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# Dominion Medical Monthly

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## ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

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### A CASE OF MULTIPLE NEURITIS.\*

BY D. CAMPBELL MEYERS, M.D.,

M.R.C.S. Eng., L.R.C.P. Lond., Neurologist to St. Michael's Hospital, Toronto.

Thinking the following case might prove of some interest to the members of the Association, I take the opportunity of laying it before you. The history is briefly as follows:

Roderick K.—Irish; stoker; age, 44; married; no children. Father and mother died of old age. Two brothers and one sister; all healthy. No insanity, consumption or nervous disease in family. No history of intemperate habits could be obtained. Eleven years ago he injured left knee, which has been discharging more or less ever since, healing for a couple of months and then breaking out again; but he has been able, notwithstanding, to steadily continue his work. A year ago last October he had an attack of paralysis, like the present one, which came on after exposure to cold, and was accompanied by a creeping sensation over the entire body. From this he recovered in ten weeks sufficiently to resume his work, but never completely regained the power in his feet. His present illness began on July 4th last, after catching cold. He at first noticed a stiffness in his right foot, which soon extended to the left and then to both hands. After two or three days this stiffness changed to paralysis, the legs and forearms becoming involved, and the patient was at once confined to bed. He had no pains or any abnormal sensations in the skin.

The physical examination shows a complete paralysis of the flexors of the ankles and extensors of the toes. He is wholly unable to move the toes of either foot, and both feet lie in an extended position. There is also marked weakness of the posterior tibial muscles and of the extensors of the thighs. The muscles of the forearm and hand are all materially affected, the extensors being more paralyzed than the flexors. The muscles of the arm are in fairly good condition. He was quite unable to feed himself at first. There is a slight wasting of all the affected muscles, the loss of bulk

\* Read at a meeting of the Canadian Medical Association, London, September, 1893.

in the thenar eminences of the hands being most marked, and is considerable in degree. The dynamometer gives right hand five pounds and the left three pounds.

The examination of the sensibility shows marked hyperalgeria over the entire body, a pin prick causing considerable pain. Tactile sensibility, as well as the sense of temperature, are somewhat exaggerated. The knee and elbow jerks are completely lost, and the same may be said of the skin reflexes. He complains of some tenderness on grasping the muscles, and the muscular sense is slightly deranged. He has no paralysis of the ocular muscles, and the ophthalmoscope shows the discs to be normal. No trouble with the bowels or urine. Other organs normal. No increase in the temperature or pulse rate. General health fairly good. Galvanic electricity shows A. C. C., equal to K. C. C. This examination took place August 1st last.

August 15th.—Patient is found to be improving. He can now move his toes and otherwise his condition is satisfactory. The application of Faradic electricity showed the muscles of the toes still inactive to it, although some mental control of the muscles was already present.

September 5th.—Patient can now walk a few steps fairly well with the aid of a stick, the gait being that of a "stepper," as described by Charcot, the feet being lifted unduly high and the heels set down with a stamp. Muscular sense good.

September 12th.—Patient now walks quite well for a short distance, without a stick, the gait being improved. The strength of the grasp is increased, the right hand doing seventeen pounds and the left ten pounds with the dynamometer.

September 19th.—The superficial and deep reflexes are still absent. The pain on grasping the muscles is much diminished, and the sensory functions of the skin are improved. The improvement in the nutrition of the muscles is very marked, the thenar eminences alone show any noticeable wasting. The dynamometer gives right hand twenty-six pounds and left twenty-one pounds. The gait is markedly better, the patient being able to walk a considerable distance without any artificial aid or feeling of fatigue.

In regard to the diagnosis I may say I first saw the case in consultation, when the opinion of myelitis was expressed. The distribution of the paralysis, the integrity of the muscles of the trunk, and the absence of any symptoms in regard to the bladder or rectum, I thought negatived this opinion, and led me to think the case one of multiple neuritis and to express a strong hope of its recovery; on which I was asked to treat the case, which I did. The treatment consisted in the administration of salicylate of soda and the use of warm baths for a few days, after which strychnine and other tonics, with massage and, later, electricity, were given with the above result. Precautions were also taken to prevent any deformity of the feet in the early stages.

The pathology of multiple neuritis would seem to be a morbid blood state which has a special affinity for nerve tissue. This would explain its symmetrical distribution and probably also its peripheral nature. It is certainly difficult to understand why two causes so different from one another, as cold and alcohol for example, should produce the same results in the blood. We may have an analogous condition in the locomotor ataxia following syphilis in which the disease seems to be due, not to the organism of syphilis itself, but rather to a chemical product of these organisms, a suggestion borne out by the public action of the ordinary syphilitic remedies in this disease that the peripheral part of the nerve is first attacked in multiple neuritis is explained by the fact that the motor nerve fibres are really prolonged processes of the ganglion cells of the anterior horn depending on these cells for their nutrition and vitality. Hence the greater the distance from the cell the less the vitality of the fibre

becomes, and in consequence the more easily it yields to any injurious influence. The same may be said of the sensory fibres which are nourished by the ganglia of the posterior roots. This also explains the parenchymatous nature of the affection, since there is no reason why the connective tissue should suffer most at the periphery, and we find it accordingly most frequently in the course of the nerve, as is seen in many cases of sciatica.

The motor symptoms, the wasting and the changes in the electrical reactions, in this disease are easily explained by the implication of the motor nerves; the exact site of the lesion while in the trunk or the actual nerve ending not making any difference. The ataxy of this disease is interesting, and is explained by the affection of the sensory muscle nerves, which, as was shown by Tschirjew, end not in the muscular fibre itself, but in the interstitial connective tissue between the fibres. Derangement of the function of these sensory fibres would naturally obstruct the connection of the muscle with the higher centres and ataxia must be the result. The pains and hyperæsthesia are due to the molecular changes going on in the periphery of the sensory nerves, which are still connected with their centres by healthy tissue, these changes inducing a state of over excitability in the nerve itself, which condition continues until complete restoration takes place.

It has been well said that the discovery that certain combinations of symptoms, which were thought to be due to a disease of the spinal cord, are really due to disease of the peripheral nerves, is one of the most important steps in modern pathology. This assertion offers a ready explanation for the fact that until quite recently a diagnosis of multiple neuritis was so seldom made. The older observers devoted their attention exclusively to the central nervous organs, disease of the peripheral nerves being quite overlooked. Although first described by Duménil in France in 1864, it is only since the works of Joffroy (1879), Leyden (1880), and since then those of Buzzard, and especially Déjerine, have become known that multiple neuritis has been given its true place in neurology. This also helps to explain why multiple neuritis was so frequently diagnosed as anterior poliomyelitis, Landry's disease, locomotor ataxia, etc., by the older authors. Although it usually happens that both the motor and sensory nerves are involved together, cases are met with in which either the motor or the sensory nerves are alone affected. If we suppose the motor nerves only to be affected, we can understand at once how the acute onset, the muscular wasting with the reaction of degeneration, the rheumatic pains, and the absence of sensory symptoms from the skin may lead to a diagnosis of poliomyelitis.

In certain rapid forms of multiple neuritis the resemblance to Landry's disease is very great. The causes of both are alike in many respects, and the symptoms have much in common. In Landry's disease, however, the symptoms ascend the trunk from the legs, and it is nearly always rapidly fatal. In Germany, Eichhorst recognized by autopsy one of his cases, diagnosed Landry's disease, to be really multiple neuritis; and in France Déjerine met with the same discovery. The latter expressed to me his opinion that Landry's disease was always rapidly fatal. Very interesting in this particular are the cases published by Pal of Vienna. One of these, a fatal case, lasted twenty days in all, dying one week after entry into the hospital. The symptoms showed paralysis of all the extremities, pulse at the last quick, paralysis of abductor of left eye, sensibility normal or scarcely lowered, bladder and rectum intact, and some diminution of Faradic irritability. At the *post-mortem* lesions were found in the peripheral nerves, and also in the cord of which I happen to have some microscopic sections. This case would, he says, have undoubtedly been described as Landry's

disease a few years since. If now we suppose the sensory nerves of the skin and the muscles to be alone affected, it will at once be seen how great the resemblance to locomotor ataxia becomes. In co-ordination of movement causing Romberg's symptom, with loss of knee jerk and derangement of cutaneous sensibility have even given to this form of the affection the name of pseudo-tubes. If to these symptoms are added the severe pains and gastric derangements common to both diseases, as well as the paralysis of certain ocular muscles in multiple neuritis, the diagnosis between the two diseases becomes correspondingly increased, and is often to be reached only with considerable difficulty.

In conclusion, I would like to add that I believe the diagnosis of multiple neuritis is much less common than the disease itself, a fact which is the more important since the prognosis in this disease is much more hopeful than in the diseases of the spinal cord with which it is confounded.

NOTE.—October 20. Patient has so far recovered as to be able to walk two and a half miles without difficulty, and the muscular power in his arms has correspondingly improved.

199 Simcoe Street, Toronto, Sept. 19th, 1893.

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#### DAMP CELLARS.

BY NORMAN WALKER, M.D., TORONTO.

“The unseen enemy crept in by dead of night.”

In a recent discussion as to the stand health officers should take in order to prevent the spread of phthisis and minimize the dangers from the tubercle bacillus, both to those already affected thereby and the public, Dr. Parkes raised the question whether the phthisical patient with the infectious disease on him, or the general unsanitary surroundings was the greater source of danger, and which of these should be attended to first. Dr. Parkes believed that the more readily obtainable results were to be got by attacking the unsanitary surroundings. Now, chief amongst these are damp cellars. Their effect on the general health is bad, and consumptives cannot hope even for the amelioration of their condition let alone cure, if they live in a building with a damp cellar. I say a building, because the condition of the workshop should be attended to just as much as that of the dwellings.

The effects on the system of air from a damp cellar are most insidious. A healthy individual will, after breathing air from a bad cellar for but one month, begin to feel some loss of appetite, a lack of energy, and everything he does will require exertion on his part; and in a very short time the whole system is in just such a weak state as to succumb to any sickness that may be going. It is when the health has been thus pulled down that the worst cases of typhoid, typho-malaria, diphtheria, etc., occur; it is then that an attack of diarrhoea which at another time would last but a few hours, will last days, and even fatal results may happen. The general tone of the system is lost, the patient feels it so, and often takes a change of air which gives immediate improvement; but on returning to the house or workshop where the foul air is, all the good obtained by the change is lost very quickly.

Any cellar that is continuously damp is not a fit place for the storage of foods. Air for food storage cannot be too pure. The organisms of putrefaction which are present in all air near to habitations cannot live in dry air. In California, a carcass will dry up but does not putrefy, the air being so dry that organisms necessary to putrefaction cannot exist there. But in a damp cellar the air, not changed from one week's end

to another, slightly warmed by contact with the furnace pipes or the floor above, then it is that putrefaction is most rapid; moulds grow most luxuriantly, milk turns sour with every thunderstorm, fruit will not keep, and the housekeeper is continually throwing out decayed vegetables. Often fruit slightly decayed is consumed, and causes a lowering of the tone of the system; foul emanations, the result of decay, further pollute an already impure air.

