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Original Communications.

OPERATION FOR CLOSING URETHRO-RECTAL FISTULÆ*

BY DR. WYETH, NEW YORK.

I desire to lay before you the brief history of a case of *urethro-rectal fistula*.

CASE I.—J. S., native of Texas, 27 years old, merchant, came under my care in August, 1887. He came of healthy stock, and had had no sickness of a serious character until 1883, when symptoms of vesical calculus supervened, and for which a left lateral lithotomy was done in August, 1886. The stone removed was reported to be the size of a hen's egg.

A urethro-perineal fistula remained after this operation, and from August, 1886, to August, 1887, four attempts were made to close this opening without success. In the last of these operations a drainage tube about one and one-half inches in length was inserted in the perineal opening and left with the deep end in the urethra. This tube, about three-sixteenths of an inch in diameter, was lost sight of and the doctor and patient supposed it had escaped externally and had been thrown away with the dressings. The last operation was followed by considerable pain which was persistent. In the course of three months an abscess opened into the rectum through the anterior wall, and the urine began to flow freely in this new channel. About this time the perineal opening was closed and an abscess formed in each tunica vaginalis. These were incised and when I first saw the patient were entirely healed. At this date (August, 1887) nearly all of the urine passed through the rectum. The patient suffered greatly, and had to be kept constantly under the influence of opium.

* Read before the Ontario Medical Association at Toronto, June, 1888.

An examination per rectum revealed the presence of a stone, the end of which was on a level with the anterior surface of the rectum, about one inch beyond the anal aperture. The opening was slightly dilated and the stone was removed through the rectum, by means of a strong forceps.

It had formed in and upon the drainage tube, and is seen in natural size in Fig. 1. After consultation with Dr. Edward L. Keyes it was



FIG. 1. Calculus formed on a piece of drainage-tube as a nucleus. (Actual size.)

determined to prepare the patient for operation, which was done, and on Sept. 13, 1887, I operated as follows:

The patient, in ether narcosis, was placed in the Sim's position and a large Sim's vaginal speculum was introduced. The opening through the anterior wall of the rectum measured three-quarters of an inch in length, with an irregular width of from

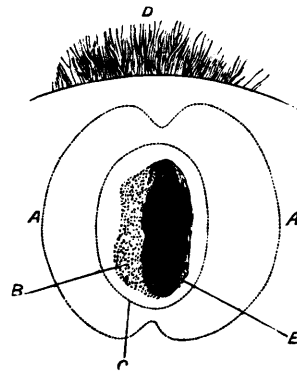


FIG. 2. Showing the anterior wall of the rectum, and opening into it at *E*, a sinus from the membranous and prostatic urethra. *B* Cul-de-sac, which undermined the right margin of the opening. *A* *A* Line of incision along which the flaps were dissected as far inward as *C*. For their nutrition the two lateral flaps depended upon the limit between the dotted line *C* and the margins of the opening *E*. *D* the perineum.

one-eighth to one-fourth of an inch. It led directly into the urethra near the junction of the membranous and prostatic portions. The floor of the urethra was entirely destroyed. The right edge (patient's right) of the opening was seen to be undermined, as shown by the dotted surface *B*, in Fig. 2.

I determined to attempt the formation of a new

floor to the urethra by turning the mucous membrane of the rectum into this position. Two crescentic incisions were made, as shown at *A, A*, Fig. 2, being about parallel with the edges of the opening but approaching more closely at its upper and lower angles. These incisions went deep into the wall of the rectum and included the mucous and muscular layers. The two lateral flaps were dissected up the left to within an eighth of an inch of the edge of the opening; the right could not be carried so far on account of the pocket which undermined this side.

The flaps were now turned toward each other and their raw edges made to meet in the middle line, while the raw surfaces looked into the rectum and the mucous surfaces into the urethra (Fig. 3). Sutures of silk-worm gut were inserted, as

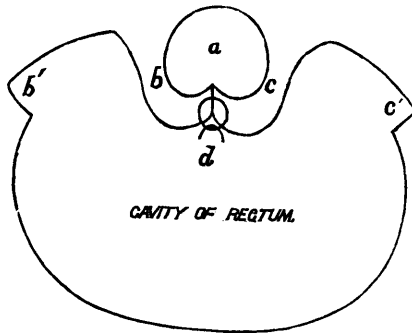


FIG. 3. (Schematic.) Transverse section through the urethra and rectum, showing the method by which the flaps were turned from the mucous membrane of the rectum to make the floor of the urethra. *a* Urethra. *b* The right flap dissected from *b*. *c* The left flap from *c'*. *d* The silk-worm gut suture in position (not entering the cavity of the urethra).

shown in Fig. 3, at *D*. These sutures were about three-sixteenths of an inch apart, and were so inserted that they did not penetrate to the cavity of the urethra. On account of the thinness of the flap at one point I was compelled to pass one suture into the urethra.

A Nelaton's catheter was carried through the meatus and urethra into the bladder, and through this the urine ran out at intervals. Whenever the urine accumulated enough to create a desire to expel it, about six ounces of Thiersch's solution were thrown in to dilute it, and when this with the normal contents of the bladder were evacuated, the same quantity was thrown in again and immediately expelled. In this way the wound was kept practically free from irritation by the

urine. Divulsion of the sphincter ani removed all danger or annoyance from spasm of this organ. The bowels were kept quiet for nine days, and liquid diet was enforced. The patient had been placed on liquid diet for ten days prior to the operation.

The sutures were left *in situ*. The wound healed promptly and the patient left for his home in three weeks after the operation. In April, 1888, seven months later, he returned complaining of slight irritation in the rectum, and said he thought at rare intervals a few drops of water escaped into the bowel. On examination three of the sutures were still in position, but no opening could by most careful search be discovered. The sutures were removed and in a few days the patient was discharged.

IDIOPATHIC GLOSSITIS.*

BY DR. HUNT, CLARKSBURG, ONT.

It is generally conceded that Idiopathic Glossitis is a disease of very infrequent occurrence. During a practice of twenty years I have met but with one case, and in the current medical literature of that period I have not seen a single case recorded. Writers of medical and surgical works dismiss the subject after brief notice, but all agree that it is a rare though very formidable affliction. I have, therefore, considered that a report of my case might not be uninteresting to this Association.

The patient was a robust, florid looking farmer, thirty-five years of age, of good family history. He had taken cold and at first complained of soreness of the throat and root of the tongue. The first physician in attendance diagnosed quinsy, and treated him accordingly. In three or four days, as he was decidedly worse, he sent for another doctor whom an officious neighbour recommended as the possessor of a specific for quinsy. He came, he saw, he diagnosed, what by that time was very easily done, inflammation of the tongue, and promised speedy relief. On visiting the patient the following day he pronounced him to be dying. Said, alas! he was too late in being called in. That to open the windpipe was now useless, as his lungs had become too much congested to

* Read before the Ontario Medical Association, at Toronto, June, 1888.

afford him a chance of recovery by the operation, and to lance the tongue was a dangerous proceeding, as fatal hæmorrhage might occur. Giving the man a few hours to live he left him to his fate.

The patient and his friends accepted the situation; but, at the urgent solicitation of another officious neighbour, I was sent for and arrived about 12 o'clock p.m., the same day. I found the patient sitting on a chair by the side of his bed, his face was flushed and turgid, his eyes protruding, respiration hurried and difficult, deglutition impossible, and with a finger of each hand between his teeth to prevent them pressing on the inflamed tongue, and to enable him to get sufficiency of air to breathe. The tongue filled nearly the whole cavity of the mouth, the tip protruding between the teeth. The sub-maxillary and sub-lingual glands and tonsils were tumefied. The saliva appeared to be profusely secreted, and from the inability of the patient to remove it, it was continually dribbling away. He had neither slept nor taken any food for eight days, and his strength was nearly exhausted.

I passed a bistoury on the flat over the dorsum of the tongue, as far back as I could, and then turning it on its edge I made two deep incisions on each side of the raphe. Blood flowed freely, but no pus was discharged. The patient, in a short time, experienced some relief, was able to swallow a small quantity of water and articulate more distinctly. His respiration became easier, and he slept for a few minutes at a time. I remained with him all night administering, at intervals, enemata of egg, milk and brandy, and I left him at 7 o'clock in the morning somewhat improved, but still having much difficulty in swallowing, and being obliged to gargle frequently to get rid of mucus which was very abundant and tenacious.

About 11 o'clock a. m., I was sent for, the messenger saying that during the morning he had discharged some bad smelling matter from his mouth and shortly afterwards appeared to be suffocating. I found him gasping for breath, cyanosed, pulse 140 and feeble, skin covered with clammy perspiration. I proposed to open the air passage, but his friends objected, saying that he was dying and should be allowed to die in peace. I replied that I would hold them responsible for his death unless they allowed me to do as I wished.

This threat had the desired effect and they consented. I decided on laryngotomy as being the simplest and speediest operation, time being of the utmost consequence. Not having a tube with me I filed off the beak of a silver catheter and inserted it instead. He immediately began to rally, regained his natural color, and in half an hour was sitting up in bed drinking beef tea and asserting, as well as his tongue would allow him, that the tube was a grand institution. He slept at intervals during the night, and took beef tea fairly well. In the morning I plugged the tube while he was sleeping, and finding that it did not interfere with his breathing I removed it. He continued to improve so much for two days, and the roads being very bad, I left him in charge of the first physician called in, with the understanding that I was to have a report of his condition every day by mail.

He was progressing favorably. The swelling of the tongue was gradually abating, and he could take nourishment with less difficulty, till the third day after I had last seen him, when I was again sent for. I found him labouring for breath, unable to lie down, his pulse indicating great exhaustion. I immediately introduced a tube into the larynx through the old opening, but he died as soon as I inserted it.

I was informed that he had felt better than usual that morning, and had walked from his bedroom to the kitchen adjoining it which opened directly outside. After remaining there for an hour he returned to his room, which, in the meantime, had been scrubbed and was still damp. Soon after his breathing became impeded, and he gradually passed into the state in which I found him on my arrival. For some unexplained reason I was not sent for until six or eight hours after his relapse, and no attempt was made to re-introduce the tube till I arrived.

I must confess I was exceedingly disappointed at the unexpected termination of this case, as, after he had made such good progress towards recovery, I had felt confident that his life would be preserved.

In conclusion, I beg leave to make a few remarks suggested by this case. 1st. Why should Idiopathic Glossitis be of such rare occurrence when, from the large blood supply, active habits, and exposed situation of the tongue it might

naturally be inferred that it would be especially liable to inflammatory action? I must confess I am unprepared with an answer to this question, and have put it in order to elicit the views of this Association. 2nd. From the infrequency of the disease, and the implication of the tonsils and pillars of the pharynx, it is liable, in the early stage, to be mistaken for tonsillitis. 3rd. It is of the utmost importance to early administer nourishment, either per rectum, or by means of a nasal tube, as the disease makes very heavy demands on the vital powers. I think, however, alimentation through nasal tube would be almost impracticable on account of the preternatural irritability of the parts. Early and deep scarifications should be made in order to avert impending suffocation, and, if relief by this means is not speedily obtained, no time should be lost in performing either laryngotomy or tracheotomy, as the exigency of the case might demand, as it allays the fearful apprehension of the patient that he is going to smother, and prevents congestion of the lungs. Finally, having succeeded in carrying the patient through his difficulties, we should continue to carefully watch him till recovery is assured, and not leave to any one else so important a charge, as I feel inclined to believe that had he been prevented from returning to a freshly scrubbed room, or had the tube been re-introduced immediately, a fatal result might have been prevented.

URETHRAL DISCHARGES.*

BY FRED. LE M. GRASSETT, M.D., ETC.,

Prof. of Surgery, Trinity Medical College, Toronto.

Mr. President and Gentlemen,—I feel a considerable amount of diffidence in bringing before this Association the subject of "Urethral Discharges," especially as the surgical field is such a rich and fertile one, and the curt manner in which some of these discharges are treated in many text books, suggests to me that I have chosen either a barren portion on which to dilate, or at any rate that the subject is an undesirable if not an undeserving one. All I know, is, that the subject interests me. I give you what I have found of use to me in managing these cases, and I hope that, as this subject falls outside the experience of no practitioner of medi-

cine, the discussion of it by such a learned Association as this may result in good, as it is especially discussion that is desired, and that the paper be not an exhaustive essay, but rather short suggestions of points for discussion.

The first of the urethral discharges that claims attention, is also the commonest, that which is the result of catarrhal inflammation, affecting the epithelium covered surface of the urethra—Urethritis. It is met with under two forms, at least as far as treatment and apparent cause are concerned. The simpler, due to contact with some leucorrhœal discharge in the woman, or brought on by excessive sexual intercourse, is usually much less severe, much more manageable than the specific form. The other, the result of the application of a poison generated by and acquired from the female, miscalled gonorrhœa, vulgarly called common clap, or, as the French say, *chaudepisse*, has many points of interest. Now, whether the opinion held by Neissir and others is correct, that the virus that produces it is a micrococcus, to which they give the name *gonococcus*, or is likely to be ultimately shown to be correct, it cannot be said as yet to be anything like proved. Capable observers in this comparatively new branch do not appear to be agreed as to the part these organisms play, in exciting this form of urethritis.

The probability seems to be, that the constancy with which micrococci are found in gonorrhœal pus, suggests strongly that they are in some way at least connected with the development of the disease. Yet against this, on the other hand, competent observers have failed to excite a gonorrhœa in healthy persons by the inoculation of the urethra with cultures of these micrococci. In the present transitional state of our knowledge, as to the exact causative value, in many affections, to be attached to micrococci and other similar germs, I prefer not to dwell on this further, except to say, that from the practical side it has not received that confirmation that one would wish. I refer to an article in the *Brit. Med. Jour.* in 1880, by Watson Cheyne, in which he pointed out, that in the pus discharged during an attack of gonorrhœa, living microscopic organisms are invariably found, and argues therefrom the essentially parasitic origin of the disease, and suggests a new method of treatment based on this, viz., the use of bougies of cacao butter, combined with a powerful antiseptic—preferably iodoform and eucalyptus oil. The

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bougie being preferred to solutions, in order that the antiseptic may stand a stronger chance of being more completely brought into contact with the inflamed surface. I have been unable to find in such journals as I have read, any strong endorsement of this plan. My experience of it is not sufficient to allow me to pass any opinion upon it. I can only say, with my predilection, I wish it were more effectual than it seems to be, as a treatment so easy and rational deserves to be.

In the treatment, we can find an ample field for discussion. As a student, I recollect well how much some used to praise the abortive treatment, effected by the internal use of balsam of copaiba and cubebs, in large and frequent doses, and at the same time the injection of nitrate of silver, or other similar strong caustic fluid, repeated at short intervals. Indeed, one well-known surgeon at the Infirmary, whose eminence in this direction was undisputed, was vulgarly called "The perfect cure in three days."

Few surgeons would now-a-days, I think, undertake the abortive treatment, even at the urgent request of the patient, and his assurance that all risk was his own; for except in mild cases, it frequently does much harm.

The expectant plan has had at times strong upholders, perhaps has some still. I do not find, however, that any of the advocates of this plan have ever brought forward an array of facts to prove that the disease if left to itself will get well in a short time; certainly the majority of those who have studied this disease at all closely, have come to a different conclusion.

What should be embraced in a safe and effectual treatment. Several factors make it up.

(a) Rest, if possible, even to lying in bed. Now few of the patients coming to a dispensary or hospital to be treated, are in a position to do this; they are compelled to go about their work. Even in private practice, a large proportion show the greatest unwillingness to lay themselves up, fearing that the knowledge of their disease may be thereby suspected, if it does not actually leak out.

