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[No. I.

ORIGINAL ARTICLES.

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

UNCURED GONORRHOEA—CAUSES AND SEQUENCES.*

BY EDMUND E. KING, M.D., ETC.

Surgeon St. Michael's Hospital, Physician House of Providence and Home for Incurables, Assistant Pathologist Toronto General Hospital.

We are frequently consulted by male patients on the subject of marriage—it would undoubtedly be better if more of them, and females as well, took this precaution before taking the most important step in their lives, such a course would undoubtedly prevent much of the unhappiness occasioned by an unpleasant development of disease shortly after marriage and reduce the number of chronic invalids thus produced. I know of no single disease that is as productive of serious post-martial results as gonorrhœa, and it is for this reason that I decided to bring the subject before this Association. I have no desire to go deeply into the literature of the subject, nor do I wish to convey the idea that the subject is new. Bernitz, in 1850, was the first physician to scientifically treat of the subject. From his large experience at the Lourcine Hospital in Paris, he tabulated one hundred cases of pelvic peritonitis and traced twenty-eight per cent. to gonorrhœal origin. He also enlarged on the other diseases common to women, and attributed a similiar origin to a greater percentage. Noeggerath, in 1873, after a lapse of twenty-three years, took the matter up, and in a very elaborate monograph—*Latent Gonorrhœa in the Female Sex*—again drew the

*Read before the Ontario Medical Association, June, 1894.

attention of the profession to the severe ravages of latent gonorrhœa. Again, in 1877, he discussed the subject before New York Gynæcological Society. His views of the subject were not very well received at the time, but since then has been freely adopted by teachers and authorities on the subject of female disorders. Matthew Duncan, in London, also became impressed with the idea of gonorrhœal origin of perimetritis and parametritis, and demonstrated the large percentage of such cases that could be traced in women—married to men with a history of previous gonorrhœa. Many others have treated the subject on similar lines, and a few have placed a very high percentage of these cases as attributable to gonorrhœa.

Gonorrhœa is undoubtedly a curable disease, and it would be very unwise to go so far as some do and assert that it is never cured, consequently it would be unfair to suggest that all married men who have been the victims of gonorrhœa have infected their wives. It would not be far wrong, however, to say that the greater proportion of cases of salpingitis, endometritis and pelvic inflammation occurring in women whose husbands before marriage suffered from gonorrhœa, have been infected by them.

Uncured or chronic gonorrhœa is a result of carelessness, either on the part of the physician or the patient. The physician is to blame in a great number of cases. He does not take the trouble to impress the patient with the fact that gonorrhœa is a serious disease; that it has a series of sequences that should be dreaded; that it is a stubborn disease to control, and that it cannot be cured in a few days. He rather allows the patient to follow his own ideas about its seriousness and consider that the disease is very little worse than a mild cold. This conception of things is based on an entirely erroneous hypothesis.

In our student days the disease was much neglected, at the hospital clinic the patient was given some stock injection and told to buy a syringe and use it three or four times a day. Nothing further did I ever hear in the way of medical advice. With this amount of indifference on the physicians' part how can we expect the patient to view the case with seriousness. The subject is neglected far too much for the frequency with which it occurs, and the serious nature of its consequences. The patient is to blame in a greater number of cases, however, by being neglectful in following even those meagre instructions given by the physician. No doctor's prescription can cure gonorrhœa unless the patient follows diligently, properly prescribed directions.

I have learned to look upon gonorrhœa as one of the most serious of all the venereal diseases, and its cure as surrounded with the greatest difficulties. To show how to prevent the chronic condition, one would have to go in detail over the treatment devised for the acute stage; but this is not within the range of this paper, nor have we the time. I feel justified, however, in making a few suggestions by the way. It is not the prescription that cures—a thoroughly scientific prescription used in an unscientific manner cannot produce a cure. Proper instruction to the patient as to what to do, and what not to do, are vastly more important than the medicine itself. The most essential single factor in the cure of gonorrhœa is the syringe and its proper use. About this matter there appears to be the utmost carelessness shown. The one usually bought—few are ever prescribed—is of glass, with a capacity of one drachm, and a short or long nozzle. This class of syringe is a very prolific cause of chronic gonorrhœa. The capacity is too small, and the tip of the nozzle is a source of local irritation. Those with soft rubber tips, and those shaped like an ear syringe, are also

worse than useless, positively harmful. The proper syringe is one having a capacity of half an ounce, a blunt point, and one that does not leak. The injection used should be of sufficient quantity and used with such force as to thoroughly distend the urethra, allowing the injection to come in contact with the whole urethral surface. The ingredients composing the injection are much less important, provided they are not too strong or irritating, than the method of using it. We cannot be too careful in giving our directions how to use the syringe, and how not to manipulate the urethra, while the disease is yet uncured. I consider no case of gonorrhœa cured until the urine has been entirely free from shreds for at least two weeks after the last injection has been used. The gonorrhœa patient is difficult to manage, and must be thoroughly impressed at the commencement or he will lapse through carelessness into a chronic state. There is no class of patients more unfaithful to instruction than those suffering from gonorrhœa. Guard your reputation by making your patient follow your directions to the letter, and report regularly for your inspection.

By uncured gonorrhœa I mean those cases which after the lapse of months or years there still remains a drop of discharge, most noticeable in the morning; and on examination of which drop pus cells and gonococci are detected. This discharge, small as it is, is infectious, and capable of producing an inflammatory condition. We must not consider every case, with a so-called morning drop, as a victim of uncured gonorrhœa. A large number of patients who have had gonorrhœa have developed a most pernicious habit of squeezing or milking the urethra each morning to discover if the drop still remains. They usually find that it does and will so long as they continue this irritating habit. The urethra, possibly in a state of sub-acute inflammation, even normally is a moist tube, and a drop of tenacious mucus can be squeezed out from it. This has no significance whatever, and will entirely disappear on discontinuing the irritation. It is in no way contagious. On examining this under the microscope we do not find either gonococci nor pus cells, simply mucus.

The following case, brought this subject so vividly before me, and the points of special interest being so prominent, that I thought it would be profitable to report it. In December, 1890, I was called to see Mrs. M., a large, healthy-looking woman of about twenty-eight years of age. She had been married four months. During the past two weeks she had complained of a burning sensation on micturition. This gradually increased, until, at the time I saw her it had become almost unbearable. She only reluctantly answered my questions, but I found that micturition was very frequent, at half-hour intervals, and almost unbearable from pain. There was a slight greenish discharge from the vagina, and considerable tenderness and heat around the vulvæ. I was unable to locate any direct cause for these symptoms, but attributed them possibly to the change in her habits. Treatment was by no means successful. The discharge increased, and a few small abscesses developed around the vulva. I had the husband call at my office, and made enquiry concerning his previous health. His remarks somewhat astounded me, but as they were corroborated by documentary evidence, I had to accept them. His history pointed to two or three attacks of gonorrhœa, an internal urethrotomy for stricture, a perineal abscess, and several attacks of cystitis; he had run almost the whole gamut of sequences. He said that he had consulted two prominent physicians, and they pronounced him in perfect health, and on the strength of these certificates he got married. Both of these gentlemen had attended him in one or other of these attacks, and should have been familiar with the

case. It was his fear of these consequences arising to his wife that made him take advice before going too far with his courtship. I asked if he had been thoroughly examined before the certificates were written, and he said "No," I reproduce a copy of both certificates because the consequences that followed in this case have been so dreadful that anything that will prevent a similar occurrence is justifiable. I have no time nor desire to criticize the certificates. I think they speak for themselves.

"October 23rd, 1888.

"I have been requested by Mr. — to give him my opinion in writing as to his present condition of bodily health, as to the effect that marriage would have upon it, as to whether, in the event of his marriage, his wife's health would be injured through the connection; and as to whether ill results would follow to any children that be born of such union. It is my opinion that the trouble from which Mr. — suffers is purely of a local character, that it does not effect the system generally, except indirectly by its effect upon his strength; that it would have no ill effect upon his wife should he marry; that marriage would not injuriously effect his own health, and that should he have any children they would not in anyway suffer in health by inheriting the disease that effects him."

———, M.D.

"October 24th, 1888.

"DEAR —,—,—I have read your letter carefully and considered its contents, and on the whole I think you have made as good progress as one could effect under the circumstances. You could not but look for some degree of irritability of the bladder in a case where so much trouble existed for such a long time. In answer to your questions: (1) Do I see any obstacle in your general health to prevent your getting married? No. (2) Is your general health good? Yes. (3) Are your lungs, heart, etc., healthy? Yes. (4) Do I think that there is any disease in your system to affect the health of a person marrying you? No. (5) Would your cohabiting with woman affect her health or that of children which might be born? No. (6) As a medical man, would I object to your marrying? No. (7) Do I consider that if you use proper care and attention you will live twenty years? Yes. I have never been able to trace specific disease in you, either hereditary or acquired. I therefore think matrimony would be safe," etc.

