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# CANADA

## MEDICAL & SURGICAL JOURNAL

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Original Communications.

### THE PUBLIC ASYLUMS OF THE PROVINCE OF QUEBEC.

By DANIEL HACK TUKE, M.D., LL.D., F.R.C.P., LOND.,  
Editor "Journal of Mental Science"; formerly Superintendent of the  
York Retreat.

[Dr. D. Hack Tuke of London, the well-known alienist and author, visited Canada with the British Association. He inspected all the lunatic asylums in Ontario and Quebec. The reports of his visits to Longue Pointe and to Beauport he forwarded to the Hon. the Provincial Secretary. With his permission, we publish these, as they cannot fail to interest our readers.—ED.]

#### LONGUE POINTE ASYLUM.

On the 30th of August last I visited the lunatic asylum at Longue Pointe, seven miles from Montreal, called the *Hospice des Alienés de St. Jean de Dieu*. It was built by the Sœurs de Providence, and opened in 1876. The Province of Quebec contracts with them to maintain the lunatic poor\* in one of the two parts of the Province into which it is divided; the asylum at Beauport, near Quebec, providing similarly for the other district. Private patients are admitted. The building, which, surmounted by three cupolas, is a prominent object from the St. Lawrence in approaching Montreal from Quebec, is built of red

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\* At the rate of 100 dollars or £20 per annum per head at Montreal and 130 dollars at Quebec—a very insufficient sum, it would seem, for board, lodging and clothing. I understand that the money originally borrowed of the Provincial Government by the Montreal Asylum has been refunded, and that money has been borrowed from private quarters to assist in the erection of the additional buildings.

brick, and consists of a centre and wings. Some of the latter have been added three or four years ago; others are now in course of erection, and will not be finished till the end of the year. Dr. Henry Howard, the visiting physician, kindly facilitated my desire to see the asylum, and escorted a small party, consisting of Dr. Ross of Montreal, Dr. S. Mackenzie of London, and myself, to the institution. I must express to Dr. Howard my lasting obligations for his attention and assistance. We were received by the Mother Superior, Ste. Thérèse, who had been apprized of our visit. She conducted us through the building; was most courteous in her manner and in replying to the numerous questions with which I troubled her. I am glad to have this further opportunity of thanking her and the nuns who were with her for their kindness throughout the visit.

The neatness and cleanliness of the hall, reception-room and office strike the visitor very favorably on entering the establishment. The *Apothecaire* is a model of neatness. The nuns have themselves published a pharmaceutical and medical work, a large volume, entitled *Traité Élémentaire de Matière Médicale et Guide Pratique*, a copy of which the worthy Mother Superior was good enough to present to me. I was somewhat disappointed to find, on examining its pages, that only one was devoted to mental alienation, of which nine lines suffice for the treatment of the disorder. Among the moral remedies, I regret to see that "punitions" are enumerated; their nature is not specified. Two skeletons in the *Apothecaire* were shown to us by Ste. Thérèse, as being much valued subjects of anatomical study for the nuns, who would, it is not unlikely, consider their knowledge of the medical art sufficient for the needs of the patients. The law, however, obliges a medical man to reside in or near the asylum. Dr. Perrault, whom we did not see, occupies this post. This officer is appointed and paid by the Sisters; the visiting physician, on the contrary, is appointed and paid by the Provincial Government. We looked down upon a very large kitchen, where cooking by steam was going actively on, and a favorable impression as to the supplies was left upon the mind by the busy scene which presented itself. The amount of vegetables (potatoes,

turnips, cabbages, &c.) produced on the land, is very large—more potatoes, I believe, than they consume. Maize, wheat, oats and buckwheat are raised. The estate consists of 600 acres. There are a large number of cows, and the asylum buys beasts to fatten and kill, thereby saving a considerable sum. I was informed that about fifty patients were usually employed out of doors, and more in harvest time. That such an establishment should be conducted by nuns must seem remarkable to those who are unacquainted with the large part taken by Sisters of Charity in the management of hospitals in countries where the influence of the Roman Catholic Church extends. Theoretically, it would seem to be an admirable system, and to afford, in this way, a wide field for the employment of women in occupations congenial to their nature, and calculated to confer great advantages upon the sick, whether in mind or body. That women have an important *rôle* in this field will not be denied; but experience proves only too surely that to entrust those of a religious order with administrative power is a practical mistake, and leads to abuses which ultimately necessitate the intervention of the civil power.

The asylum consists of a succession of corridors and rooms similarly arranged, there being dining rooms, recesses, and single and associate dormitories. There are four stories uniform in construction, exclusive of the basement and the rooms in the roof, and these four are supplied with open outer galleries or verandahs, protected by palisades. The lower stories are clean and well furnished, and the patients appeared to be comfortable. The apartments of the private patients were, of course, the best furnished. It was curious to see in the day rooms on the male side a nun with a female assistant. They are in the wards all day, and sleep together in another part of the building. In the refractory ward for men there were two male attendants, and in the other wards one male attendant, in addition to the two females. In each ward on the women's side there were two assistants with the nun in charge, and in the refractory gallery there were three assistants. The nuns and female assistants are not paid. The corridors, the width of which was fair, were carpeted down the

centre, and there were pictures on the walls in considerable number. In the day-rooms, on the floor of which was oilcloth, the furniture, though simple, was by no means insufficient. In the recesses of the corridors, as well as in the corridors themselves, were seats for the patients. Although there were rooms on both sides of the corridor, the latter was fairly lighted by the recesses, &c. The dormitories were very clean, and presented a neat appearance; the beds were of hair, and a bright-colored counterpane had a pleasing effect. Single rooms, used as bed and sitting room, were very neatly furnished, and had every appearance of comfort. For paying patients, and for a considerable number of the poor class, I have no doubt the accommodation is good, and as I must shortly speak in terms of strong reprobation, I have pleasure in testifying to the order, cleanliness, and neatness of those parts of the building to which I now refer, and which we went over in the first instance.

It is as we ascend the building that the character of the accommodation changes for the worse. The higher the ward, the more unmanageable is the patient supposed to be, the galleries and rooms become more and more crowded, and they look bare and comfortless. The patients were for the most part sitting listlessly on forms by the wall of the corridor, while others were pacing the open gallery, which must afford an acceptable escape from the dull monotony of the corridor. The outlook is upon similar galleries in the quadrangle at the back of the building, and to a visitor, the sight of four tiers of palisaded verandahs, with a number of patients walking up and down the enclosed space, has a strange effect. These outside galleries are, indeed, the airing courts of the asylum. There are no others. If the patients are allowed to descend, and to go out on the estate, they do so in regular order for a stated time, in charge of their attendants, like a procession of charity school children. Those who work on the farms must be the happiest in the establishment.

In the fourth tier were placed the idiots and imbeciles—a melancholy sight necessarily, even when cared for and trained in the best possible manner, but especially so when there is no attempt made, so far as I could learn, to raise them to a higher

level or educate them. If, however, they are kindly treated and kept clean, I should feel much less regret for educational neglect, than I should feel pained by the state of the patients and their accommodation in the parts of the establishment next described. Far be it from me to attribute to these Sisters of Charity any intentional unkindness or conscious neglect. I am willing to assume that they are actuated by good motives in undertaking the charge of the insane, that they are acute and intelligent, and that their administrative powers are highly respectable. Their farming capacities are, I have no doubt, very creditable to them. It is not this form of farming to which I have any objection or criticism to offer. In the vegetable kingdom I would allow them undisputed sway. It is the farming out of *human* beings by the Province to these or any other proprietors against which I venture to protest.

It is impossible to convey an adequate idea of the condition of the patients confined in the gallery, in the roof, and in the basement of this asylum. They constitute the refractory class—acute and chronic maniacs. They and the accommodation which has so long been provided for them must be seen to be fully realized. To any one accustomed to a well ordered institution for the insane, the spectacle is one of the most painful character. In the course of seven-and-thirty years I have visited a large number of asylums in Europe, but I have rarely, if ever, seen anything more depressing than the condition of the patients in those portions of the asylum at Longue Pointe to which I now refer. I saw in the highest story, that in the roof, an ill-lighted corridor, in which sixty to seventy refractory men were crowded together; some were walking about, but most were sitting on benches against the wall or in chairs fixed to the floor, the occupants being secured to these restraint-chairs by straps. Of those seated on the benches or pacing the gallery, a considerable number were restrained by handcuffs attached to a belt, some of the cuffs being the ordinary iron ones used for prisoners, the others being leather. Restraint, I should say in passing, was not confined to the so-called refractory wards; for instance, in a lower and quieter ward, a man was tightly secured by a

strait waistcoat. Dr. Howard had him released, and he did not evince any indications of violence. It was said he would tear his clothes—a serious matter in an asylum conducted on the contract system! The walls and floor of the corridor in the roof were absolutely bare. But if the condition of the corridor and the patients presented a melancholy sight, what can be said of the adjoining cells in which they sleep and are secluded by day? They are situated between the corridor and a narrow passage lighted by windows in the roof. Over each door is an opening the same length as the top of the door, and 3 to 4 inches in height, which can be closed or not as the attendant wishes. This aperture is, when open, *the only means* of lighting the cell. The door is secured by a bolt above and below, and by a padlock in the middle. In the door itself is a *guichet* or wicket, secured, when closed, by a button. When opened, a patient is just able to protrude the head. There is, as I have intimated, no window in the room, so that when the aperture over the door is closed it is absolutely dark. For ventilation, there is an opening in the wall opposite the door, which communicates above with the cupola; but whatever the communication may be with the outer air, the ventilation must be very imperfect. Indeed, I understood that the ventilation only comes into operation when the heating apparatus is in action. What the condition of these cells must be in hot weather, and after being occupied all night, and, in some instances, day and night, may be easily conceived. When the bolts of the door of the first cell which I saw opened were drawn back and the padlock removed, a man was seen crouching on a straw mattress rolled up in the corner of the room, a loose cloth at his feet, and he stark naked, rigorously restrained by handcuffs and belt. On being spoken to, he rose up, dazzled with the light, and looking pale and thin. The reason assigned for his seclusion and his manacles was the usual one, namely, “he would tear his clothes if free.” The door being closed upon this unfortunate man, we heard sounds proceeding from neighboring cells, and saw some of their occupants. One, who was deaf and dumb, as well as insane, and who is designated ‘*l’homme inconnu*,’ was similarly manacled. In his cell there was not anything

whatever for him to lie or sit upon but the bare floor. He was clothed. Some of the cells in this gallery were supplied with bedsteads, there being just room to stand between the wall and the bed. When there is no bedstead, a loose palliasse is laid on the floor. In reply to my enquiry, the Mother Superior informed me that it was frequently necessary to strap the patients down in their beds at night.

Passing from this gallery, which I can only regard as a "chamber of horrors," we proceeded to the corresponding portion of the building on the female side. This was to me even more painful, for when, after seeing the women who were crowded together in the gallery, on benches, and in fixed chairs, many of whom were restrained by various mechanical appliances, we went into the narrow passage between the cells and the outer wall, the frantic yells of the patients and the banging against the doors constituted a veritable pandemonium. The effect was heightened when the *quichets* in the doors were unbuttoned, and the heads of the inmates were protruded in a row, like so many beasts, as far as they could reach. Into this human menagerie, what ray of hope can ever enter? In one of the wards of the asylum I observed on the walls a card, on which were inscribed words to the effect that in Divine Providence alone were men to place their hopes. The words seemed to me like a cruel irony. I should, indeed, regard the Angel of Death as the most merciful visitant these wretched beings could possibly welcome. The bolts and locks were removed in a few instances, and some of the women were seen to be confined by leathern muffs, solitary confinement not being sufficient. One of the best arguments in favor of restraint by camisole or muff is that the patient can walk about and need not be shut up in a room, but we see here, as is so often seen, that unnecessary mechanical restraint does not prevent recourse being had to seclusion. A cell, darkness, partial or total, a stifling atmosphere, utter absence of any humanizing influence, absolute want of treatment, are but too often the attendants upon camisoles, instead of being dispensed with by their employment. When such a condition of things as that now described is witnessed, one cannot help appreciating, more

than one has ever done before, the blessed reform in the treatment of the insane which was commenced in England and France in 1792, and the subsequent labors of Hill, Charlesworth and Conolly. But it is amazing to reflect that although the superiority of the humane mode of treating the insane, inaugurated nearly a century ago, has been again and again demonstrated, and has been widely adopted throughout the civilized world, a colony of England, so remarkable for its progress and intelligence as Canada, can present such a spectacle as that I have so inadequately described as existing, in the year of grace 1884, in the Montreal Asylum.

Before leaving the asylum, I visited the basement, and found some seventy men and as many women in dark, low rooms. Their condition was very similar to that already described as existing in the topmost ward. A good many were restrained in one way or another, for what reason it was difficult to understand. Many were weak-minded, as well as supposed to be excitable. The patients sat on benches by the wall, the rooms being bare and dismal. A large number of beds were crowded together in a part of the basement contiguous to the room in which the patients were congregated, while there were single rooms or cells in which patients were secluded, to whom I spoke through the door. The herding together of these patients is pitiful to behold, and the condition of this nether region in the night must be bad in the extreme. I need not describe the separate rooms, as they are similar to those in the roof. The amount of restraint and seclusion resorted to is of course large. Yet I was informed that it was very much less than formerly.

