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PUERPERAL ALBUMINURIA.*

BY F. E. ECCLES, M.D., M.R.C.S. ENG.; F.R.C.S.
ED.; LONDON, ONT.

The frequency of puerperal albuminuria, as well as the importance of early recognizing it, will neither be questioned nor denied. I venture to say that the great majority here present have had times of anxiety in connection with such cases, and as their anxiety grew they have scanned all the literature on the subject, classical and journalistic, and, unless their experience differs from mine, with no alleviation of the unrest. The shortness of our time renders it impossible for me to touch upon all the points in immediate connection with this interesting subject. I take it for granted that there is a dividing line between the physiological and pathological conditions incident to utero-gestation. I do not say that we can always see the line of demarcation and determine without doubt that disease is or is not present. But in a certain number of cases a time will arrive when one readily determines that pathological conditions are present. I propose, briefly, to allude to some of those physiological changes consequent upon the pregnant condition, and then seek for explanation of, and development of, pathological changes, more especially those changes which result in albuminuria. But before doing so let us refresh our memories on the

structure and function of the kidney. It is pure and simple an eliminating organ. The naked eye readily recognizes the cortical and the pyramidal portions; the cortical occupying all that portion between the bases of the pyramids and the capsule, and also sending down prolongations between the pyramids. Its granular appearance is also apparent to the naked eye, and is dependent upon the presence of the Malpighian bodies. It is composed entirely of blood-vessels and tubes (convoluted and collecting), lymphatics and nerves, all held together by light connective tissue. The vast number of convoluted tubes have a blind origin—the Malpighian capsule—and these tubes interlace with each other inextricably in every direction. The pyramidal portion, whose striated condition is also noticeable by the naked eye, is frequently spoken of as the tubular portion. It is largely composed of straight tubes (which are spoken of as the tubes of Bellini), which are portions of the collective tubules, and the looped tubes of Henle, which are portions of the convoluted arrangement of tubes found in the cortical portion, and which dip down into the pyramids and pass up again into the cortical portion, and which are much smaller in diameter than any other portion of the tubes.

The Malpighian capsule which surrounds the Malpighian body is but a flask-like dilatation and commencement of a urinary tubule which eventually after a long series of windings terminates in the apex of one of the papillæ. The flask-like dilatation and cæcal origin of the uriniferous tubule surrounds a congeries of

*Read at the meeting of the Ontario Medical Association, Toronto, 1886.

blood-vessels the inlet of supply to which is somewhat larger than the outlet.

The efferent vessel again breaks up into a capillary plexus which surrounds the proximate portion of the convoluted tube. By this arrangement of the tubules and blood-vessels, with the epithelial cells which line the one and are applied to the tufts of the other, we have a system perfect for the separation of the urinary ingredients in solution.

The composition of the urine is exceedingly complex, and the various excrementitious substances discharged through this channel bear a striking analogy to, and is indeed intimately connected with, the processes of nutrition and disassimilation, and any marked modification of the latter produces a no less marked modification of the functions of the kidney.

One is interested, in connection with the subject of nutrition, to notice how the highly organizable nitrogenous compounds circulating in the blood are appropriated and transformed into the tissues, and how by a reverse action, by a physiological decay of the molecules of the tissues, they are again taken back into the blood—a much lower grade of matter—and finally eliminated by the emunctories. General disassimilation, therefore, keeps the kidneys and other emunctories constantly at work. And in addition one frequently finds that during digestion more substances enter the blood than are absolutely requisite for the demands of the system, and this excess entails an increased amount of work upon the emunctories; and in all cases of renal inadequacy this is by no means an unimportant point for us to remember in connection with the treatment, if it be not in a few cases the cause of renal disease.

Time would fail me to enter into any details regarding the manner of excretion of the urinary ingredients. The elimination of water, with perhaps some salt, is largely influenced by blood pressure. The drinking of large quantities of water increases the blood-pressure, owing to general increase of the volume of blood due to dialysis; and as a consequence we have an increased amount of pale colored urine. As a rule, therefore, the greater the blood pressure the greater secretion; and with lower blood pressure there is a corresponding diminution in

the secretion of the urine. Blood pressure is also influenced by the vaso-motor system, and in certain nervous affections such as hysteria, where the arterioles are contracted and the blood pressure raised, we have a large quantity of pale colored urine of low specific gravity. So also in certain stages of certain diseases of the kidneys there is a great increase of blood pressure and a free secretion of urine.

The eliminations of solid, however, is not so much influenced by the blood pressure as by the action of the renal epithelium. Why albumen is not found in the urine during a condition of health the present state of our knowledge will not permit us absolutely and unequivocally to state. When the watery portion of the blood passes out through the capillaries in any other portion of the body we find it contains albumen; and here the transudation through the capillaries, in connection with nutrition, is not simply a transudation under pressure, for everywhere there is a sort of selective power exercised. The selective power in the capillaries of the glomerulus may entirely differ from the general selective power, and the fact that the bloodvessels here are covered by a layer of epithelial cells, which follow the loops of the capillaries everywhere, is conclusive that the capillary function is here more or less modified, and indeed that the glomerulus itself is a complex organ.

Two explanations, in connection with the absence of albumen in the urine during health, have been variously supported by physiologists. One, that the epithelial cells lining the glomerulus have a selective power, and thus prevent the albumen from passing through along with the water and salt. The other, that albumen does pass through the capillaries in the glomerulus, but that in its passage through the convoluted tubes part of the water and the whole of the albumen is reabsorbed by the epithelium lining the tubes, and is thus carried into the lymph channels and so into the blood current again.

Bearing in mind that in the ordinary processes of nutrition a large amount of excrementitious waste matter is removed by the kidney, and that an increase of the nutritive processes means a corresponding increase in the nitro-

genized waste, and consequent increase of kidney work, we now briefly consider what physiological changes are incident to the pregnant condition.

There are great congestion and growth of the uterus; there are rapid growth and development within the uterine walls—the shuttle is plying hard and fast, weaving the woof and warp of the new being. There is growth in the lymphatic glands, and especially increased activity in the pelvic lymphatics. There is an increase in the volume of the blood itself, and certain changes in its composition as well. More work is entailed upon the heart, and there is consequent growth of its structure. There is evolution of the mammary glands; sometimes disturbance in, and increased activity of the salivary glands; there is enlargement of the spleen, consequent upon its augmented function. The tributaries of the portal system are swollen, and increased work is thrown upon the liver, which is found frequently enlarged. Appetite varied and often capricious; besides many marked changes in connection with the nervous system. Nearly all these changes bespeak increased activity in the nutritive processes, and a corresponding increase in the excrementitious matters, with often a corresponding decrease in the eliminative function of the bowels.

The work of the emunctories must therefore be largely increased—notably the kidneys, for upon them is devolved the removal of more than nine-tenths of the obnoxious products of both the mother and the foetus. As pregnancy advances the renal eliminative work increases, and more and more is there danger of some disturbance of this function; the kidneys, in many instances, are kept in a state of chronic irritation. There is increased tension in the glomeruli; and the presence of albumen in the urine. Part of this tension is, no doubt, due to efferent pressure, and part, no doubt, to efferent resistance brought about by pressure on the renal vein. Any sudden check in the function of the compensatory organs at this stage may result in puerperal nephritis. We are now sailing in foggy weather, whether we are conscious of it or not. If there be such a phenomenon as physiological puerperal albuminuria the atmosphere never sufficiently clears to enable one to see when he

crosses the line and passes from the physiological, into the pathological. But looking upon all cases of puerperal albuminuria as pathological, one knows he is in uncertain waters, and as a good mariner, knowing the danger of rocks and sandbars, takes frequent soundings, so does the thoughtful physician rightly apprehend the dangers of puerperal albuminuria, and rightly apply the treatment, both hygienic, diatetic and medicinal.

Why have we albumen in the urine at all? And this question is no more easily answered than the one concerning the function of the kidney: Why have we not albumen in the urine in health? The answer brings us back to the physiology of the kidney, and growing out from this we have more than one explanation.

It may be that the capillaries, under the poisonous influence of accumulated waste products, lose what is supposed by some to be their normal function—the power of preventing the passage of albumen through their walls—that the capillaries here differ from all the other capillaries in the body.

And again, it is an interception of the selective power of the epithelial cells lining the convoluted tubes (whose function, as I have mentioned, was stated to be the reabsorption of water and albumen), the interception of such function being brought about by altered nutrition in the cells, due to the accumulated poisonous products.

Then, again, we have as among the causes of albuminuria the increased arterial tension and sometimes efferent resistance.

Any of the various explanations of albuminuria will apply to puerperal albuminuria. Here we have increased tension in the renal capillaries, which is so considerable as to produce during the period of utero-gestation noticeable enlargement of the left ventricular walls of the heart. Then, again, we have in a marked degree the increase of the waste products, exercising their toxic influence, and in this manner interfering with the proper nutrition of the renal epithelium, thereby impairing their function. Two facts and one inference. Increased tension and increased waste of matter—facts. Interference with the nutrition of the epithelium

and impairment of its function—a strong inference. And that with prolonged, perverted nutrition we may have degenerative changes in the walls of the bloodvessels and in the renal epithelium. Of course we do not forget the prime cause is the pregnancy—the presence of a vascular and rapidly growing tumor within the uterine walls—the removal of which by nature or by art in a very short time brings about a return of the normal condition of the renal capillaries, and a normal condition of the urine. With the cause removed, rest in bed and easily assimilated diet, health usually returns.

The pressure of this vascular tumor is by some assigned as the prime, if not the only cause, in the production of the renal disturbance, incident to the puerperal condition; and the fact that it occurs more frequently in first pregnancies, and does not usually show symptoms until the fourth or fifth month, may lend support to that position.

But in ovarian tumors of rapid growth, we very seldom find albumen in the urine, even in those who have never borne children. As far as mere pressure itself is concerned I hold there is just the same cause for albuminuria in the one as in the other. In the one case, we have an elastic tumor, expanding in every direction, producing great tension of the abdominal walls, pressing upon all the organs, interfering largely with the functions of digestion and respiration, and producing marked anæmia, and yet we find no albumen in the urine.

In the other case we have a vascular and living tumor floating around in a fluid, which produces distension and development of the walls of that which encloses the whole. Both in the walls of the tumor, and in the contents there are wonderfully and rapidly developed nutritive activities. There is rapid building and there is rapid waste production. While outside and beyond the immediate sphere of action there are also augmented activities; and throughout the whole organism, seen and unseen changes are going on.

Here we have pressure as in the other; but oftentimes we have pressure, plus the blood loaded with excrementitious matter, contributing to rise of blood pressure, owing to impeded capillary circulation, and thus to renal hyper-

æmia, and albuminuria, with more or less damage to the structure of the bloodvessels and other tissues of the kidney.

To my mind it is conclusive why we have albuminuria in the one case, and not in the other, and that the more important factor is not pressure. Then the fact that puerperal albuminuria not infrequently occurs in the early stages of pregnancy, before the uterus is sufficiently large to account for albumen on the ground of mere pressure; and also the fact that death of the fœtus in utero has been followed by disappearance of albumen in the urine, in some cases of puerperal albuminuria, strongly assail the idea that the main factor in the production of puerperal albuminuria is pressure—is strongly conclusive that there is a more subtle, more important, and more potent factor than pressure.

While puerperal albuminuria in many cases may continue until the end of the full period of utero-gestation, without producing any very alarming symptoms, still one must admit that there is occasion for anxiety, and that one feels greatly relieved when the uterus empties itself, and all apprehensions are quieted.

Aside from the danger to the mother, there is frequently death of the fœtus in utero. Numbers of cases are recorded in connection with kidney diseases, where miscarriage after miscarriage has taken place, at various periods of utero-gestation from ten weeks to seven months. Doubtless, many cases of habitual abortion, before this recognition, have been attributed to latent syphilis. Upon close examination many of those cases of habitual abortion might have been attributed to toxic hæmia, resulting from impaired kidneys. I have a patient at this present time who miscarried in January and in May of this year. She lives some forty miles from London, and I did not see her at the time of the first miscarriage; but she said at three months she had swelling of the ankles, and more or less puffiness of the face. She attending some convivial gathering in December, walked home, at a late hour, on a cold winter's night, some five or six blocks, and miscarried in two or three weeks after. She attributed her miscarriage to over-exertion, which was very naturally coincided by her attendant physician.

She did not recover as rapidly as one would expect, but still attended to her household duties. She became pregnant again, early in March. In April she had some slight swelling of the ankles, which she said only occurred in the afternoons. She consulted her physician, who recognized albumen in the urine. The dropsy continuing, she came to the city on the 19th of May to consult me. In addition to the œdema of the ankles, she said she had more or less headache for the last eight or ten days. The urine was albuminous (two-thirds). She miscarried on the 20th; and although there is continued diminution of the albumen, it is too early to speak of her permanent recovery.

I have not much doubt that a subsequent pregnancy will be followed by the same result, if she is unfortunate to become so, and fortunate enough to recover health even with damaged kidneys.

I feel strongly convinced, had she not miscarried, more serious and perhaps fatal consequences would result. The symptoms in her case were not sufficiently troublesome, or alarming, to induce her to consult any physician. But a few years ago I saw a sister of hers (a primipara at seven months), in consultation with another physician. She died of uræmia in sixteen hours after the first convulsion. At my first visit the catheter was passed and six drachms of urine were drawn, which completely solidified on boiling. The remembrance of her sister's symptoms of headache, and swelled limbs, caused her some anxiety about her own condition, and was the reason of her visit to London on this occasion. I believe it more than probable, that in many cases of puerperal albuminuria the kidneys may become so impaired (that without the strictest care and attention on the part of the medical attendant, for many weeks after accouchement) as never to recover. I am afraid complete recovery is too often accepted. A subsequent pregnancy may result in miscarriage, or, still worse, in the death of the mother. The *British Medical Journal* writes: "At the recent meeting of German scientists, Dr. Fehling, of Stuttgart, read a memoir on habitual death of the embryo in kidney disease.

