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THE  
Canadian Medical Review.

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No. 2

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Clinical Notes.

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A Case of Typhoid Fever.

BY DR. J. HART, TORONTO.

THE paper I am about to present is a simple narrative of a case, and not a review of medical literature, or an expression of a scientific (or unscientific) theory.

On the evening of January 21st last, I was called to see Miss E., aged twenty-two years. I found her with dark rings about her eyes, face pale, except the cheeks, which was bright pink; pulse, 118; temperature, 102½; frequent diarrhoeal discharges; loss of appetite; white, furred tongue; and marked tenderness in the right iliac region.

She had that day been moved from another part of the city, where she had been ill for ten days. I was informed that her illness had come on suddenly (though her health had not been very good before) with abdominal distress and vomiting; that she had in two days

\* Read at meeting of Ontario Medical Association.

improved somewhat, and had then relapsed into the condition in which I first saw her.

A diagnosis had been made by the physician who had attended her before her removal; with this diagnosis I did not agree, and after a few days inclined to the view that the case was one of typhoid fever, though none of the characteristic spots could be found. The evening temperature was constantly 102, or a point or two more, and the morning temperature about one degree lower, while the tenderness on pressure over the right iliac region persisted, and at the same time I thought there was an abdominal fulness and feeling of resistance in the part. The case went on in this way for ten days, my uncertainty in regard to the cause of her trouble continuing, with the balance inclining toward the typhoid fever idea.

At this time I was sent for hastily, and found that the patient had been taken simultaneously with vomiting and coughing, and was in much distress. It was then, for the first time, that I suspected some trouble in the chest as the cause of her illness. She had, up to that time, neither cough, pain in the chest, nor unduly quickened respiration.

Examination now revealed a large dull area in the lower lobe of the right lung at the back, and microscopic examination of the expectorated matter (which was quite offensive in odour), showed it to contain pus. The expectoration was scanty, lasting only a few hours, after which the general symptoms continued as before for five days, when there was a return of the purulent expectoration, the quantity being larger.

Dr. J. E. Graham was then asked to see the case in consultation, and a bacteriological examination of the sputa was suggested. Shreds of lung tissue were found, and the suppuration was found to be due to streptococcic infection.

The expectoration of pus continued for eight days with constant diarrhoea, pulse faster, and marked loss of flesh, the temperature remaining almost as when I first saw her. At the end of this period there was quite a free discharge of pus per vaginam, the nature of the discharge being verified by a microscopic examination. No bacteriological examination was made of the discharge from this cavity. This discharge explained the tenderness and undue fulness in the right side, which now became less and soon disappeared, the diarrhoea subsiding simultaneously. The temperature also began to fall, and in three weeks was normal. Some expectoration continued during this time, but in a month from the discharge of the abscess of the lower part of the body it ceased, leaving a degree of dulness of the part of the lung

involved, the breathing sounds of that part being semi-tubular, though not loud.

In less than three months from the beginning of her illness she was able to take short walks outside, and now is quite rapidly returning to her former condition of health.

The treatment throughout was supporting and stimulating ; milk, broths, eggs, predigested gruel and whiskey, and the various prepared concentrated foods being used. Strychnine was used rather freely ; quinine, part of the time, iron and arsenic toward the close of the case ; later still, cod liver oil.

The case seems worthy of reporting, because of its unusual character, its insidious onset and consequent difficulty in diagnosis, and in these days of antistreptococcic serum, as a hint to enthusiasts that all recoveries in such cases are not due to the injections.

The case seems specially interesting from the fact that there were two abscesses so far removed from each other, still further complicating diagnosis. Whether the germ was the same in each, is not known, or whether the two suppurating foci were independent of each other both in germ and means of invasion, or whether one was the parent of the other.

The case is an argument for the conservative practitioner ; and most certainly is a strong argument for thorough examination in cases of difficult diagnosis.

MALNUTRITION IN INFANTS.—The combination of a yolk of egg and olive or cottonseed oil made into an emulsion is found very useful in cases of rickets or chronic malnutrition in infants. The emulsion can be made as follows :

Olive oil, 3 drachms.  
Glycerin, 1 ½ drachms.  
Yolk of two eggs.

Make an emulsion and add one-half minim of creosote to each drachm.

Occasionally it is better to use a small amount of creosote when this agent is not well borne by the stomach. A full teaspoonful of the emulsion is given three times a day after feeding. The preparation seems to be readily tolerated, even when the stomach is irritable.—

*The Practitioner.*

## Selected Article.

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### The Immorality of the Anti-vivisection Movement.

BY DR. PAUL CARUS.

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COMPASSION with the suffering is a virtue ; indeed it is that virtue which in itself constitutes humaneness and which, wherever absent, changes a man into a brute, a wild beast of prey. Let us therefore by all means foster this gentlest of all virtues, which is the main jewel in the crowns of the two greatest religious leaders of the world—Jesus the Nazarene, and Gautama the Shakyamuni. But compassion should not be allowed to grow rank : compassion is a sentiment, and he who yields to sentiments without subjecting their exercise to criticism and discrimination, ceases to be a man of moral responsibility and degenerates into a creature of instinct. Compassion as a blind instinct is unquestionably a nobler fault than wrath, but as a passion it is a fault, it is sentimentalism, and its influence can become the more baneful the less its deficiencies are anticipated. Thus an untruth in the mouth of the erring who honestly believe it to be a truth may be more dangerous than an ethical falsehood pronounced by a liar.

The anti-vivisection movement, as it is carried on, is in this sense guilty of immorality, and we deem it our duty to state our views of the subject openly and frankly. We do not doubt that the anti-vivisectionists are noble men and women ensouled with the noblest of all virtues, compassion for the suffering, but they lack upon the whole the most essential of all virtues, which is thought, discrimination, discretion, consideration of consequences, a surveying of the situation and a weighing of the implications of the question as well as the results to which it leads.

Not to be misunderstood, the writer of this article states at once that he sanctions all those aspirations which tend to alleviate suffering of all kinds, in man and in animals, not excluding even the insects and the vermin which molest our life. He would condemn all contrivances and traps which involve unnecessary pain or produce suffering : but for that reason he would not demand that we should not resist those creatures, be they small or great, that are pestiferous and obnoxious. There is no merit in sparing the life either of a

tiger or a louse; but it is a vice to take delight in torturing a wild beast caught, and also in prolonging the death-struggle of a fly. It is our moral duty to resist evil, but we should not resist evil with evil. Let us combat evil and all the creatures representing evil in an honest and square fight, but having conquered them, let us not delight in their destruction, for even the meanest and most wretched creatures deserve our compassion; they are the products of circumstances and cannot help being such as they are. Being evil, they deserve destruction, but he who finds pleasure in serving as their executioner becomes vicious in exactly the same degree that he yields to the passion of hatred and vindictiveness.

Mark well that whenever a murderer is condemned to die, that the law must condemn him and not the judge. The judge only pronounces the judgment, and the executioner is an instrument of the law, not a murderer. A judge who hates the criminal is in his heart guilty of an offence similar to that for which the criminal is condemned. A true judge has a sorrowful heart, and great is his responsibility.

The two greatest religious leaders of mankind, Buddha and Christ, have taught us to have compassion, but neither the one nor the other prescribed to avoid once and for all the infliction of any suffering. On the contrary, they taught that suffering is unavoidable. Buddha did not say that salvation is obtained by yielding unreservedly to the sentiment of compassion; he taught salvation by enlightenment. The bodhi, or enlightenment, is higher even than compassion which implies that the compassion which we must exercise towards all suffering beings is subject to the discrimination afforded by the light of the bodhi. And Christ's mission is mainly a lesson of sacrifice which means that salvation is obtained through suffering. There is no sentimentalism in either case.

Now we ought to bear in mind that the moral man should never yield without previous deliberation to a sentiment or passion of any kind, not even to the gentlest and noblest, such as charity, compassion, love. Be full of charity, compassion, and love, but do not yield at once to every gentle motion of your heart, for your charity may be misplaced and your love may do more harm than good.

A noble zeal for truth was the original motive that begot the Inquisition; and a genuinely charitable spirit has pampered pauperism in Italy and other good Christian countries.