———, M.D."

From these certificates it is evident that neither gentlemen considered him in perfect health, yet neither anticipated any result from a chronic discharge. The patient had taken the precaution to have the opinion in writing, so that he could produce them if it should ever be necessary. On making an examination of the husband, I found a rather profuse discharge containing large numbers of gonococci and streptococci, and an impassable stricture. Really a deplorable condition for a man who was considered in a fit condition to get married.

The condition of the wife at the present time is very distressing indeed. She has a salpingitis endometritis, frequently recurring cystitis, and occasionally a very profuse discharge from the vagina. Headaches and backaches are never absent.

This is one of a series of cases that has come under my notice during the past four or five years, and the only one in which the patient has been able to produce

documentary proof that he had consulted any physician. We should not place too much confidence in a patient's story, he very often will malign a physician, hoping to screen himself, he will tell things that the doctor never said, and distort those that he did say into an unrecognizable mixture—but documents are indisputable evidence.

Sterility is another frequent sequence following gonorrhœa.

It is not necessary that an acute attack of gonorrhœa precede these sequences by any means. The gonococci or some of the streptococci found in these slight discharges frequently only cause a mild inflammation, that spreads gradually within the uterus and to the tubes without causing any serious vaginal symptoms. It is this class of cases that is the most to be dreaded, because the physician is not warned in time to adopt curative and preventative measures.

In men who are suffering from uncured gonorrhœa it is not always possible to distinguish the gonococci at the first examination. If pus cells and streptococci are found several examinations should be made and the urethra treated locally before a favourable opinion could be expressed.

The question of hereditary taint and systemic infection from gonorrhœa is frequently asked by patients, of course there can be no doubt here, but in comparison to result I believe that more frequent and more serious consequences follow uncured gonorrhœa than follow syphilis. In the latter disease the patient is so thoroughly impressed that they are cured, while in the former a state of chronicity is allowed to develop.

In concluding let me say that the remedy for this state of things is to be found in the more rational and intelligent treatment of the acute gonorrhœa. Do not allow the patient to lapse into the chronic condition. This very common disease has been left in the hands of quacks and druggists entirely too much. The profession at large do not give sufficient attention to those who have the disease and about which they are being consulted. The surgeon should see his cases frequently, examine the urine regularly, and watch the disappearance of the gonorrhœa shreds, and he should not let any patient cease treatment while the slightest vestige remains. Do not use too strong injections, and give thorough instruction how to use the syringe. If he discovers any inflammatory condition developing in the vagina or uterus, adopt the strictest antiseptic measures, currette, if necessary; but endeavour to stop it before it has spread beyond his reach.

61 QUEEN STREET EAST.

PLACENTA PRÆVIA CENTRALIS.—REPORT OF A CASE.—
TREATMENT, ETC.

BY J. CAMPBELL, M.D.C.M. (M'GILL), L.R.C.P. (EDIN.), SEAFORTH, ONT.

Was called on the 16th of April last at 11 p.m. to see Mrs. B., of Seaforth, who was over eight months advanced in her eighth pregnancy.

She was not in labour, but was alarmed on account of a sudden hæmorrhage which had taken place without pain. Upon enquiry, ascertained that a similar flow of blood had taken place under the same conditions about the middle of February, and again about the same time in March, but she had not called in a physician. The discharge, however, upon this occasion, was more profuse than upon either of the previous occasions.

Made a digital examination and found the internal os covered by a soft, spongy substance. By pressing the uterus firmly down could feel a hard body above the spongy mass in question.

The cervix was rigid and undilatable. The examination caused some pain with a slight increase of discharge. My diagnosis was placenta prævia centralis. Told the patient that she was not going to be confined that night. With the idea of relaxing the parts and procuring rest, gave her gr. xvi. of chloral hydrate and repeated with gr. viii. every half hour until she was asleep, which was within the hour, when I left her for the night.

From this time we kept a close watch upon our patient, keeping her under the influence of the chloral with an occasional dose of morphia—so as to keep down all pain and procure sleep at night.

There was a moderate flow of blood nearly all the time, but not enough to weaken her to any appreciable extent. Examination from time to time satisfied me that the parts were being prepared for the trying ordeal through which she must sooner or later pass.

On the morning of the 21st, while on my way to the patient's house, met a messenger coming for me with a note, which stated that she had flooded more profusely than ever before. When I reached the house and saw the amount of blood passed and examined the patient I made up my mind that the time for action had arrived. Asked for a consultation with another physician, when the assistance of my townsman, Dr. Smith, was procured.

A careful digital examination revealed the lower surface of the placenta, which could be felt through the cervix, its rough, spongy texture rendering mistake almost impossible. It was a clear corroboration of my previous diagnosis. The index finger could be passed beyond the free edge of the placenta on the right side of the patient, and high up could be felt the vertex presentation in the second position. There was every evidence that the unavoidable hæmorrhage was due to the placental separation as a consequence of cervical dilation.

The gradual loss of blood, as previously related, which had been going on for some days, with the fact that there was no doubt as to the actual condition with which we had to deal, called for immediate treatment to save, if possible, both mother and child. In regard to the latter, however, palpation and auscultation gave little hope to expect the delivery of a living child.

Upon consultation, it was decided to put the patient under chloroform, dilate the hand, turn by the bi-polar method (if possible), and deliver without any more delay than would be absolutely necessary, using the forceps for the delivery of the head, if required. The consent of the patient and her husband having been obtained, she was carefully prepared for treatment, as follows: The lower limbs, from waist down, were thoroughly sponged with a hot bi-chloride solution, care being taken to thoroughly cleanse the vulva and surrounding parts. The vagina was carefully irrigated with a hot carbolic solution, 1 to 40, from a fountain syringe, and the patient placed upon a perfectly clean compress of folded sheets.

After a careful use of the nail brush on my hands and arms and washing my hands for several minutes in hot carbolized water and afterwards immersing them in a 1 to 2,000 solution of bi-chloride of mercury, I felt that nothing had been neglected to render everything in contact with the patient thoroughly aseptic.

We have thus minutely described the preparation of the patient, as we positively believe that her excellent recovery depended in a great measure on the antiseptic precautions used.

As soon as my assistant had got the patient under the influence of the chloroform, I lubricated the back of my right hand with boric acid ointment, and proceeded to pass it into the vagina. After this I began dilating the os and cervix, which we found tolerably dilatible, using first one finger, then two, next three, and lastly the whole hand. Passed the hand up the right side, where the placenta was partially detached, until I reached the bag of waters, and by pressing down the uterus with the left hand, was able to rupture them. Could distinctly touch the head of the child, and by internal and external manipulations was able to turn, by what is known as the bipolar method, and get hold of a foot, which I brought well down, and all hæmorrhage ceased.

I describe this the more particularly, as most authors omit any description of the operation, and others who describe it never performed it themselves, and either speak too lightly of it or surround it with unnecessary warnings, which are apt to frighten rather than aid the inexperienced operator.

Pains now came on at regular intervals and we used traction during each pain. We had some difficulty in getting the arms down as they were extended over the head of the child. We succeeded, and the head engaged in the superior strait. The real difficulty now began; I found that with all my art and as much force as was justifiable, I could not deliver the head. Upon particular examination, I made up my mind that we had a hydrocephalic head to deal with, which diagnosis was afterwards proved to be correct. We now had recourse to the forceps, which were in readiness for such an emergency.

I managed to employ them without much difficulty, and directing the doctor to press firmly on the uterus, made traction during the pains and soon had the head in the world. The placenta followed shortly afterwards, its expulsion being aided by Crede's method. No ergot was given owing to the nausea occasioned by the chloroform.

The whole operation as described only occupied about thirty-five minutes.

After allowing the patient to rest for a few minutes, the clothing was carefully changed and the external parts and limbs sponged carefully with the antiseptic solution. The bandage and compress over the uterus were then applied and over the vulva was placed an antiseptic pad. Severe afterpains, which followed, were relieved by hypodermic injections of morphia.

The after treatment consisted in syringing the vagina night and morning with hot carbolic acid lotion and in giving a mixture of magnes-sulph, which produced on an average three loose motions daily, and most effectually prevented any trouble from the secretion of milk. The temperature never rose even one degree. She made an uninterrupted recovery.

REMARKS.

There is no complication in pregnancy more trying to the physician than Placenta Prævia, and by trusting to the old method of plugging and waiting, the case drags slowly along, a constant source of danger to the patient and anxiety to her friends and attendants.

By the new method, viz., the induction of premature labour under antiseptic precautions, and the disuse of the tampon as a means of controlling hæmorrhage, we

avoid the danger of septicæmia on the one hand and fatal hæmorrhage on the other ; moreover, it can be shown that the chances of life to both mother and child, but especially to the mother, are much improved by the new method.

