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THE CANADIAN PRACTITIONER

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EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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SPINAL IRRITATION.

BY A. M'PHEDRAN, M.B.,

Lecturer on Medicine, Woman's Medical College, Toronto.

I retain the name on account of its familiarity, though it is objectionable because it conveys an incorrect impression of the pathology. The term was first used to indicate an inflammatory change in the spinal cord or its environments, as the cause of the phenomena presented by this affection. Several recent writers refuse to accord it a place in the nosology of disease, because they believe it to be but a form of neuralgia. This, I believe to be theoretically correct, but it is a neuralgia presenting peculiar and very variable phenomena, and therefore its careful consideration is interesting and instructive. We are quite as uncertain of the pathological conditions giving rise to this as to other forms of neuralgia, and in the absence of morbid changes, even after the most minute examination, it is manifestly absurd to set up, as some do, a theoretical pathological basis as, *e.g.*, anæmia of the posterior columns of the spinal cord from vaso-motor spasm. Such a theory is untenable, as it is impossible to conceive of localized anæmia from such a cause persisting for an indefinite period. There is no domain of science in which the inductive method of reasoning is more liable to land us in the regions of absurdity than that of medicine; we are never

absolutely safe in taking a single step without a demonstrable pathological basis on which to rest our theories. Owing to the great variability in the symptomatology many cases of spinal irritation are easily overlooked. I purpose dwelling on the clinical, rather than the pathological aspect of the affection, and to illustrate some of its phases by describing a few of the more typical cases with which I have met.

The essential and constant symptoms in all cases is the tenderness to pressure over the spinous processes. In many of the severer cases movement is painful, and in some there is more or less constant spontaneous pain in the back. In the majority of cases there is also pain or other phenomena referred to parts connected, directly or indirectly, with the part of the spinal cord, corresponding to the tender part of the spine. The dorsal region is much more frequently affected, next the cervical region, and least often the lumbar. This accords with the experience of all writers on the subject. Quite frequently the cervical and dorsal regions are both affected; the dorsal and lumbar not rarely; but the cervical and lumbar regions seldom, to the exclusion of the dorsal. Occasionally we meet with cases in which one or two processes in each region are affected, as in that of a lad, aged 18, whom I saw a few days ago, in whose spine the first and second cervical, the third and fourth dorsal and the third lumbar processes were tender to pressure. He complained of pain in the chest, which was increased by pressure on the tender dorsal spines. Pressure on the tender

parts of the cervical and lumbar regions caused some shooting pains through the head and about the pelvis respectively. He had indulged in sexual intercourse from the age of 12, he said, lately very excessively.

A few years ago, a young barrister consulted me for pain in the left chest above the nipple, and a troublesome dry cough that he had had for some time, and for which much medicine had been prescribed. Careful examination revealed nothing amiss with the lungs, but pressure over the third dorsal spine caused pain to shoot through the affected part of the chest, and instantly caused him to cough; both pain and cough were produced as often as pressure was renewed. A small blister over the tender process promptly and permanently relieved both symptoms. No medicines were given, but he was advised to take a generous diet and to exercise freely in the open air. In 1886, I met with similar phenomena in a boy, aged 12, in whom there was also a coated tongue and loss of appetite. Medicines were given to improve digestion, and counter-irritants applied to the chest; but with little benefit. A subsequent examination showed the first and second dorsal spinous processes to be tender; a small blister was applied, the former treatment being continued, and the relief was prompt and complete. In a woman whom I saw last week, complaining of dyspnoea and præcordial oppression, pressure over the mid-dorsal region almost took her breath away and greatly excited her. There was probably a strongly hysterical tendency in this case. She was ordered a blister to the spine, and Easton's syrup as a stomachic and general tonic. With what effect remains to be seen.

A few years ago, an Irish physician writing on this subject said, that, with few exceptions, the spinous processes of the third and fourth dorsal vertebrae are tender to pressure in all persons. He had found them so, he said, in an examination of a large number of persons, including many of the Irish constabulary force. To test the truth of this statement, I have examined a great many persons of various ages and circumstances, including many medical students, with almost universal negative results, only occasionally was a case met with in which there was very slight tenderness.

I have met with a large number of cases in which the chief symptoms of dorsal tenderness was nausea and, sometimes, vomiting, both being relieved by counter-irritation to the tender points. In cases of persistent vomiting in which the spines are not tender, much benefit is often obtained by the application to the dorsal region of the spinal bag filled with either ice or water as hot as can be borne, the latter usually being most agreeable to the patient.

I have met with a larger proportion of cases in which tenderness was confined to the lumbar region than is given by most of the authorities, and some of them of great interest. A few days ago, a man applied at the Toronto Dispensary complaining of pain in the left thigh and leg as low as the middle of the calf. Walking caused so much pain that he was quite lame, and had to use a stick. He had used a liniment of turpentine and croton oil freely to the thigh and leg, causing general redness with a plentiful crop of pustules, but without obtaining any relief. There was little, if any, tenderness over the sciatic nerve, but pressure over the region of the last lumbar vertebrae caused intense pain, which shot down to the middle of the calf. This was evidently a case of so-called spinal irritation. Sciatica is probably nearly always due to inflammation of the sheath and, sometimes, the interstitial tissue of the sciatic nerve, and is not characterized by tenderness over the spinous processes of the lumbar vertebrae.

The following case was under my care a few years ago: A. M., æt 30, a lumber merchant, of fair health, but apt to magnify unduly any ailment. Pain about the pelvis gradually developed. Any jolting, as riding over a rough road, or jumping down off a pile of lumber, which he had occasion to do frequently, caused very sharp pain. There was often irritability of the bladder, but the urine was normal; with the exception of the urine the symptoms were exactly those usually met with in vesical calculus. The bladder was sounded for stone with negative results, first by myself, and afterwards by a leading surgeon, who gave it as his opinion that the case was one of hypochondriasis. Next day I examined the spine and found that pressure over the lower lumbar region sent darting pains through the bladder, perineum, glans penis, etc.,

just as jumping off a pile of lumber would do. All these symptoms were promptly relieved by blistering the tender spines with liquor epispasticus. The condition was set up probably by a slight injury to the spine in jumping off a pile of lumber.

The following case is interesting, illustrating, as it does in a most marked manner, the phenomena accompanying tenderness, not only of the lumbar region, but also of the spine in general, and is the only well-defined case I have met with in which the whole spine was affected.

Mrs. W., aged 27, a lady of superior ability and liberal education. She never showed any symptoms of hysteria. From her childhood she has been delicate. After a severe illness, at the age of 13, she had much pain in the back for a couple of years, often being unable to sleep with a pillow under the head. Her back has troubled her more or less most of the time since. Six years ago she had an attack of severe pain throughout the whole spine. It began suddenly as she was dressing, on rising in the morning, first in the neck and spreading rapidly downwards. She was only able to throw herself on the bed, and for the next ten or twelve hours could not bear to be moved. Every movement, even the flexing of a finger gave her pain; deglutition was painful, but there was no interference with ordinary respiration, though a deep inspiration could not be taken. The whole spine was exquisitely tender, any pressure on it sending darting pains to the corresponding parts of the body. Temperature and pulse were normal; she was perfectly composed, and showed no symptoms of an hysterical character. By evening the symptoms abated gradually, but it was days before the head could be moved backwards and forwards without pain, and tenderness of a considerable portion of the spine persisted. She has since married, and been twice pregnant. In her first pregnancy the spinal symptoms disappeared, except slight tenderness in the mid-dorsal region, and her health was exceptionally good. Considerable debility followed parturition, and the spinal symptoms returned to about the same state as they were before pregnancy. They improved, but did not disappear, with improved health. During her second pregnancy last year she did not enjoy the good health of

the first. The spinal symptoms instead of disappearing, became aggravated in the lumbar region, with much pain at times about the pelvis. Walking was difficult, and any movement in bed always awakened her; the bladder irritable when pain was worst. Frequently the pain persisted, even during absolute rest, at times wholly preventing sleep; a good night's rest was the exception, not the rule. It was sometime before the true cause of this pain was discovered. The vagina was found to be tender on examination, as were also the whole pelvic contents, but the tenderness was evidently not due to inflammation, because it was not localized, nor was there any induration or thickening of any part. Temperature was normal. Examination of the lumbar part of the spine proved this to be the seat of trouble; it was tender, and pressure on it caused pain in all parts complained of as painful, especially the vulva. Galvanism was resorted to for relief, the positive electrode being placed over the upper part of the lumbar region, and the negative over the sacrum, so as to include the tender portion of the spine in the current; but the result was disappointing, the pain being made so much worse that no sleep was obtained for a night or two. Blistering seemed to have no effect. A spinal rubber bag, filled with hot water and applied, had a soothing effect, but on the whole, treatment of this case in any of its phases, was anything but satisfactory, so far as the spinal symptoms were concerned; the lumbar pain persisted till after confinement.

In another woman, in seventh month of pregnancy, whom I saw last week, there was rather severe pain in the hypogastrium, which proved, on examination, to be due to irritable spine; a small blister gave complete relief. In the case of another patient at present under treatment, in whom, among other things, the fundus of a retroflexed uterus, is very tender, there is great tenderness of the spinous processes of the third and fourth lumbar vertebræ, with shooting pains into both hips, in which there is also much pain, resembling sciatica, on walking.

The etiology of these three last cases is to be explained, I believe, on the theory of Quain, that in many cases the spinal pain and tenderness are transferred or transmitted phenomena connected with morbid states of the mucous

membranes (*Dictionary of Medicine*, Article "Spinal Irritation.") In these cases the state of the uterus is abnormal in one, and unusual in the two pregnant cases; this has developed an exalted state of the nerve supply, and this in turn has led to the so-called irritant state of the lumbar part of the spine. Many cases could be related to support this view as to causation, and it is probably due to the fact that the gastric mucous membrane is so often in a morbid state, that symptoms of irritation of the dorsal portion of the spine are so frequently met with; and, doubtless, of the many cases of pregnancy in which pelvic pains are complained of, the majority are of spinal origin, secondary to the pregnant condition. Similarly many cases of tenderness in the cervical spinous processes with accompanying phenomena may be traced to the morbid states of the mucous membrane of the throat, and possibly of the nose also. Still there are many cases in which no such cause exists. I remember the case of a lady who consulted me last year, for severe pains in the throat, which was slightly congested, but otherwise normal. Pressure over the middle portion of the cervical region greatly increased the pain in the throat. A blister over the tender spinous processes soon relieved the symptoms. Many cases of neuralgia of the head, with tenderness of the scalp, derangement of vision, tinnitus aurium, yawning, etc., are due to so-called irritation of the first and second cervical vertebræ. It is not necessary to relate particulars of such cases, as I have already detained you too long. Affection of the lower portion of the cervical spine is comparatively rare in my experience, and has occurred usually in conjunction with symptoms in the dorsal region.

In the large number of cases that have come under my observation, none showed any signs of paralysis or contractures as described by some authors. I do not well see how such a state can be produced by the conditions present in spinal irritation.

To what morbid conditions are the phenomena of spinal irritation due is an interesting enquiry, to which the answer is neither definite nor satisfactory. No one dies from it, and all those having it and dying from some intercurrent disease, furnish no data, even to the closest

scrutiny. However, this is true of all forms of neuralgia, with which it is closely allied if not identical. As in the ordinary neuralgia, the subjects of spinal irritation are always more or less debilitated; in both, fatigue and all depressing influences predispose to attacks, and increase their severity; in both, there are tender points along the course of the affected nerves; vaso-motor changes as indicated by arterial tension, occur in both; and in both, a peripheral irritation may be the apparent exciting cause. Spinal irritation differs from ordinary neuralgia chiefly, with few exceptions, in its gradual onset, its persistence, and, as a rule, the affection of a wider area. In the times of the Griffins and of Teale, spinal irritation was thought to be always connected with the hysterical condition. Later experience proves such not to be the case. In many, even of the worst, with which I have met, no hysterical tendency existed, and a large proportion of them occurred in the male sex, in whom hysteria is rare.

Of diagnosis I need say nothing; no difficulty will be experienced if but attention be directed to the spine. Treatment has already been pretty fully indicated; in mild cases it is eminently satisfactory, the symptoms being relieved by applying a blister to the tender spinous process. In the severe cases it often proves as eminently unsatisfactory, or, at most, may give only partial relief. In all cases the cause should, of course, be sought for, and, I am convinced, it will be found, oftener than any of us imagine, in morbid states of mucous surfaces or of visceral organs. For the relief of the spinal symptoms counter-irritation is most prompt. If a blister is not advisable, others may be tried. I have found ice beneficial, applied morning and evening, either in a bag laid on for several minutes, or a smooth piece may be rubbed slowly backwards and forwards over the tender part. It causes considerable pain, and few patients will be found to persist with it till the symptoms are completely removed. Owing to debility, general treatment is called for in all cases. Of tonics, the phosphorus compounds are most highly commended; cod liver oil, arsenic and strychnine are also useful. The diet should be as liberal as the digestive organs are equal to. Most authors recommend a gen-

erous supply of alcoholic stimulants with meals ; such a course is, however, dangerous. In severe intractable cases, I have no doubt but that the Weir-Mitchell treatment, if properly carried out, would effect a cure. Ordinarily it is not desirable to confine the patient to bed, but rather to give plenty of out-door exercise.

In closing, I may say, that so far as I have tried it, antipyrin has failed to give any relief in any of these cases. This is disappointing, as neuralgia of the head is usually so promptly relieved by it.

THE RELATION OF GOITRE TO INSANITY.

BY FRED. W. CANE, M.B.,

Assistant Physician Asylum for Insane, Toronto.

(Read before the Toronto Medical Society, April 12th, 1888.)

The large number of goitrous patients among the insane in Toronto Asylum has afforded me an excuse for selecting this subject for discussion this evening.

I do not intend going into the subject as fully as it deserves, as time will not permit, but rather to point out that there is an association of the two conditions, goitre and insanity, and to look somewhat into the pathology of goitre to see if any clue can be found to explain the relationship.

At the time of examination there were in Toronto Asylum some 702 patients, male and female. Of these 702 patients I found that 33 per cent. had distinct evidence of goitre, and that a considerable number of others were, I believe, goitrous, but did not offer sufficient evidence to lead me to a positive conclusion. There was a slightly larger percentage among the females than the males.

You will agree with me that this is an exceedingly large percentage of goitre to be found in one locality in this country, and that its existence is due to some uncommon cause. I may say that this affection is not confined to Toronto Asylum, but exists in other insane asylums to a greater or less extent. In Kingston Asylum, the Superintendent informs me, that about 50 per cent. of the patients are goitrous. In Hamilton Asylum, also, I know from personal knowledge

that it is quite prevalent, but to what extent I am not prepared at present to say. I have not statistics to show what percentage obtains in other institutions, and have not made enquires, as Dr. Clark, Superintendent of Kingston Asylum, is engaged in collecting returns from a very large number of institutions, and which he will, probably, make public when completed.

In the cases coming under my notice the affection existed entirely in chronic cases, that is, in patients who are incurable and, in the majority of them, more or less demented. I did not find in a single instance the goitrous condition existing in a curable patient, although Dr. Savage, of the Bethlem Asylum, states that he has had recovery in some cases that were goitrous.

In regard to the time patients had been in the asylum, there were none under two years and ranging from two years upward, but there were a few who had been in the asylum for shorter periods that were beginning to show signs of the disease, but had not developed sufficiently to say positively that they were goitrous, and consequently were not enumerated in my statistics. So far as I could ascertain none of these patients had goitre previous to admission, at any rate, I have never seen during my three years' practice among the insane any patient admitted with goitre unless the patient had been affected with insanity for some time, excepting in one case, where a woman had a very large goitre which, I think, was a mere coincidence, as it did not seem in any way related to her mental state. I have seen many cases develop goitre after admission that had no sign of it previously.

The size of the goitre varies much from cases that are doubtful up to some 12 to 16 inches in circumference, the larger generally taking some years to develop.

The character of the tumor varies in different patients. In some, perhaps the majority, it is soft and diffusible ; and in others of a hard, probably calcareous, condition. The latter are usually smaller tumors, and not of recent origin. The large and soft tumors were peculiar, inasmuch as they would often increase much in size in a few hours, and again decrease in as short a time. This alteration is generally noted to cor-

respond with a change in the mental state; the patients in some cases being more excited, while in others more melancholy and apathetic.

No alarming symptoms present themselves resulting from the enlargement, but in some cases difficulty of breathing from pressure upon the trachea, an irritative cough, hoarseness and croaking from pressure upon the pneumogastric and recurrent laryngeal nerves respectively. In one case under observation, there is much congestion of the cheeks, of the face, and at times a rise in temperature in this region, probably from pressure upon the sympathetic.