Therefore we must beware of yielding to sentiment, for every kind of yielding to sentiment is self-indulgence and will be productive of good by haphazard only in the same way that an animal may

perform a moral deed if his disposition at a certain moment happens to be excited in the right way.

The anti-vivisection movement we cannot help regarding as such thoughtless yielding to sentiment. The sentiment is noble and evinces a gentle disposition of the heart, but whether it is moral, whether it is right, whether it leads mankind upward is another question : and it appears to us that it cannot stand a careful weighing of all the pros and cons. Before the tribunal of ethics it stands condemned as much as all those other sentimental aspirations, indiscriminate alms-giving, the burning of the bodies of heretics for the sake of saving their souls, and showing mercy to the tiger because he ought to have a chance of reforming and might learn to eat cabbage and grass like a lamb.

This life is a struggle and only the courageous will conquer. Courageous is he who does not fear to leave his body on the battlefield in order that his aspirations, his cause, his soul may be victorious. But shall we be courageous only so far as our own individuality is concerned ; must not the leader in battle have courage for the whole army. Indeed he must. Victory is gained only by sacrifices, by the wounds of the gallant, by the death of the brave.

Count Moltke had his own sons in the ranks of the German army, and he was a man of the gentlest disposition, kind, compassionate, and taking pity even upon the sufferings of a dog. Yet for a great purpose he was determined to make any sacrifice that was necessary to achieve it, and he said that "a whole regiment of soldiers had fulfilled its purpose if at a critical moment they were all slaughtered for the sake of delaying the enemy ten minutes."

As to vivisection, we all know that it is not a pleasant duty of the physiologist, but it is an indispensable task that must be done for the sake of investigation. It falls within the same category with all sacrifices. Should science neglect to search for light in this most important domain, the domain of life, its representatives would be guilty of a gross neglect of duty. They would be like generals who would retreat before the enemy, because the enemy's bullets endanger the lives of their soldiers. They would be like an officer in the fire department who, inspired by the idea of not causing pain to anybody, would recall his men from the burning building when they ought to rescue its inmates, because the firemen might blister their hands.

Vivisection may truly have, and frequently will have, the tendency of blunting the sentiments of the vivisector ; but so does dissection. Shall we surrender dissection as an obligatory part of medical instruction lest the moral sense of the student be shocked ? There are a

few quack schools of medicine in this country which undertake to educate physicians, but their degrees should not be recognized, for they leave their graduates ignorant on one, perhaps on several, most important subjects. It is true enough that the human body in its wretched nakedness is subjected on the dissection-table to most undignified treatment, which is liable to make the student vulgar and rude: but for that reason we cannot abandon dissection. The right thing to do is to teach the student the moral aspect of dissection and put him on his guard against the demoralizing influence of the dissection table. Do not cut him off from one of the best sources of information, but strengthen his moral nerve that he can bear the view of the Medusa without having his heart petrified by the sight of her terribly ugly features.

The anti-vivisection movement might be excusable if there were any valid arguments to prove that vivisection is useless. But the very opposite is the case. Innumerable discoveries of the most beneficent kind have been made through experiments on animals.

An anti-vivisectionist writes that he would rather die than purchase the prolongation of his life with the sacrifice of an innocent animal. That sentiment seems noble and generous. But should we not be ready to kill a million rabbits if we can thereby save the life of one child attacked with diphtheria? Now the question is not one child against a million rabbits: but many millions of children of all the generations to come against a few hundred rabbits; and consider that not man alone, but the whole animal creation, too, is the gainer by every progress of science.

The truth is that all the great scientists who are famous as clever vivisectors are as considerate as possible and avoid all unnecessary suffering. It is of course not exactly impossible that there are among the minor lights of science men ruthless enough to delight in the cruelty of their work, but it is very improbable. I believe that it is painful to vivisectors to be reminded of the fact that their subject is a living being: but whenever they think of it, they cannot help being touched by a sentiment of compassion.

Every compassion is a pain. While the anti-vivisectionist weakly indulges in his sentiment and thoughtlessly yields to the impulse of removing it, the investigator knows that the victim is sacrificed for a great purpose, and he can say to the rabbit on the table before him: "Blessed art thou, poor creature; thou art distinguished among thy comrades and glorious is the destiny for which thou hast been chosen. While most other animals die of direful diseases, frequently under terrible pains, thou shalt give thy life for science; for the sake



of revealing the mysteries of existence and for the purpose of giving us instruction as to how some of the ills that flesh is heir to may be cured. Blessed art thou ; for thy death helps to build up life, and the preservation of the lives of many noble men and women will in part be due to thee. In them and with them thou wilt gain an immortality of a noble kind, which in the same way is otherwise not granted to the brute creation."

There is a great field for the humane societies, and they can do a noble work by elevating mankind and refining its sentiments, and also by protecting the dumb creation against the cruelty of savage masters. We are with them in all these worthy endeavors with heart and soul. In addition they may set their face against any kind of vivisection performed by those not called upon, but when they begin to meddle with science and forbid the physiologist to investigate life in the living animal, it is time to pronounce the *quousque*.

Vivisection, if strictly kept within the limits of its important purpose, is a moral obligation ; and he who would hinder the physiologist in the performance of his duties makes himself guilty of immoral conduct ; but any cruelty to animals, viz., every lack of respect for life, every thoughtless or wilful infliction of pain, every delight taken in torturing, injuring, or destroying sentient beings, is a crime that should be denounced and reprimanded and, if necessary, checked by the power of law.—*The Open Court*.

ICHTHYOL IN BLEPHARITIS.—Darier (*Clin. Ophthalmologique*, February 10th, 1897) recommends the following ointment for application in cases of blepharitis: Ichthyol 0.50 cg., powdered starch 5 g., oxide of zinc 5 g., vaseline 25 g. Its use has to be continued for some time, alternating, if necessary, with the application of silver nitrate, etc. In bad cases a little pure ichthyol may be smeared on the swollen lid margins at night, the lids being well washed with boric acid lotion in the morning. While ichthyol diminishes congestion it does not seem to diminish the conjunctival secretion, and where this is marked silver nitrate is called for. In rebellious phlyctenular keratitis with much vascularisation, Darier has obtained good results by introducing daily a minute portion of pure ichthyol into the conjunctival sac. This causes some smarting, which, however passes off in about ten minutes.—*British Medical Journal*.

## Society Reports.

### British Medical Association.

THE annual meeting of the British Medical Association will be held at Montreal on Tuesday, Wednesday, Thursday and Friday, August 31st, September 1st, 2nd and 3rd, 1897.

President, Henry Barnes, M.D., F.R.S.E., Carlisle; President-elect, T. G. Roddick, M.D., Montreal; President of the Council, Robert Saunby, M.D., F.R.C.P., Birmingham; Treasurer, Charles Parsons, M.D., Dover.

An address in medicine will be delivered by W. Osler, M.D., F.R.C.P., Baltimore. An address in surgery will be delivered by William Mitchell Banks, F.R.C.S., Liverpool. An address in public medicine will be delivered by Herman M. Biggs, M.D., New York City.

The scientific business of the meeting will be conducted in eleven sections, as follows, namely:

#### A. MEDICINE.

##### *Macdonald Chemical Building.*

President, Stephen Mackenzie, M.D., London.

The following discussions will take place:

1. The Dietetic Treatment of Diabetes, to be opened by Dr. Robert Saunby, Birmingham.

2. Arthritis Deformans (Rheumatoid Arthritis), more especially its relation to rheumatism, nervous disease and tuberculosis, to be opened by Dr. James Stewart, Montreal.

3. Cholelithiasis; its causation, symptomatology, diagnosis and treatment, to be opened by Dr. William Hunter, London, and Dr. Graham, Toronto.

The following papers have been promised:

Armstrong, William, M.R.C.S. The exciting cause of Rheumatoid Arthritis.

Bowles, Dr. R. L., London. Further experiences of dangers connected with Respiration and their avoidance, with special reference to Anæsthesia, hæmoptysis, drowning, apoplexy, and all paralyzed and unconscious conditions.

