and the severity of many.
failures were owing to a
epidemic constitution of
sores mouth, and two
varieties of Scarlet Fever, as
both diseases
mucous membrane.
25 years experience
in their
been so striking that
earns that a medicine
beneficial at one period
other is not to be con-
time have all the
No disease illustrates
Scarlet Fever. Upwards
writers proved con-
Fever of that period
benefited by bloodletting.
y every case of Scarlet
happiness from the
had been losing num-
der of that epidemic I
about 30 and did not
there was
commenced to bleed,
from proceeding by the
patients sunk. Dr.
Practice of Physic 1872),
early part of his career
Adopting the opinion
Dysentery had
of instances
not in others,
accounting for the failures;
because it is essentially
its treatment is unsuitable.
(LANCET) was not very
dangerous looking as many
relieved and cured by
combinations, but the
grave his disease, and

to narcotism. It is
his two daughters, who
upon him, were easily
combination. At Arkona,
severe cases cured by
for that practice has fallen into desuetude. Is it
possible, that at the period Nux Vomica was
alleged to be successful, an epidemic constitution,
similar to that of which a number of cases oc-
curred here last autumn, prevailed in England,
and that constitution having long ceased, Nux
Vomica or Strychnine in Dysentery has possibly
come to be looked upon as a delusion?
The formation of another medical combination
re-opens the question of compound medicines as
compared with simple. Dr. Elliotson advocated
the latter on the ground that the effect of the
agent employed could thereby be better deter-
mained. A patient might very justly reply, "this
may be very interesting to a medical man, but
I am interested in obtaining the medicines which
shall most quickly and certainly cure me." I am
satisfied that no single ingredient nor ingre-
dients from any one natural order
could accomplish what I have claimed for the
three combinations. A single medicine
too, points to nothing beyond; it succeeds
or it fails without indicating an advance,
whereas the Digitalis and Squill combinations,
in consequence of being compounds, formed stepping
stones as it were for the Diuretic, and subse-
sequently for the deobstructed combination, and this
last for the Strychnine. I am inclined to think
that as the tissues of our frame touch each other,
so must their diseases, and as the diseases, so
must their remedies, if we can only find the points
of contact. We do not see absolute simplicity in
nature. Suppose a person to fancy that the most
nutritive food is to be found in a single principle,
gelatine, for instance, he would soon find himself
mistaken, and would be compelled to add one by
one all the others; in fact, he would repeat in diet
what I have done in these medicines. Whether
I have succeeded in gaining the best arrangement,
or the best selection of the medicinal substances,
farther experience may determine, but when we
see order manifested in every department of
science, can we refuse our assent to the belief that
in compounding plants for medicinal uses there
must be order also.

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

---

CASE OF OVARIOTOMY.

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

The patient, Mrs. McLean, aged 40, the mother
of ten children, first noticed a lump in the left
iliac region, in January, 1873, about a month after
her last confinement. She was at this time troubled
with Leucorrhoea. In may following she suffered
from acute pain in the lower part of the abdomen,
The condition of the patient was very poor on admission. The patient could not swallow and had difficulty in breathing. The patient had a high fever and was delirious. The patient's lungs were congested and there was a high risk of aspiration pneumonia. The patient was given oxygen and fluids intravenously. The patient was monitored closely and was given medications to manage the fever and manage the delirium.

The patient was transferred to the intensive care unit for further care. The patient was intubated and ventilated to assist with breathing. The patient's condition improved over the next few days with aggressive medical management. The patient was eventually weaned off the ventilator and was discharged home after a few weeks. The patient was advised to continue with follow-up appointments and to avoid any potential triggers of the condition.

In summary, the patient's condition was very critical upon admission, but with aggressive medical management, the patient's condition improved significantly and the patient was discharged home after a few weeks of hospitalization.

**Nurses Notes:**
- Administered oxygen and fluids intravenously.
- Monitored closely and given medications to manage the fever and delirium.
- Transferred to the intensive care unit for further care.
- Intubated and ventilated to assist with breathing.
- Improved significantly over the next few days with aggressive medical management.
- Weaned off the ventilator and discharged home after a few weeks.
- Advised to continue with follow-up appointments and avoid any potential triggers of the condition.
On the 14th day she sat up, and on the 20th was able to go down stairs, and on the 5th of June, one month after the operation, she walked down town and went shopping.

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

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

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

Correspondence.

To the Editor of the LANCASTER.


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

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

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

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

Downing-street, Sep. 13, 1861.

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

I am, Sir, your obedient servant,

FREDERICK ROGERS.”

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

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

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