In many cases functional and organic affections of the heart were found. This would naturally result where there had been difficulty in breathing from any cause for a length of time; but in some of the functional affections, I was inclined to believe them of central origin. There was a good deal of difficulty experienced in examining the heart in certain patients, either from their being too noisy and talkative, or from resisting any attempt at auscultation.

Prominence of the eyes, such as exist in exophthalmic goitre, was only remarked in one or two patients. In some patients salivation exists to a great extent; but recently, since looking into this question, I have only had one case in which to examine the saliva. He had a large goitre and enlarged parotid glands, and collected a great amount of saliva in his mouth, which he would afterwards spit out in great mouthfuls. Upon chemical examination the secretion was found to contain a large amount of mucin, an element which the saliva normally does not possess, or at any rate in very small quantities. A noticeable point, too, was that when this excessive salivation took place, the parotids seemed larger than ordinary.

Another goitrous patient has a large tub-like abdomen, slightly protruding eyes, dry anæmic skin, slight difficulty in hearing, lethargic in movement and a demented expression, which symptoms he has developed in the last two or three years, and which resembles closely the myxodematous condition. The most common features in this class of patients is the mental defect becoming more pronounced gradually as the goitre advances, but not proportionately to the size of the tumor. The skin is generally

dry and anæmic, bowels constipated, tongue furred, and temperature slightly below normal. There is often a general lethargic condition of mind and body, the patient being slow in answering questions, and the response often monosyllabic. The movement is slow and awkward in some patients, from the weight of the body, which is increased, and the want of tone in the muscular system.

CAUSATION.

Regarding the causation, which is a most interesting feature, we may quickest approach an answer by means of eliminating the generally accepted causes of the disease:—

1st. *The locality.* This country does not contain what are generally termed the goitrous elements necessary to produce the disease, such as exist in mountainous regions, where there is little of the country settled, and perhaps a large amount of limestone and plenty of forest, and such other conditions, as exist in the Black Forest, Savoy, the Alps, and many other districts throughout the world. This cause is easily excluded.

2nd. *Water supply.* The institution receives its water from the City Water Works, and it is unnecessary for me to comment upon the qualities of city water, as you are as well acquainted with it as I; suffice it to say, as it does not cause goitre in people using it outside of the Asylum, there is no reason why it should in those inside.

3rd. *Hygienic conditions.* In this respect matters are very satisfactory. The wards in which the patients are confined are roomy and well ventilated. The food is plain, but of good quality. Cleanliness is apparent throughout. If the hygiene of the institution were at fault, then many other diseases, such as diarrhoea, headaches, erysipelas, etc., would be prevalent; but such is not the case, as the patients enjoy comparatively good health.

4th. *Epidemic causation.* Goitre is said to be epidemic, but I think only in localities where some of the above causes obtain. I do not know that any author holds that it is contagious, but is simply epidemic in goitrous regions.

5th. *Heredity.* With regard to this question

it is patent that the history of lunatics, in whom there is a large percentage of goitre, would be of no value as proof that goitre is hereditary as distinct from the insane diatheses. That is to say, that the insane and goitrous constitutions would be so blended as to be impossible to differentiate the two diatheses. As a matter of fact, so far as I could ascertain, I did not find any evidence of heredity in the cases under observation as distinct from insanity.

6th. The cause is, I think, an obscure one, related in some way and dependent upon a neurotic condition.

Before saying farther in regard to the etiology of this affection, I may be allowed to refer to the function and pathology of the thyroid gland, as seen from recent researches, and possibly some explanation may be suggested to account for the condition under discussion.

It is not a little surprising that, although arrest of function of the thyroid had been known for hundreds of years to be in some way connected with the cretinous condition, it is only within the past four or five years that anything of serious importance to the general health has been suspected.

The thyroid gland is described as a bilobed organ, surrounded by a fibrous capsule, from which trabeculæ are derived penetrating the interior of the mass, forming a stroma with large alveolar spaces; running through the stroma is a rich network of blood vessels and lymphatics.

The excessively rich supply of blood furnished the thyroid is shown by the large vessels supplying it, their sectional area being greater than half that of the cerebral vessels, while the lymphatics are large, forming lacunar spaces outside the alveoli. Outside the blood vessels in the gland are large lymphatic nodules, which have an important share in the formation of the blood.

The histological structure of the thyroid is similar to that of a racemose gland, which course it follows in its formation, the acini intercommunicating being lined with epithelium, and containing mucin.

Baker, and many authors, hold the opinion that mucin is excreted from the blood-vessels surrounding the walls of the acini, by the lining epithelium, and that reabsorption takes place by the lymphatics.

The close relation which the gland bears to the carotid arteries in man, and in fact, in all vertebrate animals, gave Mr. Felix Simon the idea that it had some duty in regulating the supply of blood to the brain. Guyon held the same opinion, and deduced a rather ingenious, although not invulnerable, argument, that it was brought about by pressure of the thyroid upon the common carotids by means of a contraction of the muscles of the neck upon the gland. It is easily shown by experiment, that during a prolonged effort pulsation in the carotidean branches is diminished, and this too at an important time when venous stasis is taking place already by reason of the prolonged effort; consequently the central nervous system is protected from an otherwise too excessive congestion.

A theory that the thyroid secreted something peculiarly nutritious to the brain also arose with Mr. Simon. Whatever ground there might be for this argument, it seems patent from the observations of Victor Horsley and Dr. Ord, that in extirpation or loss of function of the thyroid, mental defect nearly always follows, to a greater or less extent. That it is in some way connected with the hæmatopoutic function would seem probable, when we consider that in the female, during pregnancy, and in the hibernating animals during the period of hibernation, periods in which the body must necessarily be possessed of a large amount of nutritious matter, the thyroid gland is considerably enlarged.

One of the most interesting features in the pathology of the thyroid gland discovered recently, is the production of myxedema after the extirpation of the thyroid gland, or in cases where degeneration and loss of function of the gland took place.

In a series of experiments upon the monkey, Victor Horsley demonstrated that after extirpation of the whole of the gland substance, a peculiar affection of body and mind took place; but if only a portion of the gland was removed, the affection did not necessarily follow. Dr. Ord first gave the name of myxedema to the disease, and gives the following description of it:—

“The face is swollen in every feature, so as

almost to suspect renal disease. Negative results upon examination, however, dispel this idea, and the distribution of the swelling is different from that observed in common dropsy. The swollen skin is unusually waxy in appearance, and very dry and anæmic. The swelling affects dependent and nondependent parts equally, and does not pit upon pressure. The upper and lower lips and eyelids, and the *alæ nasi* are thickened and broadened; the ridges of expression are blurred and coarsened, or the lines obliterated. The swelling is resilient, and shows no tendency to shift by gravitation. The cheeks have a dull, pink tinge, limited abruptly toward the orbits, and standing out in strong contrast to the surrounding anæmic skin. The skin is everywhere thickened, dry, and rough to the touch; perspiration is absent.

"Late in the disease anasarca is added to the mucoid œdema.

"Two other phenomena are to be added in the examination of the external body, viz., a diminution, almost a disappearance, of the thyroid body; secondly, a correlated tumefaction, with marked resiliency of the skin in the lower triangles of the neck over the clavicle.

"An affection of the nervous system, as well as of the skin, belongs to myxodema. In the earlier stages, an ever-increasing habitude involves sensation, voluntary movement and intellect; in the latter, aberration of mind often supervenes. The face is fixed, heavy and dull, speech slow and labored, and voice monotonous. Sensation is slow, but sure. There is difficulty in maintaining a fixed position, as the muscles are toneless and excessively relaxed during rest, so that a considerable initial contraction is necessary before they bear upon the attachments. This tardiness of co-ordination is different from locomotor ataxia, and from the rythmical tremors of disseminated sclerosis; but there is no real loss of power in the muscles, and no loss of sensation.

"In the operations of the intellect, thought and volition are slow, and patients complain of being unable to perform the daily actions of life with their usual expedition. Yet all they do is well done, and they are acutely conscious of their shortcomings. In conversation the ideas come deliberately and are tardily expressed.

To write a letter occupies an hour, when it would only have taken a few minutes. Yet the language is correct and the handwriting unchanged. There is, in fact, an unwieldy state of mind and body. The special senses are sometimes affected, there often being an unpleasant smell or bitter taste persistently. The teeth and hair decay, conditions doubtless connected with changes in the skin and mucous membranes.

"The heat of the body is generally below normal. The urine is normal, but late in the disease shows signs of albumin. Lethargic temper is changed for moroseness and irritability. Delusions and hallucinations often follow, and there is speedy lapse into coma. Death comes either by coma or with the signs of uræmic poisoning, or by inanition."

P. M.—Victor Horsley found, in *post-mortem* upon his cases of myxodema in the monkey, that, "upon turning back the skin, it is found swollen, jelly-like, bright and shining, and excessively sticky.

"In opening the cavities of the body, the same condition appears in the loose tissues of mediastenum and omentum. The fat is atrophic, and often of a deep orange color, the oil droplet is seen by the microscope to be breaking up into smaller portions. The fibrous elements of the connective tissue are increased, and there is a mucoid transformation of the ground substance. The parotid and submaxillary glands are considerably enlarged from three to four times their normal size. From the cut surface a sticky fluid exudes, quite the reverse of the healthy secretion of saliva. Chemical analysis of these organs shows that the mucin is enormously increased."

Having thus referred to some features in the function and pathology of the thyroid gland, it remains to discuss what relation exists between goitre and insanity in the cases in question. In my own mind I am not satisfied as to the exact connection, but there would seem to be, in many cases, a relation to that which exists in the myxodematous or cretinous condition, for the following reasons:

1st. The causes which usually are held to produce the ordinary forms of goitre are shown to be absent.

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2nd. The enlargement of the thyroid seems to have a relationship to the mental state, which relationship does not exist in the ordinary forms of goitre.

3rd. The myxedematous, or cretinous state, is the only disease at present known where there is a related existence of pathological lesions in the thyroid and brain in which mental defect is present.

4th. The symptoms of myxedema appear, more or less, in the goitrous insane. Witness the puffiness of the anæmic skin, enlarged parotids, mucin in the saliva, lethargic state of mind and body, etc. I do not mean to intimate that these symptoms are always present in all cases, but appear in many of the more typical. About a year ago I lost a patient who resembled a case of myxedema very closely. The patient was a dement with goitre similar to many of the patients I have alluded to, and he gradually developed all the symptoms of myxedema, and died in the comatose state. Unfortunately I was not allowed a *post-mortem* to verify my diagnosis; but, from what idea I have formed from reading the subject of myxedema, I am pretty well satisfied that I was correct, although I had never seen a case previously that had been diagnosed as myxedema. But in myxedema, loss of the function of the thyroid appears first, and the mental affection is believed to be the result of the pathological condition of the thyroid; while, in the insane, goitre does not appear until some time after the mental trouble, so that there is evidently a difference in the causation, whatever similarity there may be in the nature of the affections.

If we take for granted the theory that the thyroid is a regulator of the supply of blood to the brain, it might explain for the goitre from the fact that the thyroid would then become congested during periods of excitement and mental agitation, in which there is an increased supply of blood sent to the brain. All insane persons suffer from such mental excitement and agitation to more or less extent, probably, in the earlier stages of insanity, and a frequent or chronic congestion of the thyroid would doubtless cause enlargement or degeneration of its function. As the patient becomes more demented, there is a less amount of cerebration and

brain development going on, and there is consequently not the demand for the rich supply formerly received in these parts, and the thyroid, being in the receipt of the extra amount, is the more prone to become disorganized.

Whatever may be the true condition, it does not seem at present to be known; and I have brought the matter forward hoping that it might produce a good discussion, and possibly elucidate what are now obscure points in the etiological and pathological relation of goitre to insanity.

SEWER MANHOLES AS MEDIA FOR THE SPREAD OF DISEASE.

BY ALAN MACDOUGALL, M. CAN. SOC. C.E., F.R.S.E.

The occurrence of an outbreak of diphtheria during the winter months always causes an outcry against the sewers, and especially the ventilating manholes. These outbreaks during the past three winters have been most marked in certain centres—streets in which there are comparatively new sewers, block-paving, and houses of modern construction. The inmates always start on the basis that soil pipes, drains and plumbing fixtures are in perfect order, and that it is of necessity the sewers which are out of order; that they must be contributory causes to the sickness, especially through these dreadful manholes, from which the heated vapors are seen to rise so rapidly in cold days.

In the present practice in this city the manholes are from 250 to 300 feet apart. A manhole is always placed at the end of the sewer, which is technically called the "dead end." In those streets in which baths are much used there is seldom much deposit of foul matter which can be called fecal. In flushing these sewers the obstruction has been found to be sand, which may have been washed in from side culverts or gulleys, and through the manholes on unpaved sandy streets, or from sand entering the sewer during construction.

In the Clover Hill district, for example, east and west lying sewers are much choked from sand; blown and drawn in through the culverts and manholes, in consequence of the streets

not being paved. In other streets, where the houses are of a poorer class, and particularly when privy pits are connected to the sewers, they do choke up from the accumulation of fæcal matter; and so long as the citizens continue the nefarious practice of lifting culvert and manhole covers, and dumping excreta into culverts and manholes, trouble will arise.

It is now well established that sewer air does seek the highest point of the sewer, as well as the end of it, and it is this feature which always causes so much vapor to ascend from the end of the sewer, from which noxious odors are observable.

During the colder months of the year the temperature of the sewer being considerably above that of the outer air, the vapor rising from the sewer is rapidly condensed, causing the well-known phenomenon of the column of "steam." If these columns are carefully watched, it is noticed they do not rise high, the heated air is rapidly cooled, and thrown down; in the writer's opinion none of this rises to a sufficient elevation to enter a bedroom window. Sewer air is much more likely to enter the house by being blown down from the open end of the soil pipe. He is further strengthened in the belief that the sewers, and particularly the manholes, are not real media for the spread of disease from several cases which came under his notice last winter.

In a street in the north-west portion, where the houses are all new, handsome, costly residences, the sewer was completed in March, 1887. It is a fifteen-inch pipe. Diphtheria broke out about Christmas; the sewers, and particularly the manholes, were at once blamed.

The sewer was examined and flushed; it was perfectly clean.

A curious point in this case is, that at the time the complaint was made, the end of the sewer was open, as it was being extended. No better condition could exist for thorough ventilation.

There is another street in the eastern portion which has had an undeservedly bad name for a long time, in which there have unfortunately been several deaths from diphtheria, not very long ago. In this the manholes are few and far between—affording a new ground for complaint

from want of ventilation. This sewer has been examined lately for its entire length, and found to be quite clean, and in good order. Being a north-south street, there is ample fall upon it, and it is not large, being an oval sewer one foot, three inches, by two feet, six inches.

In one case, it was found the plumbing work inside the house was broken; in another, from what the writer has learned, there are good grounds to believe the infection was obtained by personal contact.

It is often a very difficult matter to locate a defect in the drains when they are well buried under the soil. The writer had a deal of trouble in one house, which passed the ordeal of severe tests with peppermint for some three months; finally, on opening the drain through its whole length, several bad joints were found near the front, about five feet deep. The earth here was saturated with peppermint.

Another troublesome case which withstood peppermint, was finally traced to a crack in the soil pipe; and in a third the cause of the trouble was discovered in an unused rain-water pipe which entered the drain near the sewer, beyond the trap, and had an open mouth two feet under the earth below the kitchen floor.

As a set off to this, the writer would like to mention a case of several young children who enjoyed good health in a house in which there was not a tight joint in the whole drain, from the joints of which the air rushed out in a strong stream.

It is not possible at present to give any authoritative statement as to the movement of air in sewers, with their exact temperatures, so that pressure on house drains might be calculated from it. The subject has received much attention from the writer, and he hopes, later on, again to revert to this important matter.

The only conclusion he can draw from his present experience is, (a) that man-holes are not media for the spread of disease, (b) that it is safer to have sewer-air blown out into the street than forced into the house, and (c) that, as long as the safeguards of good plumbing, proper trapping, and thorough ventilation of drains is effectively carried out, our houses ought to be perfectly safe from assaults by our common enemy, sewer gas.

A REMINISCENCE OF PRACTICE.

BY N. AGNEW, M.D., WINNIPEG.

Some time ago, on relating to a clerical friend a reminiscence of practice that occurred to me, he suggested the propriety of putting it in print, as an indication of the (sometimes) unpleasant experience of medical men, and of the actual personal danger encountered by them in the discharge of their very onerous duties. The incident may interest, perhaps amuse, some of my professional brethren. To me the experience was anything but entertaining.