To the statement in regard to the crowding of the patients in this asylum, it will be objected that I have given a description of a state of things which will shortly disappear, as additional rooms are being provided for their accommodation. While I am glad to hear that other rooms will be available before long, I am not by any means convinced that the lowest and topmost wards of this asylum will be disused for patients. There are now, the Mother Superior said, about 1,000 lunatics in the building, and when first informed that new wings were being prepared,

I concluded that it was for the purpose of providing increased accommodation for the existing number of inmates only. That hope, however, was greatly lessened, if not wholly dispelled, when I learnt from this lady that when these new wards are ready there will be room in the institution for 1,400 patients. It is said the new rooms will contain 600 beds, but how many cubic feet are allowed in this calculation I do not know. I have no hesitation in saying that when the patients are removed who now occupy the two portions of the building I have described, and when the occupants of the other galleries are reduced to the number the latter ought properly to accommodate, there would be at least 400 patients who should be removed from the old to the new building. If I am correct in this opinion, the present lamentable evils will continue after the opening of the additional apartments, or if they are mitigated for a time, they will but too surely be renewed as fresh admissions take place. Assuming, however, that overcrowding is lessened, and that these dark cells should cease to be used, what guarantee—what probability—is there, that the manacles will fall from the wrists of the patients of this asylum? I am not now speaking from the standpoint of absolute non-restraint in every conceivable instance of destructive mania. It is sufficient to hold that the necessity for mechanical restraint is exceptional, and that in proportion as an asylum is really well managed, the number whose movements are confined by muffs, strait-waistcoats and handcuffs will become fewer and fewer. The old system of treating the insane like felons has been so completely discarded by enlightened physicians devoted to the treatment of the insane, that it can no longer be regarded as permissible in a civilized country. The astonishment which I experienced in witnessing this relic of barbarism in the Province of Quebec is still further increased when I see such excellent institutions as the lunatic asylums of the adjoining Province of Ontario. I am perfectly certain that if it were possible to transfer the worst patients now in the asylum at Montreal to these institutions, they would be freed from their galling fetters and restraint-chairs. They would quit their cells also, and, in many instances,

be usefully occupied where they are now restrained, with the result that in not a few cases perfect recovery to health would follow. "Look on this picture and on this," were words constantly in my mind after visiting the institutions of the two provinces. It can hardly be contended that a system which succeeds in one province, and is attended by great success, ought not to be followed out in the other.

The question arises, why this difference in the condition of the insane in the asylums of the two Provinces? Whatever other reasons there may be for this extraordinary contrast, I have no doubt that the main cause is to be found in the different systems upon which the financial management of those institutions is based. It is a radical defect—a fundamental mistake—for the Province to contract with private parties or Sisters of Charity for the maintenance of lunatics. This, it cannot be too often repeated, is the essential root of the evil; and unless it be removed, the evil, although it may be mitigated, will remain and will bear bitter fruit. If any steps are to be taken to remove the present deplorable condition of the insane in the asylum of Montreal, it must be by the Province taking the actual responsibility of these institutions into their own hands. Whatever may be the provision made by private enterprise for patients whose friends can afford to pay handsomely for them, those who are poor ought to have the buildings as well as the maintenance provided for them by the Legislature. They are its wards, and the buildings in which they are placed should belong, not to private persons, but to the public authorities, with whom should rest the appointment of a resident medical officer.

The official inspection of this institution must now be referred to. When I was at the Quebec asylum (Beauport) I obtained a copy of the report of that establishment. The names of three inspectors of the asylums and prisons of the Province are there given, namely, Drs. L. L. Desaulniers, A. de Martigny, and Mr. Walton Smith. They report to the Provincial Secretary, who resides at Quebec, and is the Government officer to whose department these institutions belong. I was informed that the visits of the inspectors are due three times in the year. The

Grand Jury are empowered, when they meet, to visit asylums and make a presentment to the Court in regard to their condition, but I understood that this is generally a very formal proceeding. With regard to the authority of the visiting physician appointed and paid by the Government, it has been hitherto, so far as I could ascertain, almost, if not entirely, *nil*. His hands have been so tied that he could not be held responsible for the way in which the asylum has been managed. The Quebec Legislature passed an Act in June last which has only just come into force, and which, among other provisions, extends and enforces the authority of this officer. It remains to be seen whether this Act invests him with sufficient power to carry out any system of treatment or classification of the patients which he may deem requisite.

There should, however, in any case, be a medical superintendent, with competent knowledge of the treatment, moral and medical, of the insane, with undivided authority and responsibility inside the institution, although subject to the Government, aided by efficient medical inspection.

Should the contract system be abolished, should capable medical men be placed at the head of the institutions of the Quebec Province, and should inspection made by efficient men be sufficiently frequent and searching, the asylums for the insane of this Province would become institutions of which Canadians may be justly proud, instead of institutions of which they are now, with good reason, heartily ashamed.

#### BEAUPORT ASYLUM, QUEBEC.

I visited the Beauport Asylum, at Quebec, Aug. 18, 1884. It was established in 1845; additions were made to the original building in 1865 for the male patients, and in 1875 for the female patients. The medical superintendents reside in the city, several miles away, and I had not the pleasure of seeing them. There are two visiting physicians. The asylum is inspected by Dr. Desaulniers, Dr. A. de Martigny, and Mr. Walton Smith. Resident on the premises is the warden, and in the vicinity is an assistant physician. I have to express to both these gentle-

men my obligations for the kind way in which they received me, the time they devoted to my visit, and their readiness to show me the various parts of the building. My thanks are especially due to Mr. A. Thomson of Quebec, for the assistance he rendered and for accompanying me.

The asylum is a striking object to visitors to the Montmorency Falls, as they pass along the road where it is situated. The approach is pleasant and the entrance attractive, being marked by the taste and cleanliness which characterize the dwellings of the Canadians generally. The warden received us politely, and took us round the building devoted to female patients. His wife occupies the post of matron, and has two assistants under her. The corridors into which we first went are sufficiently spacious, and serve the purpose of day-rooms to a large extent, the patients being seated or walking about. The patients here were well dressed, and appeared to be as comfortable as their condition would allow. The associated dormitories are large, cheerful rooms, well ventilated, and the beds neat and clean. I supposed that the linen had been clean that morning, but was informed that it was the last day in use, and was changed weekly. Strips of carpet and mats in the dormitories, as well as in the corridors, relieved the bareness of the floor.

The position and construction of a series of single bed-rooms attached to the wards are most unfortunate. They are placed back to back, so that there is no window in them, the narrow passage which skirts them receiving light from a window at either end. There is an aperture over the door, and a small one in the door itself. The ventilation is most imperfect, and it was not denied that in the morning their condition is the reverse of sweet. Some of these cells—for cells they must be called—were very close when I visited them. How such rooms came to be built for lunatic patients, for whom good air and sufficient light are so important, it is difficult to comprehend. I was informed that they were planned to expedite the escape of the inmates in case of fire, there having been a conflagration some years ago in which twenty-six patients perished, but I failed to see the fitness of such an arrangement. It appeared to me

to be due to the desire to economize room, and I am not surprised to find, from one of the annual reports given me, that credit is claimed on the ground that the cost for care and maintenance is less than at ten asylums with which the Beauport Asylum is compared.

I have spoken favorably of the associated dormitories opening into the corridors. Those, however, in the attic were very gloomy and crowded with beds. I have also referred favorably to the dress of certain patients. I must add that in some parts of the house they were barely clad, and presented a very neglected appearance altogether.

The number of women in restraint was very considerable. Some wore the manchon or muff, others the close glove (*mitaine*); others were restrained by leather wristbands (*poignet*) fastened to a belt, while some were secured by the *gilet de force*, so that movements of the arms were effectually prevented. Several were secured to the bench on which they were seated. In one small airing court upon which I looked down, not a few were restrained; the whole company appeared to be unattended, or if there were attendants, the latter did not consider it a part of their duty to keep their dress in decent order. In referring to mechanical restraint, I do not judge of the condition of the patient from the total non-restraint point of view. The amount resorted to in this asylum would not be seriously justified by any physician of the insane with whom I am acquainted, whatever his views on non-restraint may be.

After leaving the building in which the women are located, we walked into the grounds over a stream to a steep, grassy, airing court, which was fortunately shaded from the blazing sun of that day. Here a number of female patients were congregated, with one or two attendants. A wooden fence separates this ground from a corresponding grass plot for the men. From a window in the building for the latter sex I looked down subsequently, and the sight of the female patients lying or sitting on the grass in unseemly attitudes, and with scant and neglected attire, did not commend itself as one altogether desirable. The number of attendants is quite insufficient, and I cannot say I

was favorably impressed with their appearance. Where so much importance is attached to economy, this cannot excite surprise. Their pay is very insufficient, as well as their number.

Passing to the building for the male patients, over which the resident physician escorted us and manifested the greatest willingness to show every corridor and room, I would observe that there are certain wards which, like those for the corresponding class of women, are both clean and respectably furnished; but when I have done justice to the accommodation afforded in these galleries, I have said all that I can say in the way of commendation. The higher one ascended in the building, the lower the condition of the patient—the corridors were much crowded, and the amount of mechanical restraint excessive. In the worst ward, the sight was in the last degree painful to witness. Here were some thirty patients. Some had leathern muffs, others the belt and poignet, while several were in cells as dark as those on the women's side, and were also restrained. One had his legs secured at the ankles. There were also several men in restraint-chairs, to which they were fastened, and not only so, but they wore muffs. They were in their shirts, and over their exposed persons flies were crawling in abundance—a spectacle which it must suffice to describe without characterizing further. Among patients of the class now referred to, I counted fourteen restrained, but I do not pretend to have noted them all. For a man who was given to scratching his face, it was considered necessary not only to secure his hands by muffs, but to place him in a crib-bed.

But it is needless to describe in more detail an institution which, however willingly I may praise where praise is due, is so radically defective in structure and so fundamentally different from any well conducted institution of the present day, in the matter of moral, to say nothing of medical, treatment, that no tinkering of the present system will ever meet the requirements of humanity and science. I regret to write thus. It is a thankless task for a visitor, courteously treated as I was, to criticize any institution which the officers permit him to inspect. But I write in the hope of helping, in however humble a way, to bring about a reform in the injurious practice of the State contracting

with private individuals for the maintenance of its insane poor. The proprietors only receive 11 dollars per head per month for maintenance and clothing. This system involves the probability of their being sacrificed to the interests of the proprietors. It has the disastrous tendency to keep the dietary as low as possible, to lead to a deficiency in the supply of clothing, and to a minimum of attendants, thus inducing a want of proper attention to the patients and an excessive resort to mechanical restraint, instead of that individual personal care which is so needful for their happiness and the promotion of their recovery. I consider that the number of attendants in such an asylum should not be less than 1 in 7, instead of 1 in 15; and that a higher class should be obtained by giving higher wages. At present they are as follows: 9 to 10 dollars a month in winter for male attendants; 12 to 14 in summer. Women attendants have 5 to 6 dollars a month, or £12 to £16 10s. a year. With a higher class, it might no longer be an irony to speak as the chaplain does in one of the Reports, of "the good and virtuous keepers who are selected with great discernment."

I venture also to express the hope, in conclusion, that the Province of Quebec will itself undertake the responsibility of providing the necessary accommodation for its insane poor and their skilful treatment, that a resident medical superintendent, with full authority, will be appointed, and that there will be a Board of Management as well as really efficient inspectors.

## JEQUIRITY IN GRANULAR OPHTHALMIA.

By F. BULLER, M.D., M.R.C.S., ENG.,  
Professor of Ophthalmology and Otology, McGill University.

(Read before the Canada Medical Association, at Montreal, August, 1884.)

The subject I have chosen to bring forward on the present occasion has been so thoroughly investigated during the past two years, both in the old world and in the new, that I must disclaim from the outset all pretension as to the production of really new facts. Again, so much space has of late been devoted to this theme, both in general and in special medical literature, that I fear a paper on *jequirity* begins to bear some resemblance to a threadbare garment. Nevertheless, as this new remedy and its action are still material for active controversy among several prominent ophthalmists, it may be interesting to know how the matter stands at the present time.

It would indeed be strange, if, in these days of active medical research, a remedy capable of accomplishing anything like the beneficial results claimed for it by such an authority as De Wecker of Paris should not awaken the liveliest interest among those engaged in ophthalmic practice. Such has certainly been the case, but, like all new remedies, it has had to run the gauntlet of adverse criticism, not so much on account of any fault in the remedy itself, but because it has not acted satisfactorily when inadvertently used in unsuitable cases. I myself believe the drug to be one of the most valuable therapeutic agents now at our disposal, and I have come to this conclusion after carefully watching its effects in a tolerably large number of cases subjected to this mode of treatment during the past year in the Montreal General Hospital. So potent a remedy as this has proved to be, necessarily requires to be used with care and circumspection, and for this reason I have preferred to follow almost entirely in the beaten track, so to speak, confining its application to rather old and seemingly inveterate cases of granular ophthalmia with pannus. This is probably the reason why I have formed so favorable an opinion of its action, and met with so few disappointments in its use. Among some twenty-five cases treated, including more than forty eyes, I have only been disappointed

on three occasions ; of these I shall say more later on, when referring to the indications and contra-indications for the use of the remedy.

The solution I employ is made by macerating three parts by weight of the powdered beans in one hundred parts of cold water for twenty-four hours. The solution is then filtered and is ready for use. Now it seems to be a pretty well established fact that up to a certain point the intensity of the inflammation set up by solution of jequirity is in direct proportion to the strength of the solution, assuming, of course, that the beans are of the best quality ; at the same time, there is, undoubtedly, a wide difference in the individual susceptibility of different eyes to its action, and experimenters have shown that it acts more violently among some of the lower animals—the rabbit, for instance—than in man. De Wecker and others have found that the activity of the solution of jequirity increases very perceptibly with its strength, up to 5 per cent., but that beyond this point there is no apparent increase in the intensity of the inflammatory process it occasions. This may be because the watery solution is really saturated with the active principle, whatever it may be, at 5 per cent., or it may be that any addition to an already severe inflammation, such as usually occurs after one application of a strong, say 5 per cent. solution, would not visibly increase the effect. Certain it is, however, that repeated applications keep up its action to the maximum degree for several days at least. Certain it is that two or more applications of a weak solution, at intervals of some hours, act more strongly than one application of the same strength ; and I believe that we shall ultimately find that the real danger from the use of the drug proceeds from repeated applications of too great strength, for in the human conjunctiva the acme of jequirity ophthalmia is reached too soon to seriously endanger the cornea, and when the remedy is not repeated, nothing is more surprising than to observe the rapid manner in which the inflammatory process subsides. In reading de Wecker's last communication, "between the lines" I find that he has abandoned the earlier method of making repeated applications of the remedy during several

days, because by so doing danger to the cornea is lessened, if not entirely avoided, for he has modified one of his leading axioms by adding the words "when properly used." In dealing with eyes very insusceptible to the action of jequirity, I have not succeeded in setting up inflammation with a 10 per cent. solution, where a 5 per cent. had failed, or, in those only moderately susceptible, in obtaining a stronger reaction with the former than with the latter. As a rule, the more normal the condition of the conjunctiva, the greater is its susceptibility to the influence of jequirity; conversely, the more atrophic and disorganized the membrane has become, the less likely is the jequiritic ophthalmia to assume a severe type, and not infrequently it will be found impossible to set up the characteristic inflammation at all. Fortunately, however, even in these most inveterate cases, the slight reaction induced by the stronger solutions may have a most favorable influence in clearing the cornea and ameliorating the patient's condition. The following case illustrates this point:—

A young woman, who had suffered for many years from "sore eyes," was admitted with very defective vision, caused by pannus and some superficial ulceration of the corneæ. The conjunctiva was very much atrophied, and retro-tarsal folds partially obliterated. Treatment was commenced with a 3 per cent. solution three times daily for several days, without visible effect; subsequently a 5 per cent. solution was used thrice daily for a week; this induced a moderate degree of conjunctivitis, with a watery, somewhat flocculent, secretion. During this time the eyes became less irritable and the corneæ commenced to clear up. The clearing process continued long after the remedy was discontinued, and five weeks after the patient went out with useful vision. At no time was there any appearance of false membrane developed in the conjunctiva during the progress of this case, nor did the eyelids become swollen more than would occur in a case of simple catarrhal ophthalmia of moderate severity.

