking place by paralysis of the heart."

"Coma presents the same appearance as asphyxia, but without failure heart's action; death resulting from congestion of the brain."

In two of these three modes of death we then see that there is impeded breathing and improper aeration of the blood, as evinced by the lividity of the face. The great mistake up to the present time has been in considering the difficulty with the breathing, a symptom arising from the use of anæsthetics: a sign of full anæsthesia, and not a mechanical obstruction of the glottis from an unnatural position of the head.

The *Lancet* of February 1, 1873, contains a report by the editor of a "Case of Fatal Suffocation from Nitrous Oxide Gas," in which a dentist is related as having administered that agent for the purpose of extracting a tooth. He says "it was not till after the operation was completed that anything unusual happened, but immediately afterwards the face became livid, and the 'features,' it is said, 'commenced to 'swell.'" He refers death in this case to asphyxia.

In a case of death from a bichloride of methylene, which occurred at the Charing Cross Hospital in the practice of Mr. Caron, it is stated that "one nostril was closed by the tumor, thus obstructing respiration, and the patient was subjected to the influence of the bichloride in a sitting posture."

In the *Lancet* for September 6, 1873, the editor, in commenting on a death from chloroform which happened in a dentist's chair at Brighton, the post-mortem showing fatty degeneration of the heart, says, "It is one of those cases when death seems to have followed rigidity of muscles, and it is questionable whether asphyxia may not have helped, as it were, the fatal syncope."

It seems to me very plausible that cardiac syncope may be induced by the momentary closure of

the larynx depriving the heart of its natural stimulus in patients suffering from shock of fatty degeneration, or already reduced by disease. It is a significant fact that all the deaths from nitrous oxide gas, and a large number of those from other anæsthetics, have taken place while the patients were in a sitting posture, which would allow the head to fall back farther than if they were lying down, thus favoring the theory that interference with the free action of the lungs may have been the primary cause of death. It must be remembered that closure of the glottis may occur without our attention being directed to those struggling efforts on the part of the patient which would happen were voluntary efforts possible, and the first noticeable symptoms of danger may be lividity of the face or death-like pallor.

It may not be out of place here to refer to the many deaths from intoxication, apoplexy, and coma from whatever cause, as being in some instances hastened, and perhaps even produced, by interference with the respiratory functions from an unnatural position of the head.

There is one other point to which I wish to allude, and it is the importance of elevating the head sufficiently to compel the patient to inhale the anæsthetic through the nares entirely. If deep inspirations be taken through the open mouth, the lungs are inflated instantaneously and just as rapidly emptied, leaving a long interval without any vapor being in the lungs. If the inhalations be through the nares, it takes a much longer time to inflate the lungs and a much longer time to empty them, leaving no interval. Now, the number of respirations per minute is the same either way: it follows that it will require a longer time to effect anæsthesia through the mouth than through the nose.

It appears evident to me that if attention be paid to the position of the head during anæsthesia from any agent, a greater degree of safety will be obtained than has hitherto existed.—*Phil. Medical Times.*

#### CLINIC ON STRICTURE—INTERNAL URETHROTOMY.

DR. BRINTON, PHILADELPHIA HOSPITAL.

I have next, gentlemen, a very bad case to bring before you, and one which has given me a great deal of trouble. This is the history:—A man, aged 29, contracted, some four months since, a gonorrhœa, which lasted in acute stage some eight or ten days, and has been followed by an exceedingly obstinate stricture. He has been an inmate of this hospital for the last two months. His condition is a very unfortunate one. He can pass

no stream of water, his urine dribbles from him drop by drop, and is continuous. He is confined to his bed, and his general health is greatly impaired. I have made repeated efforts to pass his stricture, but I have so far utterly failed in my attempts. I have employed instruments of various kinds, metallic, flexible, and whalebone, but with a like futile result. Two of my colleagues have also essayed their skill, but with no greater success than I have had. I have sought by rest, topical applications and leeching, to change the local condition but without avail.

What shall I do? how can I relieve this man? Before answering this question let me examine him before you, so that we can come to some conclusion as to the nature of the obstruction. I will now carry a Thompson's sound, No. 10 English, down the urethra; I find that its point is arrested at the peno-scrotal angle; I make very slight pressure upon the handle of the instrument; the point then enters the stricture a little, very little way; it "engages," as it is termed. Now placing my fingers on the outside, upon the urethra, I can feel that this stricturing point is apparently an annular bend; above this, for a short distance, the urethra seems to be free, and then still higher up, by firm pressure with my fingers, I can detect a brawny hard mass, surrounding and involving the canal. Thus all this corresponds with and corroborates the information I have already derived from filiform whalebones. It has several times happened that when one of these delicate instruments has penetrated this first stricture, a slight escape of urine has followed its withdrawal. The patient has of late frequently referred his pain to a position just in the rear of this stricture, and I imagine that the urethra is here undergoing dilatation.

My diagnosis in this case is multiple strictures, of extreme tenacity and resistance, with a tortuous, narrowed urethral canal. This patient presents what is ordinarily spoken of as a "tough case." I have decided on my plan of treatment, to-wit, inasmuch as the case is urgent, as the man's constitution is suffering, and the flow of urine is so dreadfully impaired, I shall endeavor to open up the canal by the division of the strictures. First of all, I shall seek by internal incision to overcome the first stricture at the peno-scrotal junction. I show you here an instrument of Charriere, a combination of those of Civiale and Maisonneuve. This canula contains a concealed blade, which, when thrust forward, enables the surgeon to cut from before backward, and when withdrawn, also to cut from behind forward.

Our patient is now etherized, and I carry my urethrotome down to the stricture, against which I press it freely. I thrust the blade forward, and I feel the resistance of the stricturing bands to the edge of the knife. I then withdraw the blade, and

cut towards me. I am quite sure that I am dividing the stricture, and you see when I withdraw the instrument and carry down a sound that I have evidently made some progress. I have passed beyond the first stricture, and I now encounter that behind it, which is evidently the greater and more obstinate resistance. My metallic instrument is now arrested; it will pass no further. I withdraw it, and essay the passage with the whalebone. It may be that I may fail, but I intend to make a fair effort to find the channel of the urethra. If I can succeed it will greatly facilitate my future operations, for I shall then be able to cut upon a guide or to burst the stricture with certainty. The opening of the posterior stricture seems, however, to be as difficult of discovery as was that of its fellow anteriorly. I believe, therefore, that my wisest course will be to desist from further operative interference to-day; to allow the patient to recover from the immediate effect of to-day's cutting, and then carefully and gently to renew my efforts to pass the stricture in the rear. Failing in this I shall most probably resort to external section, a proceeding which seems to me to be less dangerous than the internal division, without a guide, of a stricture situated far down in the canal. In the meantime I shall have the patient put to bed between blankets, and as soon as he shall have recovered from the ether he will take a full dose of morphia and quinine. I trust, and indeed, expect, that he will escape without fever, for so far he has not proved to be very irritable in that respect. At all events, I will keep you informed as to the progress and issue of this case, for I regard it as a very instructive one, and hope little by little, to bring it to a successful termination.—*Philadelphia Med. and Surgical Reporter.*

#### SUBCUTANEOUS DIVISION OF THE NECK OF THE FEMUR. MODIFICATION OF PIROGOFF'S OPERATION.

Prof. William Pirrie, of Aberdeen, describes as follows, in his late work on surgery, his own modification of Pirogoff's operation:

"The surgeon, standing on the left side of his patient, with the heel, in the first step of the operation, directed towards himself, and having with his left hand taken hold of the softer parts and drawn them a little backward, so as to secure greater breadth of flap, inserts the knife on one side in front of the malleolus, carries it down across the sole of the foot, and upward to the corresponding point, just at the foot and upper part of the other malleolus, taking care to direct the incision so as to pass opposite to the part where the posterior portion of the astragalus rests upon the cal-

caneum, and to use the knife energetically, so as to cut through all tissues down to the bones. By this single movement of the knife a clearance is made for the saw, by a few movements of which the portion of calcaneum behind the astragalus is speedily cut off from the rest of the bone, the section being from below upward and a little backward, so that the portion remaining in the flap will be a little longer from behind forward, below than above. The assistant having slightly changed the position of the leg, so as to make its posterior part to rest upon the table, the surgeon, by a second movement of the knife, unites the extremities of the first incision by a slightly semi-lunar incision, using the knife boldly, so as to cut through every tissue in front of the bones, and then, by a few slight touches below, admits of the flap being brought back, and makes a clearance for the saw. By a few movements of the saw, the bones are cut through immediately above the ankle, and this extremely simple amputation is completed by little more than two movements of the knife and two sets of movements of the saw."—*Medical and Surgical Reporter, Philadelphia.*

THE CAUSE OF SIMILARITY IN TWINS.—Dr. J. F. Bird, of Philadelphia, writes: It has long been my purpose to call the attention of physiologists and medical practitioners to the consideration of the probable cause of the fac-simile representation of twins. It is a question of considerable interest, that twins should so frequently be so much alike that their parents can scarcely know the one from the other, whilst other persons cannot at all determine which is "Minnie" and which is "Bessie." In my experience, and that extends to a number of well-marked cases during a period of over thirty years, I have invariably found that when twins are contained in the same sac and sustained by the same placenta, they have always had a slavish resemblance to each other; whilst those contained in different sacs and sustained by different placentæ are as unlike as children born of the same parents at different periods, however remote. This hypothesis is sustained, not only by actual, positive and repeated observation, but by inquiries made of other observers. In one family there are two cases of twins. The first pair were contained in the same sac of waters and are exactly alike; the other pair were delivered from different sacs and are no more alike than are the other children. I delivered a case also of triplets. Each child was in a separate sac, and neither resembled the other particularly. Let these observations go to the curious or speculative members of the profession for what they are worth. I am satisfied with the theory, and believe that close observation will establish it beyond contradiction.—*Medical Record.*

MINUTES AND PROCEEDINGS OF THE  
ONTARIO MEDICAL COUNCIL.

ANNUAL MEETING.

*First Days Proceedings.*

The Council met in the Court House, Toronto, on Tuesday the 2nd ult., at 2 p.m. The President, Dr. Wm. Clarke, in the chair. Dr. Pyne, registrar, called the roll; all the members were present except Dr. Eastwood, representative of the Toronto University, and the Homœopathic members of the Council.

The minutes of the last meeting were read and confirmed.

Dr. Lynn presented his credentials from the University of Ottawa, as its representative, and was received as a member of the Council.

The Council then proceeded to the election of its officers. The following gentlemen were nominated to the office of President, Drs. Wm. Clarke, Lavell, Edwards, Field, (Homœopathist), and Muir, Eclectic. Drs. Clarke and Muir withdrew, Dr. Field was absent, and upon taking the vote, Dr. Lavell was declared elected, and the election was made unanimous.

Dr. Lavell, on taking the chair, said he felt the honour which had been conferred upon him very much, for various reasons. He might well esteem it as a great honour to be placed in this position by his medical brethren, particularly by those who possessed different views, and who belonged to different schools. He desired to state that he would endeavour to discharge the duties of his office honestly and faithfully, and he would throw himself upon the kindness and indulgence of the Council in the discharge of those duties. He knew every assistance would be given to him, and he trusted he would be enabled to perform the duties imposed upon him as impartially and as faithfully as his predecessors had done. He spoke in high terms of the labours of the late President, Dr. Clarke, and announced that he would do all in his power to do as well as he had done.

Dr. Edwards was elected vice-President.

RESIGNATION OF THE HOMŒOPATHISTS.

The following letters were read by the secretary :

TORONTO, 10th Dec., 1873.

*To Dr. Pyne, Registrar, College of Physicians  
and Surgeons, Ont. :*

"SIR,—We, the undersigned members of the Council of the College of Physicians and Surgeons

of Ontario, hereby give you notice in accordance with section 11 of the "Ontario Medical Act," that we resign our position as members of that body.

"(Signed), D. CAMPBELL, M.D.  
G. C. FIELD, M.D.  
WM. SPRINGER, M.D.  
E. VERNON, M.D.  
J. ADAMS, M.D."

On Motion of Dr. COBURN, seconded by Dr. Clarke, this letter was laid upon the table.

The following letter was next read :

"TORONTO, June 2, 1874.

*To the Secretary of the College of Physicians and  
Surgeons of Ontario.*

"SIR,—I am directed to notify you for the information of the Council that at a meeting of the Homœopathic members of the College held pursuant to notice at Hamilton on the 27th May last, the following resolution was passed: 'That this meeting approves of the resignation of their representatives in the Council of the College of Physicians and Surgeons of Ontario, and having learnt that this resignation has not been accepted, that our said representatives be requested to abstain from presenting themselves at any meeting of the said Council until full justice is done by said Council to Homœopathy both in the matter of the examination of students and of an equality of rights of the representatives in the Council satisfactory to the general body of Licentiates in Homœopathy in Ontario.'

"You will therefore be kind enough to call the attention of the President to our letter of resignation of the 10th December last, and to request him to announce that the late Homœopathic representatives no longer consider themselves members of the Council of the College of Physicians and Surgeons of Ontario.

"I am, Sir,

"Yours Truly,

"J. ADAMS.

"Acting Secretary to meeting of Homœopathic  
members."

It was suggested that this letter also be laid on the table, but Dr. Dewar moved, seconded by Dr. Cornell, that it be referred to a special Committee consisting of Drs. D. Clark, Bogart, Muir, Bethune and the mover, for consideration. Carried.

On Motion Dr. Aikins was re-appointed Treasurer.

REPORT OF BOARD OF EXAMINERS.

Dr. DEWAR, chairman of the Board of Examiners, presented the following report:—The Board of Examiners met pursuant to notice on the 1st of April, 1874, in the Convocation Hall, University of

Toronto, for the purpose of examining students; the examination lasted until the ninth of April.

Seventy-seven students presented themselves for examination. Sixty-two for the primary and thirty-six for the final examination, (some of the students appearing for both.)

Five failed to satisfy the Board. A schedule showing their names and the value of the examinations accompanied the report.

The report was adopted.

#### STANDING COMMITTEE.

DR. GRANT moved that Drs. Brouse, Bogart, Dewar and Hyde be appointed to nominate the Standing Committees and report as soon as possible,

The Committee reported as follows:

PRINTING—Drs. Eastwood, Cornell, Lynn, Carson and Morrison.

RULES AND BY-LAWS—Drs. Berryman, Cornell, Hillary and Carson.

FINANCE—Drs. Hyde, D. Clark, Coburn, Strange and McDonald.

EDUCATION—Drs. Brouse, Hyde, Grant, Dewar, W. Clarke, D. Clarke, Aikins, Bogart, Muir, and Hodder.

REGISTRATION—Drs. Lawrence, Bethune, Hodder, Lynn and Bogart.

The report was adopted.

#### PETITIONS.

A petition was presented from Dr. Thomas Clarkson McConkey, of Barrie, setting forth that he was a graduate in medicine of McGill College, Montreal, and had subsequently received the Diploma of the Royal College of Surgeons, England, and praying to be admitted to registration under the Ontario Act, upon payment of the usual fee.