"In the first case under his observation, pre-

mature expulsion of a dead fœtus occurred six times, and there was no evidence of syphilis. At every pregnancy, anasarca, albuminuria, and death of the fœtus, with severe cramp of the abdominal muscles, occurred between the fifth and sixth month; the dead fœtus was expelled from three to ten weeks' labor.

"In the second case, similar symptoms appeared in a young unipara; the fœtus died, and thereupon the albuminuria abated. In the third case, the patient had borne two healthy children. During her third pregnancy, albuminuria, and characteristic changes in the retina occurred; and during the fourth, she was seized with hemiplegia; in both a decomposed fœtus was expelled at the fifth month, with subsequent decrease of the albuminuria.

"In the fourth case, the patient in her pregnancy, aborted at the fifth month; then she gave birth at term to a recently dead child. In the third pregnancy, great œdema and albuminuria supervened, the child was still-born, and the mother died of uræmia."

Now, in these cases of puerperal albuminuria, why is there occasion for anxiety? Why is there reason for apprehension? Because with the persistence of the albuminuria, and the presence of dropsy—there is fear in the latter weeks of the pregnancy, or at the time of confinement, of puerperal convulsions, and convulsions of the most fatal character—the convulsions of puerperal nephritis—I use the expression, *convulsions of the most fatal character*, because there are puerperal convulsions not associated with albuminuria, and which in general are much less fatal than those of a renal origin.

These are convulsions usually occurring in a primipara—the result of a long, tedious labor, in a patient whose nervous system, without any recreative rest, has been at tension point for many hours. Mortification, anxiety, sense of shame, etc., each or all play an important exciting part, in the production of this nervous explosion. I remember two cases of this kind, one of which was an illegitimate pregnancy, in a young lady of 20, and of good position. The other a primipara at the age of 40, who for weeks previous to her confinement was in a state of anxiety, which was fanned by the unsolicited

and fearful prognosis of certain *grand dames*, who in former years, more than of late, affected the bread and butter of the country practitioner. In both cases convulsions occurred towards the close of the labor, which was terminated with the aid of instruments. In neither was there albumen in the urine; and both made rapid recoveries.

Puerperal convulsions of this kind might be comparable to the convulsions of childhood, which frequently occur upon slight provocation, such as an overladen stomach, or the onset of specific fevers, etc. This form of puerperal convulsion differs from the other, in that it is generally limited to only a few convulsions, and only occurs during, or just after labor is completed; while the puerperal convulsions of uræmia may occur weeks before the expected labor, and are followed in rather quick succession, for several hours, and are only relieved by prompt treatment directed to the uræmic condition. In fact, the treatment of this form of convulsions is the treatment of uræmic convulsions. In puerperal albuminuria, the premonitory symptoms of puerperal convulsions are the same as the premonitory symptoms of uræmic convulsions in the toxicohæmia, of acute desquamative nephritis of the unimpregnated.

The diagnosis of puerperal albuminuria, as far as the mere fact is concerned, is sufficiently clear; but the length of time since occurrence, the previous history of the patient, any knowledge of damaged kidneys previous to the pregnancy, the continued and persistent increase of albumen, with diminution of urine, and appearance of anasarca, together with the presence of casts, must be carefully inquired into, as such knowledge materially influences the prognosis, and, to my mind, should influence the treatment.

In reference to prognosis, the whole tenor of this paper indicates that there is always cause for anxiety, and that a hopeful prognosis may, at any time, be suddenly changed to a grave one. But the knowledge of damaged kidneys previous to pregnancy leaves no room for an uncertain sound—one in prognosis—one in treatment.

Now, in reference to treatment. This involves the whole treatment of the pregnant con-

dition; but to enter into details would trespass too much on your time, would thereby limit discussion, and would thus be an act of discourtesy on my part. I will therefore take it for granted that in all cases of pregnancy, with or without albuminuria, that the treatment, hygienic as well as medicinal and dietetic, has been attended to, as occasion may require. The healthy action of the skin, is important, frequent sponging of the body, and clothing in flannel may be necessary. The appetite, digestion and assimilation may require our attention; the bowels in no case should be allowed to become constipated; and plenty of exercise in the open air every day should be insisted upon. But if, in spite of the best manner of prevention, we find albuminuria not only appearing, but becoming persistent and increasing, the quantity of urine diminishing and anasarca appearing, then what course of action is to be pursued?

The close observation of nature in many instances gives us timely hints as to the proper line of procedure.

The fact that fœtus in utero brings about a diminution of the amount of albumen in the urine, and the fact that the pregnant woman with damaged kidneys frequently aborts, which abortion is followed by a diminution of albumen, and speedy restoration to apparent health, are significantly suggestive, as regards the line of treatment in doubtful cases.

In all diseases, we endeavor as much as possible to remove the cause. Nature by a timely removal of the cause brings about a condition of health. Why should we not endeavor to imitate nature? Delay is dangerous. The nervous system of the puerperal woman is peculiarly predisposed to excitability; and influences which would produce no effect upon her in the unimpregnated condition may produce marked effects now.

Whether this predisposition of the nervous system be excited by toxic elements or by anæmia consequent upon, or associated with albuminuria, it matters not practically speaking. If albuminuria and dropsy be present there is danger of nervous explosion. Puerperal eclampsia may occur at any moment.

The question for one to decide is, Shall he endeavor to conduct his patient to the full end of utero-gestation, with the consciousness that at

any hour he *may be summoned* to a case of puerperal convulsions, and the wife and mother *may be summoned* to another world? Or shall he apply the almost infallible remedy—empty the uterus and thus get rid of the most potent factor in the production of the albuminuria and dropsy?

I know there is much difference of opinion on this point. Some are better able to see danger foreshadowed, and perhaps with extensive experience are justified with waiting and watching. Certain there is no definite time, no definite symptoms, no definite line marked out, so far as I know, by any author, to guide the inexperienced when to cease waiting and watching.

But if with the urine gradually diminishing in quantity, with albuminuria and dropsy present—any marked uræmic prodromata occurring—one would, I believe, be justified in assisting nature to remove the offending cause. I would rather lose a dozen children, even at the time of birth, than one mother; and the public in like manner passes judgment upon us.

The fact of the almost prevailing custom of our services being solicited some considerable time previous to the expected event imposes upon us the responsibility of the health of the expectant mother from the time of such engagement, and that acceptance of engagement entails acceptance of such responsibilities. The knowledge of these facts, and the conviction that the life of the mother is of paramount importance, strongly persuade me that our duty in doubtful cases is to empty the uterus. I have avoided dragging into this discussion the whole subject of puerperal eclampsia. However, any discussion of puerperal albuminuria, without allusion to puerperal convulsions, would be necessarily incomplete; but to traverse the whole field of puerperal eclampsia is beyond the limit or intention of this paper.

THE ALBUMINURIA OF PREGNANCY.

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For some years this question has been under my consideration; and the results, so far as I have gone, I now submit.

The first point to which it is necessary to call attention is the absence of albumen in the urine of pregnant animals. This statement is made after long and careful research. I cannot tell the number of times that the urine of various pregnant animals has been examined, as I have not kept a record. Judging from memory, however, this must have been done several hundred times. Now, with what results? With the universal result that the lower animals are, during their pregnancies, free from albuminuria.

If this be the case, then it has a cause, or a series of causes. For these let the search be made. In the perfectly free and natural life of the animal, the various organs of the body are allowed to develop in even proportion to each other. There are few, or, I would venture to say, no diatheses amongst them. There is no history of ancestral disease of the kidneys, leaving in the offspring, if not disease of these organs, a hereditary tendency to imperfect development of them. We know that in whole families there are such acquired conditions as small round bones, soft muscles, small hearts, thick or thin skins, and that these conditions may go on, generation after generation. All this is the outcome of artificial circumstances and social habits, in the first place, forming new tendencies, and that by repetition these tendencies become more or less permanent. In fact, we are now standing on the ground of evolution and dissolution of the organs of the animal economy. We all know of what vast importance this principle of dissolution is in the long role of nervous disorders.

As the outcome of long generations of certain habits, and I am now dealing with civilized life, many of the organs of the human body have suffered. Among them we find the kidney. I have satisfied my own mind that there are many persons going about and enjoying apparent good health; yet all the while carrying

FOOD FOR THE POOR.—The Baroness Burdett Coutts, Lady Wolseley, and others, have started "scrap" carts, which collect broken food in Belgrave and Mayfair. It is carefully cooked and made into soup, stews, pies, and puddings, and sold at a penny a dish to the poor.

with them a pair of insufficient, though healthy kidneys—I use the word insufficient advisedly. These kidneys from some cause or other, perhaps partly those of size or quality, cannot bear a strain, any more than can a small, round and imperfectly developed bone. Here we have something to stand upon. But let us pass on.

In the Highlands of Scotland, at one time, phthisis was almost unknown. Now, however, it is common and of an acute type usually. What has been the cause? From reliable information in my possession, gathered from those who know the habits of the people well, this disease has made its inroads among them almost entirely since the introduction of better houses, which can be closed and all ventilation arrested. In the former rude dwellings of these people, complete closure was impossible, and, as a consequence, these bad houses secured for them at least this one good thing, ventilation. I think that no organ in the whole body is more a child of circumstances and habits than the kidney. On this point we are now gathering much valuable information. At this part of my paper let me remark that the medical profession might have made greater progress had more attention been given to the study of diseases as they occur in savage life and in the lower animals. To this I purpose directing some of my remarks. One thing is certain, there is but little of what is known as nerve exhaustion. Little, indeed! I would almost qualify this statement by saying there is none.

Impressed strongly with the opinion that nervous conditions had much to do with many cases of temporary albuminuria, I instituted a series of experiments for the purpose of ascertaining, as far as I could, to what extent this opinion might prove true. My first set of observations were made on students just at the close of long and severe examinations. In testing the urine of these, it was found that a little over three in every twenty, or, more correctly, seven in forty, yielded some albumen, which entirely disappeared after a period of rest and mental quiet. In these cases I felt quite sure that the strain on the nervous system must have had something to do with the appearance of the albumen, as these young gentlemen were otherwise healthy; and because the condition was a passing one.

It is a well known fact that strong emotions act generally as a powerful diuretic, while on some occasions it completely arrests the flow of urine for a time. If emotion can, and it certainly does, act as a diuretic, the question at once arises, How does it bring about this effect? Let me answer by asking what is blushing, or the shedding of tears in emotional conditions?

These results made me curious, and I then examined the urine in cases of children who had been subjected to emotional conditions, as severe fright. Let me give an example: A lady brought her little daughter into my office one evening about half-past seven. The child was some six or seven years of age. While on the street a small dog sprang at her and bit her on the hand. During that and several subsequent nights the child was very nervous, and screamed often in her sleep. In this case the urine was examined and found to be albuminous, a condition which lasted for over a week. I can call to mind the case of another young girl, aged nine years, whose mother died. The child was greatly excited, wept for days, had disturbed sleep, and also had albuminous urine. It is well known that emotion may change the mother's milk and make it a deadly poison to the child. Who has not met with the sweating of fear; and, if he has been a close observer, other phenomena may have been noticed? I once knew a young man pass blood in his urine, after being chased by two others, dressed as ghosts.

The immortal researches of Heidenhain have shown that even the water of the urine is not a mere filtration, but an actual excretion, and separated away from the system on true excretory principles. But I must not theorize.

Coming back to the subject of albuminuria, as a possible outcome of emotional and mental conditions, I desire here to state that I got a friend who has been in the North-west for nearly fifteen years, who knew a fair amount of pharmacy, and who during these years has been very intimate with Indian life. Well, I explained to him what I wanted, and he examined the urine of a large number of squaws who were approaching their terms. In almost all cases with negative results. All know the nature of the Indian. Fancy, if you can, an Indian.

squaw fretting about her approaching confinement! I am referring to the uneducated. What little things she does make for her coming pa-poose are made in the greatest cheerfulness. She is not burdened with fore-bodings about her danger, as is the case too often with us. Her neighbor squaws tell her of the ceaseless goodness of the Great Spirit to all in her condition, and so she is happy. In addition to all this, the savage life is free from the friction and wear and worry of the civilized life; and, as I have been trying to show, that these latter act as exciting causes of albuminuria, it can be easily understood how the squaw is freed from one danger which her more favoured congener has so often to encounter. From those conditions that beget temporary disease we have not far to go to reach the conditions that rise to permanent disease. Take xanthelasma for example. No doubt many of those cases that are hereditary have arisen from some one who had the ordinary hepatic form from some derangement of his liver; and the latter most likely acquired by his own irregular habits.

But let me come back to the point more especially under consideration: the psychological element in the causation of albuminuria. I have shown that emotion can cause temporary albuminuria in healthy young men. Now let that emotion or nerve strain be more or less permanent, and you may easily find that after a time the albumen is due to organic disease in a certain proportion of those who are the most susceptible, or who may have, what I maintain really exists, an insufficient, though, as far as it goes, healthy kidney. I have also shown that fright and strong emotion can produce albuminuria in children. I have also shown that the savage woman, though pregnant, is almost always free from this condition. It is true she may be emotional; but there is a complete absence of prospective anxiety, or of that state of mind which the poet Burns has so aptly put in the few words in his address to the mouse: "And forward though I cannot see, I guess an' fear." And I have also shown that the lower animals in the pregnant condition are free from albuminuria.