The mode of preparing and using jequirity at present recommended by De Wecker is as follows: The beans are bruised

sufficiently to remove the cortex and ground in a coffee-mill. The fresh powder is then mixed with cold water, and allowed to stand for three hours. The solution is then filtered, and is ready for use. He advocates the use of a 3 per cent. solution in nearly all cases, and strongly advised that it be perfectly fresh—that is, freshly prepared for each application—and finds that one application usually suffices, though sometimes two or three are required at intervals of 24 hours. In a few cases of extreme cicatrization, or amyloid degeneration of the conjunctiva, he uses a 5 per cent. solution, but has quite abandoned the earlier plan of using a weaker solution three times daily for three days. Prepared and used in this way, De Wecker has never seen it cause eczema of the eyelids, such as may occur after the use of a stale solution, or one which has been prepared with the addition of carbolic acid. I have several times seen eczema of the lids caused by the more frequent use of a stale 3 per cent. solution uncombined with any other irritant or so-called disinfectant, and therefore infer that stale solutions acquire some irritant qualities other than those which cause the jequirity ophthalmia, though, of course, the eczema may here be due to the more prolonged overflow tears, &c., induced by the repetition of the remedy. A fresh solution of jequirity certainly does not produce any immediate irritation when applied to the conjunctiva; only after the lapse of some hours does this occur. If we call this period the stage of incubation, its duration is anywhere between three and eighteen hours. As a rule, at the end of three or four hours the eye feels a little hot and is slightly reddened, with, perhaps, some lachrymation, but no swelling of the eyelids; three or four hours later the eyelids have become more or less swollen, and the conjunctiva shows signs of the characteristic croupous exudation; at the end of twenty-four hours the lids may be very much swollen and reddened, and often of a dusky or purplish color, at the same time somewhat tender and quite firm, but the *typical* picture thus presented is not at all like that of ordinary purulent ophthalmia. The swelling of the conjunctiva is not so great and the secretion not nearly so abundant. I have only once observed what could be called a purulent ophthalmia after

the use of jequirity ; on the other hand, in nearly every instance the membranous character of the inflammation was very conspicuous, the fluid portion of the exudation being of a watery character, mixed with whitish shreds and flocculent material. In one case, the membranous exudation, of a tough yellowish material, was so abundant that the cornea was completely hidden for two or three days, and only came into view after the removal by forceps of great flakes of exudation which completely filled the conjunctival sac. In this case there was slight ulceration of the cornea, but the final result was most brilliant, an inveterate pannus of several years duration being completely cured, and the patient restored to perfect comfort and excellent vision in the space of three weeks.

There are two distinct theories respecting the nature of jequiritic ophthalmia, and the subject is at the present time exciting an active controversy. Sattler of Erlangen, after some elaborate investigations, came to the conclusion that the infusion of jequirity acts by inducing a septic inflammation excited by the growth of a bacillus, which is found to develop rapidly and in great abundance in any solution of jequirity that has been exposed to the air. De Wecker himself is a strong upholder of this theory, but the supposed facts upon which it is based have not sufficed to carry conviction to the minds of other investigators, who argue that jequirity owes its activity to the presence of some peculiar chemical compound of an irritating nature, which chemistry has probably not yet succeeded in isolating. Without entering at length into the controversy, I will state some of the facts on both sides of the question ; but before doing so, I may say that my impression is, the opponents of the bacillus theory have the best of the argument.

1. The adherents of the bacteria, or infection theory, point out that a solution of jequirity, when exposed to the air, soon becomes loaded with a peculiar form of bacillus, and that the same micro-organism exists in the secretion and in the false membranes of jequiritic ophthalmia.

2. The inflammation occurs only after a stage of incubation, after the manner of septic poisons generally.

3. The stage of incubation is shortened by free exposure of the conjunctiva to the external air.

4. The stronger the solution the more active the resulting inflammation.

5. That the non-contagiousness of jequirity ophthalmia can be explained by the peculiar character of the inflammatory products.

The advocates of the chemical or organic-ferment theory have shown that an infusion of jequirity is most active when free from bacteria, and that stale solutions, which are replete with the characteristic bacillus, become less active or wholly inert. I may add to this that the very freshness of the infusion advocated with emphasis by De Wecker himself precludes the existence of bacteria at the time it is used, and it is inconceivable that so small a quantity of the drug as can only remain in the conjunctival sac a few moments after it has been applied should form a sufficient nidus for the development of the enormous numbers of these organisms probably necessary to produce the acute inflammation that actually occurs. Moreover, De Wecker and his co-workers admit the difficulty of finding the bacillus in the secretion or false membranes of jequiritic ophthalmia; other observers say, "We could not find any bacillus either in the pus or in the diphtheritic layer from the conjunctiva when examined under the microscope.

The secretions of jequiritic ophthalmia are not contagious at any stage of the disease, at least they never excite a similar inflammation, as in the so-called inoculation from purulent ophthalmia, nor does the jequirity bacillus obtained by culture produce any of the characteristic results even when introduced into the conjunction in large quantities.

The active principle of jequirity is supposed to reside in an amorphous ferment which is not soluble in alcohol, ether, chloroform or benzine, but is soluble to some extent in water and freely in glycerine. A precipitate obtained by adding alcohol to a glycerine solution, when purified and redissolved in water or glycerine, gives the characteristic jequirity inflammation. Of the substance soluble in glycerine, it is said so small a quan-

tity as the  $\pi\pi\pi$  part of a grain is capable of producing the characteristic inflammation. That a strong solution of this substance should excite more inflammation than a relatively weak one is not inconsistent with what we know of other vegetable irritant poisons, and certainly does not require the presence of bacteria to render the action comprehensible. As for the stage of incubation, we also have the same phenomenon in the action of other irritant organic substances—for instance, the acute inflammation caused by cantharidin; but, so far as I am aware, no one pretends to argue that the stage of incubation here has anything to do with the presence of bacteria, or that an extension of the inflammatory process beyond the limits of the local application must be traceable to a similar cause, as De Wecker does when he alludes to the constitutional symptoms and the widely extended erysipelatous inflammation that sometimes follows the use of jequirity. It seems to me that some idiosyncrasy on the part of certain individuals, as yet unexplained, must be taken into account in such cases. If the constitutional symptoms are really due to a general septic condition of the blood, induced by the jequirity, it is hardly likely that serious or even fatal results should not now and then occur, but up to the present time, so far as I am aware, nothing of the kind has ever happened.

After a good deal of experience in the treatment of granular ophthalmia and pannus by inoculation, a method of treatment which in suitable cases is well known to yield most brilliant results, I have often thought how satisfactory it would be to possess a remedy capable of accomplishing a cure in the same way without the attendant dangers of inoculation, a remedy whose action we could control with something like certainty. In jequirity we have a near approach to this desideratum, not a universal panacea for granular ophthalmia by any means, but a safe, speedy and almost certain cure for this disease in its worst and most inveterate forms. Dense trachomatous infiltration of the conjunctiva with persistent or relapsing pannus, or highly atrophied conjunctiva, with a few firm scattered granulations, and a rough, sometimes ulcerated, sometimes infiltrated, and more or

less vascular cornea—a jaded, careworn, half-blind and wholly despondent patient, with a woeful history of time lost and money spent in vain; these are the things which have brought bitterness into the lives of every ophthalmic surgeon in the days of sulphate of copper and astringents; but now that is all changed, and we can bid these unfortunates to be of good cheer, for it is just in these cases the best results of jequirity are achieved, if we are to believe the records of current literature and if my own experience is of any value. Nevertheless, I cannot entirely endorse the statement that the use of jequirity is devoid of danger to the cornea, even in promising cases—that is, with trachoma of old standing and vascularized cornea. Since I find on record several instances in which destructive ulceration has occurred, and in one case I have myself seen perforating ulcer occur in a cornea never before ulcerated, but moderately vascular in its upper part; curiously enough, too, the ulceration occurred through the vascularized portion. Here, however, it is only fair to say the subject was an out-patient, and remained away two days, using the remedy which had acted well in the other eye, at his own discretion. The ulcer healed without anterior synechia, and the eye was doing well when last seen. One other case in which the remedy seemed to do more harm than good was a case of florid granulations, with pannus and a good deal of irritation going on at the commencement of treatment. Here the result was in conformity with the dicta: “Jequirity should not be used where the cornea and conjunctiva show signs of acute inflammation.” “That it does not benefit those cases of granular ophthalmia in which succulence of the retro-tarsal folds with increased secretion predominate over those of trachoma.”

So far as I have had an opportunity of observing, I feel satisfied there is no other remedy so efficient for clearing a trachomatous pannus; it is more rapid and more certain than peritomy, and far less dangerous than inoculation.

When used with proper care it is a safe remedy, and is not contraindicated by the presence of ulceration of the cornea. It may cure the granulations and remove pannus without producing

its characteristic form of inflammation, but, as a rule, the best and quickest results are seen after strong attacks of jequirity ophthalmia. Those who wish to use the remedy with safety will do well to begin with a two or three per cent. solution of the pulverized decorticated beans, making only one application daily and watching the effect, remembering that when once the characteristic inflammation has been set up it need not and should be perpetuated by repeated applications. If the cure is only partial after two or three weeks, the same process may be repeated. When the remedy fails to set up severe inflammation, its use is devoid of danger, and frequent repetition admissible. In some cases partially cured by jequirity, but in which the clearing process seemed to have come to a stand-still, instead of repeating the remedy, I have used oxide of mercury ointment (gr. x ad ʒi) with excellent effect, and that in cases which the same ointment had failed to benefit prior to the use of jequirity. With regard to the use of jequirity in other eye affections, I have, for the present, nothing to say, though I can quite believe it may be found of service in other conditions associated with loss of transparency of the cornea. It has also been favorably spoken of in certain affections of the skin, and in ozæna, but so far I believe its value has not been fairly tested except in diseases of the eye.

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## TWO CASES OF DIABETES INSIPIDUS, ONE COMPLICATED WITH EXOPHTHALMIC GOITRE.

BY DR. WORTHINGTON, OF CLINTON, ONT.

(Read before the Canada Medical Association, Montreal, August 1884.)

MR. PRESIDENT AND GENTLEMEN,—In a practice of nearly thirty-four years, I have only met with two cases of polyuria, and these were observed in the same year, one being complicated with exophthalmic goitre, the other with retroversion of the uterus. The opportunities for observing and studying the pathology of this disease appear to have been few. No recent light, that I am aware of, has been thrown upon the pathology of it, and *post-mortem* appearances appear to be contradictory. Neuffer, in a case of his, found the kidneys small and atrophied, while in another case mentioned by Lebert, they were enlarged

and hypertrophied. Niemeyer says "the most specious hypothesis as to the pathogeny of insipid diabetes is that which ascribes the polyuria to derangement of innervation of the blood-vessels of the kidneys. If the afferent vessels of the Malpighian capsules were to become dilated in consequence of paralysis of their walls, the pressure within the glomeruli would increase, and with it the rate of filtration of the urine would augment, thus giving rise to polyuria." Bernard "found that by pricking the floor of the fourth ventricle, above the 'sugar puncture,' he could produce copious diuresis, and, in certain animals, injuries to the central lobe of the cerebellum are followed by a like result." It is quite easy to suppose that the vaso-motor supply to the arteries entering the capsules and the Malpighian tufts within the capsules is so deranged that the vasodilators are not antagonized by the vaso-constrictors, or are, in fact, paralyzed, the consequence being that the blood-supply is furnished to the full extent of dilatation of which the vessels are capable; but this is not so easy to prove, and is not yet proven. The conclusion at which pathologists appear to have arrived is, "that in all probability paralysis of the vaso-motor nerve fibres is the main cause of diabetes insipidus." This diathetic tendency is, according to Mr. Alexander Silver, derived by inheritance. He says, "Perhaps the most extraordinary example of this is recorded by Dr. Gee, where the disease was directly transmitted through four generations. Sometimes one member of the family escaped, but the children were sure to be attacked. A newly-born infant, a member of this family, suffered from unusual thirst, so much so, that water had to be given to still it." He further says, "Beyond inheritance, nothing very definite can be said as to the cause and origin of polyuria."

CASE I.—W. S., male, aged 27, came to my office April 14th, 1883. Noticed some four months ago that he had to rise three or four times at night to urinate, but thought little of it till about six weeks since, at which time he hired to a farmer near Clinton, but before going to work he consulted me for indigestion. After commencing work, he received a kick on the arm from a horse, which disabled him, and the idle time he improved by getting married and settling in Clinton.

