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ADDRESS TO THE MEDICAL STUDENTS OF MCGILL UNIVERSITY,

AT THE OPENING OF THE SESSION OF 1892-93, OCT. 3RD, 1892.

BY H. P. WRIGHT, M.D., OTTAWA.

When asked by the Faculty of my old University to formally open the session of '92 and '93, I hesitated and considered seriously before replying. Like other busy general practitioners, I knew I could not be certain of a quiet hour, at any time in the twenty-four, to devote to so novel and important a task, and the more I thought of my audience the less willing I became. On the other hand, however, it brought me back to my college days, to my old friends and associates, my old teachers, to the old benches, and to the old methods. Of all I thought with affection, and I felt honoured and pleased to be asked to come back after so many years. I felt more strongly than ever that the Alma Mater has always her eye upon her sons; that she watches their progress through life, and now and then, like a loving and prudent mother, gives some especial encouragement, sometimes in one way and sometimes in another, as a demonstration of the universal interest she takes in all. With these feelings such an invitation was almost a command; so that in a spirit of obedience, with a good deal of pride and, I fear, very little charity towards the class of '92, I promised to come here to-day to say a few words of advice and encouragement before you settle down to the hard work of the session.

It is just twenty-five years since I came to McGill,—a boy full of hope and full of fear, and if I could lay claim to any virtues it was to an enthusiastic interest in my work and an admiration of my teachers. I can see before me now that worthy old Scotchman, William Fraser, lecturing on the Institutes of Medicine, and if he did *commoonicate* and talk to us of *guiæcum* he taught us Physiology to the best of his ability, and according to the light of that time; and Scott, whose handsome presence and rich voice made up, to a certain extent, for the rather strictly didactic method he observed in teaching Anatomy. How well I remember his perennial joke about the foramen magnum, and the equally familiar commentary on the thickness of the washer-woman's skull who tried to make a living by washing for medical students. Then the eloquent, detailed, somewhat lengthy and awe-inspiring lectures on Materia Medica, by my much respected namesake, can never be forgotten by any student of that period, when more time was devoted to this branch than to any other three.

I will complete this little sketch of the primary men by an allusion to the teacher in Chemistry. Though his experiments sometimes failed at the critical moment, his prompt and lucid explanation satisfied us the fault was not in him. His lectures were earnest and ample, his manner genial and sympathetic. He was known as the students' special friend (an honour I dare say he sometimes regretted). He is to-day, gentlemen, your Dean, and, I have no doubt, occupies the same place in your hearts as he did in ours a quarter of a century ago.

I might dwell a long time over these pleasant recollections, but I must pass on, only mentioning the honoured names of Campbell, Fenwick, Howard and MacCallum,—all good men and true, faithful to McGill at a time when she required loyal support, and faithful to their profession when so much depended on faith.

Great changes have indeed been wrought since then. Year by year, as if by a gradual process of evolution, things and methods have altered. The dingy brick building in Cotté street is supplanted by a bright, well-ventilated stone one in the College

grounds, and the only familiar intimate friend to be seen is the venerable rectangular chair, which, at different times, afforded some sort of rest to every professor and teacher in the medical school from the time of Holmes to the present day. It reminds me of the old coronation chair in Westminster which covers the same stone on which Jacob is supposed to have rested his weary head, and on which it was necessary the ancient kings of Scotland and, since the Union, the monarchs of Great Britain should be crowned. So, it seems to me, must the teachers in medicine of McGill occupy this respected chair before they can properly assume their true professional dignity and responsibility.

We are thankful to have still with us in the enjoyment of health, well merited honours and, I hope, ease, Fenwick, Craik, MacCallum and Wright, and I trust they may long continue to be the living links between the present and the past. While the honoured names of Hall, Sutherland, Campbell and Howard are indelibly written on your standard among the heroes of by-gone days.

Though methods have changed and greatly improved, we must remember, times have changed. The science of medicine has pushed on with giant strides. Didactic teaching has given way largely to practical instruction, demonstration and experiment. I will illustrate this by alluding to two of your primary subjects, and they are in keeping with all the others. How is Physiology taught now? By an earnest scientific student, already an author of good repute. His knowledge and his teachings are not limited to the *human* body, but cover the broad fields of comparative physiology, in which there are still so many undiscovered mines of treasure to be entered only by the faithful workman. How practically he teaches you all that is known up to the present day of the laws that govern man in a state of health; and need I remind you of the great importance of understanding him in health in order that you may appreciate the altered conditions constituting disease. You may feel that this subject is so extensive already that nothing remains, but if you enquire into the true meaning of such terms as *nerve force*, *secretion*, *absorption*, *elimination*, and a host of others, you will find there is plenty of room for enquiry and investigation.

And how is the sister science Anatomy taught you in these days? On exactly the same lines and in the same spirit. Not many months ago, while in Montreal for a few hours, my old friend and fellow-student, to whom I allude with a feeling of pride and admiration, your Professor of Anatomy, brought me through his museum and dissecting-rooms, and when I examined his sections, dissections, specimens of anomalies, and his extensive comparative anatomical collection, I felt like enrolling my name in his class list, to learn anew the things that were, we thought, perfect, but now, under the new method, are seen to have been full of imperfections.

The same may be said of Chemistry and Materia Medica. All are taught practically and in keeping with the progress that is being made. Not that the teachers are more earnest or better men than they were twenty-five years ago, but they have greater opportunities, and, to their credit be it said, they have taken advantage of them. They are still further unfurling the banner of our Alma Mater. We watch them with pleasure, and to them we feel is largely due the proud position our school holds to-day among the scientific institutions of the world.

In everything has the advance of time been marked by great progress, but nowhere so great as in your hospitals. The old ill-ventilated and over-heated Montreal General has grown into an airy, bright and thoroughly equipped establishment; while the Royal Victoria—thanks to the munificence of two great public-spirited and charitable Canadians—has come into existence. Too much cannot be said of these truly great men—public benefactors in every sense; for, not only are they relieving suffering by sheltering the sick poor, but, by affording opportunities for increasing scientific knowledge, they are benefiting the human race. In this connection I wish any words of mine could reach the ears of the benevolent wealthy. I would tell them we have now enough hospitals. Do something for the hospital inmates and for the world at large. They can do this by the promotion of science, by endowing special chairs and establishing scholarships; on the one hand to allow the teacher to devote his whole time to his work, and on the other to enable the poor and intelligent student to obtain the envied degree.

Could these wants be made known to the public, and the reasons clearly set forth, showing the true benevolence of such giving, I believe in a very short time means would be forthcoming. With the increasing subjects for study, I can see in the near future the necessity for an extension of time. What could have been accomplished by an average student in my day, and since then, in four years, will soon require five, and then the aspirant with limited means, however diligent and intelligent, will have to seek some other and less congenial field of labour. Science will be thereby a loser, and whatever is a loss to science is a loss to the world. Two or three liberal scholarships are much needed in this school for the foregoing reasons, and the men who establish them will be doing as much for their fellow-creatures as those who build large hospitals or stately universities. In this connection I cannot, because my heart is so full of it, refrain from alluding to a subject I have spoken of before, in public, on several occasions. The alumni of this University, from the east to the west and from the north to the southmost part of this continent, are anxious to do something to immortalize the memory of a man who, from his boyhood till his death, as student, demonstrator, teacher and Dean of the Faculty of Medicine, performed every duty with a zealous singleness of purpose and success that characterized the individual and made Robert Palmer Howard respected and beloved. Those of us who enjoyed his personal friendship know that some living memorial constantly furthering the interests of McGill and her students would alone afford him pleasure in its contemplation.

Now I know full well that the endowment of a Chair means the subscription of, at least, \$50,000, and that such a sum cannot readily be obtained from a class of men who, as a rule, have little more than they actually need. But McGill has friends. The Chair of Pathology ought to be endowed. Let us at once make a nucleus. Let us draw the attention of the large-hearted public to the philanthropy of such a scheme. Let it be known as the "Howard Memorial Endowment," and I will venture to say the appeal will not be in vain. An important chair will be endowed, and an honour done to the memory of a great and good man.

To return to the line of thought I was pursuing. You have

your hospitals, museums and laboratories equipped with the most modern appliances and officered with earnest and energetic teachers. All this your Alma Mater has done for you. What are you prepared to do for her? She has done more for you than you can ever hope to do for her, and all she asks in return is loyalty, which means devotion, an earnest desire to acquire knowledge, a wholesome spirit of investigation and thoughtful observation,—not only during your college career, but in after life when you are busy practitioners and yet students of medicine. As I have set myself the task of giving you advice, of, so to speak, preaching a sort of professional sermon, which, by the way, you never get except in an occasional introductory address, I will dwell for a short time on this, the most important admonition medical students can receive—the habit of observation in scientific study. Accurate observation should be your watchword. To the younger students who are trying to familiarize themselves with anatomy, physiology and chemistry, I would say study closely and observe. You are not only storing away important facts, but you are training your minds for future usefulness. To the more advanced students I would urge still closer observation. Take notes of all you see rather than of what you hear. Collect FACTS, and if they are sufficiently ample, conclusions are readily arrived at. It is no easy matter to observe accurately; even the evidence of the senses must be questioned. Self cross-examination must be steady and severe. Sir James Paget has said that by accurate observation we must mean, not the mere exercise of the senses, not the mere seeing, or hearing or touching of a thing, with some levity of thinking about it,—we must not mean even the keenest use of the eye cultivated in microscopic work, or of the ear hearing sounds that to the uneducated sense would be inaudible, or the use of the fingers with the most refined touch. There must be, besides an habitual constant watchfulness, the taking notice of all the conditions in which objects or events are found; their concurrence, their sequences, their seeming mutual relations, all their variations. To do this accurately and always is very difficult, and needs careful self training, self suspicion and self discipline. You must not be too willing to believe what you see. You must have

more evidence. Still more, you must not fall into the too common habit of believing what you wish and then seeing what you believe. To observe accurately you need a powerful stimulus, and that stimulus is—the will. Now is the most important time to cultivate it, for by long use it becomes more or less automatic, like piano playing or typewriting, and in order that it may be of use to you as a really good lever in accurate observation in after life, you must see to the early habit. “Such as the student is such will be the practitioner.” You know the old and oft repeated story told of Abernethy, who, when he entered his lecture-room at the beginning of a certain session, looked up and addressing the students said reverently, “Good God, what will become of you all.” A celebrated teacher some years after set to work to answer this question by a purely statistical method, and found that the good practitioners had been good students, and that the earnest scientific students had become the scientific and successful practitioners. That close student Carlyle says the latest gospel in the world is, know thy work and do it.

Of those of you who are approaching the end of your college career, I would ask, as you value your own happiness, to continue this method of accurate observation when you go out into practice. In city, town or country, be scientific students. All have equal advantages. Take notes of all important or particular cases, observe accurately, collect facts, and subject yourselves to rigid cross-examination, and your reward will be certain, not only as regards success, but far greater, you will have the happiness of self satisfaction.

I hear some one say, how can this be done in country practice? You must remember Jenner was a country practitioner, and so was Koch, and yet they made the most important discoveries the scientific world has known. A similar honour may rest with any of you. There is plenty of room—the unploughed field of medical science are far greater in extent than the cultivated ones. What one man did any of you may do. Make it a rule “never to be satisfied you know enough about anything so long as anything about it remains unknown.” Some one, I forget who, advised every practitioner to try and erect a monument to himself in the world of science. If he could not do that, to

carry a hod of brick to assist in building one for some one else, and if he could not do that, to shout and cheer the others on their way.

Such, briefly, is the meaning of loyalty to your Alma Mater. Make that loyalty your first consideration, and next be true to your bodily selves. I have lived long enough to see many a man fail at the very beginning of his bread-winning life for the want of health. Having neglected all hygienic laws during his college career, his body is no longer a temple of strength, his digestive functions are impaired, his perceptions are dulled, his ambition gone, and, without self-reliance or courage, he succumbs. Without health, all the knowledge he acquires is of little or no use. It is impossible to have a vigorous and always reliable mind in a weak and unhealthy body. Without health you cannot enjoy work. You cannot enjoy life. It is our particular mission to secure health in, and procure it for, others, and yet how constantly we jeopardize it in our own cases. Not that I would, for a moment, imply that any one of you should shrink from danger when duty calls. What I allude to is the ill-health so often engendered by studying and sleeping in ill-ventilated rooms, by the avoidance of regular systematic exercise and the cultivation of bad habits. I would advise you all to give this matter serious consideration. In other employments, if health fails, it may be recovered, in many cases by care and exercise; but total cessation from mental labour in a student for several months often blasts his whole career. You may be poor, but, by perseverance and faithful work, you may and will overcome this; but if your health is gone, you are at once cut off from doing anything by way of study. He may start off with good resolutions as to exercise; and as the ardent and enthusiastic student gets more and more interested in his work, and, as he sees before him the great extent of the subjects he has to master, feeling strong in the buoyancy and elasticity of youth, and knowing that his success rests solely with himself, he applies himself to his tasks—neglects all hygienic laws, and for a time succeeds—probably passes brilliant examinations and secures many prizes, but to find his health gone, or so seriously impaired that he is of no further use. One more example of failure, not because he

studied too intensely, but because he neglected the care of his body. Even this, however, is an extreme picture, for, as a rule, the student who thus neglects his duty to himself fails early, his mind ceases to be receptive, his memory and his reason are not his able assistants, and he finds himself over anxious, weary and unsuccessful. I know the temptations are strong to devote every minute of your time to study ; that you do not feel the necessity for exercise, and that it may not be interesting to you, but remember what Fielding says : “ Let this be your constant maxim, that no man can be good enough to neglect the rules of prudence.” I know from personal experience how strong these reasons are, but I entreat you not to be deceived by them. The arguments are fallacious in every respect. Be assured that regular, systematic and moderate daily exercise is not a waste of time. It will enable you to do more useful work now, as students ; you will retain better what you learn ; you will pass better examinations, and you will make better scientists and better doctors. History tells us that Julius Cæsar and Cicero were delicate youths, and, were it not for the systematic exercise they so persistently took, they never could have so adorned their respective professions. Then consider the ancient Greeks. Physical education was with them as essential as mental culture. Were there ever such men of muscle and brain ! To come to our own time. Look at the English school-boy or college man ! How often is the stroke oar the senior wrangler. And what makes them young when we are getting old. Perhaps partly the climate and their habits, but chiefly their early physical education. Look there through the ranks of our own profession. Foremost you will find men old in years, but with vigorous bodies and elastic minds, teaching and working with enjoyment. Our winter season is such as to make out-door exercise inconvenient to busy students, and for that reason it occurs to me that it would be wise on the part of the University authorities to fit up a gymnasium in the Medical College, so that a spare ten minutes might be profitably employed at any time ; and, in addition to this, I think every student ought to devote an hour at least every day to some chosen method of developing his muscles and maintaining his health. Dr. R. T. Mackenzie’s excellent report points out the

good to be gained by this means more clearly and concisely than I have yet seen it. He gives the figures, showing that from the first up to the final years in Amherst University there was a decrease of sickness (during a period of twenty-five years) of five per cent. ; where, under an able professor, each student is put, after careful examination, only to the exercise best suited to him, this careful observation saving many a young man from injury, whose zeal was greater than his ability. He also quotes from the president of the Bowdoin College, who found that, in considering the relationship between scholastic and athletic ability, third class ability was the most frequent, first class ability in both next, and, least frequent of all, was that of first class scholastic and third class athletic ability. He does not maintain that these stand to each other as cause and effect, but that a scholar's mind and body stand in the closest connection. In looking over the standing of the members of McGill's football team from '80 to '86, out of a total of 105 men, 21 were medalists at college, 20 took first rank standing, and 16 were in second rank honours.

We must not let our hale hearty students, coming, many of them, from pure country air, full of vigour physically and intellectually, degenerate into unhealthy ones ; and those who are not so blessed, it is surely our duty to help. It certainly should be our endeavour to send *all* away strong in mind and strong in body, prepared to work and make ways for themselves.

To my mind, it is a great misfortune that medical students have so little to do with their teachers. The daily lecture, the weekly grind, the hospital clinic and the annual examination,—there it ends. The constant effect of example, the pleasant associations, and the mature guidance of an instructor would mould many a character into a better groove, and would save a greater number still from the mental and physical ill health so often the outcome of loss of rest and want of exercise. That this is not the case is in no way the fault of your teachers. If a few of the so-called strictly scientific chairs were endowed, some of the professors, free from the cares of practice and the necessities of its pecuniary rewards, might well devote a portion of their time to the closer society of their students. Then you

should have, not only teachers and instructors, but intimate friends, to whom you could go for advice at any moment, and on any subject. Let us endeavour, as far as in our power lies, to so guide public opinion that the wealthy and beneficent may be led to endow our chairs for the benefit of science and her students, and I trust the University authorities may soon find it to be within their sphere of duty to devote more time and attention to the preservation of the health of those who are morally entrusted to their keeping.

There is one more topic to which I shall allude, and these remarks I shall address chiefly to the more advanced students who are so soon to take on the responsibilities of citizens and doctors. I propose to speak to you for a short time of your duty towards the State. This is a matter to which too little thought is given by students and practitioners. We all are bound to do our best for the State; and what does this mean? It means the protection of the public against epidemic and endemic disease, and the preservation of health by teaching the laws governing it. The former is done chiefly through the medical officers of health and the health boards, but the health officer should be the useful ally of the practitioner, on whose knowledge and discernment in individual cases he must always depend. The practitioner will necessarily be the first to discern and recognise preventable disease, and the function of the health officer will be to support and complete his action. Every physician is, by virtue of his position and relationship to the State, a health officer. You must remember that as soon as you commence the practice of your profession you must earnestly give your attention to the prevention as well as to the cure of disease, and with that grand object in view persevere in your studies *now*. The principles of ventilation and drainage, including the effects of noxious gases and their sources, you must *NOW* consider, and apply your growing knowledge to imaginary cases, such as you will surely meet with in the near future. The responsibilities of the medical man of to-day are greater than were those of his predecessors, because of the progress of science and his greater opportunities. Collectively the profession has afforded the Government the necessary knowledge to frame laws for the prevention of disease.