Dr. Simpson (Edinburgh), who compiled a table of 399 cases, shows that 115 of the mothers died, or 1 in 3. Muller reckons that the death rate to mothers, by the older methods, was 36 to 40 per cent.

By prompt induction of labour, Thomas had two deaths in eleven cases ; Hecker had three in forty cases ; Hoffman two in thirty cases and Murphy fifteen cases without a single death.

By the use of the plug, no matter how aseptic it is made, the cervix, with its bleeding vessels, are exposed to the air, with its poisonous germs—the very condition that makes compound fractures so much more serious than simple ones. By the method we advocate this danger is avoided.

CONCLUSIONS.

In conclusion, then, we contend that in the treatment of Placenta Prævia the following rules should be followed :

1. Terminate gestation as soon as possible.
2. Control the hæmorrhage by the introduction of the hand into the vagina, the index finger through the cervix, and separate the placental attachment as far as possible.
3. Discard the tampon as a fruitful source of infection.
4. Use the hand in dilating the cervix, after the manner we have just described, turning by the bi-polar method if at all possible.
5. Take aseptic precautions previous to the operation, and carry out the most approved antiseptic treatment afterwards.

CLINICAL NOTES.

A CASE OF TYPHOID FEVER.

BY WILLIAM GLAISTER, M.D., RESIDENT ASSISTANT TORONTO GENERAL HOSPITAL.

Wm. T., aged 21, admitted to Toronto General Hospital March 23rd, under care of Dr. W. H. B. Aikins. Diagnosis, Enteric Fever. The patient stated that his illness came on gradually, that "he lost his appetite, felt weak and tired." These symptoms increased and he soon began to suffer from a severe headache.

When admitted to the hospital the patient appeared to be quite ill. He looked nervous and distressed, had a very severe headache, some abdominal tenderness but no diarrhœa. Temperature 104°, respirations 24, pulse 108°. The skin hot and dry.

Partly on account of the elevated temperature and partly to relieve the patient's restlessness he was sponged. This was done at 4 p.m., his temperature at 5 p.m., one hour after, was 104.1°, one point higher than before sponging. He was again sponged three hours after, viz., at 7 p.m., with a similar result, the temperature being higher at 8 p.m. than when the sponging was begun.

At 8 p.m. a two grain dose of phenacetine was given—one hour later the temperature had dropped to 102.3°, but when again taken at 10 p.m., it had begun to rise.

Throughout the entire course of the case, the temperature seemed to be but slightly influenced by sponging, in fact, the temperature was frequently a few points higher one hour after the bath than before it was given. Yet, it must also be noted that the patient invariably felt more comfortable after a bath and would frequently go to sleep, when before he had been wakeful and restless.

The evening temperature for the first fourteen days ranged between 103° and 105° at one time reaching 106.4°, which was after a chill that occurred on the eleventh day. There was usually a morning remission of about 1° to 2°.

Medicinal antipyretics were used a few times and acted very promptly in lowering the temperature, but were invariably followed by depression. The pulse becoming more rapid and less voluminous although the temperature was 1° to 3° lower. Phenacetine appeared to cause least depression; antifibrine probably most, acting very promptly, but on one occasion causing alarming symptoms.

Guaiacol was used a number of times. Ten minims being painted over the skin of the abdomen and the part then covered with oiled silk. In each instance the temperature fell quickly from 104° or 105° to 101° or 102°, but just as quickly did it begin to rise again in about one hour after the application. Guaiacol, too, caused depression.

About the third day after the patient's admission, rose-coloured spots began to appear upon the abdomen and soon became quite abundant. Tympanites developed about the same time, and the patient became more nervous and excitable, always fearing that he was going to die.

Calomel in $\frac{1}{4}$ -grain doses—2 or 3—followed in about six hours by a seidlitz powder, was given to keep the bowels acting. The dose had to be given on nearly every alternate day.

Salol in 10-gr. doses, administered every four hours, was continued throughout the whole course.

When the tympanites began to develop, ol. terebinth (in ten-minum doses) was given every four hours, and seemed to prevent the distension and greatly relieve the patient.

Stimulants were ordered early in the second week, and soon had to be given quite freely, as much as twelve ounces a day being taken for about ten days.

A liberal soft diet was allowed throughout.

The temperature began to fall on the 14th day after admission, reaching normal in three days. The patient made a rapid recovery.

Reports of Societies.

ONTARIO MEDICAL ASSOCIATION.

(Continued from last number.)

A CORRECTION.—With reference to our report of Dr. Albert A. Macdonald's remarks on Dr. R. Whiteman's case of cholecystotomy—page 179 of our June number—lines five and six should have read, "This loss would not occur after cholecystenterostomy." In line 7 cholecystotomy should read "cholecystenterostomy."

Wednesday Evening, June 6.

The first paper of this session was read by Dr. J. E. Graham, the amphitheatre of the Normal School being well filled by medical men, lady practitioners and students of medicine. The subject of Dr. Graham's paper was "SOME REMARKS ON CHRONIC DISEASES." He made special reference to Bright's disease, the anæmias and tuberculosis. Treatment of these cases required a great deal of patience and tact. Strict attention should be paid to the patient's diet, clothing and general environment. Cases of parenchymatous inflammation of the kidneys were quite amenable to treatment, prognosis was fair even after œdema occurred even in apparently chronic cases; he knew of one case in which, contrary to the general teaching, the patient did best on nearly a complete meat diet after having tried the milk diet with unsatisfactory results. Regarding anæmia, the gastric form, he had seen helped very much, in fact cured, by lavage of the stomach every second day and the exhibition of arsenic. In another case of a woman, aged 65, with a dilated heart, who had nausea vomiting, diarrhœa and considerable emaciation, accompanied by elevation of temperature, making the case

suspicious of being one of pernicious anæmia until the blood corpuscles were counted and found not diminished in numbers. It was found that there was a diminution of urea in the urine although no albumen nor sugar were present. Here the anæmia was due to the poisoning of the urea. Rest, careful dieting, administration of iron and arsenic produced a great improvement in a third case. Cases of other varieties of anæmia were referred to, where treatment based on a careful observation of the condition present led to recovery. Regarding tuberculosis most patients must be treated at home, and this could be done very satisfactorily by attention to some of the above-mentioned precautions, particularly in the first charge. As to medicine in these cases he recommended the use of creosote as being the most helpful. The points to be observed in treating all chronic affections were first, the necessity of more hopefulness in treatment; second, greater care to make an early diagnosis; third, to make a practical use of all the more recent discoveries in pathology and management of such diseases.

Dr. Bruce Smith followed and pointed out very good results that followed examination of the stomach contents. He also referred to the causation of anæmia, and in its treatment he knew of nothing better than the old Bland's pill, after the bowels had been opened with saline. He believed in pernicious anæmia that complete rest should be enjoined on the patient, and it was necessary that the functions of the body should be naturally performed before the administration of medicine. He would give arsenic in small doses first with a compound tincture of gentian. He spoke highly of the use of the stomach tube in dyspepsia, and he had found good results follow the use of a glass of hot water containing half a dram of soda half an hour before breakfast in gastric catarrh.

He, too, spoke very highly of creosote in the treatment of pulmonary tuberculosis administered with *nux vomica*. These patients did best, he thought, in the country where the air was pure and they could obtain lots of cream, which, he thought, was much better than cod liver oil.

The "SYMPOSIUM ON INFLUENZA" came next, Dr. L. H. Sweetman opening the discussion, his paper dealing with its general features. He spoke of its causation, its usual symptoms, its tendency to cause cardiac, asthenia or pneumonia more particularly. He referred to the many cases of sudden death during convalescence. Regarding treatment, the big point was rest. He did not advise the use of the coal-tar product for the fever, except phenacetin in small doses. He also recommended modes of treatment for the other forms of the diseases.

Dr. Lett (Guelph) spoke of its nervous phenomena. This form was very common, owing to the tendency of people nowadays to become the subjects of nerve strain, as a result of the tremendous activity of the age. He referred to the various neuralgias, neurites, paralyses and mental affections, such as melancholia, occurring with *la grippe*.

Dr. Greig spoke of the thoracic phenomena seen in this disease. There was a great tendency towards bronchitis, pneumonia and tuberculosis. The bronchitis, in such cases, attacked the right side more than the left. He spoke of a form of pneumonia which he had seen with indefinite symptoms. It did not run a normal course; the onset was insidious, there being no chill; there was no cough, and no rales perhaps, but the temperature might run high, dyspnoea be present, and some dulness on percussion, the character of the pneumonia being modified by the poison of the influenza.