*May 15th.*—Consulted me as to being obliged to rise six and eight times each night to urinate. A specimen was tested for albumen, with negative result. Specific gravity 1010, acid reaction; the microscope revealed nothing. No pain on voiding, but felt feverish at night. Pulse 114; temperature  $99\frac{3}{4}^{\circ}$ . Gave him Pot. Chlor. with no effect; changed to Fl. Ext. Buchu with no better success. I had several times asked him how much urine he passed, if it was more than three pints in twenty-four hours, and he thought not. Not being able to account for his condition, I measured eight ounces of water into a bottle and gummed a strip of paper at the top of the water. I gave him the bottle, with instructions to measure the quantity he passed in the next twenty-four hours, and was surprised to get a report of  $6\frac{1}{2}$  pints. This was on May 20th. Specific gravity, 1010. Moore's, Trommer's and the yeast tests were made for sugar, with negative results. Dry diet, with about the normal quantity of water, was prescribed, and Dr. Henry Kennedy's nitric acid treatment adopted—5i to a quart of water, this amount to be taken in 24 hours. Had an attack of dysentery on the 22nd; acid stopped till better.

*May 24th.*—Pulse 118; temperature  $99\frac{1}{2}^{\circ}$ . Passed five pints; specific gravity 1014. Has been very thirsty from the first, but is less so now at intervals. About this time my attention was directed to a considerable enlargement of the thyroid gland, which appeared to be more than usually vascular. This caused me to examine into the very prominent and staring condition of his eyes, so much so that the lids could only cover them with difficulty. I had often noticed the strange appearance of his eye, but without thinking of exophthalmic goitre. My friend Dr. Hurlburt, happening to be present, at once noticed the presence of Graves' disease. The goitre was much less than usual in this disease, but the exophthalmos was very marked. He was now placed upon one drachm of the fluid extract of ergot thrice daily. His urine was (June 11th) reduced in quantity to about four pints.

*June 12th.*—Pulse 98; temperature  $98\frac{3}{4}^{\circ}$ ; specific gravity of urine 1018. His weight when taken sick was 180 lbs.; he now weighs 140 lbs. His excessive loss of flesh, combined with

the rather high specific gravity of his urine and entire absence of sugar, led me to think there must be a somewhat excessive excretion of urea, which would account for the rapid waste of tissue. I found this to be the case on testing for urea.

I saw him but once after this date, on the 16th, when he was still improving. I heard from him after he left Clinton, and that he had taken a trip up the lakes with benefit, and that he had commenced to work on the farm again.

CASE II.—Mrs. J. S., aged 30, had a still-born infant eight years ago; instrumental delivery of over two hours' duration. Has not been pregnant since. About two months ago she noticed an increase in the quantity of urine, accompanied with great thirst; the quantity gradually increased till she now (18th September, 1883) passes twenty pints in 24 hours, with a specific gravity of 1002. She complains of pain in her back, and when she works harder than usual, or remains on her feet long, feels something pulling down. Has had leucorrhœa constantly since her confinement. General health poor; very little appetite, and digestion bad. Pulse 84; temperature  $98\frac{1}{2}^{\circ}$ . Tongue has a yellowish coating, and very dry at night. On making a speculum examination, and passing the sound, I found retroversion of the uterus and unilateral laceration of the right side of the cervix. On account of the very contracted antero-posterior diameter of the pelvis, I had no pessary that I could use, and only directed for the time hot water enemata twice daily. Prescribed for the polyuria 20 minims of the fluid extract of Ergot thrice daily, and Quinia and Lactopeptine for her stomach. 25th.—Pulse 62; temperature  $97\frac{3}{4}^{\circ}$ . Is doing her housework since the 18th. The quantity of urine has varied from 20 to  $22\frac{1}{2}$  pints daily. Appetite better, and she can eat without vomiting. Remembers being thirsty as far back as the 1st of May last, but did not have to rise at night to urinate till about the middle of July. 28th.—Pulse 66; temperature  $97\frac{1}{4}^{\circ}$ . Has been vomiting; felt very well till after taking the ergot, which had been increased to a dram thrice daily. Directed it to be taken in divided doses one hour apart. Thirst has varied—some days very little and on other days very great. Passed on the

29th 18 $\frac{3}{4}$  pints ; 30th, 25 pints ; October 1st, 25 $\frac{3}{4}$  pints ; 2nd, 25 pints ; 3rd, 25 pints ; 4th, 25 pints ; specific gravity 1001.

*October 6th.*—Pulse 100 ; temperature 99 $\frac{3}{8}$ °. Stopped the ergot, and gave gallic acid grs. xv three times daily. From the 6th to the 11th, the quantity varied from 20 to 20 $\frac{1}{4}$  pints ; from the 11th to the 23rd, the quantity fell to 17 $\frac{1}{2}$  pints. Her appetite, which has been very fair, has partially failed. Tongue coated light brown and very dry at night. Her skin has been continuously dry and harsh. There has been no menstrual discharge since the 15th July. From the 23rd to the 29th, the amount of urine discharged daily was 15 pints, except on the 28th and 29th, when it was 17 $\frac{1}{4}$ .

*November 8th.*—Has been vomiting, feels chilly, and wants to drink more. The daily quantity is gradually decreasing ; specific gravity 1005. She is very weak ; scarcely able to walk about. Has decided to go home to England.

I did not think it necessary to test the urine for sugar on account of the low specific gravity. The patient has been to England and returned, and her present condition is as follows : She is much improved in her general health ; appetite good ; bowels regular, and thirst not so great, but is still present. She is now passing about 10 pints daily. She has made up her mind to eat and drink what she likes, and, consequently, is taking freely of tea and coffee, and eating what suits her taste.

## ON RAILWAY SPINE.

BY J. CAMPBELL, M.D.C.M., AND L.R.C.P., EDIN., OF SEAFORTH, ONT.

*Written for the meeting of the Ontario Medical Association, held at Hamilton on the 4th and 5th June, 1884.*

The ever-interesting and ever-important subject of what now generally goes by the name of "Railway Spine" has, during the last year, been attracting renewed interest. This has been owing in a great measure to the publication of Page's work "On the Injuries of the Spine and Spinal Cord." Mr. Page has been for a number of years a surgeon to one of the greatest railway corporations in England, and, therefore, has had a very extended experience of all possible railway injuries, and particularly of cases of so-called "railway spine." He contends that cases of

what are commonly called concussion of the spine do not exist, except in the imagination of the surgeon making the diagnosis. By "concussion," he means the cord receiving an injury of such a nature as to give rise to pronounced symptoms, without, at the same time, the vertebræ, ligaments or membranes receiving any hurt. It is well known that Mr. Erichsen has been a strenuous advocate of the theory that the great majority of cases of railway injuries having for their symptoms spinal symptoms are due to concussion of the spinal cord. The first one hundred pages of Mr. Page's book are taken up with combating this view of Erichsen's, and it appears to me that Mr. Page's attempt has been successful. He at least conclusively shows that the vast majority of cases of concussion of the spine are nothing more nor less than cases where the lumbar muscles or the ligaments of the spine have been sprained or ruptured. Erichsen contends that many cases of "concussion of the spine" received in railway accidents never recover, while Page, on the other hand, maintains that these so-called cases of "spinal concussion" always do recover. While representing the reaction, Mr. Page's recent work certainly favors an undue belief in the certainty of recovery in cases of this sort. Erb presents the matter more fairly than either of these writers. Accidents which occur in railway collisions, as other accidents, may lead to a long train of nervous symptoms, and when death has resulted, a post-mortem examination may show little apparent cause for the fatal result. In the greater number of these cases the pathology is a riddle, which, for its satisfactory solution, will need a great deal of experiment and careful and extensive post-mortem investigation. The great trouble in coming to an opinion as to the nature and causes of a train of nervous symptoms following a railway injury is not whether we have to do with a functional or organic change, but whether we have to do with an actual or feigned train of symptoms. Usually the patient's symptoms are of such a nature that the physician can come to a conclusion without much trouble; but when he has to do with an intelligent and unscrupulous man, who expects a large sum from a railway company, the case is one of extreme difficulty.

In many of these cases it is quite impossible to come to a certain diagnosis. In the words of a recent writer, "the needed clinical work, it seems to us, in the study of "railway spine," is the determination of clearly defined types of the disease and the investigation of the varieties from this type and the certain relation of objective symptoms to the disease." That serious and even fatal effects may arise from changes in the cord where it has not received any direct injury has been abundantly proved. In the current number of *Brain*, there is a very instructive case reported by Dr. Edmonds of a soldier who was struck in the back with a bullet. The bullet entered the back two or three inches from the spine, and the surgeon who first attended him considered that the spine was severely injured because the patient had lost complete control over both lower extremities. Patient had paralysis of the bladder and rectum also. There was cystitis and a bedsore over the sacrum before death, which occurred five months after the injury. At the autopsy, there was no fracture or indication of fracture or dislocation of the vertebræ to be found. The corda vertebralis was intact. The cord was seen to be much atrophied and softened about the level of the wound. On hardening the cord in Müller's fluid, it was seen that there was universal myelitis and softening for about two inches opposite the wound; this gradually passing below into sclerosis of the lateral and anterior pyramidal tracts, and above into sclerosis of the posterior medium columns. There was no indication of hemorrhage, either external to or into the substance of the cord. Its surface was uninjured. This was undoubtedly a case of pure "spinal concussion." The immediate paraplegia following the injury could not have been due to any other cause. The case is then one of very great importance, as it proves most conclusively that we can have, from a severe shock, sufficient changes brought about in the spinal cord to bring about death, and that these changes are, in the first place, nothing more nor less than "concussion of the spine."

Very recently the opinion appears to be gaining ground that we may have a *tabes dorsalis* arise from peripheral causes; that, in fact, an ulcer in the foot may be *fons et origo mali* of this

formidable disease. The origin of the disease in such a case is explained by first a peripheral neuritis gradually extending along the course of the nerves until it reaches the posterior roots, and there a similar process gives rise to a subsequent sclerosis of the posterior columns.

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### Reviews and Notices of Books.

**Osteotomy and Osteoclasia for Deformities of the Lower Extremities.**—By CHARLES S. POORE, M.D., Surgeon to St. Mary's Free Hospital for Children, N. Y.; Member of the New York Surgical Society, &c. New York: D. Appleton & Co.

Dr. Poore makes "the want of a concise treatise on osteotomy" the chief reason for writing his book. Still, a little further on in the preface, he frankly acknowledges that "very free use has been made of McEwen's excellent work on 'Osteotomy.'" We have always considered the latter a model of conciseness, and hence must take exception to the author's statement. Notwithstanding this little difference of opinion, however, we like Dr. Poore's book. He has evidently had a more than ordinary amount of experience in connection with the operations of which he treats, and his results have been admirable.

He devotes the first chapter to a review of the symptoms of rickets, but lays no claim to anything original here. Thence he proceeds at once to a history of osteotomy from the time of Le Mercier's first operation for a badly united fracture of the tibia in 1815 to the present day. With reference to deformities at the hip joint, the author is rather opposed to operating where *côxalgia* has been the cause, as he is aware of several cases in which the original disease was lighted up by the osteotomy. He prefers the osteotome or chisel to Adams' saw in operations here, and divides the femur between the trochanters.

The important subject of knock-knee is discussed at considerable length. For the correction of this deformity, McEwen's supra-condyloid osteotomy is recommended above all other operations, and has been performed not a few times by the author.

His management of the wound, however, we cannot admire, being far too meddlesome. MacEwen, and the majority of those who perform his operation, use the strictest antiseptic precautions, and aim to leave the wound undisturbed for at least a fortnight. Dr. Poore, however, does not regard these measures as of such importance, and as a consequence, doubtless, has had high temperature and suppuration in some of his cases.

The last chapter but one is devoted to the subject of "osteoclasis," or bone-breaking—both manual and instrumental. When in Paris recently we were shown one of Rizzoti's osteoclasts, and we certainly were not favorably impressed with it as a surgical appliance. Still, many French surgeons of eminence employ it for the correction of all deformities, irrespective of cause, situation, or character. They prefer osteoclasis to osteotomy even for the correction of knock-knee. It would be interesting to know in what percentage of cases the epiphyses of femur and tibia are separated in these operations. Manual osteoclasis we have practised ourselves in the bow-leg of children under four years, and with the most gratifying results. This has, of course, one great advantage over osteotomy, in that a simple fracture only is produced, but the risks incurred of doing violence to important structures should not be underrated.

The book is handsomely gotten up, printed in good type and on superior paper, but perhaps its greatest recommendation is that it contains five admirably executed plates and 50 woodcuts.

**The International Encyclopædia of Surgery: A systematic Treatise on the Theory and Practice of Surgery.**—By authors of various nations. Edited by JOHN ASHURST, Jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromolithographs and woodcuts. In six volumes. Vol. IV. New York: Wm. Wood & Co.

The fourth volume of this great standard surgery, as it surpasses in size its predecessors, so also does it equal them in the value and thoroughness of the articles and the eminence of the names of those contributing them. Want of space alone prevents

our giving a more extended notice of some of the special features of this interesting section of the Encyclopædia. We must, however, content ourselves with appending the list of authors and subjects. Injuries of Bones, by John H. Packard, M.D., Philadelphia. Diseases of the Joints, by Richard Barwell, F.R.C.S., London. Excisions and Resections, by John Ashurst, jr., M.D., Philadelphia. Excision of the Knee-Joint, by G. E. Fenwick, M.D., Montreal. Tumors, by Hy. T. Butlin, F.R.C.S., London. Injuries of the Back, including those of the spinal column, spinal membranes, and spinal cord, by John A. Lidell, A.M., M.D., New York. Malformation and Diseases of the Spine, by Fred. Treves, F.R.C.S., London.

**Clinical Lectures on Mental Diseases.**—By J. S. CLOUSTON, M.D., &c. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

Of all the many recent works on insanity, Dr. Clouston's is, without doubt, the one best adapted for the wants of the general practitioner. It is, in an eminent degree, a clinical manual, and as such will fulfil a long-felt want. The author, as Physician Superintendent of the Royal Edinburgh Asylum, has had great opportunities of becoming thoroughly acquainted with insanity in its myriad forms, and as lecturer on mental diseases in the University, we have in a measure a guarantee that he not only knows what medical men should be acquainted with on this subject, but also how best to impart this knowledge to them. Those who have had the privilege of listening to his admirable clinics will hail with great satisfaction the appearance of this volume, as in it they will expect to find the great subject of alienism treated in a lucid and practical manner. In this they will not be disappointed, for Dr. Clouston presents the subject in a way which has seldom been equalled, certainly never excelled. An excellent account is given of that ever-interesting malady, general paralysis of the insane. He shows that it is a true disease, and not a mere group of symptoms. Being a distinct disease, clinically and pathologically, it can be defined, and the following is Clouston's definition of it: "It is a disease of the

cortical part of the brain, characterized by progression, by the combined presence of mental and motor symptoms, the former always including mental enfeeblement and mental facility, and often delusions of grandeur and ideas of morbid expansion or self-satisfaction; the motor deficiencies always including a peculiar defective articulation of words, and always passing through the stage of fibrillar convulsion, incöordination, paresis, and paralysis; the diseased process spreading to the whole of the nervous tissues in the body; being, as yet, incurable, and fatal in a few years."