(b) Insisting on great cleanliness, obtained in any way; the patient to frequently pass urine, so as to cleanse the urethra; injecting warm water; frequent soaking of the penis in warm water. Tell him also not to bandage or tie up his penis in an unnatural position, but allow it

to hang, and thus permit the discharge to run freely out of the urethra, the mouth of which should not be firmly pasted up, as it so often is, with a piece of lint; but left open, or at most, having a piece of salicylic or borated absorbent wool lightly placed over it, or in a water-proof bag secured over it.

(c) Make his diet as simple as possible; pure milk diet, if you can get the patient to conform to it; at any rate, excluding all irritating and stimulating articles—fluid and solid, giving also diluents and alkalies freely, to make the urine as little irritating as possible.

(d) Internally, I have used for a long time, the liquor santal flavæ et cubebs of Hewlett, with great satisfaction; it is the most pleasant of an unpleasant family of drugs, and I deem it most useful.

Injections: what is their place and value in the treatment of this state. Certainly in the acute stage they are not beneficial, and I find them positively harmful. A good many cases that I see, come to me after they have treated themselves for a time on prescriptions and advice of a friend, or have been acting under the advice of a chemist. These usually use injections from an early date, often I feel satisfied with bad effects increasing the violence of the complaint and aiding in the extension to the deeper parts of the urinary tract, or producing one or more of the so-called complications or sequelæ of gonorrhœa.

When the acute symptoms are passing off, and the pain has gone, though the discharge may still be muco-purulent, yet I think it is then quite judicious to use astringent injections of various kinds. The list of what has been used and proposed is a long one, and the difficulty of accurately estimating their value is not small; but the zinc salts, sulphate, sulpho-carbolate, nitrate of silver, and boracic acid are certainly most useful, with or without a sedative adjuvant.

The more chronic state of the same affection is deserving of a little attention. The passing off of all symptoms of an acute nature and the persisting of a chronic urethral discharge for a more or less lengthened period, constituting the common complaint known as gleet, is a frequent result. This discharge will often persist, in spite of pains-taking and judicious treatment on the part of the surgeon by internal and local means; at times being reduced to an amount just sufficient to glue

the lips of the meatus together, and the expectation is that it is about to disappear; when, due to some slight cause, some error of diet, some indulgence in alcoholic liquor, it returns again almost to a state of true gonorrhœa. This is an universal experience; it tries the patience of the surgeon and his patient to the uttermost.

Why should this be so? Is it because the part from which the discharge comes is so far back in the urethra, that it cannot be thoroughly reached? I think not; for if so, why then do we find strictures, the result of long continued irritation from gleet, situated invariably anterior to the triangular ligament, in the spongy portion of the urethra, probably, most frequently, just at or in front of the bulb; next, not far from the meatus, and, lastly, anywhere in the urethral spongy part. Some surgeons do talk about strictures in the membranous and prostatic portion, but if they are in the membranous they are the result of some injury to the perineum, as by fall or blow, secondarily implicating the urethral canal. The prostatic portion is never truly the seat of organic stricture. Is the explanation of this chronicity to be found in believing that the urethral mucous membrane gets into such a debilitated state, that it is constantly shedding, in an imperfect state, its superficial layer on the slightest provocation? or should we agree with Prof. Otis, and look upon its continuance as an evidence of an abnormal contraction, however slight, of the urethral calibre; in other words, that "chronic urethral discharge means stricture." I cannot go as far as this last statement. I have tested a number of cases, both with olive-pointed and ordinary bougies, and found in many cases that no sign of stricture existed. It is true, I did not use Otis' urethra-meter. Perhaps some member would give his experience with that instrument. However, if stricture does exist, it should be combated by appropriate means; more than this, the very passage of large-sized steel bougies in those cases in which I said I could not find evidence of stricture, were benefited by them.

Some cases are managed only by injections, and all cases are in a measure benefited by them; but they should be mild astringent ones, frequently changed.

It is probable that the truth lies as to the pathology in this debilitated state, and that the disease begins in the mucous membrane,

and extends into the sub-mucous tissue, and continues there very often sufficiently long for the infiltration to become fibrous and make a stricture, while on the surface the epithelial stratum is thickened, the upper or superficial cells of this stratum are constantly dying, exfoliating and mingling with the secretion of mucus from the glands and lacunæ along the utheral tract, and this makes the discharge of chronic gleet, on this basis.

I lately noticed a paper on this, by Lecoper, of Berlin, in which he claims the method he recommends to be tried has the advantages of combining the mechanical and chemical treatments, and I propose to try it at an early date. It is as follows: nickel-plated bougies are used, slightly conical; there are six shallow grooves on them, becoming shallower near the points, before reaching which they cease. Into the grooves of these bougies he pours a paste, which hardens at the ordinary temperature of the air. He tried various forms of paste, containing as the active ingredients, iodoform, zinc, resorcin, and others, but found them all inferior to nitrate of silver; the proportion being, cacao butter, 100 parts; nitrate of silver, 1½ parts; balsam of copaiba, 2 parts. He gives careful directions as to the making of this paste, laying stress on the fact, not to employ too much heat in first melting them, else the nitrate will be reduced to silver and be inefficient. After the salve has become hardened, the bougie is smoothed with any sharp-edged tool. This bougie will readily pass down the urethra. At the temperature of the body the salve melts in one minute.

He maintains no bad effects follow; no chill or fever, or at least no more than an ordinary bougie might produce. The length of time they may be left in varies according to circumstances, but the longer it is left in the more favorable the effect on the infiltration. Improvement begins at once, and in the later stages, when there is little or no discharge from the meatus, by observing the urine in the ordinary way, the character of the discharges found in it will indicate roughly this improvement. Thus, at first, the flakes of matter will contain more pus and fewer epithelial cells; as improvement goes on, the epithelial cells increase in number and the pus cells decrease, until a few only (embedded in the epithelial cells) are seen. It is of course no new idea to employ bougies in these cases, covered with simple salve, or even covered

with a paste which dissolves at the temperature of the body; but in the manner just described, there is to my mind a most happy combination of the chemical and mechanical.

PROSTATORRHŒA, SPERMATORRHŒA.

When several glands discharge their own peculiar secretion into a common cloaca or outlet, it is not easy to say how far the discharge from such common outlet is simple or compound in character, and if compound, to what extent. This difficulty supplies one reason why urethral discharges, other than gonorrhœa, have long been the chosen field of the empiric and the quack. With a proportion, usually very small, of truth to back them up, they delight to paint in connection with such discharges, a picture of misery and woe, the dark coloring of which has done a vast amount of injury, bodily and mental, to multitudes. This dates as far back as the time of Lallemand and his followers, the consequences of whose ill-judged writings are still every day apparent.

Prostatorrhœa as a separate and distinct discharge from the prostate gland, was first described by Dr. S. W. Gross, of Philadelphia; previously, all involuntary discharges were regarded as seminal, and even now writers appear to differ in opinion as to the nature of this discharge. It may be defined as a discharge of clear glairy mucus from the prostate, especially after the bowels or bladder relieve themselves, and more so, if straining efforts have been made. It appears probable that the discharge comes from the acini or ducts of the prostate, over-distended with fluid, due to anything which is likely to produce a determination of blood to the pelvic organs; for example, affections of the rectum, much riding on horseback, masturbation, gonorrhœa. It exists sometimes with or without inflammation of the prostate. Let me give the particulars of one case as an example.

E., single; at the age of 20 had gonorrhœa, and again at 22. It was not until some years after, that he noticed first a discharge of tenacious matter during defecation. General health fairly good. Examination of the discharge was frequently made with the microscope, probably fifty times, but nothing was found except a few columnar and squamous epithelial cells, and on two or three occasions only spermatozoa. The facts pointing to a prostatorrhœa, a large-sized bougie was passed;

no stricture was made out, but no apparent benefit followed. It was then passed and left in for about five minutes; within twenty-four hours there was sense of weight and pain in the perineum, sense of fullness and desire to empty the bowel, an indication that a certain amount of prostatic inflammation had been set up. This completely and readily subsided, but the discharge still continued, and the urine showed filiform muco-purulent casts of the follicles and ducts. After a time injection was tried, with a Gross' syringe and solution of nitrate of silver. It produced no pain, only a feeling of warmth; this was repeated on three occasions, at a week's interval; the discharge at once began to lessen, and by the end of a month or so a discharge which had existed for years was completely cured. This patient also had intermittent phosphaturia, great headache at short intervals, and general debility. He has much improved in all these respects since. Tonics were administered liberally, especially iron and nux vomica.

This case serves well to illustrate this disease. It followed irritation at another part of the urethral tract. It showed little tendency to self-cure. Its nature, by the use of the microscope, was readily diagnosed. The treatment was completely successful. I could cite numerous other examples, but my purpose is served if I have shown the necessity for an accurate diagnosis, and the result of certain manner of treatment.

Spermatorrhœa, the escape of seminal fluid, is the last urethral discharge I would briefly mention. In its strict meaning, it is a slight flow of semen, more or less continuous, from the urethra, without any specific sensation, or during an excitation or defecation; but generally it is understood to embrace—nocturnal emissions during sleep, and diurnal pollutions which take place when the patient is awake, and which are excited by slight mechanical or psychical causes, and usually the erection is incomplete and the sensation diminished.

The first class, or involuntary nocturnal seminal discharges, is one variety of this affection; this frequently is but an expression of vigorous health, not feebleness or disease, provided they occur in men living a strictly continent life, and do not recur with too great frequency. They require only that the person be informed that they need give him no concern; but when they occur frequently, and are followed by depression, more or less mental

and bodily lassitude, they are becoming abnormal or pathological, and require judicious treatment.

The local causes leading to spermatorrhœa are most frequently hyperæsthesia and chronic inflammation of the prostatic urethra, induced by masturbation, gonorrhœa, sexual excesses, and the like. But it is chiefly in the direction of treatment that I would direct attention. It is very wise in these cases to lay down strict hygienic and moral rules for the patient. Thus, avoidance of all alcohol; light, simple, nutritious diet. Direct him to empty his bladder the last thing at night, and as early in the morning as possible. Riding on horseback or over very rough roads is not advisable. The mind and body should be given sufficient exercise, to keep the thoughts away from the subject. Habitual constipation is often met with, and requires close attention. Medicinally, bromide of potash is indicated. But chiefly, remove any reflex source of irritation.

If there is an elongated prepuce, with or without phimosis, circumcision is to be performed; in one troublesome case, I found this act most speedily. If the rectum contains any irritation, it should be at once remedied—as external and internal piles, or fissure of the anus. The over-sensitive or chronically inflamed urethra, as in the cases of prostatorrhœa, is best met by the passage of the sound, and the injection of nitrate of silver.

ON THE NECESSITY FOR A MODIFICATION OF CERTAIN PHYSIOLOGICAL DOCTRINES REGARDING THE INTERRELATIONS OF NERVE AND MUSCLE.

BY THOMAS W. POOLE, M.D., LINDSAY, ONT.*

OBJECTIONS TO THIS THEORY.

1. It has been objected to this theory that "a muscle can contract when irritation is directly applied without the intervention of nerves." Now, I am not in the least disposed, or obliged, to dispute this assertion, for reasons which will appear later on. My thesis has much to gain, and nothing to lose, by the fullest admission of the independent irritability of muscular tissue. But it is exceedingly difficult, if not at present impossible, to say when a still irritable muscle has been de-

prived of "the intervention of its nerves." Certainly such is not the case in the experiments edited by Dr. M. Foster, in the Hand-book here tofore referred to, where the experimenter, in order to produce the ideo-muscular contraction, is to choose "a muscle which has been much exhausted by treatment or by long removal from the body," and to "wait till neither muscles nor nerve give any ordinary contraction with an electric stimulus." It cannot be held to be proven that in such a nerve-muscle there is not still remaining a force in the weakened nerve sufficient to control the equally weakened muscle.

CURARE AND THE MOTOR NERVE ENDINGS.

2. It has also been objected that, while the motor nerve endings are paralyzed by curare, the muscle does not contract, as it ought to do if this theory were correct. To this I have to reply, that if the muscles are not found contracted it is partly due to the insufficiency of the poisoning of the motor nerves, and partly to the fact that curare diminishes the contractile energy of the muscle (a). Nicotine and conine act precisely like curare (b), and in the final action of these three poisons, motor nerve paralysis and spasm, or convulsions of the muscles, occupy a prominent place. (Ringer). The special results vary, of course, in different animals. Nicotia sometimes acts like an anæsthetic (c); and the same is doubtless true of the others. Now, anæsthetics induce muscular relaxation by deoxydizing the blood; and nicotine is known to disorganize the red corpuscles which are the oxygen carriers. It is doubtless in this way that, under the slow action of these poisons, muscular relaxation is brought about. If death be rapidly produced by curare, convulsions occur (d). Here the motor nerves are paralyzed before time has been afforded for the poison to lower the irritability of the muscle, which passes into tonic or clonic spasms according to its freedom, thus behaving as it "ought" to do. Is not this a sufficient answer to the objection?

But more remains to be said. The experiments with curare are not so conclusive as to be beyond the reach of criticism. They were intended to

(a) Rosenthal, *Muscles, etc.*, p. 254.

(b) *Ib.*, p. 253.

(c) Stille and Maisch, p. 372.

(d) Stille and Maisch.

* Read before the Physiological Section of the Ninth International Medical Congress, held in Washington, September, 1887.

prove the independent irritability of muscle, which is now generally an accepted fact among physiologists. M. Rosenthal asserts that these experiments (and those of Kuhne upon the sartorius muscle), do not prove this; which is equivalent to stating that it is not proved that curare paralyzes the motor nerve endings.

More direct evidence upon this point is that of Dr. Onimus, who, not long ago, "read a paper before the Academy of Medicine, Paris, upon electro-muscular contractility and the action of curare. Contrary to the opinion of M. Claude Bernard, Dr. Onimus believed that curare does not act on all parts of the motor nerves, but only on their trunks;—the nerve centres and terminal filaments being unaffected" (a).

In view of these authoritative opinions (and doubtless of others to which I have not access), it is evident that this objection falls to the ground and loses the weight which otherwise might attach to it.

But suppose it were established beyond doubt that the influence of the nerve were completely eliminated from the muscle in any case, and that the contractile protoplasmic masses of muscle were left wholly to themselves, and their life being not yet extinct, that they gave token of that still flickering life when comparatively rudely assailed by a shock of electricity or a corrosive or injurious agent,—what then? Such signs of irritability, elicited under such circumstances, would not militate against my thesis; for such would be the behaviour to be expected from still living protoplasm, wherever found, and would in no way disprove the contention that in the association of nerve and muscle in the organism the *role* of the nerve is to restrain or control the protoplasmic energy of the muscle so long as their mutual relations continue. For, after all, "the contraction of muscular tissue is, in fact, a limited and definite amoeboid movement, in which intensity and rapidity are gained at the expense of variety" (b).

Indeed, I think the rational view of the situation just depicted, turns the argument the other way; and tends to show that in the joint *role* of nerve and muscle the function of the nerve is *not* to goad or stimulate the muscle to contract. To suppose this is to assign to nerve energy the re-

lative value of the fifth wheel in the coach. Such enduring power of contractility as the muscle here exhibits evidently needs no supplementary aid from the nerve. What it really *does* need, however, is restraint, control and co-ordination for the purposes of the organization of which it is a part.

OTHER OBJECTIONS.