Some years ago, I received an urgent call to see Mr. —, now deceased, a stranger to me. I was directed to his house (he lived alone), and, on knocking at his door, was admitted by the gentleman *in propria persona*. I was ushered into a large room, a hybrid between an office and living room, comfortably furnished, and invited to take a chair. The gentleman, a large powerful man, immediately remarked: "I have sent for you to talk over my case with you; I hope you have plenty of time at your disposal." I assured him that I had a sufficiency; at the same time I became uncomfortably aware that my would-be patient was suffering from delirium tremens. I at once assumed the rôle of a very attentive listener. After having heard a *very full* history of the case, from his point of view, which was not the (mountain) dew-point, I proposed retiring, for the purpose of having a prescription dispensed, as I assured him he was in urgent need of relief. I was at once *ordered* to sit down again, as some features of the case had been omitted. Of course, I complied. By this time I was aware that I was in a very critical, if not dangerous, position, as my patient was becoming more excited and more incoherent. I urged the necessity of my going at once to a drug store, as I had no medicines with me; and again rose and stepped towards the door. The gentleman, with a scowling countenance, said peremptorily, "Sit down again; I have not done with you yet. You do not understand my case. I must make you understand it; for if you do not understand it, you can't prescribe." He then went to the door, locked it, and put the key in his pocket. He was rapidly becoming more excited, and I began to fear per-

sonal violence as the result of increasing frenzy. He sat down and commenced a rehearsal of his case, more disjointed and incoherent than at first, and mixed with the vagaries of a mind diseased, stopped suddenly, and said, "I must have a drink. What will you have—gin, or wine, or porter?" I excused myself. He was fastidious, and hesitated in deciding between gin and porter. "Gin or porter, porter or gin, which shall I take? Which would you advise me to take?" I said, "Neither at present; come and tell me the rest of your story." "I *must* have a drink first; which shall I take?" I replied, "If you must have a drink, take porter;" on the principle, of two evils choose the least. He went to a closet, opening out of the room, to get a bottle. Whilst he was in the closet, I glanced round the room to see if there were any lethal weapons at hand. It did not add to my comfort, or sense of security to see on a table behind me a forty-five calibre revolver, with a cartridge in each chamber. By a quick process of reasoning, I came to the conclusion that it was safer to let it lie than to try to gain possession of it, as any movement on my part would have attracted his attention.

I had only time to make these observations when the gentleman emerged from the closet with a quart bottle of porter, which he drank in the course of a few minutes. From his aspect, I now felt that I was in real danger, and that my life, in all probability, depended on my ability to appear unconcerned. I was sitting with my side to the table upon which the revolver lay—having purposely shifted my position sufficiently to bring the pistol within reach, should I be attacked—my elbow resting upon the table, and facing the gentleman, as I had hitherto done, looking right into his eyes. I saw his eyes rest upon the pistol, and at once felt that he intended to possess himself of it. I looked as if I was not aware of the presence of the pistol, or of his intention respecting it. I felt that any attempt on my part to gain possession of it would have precipitated a conflict which would only have terminated with the life of one of us.

Whilst these thoughts were passing through my mind with lightning-like rapidity, the gentle-

man rose, passed behind my chair, seized the revolver, and returned to his seat, laying the pistol down within reach of his hand. Although I do not suffer from a lack of personal courage, I confess to a feeling which, I suppose, can only be produced by the hair standing on end, during the time that the madman was in possession of the pistol, and out of my sight behind my chair. However, I did not move a muscle.

Your space would not admit of my detailing all the vagaries of the diseased imagination of the madman with whom I was locked up for more than three hours without the possibility of escape, or the various forms of frenzy which he exhibited (I may say that I have since learned that the gentleman had, on other occasions, previous to my experience with him, and subsequently, exhibited extreme violence, and had to be restrained by force). At last he called my attention to a number of paintings, engravings, and photographs. One photograph in particular he called my attention to, *a dear friend of his*. It was that of a very handsome woman, *in puris naturalibus*, and asked my opinion of it, at the same time developing an intense desire to see the original. This suggested to me the means of escape. I told him that he was too unwell to go into society; besides he would require to dress—he was in *déshabille*—I would send him a draught which would make him all right in a short time. With this new idea in his mind, he hurried me away. I need not say that “I did not stand upon the order of my going.”

WINNIPEG, April, 1888.

The twenty-third annual meeting of the Michigan State Medical Society will be held in Detroit, Thursday and Friday, June 14th and 15th. In order to facilitate work, the Society will be divided into three sections, Medicine, Surgery, and Gynecology. Dr. McGrand is President, and Dr. Duffield, Secretary.

An English judge is said to have laid it down from the bench in 1882—see *Times* report, October 4th, of that year—that “liars may be divided into three classes: Liars, great liars, scientific witnesses.”

Selections.

We are indebted to DR. McDONAGH for the translation from the German, and to DR. WISHART for the French.

THE TREATMENT OF WHOOPING-COUGH.

It is an old saying, that when a large number of cures are recommended for any particular disease, there is always the fear that none of them will have much effect, and to no disease does this apply so forcibly as to tussis convulsiva. Certainly a single genuine specific would be worth more than all the remedies presented, but, unfortunately, we have none such. With the greatest care every newly discovered remedy has been recorded in these pages, and now for years a whole series of them has been presented to us, but a review of the whole collection would not repay us for our trouble.

The majority of recorded cures may be divided into two main groups: 1st, the narcotics which, act chiefly by diminishing the reflex excitability of the cough centres of the respiratory tracts; and secondly, the antizymotic remedies, which correspond to the modern view of the connection of whooping-cough with a parasitic origin. The therapeutic value of these remedies must be proven, according to Prof. Heubner, from a three-fold consideration: 1st, whether the number of paroxysms *pro die* is diminished; 2nd, whether the intensity of the paroxysms is modified; and 3rd, whether the duration of the disease as a whole is shortened. From the multitude of remedies heretofore recommended, it would appear, from the statistics of Dr. Cassel, that belladonna and chloral hydrate, out of the first group, and quinine and benzoin resin of the second group, have been followed by certain favorable results. Latterly, since it has been demonstrated that whooping-cough may be of the nature of a reflex neurosis, insufflations of quinine and powdered benzoin into the nasal cavities, as the place of greatest reflex excitation, have been recommended. Dr. Michael and Dr. Bachem report that by this treatment, in a large number of (over 250) cases, the paroxysms became rarer and milder, and the disease process was at an end in four or five

weeks. These good results were confirmed by Dr. Guerder, who was equally successful with insufflations of boracic acid, and later, also, with benzoin resin. Dr. Sauerhering had already extolled the excellent effects of the internal administration of quinine, of which he gave daily three doses of from 0.04 (gr. $\frac{2}{3}$) to 0.2 (gr. iij.) of the sulphate, and thereby brought about the termination in sixteen days.

It would appear, however, that these favorable and rapid results were obtained during a very mild epidemic, for subsequent trials of the same plan did not bring confirmation.

Dr. Moncorvo, of Rio de Janeiro, endeavored, by antiseptic local treatment, pencilling the glottis with a 1 per cent. solution of resorcin, to control the disease; and his successors, Dr. Barlow and Dr. Arntzenius, could affirm that the paroxysms became milder, and the disease terminated sooner. Dr. Suckling, on similar grounds, tried inhalations of carbolic acid, but on account of the danger of this medicine in treatment of children, this method had no supporters.

When cocain, with its valuable property of diminishing, or for a short time completely arresting reflex excitability, was introduced into therapeutics, it was only natural that its effect should be tried in whooping-cough. Dr. Krimke then employed it for internal administration, and prescribed the following formula:

R. Cocain mur. 0.8—1.2
Syr. cort. aurant
Aq. destill. āā 50.0

℞ Sig. A teaspoonful every two hours, for children from six to twelve years of age.

Dr. Prior, and after him Dr. Carr, experimented with local applications of 10, 15, and 20 per cent. solutions of cocain, and only succeeded in arresting the frequent vomiting, and in perceptibly alleviating the paroxysms.

Now since antipyrin has come to be used as a substitute in many instances for quinine, its action in whooping-cough also has been tried on many sides, and if the reports of these experiments are not too highly colored, it would appear that a true specific against this scourge of children has at last been found.

After Demuth and Windelband had already reported good results from the antipyrin treat-

ment, Dr. Sonneberger brought forward his comprehensive observations during two epidemics. He gave, three times a day, 0.01 (gr. $\frac{1}{6}$, in very small children) to 0.5 (7 $\frac{1}{2}$ gr., in larger children), and 1.0 (15 gr.) grain to adults, and found that cases, even in severe epidemics, ran a mild course, and were cured in from three to five weeks. He had treated altogether seventy children in this way. His results were confirmed by Dr. Griffith, who also reported fifteen successful cases. He gave, every three hours, a dose amounting to 0.1 for every year of the child's age. The best results were achieved when the antipyrin treatment commenced at the onset of the disease. In these cases the disease ended in from three to five weeks, and were altogether of a mild character, not more than six or seven light paroxysms occurring in twenty-four hours. When one thinks that in severe cases twenty or thirty or more paroxysms are observed, and that the average duration of whooping-cough is from six to ten weeks, one must admit that the above results are certainly satisfactory. The paroxysms become less severe even after the first dose, and after a few days appear in only a small number of cases.

If the remedy be discontinued the symptoms grow worse, showing that the changes may really be ascribed to the antipyrin. Further, those dangerous complications which occur so frequently during whooping-cough are rarely observed. Also, antipyrin may be given continuously for weeks without injury, neither indigestion nor other unpleasant effects are produced. It might, also, be advisable to try insufflations of antipyrin into the nasal cavities, because insufflations of quinine and benzoin resin are undoubtedly followed by benefit, and it is certainly rational to control the disease process at the *locus morbi*. Undoubtedly, an exact knowledge of the cause of disease (*materics morbi*), and the pathological processes originated thereby, are wanting for the establishment of a certain basis of therapeutic treatment. The observations of Meyer-Huni and ~~Rossbach~~ are opposed to one another in many points; and it is only lately, through the laryngoscopic observations of Dr. v. Herff, that Meyer-Huni's views have received any real support. Dr. v. Herff found that during the whole course of the dis-

ease a superficial inflammation of the mucous membrane of the respiratory tract, from the choanæ down to the bifurcation of the bronchi, could be observed by the laryngoscope. This is only a light degree of catarrh during the first stage, becomes more marked and extended in the spasmodic stage, and again decreases during convalescence. In the same way, the number and severity of the paroxysms of cough increase and decrease. The intensity of this inflammation was greatest on the mucous membrane of the arytenoid cartilages and the cartilages of Santorini and Wisberg, and particularly in the interarytenoid space, on the posterior wall of the larynx, and also on the under surface of the epiglottis; the infraglottic region and the trachea to the bifurcation were noticeably hyperæmic, the other parts of the larynx cavity above the cords scarcely changed, and the true vocal cords entirely unaffected. The hyperæmia of the interarytenoid region remained longest, and was still pronounced even when the other parts were completely normal. Irritation of this part with the sound produced immediately a severe paroxysm, whilst of the other parts of the larynx, irritation of the under surface of the epiglottis only would produce a less severe attack.

Further observations are necessary to determine the correctness of these points, and also to account for the variations in different epidemics; and exact microscopic examinations of the sputa must be undertaken to establish the reality of micro-organisms, and their nature and attributes. Were we once able to see all these points clearly we could not fail, on a sound therapeutic basis, to reach the goal which we are now approaching only by empiricism.—*Wiener Med. Blätter.*

DUODENAL ULCER.—In a recent monograph, Bucquoy says that the diagnosis depends upon: (1) intestinal hemorrhages, with tar-like feces, occurring suddenly and abundantly, shortly after meals, causing extreme anæmia; (2) pain at the close of stomach digestion in the right hypochondrium, sometimes with reflex nervous phenomena; (3) vomiting, icterus exceptionally, and a remarkable preservation of the appetite. The duodenal ulcer occurs most frequently in men. The treatment is nearly the same as that

of gastric ulcer, but the exclusive milk diet need not be persisted with for so long a period.—*Med. Times.*

THE TREATMENT OF DIPHTHERIA.—In the *Deutsche Med. Wochenschrift*, Dr. V. Kaczorowski, of Posen, publishes an abstract of a paper on the subject of the treatment of diphtheria, in which he expresses views which we believe to be thoroughly sound. He attaches great importance to the effect upon the throat of mild purgatives given every day while the disease is active, and to the local influence of a mild disinfectant solution such as is described above. Chlorate of potash, he believes to be an unsafe remedy; and prefers the combination of tincture of iodine and chloride of sodium, because it is safe, easy to take, and does not interfere with the appetite. It can be used also for washing out the nasal passages when these are implicated. In grave adynamic cases, or when the membrane is putrid, he administers camphor and benzoic acid, and alcoholic stimulants, and pays especial attention to the nutrition of the patient, and to securing an abundance of fresh air, even in cold weather.

In regard to medication, Kaczorowski expresses a great horror of mercurials, and especially of corrosive sublimate. His objection to this class of remedies is purely theoretical, however, and we believe it would disappear if he used them scientifically. We think that the purely empiric administration of large doses of calomel at the outset of diphtheria is often of great service. This may be partly due to the fact that it usually produces free catharsis; but it certainly seems to do good even when no catharsis follows its use.

In the main, we think the views of Kaczorowski are correct, and would especially endorse his deprecation of violent applications to the throat. We believe that there is little occasion for making them, especially in the case of children, who are often needlessly tortured in this way. Much more can be accomplished with teaspoonful doses of lime water, swallowed slowly every hour, than those who rely upon sprays and gargles, and local applications of various salts of iron or of strong acids, or of

powerful disinfectants would believe. Keeping the bowels open, we believe to be one of the most important parts of a judicious treatment of diphtheria; and for this purpose we think no drug is better or so easy to administer as calomel in small and frequently repeated doses—for children, one-tenth of a grain, with a grain or two of sugar, given every hour until a stool is passed.—*Medical and Surgical Reporter*.

EARLY DIAGNOSIS OF PHTHISIS IN MAN.—

In a brochure, under this title, from the pen of Dr. René Serrana (Paris, 1888), the author says: "There always exist among those subjects destined to pulmonary phthisis, well determined pharyngo-laryngeal signs, which long precede the pulmonary signs. These are three in number: 1st. Pharyngeal anæmia, the pharynx being pale, discolored and white. 2nd. Faulty coaptation of the inferior vocal cords, due to atony of the constrictors. 3rd. Localised congestion of the arytaenoid and inter-arytaenoid mucous membranes, evidenced by swelling, and a cherry-red coloration. These may exist singly or connectively; the presence of one is strong presumptive evidence of future phthisis, and the prognosis is certain if all are met with. These three signs, having nothing in common with laryngeal phthisis are the forerunners of pulmonary tuberculosis, and their prompt recognition will enable the throat specialist to avoid mistakes, and to prescribe prophylactic treatment at the very commencement of the disease.—*Journal de Médecine*.

IDIOSYNCRASY TO ANTIPYRIN, H. COUPLAND TAYLOR, M.D.—A somewhat similar case to that lately recorded by Dr. Sturge recently came under my notice. I administered to a lady on two different occasions 8 grains of antipyrin for attacks of migraine, and on each occasion, very shortly after taking it, a tight feeling of constriction was felt across the chest, with a burning sensation in the pharynx. These symptoms were immediately followed by sneezing, by intense suffusion of the eyes, and by quantities of mucus flowing from the nose, giving her all the appearances of having a severe attack of coryza; there was also great irritation in the larynx, causing severe fits of coughing, but unattended

with expectoration. After a quarter of an hour uncomfortable symptoms gradually subsided. There was no urticaria. I followed it up on each occasion with an equivalent dose of anti-febrin (3 grains) which (with one repetition in the course of an hour on the first occasion, but which was not required on the second), completely relieved the severe hemicrania, as it has done on subsequent trials without using antipyrin at all. It appears, therefore, that anti-febrin may be used equally with antipyrin in migraine, as in febrile conditions, and may replace it with advantage where the latter disagrees.—*Brit. Med. Jour*.

SURGICAL TREATMENT OF TUBERCULOSIS OF THE BLADDER.—M. Guyon made two very interesting communications on the surgical treatment of tuberculosis of the urinary receptacle. The first was that of a young man aged 20, who presented a very painful cystitis, which, by microscopical examination, was discovered to be tuberculosis, the urine containing abundant bacilli. M. Guyon opened the bladder through the abdominal wall, dilated the neck, and brushed all the parts carefully with iodoformed oil. After a drainage of seventeen days the patient got quite well, and has remained so ever since, that is, three years. The second was a man about 40, and having opened the bladder as in the first instance, he cauterised with the hot iron the whole of the organ, and although a certain amount of cystitis persisted, the man is much relieved, and no more bacilli are found in the urine. In conclusion, M. Guyon said that he considered the operation in question worthy of imitation under similar circumstances.—*Press and Circular*.

