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THE

Canadian Medical Review.

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Original Communications.

The Antitoxin Treatment in Diphtheria, With a Report of Four Cases.

By Dr. J. Andrew Hall, Birtle, Manitoba.

The treatment of Diphtheria with Anti-Diphtheritic Serum has during the past four years become so wide-spread that the mention of the disease suggests the remedy to be applied, and a testimony to its efficiency in combatting this dread disease seems as little called for as an argument on the value of food in sustaining bodily vigor, were it not for the fact that one occasionally meets with practitioners even yet who refuse to make use of this "specific" in the treatment of so formidable a malady. One has only to discover a case of Diphtheria in the community to learn the extent of the fear and anxiety that at once fills the minds of the people who know but too well its extreme virulence and fatality. We are glad to think that in the treatment of this disease with Anti-Diphtheritic Serum the death rate is very materially lowered and the people have a great protection in its use.

Besides being an additional testimony to the efficiency and value of the Antitoxin treatment, there are several points connected with the

treatment of the following cases that may be of interest to other members of the profession.

On September 7th, 1898, I was called in to see four members of a family who were suffering from "sore throat." The history given was that on August 30, B. H., a girl, aged 20, contracted sore throat severe enough to confine her to the house, but she did not take to bed until September 1st. Two days later her nose became very sore so that she thought she had "a cold in the head" and her right ear became very painful, being accompanied by considerable deafness. When first seen on September 7th, there were ragged patches of false membr ne on each tonsil and also on the uvula. The anterior walls were swollen and sore, the glands at the angle of the jaw swollen and tender, and an examination of the urine showed a considerable quantity of albumen present. One thousand units of Anti Diphtheritic Serum were injected and a spray of corrosive sublimate 1-5000 ordered for the nose and throat every two hours. In twenty-four hours the sense of smell had returned, the deafness had largely disappeared, the amount of albumen was markedly lessened and the patient felt decidedly better. Twenty-four hours later, or forty-eight hours after the injection was given, the urine was almost free from albumen, the remains of the membrane had disappeared and the patient felt almost well but weak and still looked very pale.

On September 5th, seven days after the development of the above case, the mother, sister and brother in the same family became affected and it was this fact that aroused suspicion and caused them to seek medical aid.

P. H., aged fourteen, was the worst case. The membrane covered both tonsils and had crept over each side of the soft palate and uvula. The surface beneath bled readily on removing the membrane The glands at the angle of the jaw were much swollen and very tender, pulse 120 and temperature 102½. One thousand units of serum were injected and the spray ordered to be used locally. Twenty-four hours later the membrane had covered the entire uvula and extended into the pharynx so that the patient could scarcely swallow and the temperature had risen to 103½. I injected a second dose of 1,000 units which checked any further advance, the membrane soon began to separate and was completely gone four days later.

A. H., a boy of seven, had a patch on each tonsil rather larger than a ten cent piece when first seen, slight glandular involvement and a temperature of 102. Five hundred units were injected, this being all I had at the time. It proved sufficient to check the progress of the disease, however, and he made a rapid recovery.

Mrs. H. had extensive membrane on right tonsil and a small patch on left with glandular swelling on right side. Next day I injected 1,000 units, the membrane spread no further and she recovered without any trouble. This patient was nursing an infant six months old at the time and continued doing so and, though no serum was injected, it escaped the disease.

There was no albumen found in the urine of any of these three.

Other six members of the family, ranging from four to eighteen years of age, were each given an injection of 500 units as a prophylactic and all escaped the disease. While there was little doubt as to the nature of the disease from the extensive formation of false membrane, characteristic in color and general appearance, the bleeding surface underneath, glandular involvement, difficult deglutition and foetid breath, rise of temperature and albuminuria in the one case, yet I prepared a swab and sent it to Dr. Bell, Government Bacteriologist at Winnipeg, who planted it twice with negative results. This was contrary to expectations and was explained later in talking with the Doctor by the fact that the swab was prepared a short time after the spray had been used and this had prevented the growth of the bacilli in the culture medium. The Doctor further stated that he had known cases where swabs taken several hours after using a spray had failed to develop any bacilli though they were known to be present.

The serum used in treating the above cases was that prepared by Parke, Davis & Co., of Walkerville, Ontario, and their small, neat, hermetically sealed bulbs not only make it very convenient for carrying but also insures freedom from contamination. The small quantity of fluid containing the dose also saves the patient extra pain when injected.

The two points worthy of special notice in connection with these cases were, first, the immunity which the mother seemed to confer upon the infant she nursed and second, the failure to develop the bacilli in the laboratory from a swab taken after a spray had been used, showing the necessity of preparing the swab from the throat before any application is made in order to insure the test.

Pain in Metritis.

By Ernest Hall, M.D., Victoria, B.C.

PART II.—(TRANSLATION.)

In acute metritis the pain is deep and diffused, vaguely towards the hypogastrium and lumbar region. In the pelvis it may be severe, and is accompanied with vesical and rectal tenesmus. In puerperal metritis the pain is very obscure, and can only be discovered by direct examination. The painful symptoms do not attain to the acute stage until the adnexa, or the peritoneum have become inflamed.

In chronic inflammation of the body of the womb the pain partakes of the nature of uterine colic, which in some recurs frequently, but is generally connected with menstruation. If there be interstitial inflammation with exfoliation of the mucous membrane the pain is more acute and expulsive in character.