It was moved by Dr. Dewar and seconded by Dr. Berryman, that the petition be received and referred to the Committee on education. Carried.

A petition from Dr. Eliswood Chaffey, upon the same subject was also referred to the same committee.

A letter was also read from Henry Howitt, M.D. M.R.C.S. England, asking that his position might be legalized in Ontario.

A communication was also received from Mr. E. G. Marshall, in reference to his matriculation. Referred to Committee on Education.

#### SPECIAL REPORT.

Dr. Muir, Chairman of the special committee to which the communication of the Homœopaths was referred, presented the following report:

The Committee beg respectfully to report:

That the communication from Dr. Adams complaining of the non-acceptance of the resignation of the Homœopathic representatives on the ground of unfair treatment of their section

on the part of this council, has been maturely weighed and deliberated on by the committee to which its consideration was referred.

(1) In regard to the resignation of the representatives of the complaining parties this committee finds that as the new act makes no provision for the election of successors until the second Tuesday of June, 1875, it is not advisable to accept the resignations which would virtually leave the Homœopathic body unrepresented for a period of one year.

(2) The Ontario Medical Council regrets that the second portion of the communication accusing this body of unfairness, is in terms so general as to render it a matter of impossibility to estimate at their proper value the charges therein made. The Council has no knowledge of the entertainment of sentiments, other than the most liberal or treatment of the particular section complaining, other than the most impartial. But to any specific charge a considerate hearing will be always given. And your committee would therefore suggest that the members of the Homœopathic Section should avail themselves of the opportunity afforded by the non-acceptance of the resignation just tendered, to lay before the body the precise grounds under which they deem themselves to suffer, with a view to the granting of whatever relief may be within the power of the Council.

The report was adopted.

#### REPORT OF EDUCATION COMMITTEE.

DR. MUIR presented the first report of the Education Committee, in which it was stated that letters were received and read from English practitioners asking that their position might be legalized in Ontario. In order to meet this and similar cases it was resolved "That the foregoing and all future British qualifications presented between the annual examinations be considered by a Special Examination committee to be appointed by the Board of Examiners from their own number, the expenses to be borne by the candidates."

The Committee also recommend "That the papers of Mr. E. G. Marshall, showing his passage of preliminary examination in R. C. S. England, and also his ticket of registration in the Medical Students' Register of England, be accepted as equivalent to matriculation here."

Reserved for consideration.

#### ELECTION BY-LAW.

DR. EDWARDS, seconded by Dr. Hillary, introduced a By-law for the election of members of the Council. It was read a first and second time, and amended in Committee of the whole. The following is the by-law as passed:

Whereas power has been granted to the Council of the College of Physicians and surgeons of On-

tario, to make by-laws to regulate the manner of holding the elections under the Provincial Act of 37th Victoria, entitled an act to amend and consolidate the Acts relating to the profession of medicine and Surgery in Ontario ;

Be it therefore enacted as follows :—1. This by-law shall only apply to the elections of territorial representatives who are members of the Council. 2. That the Registrar of the Council shall send to every registered member of the college, excepting only those who are registered Eclectic or Homœopathic members of the said college, a circular letter directing him to write the name in full of the voter, and his place of residence, and the county in which his place of residence is situated, and the territorial division to which said riding or county belongs, together with a declaration made before a Justice of the Peace and signed by him, that he is the party entitled to vote, and, on or before a certain day to be named in the circular letter, the voter is to send by post or mail, the voter's papers so filled up with his name and declaration, and the name and residence of the person for whom he votes, to a certain person called a returning officer, to be also named in the circular, which returning officer, after a certain day, shall make a return of the entire number of votes cast up, and name the party who has the largest number, and shall seal up and send his letters to the Registrar, together with all the voting papers sent to him, and, in case of a tie, he shall have the casting vote.

On the second clause, which excepted "Eclectics" from the privilege of voting for territorial representatives.

DR. MUIR moved, seconded by Dr. Bogart, "That the by-law regulating the election of territorial representatives for five years, from June, 1875, be amended so as to include the Eclectic registered practitioners, their existing representation terminating a year and a half before the period expires for which the territorial members then elected will serve." Carried.

DR. EDWARDS moved, seconded by Dr. D. Clarke, "That the Registrar mail the voting papers at least 21 days before the day of election, and that the postage be paid by the Council." Carried.

#### *Second Day's Proceedings.*

The council met at 2 p.m. The Committees having been at work during the forenoon.

#### TARIFF OF FEES.

DR. BROUSE submitted two tariffs of fees agreed upon by about 40 of the medical men of the city of Ottawa and of the Bathurst and Rideau divisions, one for the city and the other for the country, and under the new Medical Act asked the sanction of the Council to said tariffs. On motion the tariffs

were referred to the Committee on Rules and Regulations, and were finally adopted.

#### DR. ADAMS' COMMUNICATION.

It was moved by Dr. Hyde, seconded by Dr. D. Clarke, "That the report of the Special Committee to which the report from the Homœopathic body was referred for consideration, be forwarded to Dr. Adams as expressive of the opinion in which their actions are regarded by the Council." Carried.

DR. BROUSE moved, seconded by Dr. D. Clarke, the following resolution, the notice of which had been given before recess, "That whereas an impression to a considerable extent prevails throughout the Province that the regular profession in medicine, through its representatives in the Medical Council, has striven to act harshly with that branch known as Homœopathy, this Council now in session desires to take this opportunity of giving an unqualified contradiction of any such notion. We furthermore desire to record that it is expedient for this Council, in view of those misapprehensions prevailing in regard to the position the general profession takes in reference to medical practice and education, to declare its position in regard to this matter.

"It is to be understood that the general profession has never demanded special legislation nor exceptional favours on behalf of its members. The sole aim of the College of Physicians and Surgeons is to educate and elevate the profession, irrespective of systems of medicine so-called. It is for the public weal as well as for the benefit of the profession to prevent, in every legitimate way, ignorance and incompetency to assume a position or undertake responsibilities which require at all times the greatest wisdom and the utmost skill. The public cannot guard itself against any and every species of charlatanism and medical imposition ; for it is not in a position to know who are qualified to practice the details of medicine, nor can it know the substratum upon which practical knowledge is based, and this Council declares it to be the duty of our legislators to guard the people from ignorant pretenders on the one hand and the portals of the profession on the other.

"The differences of opinion in regard to treatment of diseases are only of secondary importance in comparison to those general subjects upon the knowledge of which all intelligent practice must depend. Ninety per cent. of all medical education stands upon this common ground, and in defence of these general subjects being part of the compulsory curriculum of all medical students, irrespective of creeds or sects, this Council asks for justice to all and favours to none." Carried.

#### ELECTION OF HOMŒOPATHISTS.

A By-law introduced by Dr. Dewar, and seconded by Dr. Edwards, to provide for the election of

the Homœopathic members of the Council, was read a third time and passed.

The by-law for the election of Homœopathic members of Council, provides that the Registrar shall send to every registered Homœopathic member of this College, a circular letter directing him to write the name of the voter in full, his place of residence, and the County in which his place of residence is, together with a declaration made before a Justice of the Peace and signed by him, that he is the party entitled to vote, on or before a certain date to be named in the circular. The voter to mail the voting papers so filled in with his name and declaration, and the names and residence of the person for whom he votes to the Registrar of this Council in Toronto, who shall be appointed as returning-officer for the Homœopathic members of the Council, and he shall notify those who receive the greatest number of votes that they are elected Homœopathic representatives in this Council, and shall inform them the place of meeting in the usual manner.