Dr. Harrison (Selkirk), in speaking of the digestive phenomena of the trouble,

gave a history of his own case, the principal features being dizziness, loss of appetite, bilious vomiting with increased pulse and respiration, and some rise in temperature. It made him very ill. He got up, went out in the cold, and in two days was attacked by the thoracic form of the trouble, which he was not yet rid of. To his remembrance, in his early days in England the coryzal form was most common. He found stimulants good in many cases, especially strychnia. *Nux vomica* was useful in the stomachic form.

Dr. A. H. Wright's paper referred to the influence of *la grippe* on the pregnant and puerperal woman. Influenza, he said, might cause abortion in the pregnant woman, especially in severe cases where the temperature was high and the prostration great; the danger was still greater where thoracic complications were present. Severe gastro-intestinal catarrh accompanying this disease was a serious complication, and frequently terminated pregnancy. The high temperature might lead to the death of the foetus. The influenza itself might be transmitted to the foetus, but he did not consider this likely. Menorrhagia and metrorrhagia were not uncommon accompaniments in this disease. Influenza, uncomplicated, induced abortion less than any other of the infectious diseases. During labour, this disease was a serious complication, its tendency being to weaken the expulsive efforts of the uterine and abdominal walls. Dr. Wright had collated nineteen cases of influenza made up of lying-in women of the Burnside Lying-in Hospital. All recovered without any serious symptoms in from two to five days. Perfect rest in a dry, warm place was the best treatment; the influenza germ loved moisture and cold. On the whole, this class of patients stood influenza well.

Dr. McDonagh spoke of the phenomena of influenza as seen in the nose and throat and adjoining cavities—the antrum, the

ethmoid sinus, frontal sinus, etc. He pointed out the characteristic features seen where each of these was involved. The effects of the poison were also noticed on the nervous and muscular structures of the parts involved. The sense of smell was often lost.

Dr. Fox (New York) then gave an exhibition of lantern slides, illustrating syphilis of the skin, principally, in its various forms. The first slide showed an immense nævus immediately below the eye on a patient's face. The second slide showed the appearance of the face after its removal. The operation had been a brilliant one, as the nævus had been completely eradicated. The patient himself was present, whom the members examined. The result was extremely good. The other slides which had been prepared by Dr. Fox were excellent, and the views of them upon the canvas were splendid illustrations of all the various forms of cutaneous syphilides. A vote of thanks was tendered to Dr. Fox for his interesting and instructive lecture.

—
Thursday Morning, June 7th.

Dr. Harrison (Selkirk) in the chair.

Dr. E. E. King read a paper on "UNCURED GONORRHOEA, CAUSES AND CONSEQUENCES." He dealt with the unfortunate result of an infected person marrying, and the great care that should be taken in examining to see if the disease has been wholly cured. He dwelt on the difficulty of getting these patients to follow directions, and to appreciate the real dangerous character of the trouble. He read certificates furnished by physicians to the husband of a patient of his who had taken the precaution before marrying to secure documentary evidence as to his freedom from this disease, when a careful examination would have shown that the disease was still lingering. He characterized the giving of such certificates as actionable malpractice; only the nature

of the affair relieved the culpable physician from having the matter aired in a court of law.

Dr. W. H. B. Aikins asked that Dr. King be more specific as to the character of injections he prescribed.

Dr. Campbell (Seaforth) liked the paper, and thought the subject important. In his practice he had not had a case of disease of women produced by this cause. He thought no man ought to marry when afflicted with this disease, and physicians ought to be careful about giving certificates in relation thereto.

Dr. Harrison thought it was by reason of his being a country practice that he had not seen these cases. At an American medical convention he attended it was recommended that there should be circumcision in the case of all male infants, as a protection against syphilis and gonorrhœa, but, considering that only one in a thousand is afflicted with the troubles, he did not think that all should be deprived of their foreskins. If reports were true as to the result of city education, he thought the persons in the city ought to be very much interested in the paper read.

Dr. King, in reply, was pleased to state that the percentage of cases in cities was not so high as was sometimes reported, though more frequent than imagined. The disease was one alike neglected by patient and physician. It would take too long for him to indicate the treatment. There were cases of uncured gonorrhœa not permanent in their symptoms, and a person might have the dregs of the disease locally situated, and not be thoroughly aware of it, having had it so long as to become used to it. Too often when such a patient comes to the physician, he gets just the advice he wants—he wants you to tell him he is all right. The urine had to be carefully examined for shreds. Without doing this, one could not safely give a certificate.

Dr. Graham Chambers read a paper on "THE TREATMENT OF MORPHIA POISONING BY PERMANGANATE OF POTASH," giving a report of experiments. These experiments were made with the view of comparing the results with those obtained by Dr. Moore, who had himself taken three grains of morphia, and followed it by a few grains of permanganate of potash, suffering no ill effects. Dr. Chambers had made some experiments on dogs, having given as high as six grains to a dog at one dose, hypodermically followed by ten grains of permanganate of potash, without marked change in the animal's condition. The inactivity of the alkaloid, he believed, was due to the oxidation of the morphia by the permanganate of potash. The doctor presented to the association some reactions of permanganate solution and morphia solution, the permanganate solution becoming decolorized.

Dr. Lett said the subject was important, and if permanganate of potash does all that is claimed for it the discovery would be hailed with satisfaction. Dr. Chambers, in his paper, had referred to Dr. Moore's experiment, but Dr. Lett thought that, before that could be relied on it should be ascertained whether Dr. Moore was a morphine eater. Dr. Chambers' experiment with a dog produced a condition similar to what Dr. Lett had seen produced by strychnine, so he did not think the test could be relied on. The test for the detection of morphia shown by Dr. Chambers, he thought very delicate. He wished to know how to get rid of the products in the urine so as to detect a very small portion of morphia.

Dr. Cameron thought if there was much organic matter in the stomach that the permanganate would lose its effect, in oxidizing the matters there before having an opportunity of operating on the morphia itself.

Dr. McLaughlin reported the case of a woman patient coming under his observ-

ation, where permanganate of potash was used hypodermically, and did no good.

Dr. Chambers, in reply said, with regard to the action of permanganate on food stuffs, said it was a disputed point, but that from experiments made by himself, it appeared that food stuffs would not interfere with its action. There was a difference in the quickness of its action when such were present. As to its action on alkaloids, as inquired about by Dr. Cameron, he said some work had been done. He had made experiments with strychnine, and found the permanganate was decomposed by the strychnine, but he thought it was of doubtful utility in poisoning by this drug. As to detection of morphia in urine his method was to make it alkaline, and then evaporate down. The best test was the iodic test.

Thursday Morning, June 7th.

SURGICAL SECTION.

The first paper in the section was presented by Dr. Welford (Woodstock) entitled "FRACTURES AND DISLOCATIONS OF THE VERTEBRÆ." His plea was for operation in these cases before degenerated changes take place in the cord. He reported two cases he had had where considerable relief was afforded by operation. He maintained that if they had been operated upon earlier there would have been a good chance for complete relief. The first case was a fracture-dislocation. All above the sixth were dislocated forward. The right arch of the fifth was fractured. Spicula of bone protruded into the canal, but did not puncture the membranes. On the sixth day he was called. Pulse was 155, temperature 104°, and respiration feeble. Although some relief was afforded the patient succumbed. In the second case, there was a fracture-dislocation between the eleventh and twelfth dorsal. The posterior arches were

removed. The sheath was adherent to the arches, so that the marrow was exposed. The patient gained some power in the right leg and foot, and a return to sensibility two and a half inches below where it was prior to the operation. There was no improvement on the left side, nor in the bladder or rectum.

Dr. Peters agreed that the operation should have been done earlier. Degeneration took place in such cases in three days. Every spinal injury was not favourable for operation. Where it was known that the fracture-dislocation had severed the cord across, operation was useless. If there was a history of motion and sensation for a short time after the lesion, hæmorrhage was likely the cause, and improvement would take place without operation.

Dr. King presented a blacksmith who had sustained an injury to the back while working under a heavy cart. The props slipped and the cart fell on top of him, bending him forward so that his head was brought between his knees. Both clavicles were anteriorly dislocated, and a knuckle presented in the neighbourhood of the eleventh dorsal vertebra. There was considerable separation between the eleventh and twelfth. There was no impairment, however, of motion or sensation, but there was difficulty in getting the bowels to move.

Dr. Spencer thought that the patient presented had not sustained any injury to the spinal cord, that there was no effusion of spinal fluid, but that hæmorrhage had probably taken place.

Dr. Welford closed the discussion.

Dr. N. A. Powell then interested the Association with an illustration of his method of photographing pathological specimens, and also of procuring photographs of operations while in progress. He also showed an ingenious device for making the flash in taking photographs by the flash light.