In chronic inflammation of the cervix the pain is of two distinct characters: in the lumbar regions, or "kidney pain," as it is sometimes called, caused by tension upon the utero-sacral ligaments which are attached to the cervix, and which in attachment ramify the sensitive filaments of the lumbo sacral plexus: and the continuous pain with each menstrual period when the cervicitis has reached an advanced stage. This pain is due to sclerocystic degeneration. The distension of glandular cysts in the inelastic sclerotic tissue, with the evacuation of the closed cysts, and bursting of the follicles.

In direct examination the body of the womb may be abnormally sensitive, but not often. This must be distinguished from the sensitive uterus so frequently found in hysterical conditions. The finger upon the cervix will locate a painful area over a deeply placed cystic nodule, and reveal a painful depression—an old laceration of the cervix. The sound indicates a pathological sensibility of the canal or of the internal orifice. Traction upon the cervix produces characteristic lumbar pain by causing tension of the utero-sacral ligaments. Centres of infiltration or parametric effusions also cause similar sensations; a direct local examination is the only method of determining their true cause.

C.—Pain in Retroversion.

Pain in this condition is of different degrees, according to the causes which produce it. If the retroversion is accompanied with unilateral or bilateral inflammation of the adnexa with adhesions, dilata

tion of the tube or micro-cysts of the ovaries, the pain is that produced by such conditions respectively. If the retroversion is complicated with adhesion of the posterior surface of the uterus to the sacrum, the pain is less acute, but it becomes increased by every attempt at manual reduction or by the aid of the uterine sound. The pain radiates towards the rectum, and is frequently accompanied by painful tenesmus, which particularly manifests itself at the menstrual period, when the bowels are evacuated. It should be noted that the patient often discharges an abundance of debris and exfoliated mucous membrane from the bowel.

When the retroversion is simple we may presume that the pain is due alone to the faulty position of the organ, and the effect of such position upon the neighboring parts. The pain is

1. In the uterus ;
2. At the level of the ligaments ;
3. In the neighboring organs which have been affected.

In the retroverted uterus there is but little pain in the cervix, provided no deep laceration exists with parametric lesion adjoining, whether there exists a recent cervicitis yet in its acute stage, or an old inflammation complicated with sclerocystic degeneration, a condition which invariably causes pain during menstruation. However, the characteristic uterine pain in retroversion is that of an uneasy sensation at the fundus, especially during menstruation. Should the malposition be reduced, this sensation instantly disappears.

The finger of the examiner in contact with the misplaced organ causes pain, increased with congestion of the part, for it is not to be forgotten that the retroverted uterus is always the seat of passive congestion, which causes infiltration of its walls with increase of sensitiveness, particularly at the monthly periods. We must distinguish this manifestation from that produced by the misplacement or prolapse of the ovaries and tubes consequent upon the uterine retroversion. The most characteristic pain caused by examination is that produced by the introduction of the sound. It is manifested the moment the instrument touches the bottom of the cavity, and is increased if any attempt is made towards reduction.

Pain is also present in the lumbar and sacral and inguinal regions, caused by traction upon the filaments of the cervico-sacral plexus. It is increased by walking, fatigue, or any special muscular effort, and decreases, if not disappears altogether, when the patient takes the recumbent position. The neighboring organs which suffer the results of the retroversion, by irritation or by compression, are the bladder and rectum, tension upon the neck and the urethra causing tenesmus

and dysuria and compression of the rectum by the retroverted fundus. The patient experiences a sensation of compression which is difficult to distinguish from that produced by hyprostatic congestion of the fundus. Habitual constipation frequently produces a painful proctitis, with or without desquamation of mucous membrane. This is present when the inflammatory exudation has produced adhesions between the posterior surface of the uterus and the peritoneum of the cul-de-sac. Where there are no rectal adhesions, there may still exist a persistent spasm of the sphincter ani causing tenesmus, which is almost pathognomonic of chronic retroversion.

The adnexa are the seat of painful sensations, also the intestine, where it comes in contact with these parts, for the spasms spread to the utero-ovarian ligaments, to the broad ligaments and muscular structures which become ridged and fixed in an abnormal position.

D.—Pain in Uterine Prolapse.

Many of the varieties that we have described in connection with retrodeviation may be found in this condition. How can it be otherwise since retrodeviation is one of the essential stages of prolapse? the uterus cannot descend below a certain level without turning backwards and placing itself in the axis of the outlet of the pelvis, that is the axis of the vagina.

Lumbo-sacral pain is present, caused by the stretching of the utero-lumbar and sacral ligaments. There is also a painful tension towards the sides of the pelvis due to tension upon the broad ligaments. The painful sensations extend to the epigastrium and lower ribs. The general prolapse of the pelvic contents produce ptosis of the abdominal viscera. The relaxation of the abdominal walls, frequent in these cases, aggravate these symptoms. Vesical tenesmus is more frequent and severe than in retrodeviation. We may also mention polyuria. The painful compression of the rectum and tenesmus of the bowel are absent. We may say that in the two conditions, prolapses and retrodeviation, the difference is the following as to the pain: in the former predominance of lumbar pain and vesical troubles, and in the latter predominance of sacral pain and rectal trouble.

E.—Pain in Tumors of the Uterus-Cysts.