#### FINANCE.

The financial report was then read, and submitted before a Committee of the whole; Dr. Bogart in the chair. The clauses of the report were taken up *seriatim*. It showed that the books and accounts and vouchers of the Treasurer had been examined and found correct, there being a balance on hand of \$1,736.16. The Committee recommended that as no salary was attached to the office of Treasurer, and as it was a position requiring a great deal of labour and considerable responsibility, and as Dr. Aikins had performed the duties for a number of years with great fidelity, he be paid the sum of \$200. Upon examination, the books of the Registrar were found correct, and as he had performed his duties in a highly satisfactory manner, his re-appointment was recommended at the same salary as before (\$500 per annum).

The report recommended one dollar as the rate of assessment for the ensuing year on each member.

The last clause recommended the payment of the sum of six dollars per day and necessary travelling expenses to each member of the Council for their services during the session, and also the balance due from last session.

The Examiners, it suggested, should, in future, be paid the total sum of fifty dollars and travelling expenses for non-residents, and the sum of forty dollars for those residing in the city, or within an area of five miles, for their services at the examinations.

Several accounts were passed and ordered to be paid.

#### *Third Day's Proceedings.*

The members of the Council met at ten o'clock, the President in the chair.

#### THE REGISTRAR.

Dr. Pyne sent in his resignation as Registrar of the Council.

Several members of the Council testified to the efficient manner in which Dr. Pyne had fulfilled the duties of Registrar.

The members of the Council refused to accept Dr. Pyne's resignation, and unanimously re-elected him Registrar for the ensuing year.

#### REGISTRATION REPORT.

Dr. Lawrence submitted the report of the Registration Committee, from which it appeared that sixty-five persons had obtained license since last examination.

The committee recommended that John R. Vanallan, who passed his primary in 1870, be admitted to registration on passing his final examination. The committee also recommended that the matriculation examination of Salter Givens Chamberlain be accepted, and that he be registered as a matriculant.

Some discussion ensued on the clause recommending that Mr. E. G. Marshall's certificate, showing he had passed an examination of the Royal College of Surgeons, England, be received as equivalent to matriculating here.

The report was ultimately referred to the Executive Committee.

#### EDUCATIONAL COMMITTEE.

Dr. Muir presented the 2nd report of the Committee on Education, which recommended that the following gentlemen be appointed examiners for 1875:—Dr. Lavell, midwifery and disease of women and children; Dr. Aikens, Surgery and Surgical Pathology; Dr. Berryman, Materia Medica and Sanitary Science; Dr. W. Clarke, Medical Diagnosis and Jurisprudence; Dr. Muir, Botany and Toxicology; Dr. Dewar, Medicine and Medical Pathology. Dr. Robertson, Anatomy, descriptive and surgical; Dr. D. Clarke, Chemistry; Dr. Edwards, Physiology.

Dr. Brouse moved to substitute the name of Dr. Bergin instead of Dr. Dewar, and Dr. Coburn moved to substitute Dr. Tucker for Dr. Wm. Clarke,—both of which motions were lost, and the report adopted.

The name of Dr. Clarence T. Campbell, of Stratford, was mentioned as examiner in Homœopathy. After some discussion, the following motion was passed:

Dr. D. Clarke moved, seconded by Dr. Lawrence, "That this Council regrets the absence of the Homœopathic members of this Council, especially seeing that no provision has been made by Act of Parliament for the appointment of examiners from that body without the approval of the representatives of that body." Carried.

On motion, Dr. Berryman's name was added to the Education Committee.



## THE ECLECTICS.

Dr. MORRISON moved, seconded by Dr. Muir, "That the new Medical Act having provided for the merging of the Eclectic section with the general profession, the Registrar is hereby instructed to eliminate from all future annual announcements the list of text books, subjects, and terms of examinations which formerly obtained under the old Act, for the perpetuation of that specialty. Carried.

Dr. Muir moved, seconded by Dr. Morrison, "That the registered practitioners connected with the Eclectic section having been remanded to the several territorial divisions in which they reside, the Registrar in all future issues of the Ontario Medical Register, will enter opposite their names simply the fact of the possession of the qualification of membership of the College, with the date of original registration, obliterating all purely sectarian distinctions."

## RULES AND REGULATIONS.

Dr. Berryman submitted the report of the Committee on Rules and Regulations which recommended that no changes be made. The report was adopted.

## EXECUTIVE COMMITTEE.

Dr. Aikins moved that the following gentlemen compose the Executive Committee, viz. Drs. Hodder, Berryman, Aikens, William Clarke, Brouse, Dewar, McDonald, the President and Vice-President *ex officio*, and that four be a quorum. —Carried.

## PRINTING COMMITTEE.

Dr. Morrison brought up the amended report of the Printing Committee as follows: In consequence of great difference in the tenders submitted for printing the Ontario Medical Act and Register, your Committee beg to recommend that tenders for printing 2,000 copies of the Ontario Medical Act and Register, together with the annual announcement and rules and regulations, be advertised for in the *Mail* and *Globe* newspapers. Also that tenders for a supply of stationary be advertised in the same papers. Carried.

## NEW REGISTER.

Dr. Aikins moved that the Executive Committee be instructed to publish a new Register containing the new Act, and that a copy be sent to every registered practitioner in the Province. Carried.

Dr. Hillary moved, seconded by Dr. McDonald, that no fees be charged the Eclectic members now on the register for making in the new register the changes involved in their merging in the general profession. Carried.

## RETURNING OFFICERS.

Dr. Brouse introduced a bill to provide for the appointment of Returning-officers. It proposed that they be as follows:—

Western and St. Clair.....	Dr. Hoare.....	Strathroy
Malahide and Tecumseth.....	Dr. J. M. Fraser.....	London
Saugeen and Brock.....	Dr. Geo. S. Herod.....	Guelph
Gore and Thames.....	Dr. Richardson.....	Galt
Eric and Niagara.....	Dr. Griffin.....	Brantford
Burlington and Home.....	Dr. J. Roseburgh.....	Hamilton
Midland and York.....	Dr. Adlington.....	Yorkville
King's and Queen's.....	Dr. R. J. Gunn.....	Whitby
Newcastle and Trent.....	Dr. Powell.....	Cobourg
Quinte and Cataraqui.....	Dr. Sullivan.....	Kingston
Bathurst and Rideau.....	Dr. Church.....	Ottawa
St. Lawrence and Eastern.....	Dr. Bergin.....	Cornwall

The Bill was passed through the several stages and adopted.

Dr. BERRYMAN moved "That the name of Dr. Bogart be added to the Executive Committee." Lost.

Dr. BROUSE moved, seconded by Dr. Macdonald, "a vote of thanks to Dr. Baxter, M.P.P., and the medical men in the Local Legislature for their exertions in securing the passage of the Ontario Medical Act." Carried.

## PUBLIC PROSECUTOR.

Dr. BERRYMAN then moved, seconded by Dr. Carson, "That the Registrar be appointed public prosecutor for this Council under the Act, and that he receive a sum of \$100 as an increase of remuneration for such service." Lost, yeas 6, nays 13.

## TESTIMONIAL TO DR. CLARKE.

Dr. BROUSE, seconded by Dr. Macdonald, moved "That the Council, before its separation, expresses its appreciation of the gratuitous services rendered to this Council and to the profession generally by Dr. Wm. Clarke, and that the President and Treasurer be empowered to present Dr. Clarke with a testimonial. Carried.

Dr. Clarke thanked the Council in appropriate terms.