In speaking of unhealthy sites, Sir Douglas Galton gives an instance that actually occurred at Balaclava. The hillside sloping down to the plain was composed of an outcropping of clay, with an outcropping of rock immediately above. The 79th Highlanders were placed on the clay, and as the materials were soft their huts were placed on terraces cut out of the hillside, and had one wall and the floor embedded in the ground. The floors were constantly damp, and, as a consequence, half the men were down with fever. The 42nd were placed on the rock just a few yards above; their huts were built on projecting terraces, so that they were quite dry and the air circulated freely all round. This regiment did not suffer from fever.

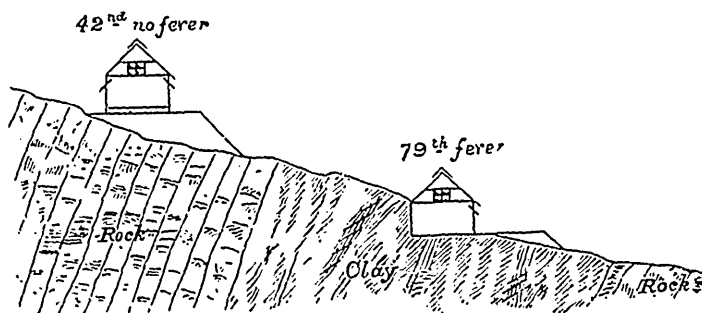


FIG. 1.—FROM "HEALTHY DWELLINGS."

Now, this was years ago; army engineers of to-day look after things better. But what are we doing? We buy a lot and order a house to be built. "Will you want a cellar?" "Yes, I want a good cellar with plenty of head room." And immediately the contractor digs a hole which is practically a shallow well. The walls are built without any precautions, and unless the site has been particularly well chosen, we wonder why our cellar is damp, why we do not feel well, why we do not feel rested in the morning. It is because the air of the house is bad, being drawn from a damp cellar. It causes a further loss of the working power of the inhabitants.

If a man finds his cellar wet with, say, an inch or more of water, he may be trusted to ask the cause, for he realizes that so much water, if often repeated, will damage or undermine not his health, but the foundations of his house. Such a large amount of water might come from a spring, a burst water pipe or sewer pipe, surface water may be flowing in through some window, or, what is very frequent, the rain water pipe gets broken and the water, instead of flowing into sewer or cistern, percolates through or under the foundation into the cellar. The down pipe from the eavetrough is run into a drain which very often gets broken by frost or concussion when it comes near to the surface; the break is not discovered for some time, perhaps not until the rain has washed a large amount of the surrounding earth into the sewer, but, meanwhile, this earth has blocked the sewer, and during a heavy rain the water finds its way into the cellar. Spring water and rain water are not in themselves harmful, but if allowed to stagnate in a cellar, it is not long till the health of the inhabitants begins to suffer.

Where fresh water from a spring flows through a cellar, a closed channel of drain tile should be made to carry all the water away.

When a cellar is found to be continuously damp, but not wet, neither the householder nor anybody else will voluntarily pay any attention to it : certainly the landlord wont. Dampness may be caused by a high level of ground water. Such a site could be improved by draining, but if a house must be built there and a cellar is a necessity, then the foundations and cellar floors should be made watertight with cement. In attempting to get a deep cellar with plenty of head room, care should be taken to keep the floor above the level of the sewers in the adjoining streets, so that the drain will have plenty of fall, and when the sewage is running full bore in the sewer, it will not back up into the house.

In times past most houses had no cellar at all, or only a small excavation under the extension at the back of the house, consequently the principles of construction necessary to obtain dry cellars have not had much attention in this country. We have had plenty of room round each house, and plenty of sunshine to keep things dry and wholesome, but to-day, in our large centres, elbow room is a thing of the past, and buildings are crowded together and built to such heights that the sun no longer has opportunity to perform its beneficent part : therefore we must look to the construction of our buildings and see that everything possible is done to prevent moisture accumulating in our cellars, or on our cellar walls. Damp walls mean moisture-laden air in the cellar, and as the air from the cellar is continually rising up into the house, it means an unhealthy house.

To prevent moisture getting into the walls various methods have been tried. The ordinary stone foundations have been covered on the outside with mortar, tar or hydraulic cement ; drain tile have been laid all round the building at a distance of two or three feet ; areas have been built open and wide, as seen in front of rows of houses in New York and London, or narrow and covered as built in Great Britain. This narrow covered area adds very little to the expense of construction, and is found to be most efficient as a protection from damp. It is constructed by building a brick wall of the thickness of one brick at a distance varying from three inches to a foot, from the outside of the ordinary stone foundation. The space left between the bricks and the stone wall is covered with stone or slate sloped so as to throw the rain away from the house ; openings are left at intervals for ventilation, and thus the moisture is held at a distance from the main wall, and the cellar walls are kept dry.

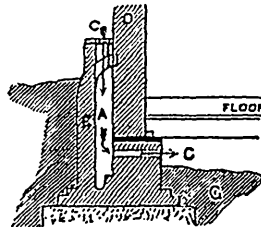


FIG. II.—FROM HEALTH EXHIBITION LITERATURE.

A point nearly related to damp cellars may be mentioned here ; by capillary action moisture will rise from the foundation up into the bricks of the house wall. The capillary action of stone and brick is well known, and by experiment has been proven to have raised moisture thirty feet up a wall, ten or twelve feet being a very

ordinary height. An impervious course between the foundation and the superstructure will prevent this capillary action; slates laid in mortar, tar paper laid in and well covered with tar and strips of sheet lead cut wide enough to turn down over the top of the foundation are suitable and efficient materials. Another method to combine the area and the impervious course by building an area into the foundation and having two impervious courses, one at the bottom of the inside part of the foundation, the other at the top of the outside portion. This is a very successful method of keeping out dampness, and is especially applicable where there is not room for a wide area.

Concrete floors laid with about a foot of rubble under two or three inches of concrete, are the best for cellars. But on hot days it is noticed that they become damp, indeed sometimes very wet. The source of this moisture is doubtful, but the fact is very evident and very troublesome. There are two sources possible: (a) the air in the cellar, (b) ground air or ground water from beneath the floor. I am of the opinion that this moisture is the result of condensation from the ground air. In one case after the concrete was put down and the moisture showed on the surface, weeping drains were put in with little or no good being done; the moisture was as bad as before. This would exclude the ground water as a cause. In another case strips of cocoa matting, having the ends bound with lead, were laid on the concrete; there were no weeping tiles. The moisture was noticed to show first and most abundantly on the under surface of the strips of lead. From this I understand that the ground air came up through the concrete laden with moisture; as this ground air struck the lead surface its temperature was so reduced that the moisture was condensed. But on a fine dry day the atmospheric air, not being already laden with moisture, was able to carry off the moisture from the ground air and no condensation could take place. In this case the condensation was so bad and the general air of the cellar so muggy that two large extraction fans were put in. The result was most satisfactory. The rapid and continuous changing of the air carried off all moisture and left an atmosphere pleasantly cool. From these facts we learn that by having a continuous supply of fresh air to the cellar we will (1) remove the physical necessity for the rising of the ground air, and thereby keep the moisture out of the cellar; (2) have air sufficiently dry to carry off any moisture that may be in the cellar, either from the ground air or from scrubbing, leaks, etc.

This raises the question, Is it better to pump fresh air into or to pump the foul air out of a cellar? Theoretically, it is undoubtedly better to create a plenum of fresh air and thereby prevent any ground air from entering the building, but practically this is found to be very expensive, a very large amount of piping being required, and the friction of the air in these pipes requiring greater engine power. Therefore, by having a sufficient and free inlet for the fresh air and a good fan placed at a carefully selected outlet, the air of a very large cellar can be kept in a wholesome condition.

In private houses electric fans can be put in so as to give perfect satisfaction at very moderate figures, but where these are not available then out-door air must be freely admitted by ventilators made so that they cannot be completely closed, not even in winter.



## CLINICAL NOTES.

## A CASE OF MOLE-PREGNANCY.\*

BY ALBERT A. MACDONALD, M.D., TORONTO.

Before giving a history of the case to which it is my wish to refer, I may be excused for making a brief statement with regard to the origin and development of moles.

The two varieties most commonly met with are the *mola sanguinæ* and the *mola carnosæ*. They consist of altered products of conception and blood clots, varying in size between an egg and an orange. They are usually expelled from the uterus between the third and fifth months. It may be difficult to tell the difference between an ordinary abortion, and the expulsion of such a mass. Molar formation is due to extravasated blood being thrown out in considerable quantity upon the uterine surface of the decidua vera, or between the reflexa and chorion. Pressure by the extravasated blood, upon the ovum, leads to rupture and escape of the amniotic fluid. The retained coagula and membranes form the molar mass. When the coagula are fresh the mass is termed the "blood mole," and when of older date the "fleshy mole." The hydatidiform mole I need only mention now, as "it has nothing to do with the case." It is merely a dropsy of the villi of the chorion, which causes them to swell, and form ovoid vesicles, comparable in shape and size to gooseberries or grapes. At one time they were supposed to be true hydatids. The history of the present case of *mola carnosæ* will illustrate both the difficulties of diagnosis and the manner of treatment.

On the 15th day of September I saw this patient. She was the mother of three living children, and had had one miscarriage and one abortion of a fleshy mole some few years previously. This time she had menstruated regularly, but five weeks before I saw her she was seized with rather sudden pain in the uterine region, which kept up in an intermittent manner. The discharge of blood continued and it was mixed with shreds and mucus.

On vaginal examination the os was softened; cervix softened and bent, and the fundus uteri could be felt pressing back upon the rectum; it had a hardened and inflamed feeling. Above the pubis and towards the left side a hardened tender mass could be felt. Though it was irregular, and almost nodular, I could make it out as a part of the uterus. I gave my opinion that the retained products of conception were gradually coming away, and advised antiseptic douches, anodynes, tonics and an expectant plan of treatment.

On the 22nd, seven days after my first visit, I received another rather urgent message from her physician, who felt uneasy on account of the continued pain and shreddy discharge, and the feeling of the enlarged uterus pressing back upon the rectum. He felt that some suspicion of extra-uterine pregnancy might be entertained. On examination I found that the general condition of the patient had improved since my last visit, though her state was still quite low, as she had suffered considerably and could not take much nourishment.

The uterus remained about the same, the cervix was a little shorter, and the os softer. No appearance of any extra-uterine enlargement.

\* Presented at Meeting of Toronto Medical Society, October 17th, 1893.

Three days later she was brought to Toronto for treatment. The day after her arrival a careful examination, under chloroform, confirmed my former diagnosis. She continued the same general plan of treatment. The discharge commenced to have more the character of broken-down blood clots and shreds of membranes. Copious douching, with solution of permanganate of potash, kept the discharges sweet, and a supporting plan of treatment improved the general condition of the patient.

On the 10th of October I found the os soft, cervix short, and uterus very low. I concluded that nature was opening up the way, and that whatever remained would come away before long. On the evening of Thursday the 12th, when I offered to report of this case, I fully expected to have the specimen to present as well, but we are often disappointed. It came away of its own accord and the nurse destroyed it, not realizing that I would have liked to examine the cause of so much misery. Examination of the patient a few hours after showed decrease in size of uterus, increase in hardness of os and length of cervix, and an absence of pain on pressure. Though a soft feeling of the under part of the body of the uterus still remained, an uneventful and satisfactory recovery followed. To me, the chief points of interest in this case were: 1st. The continuance of menstrual discharge and its subsequent shreddy appearance; 2nd. The satisfactory result of the expectant plan of treatment, coupled with thorough antiseptic methods.