This is a rare condition, if we are to understand by this tumors of a considerable size. The small mucus cysts of the cervix, which have their origin in the glands and rarely exceed the size of a filbert, produce a vague pain difficult to define, similar to that of chronic metritis.

Cancer of the cervix is not at first a painful disease either in the vegetative or ulcerative variety. The pain is modified by the location of the growth. That which has its origin upon the cervix and extends into the vagina is less painful than that which grows from the cervical canal or upon the internal os. It is the invasion of the pericervical zone that marks the beginning of the pain. We may say that this does not really happen until the is invaded, yet a woman may succumb to this disease who has only passed through one short and painful final stage.

Whatever may be the infiltration of the tissues in the first stage of cancer, the pain is very similar to that caused by chronic parametritis. In the latter stage the rectum and bladder becoming infiltrated react as though affected by chronic inflammation. The pain becomes more general and excessive in its paroxysms that nothing can alleviate it: even the nerve trunks are affected as well as the smaller branches, which explains the presence of pain in neighboring organs, upon the abdominal wall, lumbar regions and lower extremities.

Cancer of the body of the uterus is painless in its first stage. It is not until the broad ligaments become infiltrated that pain becomes prominent. The most special characteristic of cancer of the body of the uterus, especially when developed towards the fundus, is the existence of uterine colic appearing as exacerbations of a vague continual pain or sensation of tension. The colic is sometimes caused by painful evacuation of masses of blood clot, or by the slow progression of vegetative masses towards the os internum. The pain in cancer of the fundus does not occupy a prominent part in the symptomatic progression of the disease except in its last stage - the period of infiltration and compression of neighboring parts, when the appendages, bladder, small intestine and mesentery become affected.

F. Pain in Uterine Fibroids.

In this condition the pain is variable, depending upon the location, size and method of evolution of the tumor and also upon the degree of sensitiveness and toleration upon the part of the patient. Fibroids of the cervix are painful, as we would expect knowing the extreme sensitiveness of this part, menstruation is rendered painful. Fibroids of the body of the uterus are less painful, and are frequently not suspected unless hemorrhage, which is their initial symptom, indicates their presence. Should the tumor be located in the horns of the uterus and grow towards the appendage, between the folds of the broad ligaments, the pain may be more appreciable. Also the pain becomes marked when an intramural fibroid grows towards the uterine cavity.

Sometimes the pain partakes of an expulsive character and if the tumor engage the canal the pain resembles the uterine colic. With the exception of the conditions referred to, small fibroids are rarely ever painful. It is different, however, with those of larger volume: when located in the pelvis they harass the patient by interfering with contiguous organs, pressure upon the sacral plexus causing sciatica, etc. When located in the abdomen they are usually painful immediately preceding and during menstruation, resulting from tension and augmentation of their volume owing to the tumor partaking of the periodic pelvic congestion. This pain vanishes with the disappearance of the congestion and the temporary enlargement that the tumor has undergone subsides. Fibroids which develop rapidly are more painful than those of slow growth. In those cases in which the uterus is included in the growth—diffuse myoma—the pain is less than where there are many small tumors within the uterine wall, especially if masses grow towards the adnexa or between the broad ligament folds. The sensibility is increased by the development of cystic or myxomatous degeneration.

There is a period in the development of fibroids which may seriously affect the health of the patient—that which marks the beginning of a pseudo-cahexia. Repeated and exhausting hemorrhages may debilitate the patient to such an extent that life becomes burdensome. The pain may resemble that experienced in pelvic cancer and is exaggerated with each menstruation and notably so by the menopause. After this critical period the pains diminish or disappear for a time or altogether. All causes or influences which moderate or retard the development of fibromata act favorably upon the painful phenomena. In this way these growths may be affected by electricity, salines and quietude. On the contrary any inflammatory complication, salpingo-ovaritis, parametritis, with or without suppuration, may cause a sudden increase of pain.

The Treatment of Phthisis.

By Dr. J. Ferguson.

Being the substance of remarks made in the discussion of the above subject by the staff of the Western Hospital.

That there are cases of tuberculosis constantly undergoing arrest and cure does not now require proof. This may be taken as admitted. Clinical experience has, on the other hand, more than abundantly proven the great gravity that attends all cases where the tubercle bacilli are found.

The main point to hold closely before one's mind is the importance of an early diagnosis. Every case of the slightest suspicion should be kept under the most vigilant watch, and repeated and thorough search made for the germs. These can sometimes be found long in advance of the physical signs of the disease. One negative examination of the sputum is not sufficient. Several may be necessary to find the germ or to exclude its presence with reasonable safety.

The feeding of consumptive patients is of much moment. The highest possible degree of nutrition should be maintained. If the body weight can be fairly well sustained or increased the course of the disease is usually favorably influenced. Fattening forms of food should be liberally employed. It may be laid down as a general rule that no food should be continued that disagrees with the patient to any extent. Digestion must be carefully studied.

With regard to stimulants it may be said that there are few consumptives that will not be benefited by the judicious use of alcoholics at some time or other in their illness. It must never be forgotten, however, that alcohol sometimes lessens the appetite and impairs digestion. To such it would do harm. In other cases, and they are by far the majority, it improves both. When there is much febrile movement, small quantities, frequently given, of some pure stimulant is of the utmost value.