Let me now direct attention to another class of savages. I mean the Hindoo. They are a

very lazy, easy-going people, can live happily on water and a few grains of rice, and will work almost any length of time for a rupee. Regarding this people, I happen to know something from a very intelligent gentleman who has been twenty years in the East Indian Civil Service. He has been all over that great and populous country. I had a good many long talks with him about the country and the people. He understood perfectly what I meant by puerperal convulsions. He had often heard of cases and deaths among the British residents, but never among the lazy, contented natives. On his return to India he wrote to me, saying that even on enquiry he had not been able to hear of any cases. Now what I am coming to is this, that the total absence of convulsions means the almost total absence of albuminuria, otherwise the convulsions would never occur as they do with us.

I have been able to collect undoubted instances of albuminuria in 289 pregnant women; of these, 270 were primiparæ. Now, it may well be asked, Why so many cases among those who are pregnant for the first time? Some have answered that the abdominal walls are stronger and less yielding than in subsequent pregnancies. This will not do, I am afraid. I have seen first pregnancies with albumen, and at the same time very relaxed abdominal walls. Equally would such an explanation fail to account for the appearance of albumen in the early months, or its absence in the well built, muscular squaw, where we do not find albumen at all. To me the reason why so many have albumen in their first pregnancies, and not in subsequent pregnancies, is due to the fact that women, pregnant for the first time, are so much more anxious about their condition and all their preparations for the birth of their children. That there are organic cases which repeat the albumen in subsequent pregnancies in even exaggerated amount is only too true, and there are some who may have no albumen with a first and have it with a second child. Let me instance a case of this kind: A young woman of 22 years had her first child in London, England, under the care of Dr. Bowlby. She had no albumen, but an unusually severe labor, in which some operative procedure on the

child became necessary. The nature of this I cannot give. Dr. Bowlby gave her a note on leaving London for this country, advising any one that might be called upon to attend her to induce labor at about eight months and a half. She fell into my hands. She was very anxious about the whole matter and became albuminuric. I induced labor, as nearly as I could calculate, three weeks before term. The forceps had to be applied, and both did well.

That a large number are not organic is certain. I had one case of convulsions that, in spite of all I could do, proved fatal. Then I made the resolve, and it is a good one, never to engage to attend a case on other conditions than to be supplied from time to time with a sample of urine. Since doing this I have had 31 cases of albuminuria. They were all treated, and only one had convulsions. The child was still-born, and the mother made a good recovery. I saw another case similar to this, but as it did not belong to my own practice it is not included in my list. Now, every one of my cases, so far, have all ceased passing albumen in the urine. This condition then, in by far the greater majority, must be one more of a functional than of an organic nature. Again, when we are told that it is due to some peculiar change in the blood that can cause it in some cases, we may well ask, When the excreta in the savage and the lower animals are the same as in the civilized female, and that their blood, from which these excreta come is the same, why not get albuminuria in these also?

Can albuminuria occur among the lower animals? My answer is, yes. I have made them septic by injecting them, and during the fever found albumen in the urine. It is true that animals are subject to excitement; but there is absolutely none of that form of prospective anxiety which is so common with man.

Let us take a look at the anatomy of the parts for a moment. The lymphatics of the uterus and ovary, as well as those of the kidney on the same side, empty into the superior lumbar gland. Now, should this gland become irritated in any way through the lymphatics of the pelvic viscera, there must as a consequence be some interference with the free flow of lymph from the kidney. The ovarian artery arises

from the aorta at a point close to that from which the renal springs. The veins of the ovary are also closely related with the renal veins. The nerves which supply lymphatics, veins and arteries, both of uterus and kidneys, come from the same sympathetic plexuses. Now, disturbance of these nerve plexus will soon be manifested upon the circulation of the organs, namely, uterus and kidneys. That this disturbance can, in the first place, be purely mental, there is no doubt. I have known the circulation so altered by emotion as to suddenly arrest the menstrual flow while in progress. The influence of the cerebro-spinal system, by means of its numerous connections with the sympathetic, has a very powerful influence on all the viscera. The vaso-motor nerve supply to the vessels of the kidneys can in this way become greatly deranged; and an altered state of arterial tension ensue. I do not for a moment claim that this is a universal cause for the albuminuria of pregnancy. But when emotional influences can cause albumen to appear in healthy men, active, vigorous children, and in women that are not pregnant, there seems to me no good reason for denying that emotional influences may not be followed by the same result, only in a greater degree when the woman is pregnant.

If the nervous system, then, is to play so important a part in the causation of albuminuria, it might very reasonably be asked, do the lower animals pass albumen in the urine under conditions of peculiar nervous strain and excitement? To this I answer, they do. I have met with specimens of urine in which there was albumen. One case only shall be mentioned by way of illustration. A sheep was chased for a long time by a dog, and greatly fatigued and excited, also somewhat worried and bitten. Subsequently to this, and for some time, there was albumen in the urine.

The nervous system, however, can be shown to have a control over the appearance of albumen in the urine by direct experiment. Take an animal, and, after having tested the urine to find it free from albumen, carefully lay open the back of the head, so as to be beneath the cerebellum. Then pass in some small probe and gently injure the medulla at its junction with

the cerebellum. Close the wound and watch progress. If the proper part has been injured, albumen shall begin to appear in the urine. This seems to be conclusive proof that some vaso-motor derangement has taken place, and that as a consequence albumen passes through the kidneys unchecked. Now grant that some lesion of the medulla had taken place at the proper place, without the wound in the head having been made, then a case of albuminuria would have occurred, for which a sufficient cause might have been sought in pressure on the renal veins. Now, should this albuminuria go on uncured, the fact of the albumen passing through the kidneys would originate an irritation, which must finally end in destruction of the secreting cells and damage to the whole organ.

But this is not the bottom of the matter yet. Should there be a considerable excess of serum albumen in the blood beyond what can be made use of in the way of nutrition purposed, a certain portion must be gotten rid of by the kidneys. This is also an albuminuria. But mark, it is for the purpose of trying to maintain health. The fact is the same, however, that should this condition exist over too great a period, the kidney must suffer, and perhaps uræmia result. It may be said this is theory. No, it is not. It can be shown thus. Take two dogs in good health; draw off some blood from one, let this portion coagulate, and then inject the serum thus obtained into the circulation of the other dog. Repeat this operation. The water of this serum is soon disposed of by the injected animal, and consequently his blood comes to contain a greater amount of serum albumen than that of health. When it appears in the urine, this serum albumen may be obtained apart from the water of the blood serum by concentration of the blood serum at a temperature of 30° C. The serum albumen thus obtained may be injected into the circulation of another animal and produce albuminuria of a temporary form.

What has this to do with the albuminuria of pregnancy, or indeed the albuminuria that may occur in other states than the pregnant one? It has a great deal to do with it. It is now well known that the process of digestion and nutri-

tion are at times very much changed in the pregnant woman. Her blood may become over-albuminous; indeed, it does sometimes, as I know by direct observation. Let me give one example: A young woman, pregnant for the first time, and who was passing albumen in considerable quantity in the urine, had a very free hæmorrhage from a cut on her left hand. I collected all the blood I could get, and had it carefully examined. The serum in this blood contained about one hundred and twenty-six parts of serum albumen per thousand. The hæmorrhage reduced the total amount of blood in the patient. This was rapidly made up by the absorption of water; and, for a period of over a week, the amount of albumen in the urine was greatly lessened. Had I not known of this woman's albuminuria, an experience of great interest to me would have been lost.

Here, then, is a case of albuminuria in a patient with albuminosis of the blood, the lessening of the albuminosis of the blood lessens the albumen in the urine, and on the blood returning to its former condition, the urine becomes highly albuminous. In this case, certainly, it was not due to organic disease of the kidneys, and the pressure theory need only be mentioned in order to be dismissed.

I do not deny that albuminuria may exist as the result of local disease in the kidneys. But from what has been said, it seems almost certain that albuminuria in many persons is only a symptom of disease elsewhere; and that should the kidneys become disorganized, it is the result of the albuminuria, rather than the cause, in these cases. My own belief is, that many of these cases are the outcome of some derangement in the highest of all the systems—the nervous.

It has been observed by many that albuminuria sometimes follows convulsions when it did not exist previously. That pregnancy has anything very special to do with this form of albuminuria, other than by causing the unstable condition, which eventuated in the convulsions, I doubt. I have found albumen in the urine of children after convulsions. In one case where the convulsions were very severe and prolonged, the albumen was quite abundant. One case, that of an adult, made a strong impression on my mind. It occurred in the Royal Infirmary

of Edinburgh. The case was one of tetanus. This condition had not lasted long ere the urine became highly albuminous. Here we have a lesson! If a severe form of convulsions can beget albuminuria, when the convulsive seizures were due to an injury, can there be any difficulty in also granting that convulsions in the pregnant state might be followed by the same result?

The tumor argument has been often raised. Why it should have remained so long un-answered seems to me very strange. I have no hesitation in making the assertion, that about the same proportion of those afflicted with ovarian and uterine tumors will be found to have albuminuria as is found to exist in the pregnant state. This is certainly the case so far as my opportunities for determining the matter have enabled me to go. That these cases do not have convulsions, as in the pregnant state, is due to the fact that the excitement of labor is absent.

One more point. I have met with well marked cases of albuminuria after labor. In these cases there were no convulsions to account for the appearance of the albumen, nor did convulsions follow in its train. The labor alone accounts for it, just as severe exertion and anxiety have already been shown to stand towards it in the relation of cause and effect. For it did not exist before the labor.

Selections.

[We are indebted to DR. ZIMMERMAN for the translations from the French and many of the therapeutic notes, and to DR. R. B. NEVITT for the Italian translations.]—Ed.

WILL SMALL POX PROTECT FROM VACCINIA?
—This question has been answered in the negative by the experience of a number of practitioners during the recent numerous vaccinations. Five patients who had well marked pits of variola on their faces, have been vaccinated, on whom the virus operated, producing undoubted vaccinia. It is settled, then, that even if vaccinia will protect against or modify small pox, the converse is not true.—*Buffalo Medical and Surgical Journal.*

A SIMPLE METHOD OF ARTIFICIAL RESPIRATION.

The desideratum at which we aim in artificial respiration is to obtain a method of as simple a character as possible, so that it may be readily understood by the laity, and at the same time should possess the maximum efficiency. The main indications in artificial respiration are: first, to loosen clothing, braces, etc., so as to allow free movement of the chest and prevent constriction of the neck; second, to bring the trachea, larynx, and pharynx as nearly as is anatomically possible into a straight line with the openings of the mouth and nose; third, to obtain as deep an inspiration as possible by elevating the ribs and depressing the diaphragm; and, fourth, to get a deep expiration. Now, although the accepted modes of restoring respiration have proved very successful in trained hands, yet they are almost unknown to the general public, and all require a certain amount of skill, which cannot always be looked for at the hands of the laity. Mr. John Arthur Francis proposes, in the *British Med. Journal*, March 20th, 1886, a plan which he believes combines all the advantages, without the disadvantages, of the methods generally employed, besides possessing great simplicity. It is as follows: The body, having been laid on the back, and with the clothes loosened and the mouth and nose wiped out, two bystanders should pass a narrow lever of any kind under the body at the level of the waist, and raise it till the tips of the fingers and the toes of the subject alone touch the ground; count fifteen rapidly; then lower the body flat to the ground, and press the elbows to the sides hard; count fifteen again; then raise the body again for the same length of time; and so on, alternately raising and lowering. The head, arms, and legs are to be allowed to dangle down quite freely when the body is raised. A child can easily be manipulated by one person with a hand under each loin. For an adult, the best way is for two persons to grasp each other's right hand under the body, and then raise it. A stout walking-stick or umbrella would be efficacious, where the operators were too weak to lift up the patient with one clasped hand.

To join both left and right hands with those of another person would probably form too great a plane for the body to rest on, except in the case of a very tall patient, and prevent the full extension of the spine.—*Therapeutic Gazette.*

OBSTRUCTION OF THE BOWELS TREATED BY PARACENTESIS CÆCI.