At a time like this, when cholera is threatening us on every side, the necessity for the direction of your thoughts in the groove I have just mentioned is very evident. In order that you may the more fully appreciate the progress that has been made in the past few years in this direction, and how much more will properly be expected of you, I will briefly review what has been done.

The first start really made in the revolution that was going to bring about a true reform in contending with disease,—the the first break from the tyranny of custom and ancient tradition and the first appeal to man's reason, was the discovery in 1865, by Villemin, of the inoculability of tubercle. The uninteresting and cold study of morbid anatomy was giving way to the progressive influence of minute pathology. This brilliant discovery of Villemin's, so suggestive of the presence of some active living organism, was followed in a few years (1872)—thanks to the labour of that indefatigable worker, Koch—by the demonstration of a bacillus peculiar to and always present in tubercle. Consumption was now recognized for the first time as a communicable, and therefore preventable, disease. Next came the discovery of a microbe peculiar to relapsing fever, and then followed the glorious discoveries of Pasteur, who found that the virus of chicken cholera could be attenuated to any degree, and that its inoculation formed a vaccine preventing the original malady. Then came the discovery of the bacillus of anthrax. Next was the establishment of comparative pathology as a science by Pasteur, and, finally, his successful dealing with hydrophobia as far as its prophylaxis is concerned, though the special virus has not been isolated. On and on, till now, when Haskin's method of vaccination with attenuated virus of cholera bacillus promises well for the future.

Such is the progress of science and so it will move on. Experiment and comparison have vastly changed our notions of disease, by substituting actual demonstration of morbid processes for vague speculations. I might dwell indefinitely on this interesting topic, but my object is not to address you on bacteriology, but to point out to you the great importance of its study now while you have the opportunity, so that you may pursue it

afterwards with the fixed determination to familiarize yourselves with what is already known and to aid you in the diagnosis of many obscure diseases. Further than that, you must work with the hope of accomplishing something original. You will all have plenty of opportunities in a short time, for I don't care into what communities you go, your seniors will gladly furnish you with pathological specimens, if you show yourselves to be competent and in earnest, and there is no way in which you will so readily and substantially gain their good-will and support. Each one of you may assist in the definition of the cause of any given contagious disease, and thus, in many cases, will you help to control its spread. It is this duty that has given sanitation the position it now holds. The State recognises it and waits for it, and though slow to move, now willingly sees its duty towards the people by organizing bodies known as boards of health, and by adopting other means to assist in the prevention of disease. No longer are epidemics surrounded by a halo of superstitious awe, though dreaded they must be till our knowledge is complete enough to stay their progress. Before, there was nothing definite to aim at; now, bacteriological investigation demonstrates a special causative bacillus, whose habits and mode of growth are known, or will be known. The filth diseases, as cholera and typhoid fever, are recognised as such, and we know that the unclean only will suffer. So the light of science is every day getting us further and further from the dark shades of ignorance. And to whom is all this due? To the votaries of our own beloved profession! To single-minded, noble men, who, heedless of everything but the good they may do to their fellows, work on to achieve further successes. You have the privilege of belonging to this profession; see that you do your duty by it. I would advise you, as soon as you enter practice, to get into systematic habits, and one is, to report all cases of contagious disease to the health officer of your district, so that he may fulfil his office, "to protect the community against an epidemic of infectious disease," and that duty obviously cannot be carried out unless he is informed betimes of its presence. This is a duty we are all too neglectful of, and it would be well for us to feel the importance of even one single act of carelessness,—it lessens the value of

statistical returns ; it shows a certain indifference towards assisting the State in preventing the spread of disease, and a corresponding carelessness of the welfare of our fellow-creatures.

I have now, very imperfectly, drawn your attention to three important considerations—your duty towards your Alma Mater, towards yourselves, and towards the State—and if any apology be necessary, it is to be found in the fact that no one else, as I said before, has an opportunity of speaking to you on these topics. If I have been the means in any way of impressing that grand word *duty* more deeply on your minds, I shall feel more than recompensed. If you keep it steadily before you you will surely be rewarded. Some one way and some another ; some by honours of the State, some by the esteem and regard of his patients, some by professional chairs and university honours, but all by the most envied of economies, the reward of a good conscience.

A few words about medical politics, if I may use the word, and I will release you. Take an active interest in your Undergraduates' Society—enter into the discussions—cultivate the art of expressing yourselves well in public ; it will be a source of great good and pleasure to you in after life. Later on, join at least one good medical society near by, and do your very best to make it a success by your attendance and your pathological, clinical and literary contributions. If in this country, belong to the Canadian Medical Association, and help to make it more and more national. Such an association ought to be a great lever for good in the country, for it ought to be behind all sanitary legislation to guide it and further it. It ought to be also the great centre of all the best scientific papers and discussions. It brings you into agreeable contact with your old teachers and fellow-students, now all co-workers in a common field. Join a Graduate's Society, and if there is not one near you, if possible organise one. It will keep you in touch with the good old Alma Mater, and it will, by extending her influence, support and strengthen her. And lastly, in your treatment of each other as students and practitioners, I will use the very words of the Governor of Kentucky in an address to the students of the Kentucky Medical College in 1890 : " Be gentlemen." By this

I do not mean you should simply cultivate the graces and practice the ordinary amenities of courteous intercourse common to polite society, but that you should at all times and under all circumstances illustrate the heaven-inspired virtues of honest, earnest, noble Christian men. That you should spurn with indignant scorn the low, mean vices of envy, malice and evil speaking, and never suffer yourselves to be betrayed into anything that can degrade your manhood or cast the slightest stain upon the bright escutcheon of your honourable profession. Above all things, let your demeanour towards your professional brethren be candid, manly and just, and your deportment to your patients kind, courteous and conscientious.

Self reverence, self knowledge, self control,
 These three alone lead life to sovereign power ;
 And because right is right, to follow right
 Were wisdom in the scorn of consequence."

THE DEPENDENCE OF ABNORMAL EYE CONDITIONS UPON UTERINE DISEASES.

BY

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We are induced to lay before the profession a few practical data which will shew how closely related certain conditions of the eye, and perhaps of the nose and throat, are to diseased conditions of the sexual system in women. When we consider how seriously the whole general health of women is affected by slight retrograde change in the sexual organs, we can easily understand how the organs of sight will participate in the general enfeeblement established. It is this participation which is the real cause of the distressing ocular conditions we so often see in young women who have for their occupation teaching or some other such laborious work. In the majority of instances the ages of these patients range from 17 to 30, and a large number of them are young girls budding into womanhood. And as it is considered by the sex

generally that every woman suffers from head and back ache as a normal condition from the time she matures until the menopause, little attention is paid to such symptoms. When, however, her anxiety becomes awakened by distress or serious discomfort in the use of the eyes, the oculist is immediately consulted. He often fails to find sufficient cause for the eye trouble after a careful investigation of all the ocular functions. He then directs his attention to reflex disturbances emanating from other organs. Thus it happens that a considerable portion of these cases are referred to the gynæcologist, but to establish and demonstrate a direct communication of morbidity between the pelvic organs and those of special sense would be a somewhat difficult task. Nevertheless, with the aid of clinical observation, it can, we believe, be approximately done, and is in every way deserving of our most serious thought. Physiologists and Neurologists can give us very little aid in the matter. They tell us that the organs in question are presided over by the spinal cord, the nerve force of which is controlled or inhibited by the brain. Congestion of the spinal cord may and does produce congestion of the pelvic organs and increased glandular activity. But here our chain is broken in regard to making connection with the trouble located in the organs of special sense. We are not as yet in the position to trace the path of morbid influence so widely distributed. We have therefore to a great extent to fall back upon the associated condition as a hysteroneurosis, and whilst we know that patients afflicted with chronic pelvic disease usually complain of asthenopia or impairment of the ocular functions, the direct relationship of these conditions to each other is by no means well established.

Although a large proportion of asthenopes may be relieved more or less completely by correcting errors of refraction, faults in accommodation or muscular anomalies, there remains a considerable number who cannot be successfully dealt with in this way. The ophthalmic surgeon may search in vain for any defect in the mechanism of vision. In many cases the correction of slight errors of refraction utterly fails to give relief, indeed it may happen that the use of glasses ever so accurately adapted rather augments the patient's distress.

In the last few years considerable advance has been made in our knowledge of reflex disturbances originating in morbid

conditions of other parts or organs, but finding expression in visual disturbances of various kinds, more particularly in the assemblage of symptoms commonly classed as asthenopia. A conjunctivitis which resists all treatment but suddenly subsides after the removal of a diseased tooth, or the correction of some abnormality in the nose, or vault of pharynx, is obviously an eye disease of reflex origin. Such an event happening occasionally might justly be regarded a coincidence, but since hundreds of these cases are on record the existence of reflex conjunctivitis is no longer a matter of conjecture.

When pronounced asthenopic symptoms without local signs of disease are relieved in the same way, the reflex nature of the asthenopia is equally obvious. That asthenopia frequently originates from faulty conditions in the nasal passages will be conceded by most ophthalmologists of the present day.

It is not our purpose to discuss, or even to mention all the morbid conditions which give rise to reflex asthenopia.

In all probability ophthalmologists still have much to learn in this direction, and in order to learn they must enjoy the intelligent co-operation of other workers in the wide field of medical research.

Among these the gynecologists certainly have to deal with many cases that first are led to seek relief on account of their visual troubles.

Diseased states of the genital organs have long been known to bear a certain relation to various functional and organic diseases of the eyes.

The admirable essay on the relation between diseases of the genital organs and the organs of vision by Förster, in the "Handbuch der Gesammten Augenheilkunde" of Gräfe & Sæmisch is a classical contribution to this subject, and though often referred to by writers in other languages has, we believe, never been translated into English. We therefore insert a translation of this valuable article as far as it refers directly to the subject we are now discussing.

"The labours of A. Von Gräfe and Donders have thrown so much light upon the group of cases hitherto included in the chapter on *hebetudo visus* or *kopiopia*, that only a small contingent remains for further investigation. Among these last, a considerable number may be set down as belonging to a

class in which the visual disturbances are due to anatomical changes in the cellular tissue around the uterus (parametrium), well-known to be so richly supplied with nerves, and secondarily to changes in the uterus itself. In these the visual disturbances are to be regarded as hyperæsthesiæ of reflex origin involving the 5th and optic nerves, and the group of symptoms they present may be designated *Kopiopia Hysterica*.

The description these patients give of their eye troubles is very similar to the complaints of those who suffer from muscular or from accommodative asthenopia. In some particulars, however, there is an important difference.

In *Kopiopia Hysterica* the chief complaint is of painful sensations of the most varied description, whilst in Muscular or Accommodative Asthenopia the most prominent symptom is indistinctness of vision.

In the former the painful sensations occur around the eyeball, on the top of the eye, or in the eyeball itself, or they may be behind the eye or more rarely in the malar bone, bridge of the nose, or in the upper jaw. These pains are variously described as drawing or stretching, dull weight, or more rarely as burning sensations.

Very often there is a feeling of soreness over the eyeball or burning or pricking sensations on the surface of the eyeball or at the edges of the eyelid, sometimes there is a painful heaviness of the eyes or a feeling as if a foreign body or an eyelash were in the conjunctival sac.

These sensations are often increased by work, reading, sewing, etc., and also by the bright light; they come on, however, quite independently of an accommodative effort and often last for many hours or for a whole day with some variation in their intensity. They are furthermore apt to be increased by anything which causes physical or mental depression such as bodily fatigue, prolonged or loud conversation, anger or grief. They are diminished by rest, sleep, pleasant associations, travel, etc.

The pain has not the typical character of supra-orbital neuralgia in which there are intervals of freedom from pain with daily or more or less regular exacerbations.

In *Kopiopia hysterica* too, painful points are seldom present. The pains of this reflex hyperæsthesia are also entirely

different from those of the so-called ciliary neurosis, such as occur in corneal ulcers, iritis and glaucomatous affections, in all of which the pain resembles that of supra-neuralgia.

In the reflex affection both sides of the head are nearly always affected. The pain is of longer duration, irritating and annoying rather than intense, and never worse at night, whilst that of a ciliary neurosis is altogether more severe with boring sensations in the bony structures, often the entire side of the head is affected and there are nocturnal exacerbations with remissions during the daytime.

In the reflex affection these pains are often described as terrible, but the patient never groans or becomes indifferent to all surroundings. There is no injection of the conjunctiva, no swelling of the lids and no lachrymation, and nothing to account for the severity of the pain, signs which are often present in typical forms of trigeminal neuralgia. There is no evidence of heroic efforts to suppress manifestations of pain among a class of patients who are peculiarly wanting in self control.

An examination of the eyes reveals either nothing at all to account for the pain or the local manifestations are nothing more than a slight conjunctivitis, a muscular insufficiency, some hyperopia, or presbyopia without error of refraction. Further observations and treatment show, however, that these local conditions were only incidental and have in reality nothing to do with the sensations the patient complains of, since the removal of these complications does not get rid of the pains or at most affords but slight relief.

The heaviness of the eyelids continues as before, even when the conjunctival catarrh has been cured.

The use of prisms or of convex glasses, or tenotomy of the external rectus affords but little aid to vision, indeed it frequently happens that although glasses make vision more distinct they rather increase the patient's discomfort; the glasses are too strong or they make the sight too distinct, or the frames press uncomfortably upon the nose or temples and increase the pain or cause distress in the head. The reflections from the glasses are also a constant source of annoyance. Even blue glasses cause the same discomfort although in some respects they afford partial relief.

The hyperæsthesia thus depicted, is seldom confined to the

fifth nerve, but almost always affects the optic nerve too. This finds expression as an intolerance of light or undue sensitiveness to bright light. Ordinary diffuse light is, however, less distressing to the patient than artificial light. Such patients complain much more of artificial than they do of daylight, although the latter is infinitely the stronger. They are much less incommoded by the light of a cloudy sky or even by bright sunlight, than by that of a lamp in a darkened room.

During the daytime they go about without blue glasses, but in the evening with the lamp lighted upon the table they cannot endure the white tablecloth. It must be covered with some dark material or at least with a printed newspaper. The white bedquilt, the brass lamp pedestal, or the opaque glass globe dazzle and cause pain in the eyes, consequently must be covered. The lamp must be removed to some out-of-the-way place in order that the room may be sufficiently dark, or the patient retires to an unoccupied and darker room.

I believe this peculiar intolerance of light, which by the way, is never associated with lachrymation, may be regarded as an intolerance of contrast between light and shadow in the visual field which is far more striking in artificial than in daylight for it is not at all likely that the artificial light in itself possesses any special quality which causes it to irritate such eyes.

It is also worthy of note that these patients have their good days and bad days without apparent cause for the variations. During the good days they are almost free from pain, bear the light better and can sometimes even read for hours at a time; but on their bad days all the symptoms are pronounced even when the eyes are kept perfectly at rest. The pain never interferes with sleep and the patient is never awakened by severe pains in or about the eyes. If awakened from any other cause, the only discomfort is a feeling of dryness or heaviness of the eyes.

In the morning, perhaps for several hours, they get on fairly well, later on the labors of the day induce fatigue or loss of tone, and with this their pains begin. It may be that these nocturnal remissions are due to the recumbent posture rather than to the removal of external impressions. For example—a young woman has an abortion with great loss of blood and on this account remains in bed for several weeks. During

this time she is free from all her eye troubles, can read, etc., but so soon as she is up and about again they all come on again. Shortly before and after menstruation the symptoms are generally more pronounced.

These patients are for the most part exceedingly verbose, describe their pains in hyperbolic phrasology and talk of them incessantly, but the entire absence of objective symptoms and a behaviour inconsistent with any severe disease arouse a suspicion of simulation; or at least of exaggeration.

The morbid visual sensations which these patients sometimes describe and the circumstances which seem to arouse them are simply innumerable. Nevertheless, vision is very frequently not in the least impaired, in fact it is apt to be remarkably acute. If there happens to be a slight amblyopia it presents no special characteristic either subjective or objective; indeed, it is difficult as a rule to determine with certainty whether the somewhat diminished visual acuteness occasionally met with is not an habitual condition existing prior to the occurrence of pain and intolerance of light. In only two cases out of several hundred the pupils were 5 m.m. in width and unaffected by light. This symptom is therefore of rare occurrence, though probably in some way dependent upon the same conditions as the other phenomena. This class of cases is rarely met with among men, although nervous men are common enough. The malady in question may therefore be justly regarded as a prerogative of the female sex. I desire, however, to emphasize the fact that I have met with a small number of men who suffer in precisely the same way.

The vast majority of cases, however, are elderly spinsters, sterile or prematurely sterile married women and widows.

Among childbearing women the affection is rare [indicative of freedom from disease of the reproduction organs], and when present is always ameliorated during pregnancy.

We hear the same complaints from girls between 15 and 25 years of age. After the age of 60 the affection is almost unknown. Among 56 typical cases chosen from a large number on account of having been more accurately observed, two were between 15 and 20 years of age, 23 between 20 and 30, 12 between 30 and 40, 15 between 40 and 50, and 4 between 50 and 60.

The disease is more common among the well-to-do than the

poorer classes. In 1000 cases only 8 or 10 belonged to the latter.

The general health as a rule is conspicuously defective, sleeplessness, nervous irritability, palpitation of the heart, low spirits, pains in the abdomen and small of the back, and constipation are commonly present. Pains in the arms and fingers are often experienced. The entire array of nervous manifestations known under the name of hysteria and often associated with a certain perversity of behaviour is now and then observed, although the typical hysterical phenomena such as an uncontrollable tendency to laugh or cry, globus hystericus, convulsions, paralysis of sensory or motor nerves, *arthropathia hysterica*, are seldom met with among these patients.

