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# THE CANADA LANCET,

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## Original Communications.

### ANNUAL ADDRESS.

Delivered before the Canada Medical Association, Hamilton, Ont., September 1878.

BY JOSEPH WORKMAN, M.D., PRESIDENT.

GENTLEMEN:—Not one of you who had the pleasure of listening to the eloquent, elaborate, and as I might almost say, exhaustive address of my richly gifted predecessor, delivered at our last annual meeting at Montreal, can think that I act imprudently in advertising you, that on the present occasion I have neither the intention nor the desire, and certainly not the hope, of offering to your consideration, anything that might compete with that lucid and very instructive production, of which I can for myself, and I think also for my co-auditors, say, in the words of Horace, "Hæc placuit semel, hæc decies repetita placebit."

Had I, when listening to Dr. Hingston's address, entertained the apprehension, that the Nominating Committee would submit my name, in succession to your presidency, I very much doubt if I would not have found it unavoidable, suddenly to fall into a state of serious ill health, altogether incompatible with the adequate discharge of the duties of the office—not assuredly that I undervalue the honour of the position, nor that I am not profoundly sensible of the kind feeling which actuated my associates in awarding me the honourable distinction. Could I, however, believe that I might ascribe their selection to some more consoling consideration, than modest respect to advanced age, I might not now assume this chair, with that timidity which a strong conviction of my defective comparative qualifications renders inevitable. Let me therefore trust that you will interpret kindly the few observations which I now venture to submit.

Before touching on any matter of practical con-

2

cern, I cannot resist the sorrowful impulse of offering a tribute of well-merited honour to one whose name must long be held in warm remembrance, not only by every member of this association, but by the entire community. Since our last meeting it has pleased the Supreme Ruler of Life, to remove from this sphere of existence, one of our most esteemed and most richly gifted brethren. Dr. Edward Mulberry Hodder, who so ably and acceptably filled your Presidential chair two years ago, has been taken from us, less ripe in years than in professional eminence. To those among you who had the privilege of acquaintance with his practical medical and surgical competency, no word of eulogy from me is called for. His death has left a blank in our Ontario ranks, which cannot soon be adequately filled; and I am well aware that throughout the entire range of his large clientele, a feeling of despondent orphanage has prevailed, which time seems rather to intensify, than to have mitigated. It did not, for obvious reasons, fall to my lot to have much professional intercourse with Dr. Hodder; but of his amiable and manly social qualities, I can speak most unhesitatingly; and this I can say: that a warmer friend, or a more generous and frank opponent, (I say not *enemy*, for he was above enmity,) I have never known, and I have in my time stood towards him in both positions. His friendship was no slipshod, crafty, poison-hiding utilization of his fellow-men, but the irrepressible impulse of an honest and honourable heart; and as to his antagonism, it was as open and earnest as was his jocund rosy face. All his blows were struck straight-out from the shoulder, and *after* the conflict he was as ready to forget offence, as *in* it he was prompt to resent. To say that he was faultless, would be but to libel humanity, for lifeless are the faultless; but let us as in the words of the sweet poet of my native land, guard thus his memory:

"When cold in the earth lies the friend thou hast loved,  
Be his faults and his follies forgot by thee then;  
Or if from their slumbers the veil be removed;  
Weep o'er them in silence, and close it again."

It is perhaps matter of slight regret that I am unable to report any late legislative action in medical affairs within this province; for considering the amount of tinkering, pedantic quibbling, and meaningless intermeddling, which every measure relating to medicine, however skilfully pre-

pared, is doomed to undergo, in a popularity court-ing Assembly, no small proportion of whose members have never sought to acquire that knowledge which might qualify them for the duty of legislating on such matters, I think we should never, unless under very cogent necessity, venture to ask for any legislation whatever. We may go in with decent apparel, but our chance of coming out with untattered garments is certainly very slender.

Is there any *self-respecting*, or *professional-respecting* member of our body, who regards the hybrid synthesis presented in our present authoritative Ontario medical corporation, without feeling the blush of shame mantling his cheek? Surely we cannot be far from the millenium of medicine, or from its deluge, when we see the lamb and the leopard lying down together, and the calf and the lion feeding amicably at the same crib, the king of beasts having passed through the dentist's hands, and now eating straw like the ox, and doubtless, also, in bovine docility, chewing the cud! Is this evolutionary progression, or is it atavic retrogression? Will it eventuate in the survival of the fittest, or in the evolvement of a new species? Let us hope for the best, for hardly can worse be in store. If we have not touched bottom, the pit must be awfully deep. It was perhaps needful for our future virtue, that we should be taught how low we could be degraded. The bitterest pang of the dying eagle was that provoked by the sight of the feather from his own wing on the arrow which pierced his bosom. So has it been with us; but be the shame on its authors, and let them bury it as best they can. *Similes similibus inluentur.*

The last report of our Provincial Registrar gives evidence of fair progress in the statistical returns which it exhibits, and it is much to be desired that so valuable a publication may undergo continuous improvement and enlargement. We are still without the benefit of a central Board of Health and its tributary organizations, but as a vigorous committee of the Legislative Assembly, during the last session, devoted much attention to the subject of sanitation, and availed itself of the opinions of numerous experienced physicians, we may reasonably trust that in the next session our expiring Parliament will place on the Statute Book an Act which will prove that they duly value the great national blessing of public health.

There is, however, one most important provision, which, unless the subject be strenuously urged upon the consideration of Government, will be overlooked, if not, indeed, dignifiedly ignored. I allude to the direction, by the central Board, of all matters relating to the health of our large public institutions, embracing, as such a provision should do, the selection of proper sites, the erection of substantial and truly economic buildings, securing of salubrious air and reliable abundant ventilation, adequate sewerage without detriment to the health of neighbouring localities, a sufficient and cheap supply of pure and serviceable water, advantageous position for obtainment and delivery of all sorts of supplies, and for prompt recruitment of the service staff. Every one of these requirements should be insisted on.

It is my conviction, not founded on vague conjecture, (for I know whereof I speak,) that not merely would the authoritative guidance of an efficient central board of health, invested with the powers above instanced, have saved to the public, in the last thirty years, scores-aye, hundreds-of thousands of dollars, but, (which is even more important,) it would have prevented the erecting of some of our most valuable institutions in unhealthy, unseemly, or very disadvantageous localities. Those of your number, who are old enough to remember that plover and snipe preserve, in the west end of Toronto, which was chosen as the site of the Provincial Lunatic Asylum, will assuredly not say that it was an eligible location for so large an establishment. It could never have been approved of by any body of men, large or small, who understood practical hygiene. Some of the stone foundations had, owing to the quagmire pits lighted upon, to be sunk to a depth of 12 or 14 feet. In order to bring the surrounding ground to any sort of a decent face, recourse was had to the most unwise and insanatory expedient, of scooping out a basement 4 to 5 feet deep, just as though the surface was not already too low and damp. The water had to be brought almost a mile from the lake, or rather the dirty outlet of the bay; and as if the fluid was not already sufficiently impure, the building committee, perhaps under Board of Ordnance constraint, carried the main sewer of the establishment, in company with the water pipe, to the pumping house, there discharging the putrid stream within 40 or 50 yards of the open mouth of the

pipe. Now, bearing in mind that at the spot no current runs eastward or westward, to carry off the discharged sewage, and that in summer calms, or under winter ice shelter, the flow of the intruding sewage must tend towards the sucking mouth of the pipe, can any one be surprised that the water forced up to the asylum was often very impure? Particles of fæcal matter were said to be sometimes detectable in it. This state of things, despite of all complaints and remonstrances, continued up to the time when the Grand Trunk Railway cutting through the garrison common, broke the connexion, and sent the sewage down one side to the bay, debouching very odorously over the beach, at a point 150 yards, or more, from its previous outlet. Could any so monstrous and death-dealing an outrage ever have been perpetrated by a competent Board of Health; or had any such occurred before its organization, would it have been tolerated for a single month afterwards? But it was, under the existing regime, tolerated for six years, and all who remember the consequent incubations of endemic cholera, erysipelas, dysenteries, intractable diarrhœas, and other obstinate affections, with which the medical staff had to contend, will admit that though ignorance of sanitary science, on the part of men in authority, may be a very comfortable garment to them, it is very far from blissful to those who are doomed to bear the consequences of their blunders. The preceding details are but a meagre sample of the bundle of evils bequeathed to the Toronto Asylum by its founders.

The Toronto General Hospital, though subsequently, after much trouble and expenditure, greatly improved, was another most ignorantly located and constructed edifice. For the sake of a little saving in cost of a suitable site, it was placed in a distant corner of the city, almost as inconvenient as possible for prompt and easy access by the sick or wounded destined to seek its benefits. The drainage was as defective as it could possibly be contrived. As to the ventilation, it was as hugely negative as though the architect had taken honours in a college, where the science of "how not to do things" was regarded as the noblest branch of human knowledge. Some who may now hear me, may not have forgotten the time when our best and most thoughtful surgeons approached important operations in that forcing-

house of septicæmia with fear and trembling. I pointed out to some of the building committee, at the commencement of the work, a few of the blunders they were about to commit; but I might as well have whistled jigs to a mile stone; for that respectable indicator of progress was but little less endowed with hygienic knowledge, than they showed themselves to be. They had been captivated by the æsthetic lights and shadings of the draftsman, and they felt confident that so much outside beauty must be linked with corresponding internal excellence. So much for devolving on men unqualified for the duty, the direction of important public erections, whether as regards selection of appropriate sites, or the adoption of effective structural arrangements.

A third large, and eventually very costly public institution at London, has been trumpeted into celebrity within the last decade. This was, in its early months, lauded by the admirers and flatterers of its projectors, and of course, by the projectors themselves, as 'the Model Lunatic Asylum, not only of our Dominion, but of this Continent. I heard a member of the economic Sanfield Macdonald government, tell an assemblage of intelligent alienists that he and his confrères had then established the fact, that lodging and maintenance could be provided for lunatics at 50 per cent. less cost than had been required at Toronto. The Hon. Premier had himself told me, before that date, that he was going "to run the London asylum" at 25 per cent. *per caput* less than the Toronto patients cost; and he asked me what I had to say to that. I replied that, for the present, I could say nothing, but if he would wait for seven years, we might be better able to discuss the question. More than seven years have now passed, but my sanguine competitor is now beyond the realm of lunacy, and I am sure should he and I meet hereafter, we shall not quarrel over the question. Examination of the public accounts by his colleague, will now show him how very far short of his exultations, have fallen the actual savings of their model asylum.

As relates to the structural qualifications of this cheap-John edifice, I cannot do better than here quote the following depiction of them, given by Dr. Bucke, the present talented and honest speaking medical superintendent, at the last annual meeting of American superintendents, held at Washington. Dr. Bucke spoke as follows:—

"The hospital that I superintend, in London, was built under the economical government of the Hon. John Sanfield Macdonald. This government had to build an hospital for a certain number of patients, and Mr. Macdonald wanted to know what it could be done for. The architect made plans, and estimated that the Institution would cost over a thousand dollars per patient, and said it could not be done for less. Mr. Macdonald said that it *must* be done for half that amount, and directed the architect to prepare plans of an asylum to be built for 500 dollars per patient. The hospital was completed upon those plans and specifications, and that hospital I manage now. It was built as well as it could be for the money, but it has required so many renewals and repairs, that I believe it is one of the dearest hospitals in North America to-day, and still it is not, and it never will be, a first-class hospital. It will never be a good building; no amount of money will ever make it one; it will always be a poor, dear asylum. You will, therefore, see that my experience, and consequently my opinion, are opposed to low priced asylums."

I am aware I was the first to recommend London as the most appropriate location for a new insane asylum. Its western centrality, facility of access by several railways, the contiguity of a considerable river, a general healthy atmosphere, and a land surface exempt from malaria, were, in my estimation, sufficient indications of the fitness of the locality. By request of a member of the Ontario Government, I accompanied him on an examination of several places around the city of London, for the purpose of selecting a good location for the contemplated new asylum. I saw only one that appeared to me to be in every respect suitable. It was a farm of 160 acres, on the west bank of the Thames, about 3 miles above London. It offered a beautiful and most advantageous site for the building, with never failing river-water supply at a short distance, and copious springs for pure drinking and culinary water, and I urged the early purchase, even at a nominal high figure, saying that a few thousand dollars extra, should be held as of no consideration in the securing of a suitable and beautiful site, for an institution which must last for ages.

My advice was not acceptable; so this minister and the premier went up one day, and pitched

upon a location which I never saw till after the buildings were up; nor was I taken, as I believe, within sight of it; and yet the honourable gentlemen referred to, stated afterwards in parliament, that I had approved of this location, and had said that "one could not throw up a rocket there but it would come down on a good site for an asylum." Had I ever so spoken, the rocket should have lighted on my own head, for then it would have hit upon a real lunatic site. What the two honourable gentlemen saw in, or on, this place, to commend it to them, as a fitting location for a large insane hospital, I pretend not to divine. It surely could not be that it presented a good stand for axe-grinding. I know what was Dr. Landor's opinion of it, and I know the long and hard work bestowed on it by him, to redeem much of the land from swamp infiltration, so as to make it firm enough for horses and cattle to pass over it, without sinking too deep. The thought of water supply and convenient sewage discharge was too childish a matter to find entrance into the brilliant heads of the twin explorers. The place was over two miles from the nearest point on the river Thames, and the house must depend for water on local springs, supplemented by interception of the land water caught by the farm tile drains. We know what was the upshot. Then came the sage afterthought of boring for an artesian spring. Month after month, if not year on year, saw this monotonous work creeping down, till even the hope-exhausted lunatics learned to call out when an additional foot was gained, "there's another five dollars gone." It was not an adequate premonition that another artesian boring had been made in the city, which finally gave water so offensive to smell, as to be unfit for any purpose save street watering, and it was not very eligible for even that. Deep and still deeper went the horrid bore, until at last, I know not how far on this side of the antipodes, up came the long longed for spouter: but such was the odor of the liquid that the superintendent had the bore plugged, at some safe distance from the bottom, and was content to receive a less copious supply, yielded by superficial strata. But for the honor of the department of public works, this water might as well have been accepted long before.

I have not learned what arrangement has been come to, with the residents along the devious

course of the sewage streamlet, which cannot find safe final dilution short of 2 or 3 miles from the asylum. It once found temporary escape into the water-tanks, and a rich crop of typhoids ensued. One, at least, of the staff walked into the city when he wanted a drink of good water.

Leaving this economic abortion in its glory, let us now, gentlemen of the Ambitious City, peep up to the crest of your admired mountain, and behold there a large new asylum, perched away high up above your chimney tops, looking down disdainfully on your beautiful bay, and snapping its fingers at the bright pure water of Lake Ontario, as much as to say, "come up here if you dare!" Verily it was a grand idea, that of planting a habitation for five or six hundred people, on an eminence to which it requires three steam pumpings to force the water supply up! The men who selected that spot were worthy of eternal fame, and ten acres of leather medals. Just see what a noble fall it affords for the sewage, and what a trifle it will cost to deprive your aristocratic citizens of the fragrant odour of that crystal streamlet! Add then the extra hire dispensed among your owners of horse flesh, for double teams to haul up coal and wood and other supplies, and then hurra for economical government, and go abroad and invite the people of other towns to come and admire the house that Jack built; but do not tell them that any of the lunatics were consulted.