At the meeting of the Medical Society of Victoria, held February 3rd, 1886, Dr. J. E. Neild (*Australasian Med. Journal*, February 15th, 1886,) read an account of a case of a man, aged 21, who sent for him on September 14th last, complaining of some pain over the cæcum and slight abdominal tenderness. There was no swelling, pulse and temperature were normal, but there had been constipation for three days. The condition of the bowels he connected with a supper of cray-fish and cucumbers. A dose of sulphate and carbonate of magnesia, with sulphuric ether, were given, and on the following day a mixture of castor oil and belladonna, with an external application of belladonna and glycerine over the region of the cæcum, which served considerably to diminish the tenderness. A week later the tenderness over the cæcum had returned, and there was now some tympanitic swelling. The pulse went up to 115, and the temperature rose to 102°. As the bowels had been acting extremely irregularly, Dr. Neild concluded that the large bowel had temporarily lost its contractile power, and a mixture of strychnine, belladonna, and ginger was accordingly directed. The following day there had been no action of the bowels, and there was a doughy swelling extending from the cæcum half-way up the ascending colon, and it clearly contained both fæces and flatus. The pulse was 120 and the temperature 103°, and there was an expression of considerable anxiety in the patient's countenance. Paracentesis of the cæcum was then performed with an ordinary hypodermic syringe, and the puncture gave exit to a large quantity of exceedingly offensive gas, and the swelling notably subsided. This treatment was quite successful. The abdominal tenderness continued for a few days, but the

swelling gradually subsided. The enemata and strychnine and belladonna mixture were steadily persisted in, with occasional doses of castor oil. In a week the patient was well enough to go into the country, and he was seen there three weeks later by Dr. Neild, entirely restored to health, with, however, an occasional tendency to constipation. It seems evident in this case that the peristaltic action of the bowels was arrested by the combined mechanical distension of fæces and flatus, and that the puncture of the bowel by relieving pressure averted constrictive inflammatory action.—*Therapeutic Gazette.*

ADMINISTRATION OF THE SALICYLATES.—We are much inclined to believe that many of the failures that occur with the salicylates in rheumatism are due to an incorrect method of administration. We have always obtained the best results by giving the remedy for thirty six hours in doses as large as can be borne, then ceasing medication for one, two, or three days, and again giving a very large dose. There is one very important contra-indication to the use of salicylates, which we have not seen much dwelt upon by writers, namely, chronic congestion or catarrh of the middle ear. The tumitus aurum, which salicylic acid produces, has been proven to be the result of an intense congestion of the middle and internal ear. A notable deafness is always present in persons who are fully under its action, and when the inner portions of the aural apparatus are diseased this deafness is greatly exaggerated.—*From Editorial in Therapeutic Gazette.*

LIVEZEY ON SULPHUROUS ACID IN TYPHOID FEVER.—If this acid is given for a week or ten days in doses of 3 to 20 drops, according to age, every 4 hours the system becomes saturated and further development of the fever poison is arrested. Dr. Wilks in one summer treated 179 cases with this acid, and only one died—an habitual drunkard. When diarrhoea was very troublesome, dilute sulphuric acid and tinct. of opium were added. When the patients were seen early it was claimed that the acid stamped out the disease, but it should be continued for a week or more to prevent relapse.—*Med. Summary.*

DIAGNOSTIC POINTS BETWEEN UTERINE MYOMA AND DISTENSION OF THE FALLOPIAN TUBE.

UTERINE MYOMA.

1. Menorrhagia painless.
2. Uterus enlarged more than 3 or 3½ inches.
3. Tumor usually multiple, situation variable.
4. Tumor, unless inflamed, not tender.
5. Defecation not painful.
6. No dyspareunia.
7. Outline round or irregular.
8. Tumor hard.

DISTENSION OF FALLOPIAN TUBE.

1. Menorrhagia very painful.
2. Moderate enlargement 3 to 3½ inches.
3. Tumor single (or double) always posterior to uterus.
4. Tumor tender to abdominal and rectal touch.
5. Defecation painful.
6. Dyspareunia.
7. Outline fairly constant with longer and shorter axis.
8. Tumor varies in firmness and consistency, and sometime or other will show signs of elasticity or fluctuation.

9. When pregnancy occurs, a myoma will be much more likely to be raised by the growing uterus than a distended tube, which is only adherent, and often but lightly, to its peritoneum.

In distension of the tube the tumor is continuous with the uterus in cyst or abscess of the ovary; a space can be found between the uterus unoccupied by any swelling.—*Brit. Med. Jour.*

INTRA-PULMONARY INJECTIONS OF CARBOLIZED IODINE IN PHTHISIS.—Dr. John Blake White, in a paper read before the Lenox Medical and Surgical Society, reports eleven cases of phthisis treated in Charity Hospital. Steel needles 4 inches long, of the calibre of a small sized aspirating needle, were used. At the extremity are three or four apertures arranged circularly. Along the shaft is a movable guard of hard rubber to regulate the depth of insertion to reach the cavity. In all the cases the most urgent symptoms were relieved, the distressing cough was markedly controlled and the expectoration, in some cases excessive, was materially diminished; in one case, a week after the first injection, it was reduced from 10 ounces to 1 ounce in 24 hours; in another case from 16 ounces to 2 ounces in the same period. The night sweats seemed to be decidedly modified, and the general health, in some cases, was greatly improved. Severe paroxysms of coughing, with frothy fibrinous expectoration, frequently followed the injection, but soon ceased. Pain when present disappeared in several cases. From three to ten days intervened between the injections, and from 15 to 30 minims of the solution was injected, a stimulant being given

previously, and sometimes a hypodermic of morphia one-eighth gr. and atropia $\frac{1}{10}$ gr., in which case it was omitted from the solution, which is as follows:—Atropia, gr. one-third; morphia sulph., gr. 2; tinct. iodine, ʒi; acid carbolic, pur. get. 20; glycerine, ʒi½; diluted alcohol, 20-30 per cent. ʒi½ ℥. Sig.: 15-30 minims.—*Abstract from Medical Record, May, 22.*

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THE "DEAD-FINGER" SYMPTOM IN BRIGHT'S DISEASE.—This is a sensation similar to that experienced when the finger is immersed in snow, or exposed to a great degree of cold. The patients complain of formication, painful sensations and cramps in the fingers, and sometimes the finger-tip becomes anæmic, white and numb. This symptom is usually of very brief duration. In one patient it will last a few seconds only, but will reappear whenever the attempt is made to grasp any object; in another its duration will be for five or six minutes, and it will be noticed to recur at longer or shorter intervals, as one or two days or a week; finally, a third will recall its appearance on a single occasion only during the course of his disease, when it may last for a quarter of an hour. The symp-

tom is localized now in one finger, now in another, the little finger being the one most frequently affected, the middle, the ring, the index finger, and the thumb coming next in order of frequency. The phenomenon may appear at the beginning of Bright's disease or near its termination, but is of greater diagnostic importance in the former case, since the other symptoms of the affection may at this time be insignificant or even absent. As to the pathogenesis of this sign, Dr. Soyer believes that it is the first degree of local asphyxia of the extremities, and regards it as allied to symmetrical gangrene sometimes observed.—*Giornale Internazionale delle Scienze Mediche*—N. Y. *Medical Record*.

TREATMENT OF CHRONIC GONORRŒA BY MEANS OF GROOVED SOUNDS.—This method, introduced by Casper, unites the advantages of mechanical with medical treatment. Conical sounds ten inches in length, having longitudinal grooves one-sixteenth of an inch in depth, are used. Into these grooves a medicated ointment, solid at ordinary temperatures, is rubbed. Casper has used various ointments, among others a three per cent. ointment of resorcin, but he considers Unna's ointment the best. The following is the formula :

	PARTS.
R Argenti Nitrat.....	1
B ls. Copalivæ.....	2
Ol. Theobromæ.....	100
M. Sig. Pomade.	

This ointment melts at the normal temperature of the body, and liquefies when introduced into the urethra. Flexible bougies of the ordinary variety are first used to prepare the urethra, then the medicated sounds are introduced.

Casper has, in this way, cured thirty cases of obstinate gonorrhœa. The average number of treatments required was ten, the highest number twenty.—*Berlin Klinische Wochenschrift*.

Prof. DaCosta showed, at his clinic at Pennsylvania Hospital, a most remarkable case of chorea successfully treated by nycoscyamine. The patient was a boy, aged 10; was unable to walk at all; could not protrude his tongue;

could not speak a word; was much emaciated. Was placed on gr. $\frac{1}{100}$ of the drug, ter die, which was increased to $\frac{1}{50}$, producing some little dryness of the throat. He immediately began to improve; was out of bed in a week, and within three weeks was brought before the class entirely cured.—*College and Clinical Record*.

BACTERIOTROPY.—Dr. De Blasi, gives an account of eight cases of phthisis, treated by him at the Palermo Clinic during January and February, by inhalations of broth containing bacterium terre. The inhalations were made with a Siegle's atomizer, each inhalation consuming 25 c.c. of broth, and each continuing for about five minutes. No other medicine was administered to the patients.

The following is a *resume* of the results obtained :

1. In none of the patients did these inhalations, repeated twice a day and each continuing for about five minutes, produce the slightest inconvenience.

2. In all the patients the bacilli (Koch's) were diminished in number, but in none did they altogether disappear.

3. In all the bacterium terre was increased, even where found, at the first examination of the sputa before the inhalations. In one patient, however, in whom the bacilli had greatly diminished, these afterwards unexpectedly reappeared in enormous quantities.

4. In six, the cough and expectoration diminished, the latter preserving its qualities, and we noted that in the course of these months of very rigorous season and most variable weather these oscillations were studied in relation to the meteorological bulletin.

5. Increase of weight was verified only in two, in two it was diminished, and in the others remained stationary.

6. The fever was modified in none, neither were the objective facts ameliorated, they were even slightly aggravated.

7. Six of the patients affirmed that they felt better.

The doctor promises to continue his observations and experiments.—*Giornale Internazionale delle Scienze Mediche*.

TOE WEIGHTS IN ATAXIA.—Trotting horses, it seems, are no longer to have a monopoly in the use of toe-weights. Dr. Allan McLane Hamilton, in the *Boston Medical and Surgical Journal*, states that for the last four or five years he has been in the habit of suggesting that the anterior parts of the soles of the shoes of those suffering from locomotor ataxia, in its second and third stages, should be weighted. The peculiar heel gait caused by the strongly contracting *tibialis anticus* unopposed to a natural degree by the *peroneus longus* is by this device made less noticeable, and the mortification which it causes is correspondingly lessened.

Properly adjusted weights serve two purposes. First, they overcome the tendency to violent hyper-flexion. Secondly, they create an exaggeration of subjective consciousness of movement and location. A leaden insole or a plate between the soles may be used. The exact weight required for each case can be determined by a few trials. By this simple expedient the lives of these patients can be made much more comfortable. In nearly all cases they give greater confidence in walking, while a few by their help have even been able to walk in the dark, or with the eyes closed.

EXTRAORDINARY CÆSAREAN OPERATION.—*La Gazzetta degli Ospitali* of the 2nd inst. reports the convalescence of a patient who performed the Cæsarean operation on herself on March 28th ult. These are the facts: A peasant woman of Viterbo, aged twenty-three, illegitimately pregnant at full term, at dawn on March 28th last, with a common kitchen knife (*con un coltellaccio da cucina*) opened her own abdomen on the right side. The wound, five inches in extent, was oblique from within outwards and from above downwards. The woman then opened the uterus in the same direction, and endeavored to extract the fetus. As this was at full term it could not be readily removed. The mother first drew out an arm and cut it off. To still further reduce the bulk she amputated the head, and then completely emptied the womb, extracting the placenta. She bound a broad bandage very tightly round her body, hid the fetus in the straw mattress, dressed herself, attended to some domestic duties, and on a cart

went into the city of Viterbo to show her sister a cloth bathed with blood, as a menstrual proof of her not being pregnant. On returning home, having walked about for five hours, she vomited and fainted, and the parents called in Drs. Serpi ri and Baliva. Thirteen hours had elapsed the infliction of the wound, and through it the bulk of the intestines had been protruding for six hours. The medical attendants having satisfied themselves of the complete reduction of the emptied uterus, performed abdominal toilette as well as was practicable, replaced the viscera, introduced a drainage-tube, and sutured the wound. The evening temperature was 37.7°; lochia natural per *vias naturales*. The woman stated positively that she had had no accomplices. No unfavorable symptoms supervened. The deep wound healed, and was only superficial on the 15th of April, the eighteenth day after the self-performed Cæsarean operation. The countrywoman of Mutius Scaevola has proved that the fearless bravery of the Romans lives.—*Lancet*.

TRAUMATIC SUBACUTE TETANUS.—In the *Lyon Médicale* a case is reported of tetanus cured by bromide of potassium in large doses. The disease was subacute, the symptoms beginning the day after a lacerated wound of the sole of the foot, and had continued for three weeks previous to admission into the Hotel Dieu. Ninety grains of bromide were given on the first day after admission; 180 grains on the second; 210 on the third; 240 on the fourth; 270 on the fifth; 300 on the sixth, seventh and eighth, when, on account of somnolence and stupor rendering alimentation almost impossible, supervening, the bromide was stopped and liquor ammoniacetatis substituted. The symptoms gradually and progressively diminished in severity from the commencement of treatment, the temperature gradually declined from 39.20. (102.5 F.) to 37.5 (99.5 F.) on the ninth day and the patient recovered. This case was one of tetanus with permanent muscular contracture, in which the bromide treatment has appeared to be of more service than in cases of tetanus with spasms, in which chloral and morphia are preferable. Previous to entering the hospital as much as 150 grains of chloral had been given by enema to this patient without benefit.