In some cases hysterical symptoms are entirely wanting, and indeed, *kopiopia hysterica* may be associated with an appearance of robust health.

The group of symptoms described, and which are extremely characteristic so far as they concern the eyes, are always associated with and caused by a peculiar chronic inflammation of the cellular tissue surrounding the uterus or atrophic parametritis chronica.

Professor Freund of Breslau was the first to recognize this affection of the genital organs and in the course of 14 years has met with it in a large number of patients suffering from the above described visual disturbances.

The connection between this affection of the eyes and disease of the genital organs is so constant that whenever the former is met with the latter may with certainty be assumed to exist. Since Freund has proved the existence of this disease of the genital apparatus by numerous autopsies and preparations I shall give here a brief description of the morbid conditions in his own words as follows:—

“That part of the pelvic cellular tissue which immediately surrounds the cervical portion of the uterus is called the parametrium. This structure presents several peculiarities which distinguish it from other pelvic cellular tissue.

It is destitute of fat and of closer texture becoming more and more dense as the uterus is approached. The portion which immediately surrounds the uterus shows in horizontal sections a stellate arrangement and carries the principal blood and lymph vessels as well as the nerves which supply the

uterus and to some extent the ovaries also. Traced downwards it will be seen that this dense connective tissue envelope of the uterus arises from that part of the fascia pelvica interna which surrounds the vagina. The great ganglionic apparatus of the uterus lies imbedded in the parts surrounding the lateral portion of the Laquear vaginae but above the level of the Laquear.

From this part of the Parametrium which immediately surrounds the cervix uteri proceed certain pathological changes of a chronic inflammatory character analogous to similar affections met with in other organs (such as the liver, kidneys and lungs) not only in progress and results of the disease but also in the phenomena they give rise to during life. The chronic inflammatory process begins insiduously and carries first a hyperplasia, then a cicatricial contraction of the affected connective tissue and spreads in every direction, more especially along the base of the broad ligaments as far as the walls of the pelvis, spreading from this to the cellular tissue surrounding the rectum and bladder. It spreads upwards very often to the round ligaments which rest in the anterior leaf of the broad ligaments but seldom to the Fallopian tube; lastly it extends downwards as far as the upper third of the vagina. The broad ligaments are thickened by hyperplastic proliferation of connective tissue, especially in their lower parts these two surfaces are, so to speak, glued together and cannot be made to slide over each other as in the normal condition. The ureters are drawn towards the cervix uteri, and their lumen contracted just where they are most closely surrounded by the shrinking connective tissue.

Blood-vessels coursing through this tissue participate in the same process and nerve fibres running through this hard scar tissue are often found more or less destroyed by it.

The action of this disease upon the pelvic organs is manifested at first in a considerable disturbance of the circulation which occasions a venous hyperamia of the genital tube with chronic inflammatory swelling (*Metritis Chronica hæmorrhoidalis*) which is associated with similar changes in the rectum and bladder, catarrh of the genital mucous membrane, irregular and often profuse menstruation. In the later stages of advanced atrophy, there is atrophy of the pelvic cellular tissue generally, involving even parts which are not directly

connected with the cicatrizing process, atrophy of the genital canal, especially of the uterus, which frequently acquires an uneven surface, partly caused by varicose nodules and partly by the irregular pressure of cicatrizing areas upon the adjacent uterine substance.

The analogy between this disease and cirrhosis of the liver, fibroid degeneration of the lungs and granular degeneration of the kidneys is most striking.

The disease is not a rare one, it occurs in women who have borne children as well as in those who have not. Clinically most cases may be traced to undue excitation of the genital organs complicated with excessive secretion. The course of the disease is essentially chronic, the prognoses in respect to a *restitutio in integrum* is unfavorable; although the organic changes are permanent the nervous phenomena ultimately subside.

Kopiopia hysterica is not curable. It always disappears in time, though often not until the patient has spent years and years of suffering. I have never observed that it tends to induce any other disease of the eyes either inflammatory or non-inflammatory.

According to my experience, there are not many remedies that can be relied upon to relieve the symptoms, such as pain and intolerance of light, but a certain degree of improvement may be confidently expected after the patient has taken, in the course of four days, *castoreum Canadense* 2.0 and *Ext. Valeriana* 4.0. The improvement lasts at the most some four weeks. Acetate of zinc takes second rank as a remedy in this affection, quinine, narcotics, and cold eye douches are either useless or of problematic value.

Protective glasses are always indispensable, only care must be taken to avoid the darker tints. On no account should the patient be permitted to remain in darkened rooms, such a course never succeeds in diminishing the intolerance of light. On the contrary protracted seclusion in a darkened room invariably augments the functional irritability.

Measures should be chiefly directed to the cure of the *parametritis chronica*; this, however, is unfortunately not very amenable to treatment when the restoration has become complete.

At or about sixty years the *hyperæsthesiæ* are likely to sub-

side entirely, at least in so far as the optic and fifth nerves are concerned."

It will be observed from the foregoing that the *kopiopia hysterica* so well described by Förster is attributed by him to a form of wasting parametritis chronica.

It will be our object to show that other morbid conditions affecting the uterus and pelvic organs are also capable of giving rise to persistent forms of asthenopia, and we believe the ophthalmologist and gynecologist will have conferred a mutual benefit upon each other, and assisted the progress of medical science when they have succeeded in defining more accurately the various morbid conditions in and about the uterus which give rise to and perpetuate asthenopia. Physiology has not yet been able to disclose the several links in the chain of nerve perturbation which associates functional weakness of the visual organs with parametritis chronica and although pathology may discover wide deviations from the normal condition at one end of the chain there is often nothing at all to account for symptomatic disturbance at the other.

We have seen severe and obstinate cases of asthenopia relieved by the removal of morbid conditions in other parts supplied by the fifth nerve, and we have observed certain inflammatory affections of the eyes relieved in the same way, but in those the reflex area is all within the domain of the same nerves.

When however, the primary lesion is in parts so remote as the genital organs it is far more difficult to understand the complex relationship which must exist between parts so widely separated from each other, in order to account for this reflex form of asthenopia. It cannot be explained by assuming mere loss of tone or debility of the system generally, since extreme debility often exists without the least visual disturbance, and on the other hand disturbance of the uterine functions associated with asthenopia is quite consistent with robust general health. That this should be exceptional may be granted without diminishing the importance of the fact, indeed it is all the more reason for further investigation of such cases. When the ophthalmologist and gynecologist shall have compared notes sufficiently often we may perhaps be in a position to understand these *Hystero-neuroses* better than our predecessors have done.

Cases have been reported by MacKenzie, Von Gräfe, Meyer, and others, which shew a certain connection between diseases of the eye and the organs of generation, but which are not of a reflex character; they are not neuroses, but cases of actual amblyopia, in connection with amenorrhœa and dysmenorrhœa, caused by extravasation of blood into the retina during intense cerebral congestion depending upon the retention of the menstrual flow. Oculists have informed me that the majority of cases of asthenopia consulting them, except those due to over-use of the eyes, errors of refraction, or muscular anomalies, are found in females, many of whom suffer from menstrual irregularities or other evidence of uterine disturbances. These patients are carefully treated with tonics to invigorate the debilitated system; the eye condition is attended to, but it is found that they do not improve, and will not until the uterine lesion has been cured. Decrease in the power of vision, dimness of sight as if a cloud was passing before the eyes, occur both as menstrual and pathological neuroses, and are relieved by treatment of the uterine disease. Meyer relates the case of a maiden lady, aged 40, in whom the menstrual flow was ushered in by an amaurosis of several hours' duration, which disappeared as suddenly as it came on, but was never accompanied by symptoms of cerebral congestion—evidently a menstrual reflex which would have yielded to proper uterine treatment. Engelmann says: "In all cases of true reflex neurosis no structural changes exist, in the early stages at least, and the ophthalmoscope will reveal an absolutely healthy condition of the fundus of the eye, but after a duration of years the disease, heretofore simulated, may develop in place of the phantom. In no organ is the persistent continuance of a reflex so liable to result in actual changes as in the eye." Cases are reported by Dr. Fordyce Barker where Drs. Agnew and Noyes failed to find any pathological changes in the eye, and after proper treatment of the uterine lesion the patient lost all morbid affections of the eyes. The more trivial forms of ophthalmic disease yield but slowly with improvement of the uterine affection, if treatment has not been begun early, and it is only the more violent and rapidly developing symptoms which respond as readily to uterine treatment as do the other reflex neuroses. In fact, experience seems to show that ophthalmic reflex neuroses are more per-

sistent and yield more slowly to treatment than those of any other organ, and if they have existed for years they are liable to result in structural changes or disease proper of the eye, which is not the case with other reflexes. Although this view may not be accepted by many ophthalmologists, all will concede the fact that asthenopia, as a hysteroneuroses, may persist for an indefinite period, defying all measures for its relief until the uterine defect has been corrected. According to Rampoldi,* there are five groups of sexual diseases which affect the eye, as follows:

(1.) Hysteria and chronic metritis are causative of asthenopia and retinal hyperæsthesia.

(2.) Menstrual disorders. Amenorrhœa is causative of conjunctivitis, keratitis, iritis and phlyctenulæ. To suppression of the menses he refers diseases of the choroid, with neuritis and retinitis. The tendency to glaucoma is known to accompany a sudden suppression.

(3.) Inflammatory diseases occur in hyperæsthesia and neuralgias of the trigeminus.

(4.) Pregnancy causes the difficulty accompanying the albuminuria of that state. Amblyopia and amaurosis have been common from three to fourteen days after hemorrhage.

(5.) During lactation and the puerperium the following have been observed: Panophthalmitis, ulcers of the cornea, retinitis, photophobia, disturbances of accommodation and other morbid conditions resulting from debility.

These views are held by Rampoldi in regard to eye affections associated with pelvic disease, but it is difficult to trace any positive relationship of individual ophthalmic affections to such pelvic disease; few indeed of them are reflex neuroses. We believe, however, that there are many cases of asthenopia which are undoubtedly of a reflex nature, and will now relate a few examples.

CASE I.—Aged 19, unmarried. Consulted me Dec. 7th, 1891. Menstruation began at 15. She has suffered severe pain at her periods ever since. The pain has been gradually increasing to the present time. Periodicity shortened to three weeks. Great premenstrual exhaustion. Duration of flow 5 to 7 days. Quantity large. Profuse leucorrhœa. Constant backache. Constant headache. Distressing asthenopia. Supraorbital

*Annals Univ. de Med., Sept., 1888.

pain. Wears glasses. Irritation of bladder. Nocturnal frequency 5 to 20 times each night.

Examination.—Uterus retroverted 2°. Pelvic floor painful to touch. Cervix eroded, catarrhal endometritis. Profuse glairy mucoid discharge issuing from cervical canal.

Operation.—Divulsion of cervix with steel dilator. Endometrium curetted. Removed catarrhal patch. Iodoform gauze drain. Shortened round ligaments, using buried sutures. Convalescence perfect. Uterus anteverted when left for home.

June 27th, six months following operation, this lady writes as follows: "My eyes are very much better. I still wear glasses, but with them I do not suffer pain, and the moving sensation over my left eye, from which I have suffered so much, is also removed."

CASE II.—aged 28, unmarried. Consulted me September, 1889. Menstruation fairly regular. Duration 6 to 7 days; rather profuse. Within the past six months has suffered severe menstrual pain, chiefly in back and hypogastrium. Has also constant intermenstrual backache. A false step or sudden jar greatly increases pain. Has severe headaches and supraorbital neuralgia at times. Suffers from asthenopia, and cannot read but for a short time.

Examination.—Uterus retroverted and fixed in well of pelvis. Both ovaries prolapsed into Douglas' pouch. They are very tender to touch.

Operation.—Shortened the round ligaments after a few weeks' preparatory treatment, chiefly rest. Result very good. Uterus in normal position: four weeks afterwards, and pelvic floor free from tenderness.

June 24th, 1892 (three years), this young lady writes me as follows: "I can assure you my eyesight has improved very much indeed, and I was very fortunate to have undergone the operation. I have become fleshy and strong, and can walk miles; in fact, I am a new creature. Patients similarly affected can rest assured, with care for a year or so, they will be as well as I am." These statements are made three years after treatment.

CASE III.—Aged 28, unmarried. Consulted me January, 1889. She menstruated every third week; somewhat profuse; duration 5 to 6 days. Complains of great prostration, constant backache and a bearing-down pelvic sensation. There is asthenopia and an inability to read or do needlework without glasses. Pain in back of eyeball.

Examination.—Uterus retroverted, found low down, lying in axis of outlet. Whole pelvic floor tender to pressure. Cervix elongated and conoid in shape, glairy mucus issuing from cervical canal. Chronic endometritis.

Operation.—After due preparatory treatment, I shortened the round ligaments on September 23rd, 1889. I saw and

examined patient October 24th following. Found result very perfect, uterus anteverted and fundus lying close to pubic bone. Pelvic contents free from tenderness. I heard from this patient two months ago. She has continued to work as saleswoman up to the present time. She is well; her eyesight is good, and has not given her any trouble since treatment, now three years ago.

CASE IV.—Aged 42; married eleven years, five children, youngest 3 years of age. Menstruation has been very profuse; duration 8 to 9 days as a rule; quantity very large. Profuse leucorrhœal discharge. Constant back and side ache, increased on fatigue, but no special dysmenorrhœal pain. Suffers from distressing headaches, especially post-menstrual. Has great impairment of vision, granular lids, and even with aid of glasses cannot read but a few minutes. Great impairment also of general health.

Examination.—Perineum lacerated and pelvic floor destroyed. Vaginal walls prolapsed. Cervix much congested and eroded, but no evidence of laceration. Extensive hæmorrhagic endometritis. Uterus enlarged and retroverted. Pelvic floor excessively tender to pressure.

Operation.—After preparatory treatment, removed cervix, curetted endometrium, restored perineum by flap-splitting method and shortened round ligaments.

I received a letter dated June 24th, 1892 (one year after), from this lady, as follows:—"I am happy to be able to say that it is many years since my eyes have been so well. The sight is better, but the great improvement is in the lids and strength of the eye. Before the treatment my eyes felt as if they would burst, were much inflamed and were always glued together in the morning. Now I do not know what it is to have anything wrong with them."

CASE V.—For many years a sufferer from uterine disease. Is a great invalid and obliged to spend most of her time in bed or on a couch. Suffers much from pain in the eyes and asthenopia. No error of refraction or muscular fault. Accommodation good. Referred to Dr. Alloway.

Sexual history.—This lady was in greatly reduced health; suffered great pain during menstruation, with excessive flow and intramenstrual leucorrhœa. Examination shows bilateral laceration of cervix with eversion of the cervical segments; hyperplastic endometritis; destruction of pelvic floor and perineum; uterus retroverted, no adhesions. Had borne two full-term children. Wears glasses.

Operation.—Curettement, excision of cervix, restoration of perineum, and shortening of round ligaments. Last report from this patient said she was healthy; had nursed her husband through typhoid fever one year after her operation, and is at present (four years after operation) enjoying excellent health.

CASE VI.—Seen shortly after recovering from Alexander's operation for retroflexion of uterus. Has suffered from weakness of the eyes for several years. Vision normal; no error of refraction beyond a slight compound hyperopic astigmatism; $180^{\circ} + 0.25 + 0.50$; $V. = 6/5$ each eye; these prescribed for. No muscular anomaly or fault in accommodation. When last heard from was able to use the eyes comfortably without glasses. No treatment other than the operation performed by Dr. Alloway (see Case I) was pursued.

CASE VII.—Aged 34; a delicate-looking woman. Sent to me on account of headache and pain in the eyes, always aggravated by their use in any near work. Complains chiefly of pain in top and back of the head much increased by use of the eyes. The eyes appear normal and there is no lack of accommodation. Not more than 0.50 of hyperopia. No abnormality in the muscular functions. $V. = 6/6$, each eye. Sent to Dr. Alloway on account of pain in the back and side, leucorrhœa, etc.

Sexual history.—This case was a wretched, confirmed invalid, in constant pelvic pain, and unable to follow her occupation of seamstress. The uterus and appendages were firmly fixed to the bottom of the pelvis *en masse*.

Operation.—Laparotomy; found appendages densely adherent to uterus and broad ligaments in Douglas' pouch. Removed appendages with much difficulty (chronic purulent salpingitis). Sutured uterus to anterior abdominal wall. Recovery perfect. This patient reports herself (eighteen months after operation) being in perfect health, works hard at her trade, and has good eyesight.

CASE VIII.—Aged 40. Eyes weak, and painful when used. Often pain even when not used, and always intolerant of artificial light. No muscular anomaly beyond a general want of power in the ocular muscles as tested by prisms. Acc. good. Hyperopia = 0.50D., but unable to use the eyes continuously—either with or without glasses. Referred to Dr. Alloway on account of supposed uterine trouble.

Sexual history.—Married 21 years; four full-term children, youngest 12 years of age. Has had many miscarriages, Last pregnancy six years ago. Menstruation irregular; duration eight days. Severe dysmenorrhœa, increasing in severity of late. Is a great sufferer from constant pelvic and abdominal pain, and incessant vomiting for days at a time. Has had cervical canal dilated upon several occasions by sponge tents.

Examination.—Uterus anteflexed; both broad ligaments seem thickened and fix uterus and appendages to the side walls of pelvis; whole pelvic contents extremely tender to touch; cervical canal open and issuing glairy muco-purulent discharge. Patient has been for years a confirmed invalid.

Operation.—Laparotomy. Removed appendages; they were

so adherent and encased in organized exudation that they had to be removed piecemeal. Recovery perfect.