Is it, gentlemen, now needful, that I should adduce any further illustrations of the dear-bought fact, that our rulers who hold the purse strings, have, in their direction of large public erections, exhibited a lamentable ignorance, or a fatal disregard of the hygienic and other essential requirements of such establishments? Is it not high time that the medical profession should come to the front, and honourably proclaim its disapproval of this sort of murderous and costly quackery? Are we never to acquire consciousness of our own real strength, but forever to cringe, cap in hand, and with shaking knees, before the men we could put into power, or turn out of it, did we earnestly and unitedly set to work? Did the medical profession of Ontario but justly appreciate its own popular influence and collective strength, and judiciously and honourably put forth that strength, when its own proper interests, or those of the public are at stake. I should like to see the

ministry or the parliament that would snub us. What then, in the name of manhood, is it that we lack? Simply and solely that noble *esprit de corps*, which should actuate every honourable brotherhood; and, gentlemen, it is primarily, and paramountly, in re-unions such as I now have the honour and pleasure of addressing, that this exalting spirit of medical solidarity must have its birth-place, its cradle, its youthful invigoration, and its fully developed manhood; and therefore should we strain every nerve to extend, strengthen, and perpetuate our organization; not however, by begging from our law makers statutory incorporation, or legalised privileges; far rather must we strive to become a law unto ourselves, and to exhibit in our walk in life, that cultivated intelligence, and national benevolence and patriotism, which cannot fail to command the respect of every well-ordered community.

Surely we are not, forever, to submit, in humble silence, to the hackneyed aspersions cast upon us by our detractors in other walks, that "doctors ever disagree," and that "medicine is" as they style it "an uncertain science;" by which they would seem to imply, a non-perfected science; and this from the lips of men whose entire course is but one continuous drama of disagreements and bitter contentions. It will be time enough for us to feel ashamed of our honest differences in opinion, or antagonism of practical judgment, when we see our neighbours of other professions or callings, in their respective spheres, exhibiting harmony of doctrine, and a corresponding harmony of demeanour. Is theology a certain science, and do its teachers never quarrel? Do judges never differ in their interpretations of the law? And what of the harmony of opinion of advocates? Do not all the world know that large fees, or even small ones, will exhumate any quantity of legal certainty, on either side of any case whatever? Outside of the three ancient professions, what certainty of science, or unity of opinion do we find? Do civil engineers, architects, painters, sculptors, geologists, philologists, metaphysicians, and all the other tribes of learned bipeds, constitute just so many happy families, in which neither barking, biting, nor scratching is ever heard of? Finally behold the press! As to certainty (that is perfection) of science, that consummation must be contemporary with its petrifaction, and there always will be in this world a

sufficient amount of solvent ignorance to prevent that crisis. Certainty of science, forsooth? Did Galileo perfect the telescope? Did Kepler reveal the law of gravitation? Did Newton derive no help from Kepler's three prime laws? Did Franklin exhaust the wonders of electricity? Certainty of science! Was it not she who burned hundreds of lunatics as witches; sent Giordino Bruno to the stake for teaching that the planets revolve around the sun; forced Galileo to swear this doctrine blasphemous heresy; sneered at Harvey's discovery of the circulation of the blood; and, in our own time, declared ocean steam navigation impracticable; forbade George Stevenson's locomotive to go faster than ten miles an hour, and ridiculed his project of crossing Chat's Moss? Humble science to-day meekly bows the head in the presence of dethroned mind, and protects and shelters the lunatic as an object of pity and christian benevolence. So far from burning Brunos at the stake, we hail with raptures one of the family now fixed in the centre of gravitation—all the planets, and some comets, obeying his behests and rejoicing in his smiles, or dreading their withdrawal. Harvey's doctrine of the circulation of the blood is learned almost with our A, B, C. The railway locomotive outstrips the wind, and competes with the swallow, and the crossing of Chat's Moss has been left far in the shade by later herculean achievements.

But has science reached perfection? Can it ever climb to that summit? Who that possesses ever so trivial, or ever so great an amount of knowledge, could or would desire such a consummation? What but cessation of all action, all progress, would be this stupendous climax, and to what condition, formed as he is for mental and bodily effort, would man sink, when no more truths remain to be discovered, no more mysteries to be unearthed, no more battles of intellect to be fought, and no more wreaths of victory to be won?

Away, then, with the vapid twaddle! Doctors in medicine unquestionably *do* differ, and, thank God, they always *have* differed since medicine became a progressive science, and there is little reason to fear that we shall ever cease to differ.

But you will not, gentlemen, so grievously misunderstand me, when thus speaking of salutary rational differences, as to suppose that I do not, as well as every one of you, deplore those petty,

unseemly, angry, and utterly non-scientific squabbles and dignity-ignoring wranglings, which, in but too many instances, bring discredit on our whole body, and divest the combatants of all pretensions to educated, or even instinctive, gentlemanhood. This is surely one of the *opprobria medicina* which it behooves us all to struggle to remove; but in our exhibition of disapproval of the evil, let us remember that "blessed are the peacemakers."

It is much to be feared that though medical education in this country has undergone considerable improvement, or at least large extension, within the last quarter of a century, there is one essential branch of it, which might be more sedulously inculcated than it would seem to be; and indeed it has occurred to me that a chair in every medical school might very profitably be filled by its teacher. I doubt not you all have anticipated the announcement, that I mean the science of medical decorum and general gentility. Among the many witty utterances of Voltaire, the following was not the least incisive: "There is a vacant chair in all the colleges for unknown truths."

Might not the branch of medical education for which I now plead, claim rank in the above class, and thus be rescued from the limbo of the forgotten; or might it be advantageously associated with sanitary science and mental hygiene? We must not overlook the fact, that the eight medical schools of this Dominion are now turning out a quarter of a thousand new aspirants yearly. A year ago the number of practicing physicians was 3000, or about one to every 1200 of the population. If we go on increasing in numbers, in continuous arithmetical progression, as we have certainly been doing for some time past, I fail to conjecture what will become of the young fries, unless they take to cannibalism, and thus verify the Darwinian theory of "the survival of the fittest." Should our schools receive, with cheerful acquiescence, the suggestion above made as to the occupancy of the vacant chair, we might entertain the hope that our over-crowded ranks would be thinned in strict accord with the laws of chivalrous warfare, and that our politely trained successors will exterminate one another as gentlemen should do. I may be much in error, or I may be over the threshold of dotage, but if so, I began to dote before yesterday, and my thought has been in this direction, to wit: our province is laboring under a

plethora of education, and a poverty of labour, we have gone on fostering, forcing, and fighting over the pet industry, until we now have such a mass of unmarketable surplus products, as is squeezing the life blood out of our entire country. Talk about protection as our great national panacea,—we have here been protected to the brink of dissolution.

It is admitted by all that our land is our main solid capital, and that on its skilful and energetic cultivation every other industry must rest. When we see one half of our farmers' sons turning their backs on agriculture, and thronging in to fill our high schools, normal schools, model schools, commercial colleges, medical schools, and any sort of school in which they may promise to themselves the acquisition of so much knowledge as will qualify them to wear kid gloves, and to earn their living without that hard labour which raised their fathers from penury to opulence, dare we affirm that agriculture does not need protection, or that our universal cheap education is an unalloyed blessing? Yes, our farmers, and mechanics, too, do require protection, that is to say, from their own un-wisdom, and their sons' gentility.

It may be answered that this disease of plethora will cure itself. Doubtless it will, and must cure itself; but what of the poor patients? A forest fire cures itself, but what a saddening sight are the miles of naked, charred trunks it leaves behind its desolating march.

I do believe this association could not do any more befitting or benevolent act, than on the present occasion, to give expression to a friendly admonition to the young men of our Province and to their parents, against the delusion, that the profession of medicine, as at present conditioned, is a vocation which may be chosen with any fair hopes of its affording to fresh recruits, a compensating return for their mental and pecuniary investments, or even the means of a decent frugal sustenance.

And now, gentlemen, fondly trusting that I have not unduly trespassed on that valuable time which should be allotted to more instructive matters, permit me to tender to you my very grateful thanks, for the kind consideration to which I am indebted for my present honourable position; and may he whom you select as my successor, feel as warm an interest in your prosperity as I do!—A warmer he cannot feel.

EXTIRPATION OF A UTERINE FIBROID, TOGETHER WITH THE UTERUS, OVARIES, AND APPENDAGES—SEPTIC PERITONITIS. DEATH ON THE FOURTH DAY.

BY J. STEWART, M.D., L.R.C.S., & R. W. HURLBURT, M.D., L.R.C.S., BRUCEFIELD, ONT.

Mrs. B., aged 38, consulted us in November '77, complaining of a swelling of the abdomen and lower extremities. She had been married 14 years, and has one child, aged 7. Has had four miscarriages, but with the exception of the illnesses attending these, states she has always enjoyed good health. She first noticed that her abdomen was becoming enlarged in February '77, but for some months previous, she experienced a "burning uneasiness" in the left ovarian region. The abdominal swelling increased gradually in size until three months ago, but since this time, the rate of its growth has been very rapid. She considered herself to be pregnant, until two months ago. She has a careworn and anxious expression.

*Examination of abdomen.* The abdominal cavity is found to be the seat of a large, firm, globular tumor, which reaches from the pelvic cavity to three inches above the umbilicus. The percussion note over all this area is dull. In the flanks tympanic resonance can only be elicited to the extent of one inch on the right side, and an inch and a-half on the left. The following measurements were taken:

From right ant. sup. spine to umbilicus	11½ in.
“ left do.	13 “
“ umbilicus to pubes . . . . .	11½ “
“ “ “ ensiform cartilage . . . . .	7½ “
Circumference at umbilicus . . . . .	44 “
two in. below umbilicus,	45 “

An exploratory puncture was made into the tumor in the middle line two inches below the umbilicus, but only a few drops of reddish serum escaped through the trocar. No localized or general fluctuation can be detected. The abdominal walls are œdematous. The tumor has a very distinct pulsation communicated to it by the abdominal aorta. The vagina is elongated; the os uteri can be reached but with great difficulty. The catamenia commenced when she was fifteen years of age. She menstruates regularly at present, and has done so since her last mis-carriage, three years ago.



*Digestive system.* The appetite is very poor. She is troubled with flatulence and constipation.

*Urinary system.* The urine is scanty and high colored and deposits urates in abundance. It is free from albumen, etc.

The *circulatory, respiratory, and nervous* systems are normal.

Locomotion is seriously interfered with on account of, (1) tumor, (2) œdema of lower extremities. She is compelled to sleep in the semi-recumbent position.

*June 25th '78.* During the last three months the tumor has been rapidly increasing in size, as will be seen from the measurements taken to-day,\* as compared with those taken formerly.

From right ant. sup. spine to umbilicus	13½ in.
“ left do.	13 “
“ umbilicus to pubes	12½ “
“ “ ensiform cartilage	8½ “
Circumference at umbilicus	46½ “
“ two inches below umbilicus	48¼ “

The upper border of the dulness now reaches four and one-half inches above the umbilicus. A small quantity of free peritoneal fluid can be detected along the superior border. The uterus is now entirely beyond the reach of both finger and speculum.

*Diagnosis.* The diagnosis arrived at was that we had a fibroid tumor, springing from the uterus, to deal with. Our reasons for coming to this conclusion were: 1. The solid and firm character of the enlargement. 2. The uterus being drawn entirely out of reach. 3. The absence of fluctuation and of fluid. 4. The heaving pulsation communicated to the tumor by the abdominal aorta.

*Prognosis.* The increase in size of the tumor has been so rapid of late, and the deterioration of the general health so great, that it will be impossible for her to live over two months. She is urgent that something should be done for her, and adds that she does not fear the result, for her life is a “terribly miserable one.”

*Preparations for the operation.* The 19th day of July was chosen for the operation. On account of the warm weather we would liked to have put it off until later in the season, but on account of

her extreme state delay would be dangerous. Four days previous to operating we had her removed to the room she was to occupy. This room was 40 x 30. with a ceiling 15 feet in height. It was freshly plastered and thoroughly cleaned.

*Operation.* The patient being laid on the table, Dr. Graham of Brussels administered chloroform. At 12.30 P.M., the operation was commenced with the assistance of Drs. Dunsmore of Mitchell, Worthington, Taylor, McDonagh and Young, and several medical students. An exploratory incision of six inches in length, commencing an inch below the umbilicus and extending to within two inches of the pubes, was made through the skin and cellular tissue. The deep tissues down to the peritoneum were then divided separately on a director. After all bleeding points were secured, and when all oozing had completely ceased, the peritoneum was pinched up and divided on a director to the full extent of the incision. The smooth, pearly, and glistening aspect of the tumor was now seen. The uterus was found three inches to the right of the median line; its upper border was an inch and a-half below the level of the umbilicus. The tumor was tightly grasped by the left broad ligament, which passed in an oblique direction across it from right to left. The left ovary which was the seat of a multilocular cyst about the size of a hen's egg, was situated three inches to the left of the median line, and four inches below the level of the umbilicus. Before proceeding any further it was found necessary to divide this constricting band. This was done by passing two strong hempen ligatures around it about half an inch apart and dividing between them. Several trocars of different sizes were now introduced into the tumor in different places, but no fluid escaped. A slight incision was now cautiously made into it; this was followed by a considerable amount of hæmorrhage. All bleeding points were now secured, and the incision was extended upwards to about three and one-half inches above the umbilicus, and downwards to within one inch of the pubes. Search was then made for parietal and intestinal adhesions, but none being found, the tumor was with considerable difficulty turned out. The pelvic connections of the tumor were now found to be extensive and firm, the adhesions to the bladder being particularly so. An attempt was now made to enucleate the tumor from the thin shell of uterine tissue which

\* The above measurements were taken after the patient had rested in bed nearly 24 hours. This was done in order that the œdema of the abdominal walls would have time to subside. Our first measurements were taken without using this important precaution.

surrounded it, but the hæmorrhage attending this procedure proved to be so alarming that it had to be desisted from. The pelvic adhesions were now separated, which proved to be the most tedious part of the operation. A powerful chain écraseur was now with difficulty put around the neck of the uterus, but with it we failed to cut the mass through. It, however, had the effect of controlling the circulation so that we were able to "shell" the tumor out without any hæmorrhage whatever. A strong, double, carbolized hempen ligature was now passed through the neck of the uterus and all the parts above it cut off. All bleeding points were now secured with fine antiseptic silk, the ends of the ligatures being cut short. The abdominal and pelvic cavities were carefully sponged. The external incision was now closed with deep and superficial sutures of antiseptic silk. A drainage tube of rubber, which was cut off close, was inserted between the lowest sutures. The "protective" was now laid over the wound; this was covered by loose and moistened folds of gauze, and over the latter was laid twelve layers of gauze, a piece of mackintosh intervening between the first and second layers. The whole was then firmly bound by numerous turns of antiseptic rollers. The operation, which was performed throughout antiseptically, lasted two and a-half hours.

At 3 30 P.M., half-an-hour after the completion of the operation, the pulse was 93, and full. She complained of thirst, and was given some ice to suck. At 6 P.M. the pulse had fallen to 88, and she expressed herself as feeling very comfortable.

July 20th, 6 A.M. She passed a comfortable night. Slept at intervals; is free from pain. The pulse is 90 and temperature normal.

9 A.M. Dressings changed under the spray; the discharge is considerable, but sweet.

9 P.M. Pulse 94, temperature 99. Is free from pain.

21st. 7 A.M. Pulse 96, temperature 99½. The dressings again changed and found to be stained. About half a drachm of reddish serum was removed through the drainage tube.

7 P.M. Pulse 100, temperature 100½. A drachm of reddish serum having a putrescent odor removed through the drainage tube. When the protective was removed this evening the lower part was found covered with putrid serum.

July 22nd. 6 A.M. Pulse 116, temperature

101. She complains of a pain in the region of the umbilicus. Dressings again changed and found to be saturated with badly smelling serum. The upper ¼ of the abdominal incision is about healed by first intention. Vomiting has set in; there is slight tympanitis also.

7 P.M. Pulse 120, temperature 102½ (in the rectum). The tympanitis has increased and the vomiting still persists.

12 30 P.M. Pulse 118 and weak, temperature 99½. Diarrhœa has set in.

11 P.M. Vomiting frequent and excessive. Diarrhœa uncontrollable. The dressings require to be changed every 12 hours. The pulse is 136, temperature 98. She is sinking fast.

Died on the morning of the 23rd from a low form of septic peritonitis. She lived 89½ hours after the completion of the operation.