Fussell, Dr. M. H., Philadelphia. Two cases of Hæmophilia.

Graham, Dr. J. E., Toronto. A case of crossed Hemiplegia the result of injury to the pons varolii.

Hamilton, Surgeon-Major-General, P.M.O. Plymouth. The Enteric Fever of Armies, contrasting the disease in tropical, subtropical and temperate climates.

Osler, Dr. Wm. Exophthalmic Goitre (*a*) development of maniacal symptoms in, (*b*) scleroderma with, (*c*) myxœdema following.

Pepper, Dr. Wm., and Stengel, Dr. Alfred, Philadelphia. A contribution to the clinical study of Venesection.

Starr, Dr. M. Allen, New York. A contribution to the subject of Brain Tumors and their surgical treatment.

Stockton, Dr. Chas. G., Buffalo. A type of diarrhœa associated with Gastric Anacidity.

Tyson, Dr. James, Philadelphia. Note on the proper use of terms to denote Myocardial changes.

Whittaker, Dr. James T., Cincinnati. Generalisations from seven years' use of tuberculin.

#### B. SURGERY.

*Large Lecture Room, McGill Medical College.*

President, Christopher Heath, F.R.C.S., London.

A discussion will take place upon the surgical treatment of appendicitis, which will be opened by Dr. G. E. Armstrong, Montreal. Dr. J. Ward Cousins, Professor C. B. Ball, Dublin: Mr. Jordan Lloyd, Birmingham, will take part in the discussion.

A discussion will also take place upon the treatment of cancer of the rectum by Kraske's operation, to be opened by Dr. James Bell.

The following gentlemen have given notice of their intention to read papers in this section :

Ball, Professor C. B., Dublin. On Trans-sacral Resection of the Rectum.

Cousins, J. Ward, M.D., F.R.C.S., Southsea. Operative treatment of Organic Stricture of the Urethra.

Ferguson, Dr. W. W., Kingston, N.B. Vericosity of the Lingual and Buccal veins.

Garrow, Dr. A. E., Montreal. Ventral and Umbilical Hernia in the same patient.

Lloyd, Jordan, F.R.C.S. Stone in the Ureter and its treatment.

Marcy, H. O., M.D., Boston. On the Suturing of wounds.

McGraw, Theo., M.D., Detroit. Invagination of the Cæcum and Vermiform appendix.

Newman, David, M.D., Glasgow. (1) Cases illustrating some

interesting points in the pathology and surgical treatment of Renal and Vesical Hæmaturia. (2) Transitory Hydronephrosis and Albuminuria in cases of Movable Kidney treated by operation.

Koss, James F. W., M.D., Toronto. Some rare conditions of the kidney.

Roth, Bernard, F.R.C.S., London. Analysis of one thousand consecutive cases of Lateral Curvature of the spine treated by posture and exercise exclusively (without mechanical supports).

Shepherd, F. J., M.D., Montreal. A case of Abdominal Tumor, in which nearly eight feet of the small intestine were resected.

Smith, Dr. A. Laphorn, Montreal. Seven cases of Appendicitis with pus tubes.

Spanton, W. D., F.R.C.S., Hanley. Two cases of Meningocele successfully operated on.

Thomson, Alexis, M.D., F.R.C.S., Edinburgh. Stricture of intestine as sequel of strangulated hernia.

#### C. PUBLIC MEDICINE.

##### *Large Lecture Room of the Redpath Museum.*

President, E. P. Lachapelle, M.D., Montreal.

The business of the section will be carried out as follows:

The President will give an address on Sanitation in Canada; its progress up-to-date.

Lachapelle, Dr. E. P. (President of the Board of Health of the Province of Quebec, Montreal). Sanitation in Canada: its progress up to date.

Newsholme, A., M.D., M.O.H., Brighton. A plea for the International Study of Diphtheria, illustrated by facts and figures.

Kaye, J. R., M.O.H. to the Council of the West Riding of the County of Yorkshire. The relationship of the Health Officer to the registration and certification of deaths.

Dr. F. Montizambert, Superintendent of the Canadian Quarantine Service, Grosse Ile, Quebec, and Dr. W. Wyman, Superintendent of the Quarantine and Marine Hospital Service, Washington, will open a discussion on the utility of quarantines as now conducted (inspection, disinfection and isolation stations) in certain countries at least.

Dr. P. H. Bryce, Secretary of the Provincial Board of Health, Ontario, Dr. H. Handford, M.O.H. to the County of Nottingham, and Dr. C. B. Probst, Secretary, State Board of Health, Ohio, will open a discussion on how far should mandatory measures go in dealing with (a) measles, (b) whooping cough, (c) tuberculosis, (d) leprosy.

Johnston, Wyatt, M.D., bacteriologist, Board of Health, of the Province of Quebec. Experiments with disinfectant gases.

Janin, G., C.E., Montreal. On the different processes recommended for the treatment of sewage: mechanical, chemical and epuration by the arable soil.

Motter, Dr. D. Murray Galt, Washington. Underground zoology and legal medicine: a study of fifty disinterments, with additional experimental observations.

Kinyoun, Dr. Jcs. J., United States Marine Hospital Service, Washington. Methods of disinfection.

Neech, Dr. James T., M.O.H. for Atherton. The period of infection of scarlet fever.

Copeman, Dr. Monckton, Medical Inspector to the Local Government Board of England. Some alleged dangers of vaccination and their prevention.

Dr. R. F. Ruttan, chemist to the Board of Health of the Province of Quebec, will open a discussion on the respective value of the chemical and bacteriological methods of water analysis.

#### D. OBSTETRICS AND GYNÆCOLOGY.

*Large Lecture Room, McDonald Physics Building.*

President, William Japp Sinclair, M.D., Manchester.

The following discussions will, it is proposed, be held in this section on the days indicated:

September 1st, the causation and treatment of Hyperemesis Gravidarum.

September 2nd, the Vaginal *vs.* the Abdominal Route in dealing with inflammatory conditions and tumors in the pelvis. To be opened by Mr. Lawson Tait.

September 3rd, the palliative and radical treatment of Uterine Flexions and Displacements. To be opened by Dr. Barton Cooke Hirst, Philadelphia.

The following papers are promised:

Alloway, T. G., M.D., Montreal. Title not announced.

Anderson, Professor Winslow, M.D., San Francisco. Uterine Fibroids, their etiology, pathology, symptoms, diagnosis and treatment.

Barnes, Robert, M.D., London. Notes and a drawing to illustrate "Barne's Boundary Line" in placenta prævia.

Campbell, John, M.D., F.R.C.S., England, (Belfast.) Labor complicated by abnormalities of the Cervix Uteri and Vagina.

Eder, T. W., M.D., London. Title not announced.

Garrigues, H. J., M.D., New York. The treatment of abortion.

Hart, D. Berry, M.D., Edinburgh. The pathology and treatment of chronic non-suppurative conditions of the uterus and appendages.

Lucas, T. P., M.R.C.S., Brisbane, Australia. Menstruation, its purpose and design.

Macdonald, A. A., M.D., Toronto. Title not announced.

Maclean, Ewen, J., M.D., London. The after-history of some Gynecological operations.

Madden, T. Moore, M.D., F.R.C.S.I., Dublin. 1. On some points in modern treatment of tedious labor with description of a new traction forces. 2. On the conservative treatment of Fallopian tube disease.

Munde, Paul F., M.D., New York. Pelvic abscess.

Parsons, J Inglis, M.D., London. A new method of treatment for Prolapse of the uterus.

Robson, A. W. Mayo, F.R.C.S., Leeds, to be read by Dr. Collier, Ripon. Porro's operation for Tumor of the Pelvis complicating pregnancy.

Smith, Dr., Montreal. Diagnosis and treatment of Retroversion of the Uterus, with fixation.

Temple, G. Algernon, M.D., Toronto. Title not announced.

It is expected that Dr. Howard Kelly, of Baltimore, will give a demonstration on genital endoscopy.

#### E. PHARMACOLOGY AND THERAPEUTICS.

*Lecture Hall of the Western College.*

President, D. J. Leech, M.D., Manchester.