Dr. Meek (London) reported four cases of abdominal section. The first was for dermoid cyst of the ovaries, the second for hematosalpinx, the third for suppurative appendicitis, and the fourth for cancer of the pylorus—cholecystenterostomy. He had good success in all. The history of the cases were very interesting.

Dr. Bingham read a paper on "APPENDICITIS," in which he discussed the classification of treatment. He also gave the report of a case. In the first type of this trouble the symptoms were mild, being usually associated with accumulated masses of feces in the secum. Recovery usually followed. The second class was where the disease progressed to suppuration. These cases required to be closely watched, for there was great danger of perforation and general peritonitis. He thought this not likely to occur within four or five days. Perforation sometimes took place into the intestine, bladder, or externally. The third class was the relapsing appendicitis. Operation in these cases might be left till the subsidence of the acute attack.

Dr. McKinnon and Dr. Whiteman discussed the paper.

The next paper was by Dr. J. D. Gibb Wishart, the subject being "EMPYEMA OF THE ANTRUM." This was the history of an obscure case; it was difficult to diagnose because few of the symptoms were referable to the antrum; the pain was outside the orbit; the patient failed to lie on the diseased side, the reverse being usually the case. Then the character of the discharge was white, like casein, instead of yellow, as is usually the case. Drilling was performed through an upper molar cavity, and the antrum washed and drained.

Dr. Price Brown discussed the paper.

Both sections then adjourned. About two hundred of the members were then conveyed to the Royal Canadian Yacht Club on the Island, where the city members entertained the outside members to

luncheon. A very enjoyable social time was spent.

The Association re-assembled at 4 p.m. to listen to a paper on "GASTRECTASIS," by Dr. Stockton (Buffalo). He defined the meaning of the term, and spoke of its effects on the functions of the stomach. For its relief, drugs were of not much service. He recommended the use of lavage and faradization of the stomach walls. He showed Einhorn's button, which the patient swallowed for the electrical seances, a cord being attached to the electrode to withdraw it when the treatment was over. Dr. Stockton also showed an ingenious device of his own for the electrical treatment. It consisted of an electrode on the end of a stilette, which was introduced through the stomach tube, which had previously been inserted to convey the salt water needed. At the end of the treatment the electrode could be withdrawn, then the salt water, then the stomach tube.

Dr. Doolittle gave the history of a severe case where he had used Einhorn's apparatus with good success.

Dr. Hingston thought such treatment was unnecessary, if the patient would observe three rules: First, to eat less; second, to eat more slowly; third, to refrain from drinking at meals.

Dr. Davidson said that the precautions referred to by the previous speaker were not sufficient, in his idea, when the disease had become established. He favoured the treatment by lavage and electricity.

Dr. W. H. Hingston, (Montreal) then read a paper on "CANCER OF THE BREAST." He referred to the various theories with regard to the causation, inclining to the microbic or inflammatory. He advised that the axillary glands should not be removed unless affected. In dissection, after the primary incision, the finger was better than the knife to enucleate the mass. If the pectoral muscle were affected at all, he advised its entire removal. The stitches should be put in back from

the line of incision, so as not to cause any undue irritation to the edges. He advocated removal evenup half a dozen times, if necessary.

Dr. E. E. Kitchen, (St. George) gave a graphic account of the great International Congress held at Rome, to which he was a delegate.

Dr. J. F. W. Ross read an interesting paper on "PAPILLOMA OF THE OVARY," reporting two cases. The disease usually attacked both ovaries. Two varieties might be spoken of: the first being supplied to the growth before its rupture of the capsule, till which time it might be considered as non-malignant; the second, its condition after rupturing the capsule, when it might be looked upon as malignant. He advised early operation. He presented sketches and water colours of the pathological specimens. He also presented a cyst of the broad ligament which he had just removed.

Dr. McPhedran read a paper on "DIURETIN," and cited several cases where it had been useful.

EVENING SESSION.

The first paper was by Dr. Primrose on "SPRAINS." He went into the pathology, diagnosis, and treatment of these cases. He presented the history of some cases. His plan of treatment consisted in swathing the joint with a large quantity of cotton batting, and bandaging over this very firmly. Massage was useful. Passive movements should be used where there was danger of adhesions at the end of eight or ten days, especially if accompanied by a Pott's or a Colles' fracture.

The secretary then read a communication from the secretary of the Prison Reform Association regarding the establishing of a home for inebriates. The association passed a resolution in favor of this movement.

Dr. McKinnon introduced a motion recommending the establishment of a

home for epileptics. This was unanimously supported.

Dr. E. Herbert Adams introduced a resolution favouring the establishment of a home for sufferers from the pulmonary tuberculosis. This was also unanimously carried.

Dr. Johnson then presented the report of the Special Committee appointed to report on the matter of lodge practice: "The Special Committee on lodge practice begs to report that, in their opinion, the time has arrived when this association should pronounce its judgment on the evils of club, lodge, or contract practice, or engaging to do work at any rate below that fixed by the legal tariff of the district, and should take some decided action in first, calling upon all members of the association to cease making, after the end of the current year, any further engagements to do such work; second, that the secretary of the association communicate at once with the Medical Council, and urge that body to issue a circular to each member of the College of Physicians and Surgeons, informing him that any medical man persisting after this year in doing lodge or club practice shall be considered guilty of unprofessional conduct, as defined by the statute in such case made and provided."

Certain phases of the question were warmly discussed; the resolution carried.

The general secretary, Dr. Wishart, then gave his report.

Dr. Harrison, president of the Dominion Medical Association, extended a hearty invitation to all the members to attend the Dominion Medical Association to be held in St. John, N.B., in August.

The president-elect, Dr. R. W. Bruce Smith, was then installed, and after a neat speech, in which he thanked the association for the honour done him, he declared the fourteenth annual meeting of the association adjourned.

REVIEW OF CANADIAN MEDICAL LITERATURE FOR MAY.

[*Canada Lancet.*]

The first article consists of a paper by F. R. Sturgis, M.D., New York, on the "PHYSICAL CAUSES OF SEXUAL DEBILITY IN THE MALE, AS DISTINGUISHED FROM THE PSYCHICAL CAUSES."

The second article is by D. B. St. John Rousa, M.D., LL.D., New York, on "THE USELESSNESS OF A MYDRIATIC IN EXAMINING AN EYE FOR THE PURPOSE OF PRESCRIBING GLASSES."

The third, "NEURASTHENIA," by Prof. Pauzier, of Montpellier, translated by Dr. Meyers, of Toronto.

[*Canada Medical Record.*]

I. "CASE OF SEVERE PROCIDENTIA UTERI CURED BY VAGINAL HYSTERECTOMY AND PLASTIC OPERATIONS ON THE VAGINA." A. Laphorn Smith, B.A., M.D., Montreal.

The uterus in this case was enormously enlarged, ulcerated and was discharging a thick, tenacious secretion. After antiseptic cleansing, the cervix was grasped with a vulsellum, a circular incision made round the cervix, and the vagina peeled back with the finger all around. The anterior and posterior *cul-de-sacs* were opened with the scissors torn laterally with the fingers, and the peritoneum sewn to the torn edges of the vagina. The broad ligaments were transfixed with Cleveland's ligature carrier; a considerable number of sutures being used on each side. After removal Hegar's operation was performed for restoring the perineal body.

Article two: "THE PROFESSION, THE PUBLIC AND THE CODE," is an address which was delivered by Ernest Hart, D.C.L., before the third general meeting of the Pan-American Medical Congress, Washington, September, 1893.

[*Canadian Practitioner*].

The first article is "THE STUDY OF ANATOMY BY FROZEN SECTIONS," by A. Primrose, M.B., Toronto. A number of photographs of frozen sections, made by Dr. E. E. King, are shown, which show the relations of the various structures. In such a way the anatomy may be learned better than by many other methods. This sort of work was first done by Professor Pirogoff, of St. Petersburg.

Dr. E. E. King, of Toronto, writes the next paper; subject, CHRONIC URETHRAL DISCHARGES." After pointing out the various pathological modifications of this disease, and the method of discovering them by means of various instruments, he discusses, at considerable length, his treatment. He places little reliance on internal medication, a great deal on rational local treatment through endoscopic tubes. For disease of the anterior part of the canal he adopts the Otis treatment, applications of argent. nit., cupri sulph., or a mixture of iodine, pot. iodid., and glycerine. For the posterior urethra he recommends irrigation through Ultzman's irrigating catheter, with ac. carbol. (1-500), or pot permang. solution (1-5,000), used while warm. In addition, the patient's diet should be attended to, and the urine should be kept bland and slightly acid.

[*Montreal Medical Journal*.]

Dr. James Bell reports a series of cases of "STREPTOCOCCUS INFECTION." The first case was a fatal one in a puerperal patient. In the neighbourhood from which the patient came there was scarletina.

The second case was that of a house-surgeon who, after assisting in the autopsy, and, before washing his hands, got a finger jammed in a door. Recovered.