IN FAVOR OF A VEGETABLE DIET.—All the heavy work of the world is not done by men who eat meat. The Roman soldiers, who built such wonderful roads and carried a weight of armor and luggage that would crush the average farm hand, lived on coarse brown bread and sour wine. They were temperate in diet, and regular in exercise. The Spanish peasant works every day and dances half the night, yet eats only his black bread, onion and watermelon. The Smyrna porter eats only a little fruit and some

olives, yet he walks off with his load of a hundred pounds. The coolie, fed on rice, is more active, and can endure more than the negro fed on fat meat.—*Dietetic Gazette*.

A REVOLT OF VENEREAL PATIENTS IN AN ITALIAN HOSPITAL.—At the hospital of Santa Maria, at Naples, where a number of women suffering from specific diseases are under treatment, the authorities had forbidden the friends and paramours of the patients from calling upon them. This was followed by an open revolt for eight hours, during which the furniture of the hospital was demolished, windows and doors broken, and twenty-two of the Sisters of Charity in attendance were injured more or less severely. The patients attacked the police, and wounded several. Order was finally restored, and twenty-eight arrests were made. A reform in hospital management is evidently needed.—*Cincinnati Med. News*.

COLLAPSE AFTER ANTIPYRIN.—Dr. Blore relates the case of a woman who had suffered from a fever following abortion. Quinine was first given, and then antipyrin. Of the latter drug a dose of thirty grains was given, and three hours later fifteen grains more. After the second dose she went into a collapse, and died at the end of about thirty hours, in spite of every means employed to excite a reaction. The author believed the fatal collapse was not a result of the disease, but was caused by the rapid fall of temperature induced by the antipyrin.—*East. Medical Journal*.

Therapeutical Notes.

CHLOASMA.—When patients are troubled with pigmentary deposits during pregnancy, Prof. Stewart gives a persistent treatment of Fowler's solution and aromatic sulphuric acid.—*Med. Times*.

FOR HERPES.—

- R. Iodoformii 4°
- Ol. eucalypti 15°

℞. To be painted on two or three times a day.

APPLICATION IN BURNS.—

- R. Iodoformii 4°
- Ext. conii 2°
- Acid carbol. 0°5
- Ung. rosat 30°

INJECTION IN BLENNORRHOEA URETHRAE.—

- R Iodoformii
- Kaolini āā 1°
- Aq. destill. 100

℞.

FOR CERTAIN FORMS OF SWELLING OF JOINTS AND SCROTUM, AND AS A SALVE FOR ULCERS.—

- R. Iodoformii 4°
- Bals. peruv. 8°
- Vaselin flav. 40
- Ol. menth. pip. gtt. viii

℞

—*Centralblatt für Therapie*.

ESERINE IN CHOREA.—Riess, of Berlin, recommends highly the use of eserine in the treatment of chorea, the average duration of this disease under the drug being reduced to fifteen days, sometimes even to five or six days. He employs the sulphate in doses of gr. $\frac{1}{16}$, injected subcutaneously *bis die*, putting his patient in tonics at the same time. This method of treatment, however, he admits will fail in the graver forms and in habitual chorea of adults.—*Journal de Médecine*.

BROMIDROSIS.—Fœtid sweat is, in certain cases, due to the presence of microbes analogous to those of putrefaction, and can be readily found in the sweat of the interdigital spaces. Antiseptics here give the best result. Lotions of boric acid and thymol applied hot; powders of salicylate of bismuth and benzoic acid often succeed.

In the German army they apply with success:

- R Acid salicylic 3 grams.
- Amyli 20 "
- Talci pulv. 87 "

Tannin may also be used. Legoux advises, after washing the feet morning and night for two days, in an infusion of walnut leaves, to apply twice daily with a brush:

R Sig ferri perchloridi 30 grams.
 Glycerine 10 "
 Essence of bergamot 20 drops.

In diabetics, as is well known, inflammations frequently occur about the meatus and glans penis. According to Simon, spores and tubes of mycelium are found in the neoplastic tissues of these patients. He calls the condition balanopostho-mycosis. The diabetic urine constitutes a culture medium for the parasite. The conclusion, that antisepsis of the skin should be particularly rigorous in patients with diathesis, and especially in diabetics.—*Le Concours Medical*, Feb. 4, 1888.—*Journal of Cutaneous Diseases*.

THE

Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, MAY, 1888.

ROUTH VS. LESLIE.

In our February number we referred to the first trial of this case, which took place in Hamilton about the middle of January. The jury did not then agree, and the second trial commenced on the 26th of March.

The first witness summoned was Mrs. Routh, the widow of the patient who died under chloroform, and the plaintiff in this suit. Her statements were often of a contradictory character, and varied very much from those given at the previous trial. She stated that when Dr. Leslie came on the Wednesday afternoon, he inquired into the condition of the patient's health, examined the eyes, and put his ear to the chest. When the patient was placed on the table he again examined the heart. The chloroform was given by means of a folded handkerchief, and was never pressed down on

the face. At first the handkerchief was raised up and down from the face, and it was afterwards laid over the nose. The mouth was almost free, so that the patient could breathe easily. It required from twenty to twenty-five minutes to give the chloroform. Dr. Leslie gave seven or eight successive doses, and as the last dose was given the patient became black in the face. The plaintiff, who was standing by the side of the patient, said, "Give him no more; he is dying," or words to that effect. Dr. Leslie held the patient's wrists during the whole time of the administration, except when pouring more chloroform on the handkerchief.

Miss Routh, daughter of the plaintiff, stated that she saw the chloroform bottle on the shelf five minutes after the death of her father, and that not more than half an ounce had been used.

It was thus shown, according to the evidence of both mother and daughter, that the doctor gave half an ounce of chloroform in from twenty to twenty-five minutes, and that he kept his hand on the pulse during the whole time.

The expert evidence was given on the plaintiff's side by a man named Roach, who is registered in the Ontario Medical Register as having passed the Royal College of Surgeons, Eng., in 1885. He stated that, according to the evidence of the plaintiff and her daughter, the chloroform had been given in ridiculously small quantities, and that it could have no effect whatever. He placed great reliance on the use of the stethoscope, and would not take the opinion of the best auscultator living, unless the stethoscope had been used.

We have thus given in detail the principal points in the evidence for the plaintiff, so that our readers may understand how little ground there was for bringing the case into court.

Dr. Leslie was subjected to a long and severe cross-examination. He stated that he gave about three or four drachms of chloroform, and the time occupied in producing anæsthesia was about six or seven minutes. The unfavorable symptoms appeared just as the operator, Dr. Wallace, had partly transfixed one of the hæmorrhoids with a needle. Every effort was at once put forth to restore the patient, but without avail.

After Drs. Leslie and Wallace had given their evidence, several practising physicians were examined. They, without exception, were of opinion that Dr. Leslie had been exceedingly careful in the administration of the anæsthetic.

After three days' trial, the case was given to the jury. The following verdict was rendered, in the form of answers made to questions proposed by the Judge :

1. What was the cause of death ; was it paralysis of the heart, or suffocation, or shock? Answer—We cannot say as to the cause of death.

2. If you find the cause of death, give your reasons, stating the symptoms or signs of death upon which you base your opinion. Answer—Can assign no cause for death.

3. Was Dr. Leslie guilty of any neglect of duty in the examination of Routh prior to administering chloroform? Answer—None whatever.

4. If so, state what was such neglect.

5. If you find neglect, state whether death was the result of such negligence.

6. Was Dr. Leslie guilty of any neglect of duty in administering chloroform? Answer—No neglect whatever.

7. If so, state what was such neglect.

8. If any neglect, was death caused by it? Answer—No.

9. Assuming that the plaintiff is entitled to recover, what sum as damages would it be just for Dr. Leslie to pay Mrs. Routh ; what sum to Charlotte Routh, aged 17 ; what sum to Louisa Routh, aged 14 ; what sum to Maud Routh, aged 9 years?

The answer to question No. 3 leaves no necessity for the answering of Nos. 4 and 5 ; and question 7 needs no answer, after No. 6 has been answered in the negative. As the jury found that Dr. Leslie was in no way guilty of negligence or unskilfulness they did not take question No. 9, on the amount of damages, into consideration at all.

We understand that Dr. Leslie's expenses will amount to about one thousand dollars, and, as is usual in such cases, the plaintiff has no means, so that the burden of paying his own costs will fall entirely upon the defendant. We also understand that Dr. Leslie could have made a compromise for a comparatively small

sum, thus saving money, time and worry. He, however, felt that he could not conscientiously enter into any such agreement. The profession at large is indebted to him for thus bravely fighting the cause out to ultimate victory.

We are strongly of opinion that members of our profession should, by their contributions, assist Dr. Leslie in bearing the heavy expense connected with the two trials. Such a course will have a good effect in two ways—it will give courage to those who are unjustly accused, and it will demonstrate to the public that the profession will not allow one of its members to be persecuted without giving him brotherly aid.

On another page will be found a list of those who have so far contributed to the fund, and we hope that many more will follow their example.

ONTARIO MEDICAL ASSOCIATION.

Throughout the whole Province, the months of May and June show a great activity among the profession, preparing the material for the meeting of the Association—reports to be brought in, subjects to be selected for discussion, and papers to be prepared. The average attendance is almost up to two hundred, and only one other—the American Medical Association—can boast of a greater, and that draws its members from fifty millions. We like the feature of special subjects and special men, selected for particular branches of practice—it localizes the effort, and pays a deserved compliment to a man to be named to take part in any discussion. We hope that those who have been so honored this year, will prove by their work that the estimate at which they are held is not unequal to their ability to discharge any duty apportioned them, with benefit to the Association and honor to themselves.

It is to be regretted that the Medical Council Hall will not be in a sufficiently advanced state of completion to have the meeting held there, but the auditorium of the Education Department is amply large, and in a very convenient locality. The following gentlemen have been selected by the President to open discussions on various topics :

Dr. Daniel Clark—On some Functional Disease

of the Nervous System of frequency in general practice.

Dr. Temple—On the Use and Abuse of Pessaries.

Dr. Richardson—On some Medico-legal subject.

Dr. Sheard—On Bacteria in their Relations to Blood and Tissue Change.

Dr. Mullen—Opens the discussion on Medicine.

Drs. Grasset and McFarlane—On Surgery.

Dr. Powell, of Ottawa—On Obstetrics.

With these, in addition to the list of papers yet to come, we do not doubt that the coming meeting will surpass any of the former ones, excellent as they have all been.

THE COUNCIL EXAMINATIONS.

The number of Candidates who presented themselves for the recent examinations of the College of Physicians and Surgeons of Ontario, far exceeded that of any former year. There were altogether 264 for Primary and 167 for Final. The methods of conducting the examinations were excellent. The Council appears to be thoroughly in accord with the aims of modern teaching, and, as a consequence, made the examinations in all departments—both Primary and Final subjects—practical as well as theoretical.

The new Examination-hall, in Toronto, proved fully equal to the demands for space and convenience. There were as many as 212 candidates writing in the room at one time, and the censorship was so strict, that there was no suspicion of any attempts at *cribbing*. The amount of labor thrown upon the Registrar and Examiners was enormous. We have reason to know that they performed their onerous duties in a way that was alike creditable to themselves and the Council.

We believe it is generally conceded that the time has come when we should have more than one examination in the year. Some say there should be four; but we think it would be well to try two, for a time at least. This matter will, we understand, be considered by the Council at its next meeting, in June; and it is likely that arrangements will be made to hold

one examination in April and another in the fall. According to statute, the Spring Examination begins on the first Tuesday in April. This is too early, as it compels certain medical schools, which hold their examinations at an earlier date, to terminate their ordinary sessional work about the middle of March. The sessions of six months are short enough, and the Council should do nothing which is likely to curtail them.

CERTIFICATES OF ATTENDANCE AT MEDICAL COLLEGES.

It is a well-known fact that gross irregularities are not uncommon in the matter of attendance on lectures and practical courses in our Medical Schools. The lecturers are, to a large extent, responsible for these irregularities, on account of their careless methods of certifying tickets. The words, "Attendance certified," are too vague to fulfil either the spirit or the letter of the requirements of the Council or the Universities.

According to the curriculum of the Council, "the prescribed period of studies shall include four winter sessions of six months each," and yet students frequently absent themselves for half a session at a time. In fact, we understand that in certain cases, students, after commencing their studies, have left their colleges for the Christmas holidays, taught for a year in the Public or High Schools, returned at the following New Year, and counted the two half sessions as full ones. It has been quite a common practice to register students after the Christmas holidays.

Some of these irregularities were reported at the last meeting of the Council; and, as a consequence, a special committee was appointed to look over the certificates of attendance presented by candidates, and that committee was so impressed by the importance of the subject, that all such candidates were required to make affidavit in detail of the work they had done in attending lectures, etc.

All honor to the Council for its efforts to watch the work of our Medical Schools! We hope it will go farther, and make its regulations still more stringent, and insist on attendance for four full sessions, with all that is implied therein.

SUBSCRIBERS TO THE LESLIE TRIAL FUND IN HAMILTON.

We, the undersigned Medical Practitioners, believing that the evidence brought forward in the recent trial, and the verdict of the jury, show that Dr. Leslie was subjected to an unjust prosecution, hereby subscribe the sums opposite to our names to assist in paying the expenses incurred.

Hamilton, April 5th, 1888.

Henry T. Ridley, \$20; Geo. L. Mackelcan, \$20; John A. Mullin, \$20; Wm. Geddes Stark, \$20; James White, \$20; Herbert S. Griffin, \$20; J. W. Rosebrugh, \$20; Thos. Miller, \$20; Wm. Philps, \$20; E. H. Gaviller, \$20; J. H. Wilson, \$20; G. E. Husband, \$20; E. H. Dillabough, \$20; A. Woolverton, \$10; G. M. Shaw, \$10; A. C. Reid, \$10; J. Lafferty, \$10; R. N. Wallace, \$10; G. S. Bingham, \$10; E. Verum, \$10; A. E. Mallock, \$10; Jas. Russell, \$10; T. W. Burgess, \$5; T. W. Reynolds, \$5; J. Ryall, \$5; L. W. Cockburn, \$5; D. G. Storms, \$5; T. W. McConnachee, \$5; E. P. Hillyer, \$5; T. W. Biggar, \$5; Jas. Anderson, \$5; Drs. Anderson and Bates, \$10.

At a meeting of Toronto Physicians, held in the Canadian Institute, April 19th, a Committee was appointed to receive subscriptions to the Leslie trial fund. The following gentlemen are members of the Committee: Drs. Nevitt, Bryce, Davison and Graham. Any of our readers wishing to contribute, can do so by sending their name, with money enclosed, to any one of the above-named gentlemen, or to Dr. James White, of Hamilton.

MEDICAL ALUMNI ASSOCIATION OF THE UNIVERSITY OF TORONTO.

We are pleased to learn that a Medical Alumni Association of the graduates of the University of Toronto is being formed. There has not been much done in the past to bring our medical graduates together, and we hope and believe the present effort will be crowned with success. The establishment of a medical faculty in the University has awakened an increased interest among its graduates, which is even more deep and widespread than we had anticipated.

As the old condition of a faculty on paper—and rather *thin* paper, too—was about as un-

satisfactory as it could be, the new order of things has produced a reaction, which is as remarkable as it is gratifying. The medical graduates now feel that they have a tangible something that they may justly take pride in, and are showing a determination to extend to the new faculty a loyal and cordial support.

The movement is principally in the hands of parties outside the teaching faculty, as we think it should be, and gets the promise of hearty assistance from various parts of the country. There is no feeling of antagonism towards any other faculties which now exist, or are likely hereafter to be established. On the other hand, the desire is to cordially co-operate with all others in advancing the interests and welfare of one great national university; and, with such desire, comes the hope that the medical faculty will be second to none in strength and influence.

TREATMENT OF DIPSOMANIACS.

It is generally conceded that dipsomania should be treated as a disease rather than a crime. In all times the curse of drunkenness has existed, and it is strange that so little has been done to provide an efficient remedy. During recent years efforts have been made, both in the old world and the new, to establish some method more effective than moral suasion. Nothing very satisfactory has as yet been accomplished.

The able article of Dr. Daniel Clark, of the Toronto Asylum, published in our last issue, has attracted considerable attention, and we hope his opinions will carry sufficient weight with our legislators to induce them to take prompt action towards a reformation.

As Dr. Clark points out, personal restraint is a positive necessity in the treatment of dipsomaniacs. Will the State provide an asylum or hospital for inebriates of all classes—the poor as well as the rich—and pass certain Acts by which these unfortunates can be detained long enough to afford some prospect of cure? If not—why not? Dr. Clark points out that such institutions, when once established, would be almost self-supporting. This may be worthy of consideration by a Province such as ours, which has only a few millions of a surplus.

THE AMBULANCE SERVICE OF TORONTO.