### Correspondence.

The Editors are not responsible for any views expressed by correspondents.  
Correspondents are requested to be as brief as possible.

#### IS ALCOHOL A SEDATIVE AND DEPRESSANT?

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—I have just seen in your journal an article written by Dr. Arnott, in which he calls in question the conclusions I arrived at in my paper read before the Association at London, and in another communication Dr. Evans says the title of my paper should have been, "Is alcohol a stimulant or a sedative?"

I have no wish to enter into a controversy on the subject. I only write to correct erroneous views as to the scope of my paper and the points of my argument. I was not trying to prove that alcohol was a stimulant, or that it should be administered in certain cases, or in any case. At the Ontario Medical Association last June, Dr. Arnott read a very interesting paper on cholera, and in considering the treatment he condemned the use of alcohol, as it was not a stimulant, but a powerful

sedative and depressant, and in cases of profound depression, like the algid stage of cholera, it materially increased the tendency to death. I had always held that the primary effect of a proper dose of alcohol was stimulating, and that it was strongly indicated in cases of sudden and dangerous depressions. I felt that if Dr. Arnott's views were correct, my practice had not only been wrong, but injurious; but I could not help feeling that, if these were the primary effects of alcohol, when we gave it in these cases we should see the depression increase, and where the patient was—as in the cases I cited—in the debatable position between life and death, with strong probabilities in favour of the latter, the effects of a decided dose should be speedily fatal. I had this idea in view when I wrote my paper, and I clearly said of the cases I brought before the Association, that I did not argue that these patients recovered in consequence of the alcohol. I said there were innumerable cases which looked quite as hopeless, and which recovered without it; but I claimed, and still claim, that in these cases, if alcohol, in its primary action, is the powerful depressant the doctor would have

us to believe, instead of the pulse becoming stronger and more regular, and the patient brighter, and evidently better just at the time when the alcohol was having its full effects, the heart's action should have become weaker, the depression more profound, and in these desperate cases death should have been the result.

Dr. Arnott says my statement that "I find a number of conscientious and able medical men who claim that alcohol is not of the slightest use in the cases in which we have been in the habit of prescribing it: that it is not only not a stimulant but a powerful sedative and depressant," is self-contradictory. That in admitting it to be a powerful sedative, I show it to be of use as a narcotic and sedative. The doctor again misses my meaning. I do not say it is held to be of no use, but that they claimed it to be of no use in the cases in which we have been in the habit of prescribing it, viz., in such cases as those which I brought forward, and in which I observe our old friend, my honoured predecessor, Dr. Osler, prescribes it.

The doctor talks about the assured way in which I speak of snatching patients from the grave by alcohol, and says that it would lead young practitioners to think you could save most patients if you only gave brandy enough. I only gave these cases to point my argument against Dr. Arnott's assumptions. I did not advise the universal or frequent use of alcohol. In fact my paper had nothing to do with its use. I do not use it very frequently in my practice. I have never expected it to have, as a stimulant, more than a temporary effect, but in cases of sudden failure of the powers of life, where I feel that if I can keep my patient up for a short time I can tide him over his trouble, or that if the vital functions are pushed to increased action they may give renewed life, I have never hesitated to use it.

If I had in my past years administered it as indiscriminately as Dr. Arnott seems

to have done, so that most of my deceased patients went intoxicated to the grave, I should probably have concluded by this time, like the doctor, that I had better stop its use entirely, as I am quite willing to acknowledge that no alcohol is a great deal better than too much.

THOS. T. S. HARRISON.

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EDITOR DOMINION MEDICAL MONTHLY:

SIR,—It would appear to me that if your correspondents would enquire what function, if any, is fulfilled by alcohol in the animal economy, they would be in a better position to judge of its usefulness. The researches of Bung, Anstie, Dupre, and others prove that alcohol, in moderate quantity, from two to four ounces per diem, cannot be detected in the secretions, from which fact it may fairly be argued that it is either consumed in some of the normal processes, or appropriated as the food of some of the tissues.

Since Bernard discovered the glycogenic function of the liver, many observers have followed in his footsteps, and as the result of their labours we have become familiar with certain facts relative thereto. It appears that, in addition to the glucose formed from the starchy elements of the food by the digestive process, the liver, even in Carnivora, secretes a considerable quantity of sugar from the albuminoid and proteinoid elements, which having done their duty in the system, appear to be utilized in this way, for the purpose of supplying fuel to heat the structure. Liebig estimates the sugar from these two sources at some thirty-five ounces a day, and in the normal condition it is found in the liver, hepatic vein, ascending cava, and right auricle, but scarcely a trace can be found in the lung, or the systemic circulation beyond. What becomes of it? The consensus of opinion seems to be that it is utilized as the source of body heat, but certainly not as sugar. It must undergo

by catalysis, or fermentation, some change which, while producing heat, produces also a substance capable of combustion or oxygenation, so that the waste products may pass off with the expired air.

It was my privilege to listen to a paper by Dr. Ford, of St. Louis, read at the meeting of the International Medical Congress at Washington, and occupying forty-two pages of the third volume of the "Transactions." It will repay perusal by anyone interested. Dr. Ford having been a pupil of Bernard, and assisted in his experiments, has continued his investigations, and in nearly fifty experiments described in detail in the paper referred to, has conclusively shown that the sugar in the blood is changed into alcohol; that such change commences in the liver, coincidentally with the secretion of sugar; that the change continues in the veins and right auricle, and is completed in the lung, where the alcohol is oxygenized for the purpose of supplying animal heat: that while more sugar is found in the liver than in the lung, the proportion of alcohol in an equal weight of lung and liver tissue is as sixteen to one; and finally he did not fail, in one instance, in demonstrating by the usual tests, the presence of alcohol in the localities indicated.

These facts furnish indications for the use of alcohol. They are well summed up by Dr. Evans in your last issue,—if the system is overloaded with carbon, alcohol is useless, if not injurious, but wherever waste exceeds repair, wherever the powers of assimilation are defective, alcohol, rationally given, furnishes fuel to feed the lamp of life. Dr. Ford has shown that alcohol is one of the normal constituents of the animal body; be it the task of the enlightened physician to advise as to its rational and proper use in health and disease. I was struck with a sentence of the late Sir Andrew Clark in his lecture on Fibroid Phthisis to the students of McGill.

He said, "Gentlemen, the more alcohol you give these patients the longer they will live."  
W. ST. LOAN.

Toronto, Nov. 15, 1893.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—A correspondent in your issue of November in an article, "Is alcohol a stimulant or sedative?" asks the question, "Can a drug have a double action?" Allow me to suggest that we sometimes confound the action of a drug with its effects. If the action of a drug were synonymous with its effects, we might despair of ever formulating any definition of its general action as its effects differ so much according to the circumstances of its prescription. A drug being dead matter, not endowed with intelligence, must always have the same action although its effects may differ to any degree. An acid must always act as an acid, but its effects will differ very much whether it be put into an acid or an alkaline medium. Fire always has the same action, but its effects differ considerably whether it is applied to light a candle or dropped into a powder magazine. Also a sedative must always act as a sedative, although its effects must differ much according to dose and condition of patient. It is impossible that it should one time act as a stimulant and another as the very opposite unless it be endowed with intelligence. The most wholesome food may have an emetic or purgative effect under certain circumstances, yet no one says that food is at one time a wholesome nourishment and at another a purgative. As we often improve a patient's health by diminishing or withholding food, so the administration of a sedative is often the best stimulant. There is no such thing as a universal tonic. To one mercury is the best tonic, to another a purgative, and to another an emetic. Aloes is one of our best remedies for the relief of chronic diarrhoea, and ipecac frequently relieves vomiting, yet who denies that the action of

aloes is purgative, that of ipecac nauseant. It is only begging the question to say that because at one stage of its sedative action alcohol excites, therefore its general action is that of a stimulant. The same is true of any other narcotic. We might as fairly say that because alcohol sometimes causes vomiting therefore one of its actions is emetic. I believe that the action of alcohol is sedative because (1) even in very small doses it frequently relieves pain. (2) It is very generally prescribed to alleviate pain or (3) to procure sleep for which purpose the word night-cap has passed into a very commonly used expression.

The discussion of the relation between sedatives and stimulants might do many of us good apart altogether from the alcohol question. But we need not call names or attribute motives to those who differ from us.

H. ARNOTT.

London, Ont.

### PRESCRIBING AND VISITING DRUGGISTS IN JAMAICA.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—With infinite pleasure have I read in our local journals that steps are being taken to bring those persons in Jamaica, practising veterinary surgery without a license, within the pale of the law. This is perfectly commendable. Why, then, should not medical practitioners be protected from the onslaught of druggists, many of whom practise, aye, visit as medical practitioners in this island, because of the non-enforcement of the statute bearing upon this subject.

I have known instances where a druggist has driven a distance of miles in order to see a sick person and been compensated in the sum of one guinea.

A couple of months ago I was called some miles from my house, the case being that of a boy who had fallen from a cocoa-

nut tree. On my arrival I found that I had been preceded by a druggist from a village not far away who had actually passed a catheter into my patient in his endeavour to draw off his urine, the patient having suffered from anuria caused by paralysis of the spine in his fall.

There is a clergyman who practises a few miles from here, and again in this very town are two druggists who thus encroach upon the prerogative of the profession.

Would it be possible to bring about intercolonial legislation in order to meet this-state of things and thus afford protection to a graduate of Canada.

I am, Sir,

Yours, very truly,

GERALD J. STUART TAIT,

L.R.C.P. & S., Kingston, Ont., Licentiate of Jamaica  
Medical Council.

### THE DISCUSSION ON DR. FER- GUSON'S PAPER AT MEETING OF CANADIAN MEDICAL ASSOCIATION.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—Kindly permit me to make more clear my remarks in discussion on Dr. Ferguson's paper, "A Recent Successful Case of Cholecystotomy," which was read at meeting of Canadian Medical Association in London—a report of which was given in the November number of your journal.

In second operation on Dr. Ferguson's patient, I operated for Dr. Ferguson. Gall-bladder was found to contain a large quantity of jelly-like, inspissated bile or mucus, besides mucous cast of duct described in the paper, found in the neck of gall-bladder near orifice of duct. No gall-stones were found either in gall-bladder or ducts.

I considered that the severe paroxysms of pain from which patient suffered, were caused by spasmodic efforts of gall-bladder trying to force thickened secretion through a duct partially obstructed by

mucous cast and swollen condition of its lining mucous membrane.

In case No. 2, in which I operated for Dr. Smith, of Fingal, there was sup-puration of gall-bladder from gall-stones. Between one and one and one-half pints of pus, bile and mucus was removed.

I was surprised to hear from Dr. Cameron that Tait advocated cholecystectomy in preference to cholecystotomy, for when I was with Tait, in 1891, he then performed cholecystotomy.

I could not agree with the statement that cholecystectomy in such cases was an operation attended with less risk than cholecystotomy. In fact I consider the operation of cholecystectomy of infinitely greater risk, and believe that, in case No. 2, if I had removed gall-bladder instead of performing operation I did, the patient would not have survived the operation. The possibility of a small biliary fistula following, with the slight amount of inconvenience occasioned by it, is in my judgment much to be preferred to the greater risk involved in the operation for removal of a large suppurating gall-bladder.