A further objection has been suggested, on the ground that on a nervous impulse reaching a muscle, an electric current is generated during the period immediately preceding the contraction of the muscle; but this is an objection which is only of any force on the assumption that electricity is a stimulant. There is nothing in the action taking place here to show that the electric current is a stimulant rather than a paralyzer. There is simply a "freeing of the forces in the muscle," just as the spark of electricity frees the forces bound up in gunpowder, and so fires the train (c).

As for the additional plea that nerve force and muscle force are too much alike for us to consider one a paralyzing and the other a contracting agent: that is merely begging the question. Nothing whatever is known regarding the nature of these forces; and the intimate structures of nerve and muscle are so widely different as to justify the idea that the product, so to speak, of each, is equally diverse.

This theory has been objected to as a proposed addition to the inhibitory system of the text-books. This is a mistake. If the views here enunciated were adopted, the huge incubus of the present inhibitory hypothesis could be in great part swept away, to the great advantage both of physiology and therapeutics.

If it be claimed that on the cutting of the spinal cord or of a nerve trunk, the "irritation" set up at the point of cutting, or the generation of electrical current as the result of chemical change in the transverse section, act as a stimulus, and the contraction of the corresponding muscle is thus produced, such a claim must be regarded as untenable for the following reason:—The acts just referred to cannot be stimulating acts, because they are attended by precisely similar effects as are produced in the muscle by death from any cause, in which condition, it is needless to say nervous activity is not increased. The proof of

(a) Dr. M. Foster, *Phys.*, p. 63.

(b) *N.Y. Med. Record*, 1880, p. 73.

(c) Rosenthal, p. 250.

this has already been sufficiently vouched for, and need not be repeated here.

Of course, I do not pretend that all difficulties vanish in the light of the theory here advocated. There are very serious, if not insurmountable, difficulties in the theory of the text-books; as the facts of the foregoing pages fully show. What I claim is, that the view here presented rests on a rational basis, and, though presented very inadequately, and under many disadvantages, has the merit of furnishing a key to many obscure phenomena in the organism, and is entitled to the fair and candid consideration of the members of our profession.

NEURASTHENIA.

Abstract of a paper by Dr. D. Clark, Medical Superintendent of the Asylum for the Insane, Toronto, read at Meeting of Ontario Medical Association, June, 1888.

We regret that we are unable to give the full text of this most valuable and instructive essay. The Dr. after graphically describing the condition of the patient suffering from this disease, which, "in medical literature has been given many names, such as cerebraesthesia, brain exhaustion, general debility, nerve starvation, 'run down,' poverty of blood, spinal irritation, and other terms 'too numerous to mention.' This disease is not to be confounded with hypochondria, hysteria, or insanity. "Each of these conditions is well marked and easily discerned by any observant physician. The morbid fears of insanity are usually definite and permanent, and accompanied by delusions, which are fixedly believed in by the insane patient. The neurasthenic, on the other hand, will tell you how unfounded are their extravagant ideas, and that they can temporarily banish these vagaries, but only to return again, like the swing of a pendulum."

He divides the neurasthenic into three classes :

1st. Those who complain of general weariness, becoming easily tired, having poor or capricious appetites, being restless, yet look fairly nourished and healthy.

2nd. Those who are evidently feeble. They are usually pale, thin, and show generally a waste of tissue and a breaking-down without any evident local disease.

3rd. This class contains those in which we find

a hysterical condition and anæmia, especially in chlorotic females.

It is strongly urged however, not "to jump too hastily at conclusions lest organic and local disease should exist, the nerve symptoms only being indicative of permanent trouble which may need special and direct treatment." The writer admits having made mistakes in this direction, and has seen many cases in which such mistakes have been made.

"All these phenomena are defects, outside of brain disease, of a permanent character. The identity is not present, but the family resemblance is striking in this brood of evils which border on insanity. The want of sleep, followed by a low power of thinking in the pursuit of daily business; the weakening of the power of attention and a desire to wander from necessary thought; a shrinkage from doing a business which heretofore was a delight; becoming abnormally wearied in mind, when doing routine and ordinary work; not the natural facility to put ideas into words, and an unnaturalness of temper in respect to small matters and on small occasions; and change of manners and feelings to near friends and relatives without any just reason, are cardinal characteristics."

The Dr. goes on to say that "if there is any hereditary taint of insanity, or any serious neurosis existing, then these evidences of physical and mental deterioration are not to be lightly thought of, for any such condition may evoke from latent tendencies active diseases of an alarming character."

... Nerve-starvation is not, however, a fixed physical disease and does not affect and control abnormally the language and conduct of an individual, as in insanity.

As to the physical condition "we often find abnormal dryness of the skin and mucous membranes, tenderness of the spine in circumscribed places, as we often find in hysterical women. Complaints of feeling heaviness of the loins and limbs; shooting pains simulating those of ataxy, irritable heart-action, best known by a tremulous, variable pulse accompanied by palpitation and it may be intermissions of beats, mostly the third and fifth beats. Convulsive movements, especially on going to sleep, which have often been mistaken for nocturnal epilepsy; localized hyper-æsthesia; sudden giving out of general or special functions;

temporary paresis, or it may be paralysis, and generally a feeling of profound exhaustion unaccompanied by positive pain. Some graphically say: "They have a feeling of *goneness*."

The treatment of such cases is summarized as follows:

- 1st. Rest and cheerfulness for the anæmic.
- 2nd. Outdoor exercise and work for the plethoric and sedative.
- 3rd. Fresh air, substantial food and absolute cleanliness for both classes, as a rule.
- 4th. No chloral, no opium, no alcohol; in short, no artificial stimulant, soporific or narcotic, of any kind. Three hours of natural sleep or rest have in them more recuperative power than nine hours of stupor or drugged quietude. Such short cuts to rest only murder natural sleep and strangle the heroic efforts of nature to come back to normal conditions. Even when these stilts are used, it must be after serious and thorough deliberation.
- 5th. Any employment which will have a tendency to divert the mind away from self-contemplation, and, in short, seeking relief by the law of substitution.

6th. I find the best remedies are such as the arsenites, cod liver oil, zinc phosphide, ferri pyrophosphate, nux vomica, bromides with caffeine, zinc oxide with ergot, and such like.

These tonics and calmatives assist nature to seek again the old paths. Allow me to add a word of warning to the younger members of our profession. If sedatives, or narcotics, or stimulants are administered, it is well to mask them as much as possible. We all know their seductive power, and I have been told by dozens of victims to the alcohol, chloral or opium habit, that the first knowledge they had of the pleasurable potency of such drugs was received from the family physicians. After their visits ceased the remedy became a luxury, and the druggist was applied to for the material to inflict infinite injury to many a valuable life. My method has been to use some menstruum which would disguise the taste and smell of these drugs and to maintain a stubborn silence as to their presence in my prescriptions. This warning is given here, as there is a great temptation to use them in neurasthenic cases, in which are found insomnia, local pain, and mental distress.

Correspondence

OUR NEW YORK LETTER.

From our Own Correspondent

NEW YORK, June 23rd, 1888.

It is said that America leads all other countries in gynæcology, and the orthopædists of New York think they have reason to say that orthopædic surgery is furthest advanced here. Recently at a meeting of the orthopædic section of the Academy of Medicine, Dr. Ridlow read a paper, in which he advocated the method of treatment of hip disease pursued in England instead of that followed here. The English method might be styled the hospital or rest-in-bed treatment, while that here the mechanical or out-of-door treatment. In London patients with hip disease are put in bed, and extension applied by means of the weight and pulley, the patient being kept in bed until either a cure results, or death ends the treatment. Every orthopædist present at the meeting—except the author of the paper—agreed in strongly denouncing that treatment, Dr. Sayre going so far as to say that to 'return to it would be to go back twenty-five years to the dark ages of orthopædic surgery. Every one here uses some form of splint in hip disease, the most popular, and I think the best, being Taylor's long hip splint. *Morbus coxarius* being generally believed here to be tubercular, it is very essential that the patients get as much as possible into the fresh air and not become bed-ridden. I will not attempt to describe the Taylor splint or its mode of application, as it would take too long, and the description can be seen in any book on the subject. What is obtained from the splint is that the joint is kept at rest while extension is being made continuously, and the weight of the body removed from the foot to the perinæum the patient enabled to run around, go to school, with very little inconvenience, and without crutches. In the acute stage there usually exists, before the splint has been applied, some flexion of the thigh due to reflex muscular spasm. As long as this exists the patient is kept in bed with leg on an incline plane, and by means of the splint the extension is made in the line of deformity. A few weeks will generally suffice to overcome the flexion, and as soon as this is done the patient gets out of bed and should be out of doors

as much as possible. Pain generally disappears with the application of the splint. The splint is worn day and night, and only taken off to renew the adhesive plaster on thigh and leg—usually once a month, or less frequently. Should abscesses develop, as in a proportion of cases they will, two courses, directly opposite, are advised, Dr. Sayre saying to open the abscess, scrape, irrigate and dress it antiseptically; Dr. Shaffer on the other hand advising to leave the abscess alone and allow it to open spontaneously unless sepsis be produced, or it is about to open in a bad place. About 2% of these abscesses disappear—are absorbed. The splint is finally removed only when all reflex muscular spasm is gone, and the motions free, or ankylosis result. Tonics, cod liver oil are given, and the general health attended to. The mechanical treatment does everything that the weight and pulley does with the tremendous advantage of giving the patient the benefit of exercise out of doors. I have seen numbers of these children running around with their splints on, fat and red cheeked—very few of them becoming cachectic and having amyloid livers and kidneys. The prognosis is generally good as regards recovery, a great many recovering with good motion, though ankylosis is a frequent result. Dr. Sayre has the splint so arranged that the joint is not kept absolutely at rest. Dr. Gibney keeps the joint perfectly quiet, and Dr. Shaffer allows a very little motion. They all have the same end in view, viz: prevention of ankylosis; but Dr. Sayre claims that if the joint be kept for a long time immovable ankylosis will ensue. Dr. Gibney claiming ankylosis will be prevented by keeping the joint at rest, and that ankylosis is more to be feared where the slightest motion is allowed as it keeps up the inflammation.

In lateral curvature of the spine, Dr. Shaffer uses a brace for support and to correct the deformity and keep it corrected. Together with this he employs some gymnastic exercises. Dr. Gibney relies entirely on gymnastic exercise, having the class meet together at certain hours, and he drills them in the exercises which they are to go through at home.

During the past year, Dr. W. T. Bull, surgeon at the New York Hospital, did three operations for cancer of the larynx, one being a unilateral, and the other two complete extirpations of the larynx. In all three cases the operation was successful.

Intubation of the larynx in diphtheritic croup is becoming more popular here, the statistics improving as more cases are reported. The statistics now are better than those of tracheotomy.

CANUCK.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

The eighth annual meeting of the above Association was held in the theatre of the Normal School, Toronto, on the 13th and 14th ult., Dr. Rosebrugh, of Hamilton, President, in the chair; Dr. J. E. White, of Toronto, Secretary. The attendance was large and representative. Drs. Wyeth, Rice, Fox and Horning, of New York, Dr. Johnson, of Danville, Ky., Sir James Grant, of Ottawa, and Dr. Gardner, of Montreal, were present as delegates and invited guests. They were introduced to the meeting and Drs. Rice, Fox, Gardner and Johnson made brief speeches.

THE MEDICAL LIBRARY.

Dr. Graham, of Toronto, presented the report of the committee appointed to draft a scheme for the foundation of a library for the Association. The committee had obtained a grant of \$250 from the Toronto Medical Association, and the use of a room from the Ontario Medical Council. They formed a stock company known as the "Ontario Library Association," with shares of \$5 each, payable in five annual instalments, and had already obtained subscriptions in stock amounting to \$4,000. Numerous gifts had been offered from friends in the United States, but these were cumbered by the duty on books, so unjust a tax that the committee urged the members of the Association to agitate for its removal. Although they had not canvassed for books, they had received 800 bound volumes and some 7,000 pamphlets and magazines. In closing, the report appealed to the Association individually and collectively for support.

Dr. Shaw, of Hamilton, moved, seconded by Dr. Mitchell, of Ennisville, that the report be adopted and that the Association donate \$100 to the Ontario Medical Library.

Dr. Bruce Smith, of Seaforth, thought that the Association could do better than that, and moved in amendment that the gift be \$150, which was seconded by Dr. Smith, of Tilsonburg, when Dr. Shaw adopted the larger sum, which was unanimously adopted. A vote of thanks was passed to the Library Committee, which was suitably acknowledged by its chairman, Dr. Graham.

On motion of Dr. McPhedran, seconded by Dr. Thorburn, a resolution sympathizing with Dr. Dupuis, of Kingston, in the trying ordeal through

which he recently passed by the unfortunate death of his son, was adopted. Another resolution offering the Association's condolence to the family of the late Dr. Brouse, of Brockville, was also carried.

Dr. A. M. Rosebrugh, of Toronto, brought the morning session to a close by a clear exposition of the use of Electricity in uterine disease. His remarks were listened to with much attention and interest; Apostoli and his disciples having gained such splendid results from the use of this agent, that the profession generally feel a great desire for further knowledge of the practical working of the system.

Before rising for lunch the attention of the Association was called by Dr. Sheard and Dr. Richardson, to the unsatisfactory character of one of the members. The matter was finally handed over to the committee on credentials to report on.

The President's address was next in order, and was listened to with attention. After thanking the Association for the high honor conferred upon him, the speaker referred at some length to the benefits arising from Medical Associations generally. He spoke of the vigorous strength of this Association and of the good effects it must have on the advancement of medical science in Ontario. He believed the interests of the Association and of science would be subserved by affiliation with the British Medical Association, which is perhaps the most influential scientific body in the world. In giving a history of the advance of medical science during the past thirty years, he congratulated students of to-day upon the transformation which has taken place in the methods of, and facilities for study. He believed that the students are better now *morally*, as well as scientifically, than they were when he was a student; while empiricism is still rampant, truth and principles are generally becoming evolved out of the chaotic mass of facts known to scientists. Hospital facilities are much increased as are also laboratories and apparatus, giving the student opportunities for *real* improvement, which were unknown even a score of years ago. In his history of the old days of medicine and medical education in Toronto, he introduced the well-known and beloved names of some of the giants of those days, among them mentioning the names of Drs. Widmer, Rolph, Beaumont, King Telfer, Henick and Workman. Dr. Workman was present, and at the mention of his name there was hearty applause, which was repeated when the President said that the "Dublin method" of midwifery, which has been spoken of as a recent discovery, was practised by Dr. Workman forty years ago. The President, resuming, urged that better facilities for scientific research should be provided for students in Canada, so that it would not be necessary for them to go abroad. These facilities being provided, the higher the standard was the better, both for the student and his patients.

SURGERY.

Dr. Grasett, of Toronto, opened the discussion in Surgery with a paper on "Urethral Discharge," which appears in full in this issue of the CANADA LANCET. The discussion of the subject was taken up by Dr. McFarlane, of Toronto; Dr. Graves, of Fergus; Dr. Burt, of Paris; and Dr. Dupuis, of Kingston. In the course of his remarks, Dr. McFarlane said that it was a shame that in the schools of Ontario, pupils should not be warned of the baneful effects of vicious practices.

Dr. Johnson, of Danville, Ky., followed with a paper on "Soft Myoma," which was listened to with eager interest by all present. Diagrams were used in illustration of the subject. The reader showed that this form of uterine tumor is not one of the secondary changes of the hard myoma, due to degeneration of the newly-formed muscular fabric, comprising the ordinary fibroid, but is an entirely distinct tumor springing from a different source, having a separate histological and clinical history, and a widely different termination.