TETANUS CONSECUTIVE TO THE HYPODERMIC INJECTION OF QUININE.—Dr. Rubino, reports a case of a girl, six years of age, with malarial fever, who had been unsuccessfully treated with quinine by the mouth and rectum. He tried the hypodermic method, making the injections with all due precautions in the arm. After a month of treatment the child was apyretic and well. After the last puncture she complained of a pain in the left arm, at the seat of puncture, the pain increasing on movement. On immediate examination only a slight induration of the surrounding tissues was found. Five days afterwards the child showed a change in her ordinary character, and the expression of her face, her eyes opened and shining, expressing terror and suffering, cried, but could not answer as well as at first, had pain in face and throat, could not open the mouth nor swallow. Temperature 40.5°, pulse 130, respiration 40. The next day opisthotonus and contractions of the joints occurred, temperature 41°, and she died in two days.—*Giornale Internazionale delle Scienze Mediche.*

ON STRYCHNINE IN DIPSOMANIA.—In the *Fratch*, No. 10, 1886, p. 177, Dr. U. M. Popoff, of St. Petersburg, states that, guided by the works of Magnus Huss, Luton, Dujardin-Beaumetz, and others, he employed nitrate of strychnine in two typical cases of dipsomania, and obtained strikingly successful therapeutic results. In one of the patients (a very gifted man of letters, aged 40), the alkaloid was administered under the skin, in the dose of $\frac{3}{16}$ th of a grain at first (during a drinking bout) daily, then every other day, then twice a week, etc. The patient ceased to ask for drink after the second injection: within the next two days, various morbid phenomena (headache, weakness, discomfort, etc) disappeared. On subsequent occasions, a few injections of $\frac{1}{16}$ th or $\frac{1}{8}$ th of a grain of strychnine rapidly removed craving, anxiety, irritability, agoraphobia, and other premonitory symptoms of a threatening dipsomaniac attack. The patient each time rapidly improved in all regards, and felt desire for work and society. In another patient, dipsomania disappeared under the internal administration

of strychnine, the alkaloid being given for the first two weeks, in doses $\frac{3}{16}$ th of a grain, and for another two weeks in that of $\frac{1}{16}$ th, twice a day, in pills.—*Brit. Med. Jour.*

THE PROGRESS OF BEER-DRINKING IN AMERICA—Beer, it would seem, is rapidly replacing the fantastic “drinks” for which the United States have earned a reputation, and is in a fair way to become the national beverage. The quantity of beer now consumed is, in proportion to the population, eleven times as great as it was forty years ago. Some, perhaps not altogether disinterested, persons appear anxious to get up a scare about beer; and are endeavoring to prove that it is a beverage peculiarly dangerous to health, causing degeneration of the heart, the liver, and the kidneys. The evidence, however, in support of this charge is not overwhelming; it is said, for instance, that the hearts of the men of Munich are larger than those of other people, and more ready to undergo fatty degeneration; and that the number of people who die of Bright's disease, in New York, has increased since beer became a popular beverage. Evil tales are told of adulteration, but they have not found much confirmation in the analysis made for the State Board of Health; and there is reason to fear that even whiskey is sometimes tampered with. On the whole, this change in the drinking habits is a matter for congratulation; even if it be that he who drinks beer thinks beer. Still, our somewhat mercurial cousins may be none the worse for the infusion of a little Teutonic stolidity. There is, however, one kind of ale which is best of all—that of Adam.—*Brit. Med. Jour.*

BELLADONNA IN INCONTINENCE OF URINE.—The extract is the best preparation, and success in treatment, to a great extent, depends on the clearing of the rectum of its contents, and the application of belladonna as near the bladder as possible. Partial success at first is no reason to discontinue the treatment in despair. A case is reported that had lasted nineteen years and was completely cured in six months.—*Therapeutic Gazette.*

ŒVUS TREATMENT BY SODIUM ETHYLATE.—

The ethylate is applied thickly, a second application being made as soon as the first is dry. At the end of three days a firm crust is formed, which should be pierced in three or four places by a flat needle with cutting edges. The subjacent vascular layer should be reached. On withdrawing the needle a few drops of blood exude and are to be sponged off with slight pressure, and a little ethylate applied. At the end of four days, if any more liquid is felt on pressing the crust, puncture is again used. If the crust is firm and flat, it may be left till it falls, when the surface will be found normal.—*Journal de Med. de Paris.*

CALABAR BEAN IN EPILEPSY.—Herr Rush, of Fritzlar, recommends the use of Calabar bean in epilepsy in cases in which other drugs have failed. The formula he makes use of is as follows:—Ext. fabre calabar., gr. viiss.; spiritus etheris, ℥ 80; aq. menth. pip., ℥ 300. M. ft. mist. Five to ten drops three times a day for children; eight to fifteen drops for adults. For children he begins with five drops, and increases the dose by one drop daily until the maximum dose of ten drops is reached. He then diminishes the dose by one drop daily until the initial dose is reached. He records some successful cases in the *Deutsche Med. Zeitung*.—*Medical Press-Circular.*

PATHOLOGISTS AND CLINICISTS.—Jonathan Hutchinson says: "I should be sorry to suggest that the two sets of workers are in any sort of antagonism, and yet it does seem somehow as if, like the two sides in a game at cricket, they could not both be in at the same time. You will remember that, whether in or out, it is necessary to a good game that both play well. The team so brilliantly led by Paget gave up their bats twenty years ago to that of which Virchow is the captain. The latter team has had a splendid innings and made a long score; but there are indications, I think, that it will shortly give another turn to its competitor, and not perhaps without some advantage to surgical science."—*Glasgow Med. Jour.*

Since the commencement of warm weather cholera has appeared in many parts of Italy.

Therapeutical Notes.

TINCTURE OF THE CHLORIDE OF IRON may be disguised by administering it in sweetened milk, and so administered will not hurt the teeth.

TÆNICIDE GLYCERINE.—Glycerine in doses of 30 grammes acts as a gentle and bland purgative. It also is an efficient anthelmintic. *Tænia* placed in glycerine die quickly.—*Lo Sperimentale.*

BILIOUSNESS.—In temporary "bilious attacks," and in simple catarrhal jaundice nothing is more effectual than the local application of a cloth steeped in equal parts of strong hydrochloric acid and water applied half an hour at a time.

For intertrigo and erythema of new-born children, and in eczema and fetid sweating of the feet:—

R. Boric acid ʒi
Peru balsam gr. 10
Vaseline ʒi

LOTION FOR THE SCALP, ANTISEPTIC AND PRESERVATIVE.—Hydrochlorate of pilocarpine, gr. 8; essences of santal, wintergreen, rose and laurel each, gtt. 5; glycerine, tinct. cantharides, rum, and 8 pts. camph. each, ʒi; alcohol or colongne, ʒiii.—*Gaz. Hebdom.*

SODIUM IODIDE can be used for almost all, certainly the chief purposes for which potassium iodide is used. (1) It is more assimilable than the iodide of potassium, both locally and to the digestive organs, and the general system. (2) As a result many of the local and general undesirable effects of iodide of potassium do not follow the use of sodium iodide.

LUPUS.—Prof. Bertarelli, of Milan, recommends strongly resorcine in the treatment of lupus. Incorporated with vaseline (equal parts) and applied to the surface of the disease, it produces in a short time healthy action, without the slightest pain or irritation of the neighboring parts. The cicatrices are smooth, and of the color of the surrounding skin.

DOSAGE OF NUX VOMICA.—Dr. Musser remarks: "Going over the notes of some 50 cases, I find that at from 15 to 40 years of age, 45 drops or more of the tincture was almost invariably well borne. After 40 years it was the exception to be able to increase the dose over 35 drops. As there is only $\frac{1}{200}$ of a grain of strychnine in five minims of tincture of nux vomica, these doses are not as large as at first sight appears."

COCAINE.—Dr. A. B. Shaw, in the *St. Louis Med. and Surg. Jour.*, claims that cocaine is a dangerous medicine in large and continued doses, producing sleeplessness, hallucinations, loss of appetite, prostration, and eventually insanity, a condition closely resembling general paralysis of the insane being produced. If this be so, it should be used very cautiously in alcoholism and the opium habit, and the administration never should be left to the patient himself.

BILATERAL RANULA CURED BY Pilocarpine.—Dr. G. Soffiantini conceived the idea of using pilocarpine to overcome the obstruction in Wharton's ducts in a case of double ranula. A single hypodermic of one-sixth of a grain of the hydrochlorate of pilocarpine resulted in the reduction of the tumors to one-half of their former size, and a second injection of a like amount cleaned out the ducts completely and resulted in a cure.—*Lo Sperimentale*.

FOR BURNS.—Periscope writes: "The local application consisted of tannin dissolved in sulphuric ether in such proportions as to give a syrup-like consistence. This was applied directly to the parts. The patient seemed bordering on convulsions from sheer pain, but instant relief followed the application, which dried rapidly and formed a flexible non-elastic coating. It does not contract or become stiff like collodion, and effectually excludes the air."

Dr. Mortimer Granville recommends the taurocholate of soda in dyspepsia and obesity of gouty origin. The taurocholate is prepared by exhausting ox gall with alcohol and extracting the taurocholate by ether. On evaporating the ether the salt separates slowly, in the form of a

thick mass adhering to the sides of the vessel. The remainder of the ether is decanted and the residue dried at a low temperature. The dose is 15 centigrammes, ($2\frac{1}{4}$ grains) in pill form, coated so that it will dissolve in the stomach.

PILOCARPINE IN ALCOHOLISM.—One-third of a grain produces marvellous effects in alcoholic delirium, according to Dr. Jasham. The *sobering* is, he says, marked at once, and the patient sleeps. After a good sleep the awakening is without suffering, and the subject has recovered intelligence. Neither the eyes, countenance nor the complexion preserve any trace of the previous debauch, even to the eyes of an expert. Pilocarpine has a triple action. The cerebral blood pressure is lowered, there is rapid elimination of alcohol, and a free absorption of oxygen.

TREATMENT OF TETANUS.—The following is a summary of the treatment advocated by Professor Verneuil for this disease (*Revue Medicale*, Feb. 28, 1885): 1. Complete immobilization of the patient, obtained by fastening him firmly in a large gutter splint for the body and limbs; 2, the maintenance of an elevated and constant temperature, with light diaphoresis, by enveloping the patient in a thick covering of cotton wool; 3, uninterrupted sleep, obtained by chloral intoxication, maintained for upward of three weeks.—*Virginia Medical Monthly*.

VARICOSE ULCERS AND ECZEMA.—Unna recommends a paste made without oil or fat.

R. Oxide of zinc	150 gr.
Gelatine	150 gr.
Glycerine	600 gr.
Water	600 gr.

Soak the gelatine in three quarters of the water, add three quarters of the glycerine and dissolve in a water bath. The oxide of zinc is mixed with the rest of the glycerine in a mortar, the water added, and the whole mixed with the gelatine solution. To be spread on the affected part and a bandage applied.—*Journal de Med. de Paris*.

IODIDE OF POTASSIUM IN DIPHTHERIA.—According to M. O. L. Stepp (*Deutsche Medizin. Wochenschrift*), iodine administered continuously

in large doses is the only remedy that can hinder the evolution of diphtheria. A number of cases of severe diphtheria cured by iodide of potassium are reported by the author. To children from one to three years of age he gives, every hour, $4\frac{1}{2}$ to 9 grains. To older children 9 to 18 grains. Several small patients have absorbed without iodism, and without trouble to the digestive organs or nervous system, 150, 300, and even 750 grains of iodine in the course of the disease.—*Bulletin Général de Thérapeutique*.

ICHTHYOL.—(Rabow, in *Deutsche Med. Wochenschrift*). The preparations most used are: Sulph ichthyolates of ammonium, sodium, zinc, and sulph-ichthyolic acid. All these contain a considerable quantity of sulphur, and are very soluble in water. Recently Dr. Klöng has treated successfully frost-bites with a mixture of equal parts of sulph-ichthyolate of ammonium and oil of turpentine. The parts are washed and covered with this mixture and wrapped in tow. The itching and burning ceases almost immediately. Odontalgia from caries is rapidly relieved by sulph-ichthyolate of ammonium and chloroform (3:1). In burns of the first and second degree intense pain is rapidly abated and suppuration prevented by pure ichthyol. In psoriasis and prurigo equally satisfactory results have followed.—*Bulletin Général de Thérapeutique*.

THE ENGLISH HYDROPHOBIA COMMISSION.—The Committee appointed by the Local Government Board to inquire and report upon M. Pasteur's method of preventing the development of rabies in persons bitten by rabid dogs, comprises Sir Henry Roscoe, M.P., Sir James Paget, Bart., Dr. Richard Quain, F.R.S., Professor Burdon Sanderson, F.R.S., Dr. Lauder Brunton, F.R.S., and Mr. Fleming, Principal Veterinary Surgeon of the Army. Mr. Victor Horsley, M.B., F.R.S., Professor-Superintendent of the Brown Institute, has been requested to act as Secretary. The Committee is unpaid, but we understand that a sum not exceeding £300 has been placed at its disposal, to defray the expenses of the inquiry. Sir Henry Roscoe, Professor Burdon Sanderson, Dr. Lauder Brunton, and Mr. Victor Horsley are now at work in Paris.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS — *We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

To SUBSCRIBERS.—*Those in arrears are requested to send dues to Dr. Adam Wright, 20 Gerrard St. East.*

TORONTO, JULY, 1886.

ONTARIO MEDICAL ASSOCIATION.

The recent meeting of the above Association, held in Toronto, during the first week of June, was a grand success in every way. The attendance was larger than on any previous occasion, and the discussions were conducted if possible with more animation than those of the London meeting. The American visitors, Dr. Moore, of Rochester, and Drs. Cronyn and Tremaine, of Buffalo, Dr. Manton, of Detroit, by their presence added very much to the interest of the meeting.

The same may also be said of our brethren from Montreal, Drs. Trenholme, Ross and Rodger. These gentlemen entered freely into the discussions, and the profession of the Province feels much indebted to them for their courtesy.

A full account of the proceedings will be found in another part of this journal.

At the closing meeting, held on Thursday evening, the report of the Committee on Ethics was read. It appears to have been written by a believer in the gospel of sweetness and light, by one who lives "far from the madding crowd's ignoble strife." After its perusal the reader might think that the millennium had dawned on the medical profession, and think the "bummers and guerillas," of whom Dr. Moore spoke of as hanging on the skirts of the medical profession, had entirely disappeared.

It was found after the reading of the report, that one member at least of the Committee had not been consulted. The report was con-

sequently laid on the table. A new Special Committee on Ethics was appointed, whose report will be taken up as the first order of business on the second day of the next meeting.