H. MEEK.

London, Ont.

### LODGE PRACTICE.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Throughout the entire correspondence that has been carried on in the medical and lay press concerning Lodge Practice, there is one man from whom we have not heard—one man who has not yet had his side of the case presented—and that man is the lodge doctor. In your November issue you say, "No medical practitioner who has had any experience with lodge practice will uphold it for a moment." I am sorry to have to differ here, but an experience of between five and six years' duration in my own case does not prevent me from upholding it. I am still unable to see the evils in it that

have been spoken of. You say, "The physician agrees for a certain sum to perform an unknown amount of work." This contains some, but not the whole, truth. If a lodge consists of a number of men, all, or nearly all in early or middle life; all, or nearly all fresh from the medical examiner's hands; all to secure treatment for medical diseases only (surgical cases to be paid for extra); all to forfeit treatment for diseases resulting from any immoral conduct on their part: I say the lodge physician can form a very good estimate of the amount of work he will be called upon to perform. I can also say that during the five or six years that I have done lodge practice, I have been paid and well paid for all the work I have been called upon to do, and further, that I am willing to undertake attendance upon, say, three or four thousand men under similar conditions, and will enter into bonds to forfeit the year's salary if I make any effort to displace any man from his position as family physician, or if I engage in any practice other than that afforded me by these men. Still we are told "the remuneration is *trifling* and the science of medicine is undervalued." I think the matter is not fully understood, and the principal reason why it is not understood is that some of the Societies hold out as an inducement for joining them, "*Free medical attendance*," or "*Cheap doctoring*." This is especially the case with the Independent Order of Foresters, of which Dr. Oronhyatekha is Supreme Chief Ranger. This is both false and misleading, and calculated to create a wrong impression among physicians who do not fully understand lodge practice, and among the laity who may, or may not, contemplate joining the Order. There is no such thing in the Independent Order of Foresters as "*Free medical attendance*," Dr. Oronhyatekha to the contrary, notwithstanding; nor has the Supreme Chief Ranger or Supreme Court of Foresters anything whatever to do with

the medical attendance upon the members. It is even optional with members of each subordinate court whether a Court Physician be employed at all. The lodge doctor, or Court Physician, as he is called, is engaged and paid by the subordinate lodge or court, and the funds used for such payment never enter the hands of any officer of the High or Supreme Court. It is an entirely separate fund, and comes out of the pockets of the members. It is simply a clubbing together of a number of presumed healthy men in such a way that the fortunate help to bear the burden of the unfortunate. There is neither cheapness nor charity in it, so far as the lodge doctor is concerned. There is co-operation among the members just as there is co-operation in many other transactions in life, and to my mind no one is the sufferer by the arrangement. Why should lodge doctors be singled out for these attacks? What about the building of the C.P.R.? Did not some men get medical contracts then? Yes, and farmed them out to others of the profession who were not so fortunate. What about military surgeons, jail surgeons, railway surgeons, and many others? A military surgeon receives \$3.65 per diem, yet he surely is liable to be called upon to do a very uncertain amount of work and he agrees to do it. His battalion may contain less than two hundred or more than six hundred men; there may be peace or war, war, yet his pay is fixed whether he attends one man or one hundred. As to the charge that lodge doctors accept lodge work at a cheap rate, and make use of their position as attendants upon the male members of a family to steal the rest of the family from the family physician!—speaking from my own experience I would say it was false. I have known more than one lodge physician who was engaged in special practice: the only general practice was that done for lodge members, family practice being absolutely refused. Surely,

these men could not be accused of stealing. The mere fact of a man's accepting what he thinks is an honourable position (and others must think likewise, for we are told that there are unseemly elections to fill the position), does not prove that he is more apt to steal his brothers' practice than is the man who did not succeed in obtaining the position. I think if the members of the medical profession would look at this matter fairly, and before branding it as *cheap* or falsely *charitable*, they would get the opinion of some who have had experience in lodge practice, they might arrive at the conclusion that the honour and prestige of the medical profession were perfectly safe in the hands of some of the lodge doctors.

I am, Sir, yours, etc.,

ED. KIDD, *Court Physician.*

Court Picton, No. 177, I.O.F.

P.S.—At the last meeting of the Supreme Court of the I.O.F., the phrase, "Free medical attendance," was changed to "Free medical attendance as provided in the Constitution and Laws." This does not alter the matter. The attendance is not free; it may be "provided in the Constitution and Laws," but it is paid for by the individual members of the subordinate courts. It is too much like the story of the woman who placed the motto, "The Lord will provide," in the dining-room, under which her irreverent husband wrote, "Yes, but George pays the bills."

E. K.

STR,—There appears to be wide-spread dissatisfaction throughout the Province, regarding the extremes to which this abominable lodge and contract practice has brought us.

A direct loss to the profession, made by some statistician, puts the sum at \$200,000 a year for Ontario.

A direct loss also to the public exists in inefficient attention, cheap drugs, and general indifference of those who are com-

pelled, through keen competition, to undertake these "job lots" because others do it.

No practical means, so far, have been devised to mitigate or strangle this incubus.

Here is a suggestion which, if worked out, will at any rate mark such practitioners as continue to cling to the degrading work as second or third rate members of the profession.

Let the Medical Council, at the approaching election, submit the two following questions to each voter, on the voting paper :

1. Shall lodge, society, club, contract, gang, or any other "job lot" practice be continued or not? Answer.

2. If the Medical Council obtains power to grant a *Fellowship degree*, upon the conditions that all Fellows *shall refuse all and every kind of degrading work like this*, and will give this Fellowship degree to you, without any charge, and with only that stipulation, will you accept it? Answer.

Then, when the voting papers have all been returned to the Registrar, the Council will know just what its duty is—and do it forthwith.

Granting a Fellowship will be following the lines of the R. C. of S., England, and will mark at once those who respect themselves as well as their profession from those of "job lot" instincts.

From my intimate acquaintance with my confreres all over the country, I believe there are very few indeed who will not hail with pleasure any concerted action which will relieve them of this degrading burthen, against which, *individually*, they are powerless to contend.

But, in my opinion, no combination can effectually protect or relieve us but the Medical Council, and this suggestion, if approved, provides it with the means.

Yours truly,

Toronto.

J. E. WHITE.

## ADVERTISING A QUACK.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—Just at the time when the daily newspapers of Toronto were devoting considerable space to all the details of the nefarious work ascribed to "Doc" Andrews, I read an exceptionally severe denunciation of the "Doc" in the columns of the *World*. That was all right, but on the inside of the same issue was the advertisement of this noted quack. I wrote to the editor in somewhat the following language (for publication) :

EDITOR *World* :

DEAR SIR,—Your readers will no doubt agree with your remarks in to-day's issue regarding a noted quack doctor, but do you not think, while you bemoan the fate of the poor unfortunate girl, that you would have been regarded the more consistent did not your paper contain a glaring "ad" of this same quack which quite possibly may have been the very means which directed the girl to her fate?

The letter was not published but the "ad" disappeared.

I am, etc.,

Alliston, Ont. J. W. S. McCULLOUGH.

## THE MEDICAL COUNCIL.

REDISTRIBUTION OF THE TERRITORIAL DIVISIONS—HOTEL EXPENSES—THE PRINTING BUREAU.

EDITOR DOMINION MEDICAL MONTHLY.

SIR,—The redistribution of the territorial divisions to suit the increased representation has given rise to angry complaint from the members of the Council, as may be seen by a perusal of the proceedings of their last session, pages 46 to 53. The proposed redistribution was published in the Toronto dailies some weeks before it came before the Legislature for final adjustment, that all interested might have the opportunity to offer their criticism. A large delegation of the Council appeared before the Committee of the Legislature in opposition to the bill that was being



promoted by the Defence Association, but they did not then oppose the redistribution in the presence of their opponents. We learn from the proceedings of their last session, they afterwards opposed it in private, and after hearing what they had to say the Legislature decided on the arrangement of which they now so angrily complain. Contrast the open manner this redistribution was promoted by the Defence Association with the artifice by which the penal enactment against the profession was secured by the Council, the first knowledge of which was obtained months after it had become law, when members received a postal threat to submit or have their names erased from the register. A redistribution made in this open and straight-forward way is not likely to contain any very objectionable features, and none have been shown to exist. The following is the number of electors to each division, as taken from the register, including the forty-odd Homœopaths who chiefly reside in the centres of population:

No. 1 . . . . .	148	No. 10 } . . . . .	367
" 2 . . . . .	141	" 11 } . . . . .	
" 3 . . . . .	129	" 12 . . . . .	152
" 4 . . . . .	115	" 13 . . . . .	133
" 5 . . . . .	124	" 14 . . . . .	104
" 6 . . . . .	130	" 15 . . . . .	109
" 7 . . . . .	146	" 16 . . . . .	106
" 8 . . . . .	150	" 17 . . . . .	118
" 9 . . . . .	133		

Some difficulty was experienced in arranging the divisions retaining the county boundaries in tact; but whatever cause for complaint there may be in the divisions containing the greater number of electors, there is not the least justification for such complaint with regard to Divisions 15, 16 and 17, which are made the chief cause of attack on the redistribution. It is proposed to change these divisions so that they will contain, instead of as above, 134, 98, and 104 electors respectively. Dr. Rogers, who desires No. 16 arranged for his personal convenience, has figured out the numbers somewhat differently. He

no doubt accounts it a happy artifice, that while he has about the right number for No. 17, to make No. 16 contain twenty-three more, and No. 15 twenty-one less than are to be found on the register. The complaints about these and the prospect held out that a rearrangement of all the divisions, favourable to the re-election of the members of the Council, might be had for the asking, led the remaining despairing territorial representatives to join in the proposal, and they appointed themselves a committee to prosecute this object. The members of the profession need not concern themselves about this proposed gerrymander, for there is not the least likelihood of the Legislature entertaining such an absurd proposition. The expense connected with this committee is quite a different matter; we are at their mercy in regard to that. Their leader has had a foretaste of this profitable employment on committees, and may be relied on to work it to the best advantage. The profession have also got to know something of the power of committees to absorb funds, from the parliamentary return published in the last issue of your journal. When it required \$614.00 to pay a committee of five to secure the penal legislation against the profession of 1891, we may readily conjecture what the emoluments will be to a committee of twelve while engaged in gerrymandering territorial divisions that they may be elected to enforce their penal enactment.

In the above mentioned parliamentary return there is a feature which I confess to have overlooked, when criticising it on a former occasion, and which no doubt reflects the greatest credit on the Council. Their mismanagement of the affairs of the profession has been such as to necessitate some sharp criticism, from time to time, but when anything is done that merits approval we cheerfully extend to them all the credit due. We are all agreed that the social standing of our profession cannot attain to a position too high, and any

legitimate effort to place and maintain it among the *elite* of society must meet with our hearty approval. So in the present case I hasten to express my approbation of their laudable endeavour to be "correct," to give proper tone to the profession by residing at a first-class hotel while attending their official duties. We find leading members of other professions not at all so "correct." Eminent lawyers, divines, scholars, scientists, members of parliament, and even members of the administrations of the day, are occasionally found stopping at \$2 houses while attending to the duties pertaining to their calling; but without a single exception have the members of the Medical Council resided at a hotel where the charges are \$3.50 per day while attending to their official duties, cheek by jowl with wealthy government contractors, and probably hobnobbing with royalty itself. Even the members residing in Toronto, for the time, retire from their luxurious homes and join the festivities at their aristocratic quarters; and when the arduous duties of the session are over many members remain in dignified repose from one to three days. This is all quite in keeping with the necessary dignity appertaining to the representatives of a learned profession. The advantages connected with their thus taking a stand are quite incalculable. It presages well for the future of the profession, and will no doubt receive the cordial commendation of all its members.