*Post mortem.* The upper ¼ of the abdominal incision was entirely healed by first intention. The bowels were greatly distended and some flakes of recent lymph were found adherent to them. A considerable amount of putrid serum was found in the abdominal and pelvic cavities. The urerine stump presented a healthy appearance. The cervical canal was open.

*Examination of the tumor, etc.* The tumor with the uterus, ovaries, etc., weighed 25 pounds. The tumor itself weighed 23½ pounds. On cutting into it, it was solid with the exception of a small cyst capable of holding about an ounce of fluid. In the interior there was found a small quantity of calcareous matter. It sprang from the posterior surface of the body of the uterus at its junction with the neck. The shell of uterine tissue, which enveloped it, consisted of the peritoneum and a thin piece of the muscular tissue of this organ.

The portion of uterus removed, admitted a sound to the depth of 7¼ inches. The left ovary was the seat of a multilocular tumor, about the size of a hen's egg. The right ovary presented also a slight trace of cystic degeneration.

*Remarks.* The cause of death in this case was, no doubt, septic peritonitis. Before the abdominal cavity was closed we thought we had secured the cervical canal completely, but at the post mortem it easily admitted the entrance of the little finger from above. We have no doubt but that it was through this passage the serum became putrid. Septicæmia has heretofore been the most

common cause of death after ovariectomy, but antiseptic surgery will most certainly do away this. If enucleation could have been performed in this case, matters would have been simplified very much, but it is very doubtful whether this procedure can be resorted to in any case where the tumor is very large, and its vascular connections intimate. Spencer Wells enucleated an intra-mural fibroid\* weighing 17 pounds, but the patient died four hours afterwards from the effects of hemorrhage.

A word or two about the value of abdominal pulsation in the diagnosis of solid uterine tumors. We believe it was Lawson Tait who first publicly insisted on the value of this sign. We have a case at present under observation where there is probably a large fibro-cystic growth springing from the uterus and drawing it up to within two inches of the umbilicus, but no pulsation can be felt in the tumor.

In conclusion we have much pleasure in quoting the following words from one of the most distinguished ovariectomists † :

"Never operate without perfect antiseptic precautions in ovariectomy. I trust the time will come when every student of medicine will be compelled to study the theory and practice of antiseptic surgery; and I believe fully that the time will come, and is not very far distant, when the general voice of the profession will demand that this special operation shall not be undertaken without antiseptic precautions."

#### CASE OF SCARLET FEVER FOLLOWING PARTURITION—PUERPERAL MANIA—RECOVERY.

BY J. H. RYAN, M.D., SUSSEX, N. B.

The following case is of interest owing to the unusual complication of diseases, the high fever, and the severity of the symptoms. An analysis of the urine was not made in this case owing to the difficulty in obtaining a specimen, as it was voided in bed, and for the greater part of the time, involuntarily; but that a sufficient quantity escaped from the system was evident from the saturated appearance of the bed clothing.

\* *Brit. Med. Journal*, July 27th 1878.

† J. Knowsley Thornton in the *Medical Times and Gazette*, for July 13th 1878.

In the morning of March 18th, 1878, I was called unexpectedly to attend K. R—, æt. 21. single, and parturient for the first time. There was nothing of unusual occurrence in her labor, vertex presentation, with occiput right anterior, the uterus contracted well, and after four hours of moderate labor, was delivered of a healthy male child. The placenta was readily expelled, the uterus firmly contracted, and the patient was left in the best of spirits. She continued to do well for a couple of days, but on the third day, the 20th, was not so well; had considerable fever, and was much excited; pulse 146 per minute, and had pain through the night in hypogastric region. Administered ergot and bromide of potassium. Two hours subsequently, was again called; pulse 144 and temperature in axilla 104.8 F. She complained of a dry hacking cough, but auscultation and percussion failed to discover anything abnormal with lungs or heart. There was no abdominal tenderness, but as lochia was scanty I ordered warm water injections per vaginam, and a full dose of castor oil to be administered.

*March 21st.* Slept well during the previous night; temperature high, 105°; pulse 142; cough still troublesome, bowels well relaxed; says she feels better, no pain; abdomen somewhat tumid but neither rigid nor tympanitic, and the lochial discharge more abundant. The digestive organs deranged, tongue coated, loss of appetite, and much thirst. The urinary apparatus normal. The child nurses well this morning but had not done so previously, owing as much to the mother's want of affection and inclination to have it nurse, as to the child's inability to accomplish the act. To take tinct. aconite and spt. ether. nit. instead of the ergot and bromide of potassium. Rested easier in the afternoon; respiration 30; pulse 140; temperature 105.2°; throat somewhat irritated.

8 P.M. Is much better. pulse 120, temperature 104°; no pain; spts. mindirerus to be added to the medicine now taken.

*March 22nd,* 4 o'clock A.M. Is very thirsty; drinks a large quantity of water, which she vomits. The tongue is cleaning and not so sore, but swollen a little.

At 10 o'clock A.M., was much better; pulse 120, temperature 103° F.  $\frac{1}{2}$

Eight o'clock P.M. Has been very restless through the day; pulse 122; temperature 103.8°; to take a Dover's powder at 9 o'clock.

*March 23rd*, A.M. Passed a quiet night; breathing better; pulse 126; temperature 103.3°. For the first time noticed a fine scarlet rash over face, temples, and neck; tongue clean, red, and papillae prominent. At 7 o'clock the pulse had become slower, owing probably to the *viratum viride* and *aconite* which I had previously ordered. Pulse 86; temperature 104.4°; respiration natural, and the rash well out over body and extremities. Complains of hunger, and asked for eggs which were not allowed. *Viratum viride* and *aconite* to be discontinued.

*March 24th*, 8.45 A.M. Had a restless night; pulse 132; temperature 105°. Owing to the increase in pulse and temperature, the *viratum viride* was again prescribed. At 5 o'clock P.M., the patient was very prostrate and restless, pulse 130, temperature 103.8°. The medicine was discontinued at noon as she positively refused to take any more. I ordered her to have spts. *mindirerus* ʒss; every two hours, and to be sponged over the entire body with tepid water. Ten o'clock P.M., improved; pulse 114; temperature 101.1; has taken some beef-tea. To have at bed-time *morphia sulph. gr. ʒi*.

*March 26th*. Was called suddenly to patient at 5.30 A.M., as she was supposed to be dying, and found attendants making preparations for her demise. Her pulse was scarcely perceptible to the touch, feeble, irregular, and beating from 85 to 90; temperature 101. Brandy was given and she revived. At 10 o'clock was easier and perspiring freely; pulse 81; temperature 100; to have beef-tea, milk and brandy. There was no change in the symptoms during the day.

*March 26th*. Was taken much worse, with high delirium, and struggling with attendants to get out of bed; had to be held with considerable force. She wanted her child destroyed,—thrown out of the window. Symptoms of puerperal mania rapidly manifested themselves; all affection for her child ceased, and the attendants were obliged to restrain the patient otherwise she would have done herself bodily harm. She continued to talk incessantly for 36 hours, never for a moment closing her lips, taking nothing whatever to eat or drink, and during the whole of this time required to be held in bed by attendants. Chloroform was administered to quiet the patient.

*March 27th*. Patient absolutely refused to take medicine, food, water, or ice; her tongue was

parted, fissured, and black, and the teeth covered with sordes. The pulse and temperature could not be taken. To quiet the patient I gave her an injection, per rectum, of bromide of potassium ʒij in solution which had the desired effect. After the stage of excitement came the stage of prostration. For 24 hours she remained perfectly quiet, uttering not a word, and during the whole of that time was without a taste of anything of any description. She would continually gaze around the room, and watch the movements of the persons near her in a suspicious, startled, maniacal fashion. Gradually these symptoms gave way to more favorable ones, and very soon unmistakable signs of convalescence were manifested. At first she would take little bits of ice, then medicine, a mixture of buchu and bicarbonate of potassa, and finally milk, yolks of eggs, beef-tea and brandy. The patient rapidly improved and asked for the babe, which she carried as if she had just returned after a long absence, or the child had been lost and found. The patient continued rapidly to convalesce, and now, August 26th 1878, she is strong and healthy.

#### TRANSLATIONS FROM FOREIGN JOURNALS.

BY C. W. COVERNTON, M.D., M.R.C.S., ENG., TORONTO.

EDITORIAL OF *Le Progrès Medical*, AUG. 31, 1878.

For a long time several journals, in particular *L'Union Médicale* and *Le Progrès Médicale* have endeavoured to introduce ameliorations in the teaching of State or Legal medicine, and have insisted upon practical exercises as absolutely indispensable for enabling physicians to act as experts in serious medico-legal cases. The first step has been taken in this direction, and our readers will remember that we have reported the exercises and teachings which for some months have taken place at the Morgue, under the skilful direction of M. Brouardel. This teaching will render incalculable service, as medico-legal autopsies are too often conducted in a very perfunctory manner. The case of Dauval is an instructive one in this matter. It will be remembered that the medical men summoned for the defence did not hesitate to blame strongly, and in terms that some may have considered as too forcible, the manner of conduct-

ing post mortems, by certain medico-legal experts. Nevertheless, M. Cornil was correct. Our personal experience comes in support of his affirmation, which finds still further justification in the following letter which we received two months ago, the tardy publication of which, however, does not diminish its interest.

JUNE 2ND, 1878.

"MY DEAR FRIEND—

I have just read with great interest, the editorial in the *Progrès*, relating to the Dauval case, and the expert evidence from a moral point of view. The author of the editorial says, page 419, that in many cases of autopsies of individuals found in the public roads and dying in the hospitals, a short time after their admission, have not been made with sufficient care. I can give you a striking example. It occurred in 1873. I was at the time the interne of Professor G. A man was brought in who had been picked up on a lonely road. The man breathed his last sigh at the entrance of the ward Sainte M. We could not ourselves make the autopsy. M— is sent by the Commissary of Police to perform it. I required from him his authority for examining the body, which was shown to me. The expert takes a scapel, exposes the abdominal cavity, casts a glance at the intestines, without touching them, and the examination was over. After he had left the room, with his permission I continued the examination. I found an extensive fracture of the cranium, and other traumatic lesions of the thoracic organs. I remember perfectly the feeling of astonishment that seized me, when I saw made with so much unconcern, a medico-legal autopsy. But who could intertere. If this experience of a hospital-interne can be useful to you, I give it to you in all confidence.

Yours, &c.

The object of our friend in addressing us this letter, and that which we follow in inserting it, is to draw the attention of all to the perfection it is proper to bring to the theoretical and practical teaching of Legal Medicine. If we examine that which occurs with the Faculties, we perceive that for more than four years, the teaching of Legal Medicine is conducted by Assistants, that in a word, there is no regular, complete, methodical teaching. Now, besides the practical exercises carried on at the Morgue, it is necessary that an accessible laboratory for the students who come here to finish their studies, should be annexed to the chair of the Faculty. It is to obviate these present inconveniences, that we give prominence to the following petition to the Municipal Council :

"The undersigned, considering that the apparatus placed at the disposal of medico-legists, is manifestly insufficient; that the establishment of the Morgue, where judicial autopsies are made, is absolutely wanting in the requisite means of study in view of the exigencies of modern science, the physicians being obliged to transport the organs under examination, to scientific institutions sufficiently provided with the means of investigation. That this deportation is repugnant to the moral sense, at the same time may give rise to suspicions, unjust, although inevitable. Whereas, under these conditions, whatever may be the scientific probity and the sentiment of duty animating experts, it is impossible for them to fulfil their function with the rigor and exactitude that their conscience exacts. Whereas social order is in the highest degree interested that the decisions of justice should be surrounded with the greatest respect. That for these reasons it is indispensable that they should depend on sources of information, the exactitude of which should be beyond all suspicion of insufficiency and carelessness; express the wish, that a Laboratory of Histology and of Toxicology should be established at the Morgue. Signed Metivier, Bourneville, Cadet, de Heredis. L'amoureux, Lionville, Thulee, et alia."

The idea which has prompted our friend M. le Dr. Metivier to formulate this wish is worthy of being taken into consideration. We shall be obliged if, in giving it publicity, our confrères of the medical press would themselves express their opinions, and indicate to the administration the reforms they may judge necessary.

[If a necessity for these strictures exists in Paris, where, next to Vienna, the most minute investigations in medico-legal cases have been presumed to obtain, with how much more force will they, as a rule, apply to the qualifications of medico-legal experts in this Canada of ours.—ED. CANADA LANCET.]

## CANADA MEDICAL ASSOCIATION.

### FIRST DAYS PROCEEDINGS.

The eleventh annual meeting of the Canada Medical Association was held in Hamilton, on the 11th and 12th ult. There was a large attendance of members. Dr. Workman, of Toronto, the President, occupied the chair.

Dr. Brodie, was present as a delegate from the American Medical Association, also Dr. Bush, of Utica, N.Y., and Dr. Colenso, visiting member

from England. These gentlemen were provided with seats on the platform.

The minutes of the last meeting were taken as read, after which the following new members were elected.

Drs. L. McFarlane, R. B. Nevitt, A. H. Wright, James White, F. Burt, R. A. Pyne, A. E. Senkler, Titus Crooker, A. Woolverton, Geo. Mackelcan, C. F. Bullen, Geo. Shaw, Ryall, C. F. A. Locke, Thomas White, W. Miller, E. O'Neil, T. H. Wilson, R. M. Bucke, J. M. Wallace, B. H. Lemon, J. Stewart, W. L. Billings, J. Leslie, T. W. Mills, R. J. Colenso, A. S. Fraser, N. E. Mainwaring.

Communications were read from several members at a distance.

The address of the President was postponed till the afternoon.

#### REPORTS OF COMMITTEES.

Dr. MULLIN read an interesting report from the Committee on Medicine.

Dr. MALLOCH read a report on Surgery which was warmly received.

Dr. RIDDFILL, of Toronto, read a report on Necrology.

Dr. PLAYTER, of Toronto, read a report on Climatology.

Dr. RIDLFY, of Hamilton, read a report on Medical Literature.

#### NOMINATION COMMITTEE.

The following gentlemen were appointed a committee to nominate committees: Drs. Workman; Botsford, St. John's; Kerr, Nova Scotia; Cameron, Ontario; Macdonald, Ontario; David, Quebec; and Robillard, Quebec.

The Association then adjourned till three o'clock in the afternoon.

In the afternoon the first order of business was the President's address which will be found in another column and will well repay a careful perusal.

At the conclusion of the address—

Dr. BOTSFORD moved, seconded by Dr. CLARK, that the thanks of the Association be tendered to the President for his very able and eloquent address, and that it be handed to the Publishing Committee.—Carried unanimously.

Dr. WORKMAN acknowledged the compliment in a few suitable remarks.

Dr. Bray, of Chatham, then read a paper on "Double Synchronous Amputation of Thighs."

After Dr. BOTSFORD had made some remarks,

On motion of Dr. ROSEBRUGH, seconded by Dr. ZUCKE, the thanks of the Association were tendered to Dr. Bray for his paper, and that it be referred to the Publishing Committee.—Carried.

Dr. HINGSTON next read a paper on "Knee Joint."

A discussion followed, in which Drs. Canniff, Roddick, Harrison, Malloch, Howard, Rosebrugh and Bucke took part.

A motion was passed that in future all papers be read before the discussion takes place, Dr. Canniff objecting.

Dr. HINGSTON replied to some of the observations made on his paper.

Judge Sinclair was invited to occupy a seat on the platform.

A vote of thanks was given to Dr. Hingston for his paper, and that it be handed to the Publishing Committee.

Dr. REEVE next read his paper on the "Functions of Ophthalmoscopy."

The Association adjourned at six p.m.

Dr. and Mrs. Macdonald entertained the members of the Association and their friends in the evening and a very enjoyable time was spent.

#### SECOND DAYS PROCEEDINGS.

The chair was taken at ten a.m. His Honor Judge Sinclair and His Worship the Mayor were on the platform.

The minutes of the previous day's proceedings were read and adopted.

Dr. CLARKE, of Toronto, read an able paper on "Medical Testimony in Courts of Justice."

Dr. MACDONALD moved a vote of thanks to Dr. Clarke for his excellent paper.