Dr. Burns, the newly elected President of the Ontario Medical Council, and Sir James Grant, of Ottawa, were at this point introduced to the meeting and were received with much applause.

Dr. Sheard read a paper on "Typhoid Fever," which will appear in a coming issue of this journal. It was discussed by Dr. Smith, of Tilsonburg; Dr. Mullin, of Hamilton; and Dr. Henderson, of Kingston.

Dr. Holmes, of Chatham, and Dr. Whiteman, of Shakespeare, read papers on "Empyema," and this brought the afternoon session to an end.

Dr. McCollum, of London, now read an excellent paper, showing the most important advances in physiology during the past year.

SUBJECTS FOR DISSECTION.

Dr. Geikie moved a resolution favoring the modification of the Anatomy Act, so as to secure a more adequate supply of anatomical material, the study of anatomy being the basis of all sound medical education.

Dr. Workman said that forty years ago, in cases of hanging, the profession always got the bodies. Dr. Richardson could perhaps explain what use was now made of them. He did not see why students should have to desecrate graveyards, or why the bodies of decent people should be taken from the hospitals, while the body of a criminal was buried within the gaol walls.

Dr. Richardson said the law requires that an executed criminal must be buried within the precincts of the gaol yard. There was no doubt the profession were deprived of bodies which legitimately belong to them. The supply of material was so limited that students would have to go abroad to seek it, much to the detriment of the Province.

Dr. Geikie said that the demand of the profession was made in the interest of the public. The motion was carried.

Dr. Mullin opened the discussion on Medicine by an able paper on "Malaria as the cause of disease." The paper went to show that there was an undue tendency to attribute disease to malaria, and consequently a too liberal administration of anti-malarial remedies, not always harmless. The paper was discussed by Drs. Geikie, Workman, and Richardson.

Dr. C. C. Rice, of New York, read a paper on "Catarrh and other Nasal Diseases." The paper was illustrated by apparatus. Drs. Palmer and Graham, of Toronto, joined in the discussion.

The report of the Committee on Credentials was presented by the acting chairman, Dr. W. Britton. It recommended that in future the by-laws of the society dealing with the election of members be adhered to, pointing out that the loose manner of receiving members might lead to unsatisfactory results.

A discussion immediately ensued, in which the report was found fault with by some of the speakers, for not bringing in a deliverance on the case of the member accused by Dr. Sheard in the morning of being guilty of unprofessional conduct.

An amendment was carried, referring back the report to the committee for further consideration.

SECOND DAY.

The first paper read was by Dr. Hunt, of Clarksburg, which appears on another page of this issue. It was ably discussed by Dr. McPhedran, of Toronto, Dr. Brock, of Guelph, and Dr. Metherill, of Freeleton, who advocated the use of ice in the treatment of the disease.

The next paper was read by Dr. C. M. Smith, of Orangeville, on "Fractures of the Humerus." The mode of treatment advocated was illustrated by the introduction to the Association of a young man whom Dr. Smith successfully treated by the aid of the splint.

Dr. Gardner, of Montreal, read a paper on "Ruptured Tubal Fœtation," which will appear in a subsequent number of this journal.

Dr. Johnston, of Danville, Kentucky, in congratulating Canada on having a scientist like Dr. Gardner, condemned strongly the use of electricity in effecting the death of the fœtus. The knife was the safest remedy.

Dr. Daniel Clark, Superintendent of the Provincial Lunatic Asylum, read an able paper on "Neurasthenia, or Nerve Diseases." An abstract appears in another column.

The Hon. G. W. Ross was introduced at this stage of the proceedings, and made one of his usual happy addresses, which was received with much applause.

Dr. Bray, of Chatham, read a report of a case

of "Uterine Hydatids," which was exceedingly interesting.

Dr. McPhedran showed a very interesting case of "Splenic Leucæmia." The patient first came under observation about three months ago. About a month ago the proportion of white corpuscles to red was about 1 to 15. On that day it was about 1 to 8. An interesting point noted, is that while the number of red corpuscles is decreasing, their color is greatly improved, as is also the general condition and feelings of the patient. The spleen is considerably enlarged.

The last business before the noon adjournment was the viewing of an operating table, which was some time ago invented by Dr. O'Reilly, of the Toronto General Hospital. The feature of the table is that the head of the patient is hidden from view while the operation is going on, and in this way students need not necessarily know who the patient may be.

Dr. Thorburn's practical and interesting paper on "Life Insurance and the Relation of the Profession thereto," was next in order. It was listened to with interest and provoked a good deal of discussion.

THE COMMITTEE ON CREDENTIALS.

Dr. Britton, chairman, read the following report, which he said was ready for presentation since the morning:—(1) That it appears in the minutes that the committee of 1887 made a final report, including the names of all candidates whom they esteemed worthy of membership; (2) That the list found in the copy of the constitution and by-laws is a complete collection of the names of members up to the present time; (3) That signing the register and paying the fee do not constitute membership, the constitution having provided for election by voting; (4) That they have compared said list of members with the register of this year, and recommend the following members as eligible for membership. (Here followed a list of names.)

The committee stated that its sphere was confined to passing on the character of those asking for membership, and not to making enquiry into the status and professional conduct of those already members. The report concluded by condemning the mode of admission heretofore in vogue, warning the Association that if laws are not adhered to in the election of members, unworthy members will occasionally creep into the society.

The report was adopted.

Dr. Powell said that the adoption of the report did not dispose of the case of the member complained against on the first day of the session. He wanted to know whether he would receive the membership fee from the said member. He moved that the Committee on Credentials be re-

tained to deal with this case and others, and bring in a report at 4 p.m.

Dr. Miller seconded the motion.

A paper on "The Diagnosis of Obscure Pelvic Ailments" was read by Dr. A. A. Macdonald, of Toronto. The views expressed were discussed by Dr. Yeomans, Mount Forest, Dr. Richardson, Dr. Hunt, Clarksburg, and the President.

Dr. J. A. Temple, of Toronto, read a paper on "The Range of Usefulness of Pessaries," which was followed by another by Dr. Irving, Kirkton, on "Puerperal Eclampsia on the use of Pilocarpin."

COMMITTEE ON ETHICS.

Dr. Barrick read the following regarding the conduct of certain members charged with violating the code:

"Your committee after carefully considering the code of ethics as at present adopted by your association, and which code is really that of the American Medical Association, have come to the conclusion that the time has arrived when the Ontario Medical Association should frame a code of ethics of its own, taking special cognizance of the following points brought under their observation:—(1) That of signs displayed outside of churches or other public places with the names of any practitioner painted on them. (2) That the practitioners employed by the various clubs be remunerated in proportion to the work done. (3) To signs displayed by practitioners outside their houses and to advertisements in the daily papers. (4) To the posting of handbills about the city by practitioners on change of residence. (5) To the advertisement of a certain dispensary for diseases of women in the city, notifying the public that advice was free, and that students were not admitted. (6) Your committee beg to recommend the appointment of a committee to formulate a code of ethics and to report at the next general meeting.

The report was read clause by clause and provoked a great deal of interesting discussion.

In the evening, Dr. J. H. Richardson read a paper on "Coroners' Inquests." After a few preliminary remarks dealing with the gravity of the question, the speaker suggested that a committee of the association should be appointed to elaborate some feasible plan for conducting investigations into suspected cases of death more in accordance with the spirit and conditions of an advanced civilization. He believed that the true functions of the coroner ought to be confined to throwing all the light possible on the cause of death, leaving matters purely legal to gentlemen of the legal profession. As to the medical witness, the speaker was more emphatic, condemning the superficial character of the evidence sometimes given touching the cause of death. The usual practice is to entrust the *post mortem* examination

to some medical man known to have been acquainted with the deceased, or to have been in some way accidentally connected with him at the time of death. Too little time is afforded the witness to prepare an intelligent report, and consequently, in many cases, the ends of justice are frustrated. If he should afterwards discover that his opinion as to the cause of death was erroneous, no opportunity of putting the case right may ever arrive. A medical witness should have a thorough knowledge of medical jurisprudence, so that it is not every medical man that can be an intelligent witness of the cause of death in cases involving intricate details. As to the coroner's jury, the speaker said that he had not respect enough for it to give it serious attention. It is absurd to believe that twelve men, sometimes gathered from the most ignorant class, can advance the ends of justice. In the opinion of the speaker the time has arrived when the coroner's jury should be dispensed with.

The views given were discussed at some length by members occupying the position of coroner, such as Dr. Johnston, Dr. Bray and Dr. Duncan. The consensus of opinion was that coroners' inquests are in many cases defective.

The following committee was appointed to consider the subject and report their finding at the next annual meeting of the association:—Dr. J. H. Richardson, Toronto; Dr. Henderson, Kingston; Dr. Johnston, Toronto; Dr. C. W. Covernton, Toronto; Dr. W. Philp, Hamilton; Dr. White, Toronto; Dr. I. H. Cameron, Toronto; Dr. Duncan, Toronto, and Dr. Powell, Toronto.

The committee is enjoined by the resolution to take into consideration the whole subject of medico-legal investigation of violent or suspicious deaths, and to draft a bill embodying proposed changes, which will be submitted to the Ontario Government in the event of the bill receiving the endorsement of the association at the next meeting.

REPORT OF NOMINATING COMMITTEE.

At this stage of the meeting Dr. McPhedran was asked by the President to read the report of the nominating committee, and is as follows:—President, Dr. W. H. Henderson, Kingston; 1st Vice-President, Dr. Geikie, Toronto; 2nd Vice-President, Dr. Howitt, Guelph; 3rd Vice-President, Dr. Day, Trenton; 4th Vice-President, Dr. Aikman, Collingwood; Corresponding Secretaries, Drs. Lovitt (Ayr), Gillies (Teeswater), Trimble (Queenston), Leonard (Napanee); Secretary, Dr. J. E. White, Toronto; Treasurer, Dr. N. A. Powell, Toronto.

When the President rose to put the motion for adopting the report, Dr. Walker rose and said that he did not believe it was in the interests of the society to retain officers for a long term of years. Such a course, the speaker thought, would lead the

association into ruts and grooves of an unhealthy character. He, therefore, proposed that Dr. White's name as Secretary be replaced by Dr. Wishart's, but with respect to the other officers he did not propose to offer any opposition.

The motion was the signal for a heated discussion on the constitution, many of the speakers maintaining that no person could be elected to an office without his name being brought before the nominating committee, and consequently, that Dr. Wishart could not be legally elected by the course proposed to be taken.

Dr. Wishart asked leave to retire from the contest, but his friends vigorously protesting, he had no other course left him but to continue in the field.

At last a motion was carried adopting the report, office by office, and by ballot.

The President did the balloting for the whole association, but when he came to declare Dr. White duly elected, a motion was made referring back the report to the committee with instructions to them to place the name of Dr. Wishart with that of Dr. White for the office of general Secretary.

The motion was carried by a vote of 29 to 15.

Dr. White then rose and, after resigning his position of Secretary, walked down from the platform to the body of the hall. The affair did not stop here, for the President began at once to call for a vote on the two candidates before the meeting. This course called forth vigorous protests from Dr. White and his friends, who declared that he was no longer a candidate. An end was put to the discussion by Dr. Richardson, who moved that Dr. White's resignation be accepted, and that he be tendered the hearty thanks of the society for his services during the last nine years.

The motion was carried, and the President declared Dr. Wishart duly elected Secretary.

On motion, Dr. White was granted an honorarium of \$100 for his services during the past year.

The Treasurer's report was read, showing the annual receipts to have been \$502, and that there is a balance, after all demands were met, of \$227.59.

The retiring President introduced the newly elected President to the Association, after which the meeting was declared at an end.

The next meeting will be held in Toronto, a report to that effect having been adopted.

ONTARIO MEDICAL COUNCIL.

TORONTO, June 12th, 1888.

The Medical Council met this morning in the new building, corner of Bay and Richmond Sts., the President in the chair. All the members were present, excepting Drs. McArthur and Grant.

The retiring President, Dr. Henderson, now addressed the Council. After comparing the high rank of the medical profession in Ontario with that of the United States and the other Provinces of the Dominion, he spoke of the necessity of medical men possessing not only a sound education, but that they should be characterized by culture and refinement. Circumstances have changed with the past few years, rendering it no longer necessary that access to a practitioner's license should be easy. He believed in enforcing such tests as will secure for matriculants a preliminary education commensurate with the difficulties to be encountered in the acquirement of the profession, and the dignity afterwards to be maintained. He also believed that it will be a great gain to the profession, if medical students did not increase in numbers for a few years to come. He spoke of the necessity of having more than a mere book preparation, and of the tendency evinced by students to neglect the more practical part of their studies. He believed that, possibly, an extension of time devoted to the study of medicine may be necessary to this end, and that the Council must exercise the most scrupulous care in guarding, not only the entrance, but the whole course of training, and, finally, the licensing examination, through the meshes of which it shall be utterly impossible for the imperfectly prepared to pass successfully. There should be more efficient clinical teaching, and the population of our large cities should warrant a sufficient supply of material for such purposes.

Dr. James Burns, of Toronto, was unanimously elected President for the current year. The new President, after thanking the Council for the honor done him, requested the Council to elect a Vice-President. Dr. Cranston was unanimously elected Vice-President.

The following are the Standing Committees for 1888-89 :

Registration Committee—Drs. Rosebrugh, Bergin, Campbell, Fenwick, Henry, Orr and Russell.

Rules and Regulations—Drs. Day, Campbell, Fowler, Orr and Williams.

Finance Committee—Drs. Henderson, Philip, Russell, Ruttan, Vernon and Wright.

Printing—Drs. Buchan, Harris, Moore, Vernon and Wright.

Education—Drs. Williams, Bergin, Buchan, Bray, Cranston, Day, Moore, Ruttan, Fenwick, Fowler, Grant, Geikie, Harris, Husband, Logan, Russell and Wright.

Executive—Drs. Burns, Bray and Rosebrugh.

Discipline—Drs. Day, Bray, Logan, Russell and Wright.

June 13th.

Minutes of the last meeting were read and confirmed. After a number of notices of motion on various subjects, Dr. Day presented the report of the Rules and Regulations Committee. It was decided to take up the report to-morrow, in the order of business. The Treasurer's report was received, and referred to the Finance Committee.

At the afternoon session, after a number of notices of motion, it was moved by Dr. Geikie, seconded by Dr. Cranston,—That a committee, consisting of Drs. Fowler, Wright, Fenwick, Williams, and the mover and seconder of this resolution, be appointed to wait as a deputation from this Council on the Government of Ontario, to draw the attention of the Government to the pressing necessity which exists, in the interests of medical education, to have the Anatomy Act so amended, as to increase the existing facilities for the study of anatomy, as, on these being ample, depends the study of every practical branch of the profession. *Carried.* Moved by Dr. Bray, seconded by Dr. Buchan,—That two professional examinations be held, instead of one as formerly, namely, in April and October. This was referred to the Education Committee. A motion was carried congratulating Sir James Grant, K.C.M.G., M.D., on the distinguished honor conferred upon him by Her Majesty the Queen, which honor confers lustre upon the whole profession of Ontario. A suitable reply was made by Sir James Grant.

Mr. W. Webb was appointed Prosecutor for the Council for the ensuing year. Moved by Dr. Bray, seconded by Dr. Moore,—That two additional examiners be appointed. It was suggested that the students of the Western University should be recouped their travelling expenses in attending the Council examinations.

June 14th.