This patient, when seen a year after operation, reported that she had no attack of vomiting since operation. Her eyesight was much better, but, from a feeling of precaution, wore glasses. Quite recently this patient reports that her health has been quite restored. Has no pain whatever; has become stout and strong. Her eyesight normal.

CASE IX.—Has been a chronic invalid for years. For the past twelve months subject to great weakness of the eyes, which has taken the form of recurrent attacks of kerato-conjunctivitis. The right cornea presents a central nebula, the left a zone of fine blood-vessels encroaching on its upper third. The conjunctiva of eyelids is very hyperæmic and decidedly roughened near their anterior margins; the lids, too, press more closely than is usual upon the eyeballs. This patient also presents a hypertrophic rhinitis and acne of the external integument of the nose. The irritability of the eyes may be due in part to the nasal trouble. Pain and intolerance of light are much complained of. These conditions have persisted, with occasional remissions, since last autumn.

Sexual history (May, 1892).—Extensive laceration of cervix with eversion of segments. Pelvic floor destroyed and perineum torn to sphincter. Hyperplastic endometritis. Pain and menorrhagia. Intermenstrual leucorrhœa. Constant headache and backache.

Operation.—Curettement; excision of cervix; restoration of pelvic floor and perineum.

The husband of this lady writes, date October 24th, 1892; "She is now enjoying very good health. Her eyes are much better and stronger. I am hopeful the improvement will be permanent."

—Quinquaid has confirmed Unna's statement as to the presence of a special microbe in soft chancre. It is a bacillus with rounded ends, and is generally arranged in chains. It is present in prodigious numbers in the lymphatics and intercellular spaces.

A GARBAGE CREMATORY NOT A NUISANCE.—It has been decided by Judge Hopkins in Lowell that the erection of a garbage crematory could not be adjudged a nuisance until it had proved itself to be so. He refused to grant a temporary injunction restraining the city of Lowell from the erection of a crematory, and decided that if any one found himself injured after the furnace is in operation he would have remedy at common law.—*Boston Med. and Surg. Journal*, Oct. 6, 1892.

Retrospect Department.

QUARTERLY RETROSPECT OF GYNÆCOLOGY.

PREPARED BY T. JOHNSON-ALLOWAY, M.D.,
Instructor in Gynæcology, McGill University.

Compress left in Abdominal Cavity and passed afterwards at Stool.—PILATE of Orleans (*Union Medical*, March, 1892) relates a case where a tarlatan sponge compress used in an abdominal section was left behind. On the evening of the operation there was vomiting and pain in the right iliac region. Phlebitis of the right leg set in. These symptoms soon disappeared and the patient made a complete recovery. Six months later pains in the region of the liver occurred; they became diffused over the abdomen, and vomiting and tympanites set in. At length there was a rise of temperature and a swelling in the pelvis was noticed. An operation was about to be performed when she passed the compress in a mass of hardened fæces. The patient recovered. Quenu relates a case where a compress was left in by accident. The patient died and the compress was found rolled up in a coil of intestine. Terrillow observed a case where pressure forceps remained eight months in the abdomen and came out close to the umbilicus.

Subperitoneal Hysterectomy.—Dr. Heywood Smith read a long paper before the British Gynæcological Society recently upon this subject. In summing up Dr. Smith concluded that the following lessons might be learned from the cases cited and discussion which would ensue.

(1) No two cases are alike. We cannot therefore lay down any hard-and-fast rule for the treatment of the stump; the fibroid invading the uterus in so many ways and situations, a certain choice must ever be left to the operator, but that we are to bear in mind that, where it is possible of application the sub-peritoneal method holds out as good a prospect of success as any other, and leaves the other pelvic organs free and unfettered by any constriction or adhesion.

(2) That Dr. Byford's method does not commend itself because of the length of time the operation takes, and it is open to the grave objection of manipulation being required both in the abdomen and vagina in the course of the same operation.

(3) That Dr. Skene's suggestion of dilating and inverting the cervical canal is very difficult practically, and has the same objection against it of associated vaginal and abdominal manipulation.

(4) The best methods, it appears to me, are those of Dr. Goffe and Mr. Milton and so far carried out in a modified way by myself.

The main points in the operation seem to be:—

(1) Make the peritoneal flaps sufficiently large, as they can be reduced, but not added to.

(2) Secure absolutely every bleeding branch of the uterine arteries, if possible, separately.

(3) Lace the whole pelvic peritoneal wound across with an uninterrupted suture of chromicised catgut, taking care that Lambert's stitches are used over the uterine stump, so that it is entirely sealed with peritoneal covering.

It is recommended that the cervical stump be divided as low down as possible, for the proportion of connective tissue to contractile tissue is greater than in the upper part of the uterus, where a contractile tissue prevails; there will therefore be less shrinking the more the amputation is carried through the cervix proper.

I would also point out the great advantage of using tincture of matico as a styptic where there is any oozing—it is very effectual and seems to do much less harm than others.

There remain three points for discussion:

(1) Shall we use a drainage tube? I think where there have been any adhesions and consequent oozing, a drainage tube should be used, for at all events forty-eight hours; but where, after the pelvic wound is laced across, the pelvis remains quite dry after sponging, there is no necessity for any drainage.

(2) Shall the cervical canal be destroyed by the actual cautery, or any other caustic? This is an important point and had better be discussed in connection with the question—

(3) Shall the cervix be transfixed and tied like the pedicle in ovariectomy, inside the peritoneal flaps?

DR. GRANVILLE BANTOCK exhibited specimens of fibroid tumours of the uterus, illustrating the various methods of deal-

ing with these growths by abdominal section. The methods are as follows:—

(1) Enucleation of tumour and obliteration of bed of tumour by means of buried and other sutures. Appendages also removed.

(2) Application of *serre-nœud* to pedunculated fibroid, leaving uterine body, ovaries and tubes intact, and securing the pedicle in lower angle of wound.

(3) Application of *serre-nœud* around the uterus about level of internal os, and including both ovaries and tubes; amputation above or external to *serre-nœud*, and securing the stump in lower angle of wound (parietal).

(4) Application of elastic ligature, circular division of uterine envelope, partial enucleation of uterine body with its contained tumour or tumours, so as to lessen strain on broad ligaments, application of *serre-nœud* on peritoneal aspect, amputation of uterus, and securing stump in lower angle of wound. In this form, the appendages may be included in *serre-nœud*, ligatured separately or even left intact, according to circumstances.

(5) Division of broad ligaments to allow tumour to be lifted out of the pelvis, elastic ligature, enucleation of tumour, application of *serre-nœud* so as to include the appendages, and securing the stump in lower angle of parietal wound.

(6) Elastic ligature, enucleation of tumour and uterine body, after circular division of uterine peritoneum, application of *serre-nœud* to uterine body thus enucleated, separate ligature, and removal of appendages, and securing the peritoneal envelope to parietes.

The first is an example of the intra-peritoneal method; the others are examples of the extra-peritoneal method.

Dr. Bantock recited the history of the cases from which the specimens were obtained.

Abdominal Section for Diagnostic purposes.—Dr. Clinton Cushing, of San Francisco, writes a short paper in defence of this subject. Dr. Cushing is unquestionably correct in his views and deductions, and it should be the duty of every surgeon to impress upon the physician the great necessity of having the abdominal cavity explored as soon as possible after being called to the case and he feels in doubt. Many lives will

certainly be saved, and the public will become impressed with the usefulness of it. To stand with folded hands for days or weeks, and speculate as to what might be the cause of suffering in a given patient, is certainly not scientific medicine of the present day, and will surely tend to bring upon our heads a feeling of disdain and want of confidence on the part of those to whom we should look for admiration and respect. I do not, however, agree with Dr. Cushing when he criticizes Mr. Greig Smith on the remark made in the latter's book, "No incision ought to be merely exploratory." "The exploratory incision of the skilled surgeon is widely different from that of the tyro." No man should make an exploratory incision unless he is prepared to complete an operation for removal of diseased parts found, provided, by doing so successfully, he ensures to the patient material benefit; therefore exploratory incisions should be made only by abdominal surgeons who have been careful to provide themselves against all emergencies, and thus increase to the highest possible degree the patient's chances for recovery.

Dr. Cushing mentions cases of ectopic pregnancy, of obstruction of the bowels, disease of the appendix, affections of the liver and gall bladder, of the kidneys and of pus collections in any part of the abdominal cavity, which surgeons equally skilled disagree upon in regard to a positive diagnosis without an exploratory incision.

Dr. Cushing describes minutely in his paper some interesting cases. One where he and other surgeons in consultation expected to find pus tubes, but instead found a distended gall bladder containing gall stones and pus. In another case cited he expected pus tubes again, but found as well an appendix abscess associated with a pyosalpinx of the right side.

In another case pelvic abscess was diagnosed which would have been treated, some years ago, by puncture through the vagina [or by some at the present day by electricity]. When the abdomen was opened a double pyosalpinx was found, and on further exploration a secondary foul smelling omental abscess with gangrenous walls was discovered.

In another case described the patient had experienced a miscarriage of six weeks pregnancy a few days previously. There was great distension of the abdomen, a large tumor felt in the pelvis and a temperature of 104.5° . An offensive uterine discharge, and the uterine cavity measured six inches. The

abdomen was immediately opened; a large sloughing uterine fibroid and general purulent peritonitis was found, pus was seen escaping into the cavity from the Fallopian tubes. The broad ligaments and the uterine arteries were tied off and the uterine tumour with appendages were removed and the stump closed by Schröder's method with catgut sutures. The temperature at once dropped to 100° and patient eventually recovered.

Another case aged 20, temperature 102°, pulse 130, one child two years ago, had an attack of pelvic peritonitis eight months previously, since which time has been suffering great pelvic pain, progressive emaciation accompanied by fever and perspiration. Examination showed pelvic organs fixed and tender, abdomen not distended; when the abdomen was opened a great gush of fetid pus, in quantity about three quarts, took place. This pus cavity extended from Douglas pouch to the ensiform cartilage. No pelvic or abdominal organs were in sight, being pushed away in every direction and buried in lymph. At time of writing this patient was convalescent, and her chances were favorable for recovery.

Dr. Cushing remarks that if tentative measures had been adopted here, the consequences would have been disastrous. There was no way of learning from external examination of the great extent of the disease, and the wonder was that she could have lived under such circumstances.

These cases of Dr. Cushing are of great value in point of instruction to the general practicing physician, upon whom so much responsibility in such cases rests. He should act promptly and give these poor patients a chance for their lives.

Dr. Fancourt Barnes reports in the *British Gynecological Journal* for August, a case of ovariectomy in a patient 72 years of age. The patient on the third day developed a parotitis—non-suppurative—which subsided in a few days. This intercurrent condition was supposed to be due to injury to the pelvic organs and not to infection. Dr. Barnes drew attention to the fact that ovariectomy is not by any means common at that advanced age. Dr. Bland Sutton, in his recent work on "Surgical Diseases of the Ovaries and Fallopian Tubes," shows a list of 22 cases of ovariectomy in patients over 70 years of age.

Carcinoma of the Cervix in the Negress.—D. J. W. Williams, of the Johns Hopkins Hospital, reports a case of this kind,

probably the first one reported. The patient was a dark, full-blooded negress, 38 years of age, married for sixteen years; had eleven children, all labours being normal, and nursed all of her children. On examination, extensive infiltration was found involving the uterus and broad ligaments. The microscope confirmed the clinical diagnosis.

Dr. W. Chapman Grigg in his valedictory address as retiring President of the British Gynæcological Society, May, 1892, made the following remarks:—"I feel very strongly that if gynæcology is to accomplish all the good of which it is capable, the progress which is being effected must be brought home to the general practitioner, upon whom, in the majority of instances, falls the burden of the preliminary diagnosis, without which the resources of our art must to a large extent prove unavailing. We may fairly say that we have taken no mean part in breaking down many of the barriers which conservatism in science had raised to hinder the free evolution of our branch of medicine. Gynæcology, which not long since was practically *terra incognita* to the general practitioner, is fast becoming part and parcel of his education, and in proportion as this special knowledge becomes generalized, we find that the old idea as to the frequency of this or that disease requires to be modified." Dr. Grigg then refers more especially to the advance made in the surgical treatment of ectopic pregnancy, a condition which was regarded, until quite recently only as a pathological curiosity. In this and other morbid conditions he points out the great necessity for the family physician to be capable of making an early diagnosis, and to attain this end he should avail himself of every opportunity afforded in the examination of the female pelvic organs.

Extra Uterine Pregnancy.—Prof. Maur of Stockholm, reports two cases of interest (*Anal. of Gyn. and Pæd., Sept. 1892.*) First case aged 29, last birth eight years ago. She became pregnant in February, 1890. In May she had a hæmorrhage which lasted for 14 days continuously. It then became intermittent.

June 6th.—She became seriously ill. Severe abdominal cramp and vomiting with symptoms of collapse. Abdomen distended; vaginal examination found cervix pushed to right, neither softened nor enlarged, the corpus over to left and

mobile. To right of uterus a round, slightly elastic resistance, the upper border of which reached about one inch above symphysis. It extended back to the spine. It surrounded the cervix and lay close to the uterus, though separated from it by a distinct furrow. It is smooth; it can be more plainly felt *per rectum* and gives to sense of touch the outlines of a tumor and not of an infiltration. It is very tender, traces of albumen in urine. Other organs healthy.

June 18.—Seized with severe pain in epigastrium and entire abdomen, vomiting, pulse feeble and rapid (112). Became pale with indication of profound collapse. Examination revealed little change in tumor.

June 21st.—*Operation.*—Large quantity of thin fluid black blood flowed through abdominal wound. Tumor composed of fœtus, and large mass of hard black coagulum occupied lower right pelvis, slightly adherent to surrounding parts. Fœtus lay outside sac in Douglas' pouch. Pedicle formed by right broad ligament. Secured by silk and tumour removed. On closing the wound a fresh hemorrhage was detected, and on search being made it was found to be due to the slipping of the ligature [showing the great uncertainty of silk in comparison with large-sized catgut]. The stump was seized with difficulty and religatured. Patient convalescent in fourteen days. The temporary albuminuria which existed before operation disappeared a few days after.

Conclusions.—June 7th—Hemorrhage into the sac, destroying life of fœtus (fourth month). June 18th—Rupture of sac and escape of fœtus, and intra-peritoneal hemorrhage.

In the above interesting case Dr. Maur should undoubtedly have operated directly after the 7th without delay. His patient would have had a much better chance of recovery than by waiting until the sac ruptured and fresh and more serious hemorrhage had occurred. I would also suggest to Dr. Maur the adoption of large-sized catgut for heavy ligature; it is elastic and tightens with shrinking of the pedicle.

Case 2.—Aged 34: married fourteen years; nullipara. Became pregnant in April, 1890. June 1st, became suddenly very ill; severe abdominal pain, pale and collapsed, followed by unconsciousness for a long time. Severe vomiting all day. Following day uterine hemorrhage, which continued several days, with escape of blood-clots. During whole month of June

she suffered severe abdominal pain, and the abdomen became gradually enlarged. July 1st—Patient anæmic to extreme degree and appears to suffer intensely, especially with movements of body. Examination gave evidence of a tumour in the pelvis, divided by a central sulcus into two portions. Cervix looking forwards and fixed close to pubes.

Operation.—Intestines found adherent universally; a large black tumour found below intestines and adherent; tumour contained a large quantity of thin black fluid and hard masses of coagulated blood, also the fœtus. These were all removed and the cavity cleansed as well as could be done. It was then closed in the usual manner. Patient died on the sixth day. The pathologist, after an autopsy, gave it as his opinion that the patient died from septicæmia, which had existed prior to the date of the operation.

Conclusions were: Conception took place about April 1st. Then June 1st, rupture of foetal sac occurred with escape of fetus and considerable hemorrhage, after which it became encapsulated. At this time a general peritonitis developed.

[It is evident from the history of this very interesting case that June 1st or thereabouts would have been the time for her to have been admitted to hospital under Dr Salin's care, instead of which she was kept under medical supervision until the 27th, all of which valuable time was lost, and with it the life of the patient. Had she been seen on the 1st of June by Dr. Salin and operated upon she would in all probability have been saved.]

Sarcoma of Cervix.—Y. PFANNENSTIEL (*Virchow's Archiv.*, vol. cxxvii, part 2, 1892, p. 305) tabulates the twelve cases of this rare and very malignant disease which have been authentically recorded. The series includes a new case under his own observation. The patient was fifty-three. A structure taken for a simple mucous polypus of the cervix was removed. Eleven months later recurrence was discovered; a large racemose growth had developed. It was removed and the cervix scraped. Six months afterward a racemose mass filled the vagina. The patient was weak and cachectic. The uterus was extirpated. Symptoms of recurrence were detected five months later, yet sixteen months after the removal of the uterus the patient was alive, though very cachectic; the vaginal wall was infiltrated. This was her

condition when the report was published. With the exception of two patients lost sight of, the disease recurred in all the twelve collected cases. Strange to say, though the clinical and naked eye characters of racemose sarcoma are fairly constant, their histology is more variable. They are pedunculated tumors, looking like a bunch of fruit, but they may be adenomata, myxomata, or even tumors consisting to a great extent of embryonic striped muscle cells (Pernice). Early diagnosis is very difficult. These tumors are much softer and more friable than true mucous polypi. Racemose sarcoma is much more malignant than any kind of cancer of the uterus or any other variety of sarcoma of that organ. The only active treatment justifiable in cases of this disease is total extirpation of the uterus, and that severe proceeding is useless and not to be attempted if the incision in the vault of the vagina cannot be made over two-fifths of an inch outside the area invaded by the disease.