Discussions on the treatment of Insomnia, the treatment of syphilis and diuretics will be held on September 1st, 2nd and 3rd respectively.

1. The treatment of Insomnia will be opened by Dr. C. K. Clarke, physician to the Rockwood Hospital, Kingston, on general treatment; by Dr. R. W. Wilcox, Professor of medicine and therapeutics in the New York Post-Graduate school on the value of individual drugs, with special reference to the newer hypnotics; by Dr. A. McPhedran, on the ill effects and contraindications to the use of drugs; and by Dr. R. Ferguson, lecturer on therapeutics in the Western University, on the mode of action of hypnotics.

2. The treatment of syphilis will be opened by Dr. Whitla, Belfast. The introducer will deal with questions under the following heads: (a) How mercury and iodides are supposed to act in syphilis; (b) when should mercurial treatment be started, especially should it be

given in the primary stage; (c) the various methods for its routine administration, dosage, etc., and the length of time necessary for mercurial treatment; (d) the treatment of tertiary and congenital syphilis.

(Hypodermic and intravenous medication will be dealt with by a dermatologist.)

The question of diuretics will be opened from the clinical side by Dr. Barr, Liverpool, and from the experimental by Mr. Marshall, Cambridge.

Those who have promised papers are :

Hare, W. A. The importance of studying the absorption and elimination of drugs.

Blackader, A. D. On apocynum cannabinum.

Cushing, A. R. A contribution to the pharmacology of the mammalian heart.

Léech, D. J. On quillaia bark.

Phillips, C. D. F., and Pembrey, M. S. On the physiological and therapeutical actions of hydrastis Canadensis.

Halliday, A., Nova Scotia. The effect of certain drugs on Gastric Secretion.

Fotheringham, J. T., Toronto. On the prescribing of proprietary instead of pharmacopœial preparations.

Hutchison, R. On the pharmacology of the thyroid gland.

Marshall, C. R. On the treatment of heart failure of arteriosclerosis.

Marshall, C. R., and Taylor, J. J. On the absorption of mercury.

Chisholm, M., Halifax. The opposite effects of drugs in large and small doses.

Bazin, M. On diphtheria antitoxin.

Marshall, C. R. Further experiments on Indian hemp.

#### F. PATHOLOGY AND BACTERIOLOGY.

*Lecture Room II., McGill Medical College.*

President, Watson Cheyne, F.R.C.S., F.R.S., London.

The following will be the subjects for discussion :

1. Serum diagnosis and the agglutinating action of serums, to be introduced by Professor Wyatt Johnston, Montreal.

2. Immunisation.

3. The bubonic plague.

The following papers are promised :

Adami, J. G., M.D., and Staples, E., M.D., Montreal. On the appendices epiploicæ.

Barker, Lewellys F., M.D., Baltimore. On the changes in the nerve cells in epidemic cerebro-spinal meningitis, with special reference to lesions in the lower motor neurons.

Boyce, R. The occurrence of the B. tuberculosis in milk.

Caren, Professor J., M.D., Toronto. Title of paper not received.

Connell, W., Kingston, Ont. Title of paper not received.

Copeman, S. Monckton, M.D., London. On vaccinia.

Flexner, Simon, M.D., Johns Hopkins University. Pseudo-tuberculosis hominis streptothricia:

Goldman, Professor, Freiburg. On early infection of blood vessels in carcinoma and sarcoma (lantern slides.)

Grunbaum, A. S., M.D. The smegma bacillus.

Herter, C. A., M.D., New York. Experimental observations on the relation between bacterial activity in the intestine and the indican in the urine.

Hodenpyl, Eugene, M.D., New York. On the occurrence of typhoid fever without lesions of the small intestine.

Manson, Patrick, M.D. On filaria sanguinis hominis, with the demonstration of a new species from Central and South America.

Stiles, H. J. On the evolution of cancer bodies (lantern slides.)

Thomson, Alexis H. Epithelioma of penis.

Van Gieson, Ira, M.D., New York. On hæmato-myelopore and its relations to syringomyelia.

Washbourn, J. W., M.D. Demonstration of specimens of an infective neoplasm from the dog.

Welsh, Professor, Baltimore. The distribution and pathogenic effects of the B. aerogenes capsulatus.

Wright, Hamilton K., M.D., Montreal. On the topography of the posterior columns.

#### G. PSYCHOLOGY.

*Morris Hall, Presbyterian College.*

President, R. M. Bucke, M.D., London, Ont.

Among those who have offered to contribute papers are:

Bucke, R. M., M.D., London, Ontario, Asylum. On mental evolution.

Clark, W., M.D., Toronto Asylum. The reflexes in psychiatry.

Hobbs, —, M.D., London, Ontario, Asylum. Surgical gynæcology in insanity.

Russell, J., M.D., Hamilton, Ontario, Asylum. Insanity in its relation to the State.

Villeneuve, George, M.D., Longue Pointe. Crime and insanity.



## H. OPHTHALMOLOGY.

*Lecture Room I, McDonald Engineering Building.*

President, Edward Nettleship, F.R.C.S., London.

It is intended that a discussion should take place on the prevention of accidents to the eyes of persons engaged in industrial employments. The following gentlemen have expressed their intention of contributing papers to the section :

Bickerton, T. H., Liverpool. (1) The question of color vision in the public services ; (2) on Mules's operation.

Buller, Dr. F., Montreal. Abnormalities in the functions of the extrinsic ocular muscles.

Foucher, Dr. A. A., Montreal. Auto-infection in pustulous keratitis.

Fulton, Dr. John F., St. Paul, Minn., U.S.A. Amblyopia of strabismus.

Jehin-Prume, Dr. Jules, Montreal. A contribution to the treatment of the syphilitic affections of the eye.

Lee, Charles G., Liverpool. On an unusual case of orbital tumor.

Wurdemann, Dr. H. V., Milwaukee, Wis., U.S.A. Relation to skiascopy to other objective and subjective methods for the estimation of the ocular refraction (with exhibition of hand skiascope.)

*Specimens.*—Specimens will be shown by Mr. Treacher Collins, Mr. Priestly Smith and Dr. C. H. Usher.

## I. LARYNGOLOGY AND OTOTOLOGY.

*Lecture Room II, McDonald Engineering Building.*

President, Greville Macdonald, M.D., London.

The following papers are announced in this section :

Bryan, J. H., Washington. A contribution to the anatomy of the fronto-ethmoidal and frontal maxillary regions.

Delavan, Dr. D. B., New York. Surgical treatment of malignant disease of the larynx.

Farlow, Dr. Jno. W., Boston, Mass., U.S. Presentation of instruments, with remarks

Hobbs, Arthur G., M.D., Atlanta, Ga. When not to inflate the middle ear.

Horne, Jobson, M.D., and Yearsley, Macleod, F.R.C.S. (1) On eucaine as a local anæsthetic in the surgery of the throat, nose and ear. (2) On tubinectomy.

Ingals, E. Fletcher, M.D., Chicago. On the relation of nasal diseases to pulmonary tuberculosis.

Jones, T. W. Carmalt, F.R.C.S.Ed. Some after effects of turbinotomy.

Knight, Chas. H., M.D., New York. Upon a Foreign body (metallic button hook) removed from the larynx by laryngo-fissure.

Mackenzie, Dr. John N., Baltimore, Ind., U.S. The physiological and pathological relations between the nose and the sexual apparatus.

O'Dwyer, J. M.D., New York. Acute syphilitic stenosis of the larynx in the adult treated by intubation.

Roe, John O., M.D., Rochester, New York. The correction of nasal deformities by subcutaneous operations.

Spicer, Scanes, M.D., London. (1) On reduction of the inferior turbinate bone in certain cases of nasal obstruction. (2) On the significance and treatment of recurrent retention of secretion in the lacunæ of the tonsils. (3) A case of multiple papillomata of larynx in a man aged 73.

Wurdemann, Dr. H. V., Milwaukee, Wis., U.S.A. Phosphoric necrosis of temporal bone.

## J. ANATOMY AND PHYSIOLOGY.

### *Lecture Room I, McGill Medical College.*

President, Augustus D. Waller, M.D., F.R.S., London.