We are indebted to Dr. O'Reilly, Superintendent of the General Hospital, for a pamphlet which gives a very interesting history of the ambulance system in Toronto. For about five years there has been one ambulance, which has done good service in relieving the victims of accidents and disease from much suffering during transit to the hospital, or their own homes. This waggon is still in good condition, and is likely to be useful for several years to come.

Through the generosity of Mr. John Ross Robertson, of the *Telegram*, a new ambulance, thoroughly complete in its equipments, has been placed at the disposal of the city. The two ambulances will shortly be put in the patrol waggon stables on Court Street, in charge of the police department. Horses and drivers will be ready for emergencies at all hours of the day and night. A record of the work done will be kept. Every effort is being made to have an ambulance system as complete as possible; and, although it will not be as extensive as that of London, England, it will probably be equal, if not superior, to any system now existing on this continent.

THE EWING INQUEST.

The latter end of last month the son of Mr. Ewing, having a cold, Mrs. E. sent to Dr. Fraleigh's drug store for extract of poppies. The doctor told the girl he had none, but could give something that would answer the same purpose. The girl went home, and came back, asking for five cent's worth of some preparation of opium. The Dr. F. took a drachm of liq. opii. sed. (Evans, Sons & Mason, Montreal), put it in a small bottle, and added, he says, $\bar{3}$ vj. of water. He gave it to her without a label or directions, as he considered it a safe mixture and only about the strength of paregoric. He also thought it was to be used in making up a cough mixture with other things. The mother says she took two drops, or at most three drops, of this, added them to some syrup of squills, about $\bar{3}$ ss.) and gave to the child—a well-

developed, large infant, of four weeks old. In about an hour the child was in such a peculiar state that she got frightened, and sent for a doctor. Dr. Galloway soon arrived, diagnosed opium poisoning, and, after working about half an hour, asked for assistance. Dr. Parry was brought, who agreed as to the diagnosis, and the treatment was kept up perseveringly. In spite of all, death took place about thirteen hours after the dose was taken. At the inquest, Drs. Oakley, Jehu Ogden, and McBride (as well as Dr. Fraleigh), expressed the opinion that death could not have resulted from the amount of opium given. The *post-mortem* examination appearances were compatible with the theory of opium poisoning, and revealed no other cause of death.

THE NEW COUNCIL HALL.

The new hall of the Ontario Medical Council, of which we gave a detailed description in our last issue, is rapidly approaching completion. The examining room, to which we have referred in another column, is all that could be desired. The room, so generously placed at the disposal of the Medical Library Association, is well situated on the first floor—or the second floor above the basement—and its value may be best appreciated by the fact that it could be rented for \$400 a year. The room for the ordinary sessions of the Council is well adapted for the purpose, but at present looks rather bare. We hope soon to see it suitably equipped with a carpet, chairs, and an ample supply of spittoons. The room of THE CANADIAN PRACTITIONER is, as it should be, the best in the building.

THE AMERICAN ASSOCIATION OF GENITO-URINARY SURGEONS.

We publish on another page the preliminary programme of this new and active Association. If one may judge from the list of papers, and from the many distinguished men who are members of the Society, the meeting in Washington next September will be an exceedingly interesting and profitable one.

We will publish during the summer programmes of the other special associations which

meet at the same time. The Congress promises to be one of the most important gatherings of medical men which has ever taken place on this continent.

NOTES.

Dr. B. W. Richardson has written a novel, entitled "The Story of a Star."

The Fourth International Congress of Otolaryngology will be held at Brussels, on the 10th to 16th of September.

Dr. Oliver Wendell Holmes has given his valuable and extensive collection of medical books to the Medical Library at Boston.

The accommodation of London Hospital has been increased by renting a house in the neighborhood where the medical superintendent will have his quarters.

The London Medical *Record* has changed its name to the London Medical *Recorder*, and is now published by W. H. Allen & Co., 13 Waterloo Place, London, S.W.

Dr. Franz Ritter von Skoda, brother of the late celebrated Dr. Joseph Skoda, whose work on "Perkussion und Auskultation" is renowned, died recently at Gries, in the Tyrol, at the age of 88. He was largely instrumental in securing for Vienna their present system of pure water supply.

We would call attention to the remarks made by Dr. Wm. Murrell (see back of cover), at a recent lecture delivered at Westminster Hospital, London, where he stated that, after testing various pepsins, he found Fairchild's to be the best, to which remark we can give a hearty endorsement.

UNIVERSITY OF TORONTO MEDICAL CONVOCATION.—The first Convocation of the Medical Faculty of the University will be held on Friday, May 18th, in the Convocation Hall. It is expected that there will be a meeting

of the Medical Alumni Association on the same day, and probably a dinner in the evening.

UNIVERSITY SENATE ELECTION.—As only three were nominated, Dr. Richardson, Colonel Gibson, and Professor Alfred Baker are practically elected; but as there appears to be no provision by statute for an election by acclamation, it was considered desirable to go through the form of an election. Voting papers were, therefore, sent out to all the graduates.

We learn that Mr. J. H. Bates, the eminent advertising agent of New York, moved, at the beginning of this month, into much more commodious quarters, in 38 Park Row, even than those which for some time he has occupied in 41 Park Row. Mr. Bates claims that his advertising business is the largest in the world. Of our own knowledge, of course, we cannot say how this is; but we are pleased to bear testimony, from personal experience, that Mr. Bates' dealings with his patrons are in every way thoroughly prompt and honorable.

DISINFECTION OF THE HANDS.—Henry Koplik, in the *Annals of Surgery*, describes the best method of disinfecting the hands, according to Kümmel: The following method was found to give brilliant results and the most perfect disinfection of the hands and subungual space. The nails having first been carefully trimmed and cleaned from visible filth, the hands are cleaned for a minute or a minute and a half with brush and soap, especially the subungual space. The hands are then washed in not less than 80% alcohol for a minute, and then before evaporation of the same they are brought into a 2-1,000 solution of sublimate or 3% carbolic acid solution, and washed for an additional minute. The advantages of the above, are first, the *certainty* of disinfection, the saving of time, the sparing of the hands and finally the cheapness. By the above method either none or only one or two colonies (germs) were found in a culture. It is useful to know that, in order to prevent decomposition of the bichloride in water, the author finds the following a stable solution, and equivalent after months to a solution of sublimate in

distilled water, strength one pro mille. To two litres of clean well-water add 10 c.cm. of an alcoholic solution of sublimate (1 in 5) and one gramme of acid aceticum Ph. G.

RESULTS OF RECENT MEDICAL EXAMINATIONS.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS,
KINGSTON.

Graduates—T. C. Baker, Wolfe Island; W. R. Chamberlain, Morrisburg; J. C. Corniell, Dundas; W. H. Downing, Kingston; J. B. Fraser, Brockville; A. R. Gills, P.E.I.; E. H. Horsey, Ottawa; D. Jamieson, Kars; T. J. Jamieson, Kars; F. H. Royle, Brockville; C. P. Maybee, Odessa; C. N. Mallory, Escott; W. J. Maxwell, Brockville; S. H. McCammon, Kingston; E. McGrath, Campbellford; T. O'Neil, Belleville; W. F. Pratt, Ottawa; Wilton Pratt, Toledo; J. W. Robertson, Millhaven; R. P. Robinson, New Boyne; P. J. Scott, Southampton; D. McR. Smellie, Chesley; A. D. Walker, Belleville; A. W. Whitney, Iroquois; T. A. Waight, Westmeath.

Honor Students—4th Year Gold Medal, W. H. Downing; 4th Year Silver Medal, E. McGrath; 3rd Year House Surgeon Hospital, John Duff; 3rd Year House Surgeon Hospital, M. E. McGrath; Demonstrator of Anatomy and \$50 prize, O. L. Keborn; 2nd Year Demonstrator of Anatomy and \$50 prize, Augustine Gaudier.

TRINITY MEDICAL COLLEGE.

Final ("Fellowship Degree.")—Certificates of Honors for Standing the Final Branches—Candidates who obtained 75 per cent. and over: W. R. Wade, L. F. Cline, J. S. Wardlaw, G. H. Bowlby, J. H. C. F. Fisher, J. A. Neff, D. C. Meyers, D. M. Campbell, Jas. Crawford.

First Class—70 per cent. and over: C. N. Anderson, A. E. Ardagh, J. Baird, R. A. E. Burns, E. R. Bishop, Joseph Campbell, F. P. Cowan, A. T. Emmerson, F. F. Ferguson, J. A. Howitt, W. E. Harding, A. N. Hotson, C. H. Hamilton, D. E. Jones, C. James, W. H. Jeffs; F. H. Kalbfleisch, C. J. Karn, B. Lammiman, J. B. H. McClinton, A. W. McCordick, P. McNaughton, R. J. McDonald, J. H. O. Marling, W. H. Merritt, H. A. Minchin, J. P. Ogden, J.

F. Palling, J. W. Rowan, M. Steele, F. G. Thompson, R. U. Topp, R. E. Walker, R. J. Wade.

Second Class—60 per cent. and over: H. C. S. Elliot, T. A. Fitzgerald, A. Garratt, L. J. Hixson, H. J. Meiklejohn, M. G. Millman, J. P. Rogers, H. B. Thomson, J. McFaul, J. Henry.

Special Prizes—The special prize for the highest in physiology of the first year (Dr. Sheard), value \$25, James Sutherland. The "Dr. John Fulton Memorial Prize" for the highest standing in surgery, where the student has spent four complete winter sessions at the College (the Dean), value \$50, D. C. Meyers. Special prize given by "Trinity Medical College" for very high standing in the recent primary examinations at Trinity University (Dr. Robertson), value \$30, A. Ross.

Scholarships—The 1st first year's scholarship, \$50 (Mr. Kirkland), Jas. Sutherland. The 2nd first year's scholarship, \$30 (Mr. Kirkland), Robert Knechtel. The 3rd first year's scholarship \$20 (Dr. Sheard), C. C. Fairchild. The 1st second year's scholarship, \$50 (Dr. Robertson), J. S. Harris. The 2nd second year's scholarship, \$30 (Mr. Kirkland), J. W. S. McCullough.

Medals—The second Trinity medal (Rev. Mr. Milligan), Jas. S. Wardlaw. Nelles scholarship and the first Trinity silver medal (Dr. Temple), L. F. Cline. The Trinity gold medal (Rev. Mr. Baldwin), W. R. Wade.

TRINITY UNIVERSITY.

Primary Examination for degree of M.D., C.M. Class I.—J. S. Harris, A. Ross, J. W. S. McCullough, J. R. Macdonald, F. R. Clarke, R. J. Nidderly, A. J. Murchison, L. W. Allingham, F. W. Penhall, H. J. Cummings, W. Reid, R. W. Romey, C. B. Oliver, J. M. Sifton, R. Hill, *Certificates of Honor.* E. J. Boyes, H. W. Walsh, F. A. Drake, L. E. Rice, C. McCue, W. H. Alexander, A. H. Speers, H. T. Comall, T. B. Richardson.

Class II.—M. Ferguson, R. M. Hillary, T. McEdwards, R. H. Orton, W. T. Fletcher, E. H. Webster, A. M. Spence, O. E. McCarty, W. F. H. Newberry, G. Hargreaves, J. C. McGillivray, J. F. Dolan, G. M. Harrison, Miss M. L. Agar, Mrs. J. E. Lynd, W. T. Springer, J. A. Dinwoody, F. Preiss, E. R.

Morton, J. J. Gee, J. A. McGregor, L. E. Morgan, J. F. B. Rogers, W. A. Sargent, J. C. Bell, J. A. Ghent, Miss S. P. Boyle, C. W. Morey, J. F. Wren, W. Wight, J. W. Cunningham.

Class III.—R. F. Hay, A. C. Beatty, W. A. Jones, Miss M. Hulton, D. K. McQueen, F. J. Ewing, C. B. Coughlin, D. McLeod, M. C. Black, W. S. Ward, J. Honsberger, J. B. Guthrie, R. McGee, W. A. Thomson, P. Drummond, J. D. Berry, J. A. Mills, E. T. Boyes, H. E. Strathy.

Completed the Examination.—D. E. Jones, J. F. McCormack, J. H. Kalbfleisch, T. S. McGillivray, A. H. Garratt, D. D. O'Gorman.

Final Examination for M.D., C.M.—Nelles Scholarship of \$100 awarded to L. F. Cline.

Class I.—L. F. Cline, J. T. Wardlaw, P. McLaughlin, J. Baird, J. P. Ogden, H. Becker, J. A. Neff, A. F. Tufford, W. R. Wade, W. H. Harris, F. G. Thompson, R. E. Walker, D. M. Campbell, Jas. Campbell, A. N. Hotson, W. E. Harding, J. B. H. McClinton, Jas. Crawford, D. C. Meyers, G. H. Bowlby, J. H. C. F. Fisher, T. J. Jamieson, *Certificates of Honor.* C. H. Hamilton, A. T. Emmerson, C. J. W. Karn, A. W. McCordick, J. C. Connell, L. G. McKibbon, W. Jas. Campeau, M. Steele, F. P. Cowan, H. A. Munchin, R. A. E. Burns, C. James, A. J. Macaulay, E. S. Jackson, B. Lammiman, E. R. Bishop, F. F. Ferguson, Miss S. Carson, F. H. Kalbfleisch, J. F. Palling, J. A. Howitt, P. McNaughton, W. P. Chisholm.

Class II.—Miss M. Mackay, P. P. McCullough, C. N. Anderson, J. M. Eaton, W. J. Maxwell, H. J. Meiklejohn, W. H. Merritt, J. W. O. Marling, W. L. Bain, John Brown, J. W. Rowan, L. Auld, C. H. Francy, M. A. Millman, J. P. Royer, R. J. Wade, A. E. Ardagh, W. H. Cooke, W. H. Jeffs, R. U. Topp, H. B. Thomson, D. E. Jones, R. E. Towle, T. O'Neil, R. P. Robinson, R. J. Macdonald, F. J. Bateman, D. D. O'Gorman, Miss E. C. Stone.

Class III.—D. McK. Smellie, L. J. Hixson, E. C. Arthur, J. A. Fitzgerald, J. Henry McFaul, H. C. S. Elliott, J. B. Fraser, D. Jamieson, T. A. Wright, Wilton Pratt, A. H. Garrett, E. H. Horsey, T. C. Baker, J. H. Lowe.

Completed the Examination.—G. B. Carbut, J. D. Deacon, E. H. Greene, D. A. Kidd.

M'GILL UNIVERSITY.

The following gentlemen, 50 in number, have passed their Primary Examination, which comprised the following subjects: Anatomy, Practical Anatomy, Chemistry, Practical Chemistry, Physiology, Histology, and Botany:—G. A. B. Addy, St. John, N.B.; W. W. Aylen, Aylmer, Q.; C. P. Bissett, River Bourgeois, N.S.; E. J. Bowes, Ottawa, O.; E. J. Broderick, Fredericton, N.B.; C. H. Burritt, B.A., Mitchell, O.; J. W. Clarke, Tatamagouche, N.S.; P. J. Clune, Warkworth, O.; A. H. Coleman, Belleville, O.; F. G. Corbin, Bedford, N.S.; I. B. Curtis, Hartland, N.B.; D. J. Evans, Montreal, Q.; T. H. Ellis, Pembroke, O.; A. C. Esson, Halifax, N.S.; F. G. Esson, Halifax, N.S.; A. W. Haldimand, Montreal, Q.; H. D. Hamilton, Montreal, Q.; J. Hayes, B.A., Nelson, N.B.; W. E. Inksetter, Copetown, O.; W. T. Irwin, Pembroke, O.; C. P. Jento, Brockville, O.; N. Kerr, Holyrood, O.; M. W. Lang, St. Mary's, O.; G. L. Liddell, Cornwall, O.; D. Low, Glen Buel, O.; C. G. Main, Canterbury, N.B.; M. W. Murray, Beechwood, O.; O. Morris, Pembroke, O.; H. McEwen, Carlton, O.; M. S. McDonald, Scotchtown, O.; G. L. McKee, Coaticook, Q.; G. W. McKinnon, Sunnyside, P.E.I.; R. E. McKechnie, Winnipeg, Man.; A. C. McLellan, Indian River, P.E.I.; H. D. McManus, Fredericton, N.B.; A. G. Morphy, B.A., London, O.; C. T. Noble, Sutton, O.; W. Robertson, Chesterfield, O.; T. J. Reid, Winnipeg, Man.; J. Ross, Halifax, N.S.; H. R. Ross, Quebec, Q.; W. D. Smith, Plantaganet, Q.; W. J. Telfer, Burgoyne, O.; F. E. Thompson, Quebec, Q.; D. D. White, Montreal, Q.; W. A. Wilson, Derby, N.B.; C. L. Wheeler, B.A., Montreal, Q.; F. S. Yorston, Truro, N.B.