Dr. PYNE seconded the motion.

Dr. HINGSTON, of Montreal, and Dr. Botsford continued the discussion.

A paper on "Cheyne and Stoke's Respiration" was read by Dr. R. ZIMMERMAN, of Toronto, which was discussed by Dr. R. P. HOWARD and Dr. WORKMAN.

Moved by Dr. GOVERNION, seconded by Dr. R. P. HOWARD, that a vote of thanks be tendered to Dr. Zimmerman for his very interesting paper.

Moved by Dr. CLARK, of Toronto, seconded by Dr. ROSEBRUGH, of Hamilton, that the thanks of the Association be tendered to Dr. Reeve, of Toronto, for his paper read last evening.—Carried.

Dr. R. P. HOWARD, of Montreal, read a paper on removal of "Retained Secundines."

Dr. ROSS, of Toronto, spoke of the great importance of Dr. Howard's paper, at the same time giving his own practice and experience.

Drs. Temple, Oldright, Malloch, Hingston, and Rosebrugh, continued the discussion,

Dr. CANNIFF, of Toronto, moved, seconded by Dr. TEMPLE, that the thanks of the Association be tendered to Dr. Howard for his valuable paper.—Carried.

The following new members were elected.—Drs. T. W. Poole, A. C. Reid, Chas. O'Reilly and M. O'Reilly.

The Association adjourned till 3 o'clock.

Dr. Workman took the chair at 3 p.m.

Dr. Bush, of the Utica Insane Asylum, exhibited some very fine sections of the brain, explaining the mode of preparation, etc.

Dr. Roddick, of Montreal, showed and explained the antiseptic apparatus in use in the Montreal General Hospital, after the plan of Lister, of Edinburgh; also the preparation of ligature, gauze, etc.

A motion by Dr. Howard, of Montreal, notice of which was given at the meeting in Montreal last year, relative to the employment of experts in medico-legal cases, was carried.

The Auditors of accounts presented their report, which was adopted.

Dr. CANNIFF, of Toronto, gave notice of a motion for next year, relative to the employment of experts in medico-legal cases.

Dr. BOTSFORD, of St. John. N. B., read the report of the Nominating Committee, which was adopted.

Dr. Macdonald, of Hamilton, President; Dr. A. H. David, of Montreal, Secretary; Dr. E. Robillard, of Montreal, Treasurer.

Vice-Presidents: Dr. Bucke, of London, for Ontario; Dr. Howard, of Montreal, for Quebec; Dr. Kerr, of Londonderry, for Nova Scotia; Dr. George Hamilton, of St. John, for New Brunswick.

Secretaries: Dr. Burgess, of London, for Ontario; Dr. Osler, of Montreal, for Quebec; Dr. Lawson, of Halifax, for Nova Scotia; Dr. L. Allison, of St. John, for New Brunswick.

The following committees were appointed to report at next meeting:—*On Publication*,—Drs. Osler, F. W. Campbell, Fenwick, with Sec'y. and Treas.; *on Medicine*,—Drs. J. H. Cameron, Toronto, Geo. Ross, Montreal, R. Zimmerman, Toronto; *on Surgery*,—Drs. Canniff, Toronto, McFarlane, Toronto, Roddick, Montreal; *on Obstetrics*,—Drs. McCallum, Montreal, Temple, Toronto, Frazer, London; *on Therapeutics, &c.*,—Hon. Dr. Parker, Halifax, Kollmyer, Montreal, Frazer, Sarnia; *on Necrology*,—Drs. Fenwick, Montreal, Fulton, Toronto, F. W. Campbell, Montreal; *on Medical Education*,—Drs. Covernton, Toronto, Workman, Toronto, Marsden, Quebec; *on Climatology*,—Drs. Botsford, St. John, Kerr, Londonderry, Larocque, Montreal, Oldright, Toronto; *on Ethics*,—Drs. Howard, Montreal, Macdonald, Hamilton, Robillard, Montreal, Hingston, Montreal, Parker, Halifax, Marsden, Quebec, Grant, Ottawa, Workman, Toronto, Botsford St. John, Buck, London, Clark, Toronto.

The next meeting will be held at London, Ont., on the first Wednesday in September 1879.

Dr. KERR, of Londonderry, Nova Scotia, read a very interesting paper on "Extra Uterine Pregnancy," in which the members took great interest.

Dr. ALI, of Toronto, read a paper on "Disease of the Eye in relation to General Disease," in which he forcibly showed the necessity to the specialist of a thorough knowledge of general

medicine, and gave some very interesting facts in regard to the treatment of diseases of the eye.

Dr. J. W. ROSEBRUGH, of Hamilton, read a paper on "Displacements of the Uterus, Dysmenorrhœa, Sterility."

The discussion was continued by Dr. Ross and others, and at the close a vote of thanks was accorded Dr. Rosebrugh for his valuable paper.

Dr. A. M. ROSEBRUGH, of Toronto, read a short paper on "The Indications for the Operation of Enucleation of the Eye," in which he pointed out the necessity for the operation and the good results in saving the sight of the eye remaining.

Dr. CANNIFF, of Toronto, gave the gist of a highly interesting paper on "Diphtheria," but as it was getting late there was very little discussion.

A paper on "Aphasia," by Dr. Freeman, of Milton, one on "Rotation of Fœtal Head from Occiput Posterior," by Dr. Ross, Toronto; and one on Cheiloplastic Operations, by Dr. OLDRIGHT, were taken as read.

A vote of thanks was given to the President for his services in the chair.

The usual vote of thanks was tendered to those gentlemen who read papers, and all the papers read were ordered to be printed in the transactions of the Association.

Votes of thanks were also tendered to Dr. and Mrs. Macdonald for their kind entertainment; to the Committee of Arrangements, and to the Secretary and Treasurer of the Association.

In the evening the members of the Association were entertained at dinner, in the Royal Hotel, by the Hamilton Medical and Surgical Society. The large dining hall was beautifully decorated for the occasion, and presented a most inviting appearance.

The chair was ably filled by Dr. Macdonald, President of the Association, and the vice-chair by Dr. Mullin. On the right of the Chairman sat Hon. F. Leland, U. S. Consul, F. E. Kilvert, Mayor, Dr. Mack, St. Catharines, on the left of the chair, Dr. Workman, Toronto, His Honor Judge Sinclair, and Dr. Brodie, Detroit.

After full justice had been done to the good things provided, the usual loyal and patriotic toasts were proposed and responded to. The Chairman in proposing the "Governor General," paid a high compliment to Lord Dufferin, who, he said, had by his administration in Canada endeared himself to the hearts of the people.

Dr. McCARGOW, of Caledonia, sang, "The Fine Old Irish Gentleman" in capital style, the company joining heartily in the chorus.

The "President of the United States," was ably responded to by Hon. Frank Leland, U. S. Consul. The "Mayor and Corporation of Hamilton" was responded to by Mayor Kilvert. The vice-chairman then gave the "Army, Navy, and Volunteers," responded to by Drs. Botsford, Canniff, White,

Ryall, Nevitt, and Beemer, all of whom dwelt upon the readiness of the respective corps to do *their duty* in any emergency.

"The Red, White and Blue" by Dr. McCargow, and "The Englishman" by Dr. Powell, of Ottawa, were admirably rendered and warmly applauded.

The Chairman in proposing "The Canada Medical Association" made a few appropriate remarks. He had the pleasure of welcoming the members of the Association to Hamilton, and trusted that their deliberations would have a beneficial effect. There could be nothing more useful to the medical profession than to meet and generously aid one another by the circulation of the knowledge which they respectively possessed. There was need of more professional sympathy. He had felt this by personal experience. Such gatherings as this helped greatly to assist them in cultivating this virtue. He trusted that the Association would go on and prosper, and that the members of the profession would become more and more united.

"Our Guests" was replied to by Drs. Workman, Mack, Brodie, Roddick, Kerr and Bucke, all of whom were loud in their praises of the Hamilton Medical and Surgical Society, and the courteous manner in which they had been treated during their stay in the city.

The "Medical Schools of Canada" was responded to by Drs. Temple, McFarlane, Oldright, and Roddick.

After a few songs, "The Ladies," the "Press," and a few volunteer toasts the company separated, having spent a most pleasant evening.

During the meeting of the Association the firm of John Wyeth & Co., exhibited some of their elegant preparations, which were much admired by those who examined them. Their dialized iron is probably the best that is made, and they are about the only manufacturers of compressed powders and pills. Their preparation of beef, iron and wine, displays a high degree of excellence, and is more agreeable to the taste than beef tea. All the preparations exhibited were of the most perfect character, and their exhibition gave much satisfaction to the members of the Association.

The Galvano Faradic Co., of New York, was ably represented by Mr. Reid, who exhibited some very valuable Electric machines for Medical and Surgical use. The Pifford Galvano-Cautery stands unrivalled as a Caustic battery. These machines are all equipped with the latest improvements, and are the most reliable in the market.

The "Canada Vine Growers Association" also gave an exhibition of their native wines, which were highly appreciated. Their wines are made at Cooksville, Ontario, from the pure grape, and have been pronounced by connoisseurs equal to the best French wines. They manufacture several varieties, the principal of which are the Sauterne,

a very fine wine; the Madeira, a nice sweet wine; the Savigny and Vin de Porto. Many who examined these wines for the first time were surprised to learn that wines of such excellent quality could be manufactured in Canada. The Government, in order to encourage native manufacture, have remitted the duty, so that these wines which are most excellent can be supplied more cheaply than the imported article.

### Selected Articles.

#### SUGAR COATED PILLS,

Those who have read the published proceedings of the American Pharmaceutical Association for the past year or two, will remember the discussions concerning "ready made pills," and in the "Journal of Pharmacy" Prof. Jos. P. Remington and Mr. Samuel Campbell, of Philadelphia, have indulged in quite a *pill battle*, which was much safer than *bullets* though the *missiles* are so *similar*. But this is an important subject, and physicians should take care they are "posted," that their selections of these pills may be both judicious and intelligent.

For their information, I propose, in my feeble way, to briefly give my observation and experience concerning these Sugar Coated Pills, which are in such universal demand and use.

The well-known, standard ready made pills are embraced in the following list, viz: The official ready made pills; the "soluble pills," pills from Messrs. Schieffelin & Co., of New York; the gelatine coated pills from McKesson & Robbins, of New York; the compressed pills from John Wyeth & Bro. Each of these claim superior merit and value, because of the relative solubility of the officinally prepared pills, and those prepared by *compression*, or by coating with gelatine, sugar, etc. In this paper I shall particularly discuss the *sugar coated pills* of the day - for the reason above mentioned, that they are most generally manufactured and prescribed, and called for by the people. For a pill to be valuable and reliable, it must be composed of pure drugs, be equally distributed in the mass, of uniform weight, and readily soluble in the stomach. It is a question of some difference of opinion, among those who have examined the subject, which of the above mentioned pills are most soluble, admitting they are all honestly and skillfully prepared. Unfortunately, there is great adulteration and swindling in these covered or coated pills - the temptation being so great to make money by thus covering over and hiding the impure and worthless drugs - and obtain patronage over the head of their *honest* competitors, by selling *cheap* pills. I cannot lose this opportunity to caution against *cheap sugar coated pills* - and advise the *greatest* care in mentioning the



*manufacturer's name*, when prescribing such pills. We cannot be too careful, especially when using *quinine pills*, as so often life depends on the prompt action of this invaluable medicine in our malarial diseases. It is admitted by all, that our officinal pill is the most soluble, provided, the proper excipient is employed in preparing them, as licorice, or what is much better, pure glycerine. Next comes the sugar coated or compressed pills, each advocated by intelligent pharmacists, as being the most soluble. In my experiments I have found very trifling difference between the two, when the sugar coated pill was properly selected—the *manufacturer*, being an important consideration.

In a trial with *nine* different manufacturers I have found *none superior* to Bullock & Crenshaw's of Philadelphia—who nearly twenty years ago introduced sugar coated pills to the profession in the United States. When they introduced these pills there was not a firm in Philadelphia, or the state of Pennsylvania, making them, and but one other on the Continent. Through all these long years these pills have been in the hands of all druggists, all over the land, and not a breath of suspicion has ever been whispered against their purity and reliability. No greater commendation could be asked for. These pills received, among others, the award of a Centennial medal, for superiority of finish and purity of ingredients, after a critical examination by medical men of ability and skill.

Undoubtedly a fair test of solubility would be dependent upon the varied conditions of the fluids or contents of the stomach, which cannot be obtained. We are, therefore, compelled to select a fluid as nearest approximating the average state of the dissolving powers of the organ, with a temperature of about 98° Fahrenheit, the acidity, alkalinity and digestive powers in average proportions.

After testing the solubility of all the ready-made pills before mentioned, I found from the samples furnished me, the sugar-coated pills most soluble, with conditions as above. Those used in the experiment were from those of Bullock & Crenshaw, W. R. Warner & Co., Hance Bros. & White, and W. H. Schieffelin & Co. There was really no material difference in the sugar-coated pills of the firms named—a small advantage in favor of the first one. I will give from the tabulated record I have preserved, the result of the Bullock & Crenshaw pill.

I will take the two-grain quinine pill (sugar coated) and the Pil. Cath. Co. U. S. P., as samples, (also sugar coated). In a one and a half ounce solution of water at 98 deg., acidulated—the quinine pill-coating came off in five minutes, and disintegrated in twenty minutes.

The *Pil. Cath. Co., U. S. P.*, was fully disintegrated in *forty* minutes.

In acidulated water 98° F., and a small addition of pure pepsin (E. Shieffer) quinine pill was dissolved in twenty-six minutes.

The Pil Cath. Co. U. S. P., in a state of solution in twenty-two minutes,

In each experiment the vessel containing the pills and solution was kept in constant to-and-fro motion.

Other sugar coated pills of Bullock & Crenshaw yielded relatively the same proportional results, tested with similar solutions having in my possession the following, viz: Sul. Morphia 1-6 gr.; acid arsenious 1-20 gr.; pil. pulv. ext. coloc. co. 2½ grs.; podophyllin ¼ gr.; pil. cinchonidia sul. 1 gr.; pil. phosphorus comp. (phosphorus 1-60 gr. nux vom. ½ gr.); pil. monobromated camphor 1 gr.

I carried the experiment of the B. & C. pills further to determine the quantities of ingredients in each. Of the quinine pills I dissolved several containing five grs. in a quantity of water, acidulated with a few drops of dilute sulphuric acid, from which the quinine was precipitated by water of ammonia, and agitated with ether, which was removed by a pipette to a weighed watch glass. The quinine was left in a sticky mass after evaporation, which I dried at a moderate temperature, and weighed—thus determining the amount of crystallized sul. quinine. The yield was the full quantity claimed.

The market is filled with spurious coated pills, especially of quinine—since the recent advance in price and great demand; and we should exercise the most scrupulous care to guard against impositions which are being attempted on the profession, as well as the community at large. There is no doubt but the most prominent disadvantage in the use of these pills is their *insolubility*. Some of these nine samples were very difficult to dissolve, only yielding to prolonged application of heat, even after disintegration. Those that did so readily dissolve, deserve great praise and credit, and should be remembered by every physician who reads this paper. The most persistent vigilance of the physician, not only as to sugar coated pills, but all pharmaceutical preparations, is the only remedy that will enable us to guard carefully against impositions of this character. The profession of the pharmacist will be yet more advanced and elevated to that perfect standard which is of such vital importance, when the products of the manufacturer come to be more frequently and critically examined. Testimony, at last, is the only way of arriving at the value of any of these pharmaceutical preparations.

[It is gratifying to know that this nice method of administering drugs can be relied upon, at least, in the case of those prepared by certain of our large and well known manufacturers in this line. We can substantiate the statement of our con-

tributor in the above article, having for a number of years used these pills with great satisfaction, especially with delicate and fastidious patients.—*Ed. (Southern Med. Record.)*

### TYPHOID FEVER, WITH HYPERPYREXIA TREATED WITH SALICYLATE OF SODA.

UNDER THE CARE OF DR. RANSOM.