## MATRICULATION EXAMINER.

Dr. BERRYMAN moved, seconded by Dr. Hillary, "That Dr. Morrison be appointed Matriculation Examiner in lieu of Mr. McMurchy for the ensuing year." Lost.

Dr. BERRYMAN, seconded by Dr. Edwards, moved a resolution thanking the Warden for the use of the Council chamber.

Dr. BERRYMAN then moved, seconded by Dr. Hillary, a formal resolution regarding payment of caretaker, &c., in connection with the Council chamber.

The Council then adjourned *sine die*.

## Toronto Hospital Reports.

## CASE I. SINGULAR CASE OF ENLARGEMENT OF LYMPHATIC GLANDS OF THE NECK AND THORAX.

W. C., Act. 24. Admitted June 1st. About three weeks ago the patient, having previously enjoyed his usual health, noticed a slight difficulty in breathing, and at the same time a lump made its appearance on the right side of the neck. The dyspnoea increased gradually and became of a more alarming nature until yesterday when he was almost dying, apparently from apnoea.

He has at present a good deal of difficulty in getting breath, and is occasionally seized with spasms of the glottis which threaten to stop respiration altogether. Since the commencement of his illness, the tumor above-mentioned, which first made its appearance in the submaxillary triangle on the right side, has gradually increased in size and now extends into the superior carotid triangle. It appears to be an enlarged lymphatic gland, is very moveable and of a hard nature. The respirations are frequent but the lungs do not appear to fully expand, and the walls of the chest move to a very slight extent. On inspection of the chest the right side appeared larger than the left, and the impulse of the heart was found to be lower down and more to the right side than normal. On percussion, slight dulness, was discovered over both sides. On auscultation, the respiratory murmur was found to be feeble, and some moist rales were heard throughout the chest. No other abnormal sounds were discovered either in connection with the lungs or heart. The pulse is rapid, about 120 per minute. The blood appears to be imperfectly aerated, as the surface of the body is blue from stagnation in the veins and capillaries. The appetite is pretty good, but the patient finds great difficulty in swallowing especially at times. The bowels are somewhat constipated. The mind is clear, speech is somewhat hurried owing to difficulty in respiration. The temperature of the body was not measured.

June 3rd. Patient had a severe attack of dyspnoea yesterday, from which he was much relieved by a mixture containing Tr. Belladonna, Tr. Valerian Ammoniata and chloroform. He breathes a good deal easier to-day. A fly blister was ordered to be applied to the front of the neck

extending from the thyroid cartilage to the sternal space, and the antispasmodic mixture continued.

June 4th. Patient appears to be a good deal better and says that he breathes easier than he has done for the last week. An examination was made with the laryngoscope to-day. Nothing abnormal was found in the larynx or upper part of the trachea, but once or twice during the examination the patient was seized with spasm both of the glottis and pharynx. The contraction of the muscles of the Pharynx was so great that nothing could possibly pass through the isthmus of the fauces. The spasm continued for a few seconds and gave the patient the greatest distress. Inhalation of watery vapor ordered, and instruments for the performance of tracheotomy kept in readiness.

June 5th. Patient had a most violent attack of dyspnoea this morning, which was, however, relieved by antispasmodics and the inhalation of steam. After the attack had passed off a large quantity of thick viscid muco-purulent matter was coughed up, and after each spell of coughing a good deal of relief was shown. It was also noticed that the patient breathed easier when the tumour on the right side of the neck was passed upwards and backwards. It did not at any time, however, press on the larynx or trachea.

June 8th. Patient was breathing with no more than the usual difficulty this morning, when he was suddenly seized with a convulsion. From this he slightly rallied when he again became convulsed and suddenly expired. It was considered that it would be of no use to perform the operation of tracheotomy, as the fatal symptoms appeared to arise from the brain and not from dyspnoea. He appeared to have no more than the ordinary difficulty in respiration.

A *post mortem* examination was made by Dr. Hillary thirty hours after death, of which the following are the notes at the time:

The body showed no great amount of emaciation. Rigor mortis had not yet passed off. An incision was made from the chin to the ensiform cartilage, and another transversely under the chin, and the integument and fascia were reflected on each side so as to expose the muscles of the neck. A hard lobulated tumour of a whitish appearance

about the size of a small egg was found in the sub-maxillary triangle on the right side. It extended from the upper margin of the thyroid cartilage to the angle of the jaw and beneath it, so that one lobule was found in the carotid region. On raising the tumour it was found that the carotid arteries, internal jugular vein, pneumogastric, sympathetic and descendens noni nerve, were directly pressed upon. The lower part of the tumor impinged on the thyrohyoid membrane and the superior thyroid nerve.

Another swelling of a similar nature was found on the left side immediately above the clavicle. It appeared to have sprung from beneath the great vessels and nerves of the neck as it pressed these structures forwards. On cutting open the tumours they were found to consist of a hard indurated wall, with a cavity containing soft caseous matter. On opening the thorax a dense mass of what appeared to be enlarged lymphatic glands was found to fill up the whole anterior mediastinum and the upper inlet of the thorax. Rounded masses of the same material extended down along the bronchi towards the lungs, the phrenic nerves being impacted in the diseased structure. The lungs appeared healthy but a peculiar thickening of the pleura extended over the visceral portion from the roots to the apices of both organs. The larynx, pharynx, trachea, heart and lungs were removed *en masse*, and on more minute dissection, it was found that the diseased structure surrounded the innominate, carotid and subclavian arteries, pressing the corresponding veins forward. It also surrounded the trachea and bronchi constricting them to a certain extent. The vessels were of smaller calibre than normal and the veins coming from the head contained very little blood. The lymphatics along the great vessels were thickened and of a yellowish colour. The right side of the heart was found engorged with blood, and the left side was empty. The liver was enlarged and of a dark congested appearance. Spleen and kidneys were intensely congested. The brain unfortunately could not be examined.

CASE II.—CHOPART'S AMPUTATION.—JAMES F. Æt 45. Admitted July 9th, 1873.—The patient, a native of Ireland, is of a weak constitution. He only left the Hospital three weeks ago having been an inmate for some time suffering from Erysipelas

of right leg. He now enters with a wound in the foot caused by the wheel of a Railway car passing over it. The metacarpal and phalangeal bones are broken in several pieces and the tissues are crushed almost into a jelly. On examination of the wound it was decided that there was sufficient sound tissue to make a good covering, if Chopart's operations were done. The patient, however, positively refused to have any amputation performed, saying that he would rather die than have his foot taken off. It was accordingly poulticed and allowed so to remain.

July 13th. The patient at last consented this morning to have his foot removed. The wounded tissues are in a state of gangrene, and some symptoms of irritative fever are beginning to make their appearance. The operation proposed was accordingly performed. On account of want of sound tissue the lower flap was not made as long as it should have been, in consequence of which, it is feared that the cicatrix will form more anteriorly than superiorly. There was very little hemorrhage. Two small arteries were ligated.

On examining the amputated portion it was found that the 1st, 2nd and 3rd metacarpal bones with their accompanying phalanges were crushed and that the surrounding tissues were completely gangrenous.

July 15th. Patient doing well. Pulse 96.

July 17th. The outer part of the upper flap is sloughing to a slight extent. Appetite good, general health improving. Poultice applied to stump. Tr. Ferri Perchlor. and Quiniæ Sulph. to be given four times a day.

July 31st. An abscess has formed on the outer side of the stump. It was opened to-day and the poulticing continued.

Aug. 5th. Poultices removed and adhesive plaster applied. Wound nearly closed up.