But, what if we should again learn from their editorial chair that these views are "but an evidence of my ignorance of their method of printing reports," and that the greater portion down on this return as "Hotel expenses" has not been used for such purpose at all; that most of the members stopped at inferior hotels, or resided with friends; that members living in Toronto did not leave their homes, but received their hotel allowance all the

same: that members did not pose in studied dignity, at a fashionable hotel, from one to three days after the session had ended, but had returned to their homes though still charging up their hotel expenses; that the \$3.50 a day hotel allowance was in great part a device by which the indemnity to members was increased. But this is all conjecture. There may be a revelation in store for us. Let us patiently await what their editor has to say.

The extraordinary increase in the Council's printing account since their journal's printing company has got a monopoly of it, gives rise to a suspicion that much of it is unnecessary. The cost of printing for the past seven years was as follows: 1887, \$177.00; 1888, \$239.75; 1889, \$nil; 1890, \$344.85; 1891, \$458.90; 1892, \$610.00; 1893, \$1,681.25.

I looked over the stenographic reports of their proceedings to find when the Register was published, but nothing definite was to be found. A contract was apparently given with the printing of the announcement for 1891. I judged from this and the increase in the printing account of 1892 it was included in it; but we now learn from their editor its cost was included in the 1893 account. It would be supposed that an item of \$732.50 would be of sufficient importance to be mentioned in the financial statement; but it could be obtained, only, in this round-about way, with an insolent reprimand of our ignorance of their method of keeping accounts. He did not tell us why 5,000 copies were necessary to send to 2,300 members, and leaves a couple of hundred dollars still to be accounted for owing to his lack of space; so we will not enter into any further criticism until he furnishes us with those remaining items, and to whom all this account was paid. We do not care to mention, on account of the high position he holds, his quib-

bling about the printing of the announcement, etc., which is done as a grant to the *Journal*, not belonging to the printing account; but we would warn the Council that at the present rate of increase, in a very short time, the printing bureau they have established will cost them more than their real estate business. If they can come back at the expiration of one year, after having increased the cost of printing from \$610 (a liberal amount compared with former years) to \$1,681, and demand re-employment on account of vested interest, as this will have doubled at the expiration of their present term and so on, how under heaven will they ever be able to shake them off.

Yours, etc.,

J. P. ARMOUR.

St. Catharines Nov. 30, 1893.

THE TREATMENT OF SYMBLEPHARON.  
—Dr. J. R. Wolfe (*Chicago Clinical Review*, Nov.) describes his method of dealing with this troublesome condition. He passes a ligature along the whole length of the eyelid of a good-sized rabbit. By means of this he can control the eyelid and evert it fully. He then introduces four black silk ligatures into the conjunctiva so as to map out the amount he wishes to remove. These are fastened with a knot. By the aid of these and a pair of blunt pointed scissors, the conjunctiva is removed. It is then spread on the dorsum of his hand, where it dries. He then separates the adherent lid from the eyeball, and carefully removes all nodules. The rabbit's conjunctiva is then placed upon the fresh surface of the patient's eyelid, where it is fastened by means of four or six small silk sutures. The conjunctiva of the eyeball will be reproduced, and does not require any special treatment.

## Dominion Medical Monthly.

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TORONTO, DECEMBER, 1893.

### DOCTORS AND DUTIES.

The present government have always laid it down as one of the leading planks in their platform, that while they gave protection to the industries of the country, they at the same time removed, wherever at all possible, all duties from the *necessaries of life*. We have free sugar, coffee, tea, salt, etc., etc., or what is known in economic parlance as a *free breakfast table*. The question then arises, what constitutes the *necessaries of life*? and on this question no class is able to give a better or more unbiassed opinion than the physicians of our country. In our opinion, when a man cannot earn bread, the medicines required to restore him to health can surely be ranked among the *necessaries of life*. Believing this, we should like to have the opinions of the profession throughout the country, so that if they agree with us, some steps may be taken to lessen the duties on all remedial agents and surgical instruments.

### EMPLOYMENT OF THERMOMETRY IN VERIFYING DEATH.

Dr. Bourneville publishes (*Le Progrès Medical*, 28th ult.) a number of thermometrical observations made on the bodies of patients who died at the Bicetre Hospital, Paris, and shows that rectal thermometry furnishes a certain means of

distinguishing apparent from real death. Bouchut insisted formerly in his "Treatise on the Signs of Death," on the use of the thermometer as a means of obtaining positive proof of death. Dr. Bourneville does not, therefore, claim any originality in his description. He simply wishes to remind his readers, and he proves his contention by a number of carefully performed experiments, that the use of the thermometer is a means of undoubted value in enabling a physician to form a reliable opinion and to state precisely if death has taken place in a given case or not. The following is a brief extract from Dr. Bourneville's statistical table :

1893.	Name.	Hour of Death.	Temperature of Corpses at Different Hours.	Temperature of Room.
July	6 Vailla . . .	Midday .	3.30 p.m., 72°	75 1/5°
			8.30 p.m., 61	69 4/5°
			6.30 a.m., 56°	65°
	7 Berna . . .	5.45 p.m.	8.00 p.m., 71°	75 1/5°
			6.30 a.m., 59°	68°
			11.15 a.m., 53 2/5°	71 3/5°
	8 Fourni . . .	5.45 p.m.	3.00 p.m., 63 3/5°	71 3/5°
			8.00 p.m., 73 2/5°	75 1/5°
			6.30 a.m., 53 1/5°	68°
			11.00 a.m., 53 3/5°	71 3/5°
4.00 p.m., id.			id.	
9 Azai . . .	3.30 p.m.	7.00 p.m., 68°	71 3/5°	
		6.30 a.m., 56 3/5°	66 1/5°	
		2.00 p.m., 53 3/5°	71 3/5°	
		8.30 p.m., 48 1/5°	71 3/5°	
Sept. 23	Hout . . .	5.55 a.m.	8.00 a.m., 60 4/5°	62 3/5°
			11.00 a.m., 61 3/5°	63 3/5°
			3.00 p.m., 52 3/5°	62 3/5°
			6.00 p.m., 47°	62 3/5°

Observations and reports were made on 32 corpses altogether. The procedure which Dr. Bourneville endeavours to popularize is a very simple and practical method of dissipating the somewhat exaggerated fears which some persons entertain with regard to premature burial. Every public school is or ought to be provided with a thermometer, and the pupils know how to read it or can easily learn to do so. A medical thermometer can be read in the same manner. Then again, most women, even in the country districts, know how to give an enema. All that the doctor has to do then is to instruct the female attendant to insert the medical thermometer an inch or so into the rectum

of the corpse, in the same fashion as the canula of a syringe or irrigator is introduced, and to allow it to remain in position for a quarter of an hour, the temperature being read before withdrawing the instrument. Dr. Bourneville intends later on making some observations on central temperature under the influence of the chemical changes which supervene in corpses. For the present he wishes to draw attention to one point in particular, and that is the constant lowering of the temperature of the corpse below that of the surrounding air from 12 to 14 hours after death.

NOTE.—The ordinary clinical thermometer is so graduated as to read from 95° to 114° F. A thermometer suitable for the purpose mentioned can be purchased in Toronto for about one dollar.

#### RARE FORMS OF GOUT AND RHEUMATISM.

Sir James Grant, of Ottawa, read a paper recently before the New York State Medical Society on the above subject (*New York Med. Record*). He gives an account of three very interesting examples. In one there was a sharp attack of pneumonia, complicated by swelling of the joints, of a distinctly rheumatic character. The same patient, on another occasion, had an attack of gout, complicated with intense pain in the region of the cæcum and appendix. The third example was that of a lady who had been suffering for a few days with pain and uneasiness in the feet. Suddenly she was seized with violent pain in the ileo-cæcal region. In a few days the shoulder, elbow and wrist joints became inflamed. Just in proportion as the outside manifestations of rheumatism increased, the symptoms referable to the bowels disappeared. Dr. A. Haig, of London, has recently mentioned some interesting cases of visceral gout and rheumatism.

Through the researches of Garrod,

Duckworth, Haig, Ralfe, Charles, Halliburton and others, the chemistry of gout and rheumatism is being worked out. By these researches much light has been let in upon this field of medical investigation. As Haig has shown, there may be a normal formation of uric acid, but an imperfect elimination. Under these conditions an accumulation of urates within the system is the result. Sir W. Roberts has recently shown that the greatest amount of mischief is done by the insoluble quadri-urates. With a large storage of urates in the system, it is easy to understand how important pathological processes may be started into existence, other than those of the joints.

Thus it is that we may have violent attacks of headaches of gouty origin. Important lesions may be produced in the heart. The so-called gouty, or small red kidney is another form of this protean diathesis. Chronic and obstinate neuralgia often owes its origin to the same condition. Renal calculi, and sometimes bladder calculi, are due to uric acid in the blood. The medical man who wishes to study this condition of the system properly, must look far beyond the acutely inflamed joints, or those distorted by chronic morbid processes. Investigators of high repute claim that the cerebral circulation may be so disturbed, by the presence of uric acid in the blood, as to give rise to attacks of aphasia, melancholia, convulsions and migraine.

#### PROMPT COLLECTIONS FOR SERVICES RENDERED.

During a period of hard times, such as the whole continent of America is passing through at present, one is led to ask what is the best way of alleviating the distress which is so prevalent. The question more particularly refers to the well-being of our own profession. We have come to the conclusion that doctors suffer more

severely, and with less complaint, than other professional men, and men engaged in business transactions.

Why is this the case? Is the medical man not largely to blame for being low in funds at times? We believe the profession is suffering from the legacy left us by the old family doctors of by-gone years, who never looked after the business part of their practice, and were content to have a squaring off of accounts once in two, three or four years, and then settled with their patients very much as the patient, not the doctor, wished.

It has been often said, and not without reason, that medicine is a noble profession but a poor trade, which is, no doubt, absolutely correct. But there is no reason why we should not more carefully look after the business side of our work, inasmuch as doctors, as a rule, depend upon their practice for a living.

Why should our services be unrequited more than a lawyer's? There is no good reason for it, and it becomes every medical man who respects himself and his profession to give his patients to understand that his bills must be paid promptly and fully.

The public will have a higher appreciation of the man who insists on his fee, than of him who is careless in such matters. The remedy for the evil is found in getting cash payments as far as possible, and this can only be done by rendering an account, according to legalized tariff rates, as soon as an illness is over.

We commend this system with confidence, and believe that if all would adopt such a course, patients would be better satisfied, and doctors would handle more cash.

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#### LODGE PRACTICE.

In our last issue we dealt with the question of "Lodge Practice" from the standpoint of the evils it gives rise to among medical men, and in their relation

to the public. We shall now call attention to some points of prime importance in the financial aspects of the question.