Moved by Dr. Ruttan, seconded by Dr. Fenwick,—That a Committee be appointed by this Council to wait upon the Minister of Finance, with a view of having the duty on surgical instruments and appliances reduced, or that they should be placed upon the free list. *Carried.* A Committee, consisting of Drs. Grant, Moore, Cranston and Logan were appointed to carry out this resolution. Moved by Dr. Henry, seconded by Dr. Orr,—That our Solicitor be instructed by this Council to prepare the Bill for an amendment to the Municipal Act on Charity, making it obligatory on Municipalities to pay for medicine and medical attendance of its poor, and that the same be brought before the Ontario Legislature at its next session, and that the Registrar be instructed to send a circular to every registered practitioner in the Province, asking their support and influence in the same.

The Education Committee made a full and interesting report on matters connected with matriculation, which was adopted without amendment. The Committee appointed to consider on what terms British registered practitioners shall be allowed to become registered and practise in Ontario, suggested that they should be treated in every respect as the Medical Council treats the medical graduates of Ontario. After much discussion, the gist of which appears in our editorial columns, the report was handed back to the special committee for re-consideration.

June 15th.

A By-law was read, passed and signed by the President, levying a tax of \$1 on each and every member of the College of Physicians and Surgeons of Ontario.

After discussing several special cases from petitioners to the Council, the report of the Building Committee was presented and adopted. The same Building Committee was re-appointed. The Treasurer's report was presented, showing a balance in the Bank of Commerce of \$3,004.51. The Finance Committee's report was now presented and adopted.

After the discussion of a number of letters to the Committee of Registration, and the action against a number of unlicensed practitioners, the meeting adjourned for an hour.

June 16th.

Moved by Dr. Wright, seconded by Dr. Buchan,—That the Registrar examine the credentials of candidates for examination, and make the necessary preparations for holding the examinations; and that every candidate shall file with his application a statutory declaration, that the schedule he has signed and presented is correct. After a number of presentations by the Committee on Education, which were discussed and decided upon their merits, it was decided to hold two examinations a year, and that two additional examiners be appointed. After a number of appeals being considered. The report of the Education Committee was adopted.

Selected Articles.

CORROSIVE SUBLIMATE INTERNALLY IN PUERPERAL AND OTHER SEPTICÆMIAS.

I was first led to use corrosive sublimate internally in puerperal septicæmia by observing its beneficial effects in diphtheria. The principle on which I base its use was announced in 1884, at the Medical Congress in Copenhagen, by Dr. Bouchard, who then made this statement: "Medical

antiseptic therapeutics does not propose to kill the microbe, but only to stay its pullulation. Even slight modifications in the human infected organism may prevent the indefinite multiplication of certain microbes which have invaded it."

It was found by Roice, at Utrecht, that in any suppurating focus, microbes are found in the blood and kidneys. Dr. H. J. Garrigues, in his paper on puerperal fever in the genital tract of puerperal women, has endorsed this view by recommending, in addition to local treatment, "carbolic acid, sometimes combined with compound tinct. iodine." If we can hinder the proliferation of microbes, or render them inert, is it not as important as their elimination from the system? Dr. Macan, in his report of the Rotunda Hospital for 1883, declares that he knows nothing which will quicken the elimination of the poison from the system in hetero-genetic infection. In cases in which the source of poison is hetero-genetic I am accustomed to attempt to sterilize the air in the patient's room by means of iodine vapor. I place iodine scales in cups with a little alcohol and suspend them around the room. The fumes are not disagreeable nor very irritating, and are well borne. I have used bromine, but find it rather troublesome to the throat.

My initial dose of corrosive sublimate is $\frac{1}{8}$ grain, and if any looseness supervene I diminish it to $\frac{1}{16}$. If there be a tendency to too frequent dejections the bichloride can be guarded by an opiate. I have never had any sore mouth nor any unfavorable symptom except a slight relaxation of the bowels, which was relieved by diminishing the dose.

In connection with the internal use of bichloride, it may be used as injection; but I believe the cases of poisoning have been due to a too large dose. Dr. Ernst has pointed out that even 1 : 10,000 will stop the proliferation of microbes. I have used in the uterus 1 : 5,000 and in the vagina 1 : 3,000. As to Dr. W. L. Richardson's pad, I have used something more simple, which I think equally efficacious. I have the nurse wring a napkin out of lukewarm 1 : 2,000 solution and apply it moist; it gives great comfort.

There are certain cases of mercurial idiosyncrasy in which it is better to use injections of liquor sodæ chlorinat. or of permanganate of potash, the latter of which I have used several times with satisfaction.

In cases in which chill or uterine colic follows intra-uterine injections, I think crayons or suppositories of iodol are excellent. Apart from its dangerously poisonous properties, iodoform masks the lochial odor, which is a great disadvantage. Iodol, although having nearly the same per cent. of iodine, appears to be innocuous, and is excellent in suppurating surfaces.

Case 1.—Mrs. R., æt. 18, primipara, was confined by me Nov. 14, 1887, of a still-born child at

term. I was obliged to use forceps on account of incompetency of uterine contractions and exhaustion of patient. There was no rupture of perineum, and but a slight unilateral laceration of cervix. She rallied well from the operation. Her lochia were very scanty from the beginning. There was no trouble with the milk secretion. She seemed to get along in a normal manner, and complained of nothing until Nov. 23, or the ninth day, when she was taken with rigor and fever. The next day I found in the morning pulse 108, temperature 103° F. Severe frontal headache, nausea and fetor of the lochia. No tympanitis nor diarrhœa, and only slight tenderness over uterus and right ovary. I ordered her 18 gr. quinine and injected into the uterus a 1 : 60 sol. carbolic acid by means of Jenkinson's reflux tube. A few minutes after the injection she had a severe rigor, which lasted half an hour. The next day the pulse was 100, temperature 103°. I now injected 1 : 2000 hot bichloride sol., and applied tinct. iodine over hypogastrium. A few minutes after the injection she had a bad and long rigor and became much alarmed.

The following morning her temperature had gone up to 104°, and she found it impossible to turn over on account of soreness. The injections had evidently caused shock and had not relieved her in any way; in fact she was worse. I now prescribed corrosive sublimate gr. $\frac{1}{8}$ every two hours. The next morning the temperature had fallen to 100.5° and the pulse to 92. She felt much better and less sore. I now gave her a vaginal injection of 1 : 2000 bichloride daily, and continued the same internally until the sixth day of the septicæmia, when she became convalescent.

Case 2 is that of a four-month abortion in which septicæmia ensued from retained placenta. I removed it, washed out the uterus with permanganate of potash, and gave bichloride internally with beneficial effect.

Case 3.—Puerperal peritonitis of a severe type, with bad sanitary surroundings in a gypsy crowded tenement. The bichloride caused a fall of temperature and was beneficial. Recovery. My cases uniformly show a diminution of temperature after its use, and generally very quickly.*—Dr. C. W. Stevens in *Jour. Amer. Med. Assoc.*

A NEW METHOD OF TREATING POTT'S FRACTURE.

In the condition known as Pott's fracture the displacement which occurs is twofold,—viz., outwards and backwards. The first of these de-

* I will add to the above two cases of facial erysipelas, one being puerperal, in which the use of the bichloride, gr. one twenty-fourth, stopped the spreading of the disease in 24 hours; a thing I never saw before in any other treatment. It likewise dropped the fever like an anti-thermic.

formities is universally recognized, but the second is often overlooked, because the ordinary method of putting up this fracture (in back and side splints) hides the displacement backwards while the apparatus is on, although it does but little to remedy it, so that when the patient begins to walk he finds that his progression is considerably impeded. An examination of the foot in such a case will show that the heel is much more prominent than it should be, that the concavity of the tendo Achillis is increased, and that the foot, if measured from the anterior margin of the lower end of the tibia to the end of the big toe, is found to be shortened.

The ordinary method of treating Pott's fracture by back and sides splints is unsatisfactory, because (a) considerable difficulty is found in correcting the outward displacement of the foot, necessitating constant re-arrangement of the side-splints, and (b) the backward displacement is not adequately affected unless so much backward pressure is made on the ankle as to incur the risk of a sore heel. To get over these difficulties Cline placed the limb on an outside splint (known as Cline's splint) and flexed the knee so as to relax the calf muscles. This method answers very well as far as the outward displacement is concerned, but has hardly any effect on the backward one.

To remedy the latter, Dr. E. W. Roughton (*Lancet*, December 10, 1887) has adopted a modification of Cline's method. The splint used is an outside splint with a foot-piece padded thickest where the foot-piece joins the other portion of the splint. Three bandages are fastened by means of safety-pins, one at the ankle passing from the instep of the splint below the ankle and turning round the heel; the second placed just above the ankle, and likewise being turned towards the heel; while the third is placed just below the knee, and turned in the opposite direction over the calf of the leg. The injured limb having the knee flexed is then laid upon the splint so that the outer edge of the foot is well supported by thick padding, and then fixed by the bandages, one being first applied above the other. The upper bandage passes backwards between the limb and the splint, then turns forward around the back of the limb and makes traction forwards, and it is then fixed by a pin, the other bandages being tightened at the same time. The middle bandage passes forward from the back of the splint between the splint and the limb, and then turns over the front of the leg and pulls backwards. The lower bandage is the most important one, and passes from before backwards between the splint and the limb, turns over the point of the heel and pulls forwards and downwards. The two lower bandages are wrapped once around the limb and splint and then fastened with safety-pins. Usually in forty-eight hours the heel bandage will require to be tightened, owing to relaxation of muscular spasm. When bruising has

subsided and a sufficient amount of union taken place, this apparatus is removed and the limb put up in a silicate bandage, taking care to keep the foot well adverted and at right angles to the leg. Dr. Roughton states that he has found this method of treating Pott's fracture very simple and efficient, the foot and ankle eventually being as useful and shapely as before the accident. The great advantage of the whole bandage is that it exerts a uniform and elastic pressure in the direction required, and never produces that unfortunate result,—a sore heel.—*Therap. Gaz.*

“HOMŒOPATHIC LEAGUE TRACTS.”—Homœopathy has throughout had marks of quackery. One of the most unmistakable is its appeal from the profession to the unlearned. Discarded and discouraged in every medical society, and in all the universities of Europe, it has sunk so low as to distribute tracts calculated to impress the vulgar, in which the most ridiculous arguments are used, and the most unworthy motives are ascribed to the medical profession. We have not noticed these “Homœopathic League Tracts” in detail, and we have no intention of doing so. One is now before us, and we may take it as a sample. It is entitled “Allopathic Misconceptions of Homœopathy,” and descants on the ignorance of medical men in regard to the “great” subject of homœopathy. The most honored men in the profession, and those whose names stand out conspicuously as having advanced medical science, are shown to be most hopelessly ignorant of homœopathic science, or, worse still, of that moral principle which would lead them to do it justice and to fall down and worship Hahnemann! The rank and file of the profession are represented as abettors of the immoral use of narcotics, and of any theory or mode of treatment that promises to give the doctor more to do! They adopt with uncritical haste any innovations which do not diminish their profits! The germ theory and the doctrine of the prime importance of subduing pain are adduced as illustrations of this immoral credulity of medical men. This is a pretty cool libel of the profession of Jenner and Simpson, of Parkes and Simon and Lister. Sir Joseph, who has the slight distinction of having wellnigh abolished erysipelas and gangrene—in hospitals at least,—and a few other such plagues, “is” (so the ignorant readers for whom the “Homœopathic League Tracts” are prepared are told) “now seldom spoken of.” Times must be very bad with homœopathy when its advocates have to resort to such weapons as this, and to appeal to an audience that can receive such statements. The author of this tract, indeed, admits as much. He talks of the flowing tide being with the homœopaths, but says “it seems to flow but slowly in Britain and Europe.” So we think. And our

homœopathic friends will find that the great public of the end of the nineteenth century is not going to accept a theory of medicine which involves the detraction of those benefactors who have done so much to relieve the suffering of their fellows. It would be as reasonable to accept a theory of chemistry that left out the work of Lavoisier and Davy, or a theory of biology that discarded Darwin and Huxley. The instinct of the public—not its knowledge—keeps it from such a fatal blunder, in spite of "Tracts" and "Leagues." This seems the last card of homœopathy, and it is a veritable confession of failure. No wonder that "the tide flows slowly" in favor of homœopathy, when it has to live by traducing medicine and the leaders of medicine. But there is another reason—the exceeding attenuation of its achievements. Here is its disparity in the conflict with true medical science. After nearly a hundred years of boasting it cannot be credited with one palpable effect. It is easy to decry the germ theory and the remedies which relieve pain. But what would homœopathy give for such fruitful and palpable additions to scientific discovery, and to the abatement of human misery and disease as are represented in chloroform and its congeners, or in the antiseptic and germicidal theories of disease, or in the great results of the allopathic treatment of hyperpyrexia. The achievements of homœopathy are, like its doses, impalpable.—*The Lancet*.

NERVE TRANSPLANTATION.—Of late we have often witnessed many successful cases of nerve suture, where, even after the lapse of many years, the peripheral extremity of a severed nerve trunk has been proved to be still capable of exercising its functions, with the restoration of motor power and of sensibility to the parts that it supplied. It is, however, a new and most encouraging departure that has been successfully carried out by Dr. Gersung, of Vienna, on the illustrious physiologist, Professor von Fleischl. Sixteen years ago Professor von Fleischl sustained a post-mortem wound in the right hand, which resulted in the loss of the terminal phalanx of the thumb. The stump became painful, and amputation higher up was succeeded by the formation of painful neuromata on the divided nerve. In spite of repeated excisions, the condition continued to recur, until two months ago Dr. Gersung decided to transplant a portion of the sciatic nerve from the rabbit and to suture its trunk to the trunk of the median nerve, and its popliteal divisions to the distal ends of the branches supplying the thumb and forefinger. The portion thus transplanted and sutured under strict antiseptic precautions measured six centimetres in length. The result so far, must be most gratifying to the subject of the operation, both as a patient and a physiologist; for he is regaining sensation in the fingers, which affords

sufficient evidence that the rabbit's nerve has not only become organically united with the human, but that it is performing its function normally. Moreover—and this is a very interesting feature of the case—it has not shown the tendency to "neuromatous" degeneration which marked the original nerve. The case demonstrates the well-accepted facts that the nerves themselves, or rather their axis cylinders, are remarkably prone to regeneration, and that physiologically they are simple conductors of stimuli. It suggests, further, the possibilities of more satisfactorily dealing with other morbid "habits" of nerves—such, for instance, as facial tic,—which in many cases have resisted nerve resection and nerve stretching. Why this replacement of a portion of a nerve, which has a morbid tendency, by a portion from a healthy nerve should annul this tendency, is quite unexplained. It appears to have done so in this case, and therefore it may be inferred that the method may succeed in others which have hitherto resisted all endeavors at cure by simpler means. Lastly, the case is interesting as proving the practical identity that exists between nerves of different species of animals—a fact which anatomy has long suggested, but which has only now received physiological proof.—*Lancet*.

OLEATE OF COPPER FOR RINGWORM.—At one of the asylums for orphan boys, in this city, Dr. Blanc has recently treated twenty-seven cases of ringworm of the scalp (*tinea trichophytina capitis*), with oleate of copper made into an ointment with vaseline, in the following proportions:

R.—Cupri oleat. ʒss.
Vaselin (vel lanolini). ʒj—M.

Sig.—Apply to scalp.