It is needless at this late day to insist upon the importance of fresh air. This is now being carried to the length of the open air treatment.

Much has been said regarding the value of inhalations. My own opinion is that they are of great value. It would be out of place to cite the many able clinical observers who hold this view. They are very numerous and of very high standing in the profession. My favorite mixture is the one recommended many years ago by Dr. Coghill:

Tr. Iodi. Arthucalis	aa ℥ii.
Acid Carbolici	
Sp. Vini Rect	d ℥i.

A few drops of this mixture is frequently placed in a light oval respirator. Other similar agents have all had their advocates. To be of use they must be employed faithfully, and over a long period of time. The earlier in the disease the better.

Fourteen or fifteen years ago I called attention to the value of arsenic in phthisis. During the years that have elapsed since, I have had no reason to change my opinion. As a means of arresting tissue waste, it is of undoubted value, especially in young patients.

Generally speaking coughs and night sweats call for attention. Cough mixtures should be avoided as much as possible. It is necessary, however, to do something for the excessive irritative cough of many of these patients, and the preparations of opium must hold first place. By relieving the cough the night sweats are often also greatly modified. For these many remedies have been suggested. My own preference is for some dilute mineral acid, as aromatic sulphuric, or hydrochloric, with small doses of quinine or digitalis or both : or picrotoxine. This latter has on many an occasion given me the utmost satisfaction.

Frequently we are called upon to treat hæmoptysis. My own practice has been to rely almost entirely on the following measures. The head of the bedstead is elevated some. This may be considerable in severe cases. A hypodermic of morphine, of sufficient amount to color the system, more particularly the circulation. Then the administration of frequent doses of a saturated solution of magnesium sulphate until the bowels move freely. Lastly, the placing round the arms and legs elastic bands to lessen the pressure on the internal vessels, is an agent of much importance.

Preparations of iron, especially the alkaline hypophosphites have always held a high place, with experienced clinicians.

For some years past, a vast amount has been written and said upon the use of creosote and its allies. For my own part I have satisfied myself that they are of undoubted value. Where some have been disappointed is in the fact that they expected too much from them.

Then comes Cod liver oil. Care must be taken not to over do a good thing and induce indigestion through its excessive use. I have found the combination of iron, creosote and Cod liver oil, as emulsified in Ferrol, a very satisfactory means of administering these agents.

I have not attempted to cover all of the other phases of the disease. One thing I might state, however, is that in my opinion quinine and some mineral acid holds first place in the management of the fever.

Editorials.

The Treatment of Diseases of the Stomach.

This was one of the topics discussed in the Section of Therapeutics at the Edinburgh meeting of the British Medical Association (B. M. J., Oct. 29).

Dr. George Herschell opened the discussion. The principal therapeutic agents employed in the treatment of diseases are electricity, massage, hydrotherapeutics, lavage, the gyromele of Turck, and drugs, acting either chemically or in the muscular coats of the organ. With regard to electricity, though there is considerable diversity of opinion, yet the clinical experience at the present day is overwhelmingly on the side that this is a very valuable agent in the treatment of atonic conditions of the digestive organs. The speaker's experience was in favor of the continuous current to the solar plexus and to the ganglia of the sympathetic vagi in the neck.

Massage of the stomach has also its opponents and its advocates; but the best testimony seems to favor its employment. Massage may be used on an empty stomach before breakfast to strengthen the muscular power; or three or four hours after meals to assist in mixing its contents, and in expelling its contents. The indications for massage would be found in the disturbance of the motor function, in atony, in a moderate degree of stenosis, in chronic gastritis with defective secretion, in gastroptosis, and in certain cases of nervous inhibition of peristaltic action.

Lavage is another means of treating atony of the stomach, which often yields good results. Dr. Herschell spoke highly of the benefit to be gained by using hot and cold water alternately. He was of the opinion that a double channel stomach tube, giving an in-and-out flow at the same time was of much assistance in the treatment of these cases. It was also an improvement to have a small bulb in the end of the afferent tube, carrying a number of small holes, by which the flow is converted into a spray.

Under the head of dietetics two very important problems came before us for solution. The first of these is where there is an excess of hydrochloric acid formed, and a good deal of pain in the stomach. A meat diet uses up a large amount of acid during its digestion; and would thus appear to be a suitable food. But, while it carries the acid secreted, it also stimulates to further free secretion, so that the

result is injurious. The best diet is carbohydrates, partially dextrinised, and neutralize the excess acidity by large doses of alkalies. The second problem under dietetics is the advisability of giving predigested food. It is quite useless to employ peptonized albumins so long as the motor power of the stomach is normal. In cases of excessive stomach acidity, where the salivary ferment is at once destroyed, we can give the patient abundance of carbohydrates, if we also order alkalies and Taka diastase.

The next topic discussed by Dr. Herschell was the drug treatment of stomach diseases. Under this heading three main points were raised: The action of drugs in lessening the secretion of hydrochloric acid, in promoting the flow of gastric juice and in arresting fermentation.

With regard to the excessive secretion of hydrochloric acid, it must be borne in mind that there is sometimes an absolute increase in the amount of secreting gland tissue. In such cases no drug can do any good, and we must rely upon a bland diet. In neuratic cases of hyperchlorhydria, we can do something by the help of medicines. The one that has given Dr. Herschell most satisfaction is tannin in some form. Lavage is useful, using 1 per cent. solution Sodium Carbonate, followed by one-half per cent. solution of tannin.