The third was that of a student who pricked his finger while assisting at the

autopsy. The lymphatic absorption at the axilla caused so much swelling that he was anæsthetized and the tumour increased, but no pus was got.

Dr. Bell proceeded to operate on a club-foot case after the above, and this patient made the fourth infected case, although the usual cleansing precautions were taken.

Drs. Finley and Adami, of Montreal, present the next article, "CASE OF MULTIPLE ABSCESS OF THE BRAIN ASSOCIATED WITH PULMONARY DISEASE." The patient was taken with a severe cold, accompanied with a pronounced cough, and expectoration, and frontal headache, followed by blood-stained expectoration, high fever and pain in the chest. Few crepitant rales made the only chest symptoms. Post mortem showed bronchitis, œdema and congestion of both lungs, dilated coronary arteries, vessels of the base of brain atheromatous, and around the roots of the anterior cranial nerves a purulent meningitis, pus in the lateral ventricles of the brain, an abscess in the substance of the left hemisphere, another in the white substance opposite to the ascending frontal convolution; another in the right optic thalamus; another in the right lobe of the cerebellum—these were the features of interest in the examination of this rare case.

FOR CHRONIC BRONCHITIS:—

R Ammonii chloridi. . . . } āā gr. xv.
 Ammonii bromidi . . . }
 Pulvis ipecacuanhæ. gr. iij.
 Morphinæ hydrochloratis. . gr. j.
 Mucilaginis acaciæ q. s.
 M.

Ft. pil. no. x. S.—One night and morning.

—*Medical Press and Circular*.

Dominion Medical Monthly.

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TORONTO, JULY, 1894.

EXHUMATION OF THE CORPSES OF DIPHTHERIA PATIENTS.

At a meeting of the Toronto General Burying Grounds Trust last May, their regulation which reads, "Bodies of persons dying of contagious diseases shall not be placed in a vault, but must be interred; and shall not be disinterred, except on certificate of the City Medical Health Officer," was amended by striking out all the words after disinterred.

Until cremation is generally adopted in disposing of the bodies of persons who have died of contagious diseases, we think that once buried with the precautions recommended in the official regulations of the Provincial Board of Health, the body should on no account be disinterred. We commend the action taken by the authorities of the Toronto General Burying Grounds Trust in this matter, and we hope it will be extensively imitated. Physicians are well aware, that no matter what precautions may be taken by grave-diggers on removing a corpse or by undertakers and others in transporting it to its second grave, that the saturated soil of the first grave will be turned up for some future tenant, and

will expose others to the danger of contracting a deadly disease.

There is also a risk in asking grave diggers with families or without to remove such bodies from graves. Besides, it is unnecessary to place others in peril in order to gratify the whim of parents or relatives, who frequently pay little further attention to the last resting-place of their dead.

Under present regulations the railway companies as public carriers, are interested in the associate question of transporting the bodies of the dead. They do it, under restrictions, to accommodate the public; but cannot be enamoured of such work. A prominent railway official informed us recently, that sometimes the certificates issued by attending physicians did not really indicate the true nature of the disease from which the patients died, and, that, by this subterfuge, the bodies of persons, who may have died of typhoid fever, diphtheria and scarlet fever are carried by the railways, with no more precautions, than the corpses of persons who have died of non-contagious diseases.

In his opinion, one official, the Medical Health Officer, should be responsible for the issue of such a certificate to the railway authorities. The point is well taken. Will the Association of Medical Health Officers of Ontario discuss it at their meeting in Chatham next month?

TUBERCULOSIS.

This journal has on several occasions expressed the opinion that tuberculosis should be regarded as an infectious disease. It is true that the infection cannot always be traced. Indeed, in many cases, no suspicion exists as to the source of infection. This is to be accounted for, to some extent, by the slowness of the incubative stage. The germs lie in the system for a long period before any manifestations make their appearance,

and in the meantime the places and times of exposure are overlooked or forgotten.

To talk of tuberculosis arising from a cold, or from dissipated habits, or from typhoid fever, is certainly to talk nonsense in the light of modern pathology. These circumstances may either prepare a soil for the bacillus, or lessen the resisting power of the tissues against it; but in no case do they produce the bacillus, without which there can be no tuberculosis. When a child has an attack of measles, and, shortly afterwards, dies of acute phthisis, the bacilli may have been in the system at the time of invasion of the measles, or the latter may have left the respiratory organs in a fit state for the entrance of the tubercular germs.

Where sanitary conditions are bad, wherever the population is dense, where large numbers work in crowded, dusty factories, where the supply of food is defective, consumption abounds. In new countries, with sparse population, an open out-door life, and plenty of plain but nutritious food, the disease is limited in extent. All this is of great importance in determining the influence of heredity.

With every advance in the knowledge of the pathology of the disease and the life history of the bacillus, the foundations for a belief in heredity are weakened, and the grounds for a belief in direct contraction of the disease from a previous case are strengthened. All that heredity means in this disease is simply the existence of a certain chemico-vital condition of the tissues, that renders favourable to the growth and lodgment of the bacilli. What this condition of the tissues is we do not yet know. With a full knowledge of all the facts, consumption must be regarded as a preventible disease to a great extent.

If then it must be regarded as a preventible disease, wherein lies the contagion, and how can the contagion be

rendered inert? The answer is easy. The germs are in the sputum, the thorough destruction or disinfection of which is the key to the question of prevention. No matter what the family history may be, if the bacilli can be kept out of the system there cannot be tuberculosis. The sputum of a consumptive abounds in these bacilli. Destroy this sputum and a great measure of security is obtained for the other members in the family and for the public generally. Insist upon proper rules being carried out, and the death rate from this disease must diminish. "Tuberculosis is not hereditary. A predisposition can be transmitted from parent to offspring. A predisposition can be created anew by malnutrition or by anything which depresses the nervous system." The above quotation from the report of the American Public Health Association should carry great weight. The time should not be far distant, when, with strict preventative measures, "the great white plague" would possess little else than a historical interest.

DISINFECTION IN CONTAGIOUS DISEASES.

Until quite recently no one would have believed that any living being could stand prolonged exposure to a temperature of 212° F. without losing its characteristic properties. All known animals or vegetables perished when so exposed. A few years ago, however, while experimenting in bacteriological laboratories on the resistance to heat of different microbes, efforts were made to ascertain at what temperatures they perished, and it was discovered that the spores of anthrax were an exception to the general rule. The bacteria of anthrax perished at a temperature of 210.2° F.; the spores or seed of the bacteria required a temperature of 239° F. Reasoning from these data,

hygienists concluded that a bona-fide disinfecting machine should be capable of raising steam to 248° F. Though the reasoning is correct, it has nevertheless resulted in restricting the progress of disinfection among the masses, and this is largely due to the great cost of disinfecting machines.

Recent studies have shown that the pneumococcus perishes at 113° F., the tricophyton at 122°, the bacillus of diphtheria at 136.2°, Koch's bacillus at 176°, that of cholera at 185°, and that of typhoid fever at 149°. Now, these are the microbes which are most dreaded, and yet they all perish at temperatures below that of boiling water. It seems, therefore, to be a blunder to spend a large sum of money in procuring a disinfectant, warranted to kill Davaine's bacteria, at 248° F.; boiling water is sufficient to kill all the most dangerous microbial enemies of the human race, and it is easily procurable. What can be easier than to steep for an hour or two in boiling water clothing, linen, utensils of any kind, or, in fact, anything which may serve as a vehicle for contagia? Is it not rather illogical to wait for fifteen or twenty days, until a case of small-pox, scarlatina or diphtheria has run through its different stages, and then send to the town disinfectant a miscellaneous collection of household goods, if during all that time they have been exposed to contagion, passing from hand to hand, used by different persons, frequently taken out of doors, used, in fact, in such a way as to scatter on every side the germs with which they are covered? Contagia should be destroyed as soon as possible; disinfection ought to operate without delays, and therefore, practically, it is most readily accomplished by the use of boiling water. Even in a city, people cannot send several times a day to the disinfectant the sputa of a consumptive or a diphtheritic patient, the linen of a small-pox patient, or the

spoons, cups, etc., which they use; but it is quite easy to keep boiling water ready so that disinfection can be performed easily, surely, quickly and as often as may be required.

In addition to this, a patient with a contagious disease should be removed at the earliest opportunity to a room as bare as possible of furniture or anything else requiring subsequent disinfection. Proof that this precaution has been neglected should justify a local Board of Health in refusing indemnification to parties, who claim it for injury or depreciation of property, owing to exposure to contagion. In general, however, we favour the principle of indemnification for loss or depreciation of household goods from contagious diseases, because, if it is admitted, everybody will submit to the rules of disinfection without murmuring.