DR. BERGIN'S ADDRESS.

The President's opening address at the recent meeting of the Ontario Medical Council has been the subject of a good deal of comment. Although we do not dispute the facts presented, nor do we claim that there are no evils in connection with the profession in this Province, yet we do assert that the whole tone of the address was of such a character as to provoke adverse criticism on the part of medical men generally.

In the first place, it is poor policy to be continually stating that the profession is miserably under-paid. If we do not get proper fees, it is our own fault—we have the remedy in our own hands.

In the second place, it is a great mistake to suppose that increased numbers in the profession is the cause of the fees being inadequate. In cities, where the numbers are proportionately larger than in country towns, there is not the same complaint about the lowness of fees.

We are also of opinion that the remedy proposed by Dr. Bergin, viz., the making of a degree in Arts the necessary qualification for matriculation in medicine, would not mend matters so far as fees are concerned. In our own experience, we have not found Arts graduates to be superior to others in this respect. As we have previously stated in this journal, there are two remedies for low fees:

(1) That medical men should give their undivided attention to the profession of their choice, so that their services would be of higher value. It is impossible for a physician who spends a greater part of his time in politics, or in connection with Oddfellows, or similar associations, to give that attention to his profession which it absolutely demands. In this respect the practice of medicine is different from any other calling in life. It demands the whole time of a person who wishes to make a success of it.

(2) The second remedy is the frequent meet-

ing together in the various medical associations. In this way physicians become better acquainted, and a tariff of fees may be adopted with a reasonable prospect of its being adhered to. . . If one knew that he is expected to meet his fellow-practitioner at least once a month, it is probable he will pursue a more straightforward course in the matter of fees. He may expect to be called to account at any time by his brethren in the society.

We have always advocated a high standard for matriculation and we are of opinion that it should be raised from that at present demanded. We cannot, however, agree to raising the standard far above that which is required in England or Germany, and we are very doubtful if, in many cases, a degree in Arts is really of so great advantage as some would lead us to suppose.

THE ASSOCIATION OF AMERICAN PHYSICIANS.

A brief account of the first meeting of this Association will be found elsewhere in this number. The Association is limited to one hundred members, and is largely made up of lectures in Practice of Medicine and of Medical Pathology in the various schools throughout the United States and Canada. The first meeting was a great success in every way. Of the seventy-five who had already been chosen, sixty nine were present—a fact which goes far to show the need for such an association, and the manner in which it is appreciated by the profession on this continent. The papers were original in character, and the discussions, as might be expected, were deeply interesting. It is doubtful if ever on a previous occasion so many professors of medicine and medical pathology have ever met together on this side of the Atlantic. The future meetings will be held in Washington, in the month of June. Dr. Weir Mitchell, of Philadelphia, was elected President for the ensuing year.

ERRATUM.—In page 177 of the June number, the formula for *ivy poisoning* should be "Bromine gtt. x-xx, ol. olivæ, ol. amygd. dulc. āā ʒi.

GARBAGE CREMATION.

We are very pleased to mark two steps by our City Council, which are in the right direction, one the order to separate garbage from ashes, the other the erection of two garbage furnaces. The pattern selected is that known as the Beehive, which is being largely used in England, with much success. The capacity of each cell is about ten tons per day at an estimated cost of twenty cents per ton. We see the city of Montreal has let its scavenging to a contractor, who is to cremate the rubbish also. This system, known as the "Mano," was introduced into Winnipeg at great cost, and failed from its costliness, as coal is required to keep the furnaces alive. In the beehive the ashes are relied upon to feed the furnaces. The importance of giving these furnaces a thoroughly fair test cannot be underestimated. We have in every part of the Province, urban and sylvan municipalities to whom the disposal of garbage is becoming a vital question, water carriage cannot be relied on in numerous cases for relief, and nowhere have we a restless ocean with its tides and teeming organisms to bear away from us and feed on those matters which now lie exposed to the action of the atmosphere to give off noxious emanations to the air we breathe. We cannot afford to be visited by a scourge like Montreal's. We cannot with safety dump all refuse matter into hollow or low lying lands, but we can effectually destroy all germ life by cremation with fire.

SUCCESSFUL CANDIDATES AT THE RECENT EXAMINATION BEFORE MANITOBA UNIVERSITY IN MEDICINE.—*Final for M.D.*: A. Olver; H. L. McInnis; J. R. Steep; G. E. Dixon; G. A. Lacombe; and J. Fawcett. *Final Scholarships*: 1st A. Olver, \$100.00; 2nd H. L. McInnis, \$60.00. *For the C.M. degree*: H. L. McInnis. P.S.—An extra examination on operative surgery and an essay is required for this degree. *Primary Pass*: J. P. McIntyre; R. M. Simpson; D. W. Cowan; F. Goulding; V. E. Latimer, and E. A. Blakely. *Primary Scholarships*: 1st J. P. McIntyre, \$100.00. 2nd R. M. Simpson, \$60.00.

INCREASED TERRITORIAL REPRESENTATION IN THE ONTARIO MEDICAL COUNCIL.

It is contended by some that the numbers of the territorial representatives should be increased. There are now twelve territorial representatives, nine collegiate representatives, and five homœopaths. We believe the proportions now are scarcely fair, but think there are many reasons why no changes should be made at the present time. The Council, as it exists now, is rather unwieldy and at the same time expensive. Any increase in the number of its members would tend to prolong the sessions and thus doubly add to the expenses.

The last meeting showed conclusively how easy it is for the present honorable body to spend four days in doing nothing, at the rate of ten dollars a day, with a good mileage allowance extra. If the number of the non-school men be doubled, as proposed, there will be twelve new orators to take part in the learned discussions which will arise. The sessions thus might last six days instead of four. What would be gained by such an expensive change?

NEW MEDICAL COUNCIL HALL.

We are glad to know that the Ontario Medical Council is to have a new hall. A large and handsome building will replace the present gloomy old structure on the corner of Richmond and Bay Streets. It will contain one hall for the ordinary meetings of the Council, one large hall for examinations, registrar's office and other rooms. The estimated cost will be forty thousand dollars. The ground floor will contain stores, and other parts of the building offices, all of which will be rented. It is expected that a good revenue will thus be derived, which will add materially to the Council's income.

Drs. Graham and Teskey, have been placed on the active staff of Toronto General Hospital, and Drs. Davison and W. H. B. Aikins, as pathologists.

CANADA MEDICAL ASSOCIATION.

As we have informed our readers before, the meeting of the Canada Medical Association for this year will be held in the city of Quebec, August 18th and 19th. This time has been chosen instead of the usual dates, in September, because it is thought to be the most pleasant portion of the season for members to take the charming trip to quaint old Quebec. Arrangements are being made with the railroad and steamboat companies for reduced rates. Owing to the absence of the general secretary, who is at present in Germany, Dr. James Bell, of Montreal, is acting as secretary. Members who intend to read papers are requested to communicate with Dr. Bell as early as possible.

Dr. R. J. Banning writes to the *British Medical Journal* an account of a woman who, during the height of a tolerably severe attack of confluent small pox, gave birth to an infant perfectly uninfected. The baby was vaccinated within a few hours after birth successfully; both mother and child doing well. This fact is not in accordance with the general opinion, that a child born during a developed attack of small pox in the mother must necessarily be infected.

SHOULDER JOINT FRICTION AND INCIPIENT PHTHISIS.—Friction in the shoulder joint produced by breathing a dry creaking, rather than crepitation, may cause errors in diagnosis. It is difficult to prevent it by fixing the joint, but it is always loudest over the joint itself, and is better conducted along the bones than along the muscles; there is no prolongation or increased loudness of expiration. It especially occurs in patients who have had "rheumatism."

The Fifty-fourth Annual Meeting of the British Medical Association will be held at Brighton, on August 10th, 11th, 12th, and 13th. President, W. F. Edwards, M.D., F.R.C.S.

Dr. William G. Thompson, of New York, illustrates instantaneous photographs of the heart of the rabbit, pigeon, frog, and of the cat, while in motion.

Meetings of Medical Societies.

THE ONTARIO MEDICAL ASSOCIATION.

The sixth annual meeting of this Association took place in the Normal School building, Toronto, on the 2nd and 3rd of June. The President, Dr. Tye, of Thamesville, took the chair at 10.30 a. m., and called the meeting to order. The Secretary, Dr. J. E. White, read the minutes of the last meeting, which were confirmed.

Drs. Workman and Covernton, past presidents, were asked to take seats on the platform.

Dr. Sheard, in presenting the report of the Committee on Papers and Business, on behalf of the practitioners of Toronto, cordially welcomed the Association to the city and expressed the hope that their stay in Toronto would be most pleasant. The report was adopted. The Association adjourned until the afternoon.

The afternoon session commenced at two o'clock.

The President opened the session by expressing the pleasure it gave him to welcome their guests, among whom were medical men from the United States.

Dr. Temple introduced Dr. Moore, of Rochester, President of the N. Y. State Medical Society; Drs. Cronyn and Tremaine, of Buffalo; Dr. Manton, of Detroit; and Drs. Trenholm, Ross and Rodger, of Montreal.

Each of these gentlemen gave a short address.

The President then delivered his annual address. After returning thanks for the honor conferred upon him by his election to the chair, he pointed out the advantages to be derived by the profession from such an Association as that. In the great centres of medical learning the scalpel and the microscope have opened new worlds for them to conquer, and those who expect to do much will accomplish much. Then there were the social benefits to be derived from their meetings. The profession in this province, he went on to say, is now in a very satisfactory state. Peace, harmony and progress happily characterize it. The status of the profession is immeasurably above what it was only twenty years ago. They were all proud of what had been achieved, and though they were thankful

they did not desire to rest, but to steadily advance.

Dr. Gibson, of Belleville, presented a case of hæmaturia.

Dr. Atherton, of Toronto, opened the discussion on fractures of the thigh by reading a paper on ordinary fractures. He concluded by emphasizing the following practical points in the treatment of Buck's method:—(1) Always insist upon having a good firm, even mattress, under the patient, so as to prevent sagging of the hips or other parts of the body. (2) Remove the foot-board from the bedstead so as to have no obstruction in the way of the downward movement of the body, which is apt to take place more or less on account of the constant traction of the weight. For the same reason the pulley should be placed at some little distance from the foot. These precautions are not so requisite perhaps in hospital or city practice, but they will be worthy of attention in the country, where the surgeon is often not able to visit the patient more frequently than once a week or ten days. (3) The strips of plaster should be applied exactly along the central part of each side of the limb, their upper ends reaching up as far as the fracture, so as to relieve the strain upon the ligaments. (4) Bandage the limbs from the toes up. (5) Place a cushion of folded blanket or other suitable material between the heel and calf of the leg so as to avoid ulceration of the former part from pressure on the bed. (6) Test the position of the pulley so as to ensure traction in the line of the limb or in a direction a little above that line, otherwise the position of the member against the mattress will more or less counteract the weight extension. (7) When the long outside splint is used be careful to pad well the part above the malleolus so as to protect the latter from pressure. (8) Steady traction is to be maintained by the assistant until everything is in readiness for the attachment of the weight extension.

A long discussion followed, taken part in by Drs. Oldright, Macfarlane, Ferguson, Powell, Moore (Rochester), Tremaine (Buffalo), Carson, J. H. Richardson and McCrae.

Dr. Campbell, of Seaforth, then presented a paper in which he gave the histories of two cases of placenta prævia. Both the patients

recovered. Both children were still-born. The mode of treatment adopted was plugging, and, when the os was sufficiently dilated, delivery by version. In both cases the hæmorrhage was very great.

Dr. Temple did not concur in the treatment adopted by Dr. Campbell, but was strongly of opinion that in those cases as soon as the condition is diagnosed premature labor should be induced. He was very much opposed to plugging, as in some cases severe internal hæmorrhage might occur without its being recognised.

Drs. Trenholm, Davidson and Canniff also took part in the discussion, chiefly agreeing with Dr. Campbell's treatment.

Dr. Henderson, of Kingston, read a paper on gliosarcoma involving the petentary body, which had come under his notice in Kingston Hospital.

EVENING SESSION.

The President took the chair at 8.30.

Dr. Gillies, of Teeswater, opened the discussion on pneumonia. He detailed the various forms of the disease and gave the treatment in detail. The paper was an excellent *resumé* of our present knowledge on the subject.

Dr. Geikie followed with an address, in which he gave his method of treating cases of pneumonia. This might be given briefly as follows: At first cardiac sedative, and if necessary blood-letting. Then quinine tonics. Ammonia and digitalis in case of heart weakness, and blister in the stage of consolidation, or at commencement of resolution.

Dr. Ross, of Montreal, did not believe in the administration of large doses of quinine as an antipyretic. He was doubtful of the benefit of antipyretics in these cases.

Drs. Bruce Smith, of Seaforth, Canniff and Graham also took part in the discussion.

Dr. McKeough, of Chatham, then read a paper on the influence of malaria and quinine on pregnant women. The reader drew the following conclusion from his experience:

I. That gestation confers no immunity from attacks of malaria, but, on the contrary, a woman in the state of pregnancy is probably more predisposed to malaria than if she were not in that condition.

II. That a pregnant woman suffering from malaria is liable to miscarry unless promptly

measures are adopted for intercepting the effects of the poison. This is more apt to be the case in women affected with the numerous hysteroneuroses, depending upon some abnormal state of the uterus.

III. That quinine may be administered freely in malaria complicating pregnancy, but, exceptionally, it incites uterine contractions. For this reason, and for the purpose of assisting the anti-periodic in preventing premature labor, it is advisable to administer an opiate previous to a course of quinine.