In the opposite cases of deficient secretion of hydrochloric acid, the best remedy is the administration of the dilute acid. But it should usually be given in much larger doses than is the custom, a drachm or so being quite harmless. Strychnia is useful in this connection. The notion that the formation of hydrochloric acid can be increased by giving an alkali before meals, is a myth.

The third use of drugs, to prevent fermentation, has been much abused. There is really no drug that can be given for this purpose. The atiseptic of the stomach is its own hydrochloric acid. When the motor power of the stomach is poor, and food lies too long undigested, there may be fermentation. Means should be taken to increase the peristaltic action of the organ. When the administration of hydrochloric acid, and the regulation of the diet do not control gastric fermentation, wash out the stomach sufficiently often to keep the patient comfortable.

DR. J. N. E. BROWN, lately of this city, safely arrived in Dawson. Among the Toronto men who are in practice in the Yukon district and doing well are Drs. Gus Richardson and Arthur Sutherland.

The Practitioner and Review.

SINCE announcing last month the consolidation of these journals we have received many letters referring to the matter, and in a general way would say, in answer, that the policy of the management will be to try and have the "make up" of the Journal in every way of such a character as to be acceptable to all reasonable and moderate physicians. The subscription price will be two dollars a year; and we fully expect the present subscribers to the REVIEW to continue on the mailing sheet as subscribers to the amalgamated journal. The Editorial staff is large. On the list are the following well-known workers: Editors—Drs. A. H. Wright, W. H. B. Aikins, E. E. King. Associates—Drs. J. E. Graham, J. Ferguson, Thos. F. McMahon, Allen M. Baines, Herbert A. Bruce, L. M. Sweetman, J. F. W. Ross, Albert A. Macdonald, John Caven, Graham Chambers, G. Sterling Ryerson, William Oldright, R. W. Bruce Smith, Price Brown, W. J. Greig, H. J. Hamilton, H. T. Machell. It is anticipated that other well-known men will join the staff and assist in the work.

From the collection of letters we publish a "gem" received by the Editor of the PRACTITIONER. It speaks for itself.

BALTIMORE, *November 22nd, 1898.*

DEAR MR. EDITOR,—Why, in Minerva's name, can you not fuse the two Journals without adding to the title! It is a shocking aggravation to libraries to change their cards, etc.; moreover, it spoils the set, and is a general worry to everybody. Why should not the MEDICAL REVIEW, which is the junior journal, die peacefully and quietly? Journals die daily and nobody minds, so long as the Editor (if he is a good fellow) does not die with it. Do think the matter over, and on the 1st of January let the *Practitioner* appear as Volume XXV., *with its old name.* Then remember, Mr. Editor, this will not be the first offence. The *Practitioner* was formerly the *Canadian Journal of Medical Science*, started by my dear old friend "Dic" Zimmerman. Would you add sin to sin? Do, Mr. Editors—I appeal to you both—talk the matter over (after dinner) like sensible fellows, and adopt the plan best adapted to the interests of the profession and to medical journalism—take the Editor of the REVIEW (and make him work hard), but drop the name.

Very truly yours, WM. OSLER.

(A reader of twenty-four years.)

DR. J. CAMPBELL, formerly of Seaforth, is now located at 669 Leonard Street, Brooklyn, N.Y. It will be a pleasure for his very many friends in Canada to learn that he is prospering greatly.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Editor of the CANADIAN MEDICAL REVIEW:

DEAR SIR,—The degree D.M. (Doctor of Magnetics) issued by "College of Fine Forces" (course can be taken at home so stated), formerly "New York College of Magnetics," is given by said College, of which E. D. Barrett, M.D., LL.D., No. 253, South Broadway, Los Angeles, California, is the Dean. The announcement appears in *Medical Liberty News*, a Chicago Journal devoted to opposition to Boards of Health, the regular practice and vaccination, yet advertises the "Independent Medical College," run by the Editor (J. H. Randall, Ph.D., M.D., and others) at the People's Institute. This school teaches, so stated, the principles of "Osteopathy" and "Physico-Medical Science," giving "lectures by correspondence," and gives on page 1543 *Medical Brief*, October, 1898, the affixed advertisement:

Justice to Successful Practitioners and Students.

Undergraduate practitioners furnishing sworn statements from county officers, certifying they have practised medicine successfully for years, can have the degree of M.D. lawfully conferred at home, without attendance (from legally chartered Medical College).

Students attending, graduated when competent, independent of time. Graduation in Dentistry same basis. For particulars address, Lock Box 590, Chicago.

And is affording Dr. Egan, Secretary of the Illinois Board of Health, very much trouble.

Query No. 1. Are graduates (?) of such institutions subscribers or contributors to medical journals or the testimonial givers to such preparations, whose advertisements appear in such journals, of which the editors are apparently too willing to praise when treatments are asked?

The low ebb of medical legislation is well established by the enclosed printed letter of "Dr. Diamond Dick," the assumed name of Richard J. Tanner, M.D., evidently a graduate, who is at Lincoln, Nebraska, fighting for registration in said State. The letter is worthy of publication and is hereto attached, as it speaks for itself as evidence of scholarship (?) and the "liberty" which certain medical journals apparently encourage. The "*Docs*" and street fakirs, razor paste

and life-saving oil vendors will not be knocked out by "Independent Medical College," it would appear.