For the following notes we are indebted to Mr. W. J. Cant.

CASE 1.—J. P—, warehouseman, age thirty-six, had complained for two or three weeks of slight weariness until Friday, November 2nd, 1877, when he was taken suddenly ill. He immediately went to bed, but soon became worse. On the 5th he was slightly delirious, and on the 7th more so. He was admitted into the hospital on the afternoon of Nov. 7th, being the 6th day of the fever (counting from the time he took to bed), suffering as above said. The aspect was that of a person with fever, and there was a widely-diffused rash on the trunk and extremities, consisting of rose-coloured spots, slightly elevated, disappearing on firm pressure. There was in addition, a streaked, dusky-reddish mottling of the skin between the spots. The delirium was pronounced and of a restless character. The tongue was covered with a thick, white fur. The pupils were natural. There was retention of urine, relieved by a catheter, the urine which was drawn off being dark-red in colour, and slightly albuminous. Bowels moved once in the evening, the stools being of a dark-brown colour and firm in consistence (had not had a motion since previous Saturday, Nov. 3rd.) At 2 p.m., soon after admission, the temperature was 104.2°. Salicylate of soda was ordered, but could not be administered just then. At 9 a.m. the medicine was commenced, twenty grains being given at first every hour per rectum. At that time the temperature was 105.4°, and the delirium was violent.

Nov. 8th.—At 9 a.m. he had had 180 grains of the salicylate, and his temperature had fallen to 98.0°, the delirium being considerably reduced, but still sufficiently evident. At 9 p.m. he had taken sixty grains more, and the temperature was 98.6°, delirium moderate, yet constant. The catheter had to be used night and morning.

7th.—At 9 a.m., the temperature was 99.2°; very little delirium, milk taken freely. At 6 p.m., violently delirious; temperature 101.0°. Urine still had to be drawn off. The medicine to be taken again, fifteen grains every three hours.

10th.—At 9 a.m. temperature 100.0°; had taken only thirty grains of salicylate in the night, delirium violent; bowels moved by aid of a water enema; abdomen flaccid; some fresh spots observed.

11th.—At 9 a.m., temperature 102.6°. Had taken ninety grains of salicylate of soda in twelve hours. Delirium violent. At 9 p.m. temperature 103.4°. Had taken ninety grains of salicylate in the twelve hours. Bowels open without aid. Food taken badly. In the evening a draught of thirty grains of bromide of potassium and fifteen grains of chloral hydrate was ordered.

12th.—At 9 a.m. temperature 103.4°. Had taken ninety grains of salicylate in twelve hours. Delirium constant and violent. Refused food. Greatly weakened in muscular power. Urine passed involuntarily, and bowels moved without evidence of consciousness; stools loose. At 6 p.m., temperature 105.0°. Had taken eighty grains of salicylate in eight hours. Thus he had taken two hundred and forty grains between 9 p.m. on Nov. 7th, and 9 p.m. on Nov. 8th, and in that time (twenty-four hours) the temperature had fallen from 105.0° to 98.6°. After the gradual rise of temperature, and the second exhibition of the drug, he took, between 9 p.m. of Nov. 9th and 5 p.m. of Nov. 12th, (i.e., sixty-eight hours) four hundred and seventy grains of salicylate of soda without apparent benefit. The treatment was then modified, the salicylate being continued in fifteen grain doses every three hours; he was sponged in bed with water at 65°, gradually reduced to the ordinary temperature of the supply (50°), for forty minutes, and then, his temperature having fallen to 101.6°, he was lightly covered with the sheet only and allowed to dry. At 8 p.m., the temperature having risen to 106.4°, the cold sponging was again resorted to for fifty minutes, and the temperature fell to 103.2°; he was again covered lightly. Several attacks of convulsions followed. At 10.30 p.m., his temperature was 107.0°, the patient being in a state of extreme exhaustion. Cold sponging was again resorted to, but did not affect the temperature. At 12 o'clock, the temperature was 106.4°, and at 12.45 the patient had a severe convulsion, in which he died. At the autopsy were found the characteristic lesions in the intestines of typhoid fever.

CASE 2.—C. S—, aged ten, was admitted on Sept. 10th, 1877, with acute tonsillitis, having much the aspect of diphtheria, and treated as such at the time. The temperature on admission, (3 o'clock) was 101°; the urine was high coloured, and contained albumen. On the eighth day after admission, she was only passing six ounces of urine in twenty-four hours, but it gradually increased to its normal amount. Her general condition slowly improved, and on Nov. 11th, the albumen having totally disappeared, she was made an out-patient. On Nov. 30th she was again admitted, with feverish symptoms and mild delirium. The urine was loaded with albumen, and deposited granular casts and blood-cells; it gradually diminished in quantity to eighteen ounces per diem.

The temperature on Nov. 12th, at 9 p.m., was 105.2°. Eight grains of salicylate of soda were given every four hours. The temperature was reduced to 101° on Dec. 5th, at 9 a.m. The dose was then reduced to four grains, but the temperature on Dec. 6th rose to 104°. On the 8th eight grains of salicylate of soda were given. On the 11th the temperature was 98.4°, and four grains of salicylate of soda were given. The temperature, however, gradually rose to 105° on the 17th, and she became slightly delirious. On the 18th she had a severe rigor, during which the temperature in the rectum was 108.4°. Soon afterwards she died.

During the attack the child had had no characteristic eruption of typhoid. The autopsy revealed the intestinal lesions of typhoid fever. Distinctly marked ulcers were present, and there was a recent perforation of one of them.

#### PROF. BILLROTH'S OPERATION FOR CYSTIC GOITRE.

The *Medical Times and Gazette*, (London) says:

For cystic bronchocele, Prof. Billroth has operated fifty-two times. On two occasions he simply tapped it with a middle-sized trocar, and in both cases intense inflammation arose, rendering incision necessary in one, and extirpation in the other. He has abandoned the practice, but regards puncture for the purpose of diagnosis as harmless. Tincture of Iodine, after the fluid has been allowed to discharge itself without squeezing the tumour, has been injected in thirty-four cases, with twenty-nine recoveries, half an ounce of that of the British Pharmacopœia, (which is nearly twice as strong as that of the Austrian) having been thrown in. The patient is then sent to bed, and a pretty firm calico bandage, smeared with collodion, bound around the neck. This, in general, falls off on the third day, and at first great swelling and accumulation of gas occur, but when these diminish during the first week, there is no need of interference. The absorption sometimes takes place very slowly, occupying often a whole year. The walls of the cyst do not adhere together, consequently, upon reaction, as has been represented both with regard to bronchocele and hydrocele, but the lining membrane ceases to secrete, in consequence of the deposition of iodine. Incision, with drainage, was successfully performed in two cases; and in twelve Chelius' operation of incision and connection of the walls of the cyst and the skin by sutures was resorted to, nine of the patients being cured, and three patients dying. The painful procedure of cauterizing by chloride of zinc was once resorted to. In one case in which pure alcohol was injected, fearful acetic fermentation was set up, and the patient soon died in a septic condition. In

two cases a diminution of the tumour was produced by puncturing with a medium-sized trocar; but in a third, suppurative inflammation was set up, which rendered incision necessary. Of thirty-seven cases in which extirpation was performed, twenty-four recovered; but in some of these, other measures had been previously resorted to, which had induced suppuration. The arteries were immediately tied so as to often reduce the hemorrhage to a minimum.

#### HYDROBROMIC ACID IN TINNITUS AURIUM FROM CONGESTED BLOOD SUPPLY.

Edward Woakes, M.D., Surgeon to the Throat Hospital, London, writes to the *British Medical Journal*: This drug having established its claim to antagonize the ear symptoms occasioned by large doses of quinine, there appears to be but one step between this fact and the inference that it should be equally efficacious in analogous states of the ear arising from other causes. Viewing certain forms of tinnitus as possessing marked analogy to the condition induced by quinine—one, that is, of congested labyrinthine circulation—I have prescribed certain remedies with a view to the relief of this most distressing symptom; among these codeia, with some advantage, but not in any degree comparable to the results attending the hydrobromic acid. It may be needless to remark that the cases should be selected with a view to their appositeness to the presumed physiological action of the drug; and the indication which should be regarded as most distinctly pointing in this direction is that the noises have more or less of a pulsating, or, as the patient will describe it, a "knocking" character. The existence of vertigo, if present, will rather confirm the indication for the exhibition of the acid. The subjoined cases are intended to illustrate these remarks, and are taken from a number of others under recent observation.

F. C., aged twenty-four, was the subject of otorrhœa media, associated with tinnitus of a very distressing character. This latter symptom persisted long after the others had yielded to treatment. The patient, a fairly intelligent mechanic, described the noises as increased on lying down, when they became "like the knocking of his heart." He was ordered fifteen minims of hydrobromic acid in water every four hours. At his next visit he stated that, after taking three doses, the noises had much diminished, an improvement which steadily continued, so that at the end of a week he considered himself well.

J. T., a chorister, aged thirty-three, presented an acutely inflamed condition of the lining membrane of the middle ear, which projected through a large

central perforation of the drumhead. The external meatus was red and tender in its deepest portion, and near the membrane were two granular poly-poid growths. There was abundant otorrhœa, of a very fetid description. After removal of the growths from the external canal, the subsidence of the inflammatory state of the tympanic cavity, together with the discharge, he still complained of pulsating noises in the head, increased by walking or stooping, headache and occasional giddiness. The hydrobromic acid was given, as in the previous case, with an equally rapid disappearance of all the symptoms associated with the tinnitus.

Two points appear important to secure the success of the drug. 1. The auditory apparatus must be clear of any well marked objective morbid process, 2. The tinnitus should present the characters of *congested blood-supply*, already alluded to. In mentioning the foregoing facts at a recent discussion at the Harveian Society, owing to the lateness of the hour, the distinctive indications for the successful administration of the drug, were not insisted upon, an omission which, I trust, this communication will sufficiently rectify.

#### TREATMENT OF CHRONIC CYSTITIS BY STRONG SOLUTION OF NITRATE OF SILVER.

It is scarcely necessary that I should tell you that in the treatment of chronic cystitis, as in that of a great many other surgical affections, the first indication is to remove the exciting cause. Fortunately, in a large number of cases, as for instance in those dependent upon the presence of calculus or other foreign substance in the bladder, of stricture of the urethra or of excessive alkalinity of the urine, this is entirely practicable, and when it is accomplished the rapidity with which the morbid action subsides is sometimes truly astonishing. In calculus and phosphatic urine, nothing more is usually necessary, although it does occasionally happen, especially in old people, that the anatomical changes resulting from the long persistence of the inflammation continue to vex the patient long after the original source of trouble has been corrected. Where this is the case the special line of treatment which I am about to describe will frequently prove successful.

Resolution of the inflammation does not so often follow the dilatation of old strictures, notwithstanding the fact that the bladder is thus enabled to empty itself completely. This is due principally to the hypertrophy of the muscular coat which has occurred in consequence of the accompanying tenesmus. Where such alteration has taken place, only palliation should be expected, and the patient may be obliged to wear a rubber urinal all the rest of his days. But as it is not always pos-

sible to determine in advance the existence of such a degree of hypertrophy, I make it a rule to subject all such patients to the curative treatment, trusting that some of these may thereby be materially benefitted.

If the disease is dependent upon enlargement of the prostate gland as we so often see in old men, the state of affairs is in some respects like that met with in stricture of the urethra, with the difference that in the latter we have some expectation of getting rid of the producing cause, while in the former we have no such hope. Nevertheless by the daily introduction of a large-sized catheter, washing out the organ occasionally with some stimulating astringent, such as nitric, or better, hydrochloric acid, two drops to the ounce of water, and the internal administration of balsam copalû, the inflammation may be often subdued. If these remedies should fail, the heroic treatment presently to be described should be resorted to.

And now I take pleasure in exhibiting to you again, the patient from ward 8, for the purpose of illustrating my further remarks.

This man, as you are aware, has been the subject of severe stricture of the urethra for several years, and presented, until very recently, all the symptoms of confirmed chronic cystitis. When I took charge of the ward, a few weeks ago, the stricture had been pretty well dilated by my predecessor, so that a No. 9 bougie could be slowly introduced by the patient himself, any undue haste inducing severe tenesmus. The symptoms of cystitis however, had not much abated. His desire to urinate was incessant, and it was only by great effort accompanied by much suffering that he could restrain the evacuation for an hour at a time. While he was in bed he was compelled to keep a urinal between his thighs continually, otherwise he was not able to sleep for frequent necessity of rising. The urine, upon standing, as you have just now seen, separated into two parts, the upper tolerably clear, the lower opaque, thick, tenacious, yellowish in colour, and loaded with phosphates. Upon decanting the former, the latter, you noticed, clung in stringy masses to the bottom of the glass, and upon close inspection was found to consist of mucus and pus. Vesical tenesmus was not very frequent, although at times severe. Introduction of the finger into the rectum was productive of so much pain that the attempt to ascertain thus the thickness of the walls of the bladder was not satisfactory.

He was first put upon the use of copaiba and cubebs, which of all the internal remedies employed by surgeons in such cases, hold deservedly, in my estimation, the highest place. In private practice I am in the habit of using an unofficial preparation known as the compound extract of cubebs and copaiba, which is nothing more than solidified balsam combined with powdered cubebs

and some other minor ingredients, and made into a paste which is not disagreeable to take. Of this a pill of 20 or 25 grains may be swallowed two or three times a day. In whatever manner the two remedies may be combined, they not unfrequently disturb the stomach and bowels, and require the addition of a little opium and tannin. The best time to take the remedy is about two hours after eating. The effect upon the local symptoms is sometimes truly magical, and the patient passes in a few hours from a state of despondency to one of decided exhilaration in consequence of the great and sudden relief from painful micturition. By continuing these remedies for two or three weeks, employing at the same time a general tonic course if necessary, a cure may be sometimes produced, or, at any rate, such a degree of amelioration as to fully satisfy the expectations of the patient. I have sometimes thought that the addition of bicarbonate of potassa increased the efficacy of the medicine, but am not quite sure upon this point. I have not much confidence in uva ursi, notwithstanding it is so highly commended by my venerable private preceptor, Professor Gross, and still less in buchu. I have had no experience with cimicifuga, pareira brava, triticum repens or matico.

If the copaiba and cubebs alone or in connection with the other means just enumerated should fail, as has happened in the case before us, local applications by injection are called for. For this purpose the following remedies may be employed in quantities sufficient to wash out the bladder thoroughly; nitric or hydrochloric acid (*mj* to *℥j*), liq. sodæ chlorinat. (*mx* to *℥j*.) carbolic acid (grs. *v* to *℥j*), tannic acid (*℞ss* to *℥j*.) I have tried all of these repeatedly, and a great many other washes, but except in very mild cases, and as an adjuvant to the cubebs and copaiba, have laid them aside. The remedy upon which I now rely almost exclusively is nitrate of silver in solutions of such strength as will make a decided impression upon the inflamed membrane. I use of you who are aware of the great attention advised by nearly all surgical writers and teachers in reference to the use of this salt as an injection into the bladder, and their timid recommendation of a solution not stronger than *half a grain to four ounces of fluid*, have doubtless been somewhat startled when you have seen twenty grains, thirty grains, forty grains to a single ounce of water thrown into the organ with impunity, and with decided benefit to the patient. It is now nearly twenty years since I recognized the absurdity of weak solutions, having remarked that they no sooner reached the bladder than they were immediately decomposed and thus rendered entirely inert by the few drops of urine which they are always sure to encounter there despite the most thorough irrigation and the most rapid change of apparatus. Aside from this, I could see no good reason why the mucous coat of

the bladder should be an exception to all other similar structures, such, for instance, as the conjunctiva, the lining membrane of the fauces, the larynx, the trachea, and the uterus, to which surgeons are in the habit of applying not simply strong solutions but the solid salt itself. It seemed to me that it was only necessary to provide for the quick withdrawal of the fluid or its rapid decomposition, after allowing it to remain in contact with the inflamed surface for a few seconds, and no damage could occur from solutions even stronger than those already mentioned. After considering the question from this point of view, the first case that came into my hands was that of a young man, who several months previously had suffered paralysis of the lower half of the body, including the bladder, from spinal injury. The paraplegia had entirely disappeared, but the cystitis, which had resulted from neglectful retention of urine, was unabated, and he had not the slightest control of the function of micturition, the water dribbling from him continually. After washing out the cavity thoroughly I injected an ounce of a solution *℥ij* to *℥j*, permitted it to remain about ten seconds, and followed its withdrawal by an injection of a solution of iodide of potassium in order to decompose any of the former which failed to escape through the catheter. After a week or ten days, sufficient improvement was manifested to justify a repetition of the operation. I then used the same quantity of a solution of the strength of *℥j* to *℥j*. The effect was all that could be desired. The symptoms improved within three or four days, and in less than a fortnight the patient returned to his home in Alabama entirely cured.