The following have been selected as subjects for the discussions :

September 1st, anæsthetics, to be introduced by the President of the section, Dr. A. Waller.

September 2nd, the best methods of teaching anatomy, to be introduced by Professor Alex. Macalister, Cambridge, and Dr. F. J. Shepherd, Montreal.

September 3rd the causation of the heart beat and its modifications, introduced by Dr. Gaskell, F.R.S., Cambridge, and Professor T. Wesley Mills, Montreal.

The following papers have been promised :

Huber, G. Carl, M.D., Assistant Professor of histology and embryology, University of Michigan, Ann Arbor. A brief account of some observations on the sympathetic ganglia of vertebrates.

Kemp, G. T., M.D., Ph.D., Baltimore. Nitrous Oxide anæsthesia.

Knight, A. P., M.A., M.D., Professor of Physiology, Queen's University, Kingston, Ont. Action of certain chemical salts on the heart beat of fish embryos.

Lombard, Warren, P., M.D., Professor of Physiology, University of

Michigan, Ann Arbor. Anatomy of the knee-joint of the frog, with special reference to the action of flexor and extensor muscles.

Macalister, Professor Alex., Cambridge. The influence of head shape on cranio-cerebral topography.

Macallum, A. B., M.B., Ph.D., Professor of Physiology, Toronto University. Some observations on the micro-chemistry of cells and tissues.

Meltzer, S. J. M.D., New York City. On the effect of anæsthesia upon the reflexes of deglutition and of the closure of the glottis.

Mills, T. Wesley, M.D., L.R.C.P., Professor of Physiology McGill University. Title of paper not yet received.

Paton, Dr. Noel, Edinburgh. The phosphorus compounds and the exchange of phosphorus in the salmon.

Pembrey, Dr. M. S. Title not received.

Stewart, Dr. G. N. The relation of electrolytes to the other constituents of animal cells and liquids, with especial reference to the blood corpuscles and blood plasma.

Thompson, Professor W. H., Belfast. Degenerations resulting from lesions of the sensory area of the cortex cerebri.

Dr. Gustav Mann will send for exhibition specimens illustrating the minute histology of the liver in active and resting conditions. Dr. D. A. Welsh, Edinburgh, will exhibit specimens illustrating the histology of the parathyroid glands. Dr. Geo. Oliver will exhibit his new hæmoglobinometer and hæmocytometer.

#### K. DERMATOLOGY.

*Lecture Room III, McDonald Engineering Building.*

President, Malcolm Morris. F.R.C.S.Ed., London.

A subject selected for discussion in this section is the clinical and pathological characteristics of vesicular skin diseases, especially the dermatitis herpetiformis group.

It is intended that a joint meeting should be held with the section of pharmacology and therapeutics for the discussion of the subject of the treatment of syphilis.

The following papers are announced :

Fox, T. Colcott. Demonstration of the biology of the trichophyte

Galloway, James, London. On melanotic conditions of the skin preceding malignant disease of the skin.

## PROGRAMME OF PROCEEDINGS.

## TUESDAY, AUGUST 31ST, 1897.

- 11 a.m.—Cathedral service.
- 2.30 p.m.—Opening ceremonies. Welcome by His Excellency the Governor-General, Lord Aberdeen, the Mayor of Montreal and others. Address by the President-elect, Dr. T. G. Roddick.
- 4 p.m.—Garden party at the Royal Victoria Hospital, Mr. W. B. Angus, President of Royal Victoria Hospital, etc.
- 9 p.m.—*Conversazione* at Laval University. Address by Professor Richet, delegate from the French Government, etc.

## WEDNESDAY, SEPTEMBER 1ST, 1897.

- 10 a.m.—McGill University: Opening of sections.
- 2.30 p.m.—Windsor Hall: Address in medicine by Dr. W. Osler.
- 4 p.m.—Excursion down the St. Lawrence: Garden parties, etc.
- 9 p.m.—Reception by the Hon. Sir Donald A. Smith, High Commissioner of Canada.

## THURSDAY, SEPTEMBER 2ND, 1897.

- 9.30 a.m.—McGill University: Sectional meetings.
- 2.30 p.m.—Windsor Hall: Address in surgery by Mr. W. Mitchell Banks.
- 4 p.m.—Excursion across the Island, International golf match, etc.
- 7.45 p.m.—Annual dinner of the Association.

## FRIDAY, SEPTEMBER 3RD, 1897.

- 9.30 a.m.—McGill University: Sectional meetings.
- 1 p.m.—Lunch on the mountain, given by the Mayor.
- 2.30 p.m.—Windsor Hall: Address in public medicine by Dr. Herman Biggs: concluding speeches, etc.
- 4 p.m.—Excursion down the Lachine Rapids: Garden parties, etc.
- 9 p.m.—*Conversazione* at McGill University.

## SATURDAY, SEPTEMBER 4TH, 1897.

Excursions to Lake Memphremagog, Saranac, Ottawa, Quebec, etc.

## Ontario Medical Council.

THE annual meeting of the Medical Council was held in Toronto from July 7th, 8th, 9th, and 10th.

There was a full attendance.

Dr. Rogers, in his presidential address, referred to the petition recently signed by so many of the profession, showed how unanimous the profession was to uphold the Council and the dignity of the profession. Owing to the presence in the legislature of an element antagonistic to the profession which might be minimized before long, it was decided to lay the matter referred to in the petition over till another year. They were assured privately, however, that there would be no tampering with the Medical Act, and no interference by the Government with the matriculation of students by the Council. He suggested the appointment of a Legislative Committee to draw up all necessary propositions required to be presented as soon as a new Legislature was elected. He recommended that hereafter when students failed in their subjects in the Primary they be not allowed to go up for their final examinations.

### ELECTIONS.

Dr. Jas. Thorburn was nominated President by Dr. Bray.

Dr. Sangster objected to the appointment of a President in caucus before the meeting as no one else would care to allow himself to be presented for the office after that. In his opinion the nominee of a defunct institution having no right for representation in the Council would be placed in the President's chair.

Dr. Rogers said the casting of a ballot by the nominator saved the taking of an individual ballot.

Dr. McLaughlin claimed that under the by-laws the election of President last year was illegal. Bourinot had sustained his contention.

The President said he would receive any nomination from Drs. Sangster or McLaughlin.

Dr. Sangster thought this was not courteous to them to suggest a mode of election which the President knew would place a member in the position of certain defeat.

The decision of the President to allow Dr. Bray to cast a ballot was upheld by a vote of eighteen to twelve.

Dr. Henry, of Orangeville, was elected Vice-president.

Dr. R. A. Pyne was re-elected Registrar.

Dr. Wilberforce Aikins was elected Treasurer.

Mr. H. Downey was appointed Stenographer.

The various committees were then appointed.

Dr. Geikie moved that a verbatim report of the proceedings was unnecessary, suggesting that a synopsis of the proceedings by the Registrar was all that was necessary. He was sure that most of the remarks were not worth reporting. Only four members supported Dr. Geikie's motion.

Dr. Sangster moved that the Printing Committee advertise for tenders for the stenographic work at future meetings, stating that last year's report was "incomprehensible and incoherent." The report has been tampered with, words changed and whole phrases added. He was sure he had been misrepresented. The President had told him that Dr. Orr had made the corrections. If any newspaper used in one issue the grammar used in the report the public would cry out "Shame."

The motion carried.

In Committee of the Whole, the report of the Committee on Finance was discussed. The first clause recommended the abolition of the fall examination. This was struck out. Clause number two, recommending Toronto as the only place of examination, was also struck out. A clause recommending extension of the hours of examination from five to six was carried. Reduction in examiners' fees was recommended and agreed to. Recommendation to reduce the time of the orals from fifteen to ten minutes was not settled upon. Dr. Pyne's salary, after some discussion, was allowed to remain at \$1,800 per year. That of the Treasurer was reduced to \$400.

The report of the Board of Examiners recommended that candidates taking the primary and intermediate, or primary and final, at the same time shall be obliged to pass in anatomy and physiology of the primary, and to be allowed any subject in the intermediate and final. It was decided to refer this to the Education Committee for consideration.