"*O cives, cives, quaerenda pecunia primum ; virtus post mummos,*" said Horace. And another query is: Why are such institutions allowed a charter and to give their degrees on such terms as advertised? Is there not such a liberty being mildly exercised and prayed for by some of our own people and institutions?

October 17th, 1898. MEDICUS.

The University Medical Professoriate.

To the Editor of the CANADIAN MEDICAL REVIEW:

It may be well to remind the medical profession of the country, who no doubt, take a considerable interest in the medical affairs of the Provincial University, that the present staff of teachers and lecturers hold their appointments during pleasure.

This is as it ought to be. No man should be placed in any public institution under such conditions as would make him feel practically independent of all control or influence.

There are several ways in which a member of the staff may become useless or dangerous. In either of these cases it is absolutely necessary to rid the institution of his services.

One of the ways by which a teacher loses his usefulness is through age or ill-health. In such cases his own good sense almost always brings the needed remedy by his tendering his resignation.

But there are two other ways by which a teacher's usefulness is destroyed, inattention to work and disagreeable meddlesomeness. Very rarely, indeed, in either of these cases, would a voluntary resignation relieve the institution of the cumbersome member. Such persons usually belong to the barnacle class, and cling on.

It is well that there should exist some power to deal with these; and that this power should be called into operation from time to time. From what the writer can gather from well-informed circles, this power may have to be exercised in the case of the Medical Faculty of the University of Toronto. It is quite possible that some may destroy their usefulness by inefficiency or inattention to the work or by indulging in acrimonious agitation. Constant agitation in an institution, like the proverbial drop of water on the rock, will wear it down, *non vi, sed saepe cadendo.*

Toronto, Nov. 28th, 1898. VERITAS.

The Defence Association.

To the Editor of the CANADIAN MEDICAL REVIEW:

DEAR SIR,—It is not my intention to say much about the Defence Association. It is able to take care of itself in the future, as it has shown itself able to do in the past.

One strong evidence of the fact that the actions of this Association have met with general endorsation is that nearly all the Defence men are being returned by acclamation.

The effort of the Defence Association to disqualify some bodies, from having representation in the Council, is certainly praiseworthy. There is no reason why the Toronto School of Medicine, Victoria University, or Queen's University should enjoy this privilege, when they are not now teaching bodies.

It is to be hoped that this Association will continue until all the abuses of the past are removed.

London, Nov. 21st. OBSERVER.

Selections.

The Operative Treatment of Jacksonian Epilepsy.

BRAUN, of Göttingen, reviews a subject which some years since occupied much time in the proceedings of medical societies and much space in the periodicals, by the publication of a case of severe Jacksonian epilepsy, which was not merely relieved by operation, but which was cured and was still well seven years after the time of the report. As a result of the discussion as to the value of the operative treatment of the affection, the profession at large gathered the impression that the permanent cures were few, if any; that a minor operation, such as trephining, was as likely to be followed by marked betterment as a major one, such as excision of a portion of the cortex; that even when there were distinct lesions, such as cysts or cicatrices or depressed bony fragments, the ultimate prognosis was bad; that even of the ultimate history of the reported cure[1] cases procured few, if any, would be shown to have been permanently relieved of their epileptic attacks.

Braun's case was that of a man twenty-four years old, who suffered from a head injury of the right side in his twelfth year so severe as to produce immediate paresis of the left upper and lower extremity.

Four years later epileptic seizures developed, beginning in the left thumb, then involving the arm, later the leg, not accompanied by loss of consciousness. Two years later the convulsions had become more severe, and during them the patient was unconscious. At the first operation, performed in 1889, depressed bone was raised and the contents of a cyst were evacuated. The extreme tenderness on pressure from which the patient had complained was relieved, but his epileptic seizures were not. Three months later a second oparation was performed, having for its object the removal of the thickened tissues overlying the motor centre for the hand. This also failed of its object. Eight months later the patient was operated on for the third time, the cortical centre presiding over the movements of the left hand being extirpated. With the exception of a few light seizures immediately following intervention, the patient after this remained entirely free from epileptic attacks.

Braun has collected fourteen cases in which the motor centre found by electrical stimulation was excised. In four of these there was no improvement, five were distinctly bettered, five were reported as cured; but none of these, with the exception of the one reported by Braun, had been under observation for more than fourteen months, hence the cure cannot be justly claimed, since recurrence of convulsions may occur after two or even after three years. Of five cases in which the centre was found by its anatomical position and excised, one failed utterly; the other three were not under observation for even six months. A combined statistical study of the cases in which the centre as located by electricity was excised, of those in which it was anatomically placed, and of those in which portions of the brain substance in the region of the Rolandic fissure underlying the seat of an old tumor were removed, shows that of thirty cases nine were improved and thirteen cured, but that only three of these thirteen cases had been under observation for more than three years. This is not a satisfactory showing, but it may be in part due to imperfect technique. Thus, theoretically, cure can only be expected by the accurate and complete removal of a specific centre. This can only be found by the electrical current; one too strong will by diffusion confuse, one too weak will not produce peripheral motion. Braun commends a current of such strength that it is perceptible to the moistened finger and is slightly painful to the tongue; it should not produce motion through the dura. Muscular contractures may be absent when the brain at the point of contact is profoundly altered, or when it has been irritated by strong antiseptic fluids, or when it has been chilled by long exposure, or when it is profoundly anemic; possibly also in profound narcosis.