The following gentlemen, 54 in number, have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from the University. In addition to the Primary subjects mentioned, they have passed a satisfactory examination, both written and oral, on the following subjects: Principles and Practice of Surgery, Theory and Practice of Medicine, Obstetrics and Diseases of Women and Children, Pharmacology and Therapeutics, Medical Jurisprudence, Pathology and Hygiene,—and

also Clinical Examinations in Medicine and Surgery conducted at the bedside in the hospital:—D. C. Baer, Summerfield, Ill.; J. H. Bell, B.A., Montreal, Q.; R. P. Berry; Lindsay, O.; W. J. Bradley, B.A., Ottawa, O.; J. J. Cameron, Lancaster, O.; E. H. Carter, Picton, O.; A. L. Castleman, East Williamsburg, O.; W. W. Chalmers, B.A., Huntingdon, Q.; J. R. Clouston, Maple Hill, Q.; C. P. Conroy, Martintown, O.; F. J. Desmond, Newcastle, N.B.; C. P. Dewar, Ottawa, O.; W. D. T. Ferguson, Cumberland, O.; H. D. Fritz, B.A., St. John, N.B.; W. W. Goodwin, Baie Verte, N. B.; N. D. Gunne, Seaforth, O.; C. W. Haentschel, Pembroke, O.; J. Hewitt, Quebec, Q.; C. W. Strathroy, O.; A. W. Haldimand, Montreal, Q.; H. J. Hopkins, Cookshire, Q.; O. H. Hubbard, Gilsam, N.H.; J. H. Kennedy, Lindsay, O.; F. L. Kenney, B.A., St. John, N.B.; R. M. Kincaid, Clarenceville, Q.; E. A. Kirkpatrick, Kentville; N.S.; W. M. Lang, St. Mary's, O.; F. T. Metcalf, Buffalo, N.Y.; R. D. Moffatt, West Winchester, O.; C. Morrow, Russell, O.; A. E. J. McDonell, B.A., Morrisburg, O.; D. S. McDougall, Russell, O.; J. G. McCarthy, Sorel, Q.; M. A. McFarlane, Arnprior, O.; G. W. McKinnon, Sunnyside, P.E.I.; D. McLennan, Dunvegan, O.; D. R. McMartin, Martintown, O.; A. E. Orr, Cookshire, Q.; J. E. Orr, Mount Elgin, O.; P. C. Park, Durham, O.; H. V. Pearman, Halifax, N.S.; J. McPotts, Belleville, O.; E. L. Quirk, Aylmer, Q.; A. G. Robertson, Iroquois, O.; A. D. Stewart, Arundel, Q.; W. G. Stewart, B.A., Arundel, Q.; J. A. Springle, Montreal, Q.; J. H. Thompson, Gananoque, Q.; A. A. Weagant, Hosaic, O.; R. A. Westley, Lancaster, O.; F. H. Wetmore, Bloomfield, N.B.; T. A. Woodruff, St. Catherine, O.; C. F. Wylde, Halifax, N.S.; H. E. Young, B.A., Napanee, O.

Medals, Prizes and Honors—The Holmes Gold Medal, for the best examination in all the branches comprised in the Medical Curriculum, is awarded to Neil D. Gunne, of Seaforth, Ont. The prize for the best examination in the final branches is awarded to William Grant Stewart, of Arundel, Quebec. The prize for the best examination in the primary branches is awarded to Robt. Edward McKechnie, of Winnipeg, Man. The Sutherland Gold Medal is awarded to Chas.

Peter Bisset, of River Bourgeois, N.S. The following gentlemen, arranged in order of merit, deserve honorable mention:—In the primary branches, C. P. Bissett, E. J. Bowes, E. G. Broderick, G. L. McKee, M. W. Murray, W. E. Inksetter, A. H. Coleman, T. H. Ellis, C. T. Noble, W. A. Wilson; in the final branches, J. E. Orr, R. M. Kincaid, J. R. Springle, A. E. Orr, H. D. Fritz, H. V. Pearman, J. H. Thompson, H. E. Young, A. D. Stewart, D. McLennan, P. C. Park, O. H. Hubbard.

Professor's Prizes—Botany—W. A. Farwell, Lennoxville, Que. Anatomy (Demonstrator's Prizes)—2nd year, P. E. McKechnie; 1st year, E. A. Grafton. Obstetrics—W. G. Stewart. Pathology—N. D. Gunne.

UNIVERSITY OF MANITOBA.

Faculty of Medicine. M.D.—A. D. Carscallen, J. E. Gemmel, C. J. Large, V. E. Latimer, J. P. McIntyre, A. Sibbitt. *C.M.*—J. E. Gemmel, V. E. Latimer, C. J. Large. *M.D. (ad eundem gradum.)*—R. J. Blanchard, M.B., C.M. (Edin.); J. W. Good, M.B. (Tor.); H. A. Higginson, M.D., C.M. (McGill); and Drs. Patterson, O'Reilly, Higginson and McArthur took the degree of C.M. (*ad eundem gradum.*)

Scholarships, etc.—Final Year: 1. University Scholarship (\$100) and Lafferty Gold Medal, C. J. Large; 2. University Scholarship (\$60) and Boyle Scholarship, J. E. Gemmel. *Primary Year:* 1. University Scholarship (\$100), J. O. Todd; 2. University Scholarship (\$60), T. J. Lamont.

PHYSICIANS IN THE DOMINION PARLIAMENT.

At the head of the doctors who have left tampering with the clay tabernacles of frail humanity to aid in the making of laws, stands Sir Charles Tupper, G.C.M.G., C.B., D.C.L., P.C., etc. Sir Charles took the degree of M.D. at Edinburgh, and obtained the diploma of the Royal College of Physicians and Surgeons in the same city, in 1843, and practised for several years. In 1857 he became Provincial Secretary of Nova Scotia, and member of the Executive Council. Ever since then he has been a prominent figure in the forefront of the Conservative forces.

Near Sir Charles Tupper sit two Conservative doctors, side by side—Cameron, of Inverness, N.S., and Sproule, of the East Riding of Grey. The former has ample, blonde whiskers; while the latter is tall and dark. They maintain a discreet and professional reserve about any opinions expressed, never taking the House into their confidence.

In the second row of Conservatives sit Doctors Hickey and Bergin—the former, member for Dundas; the latter, for Cornwall and Stormont. Dr. Hickey is descended from a U.E. Loyalist. He likes to describe himself as “a Conservative, and a thorough Canadian in fact and in policy.” Dr. Sproule was born in the county of York, Ontario, in 1843, and has sat in parliament since the Conservative restoration in 1878.

In the third Conservative row sit together two more doctors. They are Grandbois, of Temiscouata, and Ferguson, of Welland.

There is only one doctor in the fourth row of Government supporters—Ferguson, of Leeds. He has had a seat in the House since 1874.

Dr. Montague, of Haldimand, is the sole representative of the healing art in the fifth row. Behind him sits Charles Jeremie Coulombe, M.D., member for Maskinonge, who is a practising physician, and was first returned to parliament at the last general elections.

Down near the Serjeant-at-arms, in the front Opposition row, is the desk of Dr. Landerkin, one of the best-known members in the House. He is a stoutly-built, robust man, with clear, hard eyes, in which there is much humor. He has a close-trimmed, reddish beard; and always wears, in the House, a black silk cap, with a peak like a conductor's. Dr. Landerkin has been a member since 1872. In his own proper profession he is a man of no small eminence.

In the third Opposition row are congregated Doctors Guay, Rinfret, and Platt. Pierre Guay, M.D., member for Levis, and Come Isaie Rinfret, M.D., member for Lotbiniere, are both stalwart French Liberals. Dr. Platt was introduced to the House immediately before Dr. Roome, the Liberal member for Prince Edward.

Dr. Wilson, from East Elgin was once Pro-

fessor of Anatomy in Victoria College, and sat in the Ontario House from 1871 to 1879. Dr. Borden, from King's, N.S., took his degree at the Harvard Medical School, and was first elected to parliament in 1874. Another doctor, from the centre of the Opposition, is Jean Baptiste Romuald Fiset, member for Rimouski. He is very seldom heard in the House, but is well known and liked. Until a few years ago he was Liberal whip.

In the fourth seat back from Mr. Blake's vacant seat, sits Peter McIntyre, M.D., member for King's, P.E.I. Two seats to his left, sits Dr. McDonald, from East Huron.

In the rear of the Opposition sits Dr. Brien, from Essex Centre; and on either side of him Dr. Godbout, from Beauce, and Dr. Robertson, from King's, P.E.I. These doctors are quiet members, workers in committee, and diligent in pushing through legislation advantageous to their constituencies.

With the exception of Dr. Landerkin and Sir Charles Tupper—who can hardly be said to be a medical man at all—the doctors in the House do not put themselves forward, and are not so prominent as might be expected in the discussions.—*Abstracted from Ottawa Correspondent of Telegram.*

PRELIMINARY PROGRAMME OF THE AMERICAN ASSOCIATION OF GENI- TO-URINARY SURGEONS.

AT THE MEETING TO BE HELD IN WASHINGTON,
SEPT. 18TH, 19TH, AND 20TH, 1888.

1. Clinical Observations on Diseases of the Testicle. By Dr. L. B. Bangs, of New York City, N.Y.
2. Clinical Observations on Chronic Gonorrhoea; and
3. Two cases of Cancer of the Seminal Vesicles, with pathological specimens. By Dr. J. P. Bryson, of St. Louis, Mo.
4. Operative Treatment of Hypertrophy of the Prostate; and
5. Case of Bowel ending in the Urethra of a Child four weeks old. Relief by operation. By Dr. A. T. Cabot, of Boston, Mass.
6. On the Effects of Rapid Changes of Altitude in an Advanced Case of Interstitial Nephritis. By Dr. George Chismore, of San Francisco, Cal.

7. Connection between Masturbation and Stricture. By Dr. S. W. Gross, of Philadelphia, Pa.

8. Operations on the Kidney. By Dr. W. H. Hingston, of Montreal, Canada.

9. Syphiloma of the Vulva. By Dr. J. N. Hyde, of Chicago, Ill.

10. The Curability of Urethral Stricture by Electricity—an Investigation; and

11. The Comparative Value of Supra Pubic and Perineal Drainage in Curable and Incurable Bladder Disease. By Dr. E. L. Keyes, of New York City, N. Y.

12. The Filaria Sanguinis Hominis in the United States, especially in its Relationship to Chylocele of the Tunica Vaginalis Testis. By Dr. W. M. Mastin, of Mobile, Ala.

13. A Case of Perineal Section for Traumatic Retention—Unusual Condition of the Bladder. By Dr. J. E. Michael, of Baltimore, Md.

14. The Prophylaxis of Syphilis. By Dr. F. A. Morrow, of New York City, N. Y.

15. Unusual Case of Urethral Calculus. By Dr. H. G. Mudd, of St. Louis, Mo.

16. On the Radical Cure of Stricture by Dilating Urethrotomy; and

17. Demonstration of a Perfected Evacuator, and an Improvement in the Method of Removal of Debris from the Bladder. By Dr. F. N. Otis, of New York City, N. Y.

18. Pyæmia as a Direct Sequel of Gonorrhœa. By Dr. R. Park, of Buffalo, N. Y.

19. Retrojections in Gonorrhœa. By Dr. E. R. Palmer, of Louisville, Ky.

20. Prostatotomy for Enlarged Prostate at the age of forty-two. By Dr. Abner Post, of Boston, Mass.

21. A Case of Removal of both Testicles for Recurrent Carcinoma; and

22. A Case of Nephrolithiasis complicated with Hydronephrosis, in which Lumbar Nephrotomy was performed. By Dr. F. W. Rockwell, of Brooklyn, N. Y.

23. Some Points on the Differential Diagnosis of Bladder and Kidney affections, with Demonstrations of the Cystoscope and other instruments; and

24. On the Physiology of the Bladder. By Dr. Alexander W. Stein, of New York City, N. Y.

25. Local Treatment of Chronic Urethral Discharges. By Dr. F. R. Sturgis, of New York City, N. Y.

26. Some Points on the Etiology of Stricture of the Urethra. By Dr. R. W. Taylor, of New York City, N. Y.

27. Operative Treatment of Hypertrophy of the Prostate; and

28. Spontaneous Fracture of Stone in the Bladder. By Dr. F. S. Watson, of Boston, Mass.

29. The Relation of the Prostate to Chronic Urethral discharges; and

30. The Value of the Tolerance of the Iodides as a Diagnostic of Syphilis; and

31. Urethral Stricture and Enlarged Prostate in their relation to Vesical Calculus Pyelitis, with cases. By Dr. J. William White, of Philadelphia, Pa.

BY INVITED GUESTS.

32. The Prognosis of Stricture, based on thirty years' death record of Stricture at the London Hospital, and the practice at St. Peter's Hospital. By Dr. E. Harry Fenwick, of London, England.

33. The Congenital Anomalies of the External Urethral Orifice. By Dr. C. Kaufmann, of Zurich, Switzerland.

R. W. TAYLOR, *Secretary*.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, Feb. 22nd.

The President, Dr. Nevitt, in the chair.

CASES IN PRACTICE.

ECZEMA.

Dr. Machell presented for examination a boy, aged nine years, afflicted with a scaly eruption behind the knees. He had lived in Canada four years, and during the cold season of each year a similar eruption had appeared—in the first instance in front of the elbow, then across the small of the back, and last winter on the inner surface of the thighs. This eruption had disappeared in each case with the beginning of the warm weather. None of the rest of the family were affected. The diseased parts were itchy at first, and discharged a watery fluid. On examination, a single patch lay behind each knee, the larger being four inches across, the other hardly half the size. Around these the skin was slightly thickened, but there was no congestion. The eruption itself was pustular—especially at the margins—scabby, and bleeding in points. The opinion

was expressed by several members that this was a case of eczema.

Dr. Ferguson presented before the Society a case of

SYCOSIS PARASITICUS

of two weeks' standing. Microscopic examination had revealed the parasite. The treatment for the present was external mercurial applications.

Dr. McPhedran was treating a

NON-PARASITIC TINEA

of the upper lip with an ointment of salicylic acid, and lanolin, gr. 15, to ʒi.

Dr. Machell was wont in tinea of the scalp to scrub the parts well with soap and water, shave off the hair, and then rub in raw turpentine with a piece of flannel till considerable smarting resulted. This effectually destroyed the bacillus, and a simple ointment completed the cure in a few days.

LOCOMOTOR ATAXIA.

Dr. McCallum presented some microscopical sections of the spinal cord, taken from a case of locomotor ataxia, under the care of Dr. McPhedran for five years in the House of Providence. The sections were prepared after Weigert's method, the connective tissue being tinted yellow and the nerve tissue blue.

Dr. McCallum also showed an embolus of the left middle cerebral artery from a child five years of age. The history was imperfect. There had been apparently tubercular meningitis, with sudden hemiplegia.

He also showed a phlebolith, taken from the broad ligament.

STATED MEETING, March 1st.

CASES IN PRACTICE.

Dr. Cuthbertson presented for examination a case of

TUBERCULAR DISEASE OF THE TESTICLE

with the following history. C. R., aged twenty-three, with strong tubercular family history. For last two years has had occasional darting pains in the groin, but no testicular pain until three months ago when, after a strain, he was laid up for a week; the right testicle becoming swollen and very painful. The swelling be-

came smaller, and very hard; pointed, and broke in the inferior portion of the scrotum. The swelling is of an irregular, hard, indolent, and lumpy nature, moderate in size, invading the interior and posterior portions of the inferior gland, and painless, except when pressed hard. A probe passes into the sinus an inch upwards, and an inch downwards and inwards. The cord and left testicle are healthy. Iodoform was dusted into the cavity, and a fungous growth, which appeared once at the mouth of the sinus, was scraped away. There were no pulmonary signs.

Dr. Oldright believed that the epididymis was involved. The proper treatment was undoubtedly to remove the gland.

Dr. Atherton favored removal of the gland. If seen earlier, thorough scraping of the diseased tissues and iodoform applications might have sufficed.

INTUBATION IN DIPHTHERIA.

Dr. Duncan gave brief notes upon two severe cases of laryngeal diphtheria. Urgent dyspnoea called for relief on the second and third days respectively. Intubation was performed by Dr. Palmer. In the first case, the irritation which followed the insertion of the tube was very marked, but the child made a steady and complete recovery. In the other, no irritation resulted, and the relief obtained was gratifying, but the child died on the third day after from collapse.

STATED MEETING, March 8th.

CASES IN PRACTICE.

ABSCESS OF PENIS.

Dr. Machell reported a case of gonorrhoea in which, a few days subsequent to the use of an injection, a swelling appeared on the under surface of the penis, in the median line, midway between the glans and the scrotum. This became hard and brawny, and, fluctuation being detected, an incision was made, which let out ʒ ½ of sweet pus. No connection was discovered between the abscess cavity and the urethra.