Dr. Britton presented the report on "Legislation." After some wrangling, Dr. McLaughlin charged Dr. Britton with having caused the trouble by having brought in a report on behalf of the Committee on Legislation, which he had not submitted to any member of the Committee. The report was referred back.

A clause in the report of the Executive Committee referred to the petition prepared by the Council for presentation to the Ontario Legislature for certain amendments to the Act was adopted, as was also a clause censuring Dr. Sangster for opposing the views of that committee as laid before the Government last session.

The Discipline Committee recommended the erasure of Dr. C. J. Parsons' name from the register on account of unprofessional conduct. Carried.

The committee reported against the application of Dr. J. Zelinski, an eclectic, for registration. Carried.

Discussing the report of the Committee on Finance, Dr. Sangster moved for a sessional allowance of fifty dollars instead of the daily allowance of \$12.50.

Dr. Armour moved that the registrar's salary be \$1,500 instead of \$1,800. These proposed changes were not agreed to, and the report carried as presented.

Dr. Armour moved for the suspension of the penal clause.

Dr. Britton said that the agitation made by the defence men over this matter would arouse a spirit in the educational institutions which would burst like a bombshell over the defence men.

A motion to adjourn cut short this discussion.

On motion of Dr. Machell, the scheme for founding the Victorian Order of Nurses was opposed.

The following examiners were appointed: Drs. Grasett, Mundell, Howitt, A. S. Fraser, A. B. Welford, H. Williams, G. Acheson, H. Small, C. Emory, C. O'Reilly, J. Third, W. Caven and C. J. Adams.

BRITISH MEDICAL ASSOCIATION—MONTREAL MEETING.—May I ask you through the columns of your journal to draw the attention of the profession in Canada to the fact that all those who intend attending the meeting of the British Medical Association here on the 31st of August next, must be members of the Association. And, moreover, it is compulsory in all meetings, excursions, entertainments of any kind, that members must show their ticket of membership to entitle them to any of the foregoing privileges. The half year of subscription to membership began on July 1st, from which date also the second volume of the Journal for the current year is issued. It is particularly advisable that all those who intend to join, should do so now, and not wait till the time of the meeting when, in all probability, their election to membership would be delayed and place an extra amount of work upon the officials who, at that time, will probably have more than they can comfortably accomplish.

Yours faithfully,

J. ANDERSON SPRINGLE,

Hon. Secy. Montreal Branch.

## Editorials.

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### Chloroform Narcosis.

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THERE are probably few questions of greater interest to the general practitioner than that of chloroform narcosis, its dangers, and how best to avoid these and treat them when they occur.

Many papers and investigations have been dealing with this matter, but one of them most recently strikes us as one of the ablest that has yet appeared.

We refer to the very able paper of Dr. L. Hill, which appeared in the *British Medical Journal* some time ago. He differs very widely on many vital points from those who have preceded him.

There is a primary failure of the circulation, and a secondary failure of the respiratory centre. The latter fails because it is damaged by the drug and because of the spinal anæmia due to fall in the arterial pressure. The depth of anæsthesia depends, as does the paralysis of the respiratory centre, on the primary fall of the arterial tension.

Chloroform rapidly abolishes the vascular mechanisms which compensate for the hydrostatic effect of gravity. These mechanisms are abolished by paralyzing the splanchnic vasomotor tone, and by weakening the action of the respiratory pump. When these mechanisms are abolished, the circulation is impossible if the patient be in the feet-down position.

Chloroform also produces paralytic dilatation of the heart. It acts like amyl nitrite. There are two forms of chloroform syncope:

(a) During primary anæsthesia the patient struggles, holds his breath, raises intrathoracic pressure, congests the venous system, and finally takes deep inspirations, and recharges the lungs with chloroform. In the first stage the heart is impoverished; in the second, it is suddenly filled with blood. This is drawn from the lungs, full of chloroform, and the heart is thrown into paralytic dilatation.

(b) During prolonged anæsthesia, this syncope arises from giving chloroform to too great an extent. The arterial pressure falls lower and lower, and secondarily, the respiration ceases because of the anæmia of the spinal bulb. The heart is not in this case paralyzed by the chloroform. The timely employment of artificial respiration and the resumption of the horizontal position will always resuscitate a patient in the second form of chloroform syncope.

Artificial respiration with the patient in the horizontal posture is the



treatment indicated in the first form of syncope. The heart should be regularly compressed by squeezing the chest. If this does not quickly renew the pulse, the patient should be put into the vertical feet-down posture. The dilated right heart is readily emptied of blood. Artificial respiration is maintained during this manœuvre, and the patient again brought back to the horizontal posture. By compressing the chest regularly, an efficient circulation can be maintained through the coronary arteries. This process can be repeated. In this first form of syncope, placing the patient in the feet-up posture and compressing the abdomen will increase the paralytic dilatation of the heart. In this form of syncope both these forms of treatment are worse than useless.

According to Ringer's experiments, ether is fifty times less dangerous than chloroform. The inhaler should always be removed during the struggling of the patient, or if the respiration becomes irregular. It is the paralysis of the circulatory mechanism, and not the respiratory, that must be dreaded by every anæsthetist.

The great point in Dr. Hill's paper is the feet down position of the patient in that type of syncope where the patient struggles, holds his breath, becomes venous, and then takes a deep respiration, suddenly filling the heart and coronary arteries with blood charged with chloroform.

In this form of syncope, the proper treatment, after trying artificial respiration and rhythmic chest compression, is to place the patient in a feet-down posture. This lowers the abdominal viscera and diaphragm, and empties the right heart. This, with artificial respiration, restores fresh blood to the heart and coronary arteries. This will, no doubt, be found to be correct practice.

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### Ontario Medical Council.

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THE Ontario Medical Council has once more closed its annual deliberations, under the presidency of Dr. Thorburn, who makes a very dignified, good natured, and impartial presiding officer.

Outside of the ordinary routine work of the Council, we do not think there has been very much important legislation enacted, and it is not too much to say that were there no other motives actuating every member than good legislation, the work could be done in two-fifths of the time. There were several of the usual bear-garden scenes, which of late have characterized these meetings, and which are to be deplored by all who have at heart the good name and welfare of the

Council and medical profession, and which indeed would bring reproach upon the most primitive township council meeting on a back concession.

That there are two parties in the Council cannot be denied. Even this would do no harm, provided both were divested of every desire but the enactment of good legislation in the interests of the public and profession, but we have little sympathy for any party bringing up the same subject year after year, taking up valuable time and money of the Council merely for the sake of placing its opponents on record, where they are already recorded more than once. But we do sympathize with the person or party who will protest against the chairman of any committee bringing in a report without consultation with other members of the committee, or against one committee censuring in its report any member of another committee.

The election of officers henceforth will be by open vote. This we believe to be retrograde, as the will of the Council can be obtained through the ballot, untrammelled by friendship, caucus, or wirepulling, much better than by open vote.

The building account is somewhat improved this year. The revenue is increased by \$1,400, and the interest on mortgage is reduced from 5% to 3½%, being a saving of \$900.

An important change has taken place in the curriculum. The fifth year of clinical study still remains, while the winter sessions have been extended to eight months. Bacteriology and the use of anæsthetics have been added to the course of study, and the prescribed text-books have been materially changed.

The defence element introduced some measures with a view towards retrenchment, but none were received with favor. One was the proposal to hold only one examination in the year, omitting those held in the fall. We regret this did not carry, as these supplementaries are conducted at great loss to the Council, and we fail to see they are particularly essential.

The Council as at present constituted is acknowledged by many to be much larger than necessity requires, and no doubt it is a problem for the future, how to reduce its dimensions and secure greater efficiency.

It is believed, with some degree of reason, that there are at least two or more who sit at the Council that should retire, because the institutions which they are supposed to represent have become defunct. It is to be hoped that before another session some one will take the trouble to look into this matter.

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The only economy of which the Council can be accused is the reduction of the Treasurer's salary to four hundred dollars, thus effecting a saving of one hundred dollars per annum.