The electrode employed is of platinum, two points separated by an interval of about four millimeters. Unless the electrical localization is employed it is quite impossible accurately to place the desired centre, and that this has not been done in many operations is shown by the fact that immediate local palsy is not noted in the reports.

A critical review of published cases seems to show that the popular belief as to the ultimate development of an epileptic status which becomes so confirmed that it cannot be cured or even benefited by excision of the original focus of irritation is not well founded, long-standing cases often exhibiting more marked improvement than those of short duration.

In a tabulation of cases of Jacksonian epilepsy treated by partial operation—*i.e.*, those other than excision of a portion of the brain substance—twenty-three cases are noted as cured out of fifty-seven operated on; but of these twenty-three cases it is to be noted that only three had been under observation for more than three years. In so far as the reports of cases are convincing, they show that the results are much better when the trephine is applied over the wound area than they are when the seat of operation is selected because of its marked anatomical relation with the affected brain centre. Among the severe cases in which the dura was not opened, one was definitely cured, the patient having remained free of fits for seven years. The best results were obtained when the bone was either so thickened or depressed that it apparently produced local pressure effects. There was marked improvement in every one of these cases.

Among the eighty-seven collected cases, Braun finds that the epileptic seizures began by facial twitching in eighteen, by movements of the upper extremity in forty-seven—in twenty-three of these latter by thumb twitchings.

Although this paper of Braun's cannot lead to any definite conclusion, it at least shows that operative cure of Jacksonian epilepsy, though extremely rare, is possible, and also that in cases characterized by bone depression or thickening marked improvement may confidently be expected.

Braun's advice as to the method of procedure certainly commends itself as conservative and sensible. He suggests that when the focal epilepsy has followed a circumscribed skull wound the first operation should be confined to the bone or the bone and dura. Should this fail the more dangerous and more radical procedure—*i.e.*, the excision of the motor centre as indicated by the electrical reaction—may be undertaken, the cutting being carried sufficiently wide and to a depth of five millimeters; or when there is a deep depression or a spot exceed-

ingly tender to pressure not placed near the anatomical position of the affected centre, the trephine should first be applied over the seat of lesion without regard to the centre. If no improvement follows the centre may be sought later. When there has been a very extensive wound the trephine should be applied over the involved centre.—*The Therapeutic Gazette.*

WHEN MAY WOMEN WITH HEART DISEASE MARRY?—Dr. Kisch (*Therapeutische Monatshefte*) says the chief points to be considered are: (1) the kind of heart disease; (2) its duration; (3) the presence or absence of compensation; (4) the general health; (5) the social position of patients. (*a*) They may marry if the disease is not of long standing, compensation is good, and the general health not undermined. They will have during pregnancy, and still more during and for a time after delivery, many troubles due to their heart, but in by far the greater number of cases there will be no danger of life. This applies to well-compensated mitral regurgitation and stenosis, aortic regurgitation, fairly marked sequelæ of pericarditis, and to muscular degeneration if not too far advanced. The patients must also be in a position to spare themselves bodily exertion as much as possible during pregnancy, to avoid mental excitement, and to have constant medical supervision. (*b*) The prognosis is not so good if the patients are very anæmic or nervous, or advanced in years, or if the valvular disease is congenital or acquired in childhood. In these cases the physician should advise against marriage, or at any rate point out that the disease will almost certainly become worse after marriage. (*c*) Marriage is to be absolutely forbidden as dangerous to life when compensation is failing or when there is advanced muscular degeneration. In all cases in which there are dyspnœa, palpitation, and quickened pulse on slight exertion, or marked œdema not disappearing after rest in bed; when there are a tendency to arrhythmia, scanty urine with albumin, and attacks of irregular small pulse, coldness of the extremities, nausea, dyspnœa, syncope, etc., marriage is dangerous, whether the cause of the symptoms be valvular disease, diseased arteries, or impaired cardiac muscle. Even those for whom marriage is allowable must follow certain rules strictly: (1) Coitus must not be frequent, and must be continued to the end of the organism; otherwise reflex heart troubles and depression result. (2) They must not have more than one or two children, as with every pregnancy the strength of a diseased heart diminishes in geometrical progression. If this rule is followed, induction of premature labor will be seldom necessary: and luckily so, since, when it is, the results are very unfavorable.—*Med. Record.*

Book Notices.

Physician's Visiting List for 1899. P. Blakestone's Son & Co., 1012 Walnut Street, Philadelphia.

This visiting list is now in its forty-eighth year. This is good proof of its usefulness. The arrangement is very convenient. It contains tables of signs, metric system, converting apothecaries' weights and measures into grains, doses, of dates of pregnancy, and excellent information on asphyxia and apnœa. Sections of the book are devoted to visits, obstetric engagements, cash memoranda, special items, etc. For twenty-five patients, $1.00; for fifty patients, $1.25. The book is a model of neatness and completeness.

Modern Gynecology, a Treatise on Diseases of Women, Comprising the results of the latest investigations, and treatment in this branch of Medical Science. By CHARLES H. BUSHONG, M.D., Assistant Gynecologist to the Demilt Dispensary, New York, formerly Attending Physician to the Northern Dispensary, New York. E. B. Treat & Co., 241 West 23rd Street, New York, Publishers.