Intestinal Complications from Delayed Operation in Suppurative Disease of the Uterine Appendages.—Dr. CHARLES A. L. REED, in a paper read before the Academy of Medicine (*Cincinnati Lancet-Clinic*, March 12, 1892), says: "I have from time to time presented to the academy specimens illustrative of complications arising from delayed operations in cases of suppurative diseases of the uterine appendages. For the most part the complications have consisted of pelvic adhesions which have rendered the enucleation of the appendages extremely difficult. In some cases a more serious accident occurs, and that accident consists in rupture of the pus pockets in an effort to lift out the appendages.

"In this way the pelvic cavity and the entire field of operation becomes contaminated. It is true that in a majority of such instances recovery takes place because thorough cleanliness is practiced by means of careful flushing, but it does not follow that it is a good thing to contaminate the field of operation with pus. In the majority of all our fatal cases some such complication can be truthfully assigned as the cause of death, and such complications can, with equal truthfulness, be assigned to delay. When, therefore, the question of responsibility for the death comes under consideration, it must, clearly, and in all justice, be laid at the door of the person responsible for the delay."

He reports a case, still under treatment, though nearly well, of a woman of thirty-one years of age, who has suffered more or less for fourteen years from pain and tenderness in the region of the uterus. During this time she also had three pelvic abscesses, two of which discharged through the rectum and the third through the vagina. At the operation the appendages were most firmly bound down, and there was on the right side a cyst as large as a hen's egg. This mass was most firmly adherent to the jejunum, and in the attempt at enucleation a rent an inch and half long was made in the gut. This was closed by Czerny-Lembert suture and drained. Her condition remained good until the second day, when the belly became very tympanitic, and the pulse rose to 160. The patient had passed flatus, and was having no gastric disturbance. On removal of the drainage tube a large amount of odorless gas followed, the belly at once flattened out, and the pulse speedily became normal. Two days later more gas was permitted to escape by means of a grooved director pushed through the recently united incision, after which no more trouble ensued, and the patient is now well.

“There are several points in this case that are instructive.

1. The adhesion to the intestine shows the evil of delay.
2. The escape of gas into the peritoneal cavity shows the possibility of a pinhole fistula which will admit of the transmission of gas but not of fecal matter.
- 3 Gas from the intestine as high up as the jejunum is odorless and innocuous.
4. A drainage tube may become so fenced off that it will not drain the general peritoneal cavity even of gas.”

In the discussion that followed the reading of the paper, the necessity of early operation in these cases was unanimously indorsed.

Sterility.—Dr. ARTHUR W. EDIS says (*Med. Press*): It has been computed that in Great Britain alone there are five hundred thousand married females sterile, or an average of twelve per cent. of marriages which are unproductive. These figures convey, to those who have not studied the subject, a very inadequate idea of the amount of unhappiness caused in so many households by the inability of their occupants to fulfil the injunction given to our first parents to be fruitful and multiply. It has always been held as a reproach to a woman that she

has no offspring, and in many instances the desire for children is so overpowering that women will consent to risk their lives by submitting to an operation rather than remain sterile, or endure much pain and discomfort in the way of local treatment, if only a reasonable prospect of success can be held out to them. The question of sterility in the female has from time immemorial attracted the attention and taxed the ingenuity of the medical practitioner. The causes are so manifold, and the difficulties in arriving at a correct or rational explanation of the defect so great, that many practitioners give up the attempt to deal successfully with the subject in despair. Much as we may regret it, the fashion of the passing hour exercises a considerable influence on the successful treatment of sterility. By some, nothing but misplacements, versions, and flexions of the uterus are considered worthy of attention, and much ingenuity is expended in adapting various forms of pessaries to remedy these; others ignore entirely the position of the uterus, contending that this has little or nothing to do with the fact of impregnation, and direct their attention entirely to the condition of the uterus, believing that congestion and inflammation explain the whole difficulty. Undue acidity of the vaginal mucus or increased viscosity and alkalinity of the cervical mucus is looked upon by some as the all important cause, and efforts are directed solely to the rectification of this abnormality. Then again, stenosis of the os internum or externum is regarded as the all sufficient cause, and dilatation by means of graduated bougies, laminaria, or sponge tents, or rapid dilatation by uterine dilators resorted to. Division of the internal os by means of metrotomes or other cutting instruments finds favor with some, while others contend that complete division of the external os by Kuchenmeister's scissors, or other means, is the only proper expedient. Intra-uterine stems are largely employed by others, and are credited with invariable success, though if all the cases treated by this method were published, the balance would probably be considerable against it, taking into account the risks and dangers attending their employment.

Surgical Treatment for Laceration of the Cervix.—Whenever a laceration occurring at the cervix extends through the internal and external muscular tissue, the mucous coat lining

the canal suffers materially from the violence. The plicæ palmatæ, which have been described under the term arbor vitæ, undergo serious disturbance in their relation to the other tissues with which they are connected. This condition often leads to congestion, thickening, and to induration of the parts involved, and to more or less hypertrophy and malnutrition of the higher uterine segments, and to changed relation and displacement of the lower cervical zone. When laceration occurs at the cervix, not only are the muscular and mucous structures injured, but the mucous glands that so freely abound in the cervical canal also become disturbed in their normal functional activity. It is especially in the cervix uteri about the arbor vitæ that the mucous follicles, which, when in a healthy condition, afford only moderate moisture for the maintenance of their function, pour forth an altered, perverted, or diseased secretion. The arteries and arterioles entering into these structures often become preternaturally developed or enlarged; there will often be found a greater interlacing or anastomosing of these vascular structures. This condition may lead to more or less local œdema, which the venules and lymphatics will fail to overcome. The structure of the uterine nerves, particularly those derived from the hypogastric and sacral plexuses, becomes so deeply involved that not only do the parts in immediate contact with the torn or injured surfaces become the source of much trouble, but all the tissues forming the uterine body may continue so heavily congested, and become so thickened, indurated, and globular, as to constitute that condition which has so aptly been termed subinvolution of the uterus. The treatment best adapted for the relief of the suffering that occurs in every such case, according to my experience, is that afforded by surgical measures.—*Dr. Clark (Med. News).*

Results of Vaginal Hysterectomy in Cases of Uterine Cancer.—TERRIER and HARTMANN (*Revue de Chirur.*, April, 1892) publish a series of eighteen cases of vaginal hysterectomy performed for the removal of cancer of the uterus, and also give the results of recent inquiries concerning eighteen other cases of a like kind, which were tabulated and published in 1888. In each series the immediate mortality from the operation was 23.5 per cent. In the second and later series

death was due in one case to shock, and in two cases to peritonitis. In one case the patient died on the fourteenth day in consequence of phlebitis of the main venous trunk of the lower limb. Of the patients referred to in the first series of cases who recovered from the direct effects of hysterectomy, two were living and in good health after long intervals—one after six years and four months, the other after five years and four months from the date of operation. In eight cases included in the earlier list recurrence occurred after intervals varying from six weeks to two years. In five of the second series of cases the patients when last seen were living after intervals varying from three years and five months to eight months. Of these five patients, however, two presented indications of return of the disease in the vaginal cicatrix. The authors point out that vaginal hysterectomy is a serious measure, as these tables show a death rate from the operation itself of about twenty-three per cent. The results of this treatment are, it is held, not more serious when it is performed as a palliative step than when it has for its object complete removal of the diseased structures. It is indicated, therefore, whenever the cancerous uterus is mobile, although the vaginal cul-de-sac may be involved in the disease. Recurrence, which has been noted in about seventy per cent. of the cases, although usually speedy, may in some cases be postponed for a long interval (from seventeen months to two years, or even longer). These tables show that thirty per cent. of the patients who had undergone vaginal hysterectomy are apparently cured by this operation, even in cases in which the malignant nature of the disease has been proved by both clinical and histological observation.

Correspondence.

THE MEDICAL DEFENCE ASSOCIATION OF ONTARIO AND ITS OBJECTS.

To the Editors of THE MONTREAL MEDICAL JOURNAL.

SIRS,—I have been asked to state briefly the objects of the Medical Defence Association. The Medical Defence Association consists of a goodly number of leading practitioners throughout the Province, among whom are to be found past members of the Medical Council, members of Parliament, and others who have taken an active interest and been identified with many of the most important movements in the progress of our profession in the past. Necessarily, when circumstances arise which justify the union of such a number of the profession for some definite concerted action, it becomes the duty of every one to make inquiry into the conditions which provoke such actions. To these our confreres are invited to enquire.

The objects of the Defence Association are to secure the removal of recent amendments to and other sections of the Medical Act which they believe to be objectionable to the best interests of the profession in many ways,—such as the old section No. 27, giving power to make a limited tax annually upon all who pass the Council's examinations, for that body's proper support; the recent action of the Council doubling this same disputed fee, and currently known as the "double or quit" resolution; the issuing of a yearly license called the "Pill Pedlar's Certificate" to practise upon conditions which the Defence Association consider intolerable; as also the Council's action in placing in the hands of a single individual (one of its employés) the autocratic power, under certain circumstances, of cutting off the professional head of every practitioner in the Province.

The Defence Association also voice that latent conviction in the profession which has been forcing itself stronger and stronger to the front every Council election, that the present number of elected members (12) are not sufficient in influence or strength to rule the Council when it comes to a question of medical school interest against that of the general practitioner, invariably succumbing to the mixed blandishments and snubbing, hospitali- tion

and cool indifference practiced so skilfully on them, the result being that the Council is ruled by the teachers sent there by bodies not representing the interests of the profession, and often opposed to them ; that it is desirable to increase the number of elected members from 12 to 17 ; that all election disputes be referred to the county judge and not to a member of the profession ; that however justified past Councils may have thought they were in involving the profession in the immense expense of the present building, or all the pressing need of funds, which the Council says exists (though the treasurer states the contrary), it is claimed by the Defence Association such a condition could not exist, if it really does, if proper financial skill had been used ; that the duty of this Council was not to attempt extorting from students and the profession, but to relieve them of the burden of this building, year by year growing more irksome, and cut down the expenses wherever possible.

They hold that the Council should have only one confirmatory final examination ; that tests of the progress of a student are nothing to the Council, and may be safely left to the teachers of medical subjects, who will take good care their students go fully prepared to the Council's final test ; that so many examinations are needless, expensive and vexatious ; that neither the public or profession are interested in the elementary steps of this examination ; that universities having medical faculties engaged in active teaching send one of that faculty as its representative to the Council annually, so long as that faculty is actually teaching with a full staff ; that this representative will assume in his person the duties performed by the two representatives heretofore sent from university and medical faculty ; that no one will be received from any senate not approved of by its medical faculty ; that no teacher in any university or medical school, nor one holding any position upon any faculty, nor connected in any function with the staff of any school where medical students are being taught, shall *hold any office whatsoever* in the control of the Council.

That the term of office for the elected members be reduced from five to three years.

That all notices of motion relating to any change in existing

laws or regulations, given at the final meeting before the term of the then Council shall expire, shall be published in the *Ontario Medical Journal*, and accompany every official notice of that election whenever or however printed or sent to the profession, that the profession may have full notice of them, and their opinions expressed by their votes at the election. There are many other matters—the great tax on students for examinations—the needless number for the purposes of the public or profession—the degree which the ex-president Williams states explicitly the graduates receive no value for—the function of the various offices—the effort to make the Medical Council the exact reflex and power of the whole profession—to do away with all factors of antagonism which have made the Medical Council appear more like a tyrant in the eyes of the profession than a righteous and powerful protector. In the carrying out of these briefly expressed and other much-needed reforms, all members who believe it their duty to join hands with the Defence Association will be welcomed.

Yours sincerely,

J. E. WHITE, Toronto.

CLINICAL NOTE ON URTICARIA.

Although one of the commonest of skin diseases—probably much more so than is generally supposed—urticaria is by no means always easy to *diagnose* or to *cure*. Everyone, it is true, is familiar with the wheals or “white blisters,” which are so characteristic of this affection, but these are frequently absent when the patient is seen, and indeed, unless specially enquired for, may not even be spoken of. Take, for instance, the case of a child suffering from urticaria papulosa (the old “lichen urticatus” of Willan), the only lesions present are probably a few scattered scab-topped papules about the loins and buttocks, and the only history one of intense itching, with, perhaps, restless nights and irritable temper. How easily such a case may be overlooked or neglected! Yet this is really a serious affection, which, unless cared for and suitably treated, will become a

confirmed prurigo, each successive attack lasting longer and proving more troublesome than that which has preceded it, until finally the unfortunate patient may suffer almost constant irritation and discomfort. Such cases are by no means uncommon.

Where urticaria is suspected, a very useful aid to diagnosis is, in many cases, furnished by the excessive irritability of the cutaneous nerves, which causes artificial wheals to be formed when the skin is scored by the finger-nail—the so-called urticaria factitia.

It must not be forgotten that urticaria in adult patients sometimes affects the mucous membranes as well as the skin, and that dyspnoea or vomiting—even severe hæmatemesis—may accompany an acute attack; or may even occur without the skin being affected, at least at first.

To cure urticaria in any of its forms, it is necessary to discover and remove its cause. This may be very easy or very difficult. The wheals themselves are merely serous exudation (or acute local oedema), dependent on some vaso-motor disturbance due to direct or indirect irritation, which, if possible, must be got rid of.

Where the irritation has been direct and local only, as from insect bites, stinging plants, or sudden changes of temperature, the indications are simple, viz., to allay itching and prevent scratching (which continues and increases the nerve irritability). When, however, the irritation is indirect, as from disorders of the alimentary canal, or of the uterus and ovaries, it is often far from easy to ascertain or remove the original cause in many cases, but this should not tempt us to be hasty in resorting to the term “idiopathic,” which very usually only means “I don’t know.” “Shell-fish and dyspepsia” is a rough and ready classification of indirect causes. Other articles of diet, however, such as pork, stone fruit, mushrooms, etc., are sometimes responsible; whilst dyspepsia itself is not unusually dependent on defective or unwise diet. Worms must not be forgotten as a common cause in children.

It is, too, associated with a number of other morbid states, thus, with some nervous diseases, with albuminuria and glycosuria, with rheumatism, gout, and intermittent fever; and may

prove quite intractable until after these troubles have been relieved or cured.

Where no sufficient cause can be discovered, it may be as well to try belladonna or sulphate of atropia in full doses, as these are supposed to have a direct effect on the vaso-motor centres; or McCall Anderson's plan of giving bromide to reduce reflex nervous irritability may be adopted. These, however, must be looked upon as palliatives only.

Locally, the following will be found useful: for itching spots, menthol and camphor-chloral. For more general itching and irritation: (1) Liq. carbonic deterg., $\bar{3}$ ii; water, $\bar{3}$ viii.

(2) Acid carbolic, $\bar{3}$ i; do.

(3) Acid benzoic, $\bar{3}$ ii; do.

(4) Thymol or naphthol, 5% lotion or ointment.

Also, tar baths and alkaline baths.

RANKINE DAWSON.

Sept., 1892.

Reviews and Notices of Books.

La Revista Medico-Quirurgica Americana.

This is a monthly journal published in New York in the Spanish language, edited by Dr. Samuel E. Milliken and Pedro J. Salicrup. In the list of collaborators we notice the names of many of the best known medical men in the United States.

The intention of the journal can be best described by an extract from the editorial department: "We will give special attention to original articles on all branches of medical science, including the description of physiological laboratory experiments, reports of cases and clinical notes by practising physicians, and, further, we will fully report the scientific discussions of the medical societies of America and Europe, and anything which we think will be of interest to our readers." Full reports will be given of the proceedings of the Pan-American Medical Congress. The first number carries out this proposed programme, and we are glad to welcome what is sure to prove a valuable addition to the ranks of medical journalism. The *Revista* is published by the J. Shepherd Clark Co., New York.

Surgical Diseases of the Ovaries and Fallopian Tubes, including Tubal Pregnancy. By T. BLAND SUTTON, F.R.C.S., etc. With 119 engravings and five coloured plates. Philadelphia: Lea Brothers & Co.

The above title portrays the chief character of this little work. It is the best and most concise treatise extant upon these subjects which the practitioner can study. Under these circumstances there will, in future, be no reasonable excuse why any practitioner, no matter how busy, should not be practically familiar with "Diseases of the Ovaries and Fallopian Tubes."

Gynæcology. A Manual for Students and Practitioners. Student's Quiz Series. By G. W. BRATENAHL M.D., and SINCLAIR TOUSEY, M.D., New York.

This little work is a part of the Student's Quiz Series, edited by Dr. Gallandet. It has the same characteristics common to all such medical catechisms. It certainly will afford very great help to the student during his first summer course, and tend to prepare him for what he may hear and see further on.

Diseases of Women. A Manual of Non-surgical Gynæcology. By F. H. DAVENPORT, A.B., M.D. Philadelphia: Lea Bros. & Co. 1892.

This is the second edition of the work, the first having been exhausted within the last three years. As a text-book it will prove of use to the student, and will, with much profit, be carefully studied by him. It follows the usual course of text-books of its kind, and we can recommend it.

BIBLIOGRAPHY.

Can Croupous Pneumonia be Aborted? By Thomas J. Mays, M.D., Professor of Diseases of the Chest in the Phil. Polyclinic, and Visiting Physician to the Rush Hospital for Consumption. (Reprint from Medical News, Sept. 24, 1892.)

Combined Gynæcological Operations. By George M. Edebohls, A.M., M.D., Gynæcologist to St. Francis Hospital, New York.

Fourth Annual Report of the Provincial Board of Health of Ontario, being for the year 1891. Printed by order of the Legislative Assembly, Toronto.

Practical Suggestions Relative to Cholera. A Circular from the State Board of Health of Massachusetts.

Society Proceedings.

CANADIAN MEDICAL ASSOCIATION.

(Continuation of Proceedings from page 318.)

QUARANTINE AGAINST CHOLERA.