Dr. Atherton had met with a case some years since, in which an abscess formed in front of the prostate, and burst outwardly, discharging both blood and urine. No strong injections had been employed.

THE MOST PERFECT FORM OF DOSIMETRY

IS AFFORDED BY

PARVULES

The term Parvule, from *Parvum* (small), is applied to a new class of remedies (Warner & Co's) in the form of minute pills, containing minimum doses for frequent repetition in cases of children and adults. It is claimed by some practitioners that small doses, given at short intervals, exert a more salutary effect. Sydney Ringer, M. D., in his recent works on Therapeutics, sustains this theory in a great variety of cases.

PARVULES OF CALOMEL, 1-20. (Warner & Co.)

Med. Prop.—Alterative, Purgative.

DOSE.—1 to 2 every hour. Two Parvules of Calomel, taken every hour, until five or six doses are administered (which will comprise but half a grain), produce an activity of the liver which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

PARVULES OF CALOMEL AND IPECAC. (Warner & Co.)

R. Calomel, 1-10 gr.

Ipecac, 1-10 gr.

Med. Prop.—Alterative, Purgative.

DOSE.—1 to 2 every hour. Two Parvules of Calomel and Ipecac, taken every hour, until five or six doses are administered (which will comprise but a grain of Calomel), produce an activity of the liver, which will be followed by bilious dejections and beneficial effects, that twenty grains of Blue Mass or ten grains of Calomel rarely cause, and sickness of the stomach does not usually follow.

PARVULES OF ALOIN, 1-10. (Warner & Co.)

Med. Prop.—A most desirable Cathartic.

The most useful application of this Parvule is in periodic irregularities—Dysmenorrhœa and Amenorrhœa. They should be given in doses of one or two every evening at and about the expected time.

DOSE.—4 to 6 at once. This number of Parvules, taken at any time, will be found to exert an easy, prompt, and ample Cathartic effect, unattended with nausea, and in all respects furnishing the most aperient and cathartic preparation in use. For habitual constipation, they replace when taken in single parvules the various medicated waters, avoiding the quantity required by the latter as a dose, which fills the stomach and deranges the digestive organs.

PARVULES OF PODOPHYLLIN, 1-40. (Warner & Co.)

Med. Prop.—Cathartic, Cholagogue.

Two Parvules of Podophyllin, administered three times a day will re-establish and regulate the peristaltic action and relieve habitual constipation, add tone to the liver, and invigorate the digestive functions.

PARVULES OF ARSENIT: POTASH, 1-100.

(WARNER & CO.)

This Parvule will be of great use to physicians, as two Parvules represent the equivalent of one drop of **Fowler's Solution**, so that physicians can regulate the dose by giving one or more Parvules every hour.

PARVULES OF CORROSIVE SUBLIMATE, 1-100.

(WARNER & CO.)

Dr. Ringer, in his treatise, lays great stress upon the efficacy of minimum doses of corrosive sublimate in the treatment of Diarrhœa, whether the stools contain blood or not.

PARVULES OF NUX VOMICA, 1-50.

(WARNER & CO.)

Nux Vomica, according to Ringer, is possessed of real curative powers for sick headache, accompanied with acute gastric catarrh, whether due to error in diet, constipation, or no apparent cause. He regards it, administered in small and frequently repeated doses, as useful in many disturbances of the gastric function.

Index of Diseases Treated with Parvules.

THE dose of any Parvule will vary from one to four, according to age or the frequency of administration. For instance, one Parvule every hour, two every two hours, or three every three hours, and so on, for adults. For children, one three times a day is the minimum dose.

It is claimed by many practitioners that small doses, frequently repeated, exert a more salutary effect.

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|--|---|
| Atonic Dyspepsia. Parv. Nux Vomica, 1-50 gr. | Nausea. Parv. Ipecac, 1-50 gr. |
| Bilious Conditions. Parv. Calomel, 1-20 gr. | Retarded Menstruation. Parv. Ergotine, 1-10 gr. |
| Bronchitis of Children. Parv. Tartar Emetic, 1-100 gr. | Scrofula. Parv. Calomel, 1-20, and Aloin, . . . 1-10 gr. |
| Constipation. Parv. Aloin, 1-10 gr. | Sick Headache. Parv. Nux Vom., 1-50 gr. |
| Diarrhœa. Parvules Corros. Sublimate, . . . 1-100 gr. | Sickness of Pregnancy. Parv. Belladonna, 1-20 gr. |
| Exanthematous Skin Diseases. Parv. Iodide Arsenic, 1-100 gr. | Sluggish Bowels. Parv. Podophyllin, 1-40 gr. |
| Habitual Constipation. Parv. Podophyllin, 1-40 gr. | Spermatorrhœa. Parv. Phosp., 1-200 gr. |
| Hydatid Uterine Growth. Parv. Ergotine, 1-10 gr. | Summer Diarrhœa. Parv. Mercury with Chalk, . . . 1-10 gr. |
| Incontinence of Urine. Parv. Canthari, 1-50 gr. | Syphilis. Parv. Calomel, 1-20 gr. |
| Inflammatory Process. Parv. Aconite, 1-20 gr. | Syphilitic Headache. Parv. Cor. Subl., 1-100 gr. |
| Influenzas. Parv. Iod. Arsenic, 1-100 gr. | Torpidity of Liver. Parv. Podophyllin, 1-40 gr. |
| Itching Skin Eruptions. Parv. Iod. Arsenic, 1-100 gr. | Uterine Hemorrhages. Parv. Ergotine, 1-10 gr. |
| Mucous Rectal Discharges. Parv. Tannin, 1-10 gr. | Vesicular Emphysema. Parv. Digitalis, 1-20 gr. |

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Useful in Nervous Headache, Sleeplessness, Excessive Study, Over Brainwork, Nervous Debility, Mania, etc., etc.

DOSE.—A heaping teaspoonful in half a glass of water, to be repeated after an interval of thirty minutes, if necessary. Each teaspoonful contains 30 grains Bromide Sodium and one grain Caffein.

It is claimed by some prominent specialists of nervous diseases, that the Sodium Salt is more acceptable to the stomach than the Bromide Potassium. An almost certain relief is given by the administration of this Effervescing Salt.

The following well-known houses in the Dominion have in stock or will supply Warner and Co.'s Standard Preparations.

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| LYMAN SONS & CO., - - - - - Montreal. | LYMAN BROS. & CO. - - - - - Toronto. |
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Dr. Ferguson was of the opinion that as the mucous membrane of the urethra was non-absorbent, there probably had been in each case a previous abrasion of the mucous surface.

OBSCURE VESICAL TUMOR.

Dr. Nevitt remarked upon several cases of an obscure nature recently under his care. In all there were symptoms of bladder trouble. While making examination with the sound in the bladder, and one finger in the rectum, he discovered a fluctuating tumor just above the vesical neck. In each case he had punctured the tumor with the sound, and pus was immediately passed per urethra. Antiseptic injections completed the cure in a few days.

HARD CHANCRE OF THE SCALP.

Dr. Ferguson reported the case of a medical gentleman who consulted him lately about a suspicious sore upon his head. The appearance was chancrous—the neighboring glands were enlarged, and the patient was cachectic. There was no history of infection, but the scalp might have been accidentally touched with the fingers after examining a syphilitic patient recently under treatment. In due time the rash and sore throat, etc., developed, confirming the diagnosis.

Dr. Nevitt remarked that Hutchison attached little importance to enlargement of the glands as a point in diagnosis.

Dr. Greig reported a

PECULIAR ERYTHEMATOUS ERUPTION,

appearing on the outer and anterior surface of one thigh about the fourth month of pregnancy. The patch was eight inches broad, extending to the knee, clearly outlined, but not raised, tender and numb. The surface was smooth, without miliary points. The lesion continued after delivery.

Dr. McCullough reported a case of

POLYURIA,

occurring during the later months of pregnancy. The amount of urine passed daily averaged ten pints, with a spec. grav. of 1004, and contained neither sugar nor albumen. This continued from the sixth month till after delivery, during which period the patient lost flesh greatly, the gums receded from the teeth, and the tongue

became glazed. These symptoms were accompanied by great thirst. Some weeks after confinement improvement began, and continues steadily. The patient is not hysterical, nor has she suffered from polyuria previously.

STATED MEETING, March 15th.

Dr. Doolittle presented for examination a case of

SYCOSIS NON-PARASITICA

of five years' standing. The condition seemed aggravated by the patient's face being exposed daily to great heat, his occupation being that of boiler maker.

Dr. Graham looked upon the eruption, in its present condition, as eczematous. Daily bathing with exceedingly hot water, and the application of diachylon ointment, might effect some improvement.

Dr. McPhedran read a paper entitled

SPINAL IRRITATION.

(See p. 141). In the ensuing discussion,

Dr. Oldright expressed the opinion that paralysis did occasionally occur in the course of spinal irritation so called. In support of this view, he cited a case where paralysis of the lower extremities developed after the patient had suffered for eighteen years from well-marked symptoms of spinal irritation. In another case, at present under observation, there is tenderness over several of the spines and nerve roots in both cervical and lumbar regions, and also a slight paralysis in the muscles of the left forearm and fingers. Blisters have had no effect, and galvanism is being tried at present.

Dr. I. H. Cameron agreed with the writer of the paper, that the term "spinal irritation" was a poor one, as we knew nothing of the pathology, which was, probably, closely allied to that of hysteria. The spinal trouble was as rule, also, due to some visceral lesion or to some lesion of a mucous surface. Rosenthal classified these cases as follows: 1st. Cases of hyperæsthesia or spinal irritation. 2nd. Cases of depressed state of the nerve system or neurasthenia; the symptoms of the latter being lassitude, inaptitude for work, etc. The cases cited by Dr. McPhedran were somewhat anomalous, the greater proportion occurring in the male sex. The results of

treatment threw no light upon the subject, as that of hysteria is largely identical. Faradism being depressant is contra-indicated in spinal irritation, but galvanism is tonic and useful.

Dr. J. E. Graham cited the case of a young lady, where persistent nausea and vomiting resulted from the spinal irritation. No other lesion could be discovered, and the patient died from starvation, showing that the affection may endanger life. In another case, a man was brought to the hospital with symptoms of peritonitis. The pain, tenderness, and tympanites were present, but temperature and pulse were normal. Tenderness was discovered in the lumbar spines, and the patient had been guilty of over sexual indulgence. Cases of spinal irritation could not all be considered hysteria, nor would it ever be possible, in his opinion, to find the lesion, even if dissections could be made at the very time. It was probable that the blood was the seat of the trouble, rather than the mucous membranes—how could we otherwise explain the beneficial effect of a blister applied to the spine? which, in whatever way it acted, could hardly be supposed to cure the lesion in the mucous surface.

Dr. McPhedran, in reply, stated that he had carefully excluded all cases of spinal neurasthenia from his paper. The division of Rosenthal was a good one. The term hysteria could not embrace all cases. There was none present in most of those mentioned, which might rather be considered neuralgias, secondary to some other condition. Pressure over the vertebral grooves occasionally elicited tenderness; where pressure over the spines did not.

STATED MEETING, March 22nd.

Dr. Doolittle presented for diagnosis a lad with an

AFFECTION OF THE SHOULDER-JOINT.

The chief symptoms were pain, immobility, and general wasting, the remainder being merely of a negative nature. After examination,

Dr. Atherton believed there was some inflammatory trouble present in the head of the humerus, which, approaching the articular surface, gave rise to the pain. If the limb were

placed completely at rest for a few weeks and the symptoms did not improve, an exploratory incision would be needful.

Dr. Spencer presented for examination a boy aged 14, of whom he gave the following history: Up to the age of 13 the lad had been perfectly healthy; was considered a bright boy at his lessons, and never had convulsions. About one year ago he began to be dull, would walk in a stooping position, and assumed an imbecile look. As the school-boys maltreated him, removal from school was necessary. He seems inclined to sleep all day long; never speaks unless spoken to, when he answers in a stupid, abrupt manner. Occasionally he will get into a wild state, but ordinarily he is quiet and clean in his habits. His memory is fair, he writes a little if asked to, but cannot read. The pupils are widely dilated and do not respond to light, but the sight seems good. The appetite is gone, a little bread and butter being his sole diet. The sense of taste seems affected, as he swallows bitters and sweets without noticing any difference. The fingers and toes twitch occasionally. The gait is shuffling, the left leg being thrown out in walking, and the knees knock together. For some time past he has shown a tendency to fall forward suddenly on his face, especially in the morning after getting out of bed. His face has been cut frequently in this manner, and it is found unsafe to leave him alone. All the symptoms have grown worse lately. Family history is good. Further examination by the members showed the patellar reflex to be present in the right leg, absent in the left; the left arm and leg seemed stronger than the right. When told to close his eyes he swayed a little, but retained his balance, the knees and heels being together. He could also turn around with the eyes closed. The legs pitted in pressure, and there was a heavy look about the eyes. The tongue was tremulous when extended. If the head was raised the boy seemed distressed. Slight spastic condition of the limbs.

Dr. Machell remembered a case eight years ago, where the chief symptom had been that the child's head would fall forward upon the table suddenly while at breakfast, so that she hurt herself considerably. Convulsions were present. The diagnosis of those consulted had

been tubercular meningitis; but the child had recovered, and was now in good health.

Dr. Nevitt knew of a case in the House of Providence, where a child of eight, on getting its head to a certain elevation, would let it fall backwards violently. It was supposed to be due to tubercular disease at the base of the brain.

After further discussion, it was thought that, while the trouble in this case might be tubercular, it would be well to have the urine and the eyes thoroughly examined.

Dr. Powell reported a case of rupture of the artery in the funis after ligature. Cause unknown. Several other members mentioned cases of hemorrhage from the cord after apparently secure ligature.

STATED MEETING, March 28th.

Dr. McCullough read a paper on

SUPRAPUBIC LITHOTOMY,

being the history of a case in practice. In the ensuing discussion,

Dr. I. H. Cameron advocated Peterson's method of raising the peritoneum in adults (by injecting $\frac{3}{4}$ 12 of fluid into the bladder and $\frac{3}{4}$ 10 into the rectum), and drew attention to the late procedure of Prof. Annandale in Edinburgh, bringing the stone against the upper anterior vesical wall by means of a lithotrite, and then cutting down upon it. As to suturing the bladder walls—if this were done at all—the stitches should never penetrate the mucous membrane, nor was it advisable to suture the bladder to the abdominal tissues. Dr. C. briefly spoke of a case, at present under treatment in the Hospital, where it had proved extremely difficult to prevent the drainage of urine through the abdominal incision, presumably on account of an enlarged prostate.

Dr. Atherton expressed his belief that the perineal operation would eventually be the favorite in the case of children. That impotence resulted from this operation was not proven.

Dr. Oldright asked suggestions as to treatment in a case of obstinate incontinence in a child of 6 years. He had removed a vesical calculus some time since.

Dr. I. H. Cameron advised electricity, on the ground that the sphincter action of the prostate might have been impaired by the operation.

Dr. Oldright further presented two specimens of bony cyst involving the heads of a tibia and ulna. These were from the museum, and no histories were recorded.

STATED MEETING, April 5th.

PATHOLOGICAL SPECIMENS.

Dr. Machell presented a coccyx, removed on account of fracture occurring four months previous to operation.

GASTRIC ULCER.

Dr. Peters presented a stomach with a round perforating ulcer on its anterior surface, removed from a girl aged 19 years. The following history of the case was given by Dr. Ianson:—The patient, a housemaid, while at ordinary work was seized with agonizing pain in the stomach and under the left shoulder-blade. This was followed by vomiting of the gastric contents tinged with blood. She soon passed into a state of collapse, and died in twenty-one hours, during which she swallowed great quantities of water. Tympanitis was only present an hour or two before death. No gastric history could be elicited.

Dr. I. H. Cameron said the patient had been in poor health while in the House of Providence.

Post-mortem.—The abdominal cavity was distended with fluid; the stomach almost empty. Signs of inflammation were very slight; no marked injection of the vessels; no adhesion of the intestines; only a little pus and inflammatory exudation over the surface of the liver. This might be ascribed to the quantity of fluid present, and if so, was an indication for lavage as a treatment.

Dr. Graham referred to a case characterized similarly by extreme suddenness in the onset of the symptoms. *Post-mortem.*—Two perforations were found in the posterior wall, near the lesser curvature. Signs of inflammation here, too, were few. Shock might possibly account for their absence. Could not these cases be treated surgically?

Dr. Ferguson mentioned another case, when death followed perforation in twenty-four hours.

Dr. I. H. Cameron stated that pain under the scapula was emphasized as a symptom by Dr. Brinton.