Before entering into further details, permit me to impress upon you two or three points of paramount importance in the use of this remedy. First of all be sure that you are dealing with a case of genuine chronic cystitis. Simulation of the disease, as already stated, is not uncommon in hysterical women, and irritation of the surrounding parts sometimes gives rise to symptoms which may mislead the unwary. Especially guard against the mistake of considering what is termed "irritable bladder" a condition of inflammation of the organ. You may rest assured, that where a tolerably abundant discharge of vesical mucous is wanting, chronic cystitis does not exist. In the second place, be equally certain that the exciting cause has been removed, or at least so modified as to exert no further influence upon the disease. And in the last place, never undertake this method of treatment unless the urethra is sufficiently large to admit a No. 9 or 10 catheter.

The only other instrument required besides a catheter of the size just mentioned is an elastic bag capable of holding one or two fluid ounces, and provided with a bone or hard rubber nozzle well fitted to the former.

My custom is to begin with a 20 grain solution of the temperature of the body, using at least an ounce, so as to reach the entire surface of the interior of the organ. If no decided improvement should occur in the course of a week or ten days, the injection should be repeated, increasing the strength of the solution to thirty grains. No impression having been made by this last, the strength may be further increased, until a drachm to the ounce has been attained.

An important point to determine is the length of time the solution should be allowed to remain in the bladder. This must vary somewhat in different cases. If severe pain is instantly produced, two or three seconds is long enough for the first injection. If, on the contrary, the suffering is not considerable, eight or ten seconds may be allowed to elapse.

To remove the fluid it is only requisite to keep the nozzle of the bag closely pressed into the mouth of the catheter, and to relax the grasp of the hand upon the former. In this way nearly the whole of the fluid will be drawn back into the bag, and the remainder will readily escape by turning the patient upon his side.—*Med. News & Library.*

#### USES OF VASELINE.

It has appeared to me for some days that a more perfect demulcent and protective substance than had come to my knowledge, was desirable and might be obtained. As none of my experiments at compounding satisfied myself, it would be worse than useless to give an account of them here.

None of the oils are sufficiently persistent in a llesion to either granulating, erythematous or inflamed surfaces; they flow into globules, are washed away by secretions, or are too rapidly absorbed by bibulous fabrics placed in contact.

The unguents are too tenacious to spread or to be applied without giving pain to tender surfaces. If perfectly recent and sweet at first, they become rancid in a few hours after being applied. Cerates are subject to the same objections, and the skins of many persons are irritated by fats in any form.

A few months ago I received in pamphlet form some articles written by Dr. DuBois, of San Rafael, California, in which the qualities of Vaseline, a product of petroleum, are highly praised. I have made some trials with the article and am very much pleased with the results. It appears to me to be the most thoroughly bland and soothing covering to irritable surfaces, the most perfect lubricant where friction is painful, and the most free from offensive odor, either in its recent pure state, or after long contact with diseased surfaces, of any article which I have used.

It resists the action of the atmosphere, is not in-

flamable at any temperature within our necessities. It holds powders and extracts in mechanical suspension as well as ceratum simplex, and uncombined is more grateful to a sensitive surface.

I have so used it for dressing newly cauterized surfaces, fissures, etc., for vaginitis, both acute and chronic, for balanitis simplex, for prurigo and lichen, and for smearing probes, catheters, bougies and *aspirator needles*.

It is an excellent covering for all metals, and does not soil hands or clothes as badly as cerates. Dr. DuBois has made some use of it by internal administration, and thinks that it may take the place of cod-liver oil in many cases, *than the best of which*, it is much less offensive.

It is certainly not saying too much, to aver that it is the best and most convenient of the *hydrocarbons* for use in the surgeon's office; and I cannot doubt its great value in obstetric practice, for which Dr. DuBois gives it important extravegent praise.—Dr. Beech, *Toledo Medical and Surgical Journal.*

#### STRANGULATED FEMORAL HERNIA WITH UNUSUAL SYMPTOMS.

BY WILLIAM EVANS, M.R.C.S. ENG., L.R.C.P.E.

The following case, which occurred recently in my practice, seems to present some features which may entitle it to be placed on record.

Miss N. M.—, aged fifty-eight years, had frequently, during an interval of eight or ten years, obtained by messenger some medicines for the relief of attacks of colicky abdominal pains, generally accompanied with constipation. Being of a somewhat timid and reserved disposition, and having an aversion to being examined by a medical man, I had not, prior to the attack about to be described, had an opportunity of personally examining her, and this seemed the less necessary inasmuch as her attacks had hitherto yielded to an anodyne and antispasmodic, combined with some antacid, and followed by a brisk purgative.

The present attack commenced early on a Monday morning, and, contrary to its usual history, there had been a sharp diarrhoea and vomiting preceding it for some days, which still continued at the time relief was sought. The usual draughts were forwarded about 4 A.M., and about 10 A.M., her brother called stating no relief had been obtained. On visiting her I ascertained that the vomiting had ceased shortly after the medicine had been taken, but the pains and diarrhoea she affirmed persisted. I also elicited that there was a small lump in the right groin, which she said had been there for years, and which she reluctantly consented I should examine, alleging she was certain it had nothing to do with the attacks, although

upon close questioning she was obliged to admit it felt a little harder than usual, and had also done so during her former attacks. This tumour was situated just under Poupart's ligament, its longer axis (about two inches and a half) parallel to it; it felt hard and movable, and lacked all the characteristic feeling of hernia, except that on coughing I thought I could detect a very distinct impulse. An attempt at taxis proving unavailing, anodynes and fomentations were ordered, and a mild aperient administered much against her will, as she feared the diarrhoea, which, however, had not troubled her since about 8 A.M. The symptoms continued much the same the rest of the day, and in the evening, the aperient not having acted, an enema was given. On Tuesday, the symptoms persisting, another ineffectual attempt at taxis was made under chloroform, and the rest of the treatment consisted of opiates and repeated enemata. On Wednesday, vomiting, which had been in abeyance since Monday, became a little troublesome, but not very persistent, and there was no other change in the symptoms, except that the tumour was rather harder, the impulse on coughing entirely absent, and the feeling more unlike that of hernia than at first. I advised a consultation with Dr. Lloyd, surgeon, of Llangefni, who agreed as to the doubtful character of the tumour, and counseled temporising for a day, giving small doses of calomel at intervals, with opiates and belladonna to allay pain and continuing the enemata. On Thursday Dr. Lloyd again saw the case with me, and as the symptoms were still not very urgent, a delay of another day was advised and agreed to, and the same treatment continued. On Friday the symptoms became more urgent, the vomiting being uncontrollable and the pains more severe, with some distension of the abdomen. The case altogether wore a more serious aspect. Dr. Lloyd was telegraphed for, and he agreed to adopt the safe old maxim—"When in doubt, operate." With his assistance I divided the usual superficial coverings and brought to view a dense fibrous mass, which we had some difficulty in recognising as an enlarged and altered inguinal gland. Having regard to the doubtful character of the tumour, my first impulse was to close the wound, and to look upon the case as one of ordinary intestinal obstruction. We determined, however, to dissect through it with a view to further exploration and perhaps its removal, when, on reaching the saphenic opening, I exposed the sac of a small enterocele just about to pass through that aperture, having, no doubt, been prevented from doing so by the enlarged gland which occupied that situation. The usual seat of stricture (Gimbernat's insertion) was divided, but not until some bands under the edge of the falciform process had been notched could the bowel be returned. The case eventually did well, recovery being slightly retarded by suppuration of the divided gland.

*Remarks.*—The points of practical importance in connexion with this case are: the occurrence of strangulation in hernia during or immediately succeeding a sharp attack of diarrhoea; that the character of the tumour should not deter us from operating; that if an enlarged gland should obtrude itself, it is desirable to ascertain what may be concealed beneath it; and that the division of Gimbernat's ligament is not always sufficient for the reduction of the hernia. I am aware that each and all of these points have been noticed and dwelt on by the authorities on the subject, and I am also certain that they are not seen in the common run of cases of strangulated hernia.—*The Lancet.*

### CHARACTERS OF YELLOW FEVER THAT DISTINGUISH IT FROM MALARIAL FEVER.

By J. W. COMPTON, M.D., Evansville, Ind.

The prominent symptoms of yellow fever are thus condensed by Dr. Manning Simons, of Charleston, South Carolina:

"Onset with chill or sensations of chilliness, immediately followed by pain in the head, back, and limbs; rapidly rising fever of intense grade; red and injected watery eyes; sluggish capillary circulation; inward heat, pain, and tenderness on pressure over the epigastrium; irritable stomach; black vomit; albuminous urine; suppression of this secretion; hemorrhages, rapid course of the disease and the mahogany color of the skin."

Yellow fever very often makes its attacks after bed-time.

Malarial fevers usually make their attacks late in the forenoon or in the afternoon in daytime.

In yellow fever the intense pain is felt in the back part of the head and in the cerebro-spinal region.

The pain of malarial fever is usually in the front part of the brain.

In yellow fever the subsidence of the fever marks the termination of the attack.

The subsidence of malarial fever is only a rest, preparatory to a subsequent and more severe attack.

Periodicity is not a characteristic of yellow fever, though it is the essential diagnostic characteristic of malarial fever.

Attacks of yellow fever afford almost entire immunity from future attacks, while attacks of malarial fever increase the tendency to future attacks.

The preparations of cinchona have no specific controlling effects in yellow fever.

The preparations of cinchona have a universally acknowledged and marked controlling effect in malarial fevers.

Ulcerative and degenerative destruction of the mucous membranes and walls of the stomach is the frequent cause of death in yellow fever; such degenerative destruction of the stomach rarely if ever occurs in malarial fevers.

Black vomit is one of the ordinary occurrences in yellow fever, but it never or at least rarely occurs in malarial fever.

Yellow fever is essentially a disease of cities.

Malarial fever is usually found in the country in its severest forms.

The disease germs in yellow fever are transportable in clothing, goods, etc., and may be propagated therefrom and communicated.

The disease germ of malarial fever is never transported in clothing, goods, etc., and is never communicated or propagated in this manner.

Yellow fever essentially affects the stomach and arrests digestion and nutrition.

In malarial fever digestion is not so much impaired, persons often eating healthy meals during the intermission.

Heat, moisture and vegetable decomposition will not always produce yellow fever, though existing in the greatest abundance. Heat, moisture and vegetable decomposition will always produce malarial fever where it exists in great abundance.

The death rate of the two diseases have no parallel in comparison. Yellow fever kills a much larger proportion of those attacked, while malarial fever is one of our mildest and most easily managed forms of fever.

Yellow fever never rises spontaneously in our country, but must be propagated by imported contagion or infection, while it is a notoriously known fact that malarial fevers arise spontaneously in the vast territory where they exist, and are never propagated by imported contagion.

Yellow fever will not exist in a temperature below 70° Fahrenheit.

Malarial fevers will occur in even a very low temperature; the most difficult to control are those that occur in winter months.

Albuminous urine is invariably found in yellow fever, but is rarely or never found caused by malarial fever.

Yellow fever exhibits a yellowness of the skin, often approaching a deep mahogany color quite early in the disease, while pale yellowishness is only the result of chronic or protracted malarial fever.

In yellow fever there is no particular tendency to enlargement of the spleen, while there is a particular tendency to enlargement of that organ in malarial fever.

After exposure to the infection of yellow fever, the stage of incubation may often be as short as two days. After exposure to the malarial poison the stage of incubation is never so short as two days. The limits of the stage of incubation is

from two to sixteen days in yellow fever, but may be stated at as many weeks in malarial fever.

Suppression of the secretions particularly that of the kidneys, is a characteristic feature in yellow fever, but is not a characteristic feature in malarial fever.

Dr. Gaillard, of Louisville, Kentucky, to whose able pen I am indebted for much of the distinguishing features of these two very dissimilar diseases, says: "The great authorities in all civilized lands believe yellow fever and malarial fever to be essentially and totally different. While they believe the yellow fever poison to be essentially transportable and therefore communicable, for the communicability is the logical evidence of its transportability. The great writers and teachers warn all of the communicability of this terrible plague."

Watson believes the disease to be propagated by minute germs, and that there is in this disease an infection, though this is seldom diffused continuously over regions of great extent.

Aitken asserts that it can be transported, imported, and propagated, and should be defined as a specific malignant fever, of a continuous type, occurring as a rule but once during life and propagated by contagion.

Dr. Geo. B. Wood writes thus: "There can be but little doubt that the cause of yellow fever is specific and peculiar, as much so as smallpox, or scarlatina; the ferment or germ may be conveyed from one spot to another, and though perhaps not more than a mere point may poison the atmosphere of a whole city.

Dr. Gaillard further says that one of the most common facts in the medical literature of yellow fever is that vessels having yellow fever on board run up to cities where the disease does not exist, where often the health of the population is unusually good, and where very soon after those sick with yellow fever are put ashore, the inhabitants are desolated, often decimated by this fatal plague. "Curious coincidences" these are termed by those who contend that the disease is of local origin. Curious indeed! Nearly every maritime city in the United States, and very many riparian cities furnish terrible illustrations of this demonstrable, this historic fact.

The day is near at hand when every physician of logical mind, and average powers of apprehension, will admit and assert the fact that "yellow fever prevails in localities outside of its demonstrable habit or zone, only when it is carried there."

The theory held by Dr. Blackburn and others that yellow fever is liable to prevail in any populous part of the Ohio Valley, where the range of temperature is continually above 70° Fahrenheit, will, I am convinced be fearfully demonstrated.

It is true that single cases, unaccompanied by much clothing, baggage or goods from infected



cities, may be placed in elevated positions, in thoroughly ventilated rooms of our hotels or hospitals, and not prove a source of infection or contagion.

Yellow fever only requires a nidus of peculiarly vitiated atmosphere, and a sufficiently high temperature for its germs to propagate and spread this fearful plague in places where it had not previously existed.

In support of this proposition, I will cite on authority of a gentleman from New Orleans, that the first cases that occurred this year in that city, were two persons who succeeded in running the quarantine and stopping in a part of the city infested by lagoons, emitting foul odors and greatly vitiating the atmosphere of that locality. History will write the terrible results.

The decomposition of a steamboat load of drowned cattle and the removal of the Red River raft or drift in which some of the carcasses had lodged, and the following desolation of the city of Shreveport.

The opening of an old sewer in the town of Grenada, Mis., and the subsequent sorrow of that disease-stricken people.

All of our cities have in or near their corporation, resulting from bad drainage or bad sanitary conditions, localities that would readily serve as the nest for the propagating of yellow fever germs from a single case, and multiply them sufficiently to infect the entire city should the greater portion even be in good sanitary condition.

The greatest care should be taken in regard to the location of any accidental case of this infectious fever, to the end that desolation may not be brought upon our citizens.—*Cincinnati Lancet and Clinic*.