Many illustrative examples of the different stages and varieties of this trouble are given in detail. The history of cases are also narrated, which show how at times, in the early stages, the diagnosis is difficult and, it may be, impossible. In dealing with the insanities of puberty and adolescence, Dr. Clouston gives a graphic account of the pernicious influences in many cases of the modern boarding-school education. He shows that it is responsible for much of the nervous and mental derangements of civilized young women. He asks, "Why should we spoil a good mother to make an ordinary grammarian?" In the treatment of the insanity of adolescence, he considers cod-liver oil a very valuable agent. If a young man or woman suffering under the insanity of adolescence is found to gain one or two pounds a week within the first three months, he considers the case to be curable, and the recovery quicker and more permanent than under any other mode of treatment.

There is an excellent chapter devoted to the medico-legal and medico-social duties of medical men in relation to mental diseases. Instances of "facts" put into lunacy certificates by medical men are sometimes very ridiculous. Dr. Clouston gives the following examples: "He is incoherent in his appearance." "Eyes restless and wandering, but following the usual occupation of breaking stones." "She says she is in the family way (she had a baby in a few months)." "Reads his Bible, and is anxious about the salvation of his soul."

The American editor has an appendix containing an abstract of the statutes of the United States and of the several States and Territories relating to the custody of the insane.

**A Practical Treatise on Surgical Diagnosis: A Manual for Practitioners and Students in Medicine.**—By AMBROSE L RANNEY, A.M., M.D., Professor of Practical Anatomy in the N. Y. Post-Graduate Medical School, &c. Third edition; thoroughly revised and enlarged, and profusely illustrated. New York: William Wood & Co.

This system of surgical diagnosis by a well-known writer upon surgical and anatomical subjects has been well received by the American profession, and adopted by some of the medical colleges as a text-book. The proof of its popularity is its having reached a third edition in the short space of five years. Its chief merit consists in the diagrams that are given on almost every page for purposes of comparison and differential diagnosis. These catch the eye and impress the memory. The principal new features in this edition consist in chapters upon the diseases of the brain and spinal cord and their envelopes, and the introduction of illustrations, which are numerous, and aid in the explanation of the text.

**Drugs and Medicines of North America.** A Quarterly devoted to the Historical and Scientific discussion of the Botany, Pharmacy, Chemistry and Therapeutics of the Medicinal Plants of North America; their constituents, properties and sophistications.—By J. U. and C. G. LLOYD, Cincinnati, O.

Pressure on our pages has alone prevented our earlier noticing the appearance of this new periodical. It is entirely devoted to a special department of *Materia Medica* and Therapeutics, and will undoubtedly find many interested readers. So many very valuable remedies have of late years been introduced in this country from the vegetable kingdom that a full review of the known medicinal indigenous plants of America cannot fail to prove extremely useful. So far as we can judge from the two numbers before us, the authors appear desirous of carrying out their task conscientiously and well: neither over-rating the value of claimants for the physician's favor, nor overlooking the

good qualities of those not yet fully admitted to a share of recognition. The quarterly is very handsomely printed, and the illustrations are both numerous and of a high grade of excellence.

**Epitome of Skin Diseases, with Formulæ for Students and Practitioners.**—By the late **TILBURY FOX**, M.D., F.R.C.P., and by **T. COLCOTT FOX**, M.B., M.R.C.P. Third American edition, revised, and with additions. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Brothers.

The fact of this manual having reached a third edition is the best proof of its favorable acceptance by the profession. One of its chief virtues is conciseness, and the diseases being arranged and described alphabetically makes it especially convenient for the student and busy practitioner. The "cutaneous pharmacopœia," which occupies the third part of the manual, contains a variety of formulæ which are numbered, and to which the reader is referred in the text. A section is also devoted to diet, having special reference to skin diseases. It is, in fact, a concise and truthful epitome of the subject as put forth in the late Dr. Tilbury Fox's larger work on "Diseases of the Skin," than which it would be difficult to find anything more excellent. We would especially advise all students to possess a copy.

**Sexual Neurasthenia, with a chapter on Diet for the Nervous.**—By **GEORGE M. BEARD**, A.M., M.D., formerly Lecturer on Nervous Diseases in the University of the City of New York, &c. (Posthumous manuscript.) Edited by **A. D. Rockwell**, A.M., M.D. New York: E. B. Treat.

Four years ago the late Dr. Geo. M. Beard published his work on nervous exhaustion, christened by him Neurasthenia. Some of the chapters of this book were taken up with the description of those cases of neurasthenia which were considered to be referable to irritation or disorder of some kind of the genital organs. This later work, which has been edited from his posthumous manuscript by Dr. Rockwell, contains still further observations

upon the same subject. It is no doubt an important subject, and one that every practical physician should have some acquaintance with. Our author, having made a special study of these peculiar forms of nervous and psychological derangement, seems to have fallen into the mistake of exaggerating in many cases the reality of the symptoms and the necessity for their treatment. The symptomatology is elaborate, and the variety of treatment equally so. A great many physicians of wide experience are of opinion that a decided majority of all cases of so-called neurasthenia are really cases of spermatophobia and syphilophobia, and that by moral means and the judicious employment of the practitioner's own personal influence more good can be done than by the carrying on of complicated schemes of therapeutics—dietetic, hygienic, electric, and medicinal,—all of which is only too apt to act injuriously upon the sensitive imagination of these individuals. Though not agreeing everywhere with Dr. Beard as to the management of these cases, still we think his treatise presents fairly the ideas of those viewing the matter from his standpoint, and is deserving of the attention of the profession.

**Manual of Physiology: A Text-book for Students of Medicine.**—By **GERALD F. YEO, M.D., F.R.C.S.**, Professor of Physiology in King's College, London, &c. Philadelphia: P. Blakiston, Son & Co.

The author of this manual, the Professor of Physiology in King's College, London, has discharged the task of writing a work to serve as a text-book for medical students in such a manner as to show that he is acquainted with the practical difficulties attaching to such an undertaking and knows how to overcome them. The work carries out the author's theories as to what a text-book on physiology for medical students should be in a most consistent manner, and if we agree with these views, we cannot but have a very high opinion of this work. We think there is now a tendency, somewhat too marked, to encourage the use among students of very condensed statements of knowledge, which is apt to foster the existing strong enough bent to

cramming for examination. However, Dr. Yeo's book, if used properly in connection with judicious lectures, as it is no doubt meant to be, will serve an excellent purpose. The balance of matter in it is so admirable, that the work may be said to give a fair representation of modern physiology as to its main facts and conclusions. Even methods are not left untouched, and the illustrations of the *graphic method* in the chapter on Muscle must prove very interesting to the student. The neat and portable form of the work, and its numerous well executed illustrations, must tend to bring it into extensive use in our medical schools.

### Medical Diagnosis: A Manual of Clinical Methods.

By J. GRAHAM BROWN, M.D., F.R.C.P., Ed., Fellow of the Royal Society of Edinburgh. Second edition. Edinburgh: Bell and Bradfute. Montreal: Dawson Bros.

Last year we had occasion to draw attention to the appearance of this new handbook of medical diagnosis. We then expressed a high opinion of its merits, and are glad to see that the appreciation of it has been evinced by the call for a second edition within such a short time. It is just the book which should at once be in the hands of every senior hospital student. It gives him just the information he wants, and furnishes him with just the assistance he requires in studying his cases and making out his clinical reports. To him and to the young practitioner this manual will surely prove of the greatest service. It only remains to add that this edition is somewhat enlarged, and has evidently been revised, whilst at the same time its value has been increased by the introduction of several very useful woodcuts. It may be obtained from Dawson Brothers, of this city.

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### Books and Pamphlets Received.

FIFTH ANNUAL REPORT OF THE STATE BOARD OF HEALTH OF ILLINOIS.

PRACTICAL MANUAL OF DISEASES OF WOMEN AND UTERINE THERAPEUTICS.—By H. MacNaughton Jones, M.D., F.R.C.S.I. New York, D. Appleton & Co.

DISEASES OF THE HEART AND THORACIC AORTA.—By Byrom Bramwell, M.D., F.R.C.P.E. New York, D. Appleton & Co.

THE NATIONAL DISPENSATORY, containing the natural history, chemistry, pharmacy, actions and uses of medicine.—By Alfred Stillé, M.D., and John

M. Maisch, Ph.D. Third edition, thoroughly revised, with numerous additions. Philadelphia, Henry C. Lea's Son & Co.

MATERIA MEDICA AND THERAPEUTICS, an introduction to the rational treatment of disease.—By J. Mitchell Bruce, M.A., M.D. Philadelphia, Henry C. Lea's Son & Co.

AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY.—By T. Henry Green, M.D., Lond. Fifth American from the sixth revised and enlarged English edition. Philadelphia, Henry C. Lea's Son & Co.

THE MEDICAL GRADUATE AND HIS NEEDS.—By Geo. C. Wellner, M.D. Detroit, Mich., George S. Davis.

A PRACTICAL TREATISE ON FRACTURES AND DISLOCATIONS.—By Frank H. Hamilton, A.M., M.D. Seventh American edition. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

HANDBOOK OF THE DIAGNOSIS AND TREATMENT OF SKIN DISEASES.—By Arthur van Harlingen, M.D. Philadelphia: P. Blakiston Son & Co. Montreal: Dawson Bros.

THE EAR: ITS ANATOMY, PHYSIOLOGY AND DISEASES. A Practical Treatise for the use of Medical Students and Practitioners.—By Chas. H. Burnett, A.M., M.D. Second edition, revised. Philadelphia: Henry C. Lea's Son & Co. Montreal: Dawson Bros.

## Society Proceedings.

### MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, May 23rd, 1884.*

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

DR. R. L. MACDONNELL exhibited a patient with *Keloid Tumors*, supposed to be of idiopathic origin. The patient, aged 40, had been under treatment at the Out-patient Department of the Montreal General Hospital for a tubercular syphilide upon his forehead, which is now rapidly disappearing under the iodide of potassium. It was found that he had two keloid tumors upon his body, together with the remains of a third. The first of these appeared upon the buttock, when he was 15 years of age. It was at first painful, but as it enlarged became less sensitive. After ten years it began to shrink. Nothing now remains of it but an elongated scar. Upon the breast, lying horizontally across the sternum, just below the junction of its first and second pieces, there is a tumor which is well defined, raised above the surrounding skin, firm, smooth and elastic, and of a pink and white color. It is 7 inches long,  $\frac{1}{2}$  to 1 inch wide, and consists of two masses, each about half the size of an egg, connected by a band of tissue which resembles greatly the cic-

tricial bands seen in large scars. It made its first appearance fifteen years ago, and has been steadily growing ever since. It is more itchy than painful, and is by no means tender on pressure. A third tumor exists upon the left shoulder. It is but 4 inches long, but of exactly the same shape and appearance of that over the sternum.

DR. HINGSTON said he had never seen idiopathic keloid; never saw keloid disappear. In traumatic keloid the skin is never moveable, as in this case.

#### PATHOLOGICAL SPECIMENS.

DR. SUTHERLAND exhibited the following specimens:

##### *Kidneys and Heart from a case of Chronic Bright's Disease.*

—Symptoms: shortness of breath for one year; frequent micturition at night for several years. Before death, developed acute pericarditis and effusion into right pleura. Suppression of urine for 36 hours before death. Suffered acute dilatation of right heart. Kidneys reduced in size; weigh 100 gms., and are typical specimens of cirrhotic kidney. Heart shows slight degree of pericarditis; no effusion. Dilatation of both ventricles, especially of right, which extends  $1\frac{1}{2}$  inches to right of sternum. Tricuspid orifice greatly enlarged. Muscle substance pale and fatty, but unusually tough, especially about papillary muscles.

*Right Kidney, from a case of Chronic Bright's Disease,* having the appendix vermiformis and cœcum attached to it.

*Cirrhotic and Fatty Disease of the Liver.*—DR. GEO. ROSS gave the following description of this case:—G. N., hard drinker past ten years; attack of acute nephritis three months before death; no dyspeptic symptoms till just before admission to the hospital. *On admission*—Skin moderately jaundiced (not noticed till that day); great distension of abdomen by fluid; legs œdematous; fever and delirium; severe diarrhœa, stools quite colorless; albumen and bile-stained epithelial casts in urine. Breathing very distressed; pulse weak. Aspirated abdomen, with some relief to respiration. Died comatose in five days, jaundice persisting. At autopsy, large quantity of fluid in ab-

domen; liver about normal size—good example of cirrhotic liver, which is somewhat fatty; obliteration of cystic duct by old inflammation; hepatic and common ducts free; intense duodenal catarrh, especially around papilla. Kidneys large, fatty and bile-stained; vermiform appendix large, and bound tightly to lower extremity of right kidney by old adhesions, which have become organized.

*Myoma of Cervix Uteri, size of small orange—Removal—Recovery.*—DR. GARDNER exhibited the specimen, which he had removed from a lady, aged 52. Patient had suffered from hemorrhages and pelvic distress for 6½ years. The tumor was sessile, and dilated the cervix. The diagnosis was difficult, as there were adhesions all around between the tumor and the cervix, with the exception of posteriorly, where was an opening through which the sound entered the womb. The uterus was retroverted. The tumor was removed without much difficulty, being shelled out with the finger. There was very little bleeding. Out of 74 cases, Dr. R. Lee had only seen four situated in the cervix. Dr. Gardner said that this was the fourth sessile tumor he had removed within a year, all the patients recovering. He made this statement as Mr. Tait, in his last edition, advocated the removal of the ovaries in these cases, as he had found that 50 per cent. of deaths followed removal of sessile myomata from the interior of the womb.

DR. HY. HOWARD exhibited, under the microscope, a slide given him by Dr. Spitzka of New York, shewing the origins of the roots of the 6th, 7th and 8th nerves from the medulla of a cat.