IV. That the tendency of parturition is to prolong an attack of malaria, notwithstanding the persistent use of quinine.

Dr. Howe, of Buffalo, gave a short address and exhibited a simple apparatus to show that practitioners can, with ease, cultivate bacteria and test the antiseptic power of various solutions.

Dr. Teskey followed, giving his experience in the cultivation of bacteria, and was strongly impressed with the necessity of exercising the greatest care in carrying out details.

The Association met again on Thursday morning at 10 o'clock. Dr. Tye in the chair.

The Secretary read the following telegram sent in reply to one forwarded yesterday by the Ontario Association:

"The Ohio State Medical Society has received the message of good wishes from the Ontario Medical Association, and hopes it will attain the prosperity it deserves."

Telegrams expressing regret on account of inability to attend were received from Dr. Jenks, Detroit, and Dr. Hingston, Montreal.

Dr. Eccles, of London, then read a paper on the "Albuminuria of Pregnancy" (see page 193). In the discussion which ensued the following gentlemen spoke: Dr. Macdonald, of Hamilton, Dr. Brouse, of Brockville, Dr. Adam Wright, of Toronto, Dr. Harrison, of Selkirk, Dr. Temple, of Toronto, Dr. Ferguson, of Toronto, and Dr. Moore, of Rochester.

Dr. Moore, in a very interesting address referred especially to treatment. In his experience he had found it very important to give medicine which acted on the bowels and not on the kidneys. He gave reports of various cases of dropsy which had come under his observation:

some of albuminuria under ordinary circumstances, others during pregnancy. In all he had attained the best results from the administration of Epsom salts in doses sufficient to produce three or four motions of the bowels per diem, this treatment being continued several months if necessary.

Dr. McKinnon, of Guelph, then read a paper on "Ovariectomy," in which he gave a report of some cases. He attached great importance to the necessity for the strictest precautions in carrying out all the details so as to avoid any chance of conveying septic poison to the patient.

At the afternoon session a discussion took place on the subject of Croup and Diphtheria.

Dr. McFarlane delivered an address in which he expressed his firm conviction that the performance of tracheotomy in cases of diphtheria, as a means of saving the life of the patient was not to be recommended. His own experience, which was fairly extensive, had taught him that the patient's chances of recovery were diminished rather than increased by the operation. He considered that the operation of tracheotomy in this connection should be restricted to cases of membranous croup.

Dr. McDonagh read a paper on "The Identity of Diphtheria and Membranous Croup," in which he discussed the supposed pathological differences and the alleged clinical differences, arguing that these were only apparent and not real distinctions between the affections. The writer contended that much of the confusion was due to a want of consideration of the anatomical differences in the pharynx and larynx. The epithelial layers in the two parts were of different varieties, and that in the larynx was separated from the underlying tissue by a distinct basement membrane, which was not the case in the pharynx. Then, again, the rich supply of lymphatic absorbents to the pharynx afforded a ready escape for the septic matters in the blood, and thus caused the severe adynamia as well as the greater frequency of albuminuria and paralysis. The larynx, on the contrary, was but poorly supplied with lymphatics. Referring to the supposed non-contagiousness of croup, the writer believed that many cases which were diagnosed as mem-

branous croup, were really cases of acute diffuse laryngitis with sub-cordal œdema, a condition which gave rise to the same cough, dyspnoea and aphonia, as true croup, and indistinguishable from it except with the laryngoscope.

In the discussion that followed

Dr. Cronyn, of Buffalo, declared his adhesion to the theory of identity, and described a severe attack of diphtheria, which he himself had passed through, and which exhibited strongly the constitutionality of the disease.

Dr. W. T. Aikins, spoke on the question of "Tracheotomy in Croup and Diphtheria," and agreed in the main, with Dr. McFarlane's views. He was not in favor of tracheotomy in diphtheria, his experience of it leading him to believe that it was not advantageous.

Dr. Palmer was of the opposite opinion, and considered the operation highly justifiable in diphtheria. He referred to the fact that all statistics speak strongly in favor of its performance, although he regretted that his own experience had not been so satisfactory as he would have liked.

Dr. McPhedran referred with satisfaction to the paper on the identity of the diseases, declaring that he had for a considerable time held views similar to those expressed, and had no doubt of their correctness.

Dr. Atherton was also in favor of the identity theory, and further strongly justified the performance of tracheotomy in all cases where death is threatened by suffocation. His experience of it had been favorable.

Dr. Palmer, of Toronto, read a paper on "Diseases of the Eye in Pregnant Women."

A paper of Dr. Blackstock's on "Intracranial Injuries" was, on motion, taken as read, the doctor not being present.

Dr. Adam Wright, of Toronto, read a paper on "Secondary Puerperal Hemorrhage." He thought that in the great majority of cases such hemorrhages were caused by the retention of portions of placenta or membranes, and reported illustrative cases in one of which a portion of placenta about the size of a bean had caused an alarming hemorrhage on the tenth day after delivery. He thought the proper treatment

was to immediately explore and empty the cavity of the uterus.

Dr. Campbell, of Seaforth, and Dr. Mitchell, of Enniskillen, each reported two cases of secondary hemorrhages from similar causes.

Dr. A. A. Macdonald, of Toronto, agreed in the main with the reader of the paper, but thought that in certain cases the plug was an efficient remedy.

Dr. Anglin, of Kingston, exhibited a model of a large urinary calculus and gave notes of the case. The calculus had been removed by the supra-pubic operation.

Dr. Tremayne, of Buffalo, was strongly in favor of the supra-pubic operation when large calculi were present.

Dr. W. T. Aikins had found the supra-pubic operation successful in some cases, but referred to the danger of hernia which had occurred in one of his cases.

Dr. Richardson, of Toronto, in reply to Dr. Cameron, said that sometimes in cases of contracted bladder, the peritoneum was dragged down considerably, and was liable to be wounded in the operation.

At evening session Dr. Oldright read a paper on "Colles' Fracture."

Dr. Moore, of Rochester, gave an excellent address on the subject.

A synopsis of this and a report of the discussion in the report on Ethics will appear in our next issue.

The following were elected as officers of the Association for the ensuing year:—President, Dr. J. H. Richardson, Toronto; 1st Vice-President, Dr. Harrison, Selkirk; 2nd Vice-President, Dr. Brouse, Brockville; 3rd Vice-President, Dr. Moorehouse, London; 4th Vice-President, Dr. Aylesworth, Collingwood; Gen. Secretary, Dr. White, Toronto; Treasurer, Dr. Powell, Toronto; Corresponding Secretaries, Dr. Harris, Brantford; Dr. Gibson, Belleville.

Next place of meeting: Toronto.

INGUINAL HERNIA.—Dr. Cabral, in the *Portuguese Medical*, reports a case of inguinal hernia cured by means of a pad and bandage. The patient was eighty-six years old.

THE ASSOCIATION OF AMERICAN PHYSICIANS.

The inaugural meeting of this Association took place in Washington on the 17th and 18th of June. The library of the Army Medical Museum was kindly given to the Association in which to hold its session. The President, Dr. Delafield, after a few words of welcome, at once took up the subject of chronic catarrhal gastritis. In his opening remarks he stated that the objects of the Association were purely of a literary and scientific character, and that no question of politics or ethics would be discussed. In concluding his remarks on gastritis, he gave the methods of treatment as follows: (1) Pure air, such as only could be obtained by removal of the patient to the country. (2) Strict attention to diet. In this no absolute rule could be laid down, but various articles must be tried. (3) The use of such medicine as bismuth creasote. On these he placed little reliance. (4.) On the local application of remedies; of these the most important was hot water, which might or might not be medicated. The use of the method of washing out the stomach was, in his opinion, the most important method of treatment.

Dr. Weir Mitchell, of Philadelphia, then read a paper on "Knee Jerk and Muscle Jerk in Disease." Two or three very interesting original points were brought out in this paper. The reader states that he has always noticed the knee jerk to be greater when the patient was asked to move his arm or the other limb. His explanation is that when an arm, for instance, is moved by voluntary action, a superabundance of tonus is sent to that limb, and flows over, so to speak, so that all the other muscles of the body receive a certain amount which causes them to respond with greater intensity when they are struck.

He also made some interesting remarks on the swaying of the body when the patient is standing still with feet close together. He described an apparatus for measuring accurately the swaying of the body in health and disease. This mode of examination is of great value in the earlier stages of locomotor ataxia.

Dr. Whittaker, of Cincinnati, read a paper on

"Spasm of the Larynx in Rickets." The principal point made was that the great majority of patients who suffered from laryngismus stridulus were also subject to rickets. The reader of this paper, as well as Dr. Jacobi, who followed him, spoke of the possibility of sudden death in severe cases of laryngismus stridulus. Dr. Jacobi stated that in severe cases, for six weeks at least after the commencement of treatment, there was danger of sudden death. The means of treatment advised was the use of tonic and alterative remedies, particularly cod-liver oil.

The reading of this paper was followed by the discussion previously arranged for. The subject was, "Does the present state of knowledge justify a clinical and pathological correlation of rheumatism, gout, diabetes, and chronic Bright's disease."

The discussion was opened by Dr. Tyson, of Philadelphia, and Dr. W. H. Draper, of New York. Among others who took part might be mentioned Dr. Loomis, of New York, and Dr. Pepper and Dr. Wood, of Philadelphia. The conclusions arrived at might be set down as follows:

1. There is a close relationship between rheumatism and gout, so close that in some cases the diagnosis is a matter of great difficulty.

2. That there is a close affinity between gout and the milder forms of diabetes and an affinity not so close between rheumatism and mild diabetes.

3. That there is the intimate relationship of cause and effect between gout and interstitial nephritis.

4. That there are also cases gouty at one time, diabetic at another, and albuminuric in a third stage. In these cases the relationship is not clearly defined. Latham's recent lectures were referred to by Dr. Tyson.

The last paper on the first day was read by Dr. Bruen, of Philadelphia, subject, "Notes on some cases of Diaphragmatic Pleurisy." The paper was a most exhaustive one, and took up carefully the points of diagnosis in these obscure cases.

An exceedingly interesting and original paper was then read by Dr. Prudden, of New York, on "Malignant Endocarditis." The reader gave

the result of the production of the disease in the inferior animals. In order to produce it two conditions are necessary. (1) The introduction of the micrococci into the blood. (2) The presence of a wounded surface on the valve of the heart. The latter in animals he produced artificially.

This explains the frequency of the engrafting of new upon old lesion in malignant endocarditis.

The first paper of the second day was read by Dr. Councilman, who is the associate in pathology in Johns Hopkins University, Baltimore. Subject, "Certain Elements found in the Blood of Malarial Fever."

He mentioned first the peculiar organism of —, which he himself had not observed, and then went on to speak of the peculiar appearance of the red blood corpuscles in malaria, first described by Marchiafava and Celli. These he (Dr. Councilman) had frequently observed in the blood of patients in the algid stage of malarial fever. These bodies in the red corpuscles vary in shape, and have been known to change in form every minute.

Dr. Osler stated that he had seen the same form in red corpuscles, and was inclined to think they might be results of vacuolation. Dr. Councilman and other observers were not of this opinion. They thought these four were organisms not yet defined.

Dr. Lyman, of Chicago, read a paper on "Tetany," giving the history of a marked case.

Dr. Fitz, of Boston, read an exhaustive paper on "Disease of the Appendix Cæci," which was followed by a most interesting discussion. Among the points brought out were the following:

1. That perforating disease of the appendix is always fatal, and the only hope is in early operation.
2. That diagnosis of this condition in the early stage is always difficult and frequently unfavorable.
3. That in many cases, by etherizing the patient when the condition is suspected, a more accurate diagnosis may be made.

During the afternoon of the second day papers were read by Dr. Polk, of New York; Dr. Welch, of Johns Hopkins University, Baltimore; Dr. Osler, of Philadelphia, and Dr. Steinberg, of Washington. We will refer to these in a future number.

Correspondence.

To the Editor of the CANADIAN PRACTITIONER.

WHITHER ARE WE DRIFTING?

Well may the question be asked! The sentiments expressed by Dr. Bergin in his annual address before the Medical Council should be the sentiments of every man in the Province who expects to make his living by the practice of medicine. Something must be done, and done speedily too, if the profession would retain its position among the professions, if the practice of medicine is to be made more remunerative than ordinary manual labor.

How do we stand now? Let us see! Who knows of a locality where a number of M.D.'s might not be dispensed with,—where about one-half the number of doctors could not do all the practice there is to do? Worse than that! Who knows of a district in which there are not a few miserable creatures who are willing to degrade themselves and the profession by giving their services for almost nothing? The instances given by Dr. Bergin of medical men working at ridiculously low rates are not, I regret to say, exceptional.

Two or three instances occur to me. An M.D., F.T.M.S., etc., etc., made a vaginal examination, supplied a pessary and fitted it, all for the sum of 50 cents. Another M.D. went *five* miles out of his way on a trip to visit a patient, and charged a quarter of a dollar. Another drove twelve miles, attended a case of confinement, in which he was compelled to use forceps, and taxed the patient \$4.

These, sir, are actual instances coming under my own observation within the past few months.

By collecting my thoughts I could give many more equally strong in evidence that the medical men of the country have in many instances been reduced to such poverty that they are willing to do anything to secure a little practice.

We are right in supposing that some men would do such things, if they were in good circumstances, simply to harm their neighbors, but it is equally true that many are compelled to resort to questionable doings to support their families and themselves in beggarly decency.