This little work has come to us in its second edition, enlarged, revised and brought thoroughly up to date. The aim of the work is to be a guide for the use of the general practitioner, and I feel that the author has fulfilled his task faithfully. His descriptions are short and to the point, the illustrations are clear and are such as can readily be understood by one who has only a limited amount of time. This is very important when we consider that the work is for the general practitioner, who wants to know "what to do and how to do it" in the shortest time possible. In the opening chapter on examinations there are many useful hints and suggestions.

In the second chapter in the treatment of non-parons married women by galvanism, we think that a little more definite directions might be given as to dosage, etc. This could be done without lengthening the chapter. In chapter eight in dealing with vaginismus the methods mentioned are often sufficient, the fact that operation is sometimes necessary and satisfactory might have been mentioned.

GONORRHŒAL VAGINITIS.—It seems as if ninety-five per cent. of all the men in the community is a very high estimate of the proportion of those who, at some time during their lives may have had gonorrhœa. Whatever the proportion may be it is well shown that the general practitioner should be ever on the alert for such infection in the

vagina. The general treatment advised is efficient when combined with the all-important local treatment so carefully outlined. On the whole the plan of the book is well thought out, and though there are a few places in which the directions might be more full, as a rule they are quite enough for a work of its scope, and it will be found a safe guide for those who require something for ready reference.

The publishers, Messrs. E. B. Treat & Co., have done their work well, the paper is good, the letterpress clear and the illustrations ample. On the whole the work is one which may well rank with the first of its kind and it will be found that a vast amount of good will emanate from it.

Practical Uranalysis and Urinary Diagnosis: A Manual for the Use of Physicians, Surgeons and Students. By CHARLES W. PURDY, M.D., LL.D., (Queen's University); Fellow of the Royal College of Physicians and Surgeons, Kingston; Professor of Clinical Medicine at the Chicago Post-Graduate Medical School. Author of "Bright's Disease and Allied Affections of the Kidneys"; also of "Diabetes: Its Causes, Symptoms and Treatment." Fourth Revised Edition. With Numerous Illustrations, including Photo-engravings and Colored Plates. In one Crown Octavo Volume, 365 pages, bound in Extra Cloth, $2.50 net The F. A. Davies Co., Publishers, 1314-16 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill. For sale in Great Britain by Sampson Low, Marston Co., St. Dunstan's House, Fleet Street, London, E.C.

We had the pleasure of reviewing a former edition of this work. What we then said needs but to be repeated, with the additional remark that the author has spared no pains to keep this work up to date. The book is an ideal one in every way; and there are very few to whose pages the practitioner will more frequently turn than to this one. We most cordially recommend it to all, feeling certain that none will be disappointed.

A Primer of Psychology and Mental Disease for Use in Training-Schools for Attendants and Nurses and in Medical Classes. By C. B. BURR, M.D., Medical Director of Oak Grove Hospital for Nervous and Mental Diseases, Flint, Mich.; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association, etc. Second Edition thoroughly revised, 5½ x 7¾ inches. Pages ix-116. Extra Cloth, $1.00 net. The F. A. Davis Co., Publishers, 1914-16 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York City; 9 Lakeside Building, 218-220 S. Clark Street, Chicago, Ill. For sale in Great Britain by Sampson Low, Marston & Co., St. Dunstan's House, Fleet Street, E. C., London, Eng.

This is a small book with a great deal of useful matter in it. The reviewer has read it carefully throughout, and can testify with pleasure to the care with which this work has been prepared. The directions for the management of the insane, are very well stated; and the leading varieties very clearly defined. It does not pretend to be a treatise, but it is an excellent resumé.

Miscellaneous.

Postponement of the Third Pan-American Medical Congress.

CINCINNATI, Nov. 5th, 1898.

MY DEAR SIR,—I have the honor to announce that in April, 1898, I received from Dr. José Manuel de los Rios, Chairman of the Committee on Organization of the III Pan-American Medical Congress, a request that, in consequence of the then existing rebellion in Venezuela, no definite arrangements be made at that time relative to the meeting of the Congress previously appointed to be held in Caracas in December, 1899.

The following communication relative to the same subject is just at hand:

Caracas, September 25, 1898.

DR. CHARLES A. L. REED,

Secretary of the International Executive Commission, Cincinnati, Ohio.

DEAR SIR,—After having sent my communication dated April last, I find it to be my duty to notify you that, although the considerations pointed out in it have already ended, our country has been scourged by small-pox which has taken up all our physicians' activities and time, depriving them of going into scientific works. And, as that state of mind of our people and government after such calamities as war and epidemic would greatly interfere with the good success of our next meeting, I beg leave to tell you, in order you will convey it to the International Executive Committee, that our Government and this Commission would be grateful to have the meeting which was to take place in Caracas in December, 1899, adjourned for one year later. I am, dear Doctor,

Yours respectfully, THE PRESIDENT.

[Signed] DR. JOSE MANUEL DE LOS RIOS.

In accordance with the request of the Government of Venezuela, and of the Committee on Organization, the III Pan-American Medical Congress is hereby postponed to meet in Caracas in December, 1900.

For the International Executive Commission.

CHARLES A. L. REED, *Secretary*.

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