January '74. Patient is still in hospital. He has had two or three attacks of erysipelas in the stump and also in the leg. Is now able to walk on the stump pretty well. The superficial muscles on the posterior part of the leg have a tendency to draw the foot backwards, and to bring the cicatrix further down than it originally was.

At the present time, June '74, patient can wear a boot and is engaged at his former occupation, viz., cab-driving.

## THE CANADA LANCET:

A Monthly Journal of Medical and Surgical Science

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

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; J. M. BALDWIN, 505 Broadway, New York, and BALLIÈRE, TISDALL & COX, 20 King William street, Strand, London, England.

TORONTO, JULY 1, 1874.

### FIRST ESTABLISHMENT OF A COLLEGE OF PHYSICIANS AND SURGEONS IN LONDON, A.D. 1518.

In reporting in this issue of our journal the proceedings of the June meeting of the College of Physicians and Surgeons, a very brief retrospect of the progress of our profession may not be without interest to our readers. In another page will be found an extract from Rymer, Vol. II., page 347, illustrating the fettered condition of the practitioners of the healing art in the so called erudite period, including the 15th and 16th centuries.

Prior to the time of Thomas Linacre, the translator of the writings of Galen, and founder of the College of Physicians, London, born about 1460, medicine was practised by pretenders of all kinds, but chiefly by monks, who were licensed by the Bishops. In these days the Art of Surgery and Art of Shaving went hand in hand. The barbers of London were first incorporated by King Edward IV., in 1461, and at that time were the only persons who exercised surgery; but afterwards others assuming the practice of the art, formed themselves into a voluntary association, which they called the Company of Surgeons of London. These two companies were, by an Act of Parliament, passed in the 32nd Henry VIII., Cap. XLI., united and made into one body corporate, by the name of the Barbers and Surgeons of London. This act, however, at once united and separated the two crafts. The barbers were not to practice surgery further than drawing teeth, and the surgeons were strictly prohibited from exercising the feat or craft of barbering or shaving. The surgeons were allowed to take yearly at their discretion, the bodies of four persons

after execution for felony, "for their further and better knowledge, instruction, insight, learning, and experience, in the said science or faculty of Surgery;" and they were moreover ordered to have "an open sign on the street side where they should fortune to dwell, that all the king's liege people there passing might know at all times whither to resort for remedies in times of their necessity."

Four governors or masters, two of them surgeons, the other two barbers, were to be elected from the body, who were to see that the respective members of the two crafts exercised their callings in the city agreeably to the spirit of the act. The privileges of this company were confirmed in various subsequent charters, the last bearing date the 15th of April, 5th Charles I. By the year 1745 it was discovered that the two arts, which the company professed, were foreign to, and independent of each other. The barbers and the surgeons were accordingly separated by act of parliament, 18th George II, and made two distinct corporations. For further information we would refer the reader to Penant, Edmonson, and Strypes edition of Stowe. We now return to the Physicians. In the time of Charlemagne, each cathedral possessed a school, where writing, arithmetic, singing, theology, and medicine were taught. The Episcopal College of Paris had medical teachers who gave advice and dressed wounds before the portals of Notre Dame, or even in the interior of the church. The same thing was done in several other cities; but when the medical profession had been declared incompatible with the sacerdotal office, by a series of councils, the Popes, in order to preserve the high jurisdiction which they had exercised from time immemorial over the medical corps, and the bar, created certain Episcopal schools into Universities, combining at once instruction in Theology, Philosophy, Law and Medicine, or only some of these faculties. Thus were created during the thirteenth century the most of the great universities of Christian Europe; among others those of Bologna, Padua and Naples of Italy; those of Paris, Montpellier, and Toulouse, in France; those of Valencia and Tortosa, in Spain; Oxford, in England, and St. Andrews, in Scotland. See remarks, "Histoire de Medicine." All science, says M. Malgaigne, "appertained to the clergy, and teaching, though removed from the cloister, did not become less Roman Catholic. These new clergymen connected to the

chiefs of their church by their oaths and privileges were unto him a numerous and powerful militia, and while by the clergy proper the popes reigned over the consciences of the people, by the clergy of the universities they reigned over their minds. Who can be astonished, then, that they bore unpatiently the fact of not being able to concentrate also, all other power in their hands?" Nevertheless we must do justice to the Pope, the monks, and the Catholic clergy in general, who prepared the intellectual movement of modern Europe.

The Universities by associating together studious men, offered them the means of mutual instruction, excited their emulation by the prospects of honour and rewards; concurred, in short, in a very efficacious manner to elevate Christian civilization, above all others.

In the reign of Henry VIII., Linacre stood at the head of his profession, and shewed his attachment to its interests by founding two lectures on physic in the University of Oxford, and one in that of Cambridge. He may also be considered the founder of the College of Physicians in London; for in 1518 he obtained letters patent from King Henry VIII. constituting a corporate body of regularly bred physicians in London, in whom was vested the sole right of examining and admitting persons to practice within the city and seven miles round it, and also of licensing practitioners throughout the whole Kingdom, except such as were graduates of Oxford or Cambridge who by virtue of their degrees were independent of the College except within London and its precincts.

The college had likewise authority given it to examine prescriptions and drugs in apothecaries' shops. Linacre was the first President of the new college, and at his death bequeathed to it his house in Knight Ryder street, in which the meetings of the members had been held. In the fifteenth century the sect of chemical physicians arose, and their doctrines, under the bold advocacy of Paracelsus, who publicly burnt the writings of Galen, obtained considerable credit and numerous supporters. The Galenists were the most learned party, while the chemists were chiefly those who were practically skilled in the arts of that newly-discovered science. Neither party can be said to have much advanced the knowledge of medicine; but in the middle of the 16th century the most important improvement commenced in the diligent

and accurate study of Anatomy by Vesalius. From his time the study of Anatomy was diligently pursued, and in the early part of the 17th century was rewarded by several important and interesting discoveries as that of the circulation by Harvey, of the absorbents by Asellius, of the process of respiration by Malphigi, &c., &c. Somewhat later Sydenham introduced a truly Hippocratic mode of observation of the phenomena of disease and its symptoms, causes and effects; and influence of remedies upon it. By the combined efforts of the anatomist's and the practical physician's, medicine in this century made remarkable progress, although in some measure checked by the attempted application of the laws of mechanics to the explanation of the phenomena of the living body. This sect the Iatro-mathematicans were succeeded by the Vitalists, founded by Van Helmont. Stahl, Hoffman and Boerhave were of this school. Among the pupils of Boerhave were Van Swieten and Haller. Cullen, the contemporary of Haller, was of eminent service in the study of practical medicine; and his opponent, T. Brown, is acknowledged to have introduced many useful lessons in the same branch of the study. From the time of Haller, medicine has acquired more and more nearly the character of a science of simple observation, and the patient investigation of facts.

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#### AMERICAN MEDICAL ASSOCIATION.

The twenty-fifth anniversary of the American Medical Association was held at Detroit on the 2nd of June and following days. The attendance of the profession was very large, and the galleries of the Council Hall were well filled every day. A goodly number of ladies, who are always friends of the medico's graced the meeting with their presence.

Invitations were sent pretty generally to the Canadian brethren, and a fair number were found to have accepted the favour, all of whom were elected members by invitation, and some took part in the discussions on the different papers, most of which were of the greatest interest, and showed thorough research. Among the medical men present from Canada were Drs. Grant, Ottawa; McLean, Kingston; Drs. Richardson, Canniff, and C. B. Hall, Toronto; Dr. Moore, London; Dr.