DR. BERGIN, from the select committee on Cholera Quarantine, presented their report, which was as follows:—

GENTLEMEN,—Your committee begs leave to present the following report regarding cholera and the quarantine measures, deemed necessary for its exclusion from Canada:

1. That in the opinion of the Association the time has come when public health interests demand the appointment of a permanent executive officer, whose duties will be to supervise all matters relating to the public health, such as quarantine and vital statistics, which are by law laid upon the Federal Government.

2. That quarantine regulations should be made applicable to the protection of the interior borders of Canada, and that houses for the detention and observation of suspects and hospitals for treatment of the sick, as also disinfecting appliances, be supplied and equipped at Niagara Falls and similar border points.

3. That in view of the constant danger from the clothing and baggage of immigrants, drying chambers should be constructed on every passenger ship, wherein the baggage and clothing may be quickly dried after having been placed in disinfectant solutions, and that their enforced use should be required of every shipmaster.

4. That isolation hospitals be supplied on the decks of all passenger ships for the treatment of those sick of suspected contagious disease.

5. That all passenger vessels require to be supplied with water sterilizing apparatus for drinking purposes, such as that of "West," now being used at Philadelphia quarantine.

6. That at quarantine stations all personal clothing, bed-clothes, towels, etc., from the sick should be placed in disinfecting solutions, thereafter to be placed in the disinfecting chamber or treated in other necessary ways, and that mattresses, pillows, etc., be burned immediately after use, unless steam disinfecting appliances for their proper disinfection are at hand.

7. That at whatever ports immigrants are permitted to land, it is absolutely necessary that the following facilities be supplied—

(a) Houses for the proper accommodation of suspects, both cabin and steerage passengers, in buildings erected suitable to each class of passengers, as well as buildings for hospital accommodation. Extra tent accommodation should also be always available.

(b) That proper and sufficient bath-rooms be supplied at every station where suspects can be rapidly, comfortably and safely washed.

(c) That a certain and adequate supply of wholesome water be always available.

(d) That modern latrines with proper conveniences for the observation of the dejecta of suspects be supplied, and that after disinfection the sewage therefrom be disposed of in a manner that will insure perfect safety.

(e) That modern steel chambers for disinfecting by super-heated steam, of sufficient capacity for the rapid disinfection of passengers' effects and other goods, be supplied at every station.

(f) That furnace and fan be fitted up on either wharf or steamer, whereby the holds and cargoes of ships can be rapidly and thoroughly disinfected.

(g) That at every station where there is no deep water wharf, safe and commodious steamers be provided for landing passengers, for observation, patrol, and other quarantine purposes.

(h) That an ample supply of bedding and clothing be provided at every station for the necessities of persons landed from ships.

(i) That means for the safe and speedy disposal of the dead have been carefully considered by your committee, and it is of the opinion that the ordinary method by burial employed in the past at such stations as Grosse Isle may, if continued, be attended with danger, and would tend to render such stations unsuited for further use as such. Under these circumstances it is believed that cremation of the dead is the best way to secure the safety of the living.

8. That owing to the necessity for the accommodation of healthy passengers detained at quarantine, it is most desirable that the Government at once secure islands, if possible, or other isolated locations at Grosse Isle and other quarantines, where those whose detention may be necessary, shall be comfortably provided for; and for this purpose buildings similar to summer hotels should be erected and maintained.

9. That in view of the imminent danger of cholera reaching America in 1893, this Association is of the opinion that the Government should prohibit immigration to Canada from infected countries.

10. That in the opinion of this Association it is a matter for regret that though it is twenty-five years since Confederation no Government executive officer has yet been appointed to take charge of quarantine and other federal interests; that this Association urgently presses the immediate appointment of such an officer in order that the foregoing recommendations may be carried out with the greatest possible expedition, and that such officer be a man of the highest scientific attainments, a well-known sanitarian, and one devoted to the work.

All of which is respectfully submitted.

(Signed)

D. BERGIN, *Chairman.*

PETER H. BRYCE, *Secretary.*

DR. RODGERS—I do not think that a report of such importance as this should be adopted without at least some discussion on the part of this Association. We all admit that the report is a good one, but it speaks in the name of the Medical Association of Canada, and while we have every confidence in the committee that prepared the report, we owe it to that committee and to this Association to consider it very carefully clause by clause. If I mistake not, there was a clause in the report which says there should be a quarantine station built by the Government at Niagara Falls. Is that correct?

DR. BERGIN—No; we say that a house of detention in the case of parties suspected of being infected with contagious dis-

eases should be obtained at Niagara Falls so that they could be kept under observation. It is a point of observation.

DR. RODGERS—That would involve a great deal of expense, and there are not many immigrants entering at that point.

DR. BERGIN—Over 40,000 passed through that way last year.

BR. RODGERS—How many passed through by way of Kingston?

DR. BRYCE—Practically none. I have no record of any given me by the railways.

HON. DR. SULLIVAN—You are mistaken; some entered there.

DR. RODGERS—There are other points besides Niagara Falls and no allusion is made to them.

DR. BERGIN—The report says “at all necessary points.”

DR. RODGERS—That is, in the first place, a very expensive undertaking—to build a large number of places where passengers could be detained. It involves a very large outlay of money, and we should be careful, as an Association, in making a suggestion which might, by its very expensiveness, be impracticable. In the second place, the committee recommend the Government to select an island and provide a summer hotel for the keeping of passengers and suspected persons for a certain length of time: that recommendation involves a very large outlay of money, and the Government might hesitate a great deal before expending so much.

DR. BERGIN—The Government have no buildings fit for the purpose.

DR. RODGERS—The Minister of Agriculture stated yesterday that he was going to have additional buildings put up at Grosse Isle.

DR. BERGIN—The recommendation of the committee is that appropriate accommodation shall be provided for passengers who are ill, and that there should be no repetition in Canada of the inhumanity and other atrocious things which have occurred at New York in the last few weeks.

DR. RODGERS—I admit all that, but at this late hour the safest way would be to move that this report be taken up clause by clause and considered to-morrow. The good name of the Association is of such importance to its future welfare that we should be very deliberate in our action in this matter. Almost

for the sake of what we want to have done by the Government with quarantine matters, we ought to be very careful what we say in this report. This Association represents the whole profession of medicine throughout Canada, and it would be unwise for us to act hastily in any such important matter. I shall therefore move that this report be taken in consideration clause by clause to-morrow.

HON. DR. SULLIVAN—Let us take it up now and go as far as we can to-day.

DR. BERGIN—This is a question which cannot be too fully or too carefully considered, and though we have given a day and a half to the consideration of it and the preparation of this report, the committee do not desire to press it on the meeting at this moment. When the motion was made to adopt the report it was to enable gentlemen like my friend Dr. Rodgers to make any objection to it that occurred to them. He has had an opportunity already to show that he has serious objections to some of the recommendations. Others may share his objections, and if the report is objectionable in any respect the committee are as desirous as any other members of the Association to have those objections met, and if they are not insuperable, to have them removed. The only possible objection I can have to the motion of Dr. Rodgers—and but for that I would cheerfully recommend it—is that we would probably be in for a whole day's discussion of the matter to-morrow, and thus obliged to overlook a great many important and very able papers which I know are to be presented to the Association. I move that the report be considered clause by clause.

The motion was agreed to.

DR. RODGERS—With reference to the clause recommending the cremation of the dead, it is all very well for us here, as practitioners of medicine, to make such a recommendation, but I question very much if there is a government on the face of the earth that is sufficiently strong to act upon it. Public feeling would be aroused to such an extent that the recommendation could not be carried out. We all know the feeling that exists on the subject of cremation, and, practically speaking, the Government could not adopt our suggestion. It is possible that the

bodies could be disinfected and carried to sea and buried there without causing the same hostility, and such a course would be as successful a means of prevention as cremation. I do not see why a strong disinfectant would not answer.

DR. BRYCE—Do you mean to say by venous injection?

DR. RODGERS—Any way you like. I do not see how you are going to have cremation carried out.

DR. LACHAPPELLE—It is done every day at New York.

DR. BRYCE—They cremated over thirty there lately since the cholera ship came in a month ago.

DR. RODGERS—I am perfectly certain that the Government of Canada will not carry out that recommendation; that they dare not do it.

HON. DR. SULLIVAN—Then they need not do it.

DR. POWELL—I do not think that the fact that a government may not be strong enough to carry out the suggestion should prevent a body of scientific men giving their opinion as to the best mode of disposing of the dead.

DR. HINGSTON—I am most anxious that everything recommended by the committee should be carried out; but if we do come to cremation there might be a little difficulty, which could be got over very easily. Grosse Isle is one of a number of islands, and if we embody in the report a suggestion that either by the purchase of another island in the neighbourhood where burial could take place, or failing that, cremation, the difficulty would be removed. I was quarantined myself the other day and saw the methods adopted there, and I cannot speak too highly of the energy displayed by Dr. Montizambert. As there are other islands in the neighbourhood which are almost of no value, I suggest that a recommendation be embodied in the report that the Government get some of the neighbouring islands for the purpose of interment, failing which the bodies could be cremated.

DR. LACHAPPELLE—We are here to advise the Government as to the best thing to be done. There is not only a danger in having those bodies buried on the island, but if you use a neighbouring island for the purpose you change the seat of danger. It is to destroy the germs that we recommend cremation. You can understand what it means to have to carry bodies from

Grosse Isle to other islands. There are no other islands very near, and I repeat that burying the bodies on another island is simply to remove the danger from Grosse Isle to another place. You have never seen a protest from any source against the adoption of cremation at New York. We do not want cremation for all cases, but for infectious diseases only. Let people adopt any course they please at home, but Grosse Isle is a public quarantine station and we are recommending the best mode of disposing of the bodies, and, scientifically speaking, I do not know of any better than the one recommended in the report.

DR. BERGIN—I must confess that at first blush I felt almost the same horror of cremation that Dr. Hingston and Dr. Rodgers express, but on consideration I felt that we had not to deal with a matter of sentiment; what we were to deal with was the safety of the community. We had to consider whether, if we objected to cremation, we would not be leaving one of the many doors open for the introduction of cholera into this country. In addition to that, I felt also that Grosse Isle is an immense burial ground where to-day lie thousands of bodies of people who died from the most infectious diseases—typhus fever, smallpox, scarlet fever, and other diseases of equally malignant type—and that if burial was to be permitted on that island the possibility was that in addition to cholera we would disinter those other malignant diseases and Canada would become a pest-house. I felt that sentiment ought not to influence us. The members of the committee felt the difficulty of their position; they were exposing themselves to opprobrium from men who give no consideration to the subject, and who would be guided and influenced solely by the horror they have of the introduction of that which in old times was always the custom but which during later Christian years has not been practised. We felt, notwithstanding, that we had taken upon ourselves a duty, upon the proper performance of which would depend the lives of large numbers of the most valuable of our citizens. We felt that we need not flinch from that duty, and, much as we deplore it, we felt that we should recommend to the Government that cremation should be enforced. We did so for this very reason, that nowhere is there an island sufficiently close to Grosse Isle that could be ob-

tained to be used as a burial ground. We felt that we could not allow the dead bodies of those who had died from cholera to be shipped away to any great distance without serious danger to the public. We found that the islands adjacent to Grosse Isle were rocky and not suited for burial purposes, and we had this other idea, that the two islands adjacent to Grosse Isle should be used in the interest of the living. We feel that there should not occur in Canada such scenes as were witnessed in New York within the last few weeks. We feel that our great liners should not be made pest-houses, and that our friends who cross the ocean should not be confined for weeks in those ships with a pest in the hold, in the fore-castle, and throughout the ship, rendering them liable to infection. We ask the Government that these two adjacent islands should be used, one for the purpose of placing suspects on, the other for the purpose of placing those who are not affected at all, and that Grosse Isle should be used solely for those suffering from cholera or those other diseases against which we wish to guard the public. We are told that there is good accommodation upon Grosse Isle. There are there the remains of old buildings that were used in 1848 for people suffering from typhus. I say they are not buildings in which it is proper to place people who come across the ocean, and that the Government should not hesitate at any expense to put up proper buildings. What is the expenditure of \$100,000 or \$200,000, or half a million dollars, if it should be necessary to protect the public? But it will only take a very few thousand dollars to protect the lives of our citizens when they are obliged to be detained in quarantine. Money is no object in comparison with the lives of the people of Canada, and I am surprised that such an argument should be used against the proposition of this committee. I move that the clause be adopted.

The motion was agreed to, and the report as a whole was adopted.

DR. BYCE moved that a copy of the report be sent to the Minister of Agriculture.

The motion was agreed to.

The report of the Nominating Committee was then presented.

The following are the officers elected for the ensuing year :—

President—Charles Sheard, Toronto.

Vice-Presidents—Ontario : J. Wishart, London. Quebec : F. J. Shepherd, Montreal. Nova Scotia : A. G. H. Lindsay, Halifax. New Brunswick ; J. W. Daniel, St. John. Manitoba : H. H. Chown, Winnipeg. North-West Territories : Geo. Kennedy, Fort McLeod. Prince Edward Island : J. McLeod, Charlottetown.

Local Secretaries—Ontario : W. Waugh, London. Quebec ; H. E. Desrosiers, Montreal. Nova Scotia. A. Mason. Halifax. New Brunswick : M. MacLaren, St. John. Prince Edward Island : F. B. Taylor, Charlottetown. Manitoba : J. M. Mibray, Portage-la-Prairie. Brit. Columbia : J. A. Lefebvre, Vancouver. North-West Territories : R. B. Cotton, Regina.

General Secretary—H. S. Birkett, Montreal.

Treasurer—W. H. B. Aikins, Toronto.

TREATMENT OF PULMONARY TUBERCULOSIS.

DR. J. E. GRAHAM read a paper on the above subject. (See page 253.)

Discussion.

DR. L. C. PREVOST—I am very sorry to have to follow Dr. Graham on such an important point. He has covered the ground in such a masterly way that I regret to have nothing else but congratulation to offer him. I could not help, when I was listening to him, making a remark which will perhaps lead you to think that I am a pessimist, and although I really feel young, notwithstanding I have had twenty years' practice, I find that others older than myself agree with me that we are not much further in advance to-day in the treatment of tuberculosis than we were twenty years ago. Still it is such an interesting subject that every medical man must make it the aim of his studies, considering so many things have been said of tuberculosis and knowing that so many things will be said of it in the future. We are not surprised therefore to find such an interest taken in the subject when we know the mortality caused by the disease. We know, for instance, that four out of every five persons who die are cut off by tuberculosis, and it is no wonder that we study the disease so carefully. Lately attention has been called too much to the agent itself rather than to the patient.

We have devoted too much attention to the disease when we should have looked carefully upon the patient. As has been said before, we have to treat tubercles, not tuberculosis; but still I do not want to disparage the discovery of the bacillus, for it was through that discovery that we know to-day that the disease is infectious. And in all infectious diseases there are two aspects of the question. We must try to prevent the microbe reaching the patient, and when it has got there we must try to cure the patient. It is in the prophylactic treatment that the microbe comes into requisition. We know that it comes from somewhere, and that it is in the sputum, and we have, in prophylactic treatment, to take into consideration the isolation of the patient and creating hospitals for consumptive patients. We should take care never to let the expectoration dry up, to see that it is disinfected or burned, and that the room where the patient is kept is disinfected. This is only one part of the prophylactic treatment. There is a germ, and wherever there is a germ it is necessary there should be a soil for its development. If we take care that the constitution is always in good health, I am sure that cases of tuberculosis will diminish in number. Whenever there is a good constitution, whenever we pay attention to the laws of hygiene and put our systems in a state of health, there is no room for the development of the bacillus. That is why we see descendants of those disposed to tuberculosis pulling through without that disease. We all look after the soil to see that it is kept in proper condition. When children are brought to us in their youth with rickets and diseases of the eye, then it is time to look after them and fortify their constitutions. Later on, when we meet with those predisposed candidates of tuberculosis, we should look after them. We recognize them by the æsthetic appearance of the body—red-haired, blue-eyed, white-skinned people, who are predisposed to tuberculosis. They should not be sent to boarding schools where they would catch diseases easily. They should be kept outside. If we pay attention to this we will do more by prophylactic treatment than by the therapeutic means at our disposal. Of course, it is not all. The disease will get into the lungs some time, and then the destruction will begin. But we must not lose sight of the agent altogether. The human body must be considered as a fortress. We have arms to meet the enemy in

the field, but as soon as it is in the body, if we shoot at the microbe we run the risk of destroying the fortress. It is almost impossible at the very beginning to say how we must treat tuberculosis, because it depends on the evolution of the disease and so many conditions that it is almost impossible to give general rules of treatment. What we may say is this: if we expect to operate a cure, since we are talking of the cure of tuberculosis, it must be only at the incipient stage; later on it is too late. Therefore it is necessary that there should be an early diagnosis of the case. It is only thus that we can find out if there is an enemy in the place to be fought. Against this we have the old hygienic laws to be called into requisition. It is impossible that I should enumerate them. You know them just as well as I do, but if I wanted to sum them up I would only mention this—take care of the digestive system. See that the patient has good digestion as well as good nutrition. This is often forgotten. Give them cod liver oil; it is a powerful remedy, I know. An old medical man of forty years' practice has often told me that he cured more cases with cod liver oil than with any other remedy, but it was properly applied. Cod liver oil given while the patient is suffering from fever or in hot weather does no good, but only destroys the digestion. Let the patient live all summer in the country, and take methodical gymnastic exercise, and watch the lungs to see if there is any congested point and remedy it. The patient should always be well covered, but be careful not to be enveloped in three or four thicknesses of flannel. These are the general means that must be tried to cure consumption at the beginning. Later on, when there is much fever and destruction of the lungs, it is too late. We must not expect to cure consumption. There are exceptions, but they are not dependent upon the therapeutical means put at our disposal. Sometimes we must cut the gordian knot that we cannot untie. Probably, later on, surgery will come to our aid, and our grandchildren will witness the discovery of the philosopher's stone, as I may call it, in the healing of the disease.