The method pursued is to wash the child's head thoroughly with soft soap and warm water, after having cut the hair as close as possible. When the head is well dried the ointment is rubbed on the scalp, over and beyond the diseased spots, and allowed to remain. The scrubbing of the head is practised but once a day, but the salve is applied night and morning. In a few of the milder cases, a salve of chrysarobin (chrysophanic acid), half a drachm to the ounce, was applied, but always immediately discontinued as soon as irritation was produced. The oleate of copper application, from its soothing and antiseptic properties, was found particularly useful in those cases which had gone on to produce kerion, and was found altogether much more serviceable than chrysarobin, which latter was finally completely discarded.

The disease, which averages in duration some six months, particularly in public institutions, was cured in this instance in a somewhat shorter time, as the following statement will show:

Began treatment of twenty-seven boys with oleate of copper, May 1, 1887.

July 13. Discharged four cases—seventy-four days.

Aug. 24. Discharged four cases—one hundred and sixteen days.

Aug. 28. Discharged six cases—one hundred and twenty days.

Sept. 3. Discharged seven cases—one hundred and twenty-six days.

Sept. 22. Discharged three cases—one hundred and forty-five days.

Oct. 13. Discharged the last three cases—one hundred and sixty-six days.

Average duration of treatment, four months and four days. The last six were cases of kerion, in which there was inflammation of the subcutaneous tissues before the copper was applied; and the cure of one of them was retarded by a temporary removal from the institution. The disease had been communicated by two cats upon the premises, which were pets of the boys, and ceased to spread as soon as the cats were removed and the boys isolated. Epilation was not practised in any of the cases.—*N. O. Med. and Surg. Jour.*

TREATMENT OF MALIGNANT TUMORS OF THE BREAST.—In the *Glasgow Medical Journal* January, 1888, Mr. John Fagan, surgeon to the Royal Hospital and Belfast Childrens' Hospital, published a paper upon the treatment of tumors of the breast. The following is a summary of his views regarding the treatment of malignant tumors:

1. That in many of the very worst forms of advanced painful, ulcerating scirrhus, where there is no immediate danger of death from marasmus or visceral complications, the breast may be removed with great benefit and relief to the patient.

2. That all cases of malignant growths of the breast, as soon as they are diagnosticated, should be removed at once by operation and in the thorough manner I have described.

3. That all doubtful cases should be dealt with in the same way.

4. That all recurrent growths should be removed at their earliest manifestation.

5. That all non-malignant neoplasms, as soon as they show a tendency to enlarge, and especially between the ages of twenty-five and forty years, should be removed without delay."

The following quotation from the writings of Jonathan Hutchinson bears forcibly on this point:—'Too late! too late!' is the sentence written, but too legibly on three fourths of the cases of external cancer concerning which the operating surgeon is consulted. It is a most lamentable pity that it should be so; and the bitterest reflection of all is, that usually a considerable part of the precious time which has been wasted has been passed under professional observations and illusory treatment.'

When the doctrine of the precancerous stage shall be widely adopted, and when surgeons generally shall recognize the propriety—let me say the duty—of operation for purposes of prevention, then, and I believe not till then, shall we witness a considerable reduction in the mortality of cancer."—*Med. and Surg. Rep.*

ERGOTIN INJECTIONS.—In an article which recently appeared in the *Centralb. für Gynäkologie*, Dr. B. Lilienfeld, of Einbeck, speaks of his experiences with ergotin used hypodermically. Inflammatory and irritative symptoms have been frequently observed to follow the hypodermic use of ergotin. Some time ago Dr. Bumm wrote an extensive treatise on the technique of ergotin injections, and recommended weak neutral solutions of the drug.

Dr. Lilienfeld's results are still more valuable, and his conclusions are not alone based upon personal observation, but also upon the experiences of his colleagues.

He holds—1. That the injection should not be made in the abdominal wall, but directly into the muscles of the back or hips. 2. That the solution should be made at the bedside, immediately before using the injection, still better if the solution be made in the syringe. The author lays great weight upon this point, as he contends that freshly-made solutions are absorbed with far greater rapidity than others. 3. The best preparation of ergotin seems to be that of Bombelon, and the strength of the solution 2 to 8 parts of water. Other preparations, however, have also been used with equally good results. 4. Sharpness and perfect cleanliness of the needle are indispensable and of great importance. 5. The injection should not be made in the skin, but the needle inserted until it may be moved freely under the cutis, and the solution then injected.

In conclusion, the author cites numerous cases which go to prove the value of the above suggestions. In one case, of a woman suffering from myoma of the uterus, one hundred and forty injections were made in four months without occasioning any irritative or inflammatory symptoms.—*Therap. Gaz.*

ACUTE PERITONITIS SUCCESSFULLY TREATED WITH SALINE PURGATIVES.—A man, aged twenty-one, was admitted into the workhouse infirmary on Jan. 6th, suffering from acute peritonitis. Three days before admission he was attacked with vomiting and pain in the abdomen; there was constipation. The abdomen was tense and tympanitic, and the abdominal respiratory movements were abolished. There was extreme tenderness above the abdomen, the legs were drawn up, the pulse small and frequent, the expression anxious. He had retention of urine, and fever. No tumor

could be detected in the right iliac fossa; vomiting was incessant, and pain about the umbilicus greatly complained of. Dr. Suckling thought that the peritonitis was set up by typhlitis, due to faecal retention. Opium and belladonna were first given, but the vomiting and pain continued. Then half-drachm doses of sulphate of magnesium and sulphate of sodium, with ten minims of tincture of belladonna, were given every four hours. Improvement soon followed this treatment, several liquid motions being passed. On Jan. 9th, the vomiting, pain, and tympanites had passed of, and a distinct fullness could be observed with increased resistance to pressure in the right iliac fossa. The medicine was continued, with the result that the motions became more and more solid till the 14th. He continued to complain of dragging pain in the abdomen for some time; but in about three weeks he was able to get up, and five weeks after his admission was allowed solid food. He has since had two or three slight relapses, which at once yielded to purgatives and proper dieting; and at the present time there is a distinct indurated swelling in the right iliac fossa. Dr. Suckling was of opinion that in this form of peritonitis, and in typhlitis due to faecal retention, saline purgatives in moderate doses, and with plenty of water were of great value.—*Medical Analectic.*

THE TREATMENT OF ULCERS.—An article appeared in the *London Medical Record*, for December 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By his method of treatment, he used a ten per cent. solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient for the first few minutes feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours the ulcer cleans, and looks better. Inflammation or eczema of the surrounding parts disappears, and all pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime, with great success. Dr. Grossich has also had good results with this treatment, and cites some very interesting successful cases.

The treatment by the solution of phosphoric acid was further employed in a case of tuberculous abscess of eight months' duration, and also a case of eczema marginatum which had lasted more than a year, and good results followed.

The above suggests the superiority of Horsford's Acid Phosphate as a substitute for the phosphoric acid.

The effective acidity of this preparation is about the same as the ten per cent. solution of phospho-

ric acid which is prescribed in the above treatment, and it may therefore be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric acid treatment can be more advantageously treated by Horsford's Acid Phosphate, and the suggestion is hereby commended to the profession.

DIET IN ALBUMINURIA.—The condition known as "large white kidney," a malady of tolerably common occurrence, is due in a large number of cases to the chronic irritation set up in the eliminatory organs by the excretion of incompletely oxidized nitrogenous matter resulting either from excess of nitrogenous material ingested or from hepatic or other visceral disease. In either case it is important to bear in mind that the object to have in view is to reduce, or at any rate not to augment, the quantity of these partially oxidized products. For this reason albuminuric patients should avoid foods containing an abundance of these extractives. Beef tea, beef extracts, and the like, are little less than poison to them, as they invariably accentuate the irritation and aggravate its results. It has been found that the systematic subcutaneous injection of these substances in guinea-pigs gave rise to the characteristic renal lesions with the usual train of symptoms, the severity of which was in direct proportion with the quantities injected.—*Med. Press and Circular.*

GALEZOWSKI'S ANTINEURALGIC FORMULA.—The Paris correspondent of the *Pharmaceutical Record*, gives the following formula:

Menthol	gr. xij
Cocaine	gr. iv
Chloral	gr. ij
Vaseline	gr. lxxv

M. Ft. Unguentum. Sig. — Apply to the painful parts, and cover with muslin.

It is said to be especially useful in periorbital pains and in ophthalmic hemicrania.—*Med. and Surg. Rep.*

STOPPAGE OF THE NATURAL FLOW OF URINE, says Ultzmann, may be caused by:—1. Occlusion of the smaller urinary tubes, as in cholera and any of the renal diseases. 2. By occlusion, twists, and turns in the urethra. Ultzmann records the case of a man, æt. 43 years, with calculus of the kidney, who suddenly developed anuria, which caused death in two weeks. The autopsy showed a cyst of the left kidney as large as a goose-egg, with obliteration of the ureter, and on the right side an enlarged kidney, with three small stones filling the ureter. 3. By a tumor of the bladder.—*Internat. klin. Rund.*

THE ETIOLOGY OF TYPHOID FEVER.—In concluding a paper in the *Journal of the American Medical Association*, Dr. I. N. Davis, says: "The conclusion which follows, therefore, is that the real nature of the materies morbi of typhoid fever is but little known; that if it is not autogenetic, its origin many times is involved in impenetrable obscurity; that the organism or chemical product is as likely to assume an active form in the healthy surroundings of an isolated farm house as amid the filth of a badly neglected village or city; that constitutional proclivity, feeble health, or bodily fatigue has much to do in determining an attack. It is more than probable, also, that the poison may remain latent in the system until evoked by physical exhaustion, despondency, or other conditions of vital depression. Twenty-four to twenty-eight days constitute sufficient time for the poison to escape from the body of the sick, ripen if imperfect, and produce a toxic effect on the system of a previously healthy person. The poison which perpetuates the disease is not contained in the stools alone, but may emanate directly or indirectly from the body of one sick with typhoid fever. Water is certainly not the medium which conveys the poison, even in a small majority of cases, in the country."—*Med. Reg.*

DR. SUDDUTH, of Philadelphia, says:—Fournier's statistics, as to the class of women from whom gonorrhœa is most frequently derived, are interesting. Out of 387 cases in which males had contracted gonorrhœa, there were from

Public prostitutes,	12
Clandestine prostitutes,	44
Kept women,	138
Shop girls,	126
Domestics,	41
Married women,	26

Thus, it will be seen, that out of the whole number, with the exception of 38, the remainder were those generally considered as coming under the "soft snap" head.—*Med. Journal.*

THE TREATMENT ON DYSMENORRŒA.—Goubert prescribes for young girls:

Iodoform	gr. ½.
Ext. belladonn.	gr. ⅞.
Asafœtidæ	gr. 1 ¼.

In pill form.

Beginning six or eight days before the time of menstruation, six pills should be taken daily.

For adult women he prescribes:

Potass. iodid.	3 i.
Tinct. croci.	3 ii.
Tinct. belladonn.	3 iii.
Syrup. aurant. crnt.	ad 3 iv.

Dose a tablespoonful morning and evening, in any convenient liquid, for a week proceeding menstruation.—*Gaz. de Gynéc.*

MR. ST. CLAIR BUXTON finds the following formula uniformly successful in curing tobacco amblyopia:

Liq. hydrarg. perchloridi (B. P.)	3ss.
Potassii iodidi.	gr. xij.
Aquæ destil.	ʒj.

To the above he adds for simultaneous administration the following pill:

Ext. nucis vomic.	gr. ss.
Ext. hyoscyami.	gr. j.

Ft. pil. no. i. The pill of this strength is given three times a day, and with the solution.—*Lancet.*

A REPORT comes from a New England town of the death of a young woman who had just given birth to a child, under the obstetric service of a "Christian scientist," whose only remedy for the post partum hæmorrhage which ensued, was prayer. In the excitement the child failed to receive the necessary attention, and it also died. This latest species of quackery, as sacrilegious as it is impotent, is securing quite a following throughout the country. Several of its exponents have opened out in this city. Fortunately the coroner has not as yet been called to sit in judgment as to the cause of death of any of their patients. This argues well for the intelligence of our citizens. But it will not be long before some such case as the one above alluded to occurs. There will then be the usual locking of the stable door after the horse has been stolen. The Lord will, in answer to prayer, help those who help themselves, and it is criminal to teach the possibility of getting something for nothing (or for the mere asking) even in matters of health.—*Med. Age.*

A CAUTION AGAINST THE COMMON USE OF POTASSIUM CHLORATE.—The *Medical Press* writes that chlorate of potassium is a very popular remedy; so much so, indeed, that the idea of its being poisonous in certain doses never occurs to anyone. Yet it is evident that if five-grain pellets be thoughtlessly sucked at intervals throughout the day, a very considerable and certainly injurious quantity will ultimately have been absorbed. In children it gives rise to cerebral symptoms, especially "night terrors," with more or less intense prostration. It would be well if the public were cautioned now and again, that they cannot with impunity assimilate indefinite quantities of a salt which in anything like large doses is an unequivocal poison.—*Med. News.*

OINTMENT OF NITRATE OF MERCURY IN THE TREATMENT OF BOILS AND WHITLOW.—Dr. R. C. Kenner has used this ointment for six years as an abortifacient for boils and whitlow, with excellent results. He covers the whole finger (in the case of whitlow) or the boil and the surrounding skin

with a layer of the ointment one-eighth of an inch thick, and then applies adhesive plaster. The application is not painful, it causes a slight and not unpleasant "drawing" sensation, followed by disappearance of all pain in twelve hours. In twelve hours more the inflammation has usually gone, and the inflammatory products are in great part absorbed. This method of treatment is of course applicable only in the early state of these affections, before the formation of pus.—*Med. and Surg. Rep.*

VOMITING OF PREGNANCY.—Dr. E. S. McKee in the *Memphis Med. Mo.*—Crede recommends the giving every five minutes of teaspoonful-doses of nourishment, preferably iced milk, the patient taking it through a glass tube and lying absolutely quiet. Chazan has reported an interesting case of this complaint in which no abnormality could be discovered about the patient. She was inconsolable at the idea of being pregnant. She was put under ether and made to believe that the fœtus had been removed; the vomiting ceased from that time. This case has led Chazan to believe that perhaps in most cases hyperemesis gravidarum was due to some nervous affection of the mind, and not, as some authors believe, to an abnormality of the genital organs.—*Arch. of Gyn.*

EFFECTS OF MODERATE DRINKING ON THE HEART AND CIRCULATION.—Dr. George Harley sums up the effects upon the heart and circulation which he believes follow the moderate use of alcohol, in the following propositions: 1. Alcohol, when indulged in, even well within the limits of intemperance, has a most prejudicial effect on heart disease. 2. Sudden spurts of muscular exertion act most deleteriously on all forms of organic cardiac affection. 3. Mental excitement is a cause of rupture of atheromatous blood-vessels. 4. A mere extra distension of a stomach by wind may suffice to fatally arrest a diseased heart's action. The knowledge of these facts, he says, has for some years past led him to make it an invariable rule to impress upon all patients laboring under diseases of the circulatory system, who desire to minimize the effects of their complaints and ward off as long as possible the inevitable fatal termination, to pay strict attention to what he calls the following three golden rules: (1) Take exercise, without fatigue; (2) Nutrition, without stimulation; and (3) Amusement, without excitement.—*Lancet.*

REMEDY FOR MYALGIA.—An old and well-known formula combined with lanoline had such a quick and favorable effect in myalgia of the scapular and brachial regions, that I feel safe in offering it to the profession. R.—Hydrate chloral, gum camphor, aa ʒ ss. Mix well, until liquid, and add lanoline, ʒ j. M. S.—Rub well over painful parts.

