

and a system of education which exhausts the vital powers of youth before they attain maturity, are only a few of the ways in which the nervous system is more heavily taxed than ever before in the history of the world.

I have nothing new to suggest regarding treatment. If the theory be true, as I believe, that an excess of phosphate is caused by some irritation of the nervous system, it follows that our principal reliance must be on rest. Whether the complaint take the form of dyspepsia, weakness, anæmia, paræsthesia, insomnia, or anything else, this must constitute the foundation of rational treatment. And this principle requires first to be applied to the digestive system. Many of these cases pit slightly on pressure all over the body, due to the deposit in the tubules of phosphatic crystals. A lowering of the diet increases the acidity of the urine, the tubules are cleared out, and, with or without the aid of a saline diuretic, the œdema is removed. In cases due to insolation or injury, counter-irritants are often singularly useful, to the base of the brain or along the spine as may be indicated.

There is no specific for these cases. Nitric acid and strychnia, as recommended by Golding Bird, are useful only so far as they improve nutrition. No amount of acid administered seems to have any appreciable effect in increasing the acidity of the urine, but this is soon effected by reducing the diet. This is an important point, for the more perfect the solution of the phosphates, the less likely they are to cause irritation of the kidney and the consequent œdema. I am fond of prescribing potass. bitartrate, in cases presenting any œdema, for the removal of this is necessary to an improved state of nutrition. Bromide of potass. is sometimes necessary to enable a patient to get sufficient rest; bismuth acts as a nerve tonic through its influence on digestion. Iron and quinine are useful after the nervous agitation has been soothed, and the condition of digestion improved.

I strongly object to the indiscriminate use of a tonic and stimulating line of treatment of such cases. Under such a course the patient gets relief and is very well satisfied; but he does not know at what a fearful cost to the reserve forces of his system the respite has been purchased. Such treatment represents just so many drafts on his

latent vital forces. No additional force has been put into the body—only measures which call out its reserves have been used, and the time soon arrives when such drafts are dishonoured, the system fails to respond to such demands, and the patient becomes a hopeless nervous wreck. The onward march of rational medicine demands that such a ruinous policy be abandoned for the more enlightened course of husbanding our reserves.

DISCUSSION ON SURGERY.*

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When I received the honor of an invitation to open the discussion on Surgery at the present meeting of our Association, I was, at the threshold of my attempt, embarrassed with the extent and richness of the wide field from which I had been requested, by our esteemed President, to glean a few ears of surgical grain for mutual discussion. Reflecting on the objects and scope for which we are gathered together, and remembering that our membership is composed, for the most part, of gentlemen busied in the arduous and noble lives of general practitioners, I considered that it would not be amiss to abandon the customary plan of submitting for discussion a thesis on a subject which, while of important interest to all surgeons, falls more especially within the province of an hospital surgeon, and substituting therefor some topic with which we are all familiar, and with which we all have more or less constantly to deal.

I have, therefore, ventured to introduce a group of subjects which have certain kinship, and to ask the gentlemen around me to contribute their views and experience on the treatment of

I, Whitlow; excluding from this term, paronychia and superficial abscess of the fingers.

II. Phlegmonous erysipelas.

III. Carbuncles.

And first as to Whitlow. We are all acquainted with it, but woe to the surgeon who allows his familiarity to lead to contempt. I think I am safely within the mark when I say that I honestly believe I have seen as many permanently damaged and deformed fingers, resulting from whitlows neglected or badly treated, as I have from direct injuries from accidents. A man enters my surgery with the end of one of his fingers hard, red,

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