*Varicocele of the Spermatic Veins.*—DR. BODDICK read a paper on this subject. (See Vol. XII, p. 648.)

DR. HINGSTON said the subject was interesting, as this trouble was very often seen. He prefers, when the operation is necessary, that of tying the veins and dividing between the ligatures. He had only operated three times, and now almost questioned the necessity of ever operating. The trouble comes on, as a rule, about the age of 23, and goes away after a couple of years. He was of the opinion that it was not a cause of emissions, as

the testicle is often atrophied, and therefore not so active. The mind was more affected, as a rule, than the scrotum. The ring, or a truss or suspensory bandage, were often useful. He had never seen a case requiring castration.

DR. F. W. CAMPBELL endorsed Dr. Hingston's views regarding this very common condition.

DR. FOLEY said that Mr. Jonathan Hutchinson's treatment was purgation and elevating the testicles.

DR. GEORGE ROSS thought the operation ought not to be swept away, for it has proved to be free from danger, and ought to be resorted to where the distress was very great. He has found palliative measures, such as the soft metallic ring, to be all that is necessary in most cases. He has not found either the truss or suspensory bandage to give satisfaction.

DR. HY. HOWARD said there was no such thing as hypochondriasis. If the patient complained of pain, there must be some physical cause. He believed that at times the operation was justifiable.

DR. KENNEDY asked why so much fear about interfering with veins. He believed that where the operation is indicated it ought to be performed without hesitation.

DR. RODDICK, in reply, said that the danger of working with veins was considerable. The writer of the article on this operation in "Holmes' Surgery" says that he had a case where two joints were lost from pyæmia following the operation.

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*Stated Meeting, June 13th, 1884.*

T. A. RODGER, M.D., PRESIDENT, IN THE CHAIR.

DR. R. L. MACDONNELL exhibited the following anatomical specimens made from a frozen subject:—1st, Cross section of the thorax; 2nd, cross section of the abdomen on level with first lumbar vertebræ; 3rd, vertical section of the pelvis.

*Erysipelas of the Face, followed by double Cerebral Abscess.*  
—DR. ARMSTRONG narrated the case. F. F., æt. 17, a student, was first seen Feb. 15, 1883. For past three weeks, from over study, has been running down in health. Has suffered from

vertex headache. To-day the bridge and both sides of the nose are red, swollen, hot and painful. 18th—Erysipelas has extended over both cheeks and upwards over the lower half of forehead; had slight chill this morning; temperature 104°. 20th—Pain at top of the head still very severe, preventing rest and sleep. He answers questions correctly, but speaks in a slow, drawling manner. Says he hears nothing with right ear. Temperature 100°; pulse 56. 23rd—Pulse 68, and intermittent; temperature 103.5°; opened pocket of pus in forehead. 24th—Mild delirium present. Let out pus at root of nose. 25th—Had good night; pulse 66; temperature 101.8°; answers questions rationally, but slowly. 26th—Gave exit to pus at inner and upper angle of right upper lid. 27th—Dr. Proudfoot made an incision into the orbit quite to the apex to let out pus. *March 1st*—Has had very restless night; much pain in the head; pulse 54; temperature 101.8°. 3rd—No headache; is more intelligent. 5th—Has had paroxysms of intense headache; Cheyne-Stokes breathing. 8th—Constantly moaning; no delirium; pulse 60; temperature 97.8; extremities cold. 10th—Troubled with vomiting; emaciation extreme. 20th—Growing worse. Dr. Proudfoot made three openings around the right orbit to relieve pus, which was pushing the eye forward. 30th—Much the same; vomiting continues. *April 14th*—Patient died of exhaustion after an illness of eight weeks and two days. At the *post-mortem*, the membranes of the brain were found normal, with the exception of that portion of the dura mater covering the petrous portion of the right temporal bone; here it was of a very dark color, thickened and softened. The arachnoid and pia-mater were normal. An abscess the size of a walnut was found in each hemisphere, and similarly situated on either side. They occupied the centre of the occipital and part of the parietal lobes. They were not congested. The longitudinal sinuses were healthy. Many of the symptoms usually looked for in cerebral abscess were wanting. There was an entire absence of epileptiform seizures, rigors, paralysis, or disordered sensibility; the prominent symptoms being severe headache, delirium, vomiting, a slow, defective articulation, slow pulse, and

slow, intermittent respiration. The last two symptoms were evidently due to pressure.

DR. ROSS thought the abscesses were caused from the supuration in the orbit. In the few cases of cerebral abscess which he has had, two were in the cerebellum. The absence of typical symptoms in cases of tumors and abscesses of the brain was not uncommon.

DR. HY. HOWARD mentioned a case of supposed abscess following erysipelas of the face. He thought that all organs were liable to be affected by inflammations of the skin covering them even when bony walls intervene.

DR. SHEPHERD had seen several cases of abscess of the brain, but all from ear disease. He was of the opinion that in this case it was due to pyæmia.

DR. PROUDFOOT said he had often seen this patient with Dr. Armstrong, and that there had been very little ear trouble all through—nothing, in fact, to indicate disease of the ear itself. Believed the abscess was due to the erysipelas. Had examined the eye several times with negative results.

DR. ARMSTRONG, in reply, said why one would think the abscess due to disease of the ear was because this was so frequent a cause, and, besides, the dura mater was dark and necrosed over the petrous bone. Deafness was also present, without pressure on the auditory nerve.

*High Specific Gravity of Urine.*—DR. FOLEY said that lately he had examined a specimen of urine of a clear amber color, containing neither sugar nor albumen, and yet having a specific gravity of 1035.

DR. ROSS said this was not very unusual. Lately he was attending a child of three years of age, who, from over-feeding, had become ill. She had an enormous appetite, but steadily emaciated. Diabetes was suspected. The specific gravity of urine was from 1037 to 1038, but contained no sugar. Examination for urea showed this present in abnormal amount. She soon recovered under appropriate treatment.

DR. STEWART said that in all cases where there was deficient oxidation—that is, in all cases of azoturia—a high specific

gravity would be seen. Correction of the diet will cure this condition.

*Hysterectomy on an Insane Woman.*—DR. TRENHOLME read a paper on this case, of which the following is an abstract:—

Mrs. R. M. W., of London, Ont., aged 30, was married at the age of 15, previous health being good. Shortly after marriage pregnancy ensued. Excepting heartburn, nothing unusual occurred until her delivery in the spring of 1873. During labor two severe epileptoid convulsions occurred, necessitating instrumental delivery, the child being still-born. Vomiting followed, then blindness, which latter remained for some days; she eventually recovered. Again becoming pregnant, was delivered naturally of a living child in the latter part of the same year. Epileptic fits now set in, especially at menstrual periods. On account of the rapid recurrence of these fits, a vaginal examination was made, ulceration of the os diagnosed, and treatment adopted, with improvement in local condition. No improvement in the fits. Patient took to alcohol for relief, and at last became insane. In 1882, she was sent to the asylum and entered as an incurable epileptic, with erratic symptoms. Dr. Midford of Portland, who saw the patient, recommended oöphorectomy, but this Dr. Bucke did not think necessary. The patient was taken out of the asylum, womb and ovary reported contracted, and ovary attached. Vaginal oöphorectomy was performed on 10th April, 1883; one ovary was found cirrhused. Recovery took place, and patient menstruated at usual time, and has continued to do so ever since. No improvement mentally or with the fits, and patient was returned to the asylum. It being considered essential that the tubes should also be removed in these cases, and by abdominal incision, this was decided on. This was for the purpose of exploring the pelvis for any supernumerary ovary or remains of ovarian tissue, and if the uterus was diseased, to remove it also. The operation was performed April 23rd, 1884. There was no trace of an ovary or ovarian tissue. The uterus was enlarged and densely indurated, and tubes hypertrophied. The uterus and tubes were then removed. The operation lasted less than one hour, and was well borne by

patient; vomiting was somewhat severe afterwards, the patient, however, apparently doing well for the first 36 hours. After this time the patient steadily continued to fail; pulse 140, and temperature  $102^{\circ}$ ; death ensuing 59 hours after the operation. The report states that "ever since the operation, her fits (slight ones) have been very frequent, but at no time has there been a single unfavorable abdominal symptom, and on examination after death the wound seemed to have been almost healed by first intention. Cause of death, continued and progressive shock." In speaking of this case, Dr. Bucke told me the patient had a series of epileptic fits lasting for 11 hours almost continuously, and that as she had two such attacks while in the asylum, during each of which she nearly died, he felt convinced this last attack, coming on toward the close of the second after such a severe operation, "had a great deal to do with the fatal termination." The following points connected with the operation itself are perhaps worthy of note: 1, The abdominal walls were divided in the exact median line, so that the peritoneum was reached without dividing a single muscular fibre. 2, The uterus was carried upward and retained there by means of a large rectal bougie passed up the vagina and pressed against the os uteri. 3, The uterine arteries and other vessels were secured by fine hemp ligatures, which embraced the folds of the broad ligament corresponding to each tube and ovarian ligament. 4, The uterus was divided at the inner os by a V-shaped incision, and the amputated surfaces brought together by five catgut ligatures in such a way that a simple linear incision resulted. The deeper parts of the opposed surfaces were then more closely approximated by means of quilting them with catgut, about five double or shoemaker's stitches being thus employed. 5, The deep abdominal sutures were inserted so as to carefully avoid any portion of the muscular tissue. 6, No abdominal bandage or long plaster was employed with the object of strongly encasing the abdomen, a practice fraught with no possible good, and often potent for much evil.

Upon examination of the parts removed, the Fallopian tubes were found to be occluded for about an inch from the horns of

the uterus, and also very firm to the finger. The uterus was hard and about twice as large as it should have been. The cavity of the body was almost entirely obliterated, admitting the point of the probe for about a quarter of an inch only. This condition prevented any communication whatever between the tubes and uterus. Menstruation must have been from the cavity of this neck.

I much regret the issue in this case, because some two months ago I removed the ovaries and tubes from a patient who had been suffering at her menstrual periods with increasing severity up to about six months before the operation, when suicidal mania supervened, and the monthly disappeared. I had a letter from her medical adviser a few days ago, in which he says: "Miss C. is doing well, and her mental condition much improved, though hardly up to par." It may be that there are few cases of insanity which would be cured by removal of the uterine appendages, yet, doubtless, there are some cases where the cessation of all sexual activity holds out the only hope of ameliorating their sad fate. Two classes of cases would seem to warrant the performance of the operation, viz., 1st, those cases of *imperfect sexual development* where the nervous energy is diverted and expended in fruitless attempts to perfect its growth and maturation. Here may we not hope that the removal of the uterine appendages will be found to improve the mental condition, and and, perhaps, in some cases restore to sanity. 2nd, Again, in an opposite class of cases, where the activity of the sexual organisation dominates the mental powers, may we not hope that the cessation of this controlling force will be followed by a calm and such a change in behaviour as the results of castration in the lower animals would lead us to expect. I think these points are worthy of careful study, and hope they will be tested so as to afford statistical data for future guidance.

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#### BATHURST AND RIDEAU MEDICAL ASSOCIATION.

The eleventh annual meeting of this Association took place at Carleton Place on the 9th of July. Members were present from Pembroke, Renfrew, Arnprior, Almonte, Pakenham, Carp, Newboro' and Ottawa.

The President, Dr. Cranston, of Arnprior, delivered his annual address, detailing his efforts in the Medical Council of Ontario.

A paper was read by Dr. Grant, jr., of Ottawa, on the "Pathology of Tubercle," accompanied by a series of microscopic slides. A report of a case, by Dr. Malloch, of hydatid disease of the liver was also read.

Dr. R. H. Preston, M.P.P., Newboro', presented a patient suffering from disease of bones of ankles, and several cases were reported by members present.

The following officers were elected for the ensuing year:— President, Dr. Cranston, Arnprior; First Vice-President, Dr. Preston, M.P.P., Newboro'; Second Vice-President, Dr. Horsey, Ottawa; Treasurer, Dr. Hill, Ottawa; Secretary, Dr. Small, Ottawa.

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### Extracts from British and Foreign Journals.

Unless otherwise stated the translations are made specially for this Journal.

#### **A Physiological Check to Population.—**

If we consider special cases of noted men, the great generals of the world, the commanding statesmen, the distinguished scientists, the celebrated authors,—all, in fact, who have become distinguished for superior mental ability—an almost universal result appears: they have either left no descendants, or their families were very small. And, for that matter, we need but to look at the evidences everywhere surrounding us. We think it will be found to be a general rule that persons constantly exercised in mental labor have few or no children; while the largest families belong to those who do not trouble themselves to think at all. There is abundant reason to believe, then, that such a physiological check to population really exists; and, in its operation, it is not difficult to perceive a rich promise for the future of the human race. For it is in no sense, in its superior phase, a starvation check. Nor does it need any of the violent repression of natural desires exercised in the prudential check. At first sight, it appears as if its tendency must be to constantly place the cultured at a disadvantage in numbers as compared with the dull and ignorant. But this disadvantage is more than

counterbalanced by the progress of education and the brain-incitements of modern civilization. Thus, the class of brain-workers is being continually recruited, despite its lack of fecundity, and we can see indications of an immense future augmentation of this class of the population at the expense of the unthinking, and consequently of a new barrier to the progress of population, whose efficacy is now but beginning to appear.—From “*The Problem of Population*,” by Charles Morris, in *Popular Science Monthly* for September.

### Letters of Advice:

FROM A COUNTRY PRACTITIONER TO HIS SON, WHO HAS JUST ENTERED AT A LONDON HOSPITAL.

\* \* \* I hope you are comfortable in your lodgings. I daresay you will be rather lonely at first, after the merry life you have been having down here. There is no place so lonely as a large city when one is without friends. I remember when I went, as a young man, to Paris, to walk the French hospitals, I was for a time abjectly miserable until I found friends. After that the whole aspect of things underwent a change, and I had a time which I look back upon as the happiest of my life. But do not make friendships prematurely. The acquaintances that are most ready to hand are just those which are least desirable, and which you may find it most difficult to shake off if they prove uncongenial. Be sure of this, that the friendships which are best worth making are, like most other good things in this world, only gained through merit and patience. The best of your fellow-students, and especially those of older standing than yourself, will wait to see what kind of a man you are and how you demean yourself, before proffering you their acquaintanceship. If they see you about with rowdies and idlers, they will conclude that you are a bird of the same feather—a conclusion which I am sure you do not wish them to form—and you will find that you have acquired a reputation that it may take months to break down. Therefore beware of these “old man of the sea” acquaintanceships.