Disinfection is naturally divided into two parts: 1. the disinfection of the place where the patient has been, and 2, disinfection of all that has been in contact with the patient.

(a) *Place.*—The floor, wood-work, walls and ceiling of the room should be washed with a solution of corrosive sublimate (a tablet of 7.3 grains added to 16 ounces of water is probably the most effective, practical plan). All the wood-work should then be scrubbed with hot soapsuds. The ceiling and walls should afterwards be calsomined or repapered, the old paper being stripped off. The room should be aired for several days. Sulphur fumigation is unnecessary.

(b) *Articles.*—Articles of wood, leather or porcelain should be washed several times in the above-mentioned corrosive sublimate solution.

Soiled clothing, underclothing, quilt covers, bed linen, blankets, pillow-covers, mattress-covers, etc., should be immersed in boiling water for an hour. The contents of mattresses, if of small value, should be burned. Carpets, hangings,

etc., the contents of feather beds, feather pillows, down quilts or hair mattresses, if soiled, should be cleaned with the corrosive sublimate solution and fumigated with burning sulphur. Excreta (stools, vomit and sputa) should be plunged immediately into the solution of corrosive sublimate. A ready method of disinfecting suspected articles which have been in contact with the patient, is to expose them to super-heated steam in a disinfectator. Every hospital or important local Board of Health ought to be provided with such a machine, and we hope that a cheap one may soon be put on the market.

Inasmuch, however, as the disinfectors at present in use are too costly, a physician or any educated man should not forget that boiling water at 212° F. kills all germs, that it purifies like fire, and that hot soapsuds as a disinfectant leaves little to be desired.

CANADIAN MEDICAL ASSOCIATION.

The Annual Meeting of this Association will be held on Wednesday and Thursday, the 22nd and 23rd of August, in the city of St. John, N.B. We understand that elaborate arrangements are being made by the profession in that city to give a cordial welcome to the Association.

The following are some of the papers promised: "Cases in Practice," R. J. McKechine, Nanaimo, B.C.; "A Year's Experience in Appendicitis," Jas. Bell, Montreal; "A Case of Tuberculosis of Arm, of Fourteen Year's Standing, Cured by Inoculation with Erysipelas," W. S. Muir, Truro, N.S.; "The Treatment of Diseases of the Ovaries and Fallopian Tubes," A. Lophthorn Smith, Montreal; "Intestinal Antisepsis in Typhoid Fever," D. A. Campbell, Halifax, N.S.; "The Use and Abuse of the Various Caustery

Agents in the Treatment of Nasal Affections," E. A. Kirkpatrick, Halifax, N.S.; "The Present Status of Asthenopia," F. Buller, Montreal; "Eye-Strain Headaches," J. H. Morrison, St. John, N.B.; "Note on Epilepsy," W. H. Hattie, Halifax, N.S.; "Influence of Mind on Disease," J. A. McLeay, Watford, Ont.; "Miner's Heart," P. A. H. MacKeew, Cow Bay, Cape Breton, N.S.; "Address in Surgery," S. F. Black, Halifax, N.S.; "Some Points in the Treatment of Typhoid Fever," W. H. B. Aikins, Toronto; "Lengthened Sitings in Litholopaxy," J. Francis Teed, Dorchester, N.B.; "Some Functional Derangements of the Liver," J. E. Graham, Toronto; "Treatment of Certain Forms of Uterine Hæmorrhage," F. T. Bibby, Port Hope; "Address in Medicine," Wm. Bayard, St. John, N.B.; "Ophthalmic and Aural Cases," Stephen Dodge, Halifax, N. S., E. A. Fraeger, Nanaimo, B.C.

Gentlemen intending to contribute papers are requested to communicate with the secretary without delay.

OPIMUM POISONING TREATED BY POTASSIUM PERMANGANATE.—Dr. Walter L. Pyle, of Washington (*Medical News*, 12 May, 1894), gives an account of four cases of opium poisoning treated by potassium permanganate. The remedy was given by the stomach and hypodermically. One of these cases died. The writer thinks that the employment of this drug in opium poisoning is of much value. Of a solution containing one grain to the ounce as much as eight ounces was introduced into the stomach. It is also freely injected into the arms, five syringefuls being used in one case. Caffein, strychnine, apomorphia, and atropia were employed as adjuncts. Artificial respiration was resorted to. After the solution had lain in the stomach some time it was removed, and a fresh quantity of the permanganate solution poured in through the tube.

TREATMENT OF EPILEPSY.—M. Sanchez Herrero, of Madrid, (*Gazette des Hopitaux*, 2 June), claims good results from the following plan of treatment. He employs this mixture :

Water.....	500 grammes.
Potass Bromide.....	50 “
“ Iodide.....	5 “

At first 20 cubic centimetres are given an hour before meals. The dose is daily increased until there is continual somnolency. Generally a dose of 30 cubic centimetres is sufficient for this purpose.

This condition of bromide stupor, during the first eight or fifteen days is indispensable to success.

The treatment is continued for about six months. The dose is then gradually lessened. Hypnotic suggestions are practised two or three times a week. The patient is usually cured in about one year. Very few cases resist this treatment when it is rigorously carried out.

SOME FACTS ON THE ETIOLOGY OF TYPHOID FEVER.—Cyprus Edson, M.D., of New York (*Medical Record*, May 5th), mentions two outbreaks of typhoid fever. One of these occurred in the town of Grand Forks, North Dakota. In November, 1893, some cases of typhoid occurred at Crookston, sixty miles up the river. Thirty days later typhoid made its appearance in Grand Forks, which gets its water supply from the same river. One thousand one hundred and sixty-nine cases occurred. In this case the infection clearly came from the cases in Crookston, and was carried by the river down to the water supply pipe of Grand Forks.

The other outbreak was in Buffalo. The water supply became infected in the winter. The writer thinks that infection of the water in winter is much more dangerous than in the summer. Oxidation is less active, and the germs of decomposition, which destroy the germs of typhoid, are not so numerous.

PUERPERAL SEPSIS.—Francis Foerster, M.D., of New York, (*Post Graduate* for May), recommends for septic conditions after abortions the following treatment.

1. Gently curette the uterus with a sharp instrument.

2. Irrigate with corrosive sublimate 1.5,000 or 1 to 2 per cent. of lysol.

3. Then insert into the uterine cavity a piece of gauze soaked in one part Amm. sulph-ichthyol and two parts of glycerine. The vagina is then loosely packed with the same material. These ichthyol glycerine tampons are changed and re-applied from day to day. In this way cases have recovered that appeared quite hopeless.

SURGICAL TREATMENT OF LUPUS VULGARIS.—Dr. G. Thibierge (*Gazette Des Hopitaux*, 9 June) reviews at length the methods of treating lupus vulgaris. He recommends the sharp curette of Volkmann. By means of this all the diseased tissue is removed. The extirpation should extend a short distance into the healthy skin. The hæmorrhage is arrested by a compress. All the tubercles are then removed with the curette. The surface is swabbed with a 50 per cent. solution nitrate of silver, or a 10 per cent. solution chloride of zinc. The wound is then dressed with salol or iodoform gauze. In twelve or fifteen days the surface operated on is covered with a healthy cicatrix.

A CASE OF ACROMIGALY.—Dr. Solomon Solis-Cohen, of Philadelphia, (*The College and Clinical Record*, May, 1894), reports a case of this disease. The hat and shoes had to be enlarged from time to time. The hand had broadened rather than lengthened. The fingers were exactly sausage-shaped. The superciliary ridges were enlarged, the malar bones broadened, and the chin projecting. The laryngeal and tracheal cartilages were ossified. The clavicles and scapula were enlarged, and the ribs broadened and joined together. The costal cartilages

were ossified. He had distressing headaches, severe sciatic pains, and was afflicted with marked somnolence.

Five grains of prepared disiccated sheep's thyroid gland was given in the morning. This completely relieved the headache and sciatica; but had no effect on the somnolence. The author is of the opinion that the early exhibition of the thyroid preparations would control the enlargement of the pituitary gland.

TREATMENT OF TAPEWORM. — Dr. Decroizilles (*Gazette des Hopitaux*, 17 May) gives the following as his method of treating cases of tænia:

Ethereal Extract Male Fern	8 grs.
Calomel	40 cgrs.
Peppermint water	10 grs.
Gum Arabic	5 grs.
Syrup Simp	20 grs.
Aqdestil, ad.	60 grs.

The entire potion is taken in the evening in spoonful doses every ten minutes. In the morning a good dose of castor oil is given. Usually in two or three hours the entire parasite is expelled. The treatment is not accompanied by much nausea or abdominal pains. In two or three days the patient is quite recovered and able to return to the usual diet and occupation.

Items, Etc.

ONTARIO MEDICAL COUNCIL PRINTING.—Three offers were made for the printing required by the Medical Council: One for \$600, another for \$250, and a third for \$1. The Council, by a sort of natural selection, decided to pay out \$600.