Scott, Woodstock; and Dr. McMicking, Goderich, besides several from the Canadian towns and villages near Detroit, including the following: Drs. Casgrain, Lambert, and Andrews, Windsor; Dr. Murphy, Chatham; Dr. Bell, Amherstburgh; Dr. Nesbitt, Sandwich; and Dr. McCormick, Pelee Island. The meeting was divided into sections, ample rooms in contiguous building having been furnished by the city. Of the many valuable and instructive papers, the following could not be overlooked:—The Address of Welcome, by Dr. Brodie, of Detroit; the President's Annual, by Dr. Toner, of Washington; one (most important) on Waste of Life, by Dr. Bell, of Brooklyn. Dr. Garrison read a paper on Hydrophobia. A most eloquent and instructive address on the present state of the Practice of Medicine, by Dr. Davis, of Chicago; one on Uræmia; and another on the Mechanism of Encephalic Circulation. A lengthy discussion took place on the Medicinal use of Alcohol, a large majority condemning it altogether.

But perhaps the most thorough and excited debate followed the reading of Dr. Sayre's paper on the perfect union of fractures, the greatest number contending that an oblique fracture of the femur could not heal without shortening.

A new form of pessary was exhibited by Dr. Scott, of Woodstock, Ont., and elicited an interesting discussion.

Nothing could possibly surpass the hospitality of the people of Detroit. Night after night and day after day, new scenes of amusement were offered,—car fares and soda fountains alike were free. The Mayor of Detroit gave a reception; the Governor of the State of Michigan and his lady gave an "At Home;" also, the Hon. Philo. Parsons and others gave entertainments.

The following resolution of thanks was proposed by Dr. C. B. Hall, of Toronto, seconded by Dr. Richardson:

*Resolved*, That the Canadian physicians attending this meeting of the American Medical Association cannot take their departure without giving expression to their sense of appreciation of the fraternal kindness extended to the medical profession of Canada by favouring them with invitations and bestowing upon them such generous hospitality."

The motion was introduced by appropriate speeches from the mover and seconder, and was

eloquently responded to by Dr. N. G. Davis, of Chicago.

Dr. W. K. Bowling, of Tennessee, was elected President for the ensuing year, and the next meeting appointed to be held in Louisville, Ky., on the first Tuesday in May, 1875.

#### RESPONSIBILITY OF DRUGGISTS.

In another column will be found a letter from Mr. Miller, druggist of this city, in answer to our remarks in the April issue, in which he professes to give the *true facts* of the case. According to Mr. Miller's version of the story, Dr. Constantinides' offence consisted in stating to the gentleman (Mr. Thompson) when shown the prescription and mixture, that "it would have killed the patient in one hour." This *was* the Dr.'s remark after having been told, that Mr. Miller said that one might drink the whole mixture without injury.

We have examined the copy of what purports to be the original prescription, and referred to above as having been shown to the Dr., and it presents no evidence of being a regular physician's prescription. It is written partly in English and partly in mongrel Latin, and has neither name, initials, date, nor directions, nor the name of the person for whom it was intended. But Mr. Miller "plainly directed" how it was to be taken!!

We are no apologist of rash statements, either by Dr. Constantinides or anyone else, but let us see what the authorities say as to whether or not the Dr. was justified in saying that that quantity of arsenic "would kill in one hour." He never stated that a teaspoonful dose of the mixture would do so. The mixture contained  $\frac{3}{4}$ ss. of liq. arsenicalis, which is equal to *two* grains of arsenious acid; besides, it is combined with iodine, which would very much increase its poisonous effects; and the patient was an aged lady, and very delicate. Taylor, in his *Medical Jurisprudence*, (7th Ed., p. 81), mentions a case in which a woman took this precise quantity of liq. arsenicalis in unknown doses, and it proved fatal. He further states that a medical witness would be justified in stating that the fatal dose of this poison is *from two to three* grains. He also mentions a case in which death took place in *twenty minutes*, after taking this poison.

Mr. Miller states that they (the patient's friends) were satisfied that the blunder lay with the Dr., and advised him (Mr. Miller) to take legal proceedings. We have a letter in our possession from Mr. Thompson, addressed to Dr. Constantinides, in which he emphatically denies having stated that he or any one of his family was satisfied the blunder was the Dr.'s, or advised Mr. Miller to take legal proceedings.

The editor of the *Canadian Pharmaceutica! Journal*, in the last issue, comes out with more zeal than wisdom in support of M. Miller's position, evidently drawing his inspiration from Mr. Miller's *true facts* of the case. He scouts the idea that Mr. Miller could be held in any way responsible, and makes the extraordinary statement, that neither the prescriber nor dispenser could be held liable, but the third party who got the prescription dispensed. This would be a very fine thing for avaricious dispensers, but we fear it won't hold water.

The Pharmacy Act requires that *all poisonous substances* (not prescribed by a medical man of course,) shall be labelled. There is no evidence that the recipe was given by a regular physician; no physician was in attendance, and Mr. Miller was aware of that, and yet he dispenses for an irresponsible person (irresponsible because ignorant of the nature of the medicine,) a poisonous substance without any label to indicate the nature of the drug; and instead of cautioning them as he should have done, he tells them that one might drink the whole bottleful with impunity. No physician, careful of his reputation, ever prescribes for a patient he has not seen and examined, and we maintain that no druggist should dispense a prescription containing powerful or poisonous substances without proper caution, when he is aware that the prescription does not come from the medical man in attendance on the patient.

The idea of Mr. Miller, who is clearly in the wrong, talking about bringing an action against Dr. Constantinides for performing a duty which he (Mr. Miller) himself should have done, is refreshingly cool.

**CHLORAL IN TETANUS.**—Three cases of tetanus occurring on the continent, are cited in a German journal, in which large doses of chloral administered for several days succeeded in removing the affection. All three patients completely recovered.

## ETHICS.

An old correspondent sends us the following :

To the Editor of the LANCET.

SIR,—Is it necessary or becoming for our profession to notice the nonsense that appears in favor of the various theories of the day in the daily papers? The letters that have appeared in the *Globe* lately, signed by a Dr. Cameron, really are nothing more or less than advertisements (paid or unpaid is not my affair) to introduce to public notice a Homœopathist who quotes Sir Thomas Watson as an authority on Homœopathic medicine!!! (*Globe*, 19th June, 1874).

I think it my duty to warn my professional brethren to beware of noticing these, to use as mild a term as possible, absurdities.

Yours &c.,

ALPHA.

June 19th, 1874.

Our correspondent might have gone a little farther and included "Ethics," who has been figuring in the public prints of late. (See *Mail*, June 10th). "Ethics" (in mercy to him we will not mention his name) complains of "the *Globe*-like conduct of the LANCET" because we would not publish his letter of the 18th of May. There were two reasons why we did not wish to insert his letter,—first, we had inserted a letter from him in our previous issue upon the same subject; secondly, it contained so many errors and mis-statements that we could not have published it without a reply; and the letter and reply would have occupied more space than we cared to devote to a subject which did not particularly interest the profession at the present time. But "Ethics" cannot allow his light to be hid, and again betakes himself to the public press and succeeds in getting his letter inserted in the *Mail* and a number of fly sheets struck off for promiscuous distribution; among other places, in the Toronto General Hospital (among his patients we suppose). We leave it with the profession to judge of the propriety of such a course; and whether in this very act of his we have not the best possible justification of our remarks, "that such persons are open to the suspicion of an endeavour to exalt their own personality." "Ethics" states "that had it not been for these public letters, Baxter's bill would at least have met with far greater opposition, not only from the members of the Legislature, but from the medical men through-

out the Province." And further on he says, "that with respect to the recent legislation, the public papers exerted mostly all the influence effected by the Fourth Estate." Can it be possible that "Ethics" sincerely believes that the day was won by these few letters that appeared in the papers, some of which were very good, we admit; some very foolish, and others containing so many weak points that their effects were completely lost by the criticisms to which they were open? We maintain that the successful passage of the Act was due to the profession, which was almost unanimous in its favour, and the influence which individual members in all parts of the country brought to bear on the Legislature.