Taking the experience of the Ancient Order of Foresters, the Manchester Unity of Oddfellows, and the combined experience of three other large friendly societies, we notice that a total of several millions of lives were exposed to sickness, at ages varying from eighteen to ninety-five years; and from the year 1836 to 1871. This is sufficient data to found any calculation upon.

These figures have been tabulated by three of the most distinguished British actuaries, namely, Neison, Ratcliffe and Finlaison. The result of these gentlemen's labour is that on an average every member from the age of eighteen to ninety-five will experience 9.996 days' sickness every year; and receive his sick allowance for the same.

While a society is young and the members fairly healthy, the average would be less; but, as every society grows old, there must be an ever-increasing number in it of aged men. This runs up the average numbers of days' sickness very decidedly.

It may be that few medical men have given the question much study. We now submit the facts. They show that the doctor, who takes a lodge for a dollar a head, is making a very poor bargain. What would be thought of a tradesman who undertook to build a house for one-fourth or one-fifth of what an able architect estimated the cost to be? The medical men who undertake to attend men at a cost that the most searching calculations have shown to be utterly inadequate, are doing the profession a great wrong.

After having stated the facts that we have just now submitted, we hope that the medical men of this Province will unite in removing from their midst one of

the greatest enemies with which they have to contend. It is not going too far when we warn all that the rates for lodge practice will most likely be reduced in the future. This has been the experience in Britain, and history has a wonderful tendency to repeat itself.

If we take the experience of the Ancient Order of Foresters in Canada, as prepared by L. G. Fouse, one of the best actuaries in America, we find that the sickness rate was eighty per cent. of what it was in Britain in the same Order. But this is caused by the youth of the Canadian branch, as very few of the members are as yet over sixty years of age. Let us here give a few figures on this experience. At the age of eighteen years, eighteen persons per 100 will experience sickness for an average period of 2.86 weeks each, or a total of fifty weeks' sickness to every 100 at age eighteen annually. When we turn to age forty, we find that 18.7 persons per hundred are sick, and that the duration of sickness is now 4.69 weeks to each, or a total of 87.703 weeks to the 100 members. At age sixty we note that 27.2 persons are sick per 100, and the sickness lasts 11.80 weeks to each, or a total of 293.76 weeks of sickness to every 100 members at this age. Surely nothing further need be said!

But something further can be said. It has been estimated by an actuary of distinction that the proper remuneration for contract practice is \$5 a year per member in Britain and \$4 a year in Canada, where the sickness experience is only 80 per cent. of that in Britain. When our sick rate is the same as that in the mother country, we should then charge \$5 also. This estimate was also made by a Fellow of the Institute of Actuaries, based upon a return from medical men, as to the number of visits and office consultations over a large experience of lodges.

## VIOLENT SPORTS.

In the *International Journal of Surgery* for November, there appeared a timely editorial on "Traumatic Phthisis." In the *New York Medical Journal* for 18th November, there appeared an editorial note on "Death in Recreation," in which attention is called to several deaths that had recently taken place from indulging in violent sports. It is well known that the *Lancet* has denounced these violent sports for years.

The articles to which we desire to call special attention are the editorials that appeared in the *Medical News* of the 18th and 25th November. In these editorials foot-ball is denounced as brutal, as running to dangerous extremes, as exercising a pernicious influence upon the morals of the players, subversive of the true interests of education and of genuine athletics—within a short time four young men have met with their deaths when playing foot-ball.

Some of the prominent lay journals have commented most severely on the game which, as a spectacle, the *New York Evening Post* remarks, is only one degree removed from the prize fight. *Harper's Weekly* speaks very plainly to the college authorities: "Some day in the near future, when a player falls, never to get up again, because his opponent in the heat of the contest has struck a little harder than he intended, you will seize the opportunity to say, 'No more foot-ball,' but the responsibility of that man's death will rest upon you."

So far as this journal is concerned, it has no words of praise for this game as now played by college teams of the United States. It seems to be more of a gladiatorial contest than an invigorating pastime, and should be properly regulated or promptly abandoned.

## THE ISOLATION HOSPITAL.

For some time there was a good deal of uneasiness in the minds of some medical men and thoughtful citizens lest the Isolation Hospital would be placed under the control of the Toronto General Hospital. This gave rise to strong opposition, largely on the ground that physicians would no longer be allowed to attend their own patients when removed to the Hospital. The matter was settled on the 15th November, for the present. A large number of medical gentlemen went to the City Hall. Drs. J. S. King, J. Ferguson, S. G. Thompson, E. J. Barrick and J. McCullough addressed the Health Committee at length, and urged that the present arrangements should be carried on under the management of the efficient health officer, Dr. Sheard. The Committee decided unanimously to retain the control of the Isolation Hospital for the present.

At the opening of the Isolation Hospital on the 22nd of November, Dr. Sheard spoke regarding the management of patients. He said that, in the interest of the public health and safety of the citizens, all city and public ward patients would be looked after and attended by the staff of the Hospital under his immediate supervision, but in the cases of private-ward paying patients, who could pay for a private ward and also pay their own physician, he would try to arrange a private ward so isolated that the outside physician could, under certain restrictions, visit his patient without going near the other patients or visiting any of the other wards. At the same meeting, Dr. O'Reilly, medical superintendent of the Toronto General Hospital, spoke concerning his visit of inspection to various isolation hospitals in the United States, and assured those present that he did not consider it advisable, in the interests of any general hospital, that an isolation hospital or a contagious disease department should be placed under the same control and government.

KEY-NOTES IN THE TREATMENT OF CONSUMPTION.—Dr. E. C. Atkins (*N. Y. Med. Record*, 18 Nov.) calls special attention to the following points :

The stomach.—The greatest care should be given to the condition of the stomach and digestive organs. In some cases the patient says he "cannot eat meat." Put him on broiled beef pulp and hot water, and exclude all other diets. In this way some cases of very bad digestion are greatly benefited. After a time he will be able to take nitrogenous food readily.

Quantity of food.—It is absolutely necessary that abundance of nitrogenous food should be taken and digested. In some cases the appetite becomes ravenous. Care, then, must be taken not to allow too great indulgence in food. Undigested food causes diarrhoea and other disturbances. If too much CHO foods be taken, all the oxygen in the system is used in converting them, and the nitrogenous foods remain unchanged. In this case an exclusive meat diet is to be kept up until the urine is clear and free and the appetite good, when meat, eggs and bread may be allowed.

The excretions.—Careful attention must be given to the urine. It should be daily watched for all abnormal conditions. The condition of the bowels should receive close attention. The motions should be examined for undigested food, and lessen or withhold the articles not digested.

Hygiene.—The skin of consumptives is dry and indolent. To rouse the circulation daily sponge-baths, with brisk friction, will restore tone to the capillaries. This prevents cold-catching, so common in these cases.

Exercise.—Too much care cannot be taken to avoid over exercise. Physical rest is the watchword during the active stage. Too much exercise induces pulmonary expansion, and too frequently

only excites the disease into activity. All exercise should keep well within the limit of fatigue, and never exercise just before or after a meal.

BUBOES AND THEIR TREATMENT.—Dr. J. Garland Sherrill (*N. Y. Med. Journal*, 28th Oct.) classifies buboes into (1) the simple, (2) the virulent, (3) the specific. The simple is caused by irritation from some poison conveyed through the lymphatic vessels. It is a simple form of inflammation, and does not involve the blood vessels to any serious extent. There is not, as a rule, very much pain, and the swelling increases slowly. Sometimes these buboes suppurate. If not rested, the tumour becomes larger, and the skin tense. In from one to five weeks resolution may take place, leaving a chronic induration; or, suppuration may occur causing a protracted sore. In the second form, the course is similar at first, but becomes more rapid. Suppuration always occurs and at an earlier period. There is the history of chancroid. In the third form, the course is essentially slow. There is very little pain, and finally undergoes absorption.

The treatment of these cases is largely governed by the diagnosis. In the specific bubo, the treatment is exactly the same as that of syphilis in general. In the management of gonorrhoea, avoid strong injections; and in chancroid cauterize the sore. In those cases where, in spite of rest, cleanliness, etc., there is going to be suppuration, the author urges the propriety of removing the gland at once by a free incision. The wound is then dressed antiseptically. This plan he regards as much ahead of waiting for suppuration, opening the abscess, and then treating the chronic sore, with the usual result of much induration left behind. When the bubo does not show signs of recovery in about three days of rest and a compress, the author then removes the gland.



THE HYGIENE OF THE NOSE.—Dr. J. H. Egbert (*Dietetic and Hygienic Gazette*, Nov.) calls attention to the three functions of the nose: (1) As the olfactory organ, and through this function is essential to the finer manifestations of the sense of taste. (2) It is a resonant chamber, giving quality and character to the voice, and modifying vocal performances. (3) It is an organ of respiration, warming and moistening inspired air in its passage to the delicate tissues of the lower respiratory tract.

Nasal breathing should be encouraged among children. Some children sleep with their mouths open from habit. This can be corrected by fastening over the mouth a piece of thin rubber, such as dentists use in filling teeth. The most common cause is adenoid vegetations in the vault of the pharynx. The existence of deflection of the septum and polypi should receive proper attention. If mouth breath is allowed to continue, the ears will suffer, and the voice will undergo change.

Douches should not be used in the case of children. Sniffing up a little warm water with borax in it will remove all thickened secretions. Warm clothing and warm baths have an excellent effect on acute and chronic nasal congestion. Low, damp houses should be avoided.

Obstruction to nasal breathing gives rise to much constitutional disturbance by interfering with the free oxygenation of the blood. There is mental dulness, and frontal headache. Bronchitis is often a common result of closure of the nares.

THYROID GLAND IN PSORIASIS.—Dr. Byron Bramwell (*British Medical Journal*, Oct. 28) relates some interesting experiences in the treatment of psoriasis by the use of thyroid gland. He gave daily one quarter of a gland, finely minced, in rice paper. In one case in six days a very distinct change for the better was noticed.

In ten days after the first administration the scales were falling freely off the back, leaving a pale, smooth and healthy skin.

In another very severe case, the treatment was commenced with five drops of Brady and Martin's Extract of Thyroid Gland. In three days after the treatment was commenced, desquamation began, large scales separating. The general health of the patient, bad at first, steadily improved. The dose was doubled in two weeks. The recovery was complete.

A third case was also treated with Brady and Martin's Extract. The result in this case also were eminently satisfactory.

THE TREATMENT OF EXOPHORIA.—Dr. G. M. Gould (*Med. News*, Nov. 28,) contends strongly that exophoria is not a faulty condition of the muscles and tendons of the eyes. On the other hand, he advances reasons for thinking that the condition is due to central derangement in innervation. He objects to cutting the tendons and the use of weak prisms. Instead he uses very strong prisms, bases out. If a patient has only 10° of adduction power, begin with 20° prisms (total), and slowly carry the object gazed at from the near to the far point. This is repeated several times a day, until no diplopia is produced. The prisms are gradually increased to 25° and 30°. By the time 30° is reached, all symptoms of asthenopia will have disappeared. The adduction power should be continued, from 30° to 40°, until all manifest and latent exophoria has disappeared. These prism spectacles are to be employed several times daily, looking at distant objects immediately.