In other words, the practice of medicine affords for its devotees no pecuniary advantages;

indeed, scarcely gives them a living. A few who have had means from other sources, or who may have had exceptionally good locations, may smile and be inclined to attribute want of financial to want of professional success.

Not so. Many men throughout the country who are eking out a miserable, beggarly existence on a small practice, for which they secure only about one-half of what is due them, are the superiors of many who are in better circumstances. But the points which I have been endeavoring to urge are well understood.

I may have a few readers unwilling to believe what I say, but more who read these lines will be able to practically appreciate their truthfulness. This, then, is whither we are drifting, viz: into dragging the profession down below the level of a trade, making it unable to afford a physician an ordinary, decent, quiet living for himself and family, let alone securing a competency which to enjoy when through age or infirmity his hand "has lost its cunning."

What is to be done? The remedy seems plain enough. Close up the gates tighter through which entrance to the profession is obtained. Let there be union among members of the profession. Let the price of professional services be raised. In short, elevate the profession mentally, financially, morally, and socially.

First, then, the entrance must be more difficult. In a letter a year ago to the *PRACTITIONER* I urged the desirability of making graduation in arts the standard for matriculation. I am glad Dr. Bergin takes that stand also.

Our Council should take action upon the question. If they do not we should elect men who will.

The profession is crowded; hundreds are taking advantage of the low standard of matriculation to register and enter upon the study of medicine, and the result is that annually the prospects of the medical profession are being made worse because its numbers are being increased out of all proportion to the demand.

Brethren, move in this matter! We will be doing but justice to ourselves and kindness to those whom we may deter from entering a profession already more than doubly filled.

Not only is matriculation too low but the time of study should be lengthened too. Let a

medical degree be made a prize which will bring honor and pecuniary benefit, instead of a doubtful position and still more doubtful living. Where will opposition to such changes come from? where, but from the medical schools. With all due respect to the many estimable men who are engaged in the schools, it cannot be denied that they are endeavoring, first and foremost, to make money. This being the case, they would be glad to see a thousand or more students in training continually. But should the interests of a few school men be allowed to injure the whole profession of the Province? I trow not. Much as we value our schools, if it comes to schools or profession existing, we must, in justice to ourselves, decide for the profession.

Need I say anything about union? Tradesmen unite, and fight to the bitter end to help one another. How is it with us, brethren? Do we labor for one another's interests, or are we in our hearts glad at the failures and shortcomings and poverty of our fellow practitioners? Do we put in a kind word for a fellow each day before we lie down to slumber, or do we by some unkindly thrust or dubious look stab him to the heart?

We are supposed to be men—and intelligent, gentlemanly men at that—but well may we use Miller's words and say,—

"God pity us all in our pitiful strife."

I have done. I have spoken plainly my sentiments upon a question which must be dealt with shortly. I may have spoken too plainly to please all; at least I have spoken no untruth, and if any fault can be found with my utterances it can only be on the plea that "Truth is sometimes best not spoken"—a plea with which I have no sympathy, so far as this question is concerned.

The *PRACTITIONER* is a valuable monthly, which I always heartily greet upon its coming.

Yours,

M. D.

HICCOUGH.—Dr. Gibson, in the *Edinburgh Medical Journal*, recommends the production of sneezing by tickling the nostrils in cases of hiccough. He has been very successful in several cases. Gentle irritation by any means is sufficient, even if sneezing be not produced.

Book Notices.

The Archives of Gynecology, Obstetrics and Pediatrics. Published bi-monthly by Leonard & Co., 141 Broadway, New York.

The numbers for February and April of this new journal contain a useful resumé of articles from different periodicals home and foreign. The first numbers present a good appearance, but we would prefer to have the leaves cut. There is no original matter. The selections are good and numerous.

The Field and Limitation of the Operation of the Surgery of the Human Brain. By JOHN B. ROBERTS, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Poly-clinic; Surgeon to St. Mary's Hospital; etc. Philadelphia: P. Blakiston, Son & Co. Price: \$1.25.

This interesting and instructive little work on the important subject of the surgery of the brain is divided into three chapters. The first treats of the general principles of cerebral surgery; the second treats of cerebral localization, while the third treats of operative treatment of cerebral lesions.

Reference Hand-book of the Medical Sciences. EDITED BY ALBERT H. BUCK, M.D. New York: William Wood & Company.

We have received the second volume of this very valuable work, which, as we before intimated, promises to embrace the entire range of scientific and practical medicine and allied science. The subjects are arranged in alphabetical order, and in volume II. include from C to E. We have much pleasure in testifying to the general excellence of the work, which appears likely to surpass our expectations. When complete in the eight volumes it will form a respectable medical library in itself, and will in our opinion prove extremely valuable to every practitioner, whether general or special, who is fortunate enough to possess it.

Lectures on the Diseases of the Nose and Throat. By CHARLES E. SAJOUS, M.D. Philadelphia: F. A. Davis, Att'y, 1885.

This work, which originally consisted of Lectures delivered at the Jefferson Medical College, has just been presented to the Profession and ought to be extremely useful to the Student and

Practitioner of Diseases of the Nose, Pharynx and Larynx. There is nothing to speak of which is new in the text, no etiological or pathological discussions, save only those on Hay Fever, but the subjective symptoms and the objective signs and appearances are placed very plainly and concisely before the student and in a way that is easily followed, and the treatment is as comprehensive as possible within the limits, including everything that is modern and nothing that is obsolete. Most of the instruments now in use are shown by plates or described. The subject of Hay Fever is treated at considerable length: the history, causes, pathology and treatment being dealt with very fully indeed. The great feature about the work, however, is the colored engravings. These have been taken from nature by the author himself, and although it must be admitted they are as accurate and life-like as it is possible to make them, yet it seems to us, that the best colored plates can convey only a mere approximate idea of the affection. Perspective is not very well shown in the plates, but then, as in ordinary examinations, one makes use of only one eye at a time, one does not get perspective so well marked. There is also an excellent appendix of useful prescriptions attached and the whole is comprised in 439 pages.

The International Encyclopædia of Surgery.

A Systematic Treatise on the Theory and Practice of Surgery by Authors of various Nations. Edited by JOHN ASHHURST, JR., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and woodcuts. In six volumes. Vol. VI. New York: William Wood & Company, 1886.

This last volume is well calculated to enhance the reputation of the encyclopædia. The subjects treated of embrace the injuries and diseases of the alimentary canal below the pharynx, the genito-urinary system of both sexes, certain affections of the bones, and orthopædic surgery, while an appendix contains articles upon Hospitals, Field Surgery, and the History of Surgery, the last named being ably treated by George Jackson Fisher, of Sing Sing, than whom no one is more competent to discharge the task with accuracy and elegance.

The articles to our mind most worthy of commendation are those upon the Rectum, by William Allingham; Urinary Calculus, by G. L. Keyes; Bladder and Prostate, by Reginald Harrison; and Cæsarean Section and its Substitutes, by Robert P. Harris. These, and especially the last named, are models of excellence. Parvin's contribution relating to the Female Genitals, is likewise deserving of mention as a clear and concise compilation of modern views. Simon Duplay, on the Urethra, and Ollier Vincent and Parest, on the Bones, are essentially French, and admirable according to their standard; but Fisher, on Orthopædic Surgery, is too restricted in his space and hence necessarily incomplete, which is the more to be regretted in view of his ability and the frequency and importance of the lesions to be treated. The only Canadian contributor (Dr. Hingston), has done his duty well, but why he should have been selected to write upon "Lithotrity," which Keyes had already ably handled, is not, superficially, apparent.

The articles of this last volume are throughout of more equal merit than those of its predecessors, and in cordially commending it to our readers we may justly say, *Finis coronat opus*.

Illustrations of Unconscious Memory in Disease, including a Theory of Alteratives. By CHAS. CREIGHTON, M.D., New York: J. H. Vail & Co., 1886. Pp. 213.

- Dr. Creighton's book on the Physiology and Pathology of the Breast bore the stamp of originality, and this small treatise on Memory, which we have read with much pleasure, proves that the author has evidently the courage of his opinions, and is not afraid to come out boldly in support of them, even when, in doing so, he has to run counter to the accepted views of many able pathologists. His theory is that many diseases, especially those of a chronic nature, are due to a morbid habit or unconscious memory of organs and tissues, keeping up the desire long after the exciting cause has ceased to operate, and that many remedies and drugs are alterative in their curative action by breaking up this habit or memory of morbid action, and allowing the tissues and organs

affected to return to their normal mode of action. The author finds it easy by his theory to dispose of the doctrine of germs and parasites, though we fancy many will hesitate to either accept his premises or coincide with his deductions. Of ague he says: "To refer it to a bacillus, or to any kind of poison at all, is not only a delusion of reasoning but a ludicrous error in the elementary sense of proportion." It is originally due to "primary and direct disorder of the heat-regulating mechanism," by "some concurrence of circumstances, predisposing in the individual and present in his external surroundings." The paroxysmal onset is repeated because *the memory* of it was retained, and is quotidian, tertian, quartan or remittant, according to the severity of the upsetting stroke, the individual's power of resistance and the external circumstances. Dr. Creighton's ability is acknowledged and his reputation as a pathologist stands high, but we hardly think the latter will be increased by such sweeping assertions as the following, which, coming from a young man, and referring to the views of some of the foremost scientists of the present day, is, to put it mildly, scarcely polite: "Nothing more plainly marks the parasitic hypothesis of disease as an *asylum ignorantie* than the desire to extend the benefit of it to climatic fever." Of the bacillary origin of tubercle he speaks in terms equally positive and dogmatic. As to syphilis, he believes that any common sores on the genitals may, apart from all specific poison, under varying circumstances, heal up, become chancroids, or indurated infecting chancres. Gummatous tissue is due to the "memory of granulations gone wrong," or a "tradition of bad healing," and mercury acts by breaking the morbid habit in the tissues or effacing the evil memory in them, "*leaving the system to the influence of its ordinary and healthy functions.*" The book is well worth reading—the theories it treats of are intelligibly advocated by a level-headed Scotch metaphysician; are ingeniously and logically applied to practical therapeutics, and thereby commend themselves to the attention of every practitioner of medicine who will find in them food for thought, and a new encouragement for the intelligent use of drugs—theories founded on

Newton's maxim that "no more causes are to be admitted than such as suffice to explain the phenomena," and Sir William Hamilton's Law of Parsimony, that "a plurality of principles is not to be assumed when the phenomena can possibly be explained by one." We advise our readers to study the book and decide for themselves whether the author has succeeded in explaining the phenomena of disease by the principle of unconscious memory. The book is another evidence of the wide spreading influence over modern thought the doctrine of evolution has obtained.

Personal.

Dr. James Stewart is now in Berlin.

Dr. Mustard has commenced practice in Coleman, Mich.

Dr. W. H. B. Aikins sails for Germany early this month.

Dr. N. A. Powell has been appointed Associate Coroner for the County of York.

Miscellaneous.

IMPORTANT FROM HOT SPRINGS.—A friend of ours went to the Springs for change and rest. The waiters got his change, and the hotels the rest.—*Med. Review.*

AN exchange credits Mrs. Grundy with the saying: "That the doctor who writes a book, gives himself away, by showing that his time is not disturbed by patients."

PASTEUR.—*Mrs. Muldoon*: "Mrs. Mulcahey, have ye heard the new rimidy for hydrophoby?" *Mrs. Mulcahey*: "No, faith. Phat is it." *Mrs. Muldoon*: "Plaster of Paris, begorra!"

A QUICK FILTER.—Take a clean piece of Chamois skin, free from thin places, cut it of the desired size, wash it in a weak alkaline solution and rinse thoroughly in cold water. Tinctures, elixirs, and syrups, and even mucilage are filtered rapidly. By washing thoroughly after using, it will last a long time.

NOVEL LIVER SURGERY.—In a case of acute hepatitis with enlarged liver, ascites and other symptoms pointing to a fatal termination, Dr. George Harley introduced a trocar and canula into the liver and drew off twenty ounces of blood. The patient made a good recovery. Dr. Harley thinks hepatic phlebotomy is destined to rank in therapeutics as a safe and effective measure.

STATISTICS OF M. PASTEUR'S HYDROPHOBIA PRACTICE.—At a recent meeting of the Academy of Sciences, Paris, M. Pasteur announced that he had treated the following number of people from different countries for bites from mad dogs: France 505, Algeria 40, Russia 75, England 25, Italy 24, Austro-Hungary 13, Belgium 10, North America 9, Finland 6, Germany 5, Portugal 5, Spain 4, Greece 3, Switzerland 1, Brazil 1. This makes a total of 726.

A CHICAGO paper tells the following of Dr. J. Adams Allen:—When he was commencing practice on a winter's day all muffled, he was riding in a street car, when he overheard two persons talking about him. One asked the other what sort of a doctor was this Allen? "All I know of him is that he snatched my aunt from the grave last summer." "Did he, indeed?" said the other; "well then he must be a pretty good doctor. What was the matter with your aunt?" "Oh, she was dead and buried, you know."—*Amer. Lancet.*

FOTHERGILL'S ADVICE.—Let the student strive to see what are the indications for treatment, what in this case calls most imperiously for attention. He is taught too exclusively, at present, to look at disease from a deadhouse point of view. To make a diagnosis which would be corroborated in the deadhouse is a great matter. In practice for yourself, remember that a living, grateful patient, recovered under your care, is worth more to you than any amount of accurate diagnosis which, so far as other persons and their opinions are concerned, is as voiceless to further your interests as the tombstones in the churchyard which mark your failures.