To show what lanoline can do, it fully relieved the pain in six hours, and had the constitutional effects of chloral as fully as if the person had taken gr. xx-xxx per mouth. Only two applications were used, and only a limited portion of the salve.—*Med. Rec.*

NEURITIS.—A case of neuritis involving the sciatic and crural nerves of one side, accompanied by loss of power and wasting of muscles, was recently presented at the Jefferson clinic, and the following plan of treatment advised: R. Syr. calcii lactophosphatis, f ʒ j; liq. potassii arsenitis, gtt iij. M. Sig.—Ter die. Also of ol. morrhue, ʒ j ter die.

Locally, to lessen congestion, a constant, descending, stable galvanic current as strong as could be borne was advised to be used to the affected nerves; faradism, if need be, to exercise the muscles; and for the pain, if it became at any time necessary, the hypodermatic injection of cocaine in the vicinity of nerve.—*Coll. and Clin. Rec.*

TREATMENT OF INTRACTABLE ROSACEOUS NOSE.—A country practitioner, who has long suffered from rosaceous nose, writes to the *British Medical Journal* to recommend scarification, at first twice a week, then once, and latterly once a fortnight. It has a marvelous effect, the heat, pain and unnatural shape at once subsiding, and the redness rapidly abating until, at the end of three months, a month since last scarification, the nose is happily restored to its natural shape and color. It is not a painful process.—*South'n. Cal. Pract.*

APPLICATION FOR GOUT AND RHEUMATISM.—A mixture made up of either, 15 parts; flexible collodion, 15 parts; salicylic acid, 4 parts; morphine, 1 part; painted every hour on joints affected with gout or chronic rheumatism, is said to afford great relief from pain.—*Med. and Surg. Rep.*

A DEODORIZING INJECTION FOR UTERINE CANCER.—Duchesne (*Nouveaux Remèdes*) credits Chéron with this formula: White vinegar, 300 parts; tincture of eucalyptus, 45 parts; salicylic acid, 1 part; salicylate of sodium, 20 parts. From one to five tablespoonfuls, added to a quart of tepid water to be used daily for vaginal injections.—*N. Y. Med Jour.*

"Oh, Professor," exclaimed sentimental old Mrs. Fishwacker, during a private organ recital in her new music-room, "do you pull out that sweet nuxvomica stop once more!"

HE FORGOT SOMETHING.—Doctor: "I will leave you this medicine to take after each meal."

Mike: "And will yez be koind enough to lave the meal, too, dochtor?"—*Tu-Bits.*

THE CANADA LANCET.

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*The LANCET has the largest circulation of any
Medical Journal in Canada.*

THE ONTARIO MEDICAL ASSOCIATION.

The eighth annual meeting of the above Association was held in Toronto, on the 13th and 14th ult., Dr. Rosebrugh, of Hamilton, President, in the chair. The attendance was up to the average, and was representative, the East sending a fair complement to swell the ranks of this now flourishing and influential society. The meeting must result in good, not only to those who attended and took an active part in the business transacted, but also to the profession at large, and, let us hope, to the cause of medical education, ethics and science. The American brethren were warmly welcomed, and they showed by their presence and the active part they took in the discussions which arose, the interest they feel in our advance in the noble science. This community of interests between the profession in the United States and Canada, is as it should be, and we hope, as the years go by, we shall have more and more reciprocity in all that pertains to medicine, both material and intellectual, with our great and kindly neighbors to the south, and more frequent and full interchange of thought, and of the amenities of professional brotherhood. But why is it, may be reasonably asked, if gentlemen from the United States find it either pleasant or profitable, or both, to attend these meetings, do not our natives show more interest in them, by their presence in greatly augmented numbers? The Association is as we have

said large, flourishing and influential, but we venture to say, it is not either so large, flourishing or influential as it should be, considering the standing and numbers of the medical profession in Ontario.

One point in the management of the meetings, we think requires more care on the part of the chairman, and that is the allowing of sufficient time for discussions, on papers read, and the encouragement rather than the discouragement of such discussions. It were surely better that some papers should be considered read, than that discussion should be scanty. Also, we think, more attention should be given to the examination of patients shown to the Association, and to that end more time allowed for such examination. It is rather a damper on any gentleman, who has taken the trouble to arrange for the exhibition of an interesting case, to have two or three who happen to sit next the platform make a cursory and evidently very superficial examination of the case, which has cost him so much trouble, pains and thought, and then to have "next" called on him with about the same interest and appreciation of what has gone before, as is evinced in those places of business where "next" is the standing order of the day and night. This has been, we think, a mistake, committed to a greater or less extent for the past three or four sessions of the Association, and one which, if we wish to encourage the practical use of these meetings, were well remedied.

Some advance was made in the direction of the improvement of our Code of Ethics, and the discussion on the question of advertising or no advertising by specialists or others in the profession, was pretty well and warmly ventilated, but without any definite conclusion being reached. It is to be hoped that the committee which has charge of this matter may push it vigorously next year, so that we may know definitely how we stand on this, as on not a few other points brought up in this connection, and which may be seen by referring to the report on another page of this issue.

The question of the tax on surgical instruments and appliances did not come up. This is to be regretted. If this body had taken active measures, in conjunction with the Ontario Medical Council, we might have hoped for some measure of relief.

The East has the President for next year, and we think a very wise choice has been made. Dr.

Henderson has been an active and interested member of the Association for a long period of time, and we expect that the next year's meeting, under his rule, will be in every respect excellent. We congratulate Dr. Hendersen on the honor which has been conferred upon him, and the Society on their choice of a young, energetic and popular president.

THE ONTARIO MEDICAL COUNCIL.

The last meeting of the Council was not characterized by the transaction of business of unusual interest. The profession may well congratulate itself on the magnificent new building which is approaching completion, and in which for the first time the Council met.

It was a wise thing to appoint a committee to wait on the Government, to point out the defects in the "Anatomy Act," and the consequent scarcity of anatomical material. Were the Act as it is, fully carried out, matters would be much better; but every possible method of shirking its provisions is experienced in many, indeed, in most of our public charities, and good medical education, on which the public everywhere depend and which is so essential, is on this account crippled more or less. Were the members of our profession in the Legislature and out of it, to do their duty in informing the public mind fully in regard to this matter, they would aid the Council and the medical colleges of Ontario very largely. Even in Quebec, all the public institutions are made, under the Anatomy Act of 1883, tributary to medical education; while in Ontario, and chiefly through the persistently urged, but mistaken views of several of the medical superintendents, the Lunatic Asylums of Ontario do nothing in this direction. With the Medical Council and the Ontario Medical Association both moving simultaneously and earnestly in this very important matter, we hope very soon to learn that our colleges have no longer grounds of complaint on this score.

The usual business of appointing officers, framing reports by various committees and considering these, constituted, as is always the case, the staple of the work done; and this work is most valuable, especially that of the Education Committee, which spares neither time nor labor in considering all matters relating to professional education.

The subject of the status to be given in Ontario to British registered practitioners was discussed a good deal, but no definite conclusion reached. It was thought best to postpone it for a year, in order to collect all possible information in regard to a matter so important.

It was decided to hold an examination in the fall. This is only reasonable, for a whole year is too long to keep candidates waiting, whose means in many cases are of the scantiest. Let us hope that a second examination each year may be the rule hereafter, as it will be, if the cost of holding it can only be kept within reasonable limits, and there is no reason why this may not be done. The Council most wisely neither made many changes, nor encouraged the spirit of change, in the curriculum. There has been in the past altogether too much of this tendency to change year by year, and now that we have in matriculation and in professional examinations reached so high a standard, and one of which our Province may well be proud, the wisdom is to do as the Council has done—let well alone—and give no countenance to needlessly unsettling what is admittedly excellent, and give the profession time to see and approve of the leading position Ontario proudly holds in medical education.

QUACKERY CRIMINAL.

Little concerning the odiousness of quackery need be said. But recently a novel view as to its criminality was held by a learned Judge in Manchester, England, and one which will commend itself to all intelligent men. It is a surprise to us that it has not been acted on until the present, especially when we consider that medical quackery has obtained in all ages, and among all nations. The Judge decided in the Manchester case, that obtaining money under false pretences in this, as in all other methods, was a criminal offence, which renders the offender liable to imprisonment. It is evident that all quacks do violate this very necessary law at all times, as well as those in Manchester, and that the whole fraternity are equally subject to its penalties, not only in England but in all civilized countries. It is not shown that those five prosecuted were sinners above all others. They simply opened a consulting room, advertised their ability to cure all diseases. They did not

claim to be qualified in any legal way, nor does it appear in the evidence that they assumed the title of physicians. They were not tried under the Medical Act, but simply for obtaining money under false pretences. It was established by the prosecution that they were not qualified by education nor special training to do what they professed to do, and that they were consequently unable to give those applying to them value for their money, and they were convicted. It passes our comprehension that this very simple and natural proceeding, under a law so long established as to become constitutional in most countries, has not been taken advantage of in the past, by those whose duty it was to enforce the laws in the interest of the public welfare. That these ghouls should be permitted to fatten on a suffering class of the community, who are naturally unable to know their incompetency to perform what they promise, or detect their atrocious mendacity until it is too late, is not creditable to paternal government in any country. In most, if not all other matters of incomparably minor importance, men are not permitted to prey on the public, and must render some kind of fair equivalent for the money obtained from them; but in the matter of health and life, it has hitherto been held, that so long as they did not assume the title of M.D., they were in no way amenable to the laws of the land, and might pursue their nefarious imposition on the credulous suffering citizens with impunity. Some efforts have been put forth in this country in the past, to suppress quackery, but they have not been successful in wholly removing the evil from among us. But we trust that, with this decision in Manchester as a precedent, our officials may be in a position to inaugurate a new order of things, and entirely prevent the extortion of money from the sick and suffering, by this class, who have hitherto preyed on the community, in spite of the laws specially enacted for the purpose of protecting those who are incompetent to protect themselves. Medical men should not be obliged to bear the odium of enforcing this view of the law, but where those whose duty it is, are supine, and neglect their duties for the protection of the public in this matter, it might be wise for our Medical Council to attempt to enforce it, in a few instances at least, for the purpose of procuring a decision in Canada on so important a matter.

TAX ON SURGICAL APPLIANCES.

We take the following from the *Southern Practitioner*. If our brethren on the other side of the line have just cause of complaint, as they undoubtedly have by this showing, how much worse off are we in Canada. We cannot hope to manufacture for ourselves, as is done in the United States, and so are entirely at the mercy of foreign producers. This is a question which should be agitated by the profession as a whole, and we believe that if energetic action were taken in the matter we should be able to gain relief: "1. Physicians are at the mercy of instrument-makers in regard to price, make and quality of finish because of the lack of competition. 2. The price of instruments made in this country is out of proportion to that paid for similar instruments on the continent of Europe. 3. Surgical instruments and appliances are so costly that but few doctors entering the profession can provide themselves with an outfit adequate to carry on a general practice. At present prices it is impossible for a country physician's income to sustain his investing in costly instruments, and as a result many simple cases, such as retention of the urine, foreign bodies in nose or throat, deep-seated abscesses, etc., all of which could be relieved at once with proper instruments, must either die from the immediate cause or from the effects of time lost in seeking skilful manipulation, or else they are frequently crippled and disfigured because the most intelligent help, though patiently given, is itself crippled for want of proper instruments. 4. The cheaper grades of instruments are either antiquated or so poorly made that they may prove a cause of failure in operations, sapping, as it were, the natural inclinations to surgery in its inception. 5. European instruments are from 25 to 75 per cent. cheaper than ours, and their introduction into the market will enable the mass of doctors to buy those of prime necessity, will bring down the price of the home-made appliances, and oblige the makers to use good material and put a better finish to their work. 6. The removal of import duties on surgical and other instruments used by the profession, and on medicines in general, will produce the same results, as we all know it did on the article of quinine.

MR. THOMAS BRYANT has retired from the post of Surgeon to Guy's, after thirty-one years' service.

VIBURNUM PRUNIFOLIUM IN THREATENED ABORTION.—Dr. D. A. Richardson, in an article in the *Med. Reg.*, speaks highly of the success attending the administration of viburnum prunifolium in threatened abortion. He gives a case in which, with well-marked uterine contractions, the os was beginning to dilate. He says: I then gave the following:

R.—Chloral hydrate, gr. x.
 Fld. ext. viburnum, gtt. x.
 Water to, ℥j.

Take every half-hour till easy, and continue at intervals of four hours after cessation of pains.

I left the patient quiet after two doses, and on my return next day gave the following:

R.—Ammon. bromid., ℥ ss.
 Ext. viburni prun., f ℥ vj.
 Aquæ ad., ℥ iv.—M.

Sig. ℥ j. t. i. d.

This was continued for a week. In May, about four weeks from the first visit, I was called again, and found the same conditions prevailing, with the most severe pains I have ever seen in a case which escaped abortion. I gave the chloral and black-haw as before, and repeated the prescription for ammon. brom. and black-haw, ordering its continuance twice daily until the patient was delivered.

She was delivered at full term, without forceps, of a healthy female child, weighing eight pounds, which is still living and in good health. In Nov. 1887, being again in her seventh month, she began complaining of bearing-down pains, and I gave her the prescription for ammon. brom. and viburnum, with the effect of quieting them entirely; and on Jan. 10, 1888, she was delivered of a male child, eight and one-half pounds in weight. I have used the some mixture in several cases where bearing-down pains are experienced, either during the period of gestation, or at the menstrual period, and know of no better remedy in either condition.

HOT WATER IN SURGERY.—The use of hot water in surgery is said by many surgeons to be based upon a few principles that make it necessary for the water to be real hot. The following suggestions cover the ground:

After the larger vessels have been tied in an operation wound, there occurs an outward flow from the divided arterioles, venules, and lymph-spaces of a sero-sanguineous fluid, highly albuminous in its character, in varying quantity, and continuing for a longer or shorter period. As long as this outward flow continues there is per-

fect immunity from infection by atmospheric germs. The application of hot water checks this outward flow, coagulates the albuminous elements in the fluid, and forms an impenetrable shield over the surface of the wound. Hot water applied to the abraded surface acts as a powerful cardiac stimulant and controls shock.

THE PHYSICIAN'S FEE.—The *Medical Record* gives the following excellent rules for guidance in the collection of fees:

Always make a charge for each service; this gives it a business value in the eyes of the patient. The charge should always be just and reasonable; then no deduction is necessary. Insist always on full payment, based, if necessary, upon itemized accounts. When the patient asks for a reduction of his bill, recall the sacrifice of sleep, of meals, and of comfort in rendering him prompt service. Think of your preferences then and of his now. Never allow sentiment to interfere with business; the "thank you" is best emphasized by the silvery accent of clinking coin. The loss of money by sickness only affects one side in every other business; why should it be different when the doctor is to be paid? Always charge a fixed fee, and never trust to your patient's generosity or embarrass him by guessing an amount that would be satisfactory to you; it is very much like firing with a kicking gun at a black cat in the dark. Render bills at short intervals, and be in earnest when you commence to collect them.

DIABETES MELLITUS AND ITS TREATMENT.—In an article in the *Br. Med. Jour.*, Dr. Hofmeister, of Carlsbad, says of this disease:—"In conclusion, I venture to lay down the following propositions, as summing up the results of my studies and observations:

"1. We are still in total ignorance as to the etiology of diabetes mellitus.

"2. The quantity of sugar found in the urine is of no significance at all in judging of the severity and danger of any particular case of diabetes.

"3. The smallest traces of sugar, found only by most careful chemical examination of the urine, are of considerable importance in a great many cases, so that they cannot be left out of account in trying to arrive at a correct diagnosis and prognosis.