As to your studies, you will get better advice from your lecturers than I can give you, for the whole plan of medical edu-

cation has undergone a complete change since I was a student. We had to shift for ourselves and to help ourselves much more than the modern medical student. But do not rely too much on your teachers, and do not be satisfied with the minimum that they require of you. That is necessarily regulated according to the average, or even the less than average, mind; and I think I may say, without making you conceited, that you will find your abilities as superior to those of the ordinary run of your fellow-students, as you will find them inferior to those of the few picked men amongst them. After your long vegetation down here you will probably discover that your powers of memory and concentration are out of training; and that prolonged reading is a weariness to the flesh. Do not be disheartened at this, and do not above all things imitate those inexperienced Swiss tourists, who on the day after their arrival start off on expeditions which are only within the powers of trained muscles; otherwise you may find yourself laid up, metaphorically, with blistered feet and aching muscles. Have patience rather; mind and memory will soon get into training if you begin with short spells of study and lengthen them gradually. A few words as to the art of reading. Never read in an easy chair; if you find your thoughts persistently wandering after making honest efforts to chain them to your book, give up reading for the time; after you have finished your chapter or your subject, shut the book and see how much of it you remember, turning again to the book to repair all gaps in your memory. After each lecture read up the subject in your text-book with the help of your notes. Never let your reading be slovenly, with the notion of first getting a general idea, and filling in the details on a second reading. That is a thriftless mode of work. Try also to ask in respect to everything you read *Cui bono?* Remember that whatever you learn has a practical application. The proximate object of course is the satisfaction of your future examiners, but there is a remote object too, and by ferreting this out as well as you can in your present ignorance of later studies, you will increase those links of association which the memory needs, if it is not to be overburdened. Let your memory concern itself with facts, and not words and tables.

Each fact that you read is linked with others by innumerable hidden ties, the discovery and appreciation of which make study fruitful and easy. I could find much more to say to you, but this is I think sufficient pabulum for your mind for the present.

FROM A PROSPEROUS YOUNG SPECIALIST TO HIS BROTHER, WHO  
DESIRES TO FOLLOW IN HIS FOOTSTEPS.

\* \* \* I will say nothing to discourage you. It is fruitless to fight against destiny, when, as usual, it takes the form of inherited warp of nerve-cell. Strange that we should both throw back to the first baronet after two generations of soldiers, barristers, and other idlers. But while I myself say nothing to divert you from your purpose, pray let not my prosperity too much encourage you. Act as far as you can as though I and my doings had no existence. It may seem arrogant in me to warn you not to expect my good fortune, but I will do more, I will counsel and urge you to turn away from it should it offer. Sometimes I can find it in me to envy those of my contemporaries who, as the saying goes, are eating out their hearts waiting for practice that never comes. In my better moments it seems to me that eating out one's heart like that is a hundred times better than eating out one's brains as I am doing. I wonder whether anyone but the successful specialist himself ever realises the utter weariness that he often feels at spending his life in a small and monotonous field, too worn by the dull round of work to have either the time or the energy to wander into that open campaign of pure research, which is so much more varied and pleasant, if so much less remunerative. Some men can do both, but they are blessed with exceptional physique and power of work. I for my part cannot even find the inclination to work out the scientific result of my personal observations. Ten years ago, as you know, I looked forward to a long period of idle time in which I would follow my bent and give myself up to the study of science without being disturbed by the importunities of private patients. But in what I am often tempted to regard as an evil hour I took another path, and ever since have had to neglect that higher calling no less than my own scientific culture. Let this picture, written though it be perhaps in a dark

moment, deter you from following that acquisitive bent which is common to all, and stifling that special, rare and precious bent towards research which I once had, and which I am glad to think is germinating also in you. Mind, all this is no argument against specialism—it only tells against specialism over-driven. And do not think that we specialists are alone, or indeed in chief, to blame. No, it is the public who make specialism and specialists what they are. Do you think it does not gall me when men in our profession write bitter things about specialism? It galls me all the more because I know them to be partly true. But we cannot help ourselves, we are the slaves of the public, and must do their bidding. From such slavery I beg you to keep free..

FROM A SECOND-YEAR'S STUDENT TO HIS FRIEND, A FRESHMAN.

I meant to have been up in town on the 1st to do the honors of the hospital to you, but a wretched sprained ankle has laid me by the heels, and I shall not be able to put in an appearance for another week. I was going to give no end of good advice. First-year's men, fresh from the country, as a rule do heaps of silly things, simply because they have no one by their side to say "Don't." They come up brim full of enthusiasm and the best intentions, and put on a pace which it is utterly impossible to keep up. They do everything to excess. They not only read too much, but they eat too much, smoke too much, and some of them drink too much. Before they came up they were probably out from morning to night playing cricket and tennis, and the consequence of the sudden change is, that before a month is over they knock up, with a spotty face, a brain that refuses to work, and a mouth that can neither smoke nor eat. Don't you do any of these stupid things. Mind and get a run for an hour every day, if only to keep in training till the football fairly begins. And don't read too much. You will find that three-quarters of the men who begin with a spurt drop off before a month is over. It is the steady, dogged two or three hours a day, week after week, that breaks the back of the first-year's subjects. Don't rush off at once and buy a new set of bones, and a spick and span dissecting box, and a surgical

pocket-case, and all the books that the lecturers advise you to read. I can tell you where to pick them up cheap by the time you want them ; and besides, I have always found that the men who start by investing in these fineries are the first to get rid of them and the last to use them. Then don't take elaborate notes of the lectures, and waste half your day in copying them out. There are not more than two or three of our men who are worth that amount of trouble. I can't imagine why they make us sit hour after hour in a stuffy lecture-room, when one can read the whole thing through in half the time at home. The use of a lecture, I take it, lies in what a man shows, not in what he says, and if you are scribbling for your life you miss half of it. Then don't waste your time in making pretty diagrams with colored chalks, as you will find many of your fellow students doing. It is a babyish make-believe of work. A rough ten minutes' drawing will serve your purpose quite as well as an elaborate work of art. I can't think of any more advice at present, for it is not quite in my line, and I daresay you would not take it if I gave it. Remember, if you want to be liked by the men, you must not get set down as being either a baby or a rough.—*London Medical Times*.

### **Gangrene of Lung—Drainage—Recovery.**—CAYLEY and GOULD (*Med. Times & Gazette*, May 31.)

A girl, 12 years old, who four years previously had scarlet fever followed by otorrhœa, now had an acute abscess over the left mastoid process, and extensive denudation of bone about the external auditory process. The abscess was opened and some soft necrosed bone removed. In ten days she had pyæmia, followed in five days by pleurisy and signs of consolidation at base of right lung. Eleven days afterward there were signs and symptoms of a cavity with gangrenous contents. Mr. Gould, at a point where there was "bubbling crepitation," introduced a large trocar and canula, and through the latter a large drain-tube. Fætid pus and gangrenous lung-tissue were passed through the tube. At the end of forty days the patient was discharged cured.—*Archives of Pediatrics*.

CANADA

# Medical and Surgical Journal.

MONTREAL, OCTOBER, 1884.

## THE CARE OF THE INSANE.

We present to our readers this month an important document concerning the care of the insane in this Province. We make no doubt that it will be read with interest, owing to the high reputation of its author. Dr. Hack Tuke is well-known both in Europe and America as a gentleman of the highest attainments in the department of psychology, which science he has enriched by some of the most valued contributions of modern times. But, besides being an author of high culture and wide attainments, Dr. Tuke has, during a long lifetime, devoted much of his energy towards practically forwarding the interests of that greatly afflicted class of human beings—the insane. The chief means by which, in recent years, the system of care for the insane has been improved and advanced, are, firstly, the almost complete (in some asylums complete) renunciation of the old-fashioned treatment by restraint; and, secondly, the systematic employment of such gentle measures and moral management as have been found of inestimable value in cases of mental disorder. These principles are fully recognized as the only true ones to be acted upon by those who are to be considered competent to manage a lunatic asylum at the present day. Dr. Tuke, being attracted to Canada by the meeting of the British Association, availed himself of the opportunity to visit all the asylums in this Province and in Ontario. His large and varied experience of these institutions throughout Great Britain and the various countries of Europe led him at once to observe the grave defects existing in the management of our local establishments. He was astonished to find that the great reformation in the practical

treatment of these unfortunates, so happily carried forward during the past fifty years and more, has had no effect in benefiting the condition of the insane poor of the Province of Quebec. He was surprised to find, at this day, all the paraphernalia of restraint freely in use at Longue Pointe, just as though the needlessness and the harmfulness of these antiquated mistakes had not been long ago demonstrated. He could not but contrast the condition of our asylums with those in Ontario, of which he speaks in the highest terms. "I am perfectly certain that if it were possible to transfer the worst patients now in the asylum at Montreal to these institutions, they would be freed from their galling fetters and restraint-chairs. They would quit their cells also, and, in many instances, be usefully occupied where they are now restrained, with the result that in not a few cases perfect recovery to health would follow." Can anyone who has the slightest knowledge of the subject doubt that Dr. Tuke gives the right answer to the question, Why should this be? when he says: The farming system is the cause. The farming system is founded on an entirely wrong principle. That system must be done away with, if ever you expect to see a proper and enlightened plan of asylum management inaugurated in your midst. There is no other conceivable means by which the necessary changes can be brought about. There is no such thing in the world as an asylum conducted according to modern ideas of what an asylum should be, except under the direct control of the government itself. No body of men in the country should be so directly interested in this question as medical men, and we call upon all those of this Province to think of this matter, and to ask themselves whether, in the face of such a state of things as is "so inadequately" described by Dr. Tuke, he is doing his duty to himself and to the society in which he lives, if he do not use what influence he may have to assist in inducing our Local Government to reconsider their action in this matter, and remove from us the reproach of being so far—so very far—behind our sister Province of Ontario in this very important respect.

This JOURNAL has already, on several occasions, drawn attention to the defective condition of the Longue Pointe Asylum as

regards restraint, want of classification, and especially the absence of that thorough and competent medical management which it is so clearly the duty of the Government to provide. These remarks of ours, though commented on by some of the daily papers, failed to produce any effect. We could only feel that, in writing as we did, we had performed a public duty from which we could not, with a knowledge of the facts, abstain. Recent events, in the shape of judicial proceedings instituted for the release of a patient in the Asylum, have brought these defects in the medical department more clearly than ever before the public. It was found by the medical men called to investigate the case that no clinical record whatever was forthcoming. Beyond the name, age, date of admission, character of mental disorder and a few other particulars of that nature, there existed no record of any kind of the phases of the patient's symptoms, the treatment she had had, the number of times restraint had been employed—in fact nothing. The physician of the Asylum—an employé of the proprietors—declared that he believed this woman to have been sane for two years, and yet was obliged to admit that he had never made an official report to this effect to the government inspecting medical officer! Is it to be wondered at that Dr. Tuke suggests that, to secure efficiency, it is necessary to have a competent, resident medical superintendent.

In connection with the account given by Dr. Tuke, the Blue-book recently received makes very curious reading. The Sister Superioress, in her report to the Provincial Secretary, embodies a great number of testimonials from various persons as to the excellent management of the Asylum. It is not presumed to state that any of these is an expert, or has any practical knowledge of asylum requirements. But we are left to infer that French noblemen and our own members of Parliament must necessarily be persons whose opinions carry weight. Thus the most fulsome praise is bestowed upon the establishment by the Baron de Charette, the Comte de Rochefoucauld and the Duc de Morny. Sir Hector Langevin also ventures the assertions that "it is impossible to visit an establishment better kept than this one," and "this establishment is an honor to the country," etc.

Now, we submit that, in place of bald statements of this kind, it would be better if the report could furnish us with data showing the amount of restraint used, the provision made for the outdoor exercise of patients, the special occupations provided for the quieter inmates, the diligence used in preserving accurate clinical records and numberless other points which will readily suggest themselves.

We are certain that public opinion, with those facts on record, will not fail to support any member who will honestly and manfully attack the root of this evil—the contract system—and will vigorously work for its destruction. Not till then can we hope to see the beneficent operations of modern science at work in our midst.

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#### PROFESSOR OSLER.

It has been for some time known that Prof. Wm. Osler of McGill University has been a candidate for the Professorship of Clinical Medicine in the University of Pennsylvania at Philadelphia. On the 7th inst., a meeting of the Board of Trustees of this Institution was held, and it was immediately afterwards announced to Dr. Osler that he had been unanimously elected. We congratulate most heartily our *confrère* and hitherto colleague upon this mark of the high esteem in which his professional abilities are held by the teaching men of the United States. The position he now holds he never sought. It was, in fact, offered to him, without any solicitation on his part. The selection, in our opinion, does his University infinite credit, as showing that they are willing to go even beyond the boundaries of their own country to find the best man to fill such important vacancies.

The profession of this city and of this country feel that they are sustaining a great loss in thus parting with one of their ablest, most zealous and energetic members. McGill University feels keenly the removal of one of its best teachers—and the General Hospital one of the most active members of its staff.

We feel certain that Dr. Osler will be often heard of in his new and wider field of labor, where we wish him all the success and prosperity his undoubted merits deserve.

## THE PROVINCIAL MEDICAL BOARD.

The semi-annual meeting of the Board of Governors of the College of Physicians and Surgeons of the Province of Quebec was held at Quebec on the 24th September.