ORIGIN AND TREATMENT OF EPITHELIOMA OF THE SKIN.—Busch (*Cen. rathl. f. Chir.* 1878, p. 174; from *Arch. f. Clin. Chir.*) suggests the following as the probable origin of epithelial cancer as it occurs in the skin. The first hypertrophic layers of epidermis which are formed after some irritation may probably prevent the newly-formed epithelial cells pushing up towards the surface, as in the normal condition they tend to do, and cause them to develop downwards. Relapses are to be explained in the same manner. Holding this view, Busch is accustomed, as soon as he sees signs of incipient epithelioma in the skin, to soften the upper layers of the epidermis by means of a weak soda solution. Ordinarily he uses this in the 1 : 100; when, however, the epithelial growth is unusually thick, Busch employs the solution in the strength of 1 : 40. After the growth is removed, its recurrence is prevented by applications of a half per cent. solution of soda. Busch has succeeded in removing epithelioma of the face by this

means even when an ulcer had already formed. The scar and surrounding tissue is to be bathed with the soda solution for some time after the sore is healed.

In addition, Busch recommends that those epithelial collections occasionally found on the nipples of old women should be removed by alkaline applications, and their return prevented by washing with the same from time to time. He thinks that these masses stop up the openings of the small glands and by their pressure upon the acini below favor the development of carcinoma.—*Med. Times*.

THE TREATMENT OF SUSPENDED ANIMATION.—At the request of the Royal Humane Society a committee of the Royal Medico-Chirurgical Society has been nominated to reinvestigate and report on the treatment of suspended animation, with especial reference to the method recently introduced into this country by Dr. B. Howard, of New York, and demonstrated by him at several of the hospitals and other public places. The members of the committee are Professors Lister, Burdon Sanderson, and Curnow, Drs. Sieveking, Laudor Brunton, Andrew, Ralfe, John Williams, and George Harley. Professor Curnow will act as secretary to the committee. The inquiry should, of course, include the three methods—those of Marshall Hall and Sylvester, and that suggested by Dr. Howard on equal terms and conditions of efficiency.—*The Lancet*

AN IMPROVED ANÆSTHETIC.—Dr. George Wächsmuth recommends (*Deutsche med. Wochenschrift*) for an easier, pleasanter and less dangerous anæsthesia, the addition to chloroform of one-fifths its bulk of ol. terebinth. The latter acts as a refrigerant to the lungs and thus prevents their paralysis, increases their capacity and volatilizes the chloroform, facilitating its diffusion. For the patient it is quite pleasant and for the physician, speedy and safe.

The *Medical Brief* says: It has been noticed in several cases that when one quarter of a grain of morphine would not produce sleep, if ten grains of quinine were administered a short time previous to administering the morphine, the morphine would almost invariably act efficiently. This fact was noticed in connection with puerperal cases.

ICE IN CHLOROFORM NARCOSIS.—According to Dr. Baillie, there is no more effectual remedy in chloroform narcosis than a piece of ice introduced into the rectum. A deep inspiration ensues, which is at once followed by the re-establishment of natural respiration and of the heart's action. The same is recommended in the apparent death of new-born infants. *Gaz. des Hop.*, March 23.

# THE CANADA LANCET.

A Monthly Journal of Medical and Surgical Science

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TORONTO, OCT. 1, 1878.

TO ADVERTISERS AND OTHERS.--The CANADA LANCET has now been published about ten years, and has become the most popular, and also the largest and most widely circulated medical journal in Canada. It does not belong to any Medical School, or Society, and like the *London Lancet* after which it is patterned, is strictly *impersonal* in regard to its editorial management. It was projected in the interest of the medical profession and continues to maintain that position, and has come to be regarded as the recognized organ of the profession in Canada. A large number of new names have been added to the list of subscribers during the past year, and there are at present few active practitioners of note in the Dominion, whose names are not on the list. We desire especially to call the attention of advertisers to the fact, that the present issue of the LANCET is 3,000 COPIES! Now is the time to advertise.

## FEEDING OF INFANTS.

On no subject does greater ignorance prevail than the feeding of infants. From the moment of their birth, the anxiety of the mother or attendant females seems to be to keep the children stuffed, until they die and are carried to the tomb, or by reason of strength survive the swaddling period, and reach the age when regularity of meals becomes almost a forced certainty, by virtue of necessity, but certainly not of design. As a rule, during the first few months of a child's existence it is regularly stuffed, like a fowl being fed for the market, early and late, but the results are not the same, for while the fowl fattens, the over-taxed digestive organs of the child give way and diseased action ensues, eventually having a fatal termination;

hence we find that under one year of age the mortality is greatest, or about forty per cent. of the total mortality. After the first year the child has more time allowed it for digestion, and although it is exposed to greater dangers from other sources, yet a less proportion die. From five to ten years, when children get accustomed to something like regularity in meals, not exceeding three in the day, and have plenty of out-door exercise the mortality falls to 5.24 per cent. of total mortality, while from ten to twenty years of age very few die comparatively. In the face of these facts, all cry out about the alarming death rate among infants, and attribute it to bad drainage, etc., anything in fact, but the real cause which is unquestionably the stupidly homicidal system of dieting. For some reason or other, it does not seem to occur to the minds of those having the care of infants, that irregularity, or too great frequency in meals, is quite as likely to be productive of derangement of the digestive organs in the child as in the adult; or that the system of giving only three meals a day instead of perhaps a dozen, operates successfully in the case of domestic animals and their young, and no one frets about their being subjected to privation in consequence. A young pig, lamb, or calf, will thrive on three meals a day from its birth, and no such mortality rate is known among these. The same logic should hold good in the case of children as in animals; but no, a contrary course is pursued with opposite results. An able writer on this subject thus refers to the common plan of nursing infants. "Even before nature has supplied the food, before the mother's milk comes, the ignorant nurse doses the baby with sweetened water, or cow's milk and sweetened water. This results in stomach ache, and the cries of pain being mistaken for cries of hunger, down goes another dose, until finally, when the mother's milk does come, the child's stomach is in a condition to revolt at anything. If, owing to a vigorous constitution, the little victim goes along for a few weeks or months, it is generally fed every hour or oftener, unless it happen to be, as is often the case, in a lethargic sleep for several hours, sleeping off a surfeit as an adult does a drunk." Now, if any intelligent person will watch this system of nursing, and observe how rarely a child is not either eating or vomiting from early to late, and how diligently the nurse plies it with food, regarding it as quite

natural that it should whinge, cry and vomit, eating and vomiting continually, he will be very dull of comprehension if he does not turn away convinced that it is nature revolting against an abuse, that it has no other means of resenting. Such treatment of a baby's stomach is simply barbarous, and those who inflict such punishment on infants, should themselves be condemned for a brief period to like treatment, if in no other way can they be taught its absurdity.

A stomach thus kept "full and distended" early and late, is apt to become, and does often become dyspeptic; every hiccough and every attack of vomiting being simply nature's effort to reject its overload. A baby does not require to be fed oftener than every four or six hours from birth. The mother's milk is its best food, being the very essence of food taken by the mother, and a child so nursed will thrive and sleep better than from any other management. If a child has hiccough or vomits after feeding, it has taken too much.

But the "infallible nurses of many years experience" who abound in the present day, filling the places that should be occupied by a better instructed class of women, possessing their diploma from some such school of nursing as has been inaugurated at the Toronto General Hospital, (but which should be made to extend in its training, not only to general sick-nursing but also to infant and ladies' nursing, and the general management of sick rooms) will not tolerate any undue interference with what they deem their special business, and plead that as babies cannot eat beefsteak and chops they should be fed oftener. If Foundling Hospitals and Infant Homes would rigidly adopt a more rational system of feeding, the high mortality rate at present experienced, and so much to be deplored, would soon disappear, always remembering that no system of artificial feeding can be as successful as the mother's nursing. By avoiding over-feeding and using only milk diet or mother's nurse, convulsions, diarrhœa, cholera-infantum, etc. etc. would be avoided, and the frightful mortality rate so prevalent among infants, the standing disgrace of the artificial civilization of the nineteenth century would be diminished. The large mortality rate among infants in cities like Montreal, Toronto, New York and London is undoubtedly due to ignorance upon the subject of nursing more than anything else.

## NATIVE WINES.

We take great pleasure in calling the attention of the medical profession in Canada to the native wines produced by the "Canada Vine Growers' Association." Messrs. Cramp, Torrance & Co., through their energetic and courteous agent, Mr. James White, presented to the Medical Association, lately convened in Hamilton, samples of wines produced by the above company, which, as will be seen by the report of the Association in another column, were pronounced by good judges to be superior to anything ever produced in the Dominion, and equal to some of the best imported brands. This opinion is endorsed by a majority of the leading physicians and chemists in Toronto, and elsewhere. Their extensive vineyards are situated at Cooksville, Ont., and were planted some twenty years ago. The climate on the north shore of Lake Ontario is very similar to that of the river Rhine and its tributaries, where the finest light wines in the world are produced. In 1867 the Canada Vine Growers' Association were awarded a prize medal at the Paris World's Exhibition, being the only prize awarded to wine producers in America. Since that time their wines have greatly improved, owing to age and improved methods of production. Many physicians who do not use liquors in their practice, have recommended these wines to their patients as being free from adulteration, and containing less alcohol than most imported brands. We may add that these wines were awarded prize medals at the Centennial Exhibition in Philadelphia.

We herewith subjoin the following letters from Prof. Croft of University College, and Dr. Ellis of Trinity Medical School, Toronto, in reference to the pureness and good quality of these native wines.

Toronto, 5th July, 1878.

GENTLEMEN.—Some time since I received three samples of wines from your establishment, viz., Savigny, Sauterne and Madeira. They were all apparently quite pure wines as far as chemical tests could show the fact.

The first was a red and rather sweet wine, the others white wines of very good quality, equal in my opinion to many light wines of France and Germany. Some years ago I also examined some white brandy of your manufacture and found it exceedingly pure and well flavored, resembling the French White Cognac.

Your obedient servant,  
H. H. CROFT.

Toronto, May 30th, 1878.

GENTLEMEN.—I have analyzed three samples of your wines, two white, and one red, and have much pleasure in stating that I believe them free from deleterious adulterations. To invalids and convalescents requiring a wine of moderate alcoholic strength, they will prove, I think, well adapted.

I am yours, etc.,

W. H. ELLIS, M.B., F.C.S.

The name of Messrs. Cramp, Torrance & Co., the proprietors, is a sufficient guarantee that their goods will not be allowed to deteriorate in quality, and that those doing business with them will receive honorable and honest treatment. We cordially recommend Mr. White and his wines to the profession and the general public.

#### THE "PECULIAR PEOPLE."

Members of our profession may not be generally aware of the existence of a sect of people, who persistently refuse to employ medical aid in sickness or accident, on grounds of solemn belief. Whatever excuse there may be for those who object to have their children vaccinated, there can be none, one would think, for those who persistently refuse to call in a physician or a surgeon in those cases in which their immediate presence is obviously necessary. Yet there is a sect in England (which has its representatives on this side of the Atlantic also) who call themselves the "Peculiar People," that invariably do so on alleged religious principles. Even if one of their children is dangerously ill of a disease which can only be treated with any hope of success by a competent medical man, or has broken a limb or otherwise suffered bodily injury, these "peculiar people" prefer to leave the unfortunate being entrusted to them to die, rather than have recourse to medical or surgical aid. They look upon it as a presumption or impious interference with the designs of Providence to employ any human skill, holding that, if it is the will of Heaven that the child should recover, its recovery will take place without such skill, whereas, if it is destined to die, no human care or science can be of avail. It is a strange superstition, founded on a too literal interpretation, or rather perversion, of the words of the Gospel about taking no care for the morrow. Such a case lately occurred in

Liverpool, but the circumstances were altogether so peculiar that the judge decided that the law could not be brought to bear on it, and advised the prosecution who had accused the parents of manslaughter to abandon it.

The absurdity to which human beings may be reduced by religious prejudices or whims are almost incredible, but the facts are beyond dispute.

#### DR. BENJAMIN WORKMAN.

Many of our readers will hear with deep regret of the death of Dr. Benjamin Workman, formerly assistant medical superintendent of the Toronto Lunatic Asylum. His death took place at the residence of his son-in-law, Dr. Bascom, of Uxbridge, from paralysis. He was born in 1794, near the town of Lisburn, Ireland, and was consequently in the 84th year of his age. He emigrated to this country with his father and brothers in 1819. For many years he resided in Montreal, and was one of the founders of the Union School, which, for twenty years was the largest English school in Canada. He was also Editor of the *Canadian Courant* for five years. In 1850 he entered upon the study of medicine, and commenced practice in 1853. Three years afterwards he received the appointment of assistant Medical Superintendent in the Toronto Asylum, where his brother Joseph was chief Superintendent—a position which he held until 1875, when he and his brother resigned. Since that time he has been residing in Uxbridge, where his death took place. His remains were brought to the residence of his brother in Toronto, and were thence escorted by his friends and confidés, to the Union Station, for Montreal, their last resting place. The deceased was universally beloved for his amiability, equanimity of temper and kindness of heart, and his loss will be deeply deplored not only by the profession of which he was an ornament, but by the public whom he served so faithfully for many long years, and a large circle of friends to whom he was greatly endeared.

WHAT IS THE STANDARD OF SANITY?—When we reflect that the greatest minds of almost every age have been arranged before the bar of contemporary public opinion for eccentricity, or at least wanderings in the border-land of insanity, not

excepting statesmen, philosophers, poets, theologians, even John the Baptist and the Saviour himself—although a people accustomed to the wise utterances of a Solomon, could say of Him, "He spake as never man spake"—it will be seen how difficult a matter it is to answer the query we have propounded. In this connection a singular decision has recently been given in the Philadelphia Courts by Judge Ludlow, who contended, in overruling the motion for a new trial for Sayres, the wife-murderer, that "All wicked persons are insane." This view does not go quite as far as that of another jurist, who held the theory that not only wicked persons, but all persons, are more or less insane; but it goes far enough possibly to stir up a controversy between the bar, the medical profession and the pulpit, each having its own peculiar views on the subject.

**PUBLIC HEALTH.**—We notice elsewhere, the report, recently printed, of the Public Health Committee of last session of the Ontario Legislature, from which it appears that the country is in anything but a good sanitary state, and is very liable at any time to be visited by epidemics of the worst type. It will in truth be little less than criminal, for those high in authority to delay taking some action with the view of improving the sanitary condition of the whole province, whereby many valuable lives may be saved, and much sickness and distress avoided. In our opinion the public health question is one of the first importance, and any effort made by the Legislature with the view of preventing disease, involving a moderate expenditure, will be well received and appreciated by all intelligent people. It is confidently hoped, that during the next session of the Legislature, an act will be passed for the better protection of public health.

**MEDICAL SCHOOLS IN TORONTO.**—We have received the annual announcements of the Medical Schools of Toronto, whose session for 1878-9 open on the 1st of Oct. The announcement is made that the Schools are constantly increasing in prosperity, a circumstance upon which we congratulate the respective faculties, the *personnel* of which is such as should afford the most ample guarantee of the exalted tone and thoroughness of the training which the student may expect to receive. The buildings are conveniently situated to the General Hospital, a fact worthy of consideration to the hard

worked student who finds it necessary to economize his moments as the miser does his cash, if he would be successful. A successful reunion with a large increase in the classes, is confidently looked forward to.

**VERY SMALL.**—In the annual announcement of the Toronto School of Medicine is published what purports to be the list of members of the Senate of Toronto University, and the schools and colleges affiliated therewith. In glancing over it we observe that while corrections have been made so as to make the list complete in every other respect, "Trinity Medical School" and her representative have been deliberately omitted. Although this will not affect the interests of the school in the slightest degree, it shows to what length a spirit of rivalry and petty jealousy will carry some people.

**BRITISH MEDICAL ASSOCIATION.**—The meeting of the British Association for the advancement of Science, was held this year in Dublin, under the Presidency of Dr. Spottiswoode. We have been favored by Dr. Tucker, of Pickering, with a paper containing the reports of some of the most prominent lectures, which we have read with interest, especially the addresses of Mr. Romanes, Dr. McDonnell and Prof. Huxley. The tendency amongst scientific men towards favoring the doctrine of evolution seems to be increasing. Romanes goes so far as almost to make the faculty of speech the distinguishing characteristic of *homo sapiens*, as compared with the most intelligent of the lower animals. There appears to be nothing very fresh in Huxley's address.