PARALYSIS FOLLOWING ESMARCH'S BANDAGE.—Dr. W. C. Crockett (*Montreal Med. Jour.*, Nov.) reports a case of paralysis of the ulnar and musculo-spiral nerves following the application of Esmarch's bandage for an operation for

aneurism. The bandage had not been applied too firmly. The arm gradually regained its usefulness. While still weak, the young man went out hunting and carried his gun by means of a strap fastened round the other arm. The compression of this strap brought on complete paralysis of the muscles supplied by the musculo-spiral nerves. This arm also made a perfect recovery.

THE PATHOLOGY OF DIABETES.—Dr. William Moser (*N. Y. Med. Journal*, 28th Oct., 1893.) holds that the morbid anatomy of diabetes is very varied. It is not a distinct disease. There are no lesions peculiar to it. The views of Sanders and Hamilton that coma is due to fat embolisms in the pulmonary capillaries is only theory, as is also the view of Frerichs that it is due to acetonæmia. The author calls special attention to the different forms of degenerations in the pancreas as pointed out by Cowly. The blood becomes lipæmic. Most writers refer to the fatty condition of the blood. The author is induced to regard the diseased conditions of the pancreas as the cause of the lipæmia, and the fat embolisms in the lungs.

RAPID ANÆSTHESIA.—Dr. Magill (in *Medical Record*, 21 Oct.) claims excellent results from the following method of producing anæsthesia. The method was devised in 1892 by the author, along with Drs. Bourbon and Hartman. He pours three grammes of ethyl bromide upon a towel and places this over the mouth and nose of the patient, who is told to breathe freely. By the second or third respiration there is a slight agitation, but, by the fifth or sixth, the anæsthesia is complete, with total loss of consciousness. The bromide of ethyl is then removed and chloroform substituted, the first dose being small, not more than one gramme. Care should be taken not to allow the

patient to regain consciousness while changing the anæsthetic.

BLINDNESS IN OPHTHALMIA NEONATORUM.—Dr. I. A. W. Alleman (in *Brooklyn Med. Jour.*, Nov.) states that, according to statistics, the number who lose their eyesight from ophthalmia neonatorum varies from 8 per cent. to 45 per cent. of the total blind population. He contends that the best method of prevention is that introduced by Credé. Credé recommended a 2 per cent. solution of nitrate of silver. The author thinks that a 1 per cent. solution is strong enough; of this a drop is instilled in each eye. It gives rise to no irritation, and almost no pain. He contends that it should be used in all cases, and thinks it quite free of any injurious effects, even if used when not necessary. The amount of loss to the United States annually due to blindness he estimates at about \$16,000,000.

THE MECHANICAL TREATMENT OF PHTHISIS.—Noble Smith (*Brit. Med. Jour.*, 21 Oct.) mentions some good results he has had in consumptive cases by the application of the following appliance: A light rod is extended along the spine, and is fastened at the lower end to a pelvic band. From the upper end there are shoulder straps that carry the shoulders backwards and support the arms. There is a pad, fitted to the rod, opposite the centre of the shoulders, and another at the middle of the back. To prevent the abdomen projecting forwards, while standing, a belt is fastened to the upright and carried round the abdomen. As the result of wearing this appliance there is a marked expansion and development of the thoracic capacity.

PALPITATION OF THE HEART.—Dr. James T. Whittaker (in November *International Med. Mag.*) has an article on the above subject. The article reviews

this very important subject carefully. From its perusal we may summarize as follows: (1) There are instances of palpitation that seem to depend upon the development of the sympathetic nervous system, as at puberty; or to disease of the same, as in exophthalmos. (2) To psychic conditions, as in anxiety, over work, mental strain, fear, ambition to accomplish a certain task, in students and in public speakers, etc. (3) Organic diseases of the nervous system, that derange the nerve mechanism of the heart. (4) Organic diseases of the heart itself, either of the valves or walls. (5) Reflex causes, as in uterine disease, dyspepsia, distended stomach, etc. (6) From toxic causes, such as the use of tobacco, alcohol and other agents: or from diseases where the blood becomes impure, as in Bright's disease of the kidneys.

LACTIC ACID IN EPITHELIOMA AND CANCROID ULCERS.—Dr. N. L. North (in Nov. *Medical Age*) speaks highly of the application of lactic acid. He uses the concentrated form of the drug. It is applied by means of cotton wool. He has used it in cases of uterine cancer, caruncular disease of the urethra, lupus, abnormal growths on the skin, etc. The acid is at first applied daily, then every other day, and later on once or twice a week. When applied the acid is rapidly absorbed by the tissue. This is followed by a free exudation of a brownish liquid. The unhealthy tissue soon begins to shrink and atrophy. The acid is not an escharotic, and does not scar. A peculiar feature of its action is that it penetrates the substance of a malignant growth. In this way it destroys the cell proliferation.

TYPHOID FEVER FROM MILK.—Drs. W. T. Sedgwick and W. H. Chapin give (in the *Boston Medical and Surgical Journal*, Nov. 16) an interesting account of two outbreaks of typhoid fever, one in Spring-

field, the other in Somerville, Mass. The manner in which these experts traced the source of infection to the milk supply is worthy of much commendation. They were surrounded by very special difficulties. They followed up the subject with such thoroughness, and arrived at results so conclusive as to leave no doubt on the mind of anyone but that the milk was the cause of the two epidemics.

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### Items, Etc.

The index to Volume I., which closes with this issue, will appear in the January number.

M. Bressaud will take charge of the service of the late Professor Charcot at the Salpêtrière.

The seven medical faculties of France conferred the degree of doctor of medicine on 635 persons last year.

Dr. Playfair, who attended Princess Marie of Roumania in confinement, is said to have received a fee of \$10,000.

Dr. F. A. Quay, Toronto University, was admitted a Licentiate of the Royal College of Physicians and Surgeons, Oct. 25th.

The International Medical Congress, which was postponed on account of the prevalence of cholera in Rome, will be held in that city from March 29th to April 5th, 1894.

An interesting relic of Edward Jenner was sold in London last October. It was a pawnbroker's unredeemed pledge, and was the casket in which the freedom of the city of London was presented to Jenner on the 11th of August, 1803, for "his skill and perseverance in the discovery of and bringing into general use the vaccine inoculation."

Dr. A. Jacobi, of New York, received a flattering recognition of his distinguished ability from the savants of Germany, in being invited to take the chair of Pediatrics in the University of Berlin. He, however, declined the professorship.

We regret to announce the death of an old friend and fellow-student, Dr. James Campbell, of Detroit, who died Nov. 18th ult. He received his medical education in Toronto School of Medicine, and graduated from Victoria University in 1882.

MEDICAL COUNCIL ELECTION. — We understand that of the one hundred and seventy-five physicians in Western Toronto, over one hundred have signed the requisition in favour of Dr. A. J. Johnson. Dr. Barrick's requisition has been equally largely signed in Eastern Toronto.

Our readers will confer a favour on the editors if they will send them a postal card with their opinions in regard to the subject of the first editorial. This is a matter in which we are all interested. We do not purpose to open our columns for a tariff discussion, but to simply present the opinions of the profession when obtained where and in the way that they will be productive of most good.

THE CHICAGO CLINICAL REVIEW. — We extend our congratulations to our contemporary, *The Chicago Clinical Review*, for its enterprise in giving so carefully prepared and complete an index of the current medical literature of the month. This is an excellent feature of the *Review*, and one of great value to every medical man who wishes to keep himself posted on what is transpiring in the medical world. The title of the article, name and address of the author, the journal in which the article appeared, with date, are all given. We surmise that the subscribers to the *Review* will frequently refer to this index

medicus to ascertain where they may find needed information upon questions engaging their minds.

A meeting of the Ontario Medical Library Board was held in the library, corner Bay and Richmond streets, on the afternoon of Tuesday, Nov. 21st, 1893, Dr. Albert A. Macdonald in the chair. Members present: Dr. H. Machell, Dr. N. A. Powell, Dr. R. A. Pyne, Dr. A. Mackenzie, Dr. Greig, Dr. G. Gordon, and the secretary, Dr. L. M. Sweetnam. Committees were appointed; Dr. J. F. W. Ross and Dr. N. A. Powell to interview the Minister of Customs with reference to the admission of books from the surgeon-general's library at Washington; Dr. L. M. Sweetnam and Dr. Greig to report on the means of securing additional members in the country; Dr. H. Machell, Dr. N. A. Powell, Dr. R. A. Pyne and Dr. Greig to confer with the committees from the medical societies with regard to the formation of an "Academy of Medicine" in Toronto. The curator reported the receipt of a number of books and volumes from Drs. Aylesworth, of Collingwood, and Shaw, of Markham, to whom the thanks of the Association were tendered. After routine business an adjournment was made, the next meeting to be early in December.

## Book Notices.

*A Chart of Diagnostic Points in Occipital, Facial, Breech and Transverse Presentations.* By J. ALGERNON TEMPLE, M.D., C.M., M.R.C.S. Eng.

It gives the chief points in a complete and systematic manner, so that all may be seen at a glance, and one presentation may easily be compared with another. It must prove most useful both to students and to those engaged in teaching midwifery.

*The Ideal Physician's Visiting List.*

LINDSAY & BLAKESTON'S. Philadelphia:  
P. Blakeston, Son & Co.

Forty-three years of publishing have given the firm of Blakeston, Son & Co. experience that enables them to supply a Visiting List which seems to be all that is required. It is neat, compact, light, easily kept and contains many valuable hints to the busy practitioner. The price is also very moderate.

We note specially the addition of the metric system to the section devoted to medicines and doses. The doses, according to the English and metric systems, are side by side in parallel columns. We have found the information contained in the Visiting List very excellent reading when passing the time waiting for the termination of delayed labour, and thoroughly liable when consulted in a hurry for an antidote or some other matter that may have for the time being escaped our memory.

*Leonard's Physician's Pocket Day-Book.*

Bound in Red Morocco, with Flap, Pocket and Pencil Loop. Price post-paid, \$1.00. Published annually by the *Illustrated Medical Journal Co.*, Detroit, Mich.

This popular day-book is now in its 16th year of publication. It is good for thirteen months from the first of any month that it may be begun, and accommodates charges for fifty patients daily for that time, besides having cash department, and complete obstetric records. There is space for the diagnosis of each case, or for brief records of the treatment adopted, following each name-space. Name of each patient needs to be written but three times in a month. It has the usual printed matter, such as: Dose List; Poisons and Antidotes; Urinary Tests; Exanthematicæ; Disinfectants; Weights and Measures. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

*A Text-Book of the Practice of Medicine for the Use of Students and Practitioners.*

By R. C. M. PAGE, M.D., Professor of General Medicine and Diseases of the Chest in the New York Polyclinic. New York: William Wood & Co.

There are so many really excellent works on the practice of medicine that one would be inclined to think that there was no great demand for another. On looking over the articles in the above work of a little more than 550 pages, a very favourable impression is at once created. All superfluous matter is carefully omitted. Diagnosis is stated with much clearness. The general directions for treatment are good. The student and busy practitioner will find, in a short and readable form, much valuable advice. Throughout the book, the author gives many formulæ that will prove of great assistance to those who have not had considerable experience in prescribing. As a whole, the work is very trustworthy and well up to date, and may be safely consulted. The reader will notice the classification of scurvy, purpura and acuterheumatism among the infectious diseases. The paper and type are excellent. Many appropriate illustrations aid the descriptions very materially. We cordially recommend the work.