The estimated cost of the session was \$2,500, which would mean one dollar for each physician practising in this Province.

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## The Yukon Fever Versus The Medical Fever.

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It may be asked by many a young man just now, whether he should go to the Yukon or to a Medical College? So far as the REVIEW is concerned it would not seriously advise either course to glory, a fortune, or the grave. If, however, some youths, ambitious for fortune or fame are determined to go to one or the other of the above places, then really the balance of argument lies in favor of the Yukon. By going to the latter place one will make something soon or lose everything in the attempt. Of two forms of death, it would appear that being frozen is full as easy as the gradual one of starving to death by the slow academical method of attending a medical college. What though fifty per cent. should meet with death by freezing or speedy starvation in the search for gold in the Klondyke, would not the results in the end be better than that ninety per cent. should meet with disappointment in the search for gold after spending many years in the study of medicine? If either form of fever is to attack young men, we think the prognosis is decidedly in favor of the Yukon type, as compared with the medical school type. The latter is a very lingering disease.

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THE private wards of the Toronto General Hospital are being largely patronized by physicians in this city not on the staff of this institution. We understand that any physician in good standing has the privilege of sending patients to private wards and attending them. Trained nurses are in constant attendance without additional charge.

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THE department of surgery in the *Canadian Practitioner* is now in the charge of Drs. Sweetman and Bruce, who have recently been appointed Professors of Surgery, Toronto University. Both these gentlemen were on the resident staff of the Toronto General Hospital the year following graduation. We congratulate our esteemed contemporary upon this accession of strength.

ROENTGEN RAYS.—Dr. Francis H. Williams, in a paper on "Roentgen Rays in Thoracic Diseases," read at the Association of American Physicians reported having examined about 400 cases of lung trouble, and principally cases of pneumonia and tuberculosis. Certain lesions of the lungs and heart could be readily detected.

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BRITISH MEDICAL ASSOCIATION, MONTREAL MEETING, AUGUST 31ST.—How members may reach Montreal, or take advantage of trips to any part of Canada, before or after the meeting, rates, etc. The names of all members of the Toronto Branch have been forwarded to Dr. G. E. Armstrong, 320 Mountain St., Montreal, who will send certificate to any member writing for it entitling him and any of his family to buy a ticket at any ticket office (railway or steamboat) in Canada, to any part of Canada for half of one single fare. He can purchase them at any time, to any point, and as often as he likes. These rates are good from now till September 30th. If any one wishes to go to the Northwest before the meeting, he can purchase a ticket at point of departure, at same time asking the local ticket agent to give a certificate saying he had purchased a ticket; if this certificate and the number of the certificate given by Dr. Armstrong is sent to Mr. N. F. Egg, 126 James St., Montreal, he will quote a price and also send free passes over branch lines, in Manitoba, Northwest Territories and British Columbia, and over the C.P.R. steamboats. The price of such ticket is about \$70.45. Or on receipt of number of certificate given by Dr. Armstrong, Mr. Egg will quote price, send tickets and free passes altogether on receipt of money order for the amount. It would be well for any of the profession throughout the western part of the Province especially, who are not already members but who wish to take advantage of all that the meeting affords to make application for membership at their earliest convenience. It ought to be understood that only invited guests and members are admitted to the discussions and privileges. Other information may be obtained by writing Dr. H. T. Machell, 95 Bellevue Ave., the acting Secretary of the Toronto Branch.

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ANTITOXIN IN TRAUMATIC TETANUS.—Dr. J. A. Patterson, of Salem, N. J., in the *University Medical Magazine* for July, records an interesting case of tetanus in a boy six and a half years of age, who had his foot pierced by a hayfork. The doctor saw the patient six days after the accident. The patient had then suffered from stiffness for thirty-six hours, his voice was husky, the eyelids drooped, and there was slight

risus sardonicus. The patient was given an injection 8cc antitoxin of the 1-1,000,000; and one hundredth of physostigmine every three hours, and the wound painted with iodine. On the following day there was less stiffness, the temperature was 102.5, and the other symptoms much the same. A second injection of 8cc antitoxin was administered. From this time the patient rapidly improved, and in one week from the second injection seemed quite well.

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THE YELLOW FEVER BACILLUS.—Prof. G. Sanarelli, of Montevideo, in *British Medical Journal*, July 3rd, gives an account of his researches in the germ of yellow fever. After much investigation he has discovered the bacillus of this disease. It is a small bacillus with rounded extremities, and usually united in pairs in the culture, and in small groupes in the tissues. Cultures of the bacillus are pathogenic to the majority of the domestic animals. White mice, guinea pigs, rabbits, etc., die of septicæmia with fatty degeneration of the liver. The dog yields the best results. In this animal the conditions after death are almost identical with those of the human subject. This germ, which the author calls the bacillus icteroides, can be isolated from the living subject and the cadaver. The disease in the human subject has a somewhat latent period of seven or eight days, when there are very few organisms in the body. Then they multiply with great rapidity, and infest the different organs of the body. At this stage there is a great liability to mixed septic infections, and hence the protean nature of the disease.

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ASOPSIS IN ACUTELY SEPTIC WOUNDS.—Dr. A. Ernest Maylard, of Victoria Infirmary, Glasgow, in *British Medical Journal*, June 12th, claims that the application of pure carbolic is of the utmost value in wounds that become acutely septic. In some of the cases the wound had the appearance of acute traumatic gangrene: and the choice lay between some application that would control the sepsis or amputation. Some ounces of pure carbolic acid was brushed over the raw surfaces. The improvement set in immediately after the application. One case was that of a tuberculous hip joint with acute abscess. Amputation had to be performed. The wound became septic and sloughing. The carbolic acid was applied pure, and freely to the opened wound. The day following there was marked improvement, both locally and generally. The girl, aged 15 years, made a good recovery. In less than a week the wound was covered with healthy granulations. The pure acid has been applied to malignant sloughs, and septic abscesses. The application is not painful, and devoid of danger.

ARTERIO-SCLEROSIS AND NERVOUS DISEASES.—Dr. Frank Parsons Norbury, of Jacksonville, Ill., in *Medicine* for July, calls attention to the following important symptoms as frequently resulting from arterio-sclerosis. Vertigo is very common. It is usually worst in the morning, and may go off soon on moving about. At times it is almost continuous. Headache, too, is frequent. It may be of a very severe type. It is usually periodic, and comes on during the day when the person is performing his usual mental or physical duties. These headaches are much like those of syphilis, only that they do not tend so much to come on at night. Monoplegia, hemiplegia, ataxic aphasia, or hemiplegia may come on from arterio-sclerosis. These conditions may be due to embolism but are generally due to thrombosis. They occur repeatedly, and at last become permanent. Epilepsy and chorea is sometimes caused by this condition of the arteries. Those cases of distinct epileptic seizure coming on where arterio-sclerosis exists must be considered as due to this cause. Senile chorea is especially due to this condition. Psychic phenomena as somnolence and profound amnesia result from arterio-sclerosis. The drowsiness is often extremely well marked. Memory for recent events is often greatly disturbed. The patient reading loses his locality and wanders away from home. Insanity is caused by arterio-sclerosis: This is the chronic cerebral atrophy met with in old age, and known as senile dementia. But this form of dementia may come on at any age that change in the arteries takes place. This hardening of the arteries comes on anywhere after forty, and so may this cerebral atrophy and the resultant dementia.

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## Correspondence.

The Editors are not responsible for any views expressed by correspondents.

### Medical Schools.

*To the Editor of the CANADIAN MEDICAL REVIEW.*

SIR,—In your last issue you had an editorial on the University Medical Faculty. In dealing with this question your modesty did not permit you to call attention to the fact that so many of the members of the staff are related to the members of the Senate, the body making these appointments. It can be safely said to be a pasture field of nepotism. I would ask any physician to take the latest issue of the Announcement and run over the names and jot down the relationship to some well known member of the Senate. The first thought with him will be, no doubt, amusement, then that of the old saying, "Scratch my back, and I'll scratch your back," and then finally, disgust at the whole system.