**DIAGNOSIS OF PERICARDIAL EFFUSION.**—Dr. T. M. Rotch, of Boston, (*Boston Medical & Surg. Journal*,) read a very interesting paper before the Massachusetts Medical Society, in June last, on the "Diagnosis of Pericardial Effusion." He pointed out the difficulties attending the diagnosis, the difference of opinion among writers, and concluded by stating, that in his opinion, absence of resonance in the fifth *right* intercostal space was diagnostic of pericardial effusion.

**A RARE CHANCE.**—An opening for a medical man of slender means in the State of Michigan. For address apply to the office of the CANADA LANCET.

A HALL FOR THE MEDICAL COUNCIL OF ONTARIO.—The committee appointed by the Medical Council at its last meeting to secure a permanent building for the use of the Council, has purchased the Bay Street Presbyterian Church, and will obtain possession of the same on the first of January, '79. In the mean time the vestry will be fitted up for a registration office. The amount paid for the property was \$13,000.

LIBRARY OF STANDARD MEDICAL WORKS.—Messrs. Wm. Wood & Co., of New York, announce that in January, 1879, they will begin the publication of medical books by standard authors, in monthly volumes of from 200 to 300 pages and upwards, well bound, at the merely nominal price of one dollar each. They will be sold by subscription only, at \$12 a year in advance. The vols. will not be sold separately—subscription must be for a complete year.

THE MICROPHONE IN SURGERY.—The latest achievement in advanced surgical science is the detection of the presence of a stone in the bladder, by means of the sound and a microphone attached. By this means the Hospital Surgeon, at the suggestion of Sir Henry Thompson, was able to demonstrate its presence to the class of students present.

PRIZE MEDAL.—The firm of W. R. Warner & Co. whose advertisement will be found in another column, has been awarded the highest prize at the Paris Exposition for sugar-coated pills. This makes the fifth prize awarded for superiority of manufacture.

CORONERS.—Henry Minshall, of the village of Brownsville, Esquire, M.D., to be an Associate Coroner in and for the County of Oxford.

Joseph C. Godin, of the City of Ottawa, Esquire, M.D., to be an Associate Coroner, in and for the County of Carleton.

SPECIMEN COPIES.—In future we must decline all requests for specimen copies, but shall be happy to give any person desiring it a trial subscription for *three months*, for 50 cents, payable in advance.

THE LEFT LEG is longer than the right in a large number of individuals; so say Frank Hamilton and others.

### ADDRESS TO LORD DUFFERIN.

The following is a copy of the address presented to His Excellency Lord Dufferin, a few weeks ago in Quebec, by Drs. Grant and Brouse, on behalf of the Medical Council of Ontario, and his reply to the same:—

To His Excellency the Earl of Dufferin, K. P., K.C.B., Governor General of the Dominion of Canada, &c., &c.

We, the undersigned, the Council of the College of Physicians and Surgeons of Ontario, representing all the branches of the medical profession in the Province of Ontario, now assembled for our Annual Meeting, cannot separate without expressing our cordial participation in the general manifestation of regret felt from one end of the Dominion to the other at your Excellency's departure from Canada.

Every section of our community has its own special grounds for regretting your leaving us, Statesmen, to whatever party they might belong, have ever found in your Excellency an impartial, courteous, and earnest co-operator in every measure tending to the welfare of the country in which you represent our beloved Queen, and it will be hard indeed to find one more capable of upholding the high dignity and prerogative of the Crown, with an urbanity, winning all hearts, and at the same time fully recognizing the responsible Government established by our Constitution.

The education of our youth has ever been with your Excellency a subject of the warmest interest, and you have never omitted to take every opportunity of inculcating a few words of courteous and wholesome advice that must from their appropriateness have sunk deeply into the hearts of the hearers.

Artists know that in losing you, they are losing not only a liberal patron, but what they feel much more, a brother Artist of most distinguished ability. Sportsmen will miss the keen curler, skater and snow shoer; Canadian yachtsmen felt proud of having at their head the thorough yachtsman, who so gallantly led the Foam through the icy seas to Jan Meyer; all will have to wait long for one who will enter into our national sports with that zeal which your Excellency has ever shewn, and the lesson of manhood to our youth will not speedily be forgotten.

It remains for us as men of science, to shew our special title to join in the general sorrow. It is well known to us, though probably not to all, that among the accomplishments that so pre-eminently distinguish your well stored mind, a profound knowledge of the human frame has been a rare characteristic, and we naturally are gratified at the interest you take in that study, which is the peculiar business of our lives.

Coming as we do from the widely separated people of this province, and we may say from the firesides of its inhabitants, we are well able to testify that the farewell addresses your Excellency is receiving, are not mere words of form, but rise from the deep heart of a great community, deeply feeling the loss they are about to sustain, and we most cordially join in wishing that God may bless you and your amiable Countess, and grant you long life, happiness and prosperity.

We have the honor to be. &c., &c.

GENTLEMEN.

I need not assure you that I am very sensible of the honour conferred upon me by the address with which you have presented me from the Council of Physicians and Surgeons of Ontario.

From the days of Homer, the healing art has been justly considered one of the noblest pursuits to which the human intellect can devote itself. Its secrets were supposed to have reached mankind by direct inspiration from Heaven, and its first professor was the reputed son of a god. Ever since, the muse of history has endowed with deathless renown the names of those great benefactors of the human race, who, by their exceptional genius and skill, have succeeded in arresting the ravages of disease, or in mitigating the tortures which it occasions. Even in our own prosaic times, when the paths of distinction have become so multiplied and crowded, there is no career invested with a nobler prestige than that of the surgeon and physician, while so marvellous are the strides your art has made, that the achievements by which it has been recently signalized, would a few hundred years ago have been universally attributed to the direct inter-position of Providence.

I am proud to think that amongst my own ancestors I can point to a Regius Professor of Medicine in the University of Paris.

· Holding then, gentlemen, the pursuit you follow

in such high estimation, you can well believe that I am extremely gratified by the flattering expressions of good will and confidence you bring me from those whom you represent. Occupied as you are, in the absorbing pursuits of your profession, I could hardly have expected that my humble efforts to advance the interests of Canada should have attracted your attention, and still less, that you should have turned aside to honour me with these marks of your approbation.

Possessing as I do, so many personal friends amongst the most distinguished of the medical men of England, I am well aware of the high estimation in which many of the eminent names appended to your address are held at home. Already in your own researches, Dr. Grant, as well as in those of Dr. Campbell, and of many others, the Dominion has contributed her full quota of discovery to the scientific achievements of the age, and I make no doubt that the large field of observation compressed within our borders, varied as it is by so many peculiar ethnological, climatic, and material conditions, will afford you in the future, ever-widening opportunities of still further adding to the acknowledged reputation of our Canadian School of Medicine and Surgery.

I cannot conclude without expressing my appreciation of the lovely artistic designs with which your address is embellished.

Quebec, Sept. 10th. 1878.

### Books and Pamphlets.

ON THE THERAPEUTIC FORCES. By Thos. J. Mays, M.D., pp. 143. Philadelphia: 1878, Lindsay & Blakiston. Toronto: Willing & Williamson.

This little work consists of seven chapters, and contains much matter for reflection. Chapter first is devoted to the subject of nutrition, in which the author endeavors to show that fats are more valuable as generators of force than the albuminoids. In the second chapter the author discusses in a general way the law of the action of forces on the animal body. The third chapter embraces chemical stimulants, hydro-carbons, phosphorus and oxygen. Chapter fourth, is devoted to a consideration of the bitter tonics, opium, ammonia, iodine, cold, &c. Chapter fifth, includes such remedies as antimony, croton oil, &c. The sixth

chapter treats of narcotics, and the seventh concludes with a *resumé* of what has gone before.

The work, which on the whole is to be commended, contains many views which are peculiar, and which will not readily be adopted by the general reader.

L'AIMÉE, OR "A FRIEND."—Amongst the interesting items of literary intelligence in Paris at the present time, it may be mentioned that Madame Durand, better known to the world of readers under the name of Henry Greville, has made a contract with Miss Helen Stanley, a correspondent of the New York Evening Post, whereby she will hereafter translate all of Henry Greville's novels from the original manuscript in French, into English, for their publication in America simultaneously with their appearance in Paris. By this arrangement they will retain all their flavor, Miss Stanley having both the ability and conscientiousness requisite for doing them justice. She has just finished translating "L'Aimee," or "A Friend," and the manuscript of it has been forwarded from Paris to T. B. Peterson & Brothers, Philadelphia, who will publish it in America.

The scene of the story of "L'Aimee," or "A Friend," is laid in Paris, at the present time, and shows eminently, Henry Greville's great talent for analyzing character. She draws her pictures in a way she possesses above all others, and this story of French home life in Paris will touch many hearts, as it shows how the love of a true and good woman will meet with its reward and triumph at the last. Had Henry Greville never written another work, this one alone would establish her fame.

#### REPORT OF THE SELECT COMMITTEE ON PUBLIC HEALTH LEGISLATION OF ONTARIO.

The report of the committee sets forth the fact which is well known to medical men, that a large proportion of the sickness in the Province is preventable, and that only comparatively inexpensive measures are necessary to effect a decided change for the better.

Foul air and impure water, inefficient drainage, and want of proper ventilation, are the principal causes of disease, and these ought not to be difficult to remove, with proper sanitary administration, which is much needed. The education of the public in the general laws of health, is deemed by

the committee, and rightly we think, to be of the first importance. It is to be hoped the Legislature will devise some measures by which this may be done.

"THE POPULAR SCIENCE MONTHLY" for October. This number opens with an illustrated popular article by Prof. J. S. Newberry, of Columbia College, on "The Geological History of New York Island and Harbor," and contains articles by Bain, Huxley, Spencer, Kirkwood, Brooks, and other eminent home and foreign writers.

AN ANIMATED MOLECULE, AND ITS NEAREST RELATIONS. By Daniel Clark, M.D. Medical Superintendent of the Asylum for the Insane, Toronto; late President of the College of Physicians and Surgeons, Ontario.

A short review of the above will appear in our next.

THE MORAL NATURE AND THE GREAT SYMPATHETIC. By R. M. Bucke, M.D., Superintendent, Asylum for Insane, London.

Notice in our next issue.

LADY DOCTORS.—*London Med. Times and Gazette*: It has been wickedly remarked that a lady who practices medicine commits two faults: she increases the number of doctors, and diminishes the number of women.

SUCCESSFUL OVARIOTOMY BY A FEMALE SURGEON. The first case of ovariectomy by a woman on the Pacific Coast has been lately performed in this city by Mrs. Charlotte B. Brown, M.D. It has proved an eminent success, and the patient has entirely recovered—*Pacific Medical Journal*.

DIAGNOSIS OF PREGNANCY.—Dr. Goodell calls attention to the following sign of pregnancy:—"When the neck of the uterus appears to you as hard as the end of your nose, pregnancy should not exist; if it appear to you as soft as your lips, the uterus probably contains a fetus."

THE COLOR OF THE RETINA.—Probably the most interesting discovery of the past year in physiology is that made by Boll, that the retina possesses in health a peculiar red color, which is constantly being destroyed by the influence of light, and is as constantly being regenerated by the ordinary processes of nutrition. The "vision red" or "erythopsin," as its discoverer names it, attains its maximum after a night's rest and sleep, or when



an animal has been kept for some hours in darkness; it is soluble in solutions of the biliary acids and in glycerin, and probably plays a part in the production of the red reflection from the fundus of the eye seen on ophthalmoscopic examination, as well as, in all probability in the ordinary acts of vision.—*Med. & Surg. Reporter.*

**A SUCCESSFUL OPERATION.**—Surgeon A. L. Cox, who died at Chattanooga, was an eccentric and enthusiastic army surgeon in the late war. One day, soon after the battle of Antietam, he essayed to amputate the mangled limb of a Connecticut soldier, and became so much absorbed in his delicate task that he did not notice that the man was dying. As he began sewing up the stump, a hospital steward chanced along and said, "Doctor, there's no use of going on; the man is dead." The surgeon looked up in surprise, and then said, "I am sorry that the poor fellow is dead, but there is one consolation about the matter, he has gone to heaven with a 'flap' that he can be proud of."—*Medical Record.*

**COMPENSATION OF MEDICAL EXPERTS.**—The Supreme Court of Indiana rendered a decision last month (February) of immeasurable importance, not only to the medical profession, but to the members of the other professions and callings. It was a test case, and is the first decision ever rendered on the subject by any court in this country, and, as far as we know, in any other country, and will be hailed all over the land as just and right. The particulars of the suit are briefly these: Dr. T. J. Dills and A. B. Buchman of Fort Wayne, Indiana, practicing physicians of reputation, were summoned by the defendant to give testimony as experts in a case of rape, State vs. Hamilton. They had no concern or interest in the case or man, and they refused to give the evidence unless they were properly compensated. The judge promptly ordered them to jail, and after they had exhausted every means to sustain the stand they had taken, they were forced to succumb and give the testimony, which they did under protest, and then they brought suit against the State. A decision was given in the lower court adverse to Drs. Dill and Buchman, but the Supreme Court of the State reversed the decision of the lower court and sustained the position taken by these physicians. The court "held that under the constitution the State has no right to take a man's particular services without compensation, and that the giving of expert medical testimony is a particular service within the meaning of the constitution."—*Kentucky Advocate.*

**LITHOTRITY.**—Three to five minutes is the limit usually prescribed in the operation of lithotripsy, but Prof. Bigelow, of Harvard, reports eight cases

in which the time varied from three quarters of an hour to three hours and three quarters. The danger to the bladder and urethra, Prof. Bigelow believes, is overestimated, and he is convinced that it is advisable to protract an operation indefinitely, if the stone can be thus entirely removed. To facilitate the removal of the fragments, he employs an evacuating catheter of his own device, those now in use being worse than useless. This instrument is of full size, either straight or slightly curved towards the end, and has one opening of large size and situated at the side of the extremity: a rubber ball is attached to it by a length of rubber pipe, thus enabling us to syphon off the contents of the bladder. When the instrument is introduced it is directed against the floor of the bladder, forming a depression, care being taken to turn the eye of the catheter down. Water is now injected from the bulb; in a few minutes the crushed and pulverized fragments gravitate into the depression about the beak of the instrument, the bulb is lowered, and the contents of the bladder syphoned off. The great object is to sufficiently pulverize the stone and effectually evacuate the fragments, and it is for this that the lengthened sitting is required. Of the eight cases cited one died, but the results in the other seven were so favorable, that it is to be hoped this plan may be tested further. None but phosphatic stones were operated upon.—*American Journal of Medical Sciences*, January,

### Births, Marriages, Deaths.

On the 12th ult., the wife of Dr. N. A. Powell, of Edgar, of a son.

On the 17th ult., Wm. Britton, Esq., M.D., to Mina, second daughter of F. A. Moore, Esq., all of Toronto.

On the 9th ult., Dr. Strangways, of Waldemar, to Miss Frances A., fifth daughter of Mr. Samuel Jessop of Cayuga.

On the 29th of June, Dr. J. P. Sivewright, of Chatham, to Ida Maria Earnest, of Toronto.

On the 24th of July, P. H. Spohn, M.D., of Pene-tanguishene, to Edith S., daughter of Mr. A. A. Thompson.

On the 24th of July, at South Marysburg, Wm. Minaker, M.B., I.R.C.P., to Esther M., only daughter of Isaac Striker, Esq.

At York Mills, John Myers, M.D., of Port Huron, Mich., to Amy, only daughter of Thomas Heath, Esq., York Mills.

At Picton, Ont., on the fifth of August, John Edward Rankin, M.D., in the 81st year of his age.

At Oakville, on the 23rd of August, David Dolmage Wright, M.D.

At Salisbury, N. B., on the 14th of May, E. Clawson, M.D.