There were present Dr. C. E. Lemieux, President; Hon. Dr. Ross and Dr. Hingston, Vice-Presidents; Drs. Belleau and F. W. Campbell, Secretaries; Dr. L. Larue, Registrar, and Dr. E. P. Lachapelle, Treasurer. Also Dr. the Hon. Theodore Robitaille, Lieutenant-Governor; Drs. D. A. Hart, Bedford; Rich. Kennedy, Geo. Ross and T. A. Rodger, Montreal; Thos. LaRue, Compton; N. H. Ladouceur, Sorel; Fred. Paré, Sherbrooke; Chas. Gingras, St. Sauveur, Quebec; R. P. Howard and J. L. Leprohon, Montreal; W. Marsden, Quebec; L. D. Lafontaine, St. Edouard de Napierville; P. E. Mignault, Acton Vale; Jos. Lanctot, St. Henri des Tanneries; Malcolm Guay, St. Romuald; L. B. Durocher, Montreal; Jules Prevost, St. Jérôme de Terrebonne; Côte Rinfret, Ste. Croix; A. Lamarché, Montreal; P. E. Grandbois, Rivière du Loup (en bas); Alf. Jackson, Quebec; Jos. Marmette, St. Thomas de Montmagny; C. S. Parke, E. A. de St. George, H. Russell, Quebec; A. F. Dame, Rivière du Loup (en haut); I. T. E. Rousseau, St. Casimir, Portneuf.

The minutes of the last meeting were read and confirmed.

The President announced that, since the last meeting, the medical profession had lost one of its oldest and most respected members, viz., Dr. Landry. After some words of warm eulogy of the deceased member,

It was moved by Dr. Guay, seconded by Dr. Belleau, and resolved—"That the College of Physicians and Surgeons of the Province of Quebec has learned with profound regret the death of Dr. Jean Etienne Landry, formerly Secretary, and also President, of the Board, and a member of the Board during a great many years, and that a copy of this resolution be presented to the family of the late Dr. Landry."

The reports of the assessors of Laval University (Quebec and Montreal) and of McGill University were then read and adopted on motion.

The report of the examiners for the preliminary examination for the study of medicine was read and accepted.

Of 34 candidates, 19 were admitted. The names of the successful are as follows:—A. E. Orr, Js. R. Clouston, Théotime Couture, Howard D. Kemp, F. X. Feiltault, Adrien

Gravel, Raymond Benoit, Arthur Lavoie, H. J. Hopkins, J. E. Laberge, Horace Chartier, J. E. Poliquin, John P. Mount, Egide Gingras, J. G. Aubry, Michel Lefebvre, Sosthène Lefrançois, Alex. D. Stewart, Horace Thériault.

The Treasurer then read his report, including the period from the 1st July, 1883, to the 15th September, 1884. According to this report there have been received \$5,322.62. After paying all expenses, there remains a balance of cash in bank of \$1,579.07.

Dr. Lachapelle stated that the balance was being continually diminished, and suggested that means should be taken either to increase the income or lessen the expenditure.

Moved by Dr. Hingston, seconded by Dr. Lachapelle, and resolved—"That a committee, composed of Drs. Lachapelle, Leprohon, Durocher, Geo. Ross and Kennedy, be named to examine carefully into the present financial condition of the Board, preparing a detailed statement of the expenses during the past year and a condensed comparative statement for the past five years, and to make suggestions to improve the existing condition of things. That the report of this committee be printed and circulated amongst the members of the Board at least 15 days before the next meeting."

The report of M. de Lamirande, the detective agent of the Board, was next submitted. It went to show that actions had been instituted against the following charlatans and irregular practitioners, viz. :—Pierre Dion, St. Césaire; Gabriel Courchène (two actions), de la Baie, Yamaska; Théodore T. Witcher (two actions), Beebe Plain, Stanstead; F. X. Des-tremps, St. Cuthbert; Eugène Ratel, Montreal; Wm. MacDermott, Weedon. These cases are all pending before the Courts.

At the afternoon session, Drs. Kennedy, Belleau, Lachapelle and L. LaRue were named a committee on credentials.

Dr. R. P. Howard presented the report of the committee named to consider the accusations made by Dr. Lachapelle against the professors of Victoria University. The report concluded by the following resolution, which had been unanimously adopted :—

“Attendu que le Dr. Lachapelle, examiné aujourd’hui comme témoin, refuse au comité les informations nécessaires pour l’aider dans ses investigations; attendu que tous les professeurs de l’Ecole que l’on peut considérer impliqués dans le *Star* du 10 avril dernier, ont nié formellement avoir fourni des questions aux élèves, soit directement soit indirectement; il est déclaré que le Dr. Lachapelle a refusé au comité les informations

nécessaires pour l'aider dans ses investigations, et qu'il n'y a pas lieu de procéder davantage sur les accusations portées par la Dr. Lachapelle."

Moved by Dr. Lanctot, seconded by Dr. Durocher, "That the report be adopted."

Moved, in amendment, by Dr. Marsden, seconded by Dr. Lamarche, "That the consideration of the report be postponed until the next meeting."

The amendment was sustained by 22 against 11, and the main motion was negatived upon the same division.

Notice of motion was then given by Drs. LaRue and Belleau as follows:—"That, at the next session of the Provincial Parliament, a petition be presented praying for an amendment to clause 3, chapter iv., of the statutes and by-laws of the College of Physicians and Surgeons of the Province of Quebec; and that the words 'without examination' be replaced by the following words, viz., 'after examination,' the said examination to be upon the following subjects:—Medicine, Surgical Anatomy, Descriptive Anatomy, Surgery, Obstetrics and Materia Medica."

Notice of motion was given by Dr. Marsden, seconded by Dr. Howard, to the effect that the statutes be amended as to the clauses governing the issue of licenses to the bearers of diplomas during the period embraced between the sessions of the Board.

The following gentlemen, having been sworn, received the license of the College:—

*Laval University, Quebec.*—Patrick Coote, Quebec; Marie Rosaire George Matte, Quebec; Elzéar Pelletier, Rivière du Loup (en bas); Eugène Larue, Quebec; Etienne Gosselin, Quebec; Joseph Arthur Milette, Agnès, Lake Megantic; Alfred Morin, St. Paul de Chester; Frédéric Stanislas Caron, Quebec.

*Laval University, Montreal.*—Ernest Duval, St. Jean Port Joli; Charles Narcisse Valin, St. Hilaire, County of Rouville; M. T. Brennan.

*Victoria University.*—Odilon Berthiaume, St. Simon de Bagot; Fréd. H. Daigneault, St. Joachim de Shefford; Wilbrod Fournier, St. François Rivière du Sud; Hector Leduc, Ste. Monique, Nicolet; Jean Oscar Albert Beaupré, Malone, N.Y.; Hormisdas Gauthier, St. Eustache; Roderic Mignault, Acton Vale; Alfred Richard, St. Paschal, Kamouraska; Hector Brosseau, L'Acadie, County of St. John.

*McGill University.*—J. O. Stewart, Andrew Stewart, C. E. Cameron.

*University of Edinburgh*—James Alexander Hutchison, Benjamin Franklin, W. Hurdman.

Votes of thanks were passed to the authorities of the Laval University for the free use of their halls, and to the Richelieu & Ontario Navigation Company for having kindly granted members reduced fares.

The meeting then adjourned at 4 p.m.

### CANADA MEDICAL ASSOCIATION.

Our contemporary, the *Canadian Practitioner*, is responsible for the following:—

“The meeting held in Montreal, August 25th, 26th and 27th, was a grand success in all respects. \* \* \* The unbounded hospitality exhibited by the profession of Montreal was a matter of universal comment. \* \* \* \* The banquet given at the Windsor Hotel on Tuesday evening was in all respects simply magnificent,” &c., &c.

Many thanks, kind *Practitioner*. Our well-known modesty would not have permitted us to say such nice things of ourselves, and, besides, we are conscious that in some respects you have given us credit for more than we deserve. The meeting was undoubtedly well-timed. The members of the Association were afforded an opportunity of meeting on friendly terms a score or more of the most eminent members of the profession in Great Britain. In fact, almost every department in medicine was represented. These gentlemen came ostensibly to attend the meeting of the British Association, held this year in Montreal, but in the case of a few, at any rate, we have every reason to believe that our meeting constituted the chief attraction. Mr. Lawson Tait of Birmingham came prepared to read a paper on “Abdominal Surgery,” his pet subject, and was, of course, doubly welcome. His address (*vide* last number of this JOURNAL) was altogether a great treat. We had intended criticising some of his statements and conclusions, because we are far from being in accord with him on many points, but our space will not permit it at present. At the dinner we were honored with the presence, among others, of Professor Struthers of Aberdeen, who made a very favorable impression in speaking to the toast of the British Association. He is best known for his researches in comparative anatomy, but has been identified for years with the progress of medical education in Great Britain, and is at present a member of the Medical Council. He has for years taken an active part in the Biological section of the British Association.

Although the number of medical men attending this meeting

of the Canada Medical Association was perhaps greater than at any previous gathering, it was a disappointment to the profession in Montreal that more had not availed themselves of the opportunity of visiting our city, considering the additional inducement offered of attending the meetings of the British Association. It has been hinted that our Ontario brethren are disposed to desert the mother association for their new-born local one, but we are loath to give credence to any such rumor. Certainly some sections of that Province are always well represented at the general gathering, and we hope and believe they will continue to be so. We cannot let this opportunity pass without adding our testimony to the able and efficient manner in which the President, our esteemed friend Dr. Sullivan, conducted the proceedings. His address will no doubt have been read with considerable interest.

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—Our contemporary, the *Medical News* of Philadelphia, publishes in its issue of September 27th a lecture by Mr. Lawson Tait, delivered at the Jefferson Medical College Hospital. The subject was, as a matter of course, that which Mr. Tait has made so peculiarly his own—abdominal section. Mr. Tait, as is well known, is strongly opposed to tapping. He said that no woman with abdominal disease, unless clearly malignant, should be tapped, and that for five or six years he had not lost a case of ovariectomy which had not been previously tapped. He advocated early operation—ovariectomy as soon as the tumor is recognized. He emphasized the well known fact that incomplete operations are most deadly things to the patient. “You must not begin the operation for the removal of an abdominal tumor unless you are going to finish it. If a part of the mass is removed, and it is then found impossible to complete the operation, the chances are seventy out of a hundred that the patient will die.” Mr. Tait believes that it is in deciding this point that experience tells. “Do not begin unless you are confident that you can complete the operation. If you have the courage of your convictions, and the experience necessary to do a difficult piece of work, go ahead and finish it. The chances of recovery will be infinitely greater than if you leave the thing half done.” Mr. Tait also spoke of his operation for removal of the uterine appendages, strongly advocating it in suitable cases. He disposed of the objection that the operation leads to certain changes—such as masculine appearance, and others purely theoretical—by saying that, although he had done a great many such operations, he had never seen any change except one of improvement of the health of the woman, which, however, does not always come immediately, as she has usually

to pass through a climacteric period with its miseries. He alluded to an occasional trouble after all sorts of abdominal operations,—acute melancholia—and took occasion to mention his vast experience for so young a man—under forty—of 960 abdominal sections. In this number he had met with seven cases of acute melancholia. The occurrence of acute melancholia in the proportion of, say, one per cent. of such operations does not prove to us that there is any necessary connection. Mr. Tait, although in this lecture he discussed the operative treatment of uterine myoma, did not any more clearly define the position he takes than in previous deliverances.

—We learn that Dr. D. L. Philip of Brantford has been nominated by the Brant Medical Association a candidate for the Ontario Medical Council, to represent the Erie and Niagara Division. From what we know of the high standing of Dr. Philip, his many sterling qualities, and the interest he has always taken in all matters of general interest to the profession, we feel satisfied he would make an excellent representative and a useful member of the Council.

—On the eve of his departure for Philadelphia, Dr. Osler was made the recipient of a complimentary dinner from his medical brethren in this city. About fifty members were present, and the chair was taken by Dr. R. P. Howard. The kindest feeling prevailed; the highest compliments were paid to the guest of the evening, whilst all united in offering good wishes in the new career which was opened out before him.

**MCGILL MEDICAL FACULTY.**—The fifty-second session of this Faculty was opened on the 1st October with an introductory lecture by Prof. Penhallow, treating of the relative position which the teaching of botany holds in the various schools in this country and the United States. As to the prospects for the session, it may be mentioned that up to the present time over seventy new students have registered, and the total number of the class exceeds that of any previous year.

**MEDICO-CHIRURGICAL SOCIETY.**—At the annual meeting of the Medico-Chirurgical Society, held on the 10th inst., the following officers were elected: President, Dr. Roddick; 1st Vice-President, Dr. Alloway; 2nd Vice-President, Dr. Trenholme; Treasurer, Dr. Molson; Secretary, Dr. Gurd; Librarian, Dr. Reed. Council—Drs. Geo. Ross, Kennedy and Rodger. Publication Committee—Drs. Cameron, Geo. Ross, Kennedy and Bell. The retiring President, Dr. Rodger, in his address, spoke of the

great loss which the Society had sustained in parting with so active a worker as Dr. Osler. Dr. Osler was unanimously elected an honorary life member.

### Medical Items.

**CURIOUS CASE OF POISONING.**—Five members of a family residing in Philadelphia were seated at table when one of them produced a pill-box containing some small granules, of which he had been directed to take one before each meal. They were thought to be homœopathic globules, so, by way of joke, the box was passed round and they each took several. In a very short time they were all seized with unmistakable signs of strychnia poisoning, and one of their number died in three hours. It was subsequently ascertained that each one contained gr.  $\frac{1}{6}$ , and the fatal dose was supposed to have been about one-half grain.

—“What will they do with it?” must have been the cry that rose to many a pair of lips when their owners heard that the Royal College of Surgeons had been remembered in Sir Erasmus Wilson’s will to the extent of £180,000. The College has never received a bequest anywhere near approaching to this magnificent legacy. The largest donation it had previously received was that of £5,000, bestowed on it by the same generous benefactor, who has now placed it beyond the faintest danger of bankruptcy.—*Med. Times.*

—Dr. J. K. Baudúy, Professor of Nervous and Mental Diseases, Missouri Medical College, says: “After a thorough and continued trial of Bromidia at St. Vincent’s Asylum, I can cheerfully certify to its great therapeutic value and purity. *Its effects are much more rapid and efficient than the ordinary chloral mixtures.* The sisters in charge of the wards, after using the Bromidia and comparing its effects with the ordinary chloral mixtures used so long as a hypnotic, claim great superiority for the former. Its success has been tested where the other, in similar doses, has failed. The purity of the chloral and the extracts of cannabis indica and the hyoscyamus which it contains, together with the small dose of the remedy which is required, make it almost invaluable to medical practitioners, *who are guaranteed a pure and efficacious remedy in the use of Bromidia.*”