It is scarcely necessary for us to say to the intelligent readers of the LANCET, that *it never arrogated to itself* "that it should be the universal organ of Ontario medical men." We simply stated that we considered the pages of *medical journals* a fitter arena for a warfare on medical subjects than the daily press; and we believe our remarks are as applicable now as they were at that time. There are at least two other medical journals having a circulation in Ontario, to either of which "Ethics" could have sent his letter for publication, if he considered it of such vital interest to the profession. "Ethics" endeavors to make a little capital out of our remark that we sent marked copies of the LANCET EXTRA to the members of the Legislature, and sneeringly says that "some would object to this outside circulation of medical literature and anatomical plates on other grounds." Here he is in error again. The LANCET EXTRA contained neither medical literature proper, nor anatomical plates, but was occupied wholly with the text of the Homœopathic bill, and articles against it and in favour of Baxter's bill—*verbum sat sap.*

#### LEGALIZED TARIFFS OF FEES.

Now that the new provisions of the Medical Act are in force with respect to legalizing tariffs of fees, making the tariff of a local association a scale of "reasonable charges," admitting of easy proof as such in a court of law, we note that the profession appears desirous of taking advantage of this great privilege conferred by the new Act. This is

eminently right and proper. The legislative provision was worth striving for; and now that it is obtained it should be acted up to. We earnestly advise our friends practicing in districts where, as yet, there are no medical associations, to lose no time in organizing themselves into a Society; and besides discussing medical matters and cultivating a sentiment of unity and brotherly feeling, not to omit the proper consideration of a scale of fees with a view to legalizing the same by proceeding under the Act. It is a valuable feature of this provision, we think, that it directly tends to bring members of the profession together. The result should be that many more medical associations will be called into existence than are at present in operation. Of the many benefits likely to arise from this species of professional intercourse it is scarcely necessary to speak.

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#### OUR COUNTRY PRACTITIONERS.

Beyond the class affected, it may not be fully known that in a large part of Ontario the circumstances of the country practitioner have been greatly narrowed by the straitness which has beset his clients in consequence of the deficiency of last year's harvest. Not that there has been less for him to do—we should suppose that there has been little or no falling off in the amount of his work—but that the great scarcity of money among the rural population has been such as to deprive the country doctor of an immediate reward for his services. When, as in some parts of the province, the cost of wintering cattle has been equal to buying them twice over, and when serious embarrassments have overtaken the farmer, the doctor, it may well be supposed, has been compelled to wait for the settlement of his accounts, or to put up with a mere fractional payment. Happily, the prospect, long so dull, is now considerably brightening, and the promise of a rich harvest brings along with it the promise of a better state of things for our country friends. We hope that the autumn settlements, which the country doctor generally expects to make, will this year be quite satisfactory, and compensate him in some measure for the dull season he has been compelled to pass through.



MEETING OF THE MEDICAL PROFESSION AT MOUNT FOREST.—A meeting was held on Thursday, June 4th, in Mount Forest, for the purpose of forming a local medical association.

There were present, Drs. Cowan, Harvey, Jones, Henry, Jr., Henry, Sr., Ecroyd, Kelly, Stuart, McGregor and Yeomans.

Letters and telegrams were received from several gentlemen, expressing their approval of the formation of the society, and their regret in being unavoidably absent.

Resolutions were passed and the desired organization effected, with the following officers:—President, Dr. McGregor, Cedarville; Vice-President, Dr. Cowan, Harriston; Secretary and Treasurer, Dr. Yeomans, Mount Forest.

The next meeting was then appointed to be held on Thursday, 25th, in Harriston. Dr. Stuart, of Palmerston, consented to read a paper on Scarlatina at the next meeting of the association.

It was resolved, that the Secretary notify by circular all registered practitioners in this division, (Saugeen and Brock,) that the propriety of taking immediate steps to establish a territorial division medical association in accordance with clause 18 of the new Act would be considered at the meeting, in Harriston, on the 25th inst.

PERSONAL.—Dr. R. A. Stevenson, of Strathroy, who is about taking his departure to England, to attend the Hospitals and Colleges there, for a short time, was the recipient of a complimentary supper from his medical friends and others in the vicinity, on the 20th ult. He was also presented with a purse of over \$150 from the towns-people generally, with which he was requested to purchase a set of instruments in England, to be kept by him as a mark of the general esteem and respect in which he is held. We are glad to see feelings of this kind evinced by members of the profession towards each other, and we are certain the Dr. is worthy of the high compliment paid him.

TORONTO UNIVERSITY CONVOCATION.—The following gentlemen were admitted to the Degree of Bachelor of Medicine, in this University, on Tuesday the 9th ult.: J. Ball, N. H. Beemer, O. C. Brown, A. J. Campbell, I. H. Cameron, J. W. Corman, A. Farewell, D. B. Fraser, D. Fraser, A. H. S. Hill, A. Luke, C. A. Paterson, G. Shaw, G. Smith, C. E. S. Taylor, A. J. Whitehead, R. Whiteman. Gold Medalist, D. B. Fraser; Silver Medalists, O. C. Brown, A. Farewell, I. H. Cameron, G. Shaw, D. Fraser. Starr Gold Medalist, O. C. Brown; Starr Silver Medalists, A. Farewell, A. J. Campbell. Matriculation Scholarship, F.

Burt; First year scholarship, W. T. Stuart; Second year scholarship, A. C. Bowerman, and A. McPhedran; Third year scholarship, W. Britton.

APPOINTMENTS.—Logan Murray More, M.D., of the Village of Thornbury, Associate Coroner for the County of Grey. James Russell, M.D., of the Village of Hall's Corners, Associate Coroner for the County of Wentworth.

### Book Notices.

A MANUAL OF TOXICOLOGY, including a consideration of the nature, properties, effects and means of detection of poisons. By John J. Reese, M.D., Prof. of Med. Jurisprudence, &c., University of Pennsylvania. Philadelphia: J. B. Lippincott, & Co.; Toronto: Willing & Williamson.

From the number of text books on this subject, there does not appear to be any pressing demand for this volume. The author seems also to be aware of this fact, but claims that the same objection might be urged (and with truth) against new publications in almost every department of medicine. Yet it may be said that every new work has something of value not to be found in other works of the same description. So in the work before us we find a chapter on the subject of 'Post Mortem imbibition of Poisons,' and another on the 'Duties and Privileges of Medical Experts,' topics which, though very important, are scarcely to be found in any other work of the kind.

Particular attention has been bestowed upon the effects and means of detection of opium, arsenic, phosphorus, strychnia and hydrocyanic acid, on account of the more frequent occurrence of poisoning from these substances. Nothing, however, has been omitted which is necessary to make it a complete text book on poisons. The author has drawn largely from standard toxicological and chemical authorities, both home and foreign, to all of which credit is duly given.

REPORT OF THE UNITED STATES MARINE HOSPITAL SERVICE for the fiscal year 1873. By John M. Woodworth, M.D., Washington.

REPORT OF THE MEDICAL SUPERINTENDENT OF THE ASYLUM FOR THE INSANE, Toronto, for the year ending 30th Sept., 1873.

REPORT OF THE QUEBEC LUNATIC ASYLUM, by the medical superintendents, for the 18 months ending June, 1873.