If I might be permitted to offer a suggestion, it would be that you touch up the whole school question, and then the demoralizing effect on the profession, of this wholesale sending out of announcements and search for students. Can nothing be done to make the schools adhere to the rules that govern the physician in the conduct of his practice. Let the other counties be heard from.

Yours truly,

July 12th, 1897.

BRANT.

## Selections.

AN OINTMENT FOR HÆMORRHOIDS.—In the *Journal de médecine de Paris* for June 27th we find the following formula, attributed to Kossoberdckji :

R Chrysarobin.....	11	grains ;
Iodoform.....	4½	“
Extract of belladonna.....	9	“
Vaseline.....	210	“

M. To be applied two or three times a day.—*N. Y. Medical Journal*.

HEADACHE DEPENDENT UPON OVARIAN DISEASE.—A prescription of Dr. Sinkler's is

R	Ammon. bromid., ʒvj.	
	Ext. hydrastis fl., ʒss.	
	Tr. gentian. co., ʒiiss.	
	Aque, ʒiv.	

M. Sig. : Dessertspoonful three times a day.—*Medical News*.

SCIATICA.—Dr. W. Richardson speaks highly of the following pill in sciatica :—

R	Opium,	
	Ipecac, āā gr. ʒʒ.	
	Salicylate of soda, gr. vss.	
	Fl. ext. cascara sagrada, q. s.	
	M. Sufficient for one pill.	

Sig. : Make twenty such. One to three a day.—*Indian Lancet*.

SCARLATINA WITH ERUPTION LIMITED TO THE FACE.—Lemoine reported to the *Société Médicale des Hôpitaux* twenty-three cases in which the eruption was exclusively limited to the face. He referred to cases of a similar nature recognized by Braun as an epidemic in adults in Fürth 1840. That the cases were scarlet fever was established by the fact that typical cases occurred subsequent to these irregular cases. The patients presented themselves to the hospital suffering from an angina, with fever and redness of the face. The fever fell, but the redness continued, and was shortly followed by a more or less abundant desquamation. A few of the cases afterward developed albuminuria, anasarca, and symptoms of uræmia. He considered that the cases formed a transition stage between the anginoid scarlatina and scarlatina with general eruption.—*International Medical Magazine*.



## TYMPANITES.—

R. Ol. terebinthinæ .....	ʒ i.
Ol. amygdalæ dulc. ....	ʒ ss.
Tr. opii .....	ʒ ij.
Mucil. acaciæ .....	ʒ v.
Aq. laurocerasi .....	ʒ ss.

S. A teaspoonful every six hours.

—*Medical Press and Circular.*

A PILL FOR PALPITATION OF THE HEART.—Huchard (*Archives de médecine et de pharmacie militaires*, says that, of the various diseases that are accompanied by palpitation, incipient acute aortitis, acute endocarditis, acute pericarditis, adhesions of the pericardium, and mitral stenosis or insufficiency are benefited by digitalis or its substitutes. He gives the following formula :

R. Quinine hydrobromide .....	1 drachm :
Powdered digitalis,	} each..... ʒ ½ "
Extract of convallaria,	

M. Divide into forty pills. From two to four to be taken daily.—*N. Y. Medical Journal.*

ONE OF THE EVILS OF INCOMPLETE COITUS.—Under the name of a cardiac neurosis of sexual origin, Kisch, of Prague (cited in the *Presse médicale* for July 10th), describes a set of symptoms that he has observed in certain nervous young women whose husbands made it a practice to withdraw just before the instant of ejaculation, leaving them overexcited and unsatisfied. The physiological tachycardia of coitus, he says, becomes particularly intense in such women and assumes the form of very distressing palpitation, which at first persists for some time after each incomplete copulation, and after a while occurs during the day, repeatedly, and without appreciable cause. For a time this palpitation is the only manifestation of the neurosis but soon the clinical picture is completed by a feeling of anguish, headache, vertigo, syncope, and general weakness. The women are depressed and irritable; they weep on the slightest occasion and take a gloomy view of life. The appetite is impaired, digestion becomes difficult, and they are constipated. The pulse is small, soft, and accelerated, often intermittent and arrhythmical. The arteries, however, are supple, and auscultation of the heart discloses nothing abnormal. All these symptoms will disappear as by enchantment when the practice on which they depend is given up.—*N. Y. Med. Journal.*

THE TREATMENT OF PARASITIC BALDNESS.—Sabouraud (*Concours médical*, June 19, 1897), recommends two ointments. The first, which is cheap, is made according to the following formula :

R	Turpeth mineral . . . . .	45 grains.
	Essence of lemon . . . . .	20 drops.
	Vaseline . . . . .	900 grains.

M.

The second ointment is very expensive, but, says the author, it is cheaper to regain one's hair with this pharmaceutical treasure than to buy a wig.

The formula is as follows :

R	Pilocarpine, } each. . . . .	4 parts :
	Quinine, } . . . . .	
	Precipitated sulphur . . . . .	10 "
	Balsam of Peru . . . . .	20 "
	Beef marrow . . . . .	100 "

M.

CASTRATION FOR RAPE IN KANSAS.—A bill has been introduced into the Kansas Legislature, referred to the Committee on Public Health and Hygiene, and by them reported back with the recommendation that it pass. It provides that every person who shall be convicted of rape, and every person who shall be convicted of incest, and every minister, clergyman, priest, or teacher, having charge of any church or other religious body or school, who shall have illicit connection with any unmarried virgin female under twenty-one years of age of his charge or school: and every guardian of any female ward under the age of eighteen (18) years who shall defile her, shall be punished by imprisonment at hard labor for a period not less than five or more than twenty years, and in addition to such punishment he shall be castrated. In all cases where the defendant shall be convicted of any of the offences specified in the foregoing section, the court shall, when pronouncing judgment upon the defendant, order that the prisoner shall, after the expiration of one year from the date of his arrival at the penal institution in which he is to be confined, and within eighteen months from the date of the sentence, be castrated by the medical officer of such penal institution: which order shall be a part of the final judgment in such case, and a certified transcript of which order and judgment shall be delivered with the prisoner to the principal officer of the penal institution in which the prisoner is to be confined. In any case where the order for such operation has been carried into

effect under the provision of this Act, and after two months from the time of such operation, the Governor may, if satisfied that the prisoner will lead a peaceful and orderly life, issue to such prisoner a parole or conditional pardon, to be valid only during the good behavior of such person. If the bill should become a law it will be interesting. It will be noticed that the bill practically places seduction and incest in the same category as rape. It is to be presumed that in Kansas there will be no difficulty in defining the use of the word "defile" as applied to guardians and wards.—*Medicine.*

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TOO MUCH MAJOR OPERATING IN GYNECOLOGY.—An editorial in the *Boston Medical and Surgical Journal* of April 1, 1897, closes with these words: "We believe that the diagnostic skill of the average practitioner in this department of medicine is constantly improving; but to be convinced that there is room for still further improvement the doubter has only to follow for a short time one of the out-patient clinics of a metropolitan hospital and hear there from the patients some of the diagnoses made and treatment advised by a large number of practitioners, all of whom probably are not always incorrectly reported. We are credibly informed that, even now in this enlightened age, a considerable number of patients presenting themselves at our hospital clinics for treatment for injuries of the pelvic organs due to child-bearing tell the old story that their doctors did not examine them after the puerperium. In other words, their medical attendants are pursuing the old policy of trusting to luck, perhaps fearing censure for injuries discovered, but more likely too busy to do their work thoroughly. Early recognition of bad tears of the cervix and of the pelvic floor, inflammatory affections of the endometrium and tubes and ovaries, dislocations of the uterus and ovaries that do not right themselves in a reasonable time, if discovered and treated promptly not only do away with the need of many operations but will prevent a large number of patients from becoming debilitated and neurasthenic—conditions of body and mind from which operations alone, be they ever so successful, will not lift them. We should welcome a return of gynecology to its older and more natural channels. The profession at large, dazzled for the time by the brilliant feats of abdominal surgery, should not forget that gynecology is something besides abdominal surgery; and the general practitioner should be ready to follow the specialist, prepared to investigate and treat the diseases of the female pelvic organs according to well-founded principles of the art."—*Medicine.*