Dr. Atherton believed perforation might occur without death resulting. He had met with two such cases.

Dr. I. H. Cameron presented a specimen of nutmeg liver. There had been no symptoms during life.

STATED MEETING, April 12th.

Dr. G. S. Ryerson presented a female patient with

CONGENITAL DISLOCATION OUTWARDS OF BOTH LENS.

There was no history of injury. The lesion was due to non-development of the suspensory ligaments. Vision was imperfect. As a rule, in these cases the lens subsequently became cataractous. The lesion was extremely infrequent. Instrumental delivery as a cause was doubtful.

Dr. F. W. Cane then read a paper, entitled

THE RELATION OF GOITRE TO INSANITY

(See page 145).

Dr. Duncan in his remarks dwelt upon the increase in salivary secretion, and its change of quality, consequent upon the extirpation of the thyroid.

Dr. Nevitt stated, on the authority of Mr. A. Smith, V.S., that 90 per cent. of the city horses became goitrous. Very many people had single or double enlargement without other symptoms.

Dr. Graham had seen but one case of myxœdema in this city, and that was a doubtful one.

STATED MEETING, April 19th.

Dr. Nevitt mentioned two cases of syphilitic cachexia in children, with lingual ulcers, which disappeared under mercurial treatment.

Dr. McCullough exhibited the specimen, and gave the history of a case of aneurism of the aorta, with rupture, occurring in a young man. Besides a dull area, three inches in diameter, under the manubrium, the symptoms were negative.

D. J. GIBB WISHART, Sec'y.

Correspondence.

To the Editors of THE CANADIAN PRACTITIONER.

TAX ON SURGICAL INSTRUMENTS.

DEAR SIRS,—Will you kindly permit the attention of the general profession being drawn, through your columns, to the enormous import tax put by our Government upon surgical instruments and appliances, and the injustice done thereby, not only to the public, but also to the profession at large.

How many of the poorer of patients the physician would gladly and gratuitously alleviate, was the high price of the instrument required not a stumbling block? Every one has had such cases, and in this manner, unless some kindly-disposed friend comes forward and pays for the instrument, many cases continue to suffer year after year.

There are no surgical instrument manufacturers, properly so-called, in Canada. The field is too small, and we are compelled to pay almost double (in some cases more), for everything we do not smuggle.

In England and the Continent the great bulk of instruments are to be bought for one-half, or less, than in Canada, and even those made in the United States, high as their prices are, we can't secure without paying thirty to forty per cent.

Many of our junior practitioners, from this cause, are sadly equipped with instruments, not only for emergency cases, but also those ordinarily required for precision of diagnosis, or relief, and those only of our seniors, who fortunately can afford to pay the burdensome figure demanded, are at all likely to be even fairly equipped. The results are obvious—the general public suffer. No doubt, many medical men are aware of cases untimely ended, for want of a particular instrument, beyond the purchasing power of the doctor.

I believe, if proper representation is made to the Minister of Customs, that all those instruments and appliances, intended for the relief of our fellow-countrymen, which are not made in Canada, would be placed on the free list.

Already the profession in the United States is making an appeal for a similar release from

their import duties, complaining that the price of instruments made there is out of all proportion to the same in Europe. How much worse is our case, who have to pay thirty to forty per cent. more?

This is a subject which, if brought to a satisfactory termination, will gain you the gratitude of the whole profession, and I hope you will take it up.

Yours, J. E. W.

Book Notices.

The Galvano-Cautery Sound and its Application, Especially in Hypertrophy of the Prostate, with Reports of Cases. By ROBERT NEWMAN, M.D., of New York. (Reprint).

The Bones of the Leg Considered as One Apparatus. By THOS. DWIGHT, M.D. Boston: Cupples & Hurd, Medical Publishers, 1888. Price 25c.

Proceedings of the National Conference of State Boards of Health at the Fourth Annual Meeting held at Washington. D.C., September 7th, 1887. Published by the State Boards of Health of Michigan, 1888.

Diseases of Man: Data of their Nomenclature and Genesis. By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital. New York: J. H. Vail and Co., 21 Astor Place. Toronto: J. E. Bryant & Co., 64 Bay Street.

Report Relating to the Registration of Births, Marriages, and Deaths, in the Province of Ontario, for the Year ending 31st December, 1886. Toronto: Printed by Warwick & Sons, 26 and 28 Front Street West.

Diseases of the Heart. By ALONZO CLARK, M.D., LL.D., Emeritus Professor of the Principles and Practice of Medicine, etc., College of Physicians and Surgeons, New York. One 8vo volume, 251 pages; price, \$2.75. New York: E. B. Treat, Publisher, 771 Broadway. Toronto: J. E. Bryant & Co., 64 Bay St.

Obstetric Synopsis. By JOHN S. STEWART, M.D., Demonstrator of Obstetrics, Medico-Chirurgical College of Philadelphia. F. A. Davis, Philadelphia, Publisher.

This is a poor sort of a book, and rather a poor book of the sort.

A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners. Second edition, thoroughly revised and enlarged. By JAMES NEVINS HYDE, A.M., M.D., Professor of Skin and Venereal Diseases, Rush Medical College, etc. Philadelphia: Lea Brothers & Co. 1888. Toronto: J. E. Bryant & Co., 64 Bay Street.

The Rules of Aseptic and Antiseptic Surgery. A Practical Treatise for the use of Students and the General Practitioner. By ARPAD G. GERSTER, M.D., Professor of Surgery in the New York Polyclinic. Illustrated, with two hundred and forth-eight engravings, and three chromo-lithographic plates. New York: D. Appleton & Co., 1888.

Chemical Analysis of Healthy and Diseased Urine. By T. C. VANNUYS, Professor of Chemistry, Indiana University, with 39 wood engravings. Philadelphia: P. Blakiston, Son & Company; Toronto: Williamson & Co.

This is one of the best books of the kind we have seen.

The Treatment of Hemorrhoids by Injections of Carbolic Acid and other Substances. By SILAS T. YOUTT, M.D., Physician to St. Elizabeth's Hospital, etc. Second edition. Lafayette, Ind.: The Echo Music Co., Printers.

This little book is written in rather a pleasant style, and gives a very good account of this method of treating piles.

On a New Treatment of Chronic Metritis, and especially of Endometritis with Intra-uterine Chemical Galvano Cauterization. By Dr. GEORGES APOSTOLI, of Paris, Translated by A. LAPHORN SMITH, B.A., M.D., M.R.C.S. Eng., Lecturer in Gynecology in Bishop's University, Montreal.

On account of the great interest taken in Apostoli's methods of treatment, this excellent translation should be highly appreciated. George S. Davis, Detroit, Publisher.

Health Lessons. By JEROME WALKER, M.D., Lecturer in Hygiene at Long Island Hospital. New York: D. Appleton & Co. 1887. Toronto: W. J. Gage & Co.

This book has been published with the aim of teaching health lessons to young children, in a truthful and interesting manner. The chapters on *what to eat, warmth and clothing*, and

cleanliness are particularly well written and thorough, while simply enough told to impress their truths on the youngest mind. It will recommend itself to teachers everywhere.

The Diseases of the Ear and their Treatment.

By ARTHUR HARTMANN, M.D., Berlin. Translated from the German by James Erskine, M.A., M.B. New York: G. P. Putnam's Sons. 1887.

The fact that this work has reached its third German edition is an evidence of its scientific and practical nature. These qualities, and the concise form in which it is presented, make the work especially suited to the use of general practitioners. Doubtful theories are for the most part not touched upon, but the student is referred therefor to the comprehensive works of Grube, Politzer, and others. The anatomy of the parts receive sufficient attention for all practical purposes. On the other hand, the treatment is gone into rather sparingly; the references made to many therapeutic performances, although perhaps sufficient for those well practised, is scarcely enough in detail for the average practitioner. A list of therapeutic formulæ, a general index, and an index of authorities completes the work.

A Manual of Diseases of the Nervous System.

By W. R. GOWERS, M.D., F.R.C.P. Philadelphia: P. Blakston, Son & Co. Toronto: J. A. Carveth, Parliament St.

We take great pleasure in bringing this most admirable work before the notice of the profession. The first two parts—Diseases of the Spinal Cord and Nerves—were published in a separate volume some months ago, but have been revised for this edition. The remainder of the volume is entirely new. We are safe in saying that the present is one of the most exhaustive works upon nervous diseases ever published in the English language, and it certainly is fully up to the times in every particular.

We always consider that an excellent test of the value of a manual is to look up in it any obscure point which may arise in practice, and to find light upon it. We have thus several times tested the volume before us, and have been astonished at the amount of information given.

The work may be divided into three parts. The first treats of diseased conditions of the spinal cord and nerves, the second of diseases of the brain, and the third of general and functional diseases. The author, Dr. Gowers, is one of the most accurate and painstaking neurologists living; and the present work everywhere exhibits a wonderful knowledge, both of the pathology and treatment of the diseases of the nervous system.

We can recommend the volume as one of the best ever published in this department, and as one which every practitioner should possess, if he expects to keep pace with the great progress made in this department during the past few years.

Personal.

Dr. Machell has removed to Bellevue Ave.

Drs. J. M. Cochrane and Trow are in London.

Dr. Lehmann, formerly of Mitchell, is now in Vienna.

Dr. Doolittle has removed to Queen Street East.

Dr. W. Foulkner, of Foxboro', has been appointed Associate Coroner.

Dr. Glasgow, of Welland, was banqueted by his friends on the eve of his marriage.

Sir Andrew Clark was elected president of the Royal College of Physicians of London.

Dr. W. C. Heggie, of Malton, has been appointed Medical Health Officer for Toronto Gore.

Dr. C. R. Agnew, the well-known ophthalmologist of New York City, died on the 18th of April.

We were incorrect in stating that Dr. Teskey was on the Examining Board for Victoria University.

Drs. Caven and Scadding (1887) are now in Paris, and Dr. Thorburn is continuing his studies in Vienna.

Mr. Thos. Bryant retires from the post of surgeon to Guy's Hospital in May, after thirty-one years' term of office.

It is now understood that Dr. Widdifield, M.P.P. for North York, has been appointed Sheriff of York.

Dr. Lutz has been appointed Medical Health Officer of Exeter, in place of Dr. Hyndman, who has resigned.

Dr. Thos. Keith, the distinguished abdominal surgeon, has announced his intention of removing from Edinburgh to London.

Dr. W. R. Shaw, of Brantford, Ontario, has been appointed Surgeon in Charge at the Victoria Throat and Lung Hospital, London, Eng.

Dr. Stone, who has just graduated at the Woman's Medical College, leaves in a few weeks for Australia, where she intends to practice.

Professor Nicholas Senn, M.D., has been appointed Professor of the Principles of Surgery and Surgical Pathology in Rush Medical College.

Thomas Ovens, M.D., of the township of Bosanquet, county of Lambton, has been appointed an Associate Coroner for the county of Lambton.

Dr. Sweetnam, of Toronto, has returned from the continent. When in Paris he saw Apostoli operate on some fifty cases, the majority of which were uterine fibroids.

All the ladies who presented themselves for the final examinations in medicine, at Trinity University, graduated with honors; Dr. Carson being well up in 1st class, and Drs. McKay and Stone in the 2nd—the former heading that list.

At the last meeting of the Faculty of the Woman's Medical College, Dr. Nevitt resigned his position as Secretary—one which he had filled since the organization of the school, five years ago. His resignation was accepted with regret. Dr. Wishart was appointed to the vacant position.

Dr. J. Campbell, of Ontario, arrived in the city at seven o'clock yesterday morning, on a Grand Trunk train, at the Dearborn Station. As the Doctor was alighting from the train, he was seized by the arms from behind by one man, while two others went through his pockets and secured \$60 in cash and a ticket good for

a through passage to San Francisco, to which point the doctor was travelling. Dr. Campbell gave a fair description of his assailants, and the three men were arrested during the day.—*Chicago Inter-Ocean, April 17.*

Miscellaneous.

A London druggist displays the following card in his window, "Come in, and get twelve emetics for a shilling."—*Ex.*

The number of physicians in Italy, according to official statistics published in 1887, was 17,586, not including the army and navy surgeons, whose number was upwards of 1,000.

AN OLD PHYSICIAN.—Dr. Nekliewitsch, of Loske, in Poland, recently died at the advanced age of 109 years. A quarter of an hour before his death he saw and prescribed for a patient.

Papoma, manufactured by John Wyeth & Bro. (Davis & Lawrence Co., Montreal), was introduced into Canada some years ago and was commended by many medical men. Samples will be forwarded by mail to any physician wishing to give it a trial. The late, Dr. Fulton, in writing of the preparation, said: "It is easily digested, readily assimilated, and does not produce gastric disturbance or flatulence, and is a valuable addition to the diet of the nursery."

A very unfortunate accident lately occurred at the Roosevelt Hospital, owing to carelessness on the part of an employee. A young man had just undergone a surgical operation, and while still under the influence of ether he was placed on a roller stretcher and removed by an orderly from the operating room to the hall. The door leading to the elevator was then opened by another attendant, and the orderly, supposing the elevator was on that floor, pushed the stretcher into the shaft. The patient fell about twenty-three feet, fracturing his skull and died in about an hour.—*Atlanta Med. and Surg. Jl.*

The following clipping from the *New England Medical Monthly* on insomnia indicates the position which W. R. Warner & Co.'s elegant preparations have with the profession in New England. In Canada, also, the preparations are used extensively and known most favorably:—

“Bromide of soda, and also the potassium salt, is often used and great benefit has resulted. In the treatment of neurasthenia great benefit has resulted from the use of the bromides of soda and potash, especially when in combination with a salt that will counteract the depressing effects resulting from the use of bromide. Such preparations are the bromo-soda and bromo-potash prepared by Wm. R. Warner & Co., and in the treatment of nervousness, debility and neurasthenia, which can generally be ascribed to insomnia, they are especially efficient and agreeable. They are put up in granular form, which makes a delightful effervescing draught, and gives the patient a desire to take these preparations, which are extremely palatable and beneficial. The preparation of bromo-soda was partly suggested by the late Dr. J. S. Jewell. Physicians have met with unfailling success in the use of bromo-soda in the treatment of nervous headache and the conditions resulting from an overworked and run-down system.”

A BUSY PRACTITIONER.—Dr. Cotting, of Boston, in relating his personal reminiscences of fifty years' practice, says: “The greatest number of professional visits to separate houses I ever made in one day was forty-three (a few of the houses visited having more than one patient). It was one of the longest days of summer, and there was no time to rest, from early dawn to late at night. I once attended four births, in different parts of the town, within twelve hours; between twelve at night and twelve at noon following. It happened to be a February 22nd, and the three boys were each called George Washington, while the girl received the name of Martha. The mothers were unknown to each other.”—*Boston Medical and Surgical Journal*.

HARD TIMES.—There is a general impression that times are very hard with medical men. Ours has never been considered a rich or lucra-

tive calling, but, as a set off, it has been thought that medical men could always contrive to make ends meet; that with them, as with Robert Levett,

“The modest wants of every day
The toil of every day supplied.”

Even this is no longer conceded without question, and some critics go so far as to say that the run of medical men live and die very impecuniously. It is not difficult to believe this pessimistic account, and there are many facts which lend a plausibility to it. . . . There are, on an average, 1162 additions yearly to the Medical Registrar, as against the average death of 588 members of the profession, or a yearly surplus of 574, who are to find employment in a community yearly rendered more healthy and independent of the profession by the very efforts of the profession itself. . . . It is certain that the remedy rests mainly with the profession itself. Neither Parliament nor the Medical Council can help us much. The public will take medical men at their own valuation. If sixpence is their charge, they will be called sixpenny doctors, and will deserve to be called so. But such charges will be identified rather with a low style of practice and an inferior quality of drugs than with the great profession whose members have commanded the veneration and respect of mankind.—*Lancet*.

Births, Marriages, and Deaths.

MARRIAGES.

GRAHAME-MORSON.—On Monday evening, April 9th, at St. Phillip's Church, by the Rev. J. Fielding Sweeney, B.D., Lawrence Hill Grahame to Jessie Laura, youngest daughter of Dr. Alfred Morson, of Toronto.

GREENWOOD-ELLIS.—On April 10th, at St. Mark's, Surbiton, London, England, F. S. Greenwood, M.D., L.R.C.P. London, to Margaret, daughter of William Ellis, Esq., Superintendent of Welland Canal, all of St. Catharines, Ont.

KING-OTT.—On April 3rd, in Brantford, at the Congregational Church, by the Rev. Joseph Wild, D.D., Edmund E. King, M.D., of Toronto, to Isabella J., daughter of Franklin Ott, Esq.

DEATHS.

COLTON.—On Thursday, the 5th of April, at his residence, Picton, Ont., William Wallace Colton, M.D., in the 46th year of his age.