*The Medical News Visiting List for 1894.*

Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month); Perpetual (undated, for 30 patients weekly per year), and Perpetual (undated, for 60 patients weekly per year). The first three styles contain 32 pages of data and 176 pages of blanks. The 60-Patient Perpetual consists of 256 pages of blanks. Each style in one wallet-shaped book, pocket, rubber, and catheter-scale, etc. Seal Grain Leather, \$1.25. Philadelphia: Lea Brothers & Co., 1893.

*The Medical News Visiting List for 1894.*

has been thoroughly revised and brought up to date in every respect. The text portion (32 pages) contains the most use-

ful data for the Physician and Surgeon, including an alphabetical Table of Diseases, with the most approved Remedies, and a Table of Doses. It also contains sections on Examination of Urine, Artificial Respiration, Incompatibles, Poisons and Antidotes, Diagnostic Table of Eruptive Fevers and the Ligation of Arteries. The classified blanks (176 pages) are arranged to hold records of all kinds of professional work, with memoranda and accounts. Four styles are now published: Weekly (dated, for 30 patients); Monthly (undated, for 120 patients per month, and good for any year); Perpetual (undated, for 30 patients weekly per year); and Perpetual (undated, for 60 patients weekly per year). This last style consists of 256 pages of assorted record blanks, without text. *The Medical News Visiting List* adapts itself to any system of keeping professional accounts. Each style is in one volume, bound in handsome red leather, with pocket, pencil, rubber, and catheter-scale, price, \$1.25.

*The Medical Profession in Upper Canada, 1783-1850*, to be issued early in 1894.

An historical narrative, with original documents relating to the profession, including Biographical Sketches and Notices of over 1,000 doctors, with illustrations. By WM. CANNIFF, M.D., M.R.C.S. Eng., author of "The Principles of Surgery," "Settlement of Upper Canada," etc., etc.

"Probably no one in Canada is better fitted to tell the story of the medical profession of his own country, than the talented author of that valuable historical work, the "Settlement of Upper Canada," and of the competent professional treatise, "The Principles of Surgery." To love of country, thorough knowledge of her traditions and history, lengthened experience as a medical practitioner, wide and intimate acquaintance with prominent members of his profession, and ready access to

records of other days, Dr. Canniff adds the enthusiasm of the student and the requisite literary qualifications. A moment's thought of the past brings up the historic figure of Dr. John Rolph, and the cherished memory of Dr. Christopher Widmer. How important and attractive such a work can be made, is suggested by a glance at the table of contents of the proposed volume, "The Medical Profession in Upper Canada—1783-1850," which Dr. Canniff has now in the press of William Briggs, the well-known Toronto publisher. Here the work of pioneer medical men, the proceedings of early medical boards, numerous biographical sketches and records of events in our early history are foreshadowed, together with an appendix of appropriate historical documents. The profession and the public look forward with interest to the coming volume, and many prominent Canadians have already ordered early copies.—*The Week*.

*A Manual of Diseases of the Nervous System.* By W. R. GOWERS, M.D., F.R.C.P., F.R.S., Consulting Physician to University College Hospital; Physician to the National Hospital for the Paralyzed and Epileptic. Second edition, Vol. II. Philadelphia: P. Blakeston, Son & Co., 1893.

The first volume of the second and revised edition appeared in 1892. Many have been waiting eagerly for the second volume to make its appearance. We now have it. These two massive volumes are the result of an immense amount of labor. Turn to any page and it fairly bristles with a knowledge of the subject and of the literature of every country bearing upon the topic of discussion.

The second edition is a thorough revision. One would have thought that it would be a difficult task to add much to the first edition; but a careful perusal of the second edition soon dispels that

thought ; for, in the hands of the eminent author, a vast amount of new research is embodied. Anyone who has the first edition should avail himself of this additional new research.

One feature of the writings of Dr. Gowers is the transparent honesty that runs through them. There is no desire to appear wiser than the discoveries up to date justify. All attempts at foolish theorizing are studiously avoided. The sections dealing with the anatomy and function of the various portions of the nervous system are clear and up to date.

The portions of the work on symptomology are marvels for clearness. Anyone who reads these descriptions of nervous diseases cannot fail to rise from their study without a new conception of this field of work. The language is clear and forcible throughout.

Nor are you disappointed when you turn to treatment. Everything that is worthy of mention receives its due share of notice. The author is never carried off by the glitter of any new remedy. He weighs everything in the balance of experience, and only recommends that which has stood this severe test.

We take it that Gowers' Manual is an absolute necessity to the specialist. To the general practitioner, who desires the best authority to which he can turn, this work can be recommended with full confidence. If it is the duty of a medical man to keep himself posted on the most recent and best views upon diseases, then no medical man should be without this work.

Were all the works on diseases of the nervous system lost and this one left, the world would not be much the worse for the loss ; and in some respect much the better for it, as the reading would then be concentrated upon the best. We know of no work on this subject in any language,

equal to that of Gowers'. If the words of Horace, "Exegi monumentum ære perennius," can be truthfully said of any one medical man, they can be said of Gowers. He has erected a great monument to his industry, and laid a solid foundation for the study of diseases of the nervous system.

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BOOKS AND PAMPHLETS RECEIVED.

Transactions of the American Otological Society.

*Recumbency in the Treatment of Pott's Disease.* By J. C. SCHAPPS, M.D., Brooklyn.

*Hidrocystoma.* By A. R. ROBINSON, M.B., New York.

Sixth report of the Hillcrest Convalescent Home, Toronto.

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TO THE MEDICAL ELECTORATE,  
TERRITORIAL DIVISION No. 12.

GENTLEMEN, — After considerable thought on the position of the Medical Council, the Medical Defence Association and medical matters in general, I came to the conclusion that we were having too much fight with too little work.

Under this conviction I addressed a letter to the profession which appeared in the columns of the *Ontario Medical Journal*. From the number of complimentary letters I have since received, it would appear that the views therein expressed were generally approved by the profession, and perhaps in great degree influenced some members to request that I should allow my name to be put in nomination for this division. Did the request come from one party alone, its acceptance bind me to any section or interest, or had I reason to suspect that I was simply being brought forward to divide the vote, and thus secure the election of a special school, secret society, Defence Association or Council supporter, I would not entertain it. I neither wish

to be elected nor assist in the election of any other party by such means.

My name is before you as an Independent (it is not placed there by any special desire of my own). I only solicit a free vote, and if elected, will represent general professional interests alone, and will be, therefore, free to act as I may think in the best interests of the general profession.

#### DIFFICULTIES OF THE POSITION.

In our consideration of matters in general, it is well at the outset to understand that a Territorial Representative is under present conditions heavily handicapped, and *has not a fair show* to carry out such measures as are in the interest of those whom he especially represents, the less so if he has not the hearty co-operation of the others. Of the thirty two members who, under the new arrangement, compose the Medical Council, five represent the homœopaths, ten, the schools, leaving *only two* of a majority in favour of the general practitioner.

1. *The men to represent us should be free from School and Society influences.*

If the electorate continue to return city practitioners who as a rule are interested in one or other medical school, or those engaged as high or grand medical examiners of secret societies, *they cannot expect to be truly represented.*

2. *Homœopaths and School men should be reduced.*

To secure fair play, the homœopath, eclectic and school representatives should be reduced. Certainly those universities that have no medical classes should be debarred representation. It is only by such changes in the Medical Act and being particular whom you elect, that a fighting chance can be secured. It is only by limitation of the non-elected that the Council can be brought in sympathy and work in the interest of the general profession.

3. *Without unity of the elected members, the Council will always be under school rule.*

We should remember that the homœopaths and school representatives do not require to solicit votes from the general profession, and *always are a unit* when *their* interests are involved as against the general body of practitioners. This unfortunate position of affairs and conflict of interests is in a great measure the cause of the general censure throughout the Province of the Medical Council. In the one item of travelling expenses and hotel bills there are some amounts charged and received that are *simply inexcusable!*

4. *All money taken in mistake should be returned.*

Nearly \$1,000 has been misappropriated in railway fares and hotel bills — this should be immediately returned. On this account, if no other, I *cease to be apologetic of the present Council*, and am the more convinced that *the sooner a change is made the better*, and the greater that change the better to preserve the credit of our honourable profession.

5. *The Council should be in harmony with our professional aspirations.*

The Council is a legally constituted body: it is assigned certain, specific duties by legislative enactment. When these are carried out in our general interest there is no reason why it would not be of great value to the profession. I would not destroy it *in toto*.

I have great hope in the coming expression of the electorate, and trust that by the infusion of new blood the Medical Council of 1894 will be of different material and more worthy of our hearty support and confidence.

6. *Council should be a purely elective body.*

As one of the subjects demanding attention, I would mention amending of that section of the Act nominating the



Medical Council and making it an entirely elective body.

7. *Let us have interprovincial Registration, with freedom to practise anywhere in our own country.*

The immediate appointment of a strong committee with power to secure a uniform interprovincial examination, removing all barriers whatsoever, and give a free choice of location in *his own country* to every Canadian graduate.

8. *Secure extended fields to our young graduates.*

It should be our aim to extend to our graduates increased scope and territory, and embrace not only the boundary of our own country proper, but Great Britain, her colonies and dependencies, the right to practise wherever our country's flag flies *without petty provincial barriers!*

9. *The profession should have an official monthly journal, and it is the duty of the Council to provide it.*

I would favour an official journal as a recognized organ of the Medical Council on the basis of the *British Medical Journal*, as I believe, coming out of the same pockets, it is *more economical* to pay \$500 or \$600 annually from the general fund than that each practitioner should contribute individually \$3 or \$4 for the same article, or one got up in the interest of some school or wholesale druggist.

10. *Abolish all lodge, society and contract work as degrading.*

I think a definite, decided stand should be taken *at once by the Council* against the injustice of lodge practice and the beggarly remuneration therefor. In this I believe I will have the support of even the lodge surgeons themselves, as I have so often heard the excuse that "if they did not accept, others would." They, as a class should not wish to be regarded as thinking more of their pockets than the dignity of their profession, and should rather reply, "As no one else will except, why ask me?"

For all lodge work the remuneration should be in strict accord with the established local tariff.

11. *General increase of fees all over the Province.*

The Territorial schedules of fees should be made *uniform and raised* throughout the Province in accordance with the increased cost of living from that of years ago.

12. *Fees for expert evidence to be legally collectible.*

Expert evidence by medical witnesses before all courts should be paid reasonable retaining fees.

13. *Patent medicines to print formulæ on bottle.*

All patent and proprietary medicines should have their formulæ printed in legible English on the outside, with the intrinsic value of all ingredients as well, by Dominion Government analyst.

14. *Encourage original work by Canadians.*

I take it to be the duty of the Medical Council to foster and encourage original research, and would favour the offering for competition among the graduates the sum of \$50, \$100 or \$200 annually for original and practical theses.

These are some points which I think press for consideration and action by the coming Council. These, with any others which tend to the progress and improvement of our profession, if elected, would find in me an earnest advocate. Having no personal ends to serve, and *being free from Council, Lodge or School influence*, I am willing to be an independent candidate upon the basis that the honour and dignity of our profession be upheld and its true interests conserved by our Medical Council.

I am, Gentlemen,

Yours truly,

P. PALMER BURROWS.

Lindsay, Nov. 7, '93.