DR. NEILSON, Kingston—Dr. Graham, in alluding to the treatment of tuberculosis, mentioned a great many of the remedies used. The arsenal is certainly very large, but after all, when one comes to find really useful remedies, the number

is greatly reduced. It often occurs that these few cannot be applied. The patient is often reduced to that condition that very little relief can be given to him. Recently, within a few years, you have read of an agent which unfortunately has been rather tabooed and looked down upon by the profession at large, when really I do not see why it should be, for after all we should not despise any useful method of treatment. I allude to hypnotism. Of course, no one pretends that hypnotism can cure. I do not propose it as a curative agent in those cases, but in many instances of tuberculosis hypnotism is very useful. I shall, if you will permit me, give an instance in my own practice. Fortunately I have very few tuberculous patients to attend. Mine is a military practice, and men are not enlisted unless they are in a good state of health and strong. However, in one instance a trumpeter became consumptive. He had been ill for two years, and he was in such an advanced stage of consumption that I expected his death within two months. His digestive powers had been destroyed, he had occasional hemorrhages, and he could not sleep without opiates. He suffered pain to such an extent that I did not know what to do to give him relief. That was two years ago. In those days hypnotism was being written up in our medical papers. I thought it would be of assistance to him if he could procure sleep and rest. I attempted to hypnotise him. He consented very readily and he was glad to have any experiment tried to relieve him. To my surprise he was readily hypnotised. He had not slept without an opiate for some time, or for more than a couple of hours a night, but that very night I procured sleep, and he slept six or seven hours. He declared that he had not slept so well for months. I continued this hypnotic treatment, without any medicine whatever, for a fortnight. The man had been in bed for six weeks. At the end of that fortnight he could get up and walk. His digestion had returned to a certain extent, and there was a marvellous improvement in his appearance and particularly in his feelings. There was no possibility of his recovering eventually, but he was happy and contented. I calculated that the man would have been in his grave very soon after I began the treatment. Three months after that the man was well enough—he was a trumpeter—to go about,

although it was early in April, and even to use his trumpet. I permitted him to do so to strengthen the lungs. It could not do him much injury. He continued that way for six months, when I was obliged to leave for Europe. After I left he became much discouraged, because I could not continue the treatment, and he died of hemorrhage in August. I commenced the treatment in January. I merely mention this as a palliative means of treating patients under special conditions by means of hypnotism. I am glad to see that hypnotism has been investigated by a committee of the British Medical Association, and has been favorably reported upon, as it should be, as a means worthy of being considered by the profession at large.

DR. BULKLEY, New York—There is a certain mode of taking milk which would be beneficial—I suppose some of the gentlemen here know it by practical experience. In connection with consumption it will often help us greatly in getting milk into the system, and thereby fortifying the constitution against the disease, when we could not do so otherwise. My theory is with regard to taking milk that it should be taken absolutely alone into an empty stomach and kept there until it has disappeared without digesting. We know the difficulty experienced by consumptive patients in digesting, and we know that a similar difficulty presents itself with other patients. The system which I am about to recommend has met the approval of everyone that I have spoken to about it. I believe that milk can be absorbed into the system through the stomach, if it can be got in at the right time, without digestion. What called my attention to it first was an injection of milk into the veins, showing that it could be got into the system without curdling. We know that if we put milk under a microscope it appears very like the blood. The question is how to get milk into the system so as to be absorbed in its primary condition without having undergone curdling. Of course if it once becomes curdled the solid matter is lost. We know that half an hour or an hour before a meal—certainly three or four hours after digestion—physiology tells us that the stomach is alkaline. If now we can get the milk into the system at that time and preserve it alkaline, it is absorbed absolutely and immediately without any process of

digestion by the stomach. If the stomach, however, has become acid in any way the milk becomes curdled. If by any chance there should be a crumb of bread or anything, however small, that will excite the gastric juice, the entire mass of milk becomes curdled. If by any chance you can get it in at the proper time and preserve it there, it is absorbed immediately. My claim is verified by my own use of it. I cannot take milk with my meals. If I take a bit of cracker with milk I am sure to have a headache, and that has been my experience for several years. I have for some years been taking a quart of milk a day. I take it in the morning and I take it at bedtime. If I take it too soon after meals it curdles. If I should take it with a crumb of bread in the morning it has an ill effect. I have given it to many of my patients, and have mentioned it to many physicians, who have told me afterwards that it has been of great benefit to them, and I cannot forbear mentioning it here.

HON. DR. SULLIVAN—Has the temperature anything to do with it?

DR. BULKLEY—It has. I found that if I took the milk from the refrigerator it did not do so well, so I put it on the stove and bring it to a blood heat. It should not be so warm so as to get a scum on it. You must take it without even a crumb of bread with it. Sometimes after dinner, if I feel that my dinner has not been digested, I take a little soda and water. When carbonic acid is disengaged I take my milk. If I fail and get the milk curdled, I have a headache.

DR. W. W. DICKSON—How long have you found it necessary to retain the milk before it is digested?

DR. BULKLEY—It does not digest. It takes about twenty minutes to absorb. I believe if the milk is warm and the condition of the stomach perfect it is absorbed. My instructions to patients are to take it an hour before a meal and not less than half an hour. If you have taken a hearty meal there should be an interval of four hours, and if you take it about half an hour before a meal it is satisfactory.

DR. PLAYTER—A good deal has been said about sipping milk; should it be taken in that way?

DR. BULKLEY—I believe that sipping milk does harm. It excites the flow of the saliva. I have known the picking of

the teeth after sipping milk to curdle the milk, and it has taken half an hour to digest. Now, in sipping the milk you always take more saliva than is necessary. I am not more than a few seconds drinking it. In the evening I take it at eleven o'clock, and if I forget it I feel troubled. At night I take three goblets, one at eleven, another at half-past eleven, another at twelve, and then I go to bed. That is my routine.

DR. DICKSON—Do you fortify the milk with anything?

DR. BULKLEY—No; I take the milk pure. I have submitted this matter to several people. I submitted it to one doctor, who agreed with me that there could be no question that the milk could be absorbed in the manner I have described.

AFTERNOON SESSION.

DR. T. JOHNSON-ALLOWAY read a paper on *The Dependence of Abnormal Eye Conditions upon Uterine Disease*. (See page 335,)

Discussion—DR. DUPUIS asked Dr. Alloway to explain his method of shortening the round ligaments.

DR. ALLOWAY minutely described his method, and said that he had reported last year a series of 42 cases, that since he had done almost as many more, and that the results were so satisfactory that he would continue to perform the operation in all cases considered by him suitable. Dr. Alloway also said Dr. Buller had been jointly interested in this subject with him, and that Dr. Buller's views and experience would appear in the publication of the paper.

THE MEDICAL DEFENCE ASSOCIATION OF ONTARIO

MEET THE MEDICAL COUNCIL, WITH SATISFACTORY RESULTS
TO BOTH.

At the request of the President of the Medical Council a meeting was held between the Legislation Committee of the Council and a committee of the Medical Defence Association, in the Council's hall, corner Bay and Richmond streets, Toronto, on the 29th September, with the view of adjusting the differences that exist between the Defence Association and the Council.

There were present on behalf of the Council: Drs. Fowler, Williams, W. T. Aikins, Geikie, Bergin, Johnston, Britton, Day, Thorburn and R. B. Orr; the following members of the Defence forming its executive: Drs. Meacham, Sangster, Armour, White, Coburn, McLaughlin, Comfort, Eastwood, Rutherford, Hillier, Starr, Jessop, Hutchinson, Hamilton, Corbett, Bingham, J. Gunn and Mitchell. Dr. W. H. B. Aikins, editor of *Ontario Medical Journal*, and Dr. Wylie, M.P., were also present.

In opening the meeting, Dr. WILLIAMS said that suggestions for a settlement of the differences between the Defence Association and the Council would be entertained by the Legislation Committee.

Dr. FOWLER said he had called this meeting together on his own responsibility, to see if a settlement of the differences could not be agreed upon, and if an agreement was come to, it would be carried into effect. On enquiry, he had found much dissatisfaction throughout the Province at the action of the Council on certain matters. He called on the meeting to elect a chairman.

On motion of Drs. McLaughlin and Armour, Dr. Fowler was elected chairman.

Dr. MEACHAM wanted to know how far the Council was prepared to meet the Defence Association on the lines of the bill he had presented at the last session of the Legislature? If the Association received certain concessions, they would be willing also to concede certain points.

Dr. McLAUGHLIN said there were two points on which the

Defence Association were determined to have redress ; these were, the reorganization of the Council on a more representative basis and the abolition of fees. They also wished the power of determining contested elections taken out of the Council's hands and students' fees reduced. They wanted to know how far the Council were prepared to meet them on these matters.

DR. WILLIAMS replied, defending his action and the Medical Act.

DR. WHITE—Does the legislation committee consider the present Medical Act perfection ?

The PRESIDENT—No.

DR. WHITE—Then how far will you go towards remedying these imperfections ?

DR. WILLIAMS said there were differences of opinion as to what the so-called imperfections were. With regard to representation on the Council, the Legislature had forced representatives on it who were not wanted. The Council was unanimous in the opinion that there were schools represented that had no right to representation. The universities and teaching bodies should be represented.

DR. COMFORT said he was willing to compromise on other matters, but there was one thing that must be wiped out—that was the penal clause relating to the non-payment of fees. He therefore moved, " That this meeting is decidedly of the opinion that section 41 A and the sub-sections thereto of the Ontario Medical Act should be repealed."

DR. WHITE seconded the motion, and said the Defence Association would never rest until this clause was struck out of the Act. (Applause.)

DR. HUTCHINSON said he had been sent to the Defence Association meeting from London to express the firm resolve of his fellow-practitioners, to the number of forty-nine, to have the whole fee and all such regulations abolished. (Applause.)

DR. BRITTON wanted to know if the Defence Association thought any fee necessary. The old method of collecting was ineffectual. He thought it well to wipe the fee out altogether, but the Council was in debt and he didn't see how it could do

without it until it was out of debt. When the property had risen in value the fee would not be necessary.

DR. SANGSTER said the members of the Association were unanimously of the opinion that this fee was not necessary, but that the legitimate receipts of the Council were sufficient for its support. The Defence Association advocated the selling of the real estate in which the Council had speculated.

The property could be sold for	\$100,000
There was a debt of.....	60,000

This would leave.....	<u>\$40,000</u>
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This would secure a lease in perpetuity of similar premises to those at present occupied, or even those in the present structure, if properly disposed of.

DR. WILLIAMS said the property might have been sold some years ago for that amount, but not now, and there was no certainty the money would find profitable investment. The method of collecting the fee was considered by some as harsh, but the method of dealing with murderers was harsh, and so was the method of dealing with thieves harsh. [Angry protests and cries of "Order," "Order."]

DR. WHITE pointed out to Dr. Williams that he apparently did not know the facts he was attempting to discuss. The amount of the fee was not in question at all. It was its legality and necessity that was disputed.

DR. SANGSTER said Dr. Williams forgets the fee was imposed without the consent of the profession, and is spent by a Council outside our control. Give us a representative Council and it will be given all the money it wants. (Applause.)

DR. ARMOUR, in discussing the legality and necessity of an annual fee and the retention of section 41 A for its collection, reviewed at length the financial statement issued by the Council, showing from it that the necessity of the fee had been created by the Council by its investment in unnecessary real estate. In estimating the cost of carrying the building, he showed from the financial statement that—

The building had cost	\$96,390
After deducting the mortgage of.....	60,000

The investment account is.....	<u>\$36,390</u>
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The interest on investment and mortgage at five per cent. amount to	\$4,819
In addition to the interest account, the cost of maintenance for the year, embracing caretaker, elevator-man, commission on rents, fuel, water, gas, insurance, repairs, taxes and legal service, was	4,510
Making a total yearly cost of carrying the building	\$9,329
Now deduct from this the income from rents	4,099
Making the net cost of carrying the building last year	\$5,230

It was estimated that when the building was all rented the income from it would be \$7,000, but as the cost of maintenance for the past three years had increased about 36 per cent., the income in the same time from rental had not increased even to 6 per cent. Even if the estimated rental was obtained, the cost of maintenance would so far exceed it, that to keep it up would be much more expensive than at present. Referring to the receipts and expenditure of the Council for the past year, by omitting the annual fee and real estate speculation (both of which were deemed an unnecessary incumbrance), he drew attention to the fact that the receipts alone from registration and examination fees amounted to \$12,872, while the necessary expenses for the year (omitting building account) were \$7,441, leaving, to provide building accommodation, \$5,431, one-fifth of which should be ample for that purpose. The net cost of carrying the building, according to the statement of ex-President Williams in his annual address, was \$302! while the financial statement of the Council shows it to be \$5,232!! The Council has sent this president's address containing this false statement, as well as others, three times to each member of the profession and at the profession's expense. It ill becomes a person falsifying figures in this reckless way to presume to lecture those who honoured him with their confidence, as their representative; or the members of the Defence Association, upon the principles of honesty, regarding the payment of an annual fee, for him to squander in a useless speculative enterprise. The Council should free itself of its real estate, even if it did not bring more than the face of the mortgage, and save the \$5,000 a year expended

in carrying it. This would remove the necessity of the recent resolutions of Dr. Williams' Council about the annual fee, and also permit the lowering of the students' fees.

DR. WILLIAMS said he had not the opportunity of referring to the books of the Council when preparing his address. The figures given he had received from others (the registrar and treasurer), and he had uttered them, believing them to be correct. This fee was like any other honest debt, and honest men pay their debts. (Cries of "Order.")

A VOICE—"It is neither a legal nor an honest requirement, and Dr. Williams knows it!"

DR. McLAUGHLIN said he was sorry Dr. Williams had seen fit to brand certain members of the profession as dishonest because they differed from his views and had refused to be assessed by a Council over whom they had no control. Less than 100 men control the election of 14 members; the other 12 members are elected by the 2,800 men throughout the Province. Could such a flagrant injustice stand the light of day for one moment. He would refuse to pay a farthing of fees until the Council was made more representative. If the profession were given control of the Council they would gladly pay the fees, whatever they might be. In addition to taking fees from the profession against their will, the Council exacted \$100 from every boy or girl coming before them for registration, whereas the cost for the same in New York was only \$25, and in England \$35. The Council was extravagant. It had spent illegally \$96,000 in the building, on which there was a \$60,000 mortgage. The \$36,000 investment would have furnished all the necessary building accommodation for years to come. The members of the Council had paid themselves, out of the funds, \$3.50 a day hotel expenses illegally, while enjoying their own beds or being guests of friends in the city. A journal had been subsidized, and will likely be run in the interests of the Council, with the funds of the profession. The Medical Defence Association would never consent to the fee being enforced in the obnoxious way attempted. The Council had taken into their hands a law, the enormity of which was not equalled by any other society in the Province or elsewhere.

DR. AIKINS, the treasurer, said the finances of the Council were now in better condition than they had been for many years. Referring to representation of schools in the Council, he said the schools had vested rights and would not give them up without a struggle.

DR. BERGIN thought it was a great pity their dirty linen should be washed in public. The members of the Defence Association should consider that perhaps the members of the Council were actuated by honest motives. The building had been handed down to the present Council as a legacy from former ones, some of whose members were raising the outcry against it to-day. The Council was trying to meet the views of the Defence Association. Referring to the charges of extravagance, he said that coming from those who made those charges they were unparalleled nonsense, for those people never paid a cent to the support of the Council. (Cries of "Order," "Order.")

A VOICE—"No, nor never will to such a Council."

The Defence Association being asked, then set forth their demand as follows:—

1. That section 41 A be repealed.
2. That the matter of annual fees be held in abeyance until the profession is properly represented in the Council.
3. That the universities with medical teaching bodies, viz., Queen's, Toronto, Trinity and Western University, have one representative each and the profession seventeen.
4. Protested elections be referred to the county judge.

The meeting of the joint committees then adjourned.

The Legislative Committee met immediately afterwards and agreed to the following:—

1. We consent to 41 A remaining in abeyance until after the next election and the electorate pronounce upon it.
2. We do not consent to suspend section 27, but will still rely on the honour of the profession to pay the fee.
3. We will favour adding five additional territorial representatives, making seventeen.
4. We will not object to institutions which neither teach nor grant degrees being deprived of representation.
5. We are in favour of protested elections being referred to

the senior county judge in the division in which the election took place.

These were formally handed to a committee of the Defence Association for that body's consideration, and the meeting adjourned, bringing results which make it the most important in the history of medicine since the formation of the Medical Council.

CORRESPONDENT.

Selections.