"4. The dietetic treatment must be adapted to

the special requirements of each case, as there are cases in which, without regard to the amount of sugar secreted, complete abstinence from starchy matters is not only useless, but directly injurious.

"5. According to the present knowledge, strict anti-diabetic diet, combined with the use of the mineral waters of Carlsbad, is the best method of treating diabetes mellitus."

CANADIAN MEDICAL ASSOCIATION.—The twenty-first annual meeting will be held in the City of Ottawa, on the 12th, 13th and 14th of September next. The following are the officers of the Association: President, J. E. Graham, M.D., Toronto; President elect, George Ross, M.D., Montreal; General Secretary, James Bell, M.D., Montreal; Treasurer, Charles Sheard, M.D., Toronto. Vice-Presidents: for Ontario, Dr. Eccles, London; Quebec, Dr. Christie, Lachute; New Brunswick, Dr. Currie, Fredericton; Nova Scotia, Dr. Wichwire, Halifax; Manitoba, Dr. Blanchard, Winnipeg; British Columbia, Dr. True, New Westminster. Local Secretaries: for Ontario, Dr. Jas. A. Grant, jr., Ottawa; Quebec, Dr. Armstrong, Montreal; New Brunswick, Dr. Trueman, Campbellton; Nova Scotia, Dr. Freeman, Sackville; Manitoba, Dr. Chown, Winnipeg; British Columbia, Dr. Milne, Victoria.

PARALDEHYDE AS A HYPNOTIC.—Dr. Allen A. Rawson, writing to the *Med. & Surg. Reporter*, says it is valuable "in nervous irritability, or even cerebral exhaustion and insomnia, especially the latter." He gives the following formula, as the best he has been able to devise:

R—Paraldehyde, ʒ ij.
 Glycerine, ʒ iv.
 Simple syrup, ʒ j.
 Sweet spirits of nitre, ʒ x.

Oil of sweet orange (or oil of anise) twenty drops to flavor. Mix and unite by agitation. Dose.—One to four fluid drachms every hour, or two to four hours.

This may be administered alone, or with water. He advises a few drops of tinct. cocci, to give color to the mixture.

NEW REMEDY FOR SEA SICKNESS.—The theory has been lately advanced by Dr. Leiser (*Br. Med. Jour.*) that sea sickness is caused by arhythmic respiration brought about by the ship's motion.

This irregular respiration produces insufficient aeration of the blood to a degree great enough to act as a poison to the brain for the time being. The remedy is simple, to take full and rhythmical respirations, not fewer than twenty to the minute, breathing by count as it were. He had his theory and remedy well tested by Drs. Stockman and Prentice on a recent trip across the Atlantic in the S. S. "Etruria."

SCOTCH OATS ESSENCE.—Dr. R. G. Eccles has shown in the April issue of the *Druggists' Circular* (says the *St. Louis Cour. of Med.*), that the article which has been widely advertised as a nerve tonic and invigorator contains one-third to one-half of morphine in each fluid ounce. Just the persons who are predisposed to morphinomania are those who would be most likely to be attracted by an article claiming what was claimed for this, and, without knowing it, would be likely to acquire that terrible appetite which, for persons of that temperament, is generally utterly irresistible. Stringent legislation should be enacted to prevent such diabolical fraud.

PUPERAL ECLAMPSIA.—Dr. Wm. Goodell says (*Med. Standard*), in the majority of cases of puerperal eclampsia, I limit my treatment to chloral hydrate thrown up the bowel. This is repeated whenever twitchings or other premonitory symptoms of recurring convulsions manifest themselves. In plethoric cases I bleed first and then give chloral hydrate per rectum. Whenever convulsions are threatened, I either bleed or else give chloral hydrate per os, in smaller doses, until headache is relieved, or until the twitching, double vision or blindness are removed. If labor has begun, I give chloroform, not ether, and deliver rapidly. If labor has not begun, I watch and await events, interfering only when compelled.

OZENA TREATED BY INHALATION.—Noquet gives the following (*Rev. de Thérapeutique*):

R—Chloral hydrat., grs. ʒ.
 Acid. boric., grs. 90.
 Glycerin. pur., ʒ 2½.
 Aq. lauro-cerasi, ʒ 5.
 Aq. destill., ʒ 50.

The spray should be thrown into the posterior nares, and the patient should expire it through the nostrils.

FOR INSECT STINGS.—The following is recommended by Dr. Bernbeck (*Therap. Gaz.*) for insect stings or bites:

Collod. elast., 3v.
 Acid. salicyl., gr. 15½
 Collod. elast. ʒiiss.
 Hydrarg. chlorid. corrosiv., ¼ gr.

Sig.—To be applied to the sting.

When the above is applied very soon after the infliction of the sting or bite, pain and irritation at once cease, and swelling of the surrounding skin rarely takes place.

TONSILLITIS.—Dr. Hillary (*Practitioner*) gives the following as his method of treatment in this troublesome disease:—Open the bowels freely with a good dose of *mistura sennæ co.*, put the patient on milk diet, and administer the following draught:

R—Sodii salicylatis, grs. x-xv.
 Tincturæ aurantii corticis, ℥ x.
 Aquæ, ad. ʒ j.—M.

Sig.—To be taken every four hours.

When the inflammation in the throat begins to subside, reduce the dose of salicylate and continue to give it in smaller doses for a few days after all throat symptoms have disappeared.

EPILEPSY.—The following is a favorite prescription, especially in epileptics with weak or irregular heart action:

R—Zinci valerianatis, ʒ j.
 Ext. belladonnæ, grs. vj.
 Pulv. digitalis, grs. vj.

M. ft. pil., or caps. xx. Sig.—One three times a day.

COCAINE IN WHOOPING-COUGH.—This drug has been used with excellent results in cases of whooping-cough (*Al. Med. Central. Zeit.*), where the usual remedies had failed:

R—Cocaine mur., grs. iij.
 Aq. amygdal. amar., ʒ iiss.—M.

Sig.—Gtt. x-xv, several times daily.

The relief was remarkably evident, and in about two weeks the disease had disappeared in four cases in which this treatment was adopted.

HOSPITAL APPOINTMENTS.—The following gentlemen have recently been appointed to the Toronto General Hospital:—Drs. A. McPhedran and W. B. Nevitt to the regular staff, and Drs. Spencer,

J. W. F. Ross, T. Covernton and A. Baines to the extern department.

FLATULENT DYSPEPSIA.—The following is recommended (*Jour. de Méd.*) as very useful:

.R. Bismuth. subnitrat.,
 Magnesiae, āā gr. xxx.
 Belladonnæ pulv.,
 Zingiberis pulv., āā gr. iij. M.
 Divid. in chart. x.

Sig.—One twice daily in peppermint water.

CHOLERA INFANTUM.—Dr. W. H. L. Hale says (*Polyclinic*), the formula he prefers in cholera infantum and many other diarrhoeal disorders in children, is the following:

R—Bismuthi salicyl., ʒ ij.
 Tr. Capsici, gtt. xij.
 Spts. ammon. aromat., f ʒ iss.
 Pulv. acaciæ, ʒ ij.
 Aq. cinnañomi, q. s. ad. f ʒ ij.—M.

Sig.—Teaspoonful every two hours, for a child from three months to one year of age.

HERPES ZOSTER.—Dr. Guibot says he (*Med. Rec.*) recommends flexible collodion as an application in the treatment of herpes zoster. The advantages are that it has a local anæsthetic action, that it exerts a uniform pressure on the lesions, and that it forms an impermeable covering which protects them from the action of the air.

HE MISSED THE MARK.—Young physician (to patient): "What you need is exercise, sir. You should walk more." Patient (reaching for his pocketbook): "How much, young man? I walked all last night with the baby."

BRITISH MEDICAL ASSOCIATION.—The fifty-fifth meeting of this august body will be held at Glasgow, August 7th, 8th, 9th and 10th, 1888.

THE practitioners of the United States are moving for reciprocity in medicine with Great Britain. Dr. Meany, of Chicago, who is now in London, says the *Med. Rec.*, has written to an official representative of the United States as follows:—"We beg, sir, most respectfully to ask your aid and consideration for the purpose of having granted, to legally qualified practitioners of medicine in the United States, the same privileges for those who may desire to practise medicine"

in the United Kingdom." Registered practitioners in the United Kingdom are allowed to practise in the United States on equal footing with graduates of American schools and colleges.

WM. R. WARNER & Co. have issued the following notice to physicians:—"We take this method of denouncing the circulation of certain erroneous reports as being the outcome of ignorance or malice. We have no connection with the firm of H. H. Warner & Co., of Rochester, who make "Safe Remedies" and other patent medicines. Our advertising is to the medical profession and our pills and products (Warner & Co.'s) have been used and held in high esteem by the most eminent doctors, during the past thirty years, in the United States and in foreign countries. The therapeutic value of a remedy is ascertained by the medical practitioner, and it is the province of the manufacturing chemist to prepare the various medicinal preparations in the most correct, compatible, palatable, and convenient manner by the aid of skill acquired by years of practice and experience.

DR. D. C. ALLAN, of Amherst, U. S., writes concerning Papoma.—Various kinds of food for invalids, and particularly for children, have received my closest attention for several years, and most all kinds have more or less merit; but since the first introduction of "Papoma," the manufacturers of which entitled the article to confidence, I have used this food only for infants, both in health and in a number of cases of various diseases, and can only say that, properly prepared, it perfectly fulfils all that can be asked, for it is superior to all others, and I shall employ no other preparation of the kind now in use.

THOSE ladies (says the Maryland *Med. Jour.*) who desire to stand next on the list of Futures, a fashionable obstetric nurse, will require to be endowed with an unusual amount of prescience, as she informs her patrons that her dates are full up to a year in advance. Truly the Americans are a progressive and particularly wide-awake people.

Mathew Arnold had disease of both mitral and aortic valves. In his case the affection appears to have been hereditary, as his father, and two of his sons died from organic heart troubles.

MINERAL SPRINGS AT TILSONBURG, ONTARIO.—Dr. Smith, of Tilsonburg, has lately expressed his views as to the therapeutic value of the springs of that place, and is elaborating a plan for the establishment of a thoroughly equipped sanitarium in connection with them. Dr. Croft's analysis of the water, showed the following salts in one gallon of the water:—Sulphate of Lime, 5.75 grains; Chloride of Sodium, 5.62 grains; Chloride of Potassium, trace; Bi-Carbonate Lime as Carbonate, 2.37 grs.; Bi-Carbonate Magnesia, 4.11 grains.—Total 17.85 grains. They will be seen to strongly resemble Bethesda water. We wish the Dr. every success for his scheme.

WE regret that an article on page 308, June number, describing "An apparatus for removal of pleuritic effusion," was not credited to the *Med. & Surg. Reporter*, from whose columns we took it.

It is said (*Obs. Gaz.*) that inflammation of the vulvo-vaginal glands is much more frequent on the left side than on the right.

THE owners of the London *Lancet* have been offered \$400,000 for the journal, and have refused the offer.

Books and Pamphlets.

INTUBATION OF THE LARYNX, by F. E. Waxam, Chicago. Published by Charles Truax & Co., 75 and 77 Nassau Ave., Chicago, Ill., 1888.

In this very neat little monograph of about 100 pages, Dr. Waxam has presented to us all that is necessary to be noted in the operation of intubation, and as this new-old method of relieving stenosis of the larynx has come to stay, it is well that the technique and all the important facts concerning the operation should be accessible to all.

Chapter I gives the history of intubation, with its fierce struggle for existence, and the survival, shall we say, of the fittest. He also gives detailed accounts of and illustrates various modifications of instruments, and considers that the greatest improvement yet devised is that by himself, of an artificial automatic epiglottis upon the upper end of the tube. The difficulty of securing perfectly free action of this valve, surrounded as it generally must be by swollen tissue, tough adhesive mucus.

and exfoliated membrane, and the fatal issue that must follow its obstruction, furnishes me with many doubts as to the value of this modification.

In Chapter 2, some practical points in the anatomy of the larynx are given, with illustrations.

Chapter 3 is clear, concise and perspicuous in the delineation of the technique of the operation, and he who intends to intubate, should carefully note and practise every point here mentioned, unless I should except one of some little importance. On page 44, for the removal of the thread, he advises re-introducing the gag and the finger before drawing on the thread. This I have never found necessary. I cut one of the threads near the mouth and then by bringing the other nearly taut, give it a few gentle taps with the index finger; the short end will be seen to rapidly recede into the mouth and may be easily withdrawn.

The after-treatment is finally considered in Chapter 4, together with the means of overcoming certain complications likely to arise, all of which should be carefully noted.

The time for removal of the tube is discussed, but I should like to have seen some mention made of the indications and contra-indications for intubation, wherein lies a nice field for the discriminating and judicious physician's observations.

In all, this monograph is to be commended to those who purpose intubating. It contains all that is important and nothing superfluous.

THE APPLIED ANATOMY OF THE NERVOUS SYSTEM, by Ambrose L. Ranney, A.M., M.D., Professor of the Anatomy and Physiology of the Nervous System in the New York Post-Graduate Medical School and Hospital. Second Edition. Profusely illustrated. Price \$5.00. W. J. Gage & Co., Toronto.

This is without exception one of the best treatises on Applied Anatomy of the Nervous System to be found in any language. It is clearly written, the type good, and the plates are all that could be desired. In reading the ordinary works on the Physiology of the Nervous System, one finds many contradictions, and many confused ideas naturally result. In this work every part is, so far as possible, dealt with separately, carefully, and thoroughly explained so as to leave its teachings clear in the mind of the student. We especially recommend this treatise, for it is a work of great excellence, and we are sure one which the neurolo-

gist will find indispensable, while the general practitioner will find it one of the most useful works in his library.

HYSTERIA AND BRAIN TUMOUR; and some other cases of Nervous Disease. By Mary Putnam Jacob, M.D. New York and London: G. P. Putnam & Sons.

This is a collection of excellent essays on those diseases which are so often so closely similar in their clinical phenomena. Hysteria may be said to be the simulation of all nervous diseases, and the characters of it in its close simulation to many serious organic affections of the nervous system is well shown in this series of essays.

AMERICAN SYSTEM OF OBSTETRICS BY AMERICAN AUTHORS. Edited by Barton Cooke Hirst, M.D., Associate Professor of Obstetrics in University of Pennsylvania, Obstetrician to the Philadelphia and Maternity Hospitals, etc. Vol. I. Lea Bros. & Co.

The literature of obstetrics and gynaecology is fast becoming so extensive that some reliable system is needed in which the practitioner may find everything practical and scientific without having to wade through innumerable pages in support of every new theory. This system is to hand in the work above mentioned, and if the subsequent volumes compare favourably with this one, we are sure it will be a work well received and highly prized by the medical profession. We can recommend it highly, it is an exhaustive treatise of the subject and clearly written.

THE LANGUAGE OF MEDICINE: A manual giving the Origin, Etymology, Pronunciation and Meaning of the Technical Terms found in Medical Literature. By F. R. Campbell, A.M., M.D., Prof. Materia Medica and Therapeutics, Medical Department of Niagara University. New York: D. Appleton & Co. Toronto: W. J. Gage & Co. Price, \$3.00.

This work is a useful dictionary, in which is traced the origin and use of all terms used in medicine. It is a valuable book for students.

OLD SOUTH LEAFLETS. D. C. Heath & Co., Boston, Mass.

These leaflets are interesting, containing as they do such matter as 'The Declaration of Independence,' 'Franklin's Plan of Union,' 'The Constitution of the United States.' They are published for schools and for the trade by the above firm.