Treatment of Leg Ulcers.—Morton (*American Lancet*, August, 1892) describes the method of treatment he pursues in all ulcers of the leg, except tubercular and malignant. Any complications, as excessive discharge, exuberant granulations, etc., are treated in the usual way. The method is as follows: The surroundings of the ulcer or ulcers are thoroughly cleansed with soap, brush and water, and, if necessary, shaved. The soapsuds are then washed away with simple water, and the parts doused with 1 to 1000 sublimate solution if the ulcer is foul, inflamed, or otherwise manifestly septic. If these conditions are absent the bichloride may be omitted. Next, the ulcerated surfaces are subjected to the powerful but harmless antiseptic action of a spray of full strength (15 volumes) peroxide of hydrogen solution. Pouring on the agent is almost as efficient, but very wasteful. If the spray is employed, however, it is essential to use an atomizer whose every part is made of hard rubber, as the powerful oxidizing qualities of the solution will almost immediately destroy any metallic parts with which it may come in contact. The ulcer, having been thus sprayed until active effervescence ceases, is then gently washed off by a stream of simple water, or by a pledget or mop of absorbent cotton saturated with the same. This carries away all detritus loosened up by the action of the peroxide. Next, the ulcerated area and one inch of the unaffected surrounding skin are covered with strips of "Lister protective," one-half inch broad, overlapping each other about an eighth of an inch. The "protective" should be made of very fine silk fabric coated on both sides with a mixture of copal varnish, dextrin, and carbolic acid, after the original formula of Lister, and supplied by the manufacturers of antiseptic goods. Our object in using the protective is to keep the ulcer moist and to prevent friction and irritation at all times and

the tearing away of reparative material at dressings, as well as to furnish a guide to the epithelial cells in their excursion across the granulations. It also acts as a capillary drain, carrying the secretions drop by drop into the edge of the strips, where a suitable dressing absorbs and sterilizes them. The strips of protective should first be soaked in strong (1-1000) bichloride solution, and then washed in simple or cold boiled water before applying to the wound; this precaution being necessary, as the strong antiseptic probably kills or inhibits the growth of new-forming granulation and epithelial cells, and thus retards healing. Protective quickly spoils in solution, so must be soaked and then sterilized immediately before using. A dressing of gauze or butter-cloth, which has been wrung out of 1-1000 sublimate solution, is then folded in six or eight layers large enough to overlap the protective strips several inches in all directions, and is neatly put on without creases or other irregularities. This serves to absorb and disinfect the discharge that may be transmitted into it from beneath the protective. Experience in each individual case will determine about how many thicknesses of gauze will be required for this purpose; but the less used, consistent with attaining the object desired, the better. Finally comes the bandage. This is to keep the dressing in place, give the vessels support, and to prevent or relieve oedema. Few things are more unsatisfactory than the ordinary leg bandage that is put on with reverses upon the leg, especially where the patient is compelled to stand and work upon the member during the progress of treatment. No matter how expertly it may be applied, the ordinary bandage will in a few hours or even minutes after its application be found in festoons about the ankle. On the other hand, a bandage that I have been using for the past five years will not only remain just as applied for days or even weeks, and be absolutely comfortable to the wearer, but also permits the employment of the fixed antiseptic dressing for leg ulcers while the patients pursue their usual occupations—no matter how arduous—almost unconscious that their formerly disabling disease is still present. This bandage is applied to the foot and ankle in the usual manner until the point immediately beneath the calf is reached, where reverses would usually be begun. Here, however, the difference becomes apparent; no reverses are made, but the two edges of the bandages are kept equally tight, and it is thus wrapped around the limb, practically allowing it to guide itself, the surgeon only being careful to keep the edges of the roller equally tense as it unwinds. Thus it will be found that the bandage will mount upward around the calf in a spiral manner, take a circular turn around the leg just below

the knee, then descend again by a downward spiral around the calf, again mount upward as before upon the opposite side, slightly overlapping the previous turn, and so on until finally the leg will become enveloped in a bandage that might be called a figure-of-eight of the calf. It should be put on as tightly as the patient can comfortably bear, smoothly, and care should be taken that no points are left without being supported by at least one of the turns. A muslin roller, six yards long and three inches wide, will be found about the proper dimensions for this bandage. This method of giving support to the circulation of a leg is equally applicable even after the ulcer has been cured, or where swelling or varicosity exists independently of ulceration. Patients can be readily taught how to apply it, and usually give it preference to elastic stockings or rubber bandages. My experience with these latter has not been favourable; the stockings are very good when new, but soon decay, stretch, and become useless as a support, while the rubber bandage retains perspiration and often gives rise to intense irritation. Not every patient is capable of wearing either, and all, in my experience, much prefer the bandage that has been described when it is properly applied. A bandage of German manufacture can now be purchased, in which fine rubber threads run in the length of cotton webbing, which can be similarly applied and is very comfortable and satisfactory. However, it is not cheap and is prone to decay.

Re-dressing.—Until the parts have been rendered odourless, free of all irritation, and aseptic, it is advisable to re-dress in the same manner every day, or at farthest every other day; also until these conditions have been secured, to use the bichloride of mercury solution as a douche. When, however, asepsis has been attained, strong antiseptics should be discarded in re-dressing, as they retard healing; simple water is then to be used instead. Subsequently the dressing should be renewed every second day if the person is using the extremity, but if he is in bed dressings need not be used so frequently after the discharges have become scanty.

In this, as in every other method of treating leg ulcers, if the patient will consent to remain in bed or reclining, healing takes place very much more rapidly, but under the present system the number of instances where confinement is essential for healing is exceedingly small. With this protective and gauze dressing I believe that Nature's method of healing is best assisted, and that under the conditions of moderate moisture and freedom from irritation—both traumatic and septic—is secured as rapid healing as can ever be anticipated. As I never expect surgery to evolve a method of uniting simple fractures more rapidly than

at present, neither can I look forward to the cure of the great majority of leg ulcers more rapidly than under the favoured dressing—that is, they fill up to the level of the skin, and are covered up with epithelium without waste of reparative material just as rapidly as Nature can possibly furnish it, the time required usually being incredibly short.

Antiseptic Treatment of Pulmonary

Phtthisis.—“Antiseptic Treatment of Pulmonary Phtthisis by Gaseous Inhalations of Spirits of Turpentine with Iodoform or Iodol” is the title of a paper read by M. Delthil before the Académie de Médecine de Paris. The conclusions he drew are as follows. In the treatment of pulmonary phtthisis (1) it is physiologically indicated to endeavour to obtain direct asepsis of the diseased lungs by means of non-poisonous and antiseptic gaseous inhalations; (2) the volatile oils of turpentine with iodoform or iodol seem to fulfil this indication; (3) the absorption of these drugs is proved by the presence in the urine of iodine; (4) under the influence of these inhalations the secretion and the cough diminish, the appetite improves, and the morbid process abates to such an extent that recovery often takes place in apparently hopeless cases; (5) this treatment does not prevent the use of the various hygienic, dietetic and remedial measures indicated in this disease. The mode of using the inhalation is as follows. In an inhaler of the capacity of one litre he places this mixture: essence of turpentine, 350 grammes; essence of lavender, 100 grm.; iodoform or iodol, 5 to 10 grm.; sulphuric ether, 20 grm. This may be inhaled as much as four hours in the day in seances of fifteen to twenty minutes. It should be used morning and evening and several times during the day, especially after walking in the open air. The inhalation may be warmed in order to increase the evaporation by placing the inhaler in a warm bath of 30°C. In order to increase the amount of iodoform disengaged, a gramme of iodoform or iodol may be added every second day. The turpentine dissolves the iodoform or iodol if a little ether is mixed with it; the commercial spirits of lavender deodorises the iodoform.—*Revue de Thérapeutique Médico-Chirurgicale*, Sept. 15, '92.

The Healing of Tuberculosis.—Dr. William Osler refers to recent studies which have shown that, in a considerable proportion of the bodies of persons dying of all diseases, quiescent or healed tubercular lesions are found in the lungs; which justify the German axiom “that in the long run everybody has a little tuberculosis.” The following conditions at the apices

seem to signify healed tubercular processes: (1) Thickening of the pleura, with subjacent induration of the lung tissue. (2) A puckered cicatrix at the apex, depressing the pleura, which here may or may not be thickened. (3) Puckered cicatrices, with a cheesy or cretaceous central nodule, and with scattered tubercles in the vicinity. (4) Quiescent cavities surrounded by fibroid tissue and communicating with bronchi. Osler reviewed the records of one thousand post-mortem examinations in reference to this question. In 216 cases death was caused by pulmonary tuberculosis. Among the remaining 784 cases, 59 were persons dying of other diseases, who presented undoubted tubercular lesions in the lungs. In 27 per cent., in 400 bodies, Bollinger found evidence of the healing of tubercular lesions in the lungs. He had heard the statement in Paris, that of the bodies examined in the morgue, the majority of which are of suicides or persons accidentally killed, nearly 75 per cent. present evidences of old tubercular lesions. We may say that in one-fourth of all persons infected the disease is never manifest, but remains local, and the lesions gradually heal. In another fourth of those attacked local signs developed, but the physiological resistance of the tissues is sufficient to arrest the process. The remaining 50 per cent. of those infected fight for months and years, losing battles until the final defeat comes. Once infection has occurred, the chief indication is to place the person in surroundings favourable to the maintenance of the maximum degree of nutrition. The influence of environment has never been better illustrated than by Trudeau's experiment. Inoculated rabbits confined in a dark, damp place rapidly succumbed, whilst others, allowed to roam at large, either recovered or had slight lesions. The very essence of the climatic treatment of tuberculosis is improved nutrition by change of environment. Fresh air and sunshine are the essentials, with which in comparison altitude is of secondary importance.—*Climatologist*, April, 1892.

Injections of Testicle Juice in Tuberculosis.—Espagne and Pourquier (*Nouv. Montpellier Méd.*, June 4, 1892) have tried hypodermic injections of testicle juice in a case of pulmonary tuberculosis. The patient was a girl, aged 18, without known hereditary antecedents, but of lymphatic temperament. There was harsh breathing nearly all over the chest, and dry crackling at both apices, especially on the left side and at the back. The girl suffered from amenorrhœa and profuse night-sweats, and was wasting steadily. The testicle juice was prepared as follows: 50 grammes of testicle substance (from a bull-calf) were macerated for twenty-four hours in 50

grammes of sterilized glycerine. This preparation, after filtration first through paper and then through a Chamberland filter, gave a clear liquid almost as transparent as distilled water. The injection of a Pravaz syringeful of this liquid caused considerable pain, but was followed by a fall of temperature and reduction in the pulse-rate. The authors, however, are doubtful whether a repetition of the injection will be permitted.—*British Medical Journal*.

Lupus by Inoculation.—J. Jadasohn (*Virch. Archiv.*) reports the following case. In consequence of an injury an ulcer developed on the finger-tip of a butcher. The ulcer resembled, though not exactly, one of tuberculous origin,—shallow floor, thin, partly undermined, irregular border, feeble granulations, numerous points of suppuration. Later a typical lupus patch developed on the forearm and another on the upper arm. The histological examination disclosed the tubercular nature of the lesions, though but few tubercle bacilli were found. In a second case, the lupus developed on the site of a tattoo, and coincided exactly with the lines of the tattooed design. The operator, it appears, was phthisical, and had used his saliva in mixing the colours.—*Jour. Cut. and Genito-Urinary Diseases*, April, 1892.

Tubercular Arthritis in a Cat from drinking Tuberculized Milk.—C. Nocard fed a cat and her four kittens with milk in which he had mixed a pure culture of tubercle bacilli. The four kittens died within from seven to seventeen weeks, exhibiting confluent tubercular lesions in the intestines, lymph glands, spleen and liver. The old cat first took ill after two and a half years with a severe inflammation of the knee-joint, which contained a considerable quantity of flocculent and purulent synovia, in which numberless tubercle bacilli were found by Ehrlich's method. The arthritis was tubercular in origin. The cat died and tubercular lesions were found in the spleen, the liver and the lung, evidently of older date than the joint lesion.—(*Centralblatt für die gesammte Therapie*, May, 1891.

On the Danger of Transmission of Tuberculosis by means of Diseased Milk.—From the annual report of M. Alexandre on epizootic disease in the Department of the Seine during the year 1891, it appears that 46 animals were killed on account of bovine tuberculosis—that is about 20 per cent. of all the milch cows in the stables of

the Department. In the face of this fact, the departmental veterinary surgeon declares his belief that it is impossible to charge the numerous deaths from human tuberculosis in the Department of the Seine to the milk and flesh of the animals consumed. M. Alexandre is furthermore of the opinion that it is shown that the milk is contaminated only to the same extent as the mammary glands are themselves infected, but in no case has tuberculosis of the mammary glands been found; further, the flesh of animals suffering from general tuberculosis is not allowed to be sold for food.—*Revue de Thérapeutique Médico-Chirurgical*, Sept. 15, '92.

A Case of Suture of the Lung.—Guermonprez of Lille (*Le Bulletin Médical*, Aug. 10, '92) says that the peripheral portions of the lung bear traumatism well, provided it is effected carefully and pretty rapidly, and that this fact justifies the attempt to pass superficial sutures. The case in question was one of pyo-pneumothorax following pleurisy in a man aged 18. Six ribs were resected, laying open the whole cavity, when the orifice of the broncho-pleural fistula was readily found, as it remained open during both inspiration and expiration. The lips of this opening were immediately sutured with catgut. The operation was finished in the ordinary manner, the dressing being applied sufficiently firmly to keep the cut ribs in position. Thirty-eight days after the operation the wound was completely healed. After a tardy convalescence the patient resumed his business, and has remained in good health up to the present time, fourteen months after.

Cyst Containing Worms.—Dr. Martinez was consulted by a woman, aged 50, in good health, who had a tumour in the right thigh for three years. This tumour was about the size of a hen's egg, and was situated at the internal and middle part of that region. It was indolent and a little hard, without any change in the colour of the skin or local temperature. M. Martinez diagnosed a cyst, and prescribed an ointment of iodide of lead. Three days afterwards, being called to see the patient, who complained of severe pain, he found the skin gangrenous over the summit of the tumour, and on making an incision he extracted eleven *ascarides lumbricoides* at least ten centimetres in length and of the size of a pen handle. The wound healed in twenty days. The author, on searching the literature of the subject, has not found any similar case.—(*Independencia de Barcelona et Sigla Medico*; *Lyon Médical*, July 13, '92.)

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DR. WRIGHT'S ADDRESS.

The 60th session of the Medical Faculty of McGill University was opened on the third day of October by an address from Dr. H. P. Wright of Ottawa, which we publish in this number. Dr. Wright's remarks on the different subjects he dealt with in his able address are well worthy the careful perusal of all our readers, especially of those who are graduates of the University. After sketching the marked success of the Medical Faculty, he touched upon a subject that has been agitating the minds of many graduates. We refer to the founding of a Howard memorial.

Dr. Wright has well said that students from all parts "are anxious to do something to immortalize the memory of a man who, from his boyhood till his death, as student, demonstrator, teacher and Dean, performed every duty with a zealous single-mindedness of purpose and success that characterized the individual and made Robert Palmer Howard respected and beloved." The endowment of a chair of Pathology, Dr. Wright added, would be an especially fitting memorial to a man, as Howard was, especially interested in this subject. He was always anxious that it should be strongly represented in his University. Now that Dr. Adami of Cambridge, a distinguished pathologist, is appointed to the chair, we believe with Dr. Wright that no more fitting time could be chosen for founding a Howard memorial in the shape of a pathological endowment than the present.

The members of the Faculty of Medicine of McGill are deeply indebted to Dr. Wright for directing the attention of the pro-

fession and the public to the needs of pathology. The establishment of a great pathological institute in this medical centre will be the means of doing untold good for not only the University and city, but also for the country at large.

CURES FOR ALCOHOLISM.

There appears to be a "boom" just at present in cures for alcoholism. It is evident that Dr. Keeley is not to be allowed a monopoly of this paying business. Recently we received a marked copy of *The Evening Sentinel Review*, of Woodstock, Ont., containing an account of a visit paid to Alpena, Mich., by the editor, and of what he saw there of "the results of the medical treatment of drunkenness as practised by Dr. J. D. Dunlop." Rather a reprehensible practice. The writer goes on to tell us that the investigation was entered upon as a matter of personal interest. We would be glad to know what made the interest personal, but our curiosity is not satisfied. The article occupies rather more than two columns, and everything is fully described, with the trifling exception that the form of treatment is not even mentioned. Towards the end of the article, casual mention is made of the fact that the Dunlop system is being introduced into Woodstock.

In another newspaper, *The Mail and Express*, of New York, a description is given of the Morrell Liquor Cure. This is apparently managed by the newspaper company, and is given free to all who apply. It is endorsed by the City Mission, and extensively advertised at their services. In this case we are told that the *cure* consists of an amber-coloured fluid which is injected hypodermically into the arm of the patient, but nothing more.

These two newspapers say they have thoroughly investigated the *cures* and found them all that can be desired. These positive statements of a cure in all cases, or at least in nearly all cases, and no relapses, make the skeptical enquirer ask how it is that there are any drunkards left.

Warning has been taken from the fate of Keeley's bichloride of gold, and no hint is given as to the probable composition of

these remedies, nor are any excuses given for keeping them secret. Keeley felt it incumbent to apologise and give reasons for not taking the medical profession into his confidence, but these followers do not even think that is necessary. Having secured the backing of the Mission and Temperance Societies, they evidently feel secure that their good work will be blessed. Keeley's motor has passed away, Keeley's gold cure is passing, and soon will these imitators also pass into oblivion.

THE INSPECTORSHIP OF ANATOMY.

We regret to learn that M. de Lamirande has, without cause and for no special reason, been dismissed from the position of Inspector of Anatomy which he has held for the past nine years. During his tenure of office M. de Lamirande conscientiously and impartially carried out the law regarding the supply of material to the various dissecting-rooms. That he should be displaced without any warning and for no good reason does not reflect much credit on the present local administration. The parties interested in the carrying out of the Anatomy Act have not, as far as we are aware, been consulted at all in the matter, nor have any complaints as to M. de Larimande's administration been formulated from any quarter. The precedent is a bad one and offers no encouragement to the holder of any such public office to do his duty. Another public officer who has notoriously neglected his duty for many years still remains in office, for what reason no one can say. The new Inspector of Anatomy is a young graduate of one of the local medical colleges, and therefore identified with one medical school. We are informed that he is house surgeon in an institution which comes under the working of the Anatomy Act. He may be impartial, and we shall not offer an opinion at this early stage of his tenure of office, but the whole thing looks suspiciously like a job, the conditions which lead to favoritism being all present.

We regret to chronicle the death of Dr. George Ross, the Vice-Dean of McGill University and senior editor of this JOURNAL. In our next a full obituary notice will be given.