WORTHILY HONOURED.—The Senate of Toronto University did honour to itself in conferring the degree of LL.D. upon Mr. Wm. Mulock, Q.C., Vice-Chancellor of Toronto University, at the recent con-

vocation. The medical profession has no warmer friend in university circles. On many occasions he has shown that he is in touch with the medical graduates of his university.

Professor Karl Gussenbauer, who has been appointed as successor to Billroth in the Chair of Surgery at Vienna, was born at Over-Vellach, in the Austrian province of Carniola, and is now in his 52nd year. He studied at Vienna, where he was one of Billroth's assistants. He was appointed Professor of Surgery in the University of Liege in 1875, and in 1878 was invited to fill the corresponding chair in the German University of Prague.

Medical men throughout the country no doubt learned of the heavy bereavement that has fallen upon the home of an esteemed member of the profession, Dr. J. H. Burns, of Toronto. His eldest son was suddenly drowned while swimming in the Welland Canal on the 29th June. Mr. Burns graduated a year ago from the University of Toronto with high honour standing, and after graduating he became engaged in teaching in Bishop Ridley College, St. Catharines. It was difficult to account for his sudden taking off, as he was a good swimmer and in perfect health. It was remembered, however, that last spring he had had some trouble with his hearing, and on examining his ears on the day after his death, an old perforation of the tympanum was discovered; water, doubtless, passed through the perforation and caused aural vertigo. He was an amiable and capable young man of fine promise. We are sure that Dr. Burns has the sympathy of the whole medical profession.

HOSPITAL APPOINTMENTS. — We are pleased to notice that in the changes on the active staff of the General Hospital, Dr. Albert A. Macdonald has been trans-

ferred to the pavilion. For some years he has devoted a portion of his time to gynæcology, he will now have enlarged opportunities.

Dr. T. F. McMahon has been appointed to the Medical Staff, to the position formerly held by Dr. Macdonald.

ANONYMOUS CORRESPONDENCE. — In the *Mail* of July 13th there appears a letter over the signature "Medicus," which, like these referred to in our last issue, is a personal attack, and replete with base insinuation. If certain members of the teaching staff of the Medical Faculty of Toronto University would devote more time to scientific study and display less hostility to their fellow-practitioners, we believe the popularity of the faculty would not be lessened.

PROVINCIAL BOARD OF HEALTH.—A special meeting of this Board was convened at Dr. Bryce's Office at 10 a.m. 11th inst. The following gentlemen were present: Dr. Macdonald (chairman), Dr. Cassidy, Dr. Covernton, Dr. Rae and Dr. Bryce (secretary). The Board endorsed the action of the Secretary in enforcing compulsory vaccination in Sandwich West, and in any other municipalities which have neglected the duties laid upon them in the matter of vaccination.

Recommendations was made to the Government that a medical inspector be sent to Spanish River, to isolate, disinfect and push forward general vaccination, bad cases of small-pox having been reported from that out-of-the-way place.

A resolution was carried urging the physicians of the Province to use influence with their patients and local Boards of Health in favour of the more scrupulous practice of vaccination and re-vaccination.

Dr. Bryce reported that an expert from Tracadie, Dr. Smith, had been sent by the Federal Government to examine one

Thomas Sheehan, now detained at Niagara Falls, under surveillance as a supposed leper. Dr. Smith's report might be expected by the 13th inst. In case it should prove to be that the disease in question is not leprosy, but tuberculosis or something else the Board instructed its Secretary to have this patient removed to Toronto General Hospital.

MEDICAL ALUMNI SOCIETY OF THE UNIVERSITY OF TORONTO.—The seventh annual meeting of this Society was held at the Royal Canadian Yacht Club (Island) on Thursday, June 14th, the evening of annual convocation, Dr. E. E. Ketchen, of St. George, who has been one of the most active and energetic presidents of the Society, occupied the chair.

After the necessary business had been transacted, the election of officers took place. Dr. A. A. Macdonald was nominated for President, but withdrew and proposed Dr. Adam Wright, who was unanimously elected. The Vice-Presidents, chosen were Drs. A. A. Macdonald, W. H. B. Aikins, J. F. W. Ross, L. MacFarlane and Barrick. Auditors, Drs. E. E. King and J. D. Thorburn; Treasurer, Dr. B. L. Riordan; Secretary, Dr. Harley Smith. Council—Dr. Geo. W. Jackes, A. J. Johnson, John Ferguson, C. J. Hastings, Price-Brown, E. E. King, McMahon, Harrington, McDonagh, Cuthbertson.

The members present then sat down to an excellent dinner, served in the comfortable dining-room of the club, overlooking Toronto harbour. It was noticeable how few of the members of the medical faculty were present; but nevertheless every one was in the best of spirits and the evening went all too quickly. Vice-Chancellor Mulock graced the banquet with his presence, and gave a most eloquent reply to the toast of the Alma Mater.

ONTARIO MEDICAL LIBRARY ASSOCIATION.—At the recent Annual Meeting of the Ontario Medical Library Association, the President, Dr. Albert A. Macdonald, reviewed briefly the past year's work, referring to progress which had been made, expressing appreciation of the help of individual members who had made donations, and also of the kindly action of the Ontario Medical Association in again making a contribution.

The report of the Curator, Dr. N. A. Powell, showed that there had been a substantial increase in the number of books and volumes, and that a large number of volumes were ready for binding.

The Treasurer, Dr. W. J. Greig, presented his report, which had been duly audited and found correct. It showed a very small balance on hand, and also pointed out that in order to keep pace with the times, a great effort should be made to supply the Library with funds.

Dr. Gilbert Gordon reported the advisability of discontinuing the directory for nurses, which has been carried on in connection with the Library for some years, and it was agreed to do so.

The Secretary, Dr. L. M. Sweetnam, read his report, showing a small amount of correspondence.

After the transaction of miscellaneous business, the following gentlemen were elected trustees for the coming year: Drs. J. E. Graham, L. McFarlane, L. Palmer, J. F. W. Ross, H. Machell, N. A. Powell, W. J. Greig, R. A. Pyne, L. Sweetnam, Gilbert Gordon, Albert A. Macdonald.

At a subsequent meeting of the trustees, held at the residence of Dr. N. A. Powell, Dr. J. E. Graham was elected President, L. McFarlane, 1st Vice-Pres.; L. Palmer, 2nd Vice-Pres.; W. J. Greig, Treasurer; N. A. Powell, Curator; H. T. Machell, Assistant Curator; L. Sweetnam, Secretary.

With the above officers and the support of the profession, the Library will be sure to prosper.

Personal.

Dr. J. C. Burt, of Dovercourt Road, has returned from the continent.

Dr. W. A. Young has returned from visiting his family in Edinburgh.

Dr. D. C. Campbell, of this city, has left for a visit to London and Paris. He will return and resume practice September 1st.

Dr. J. L. Davison, the editor of our esteemed contemporary, the *Canada Lancet*, has gone for a trip to Europe with Dr. W. Britton.

Correspondence.

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

Correspondents are requested to be as brief as possible.

THE MEDICAL COUNCIL.

Cause of Its Unpopularity—The Subsidized Campaign Organ—Increased Cost of Carrying the Real Estate—Objectionable Candidates in the field—Chief Issues of the Contest.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—It is a great misfortune to the medical profession of this Province that its governing body should be so unpopular. It is unpopular with the public because of its unpopularity with the profession, who establish and maintain public opinion regarding it. Under the plea that the organization was a great boon of protection to the profession the Council has been diligently engaged—with what power it could secure from the Legislature—in making harsh and increasing exactions, thereby keeping the members of the profession in active opposition to it,

till at the present time it has become the most generally discredited organization in the Province.

It is to the influence of the centralized corporate interests, that has denominated its policy and through, to which this unfortunate state of affairs is to be attributed. When the Council was first organized a clause was introduced in the Act to enable it to require the re-registration—with the exaction of a fee—of every member then in practise, although they had all previously been in the possession of the right to practise their profession for life free from any such requirement. This encroachment on their vested rights was reluctantly complied with and made the Council an unpopular body at the outset.

When the feeling against it had pretty well subsided, it was again rekindled in 1874 by its securing the power to exact an annual tax. This tax was repudiated by the profession from the first as unjust and unnecessary; but so determined were the Council to use it that, despite a large and increasing surplus in the treasury, it kept on levying the assessment year after year, with its payment very generally ignored. After the members of the Council had increased their emoluments out of all proportion to the services rendered, and the salaries and allowances of all who served them, without destroying the yearly surplus (see proceedings of Council in C. L., of July 1878), they found it necessary to open up a new avenue for its absorption, and so entered into the real estate business, which has since been used as a pretext for the collection of the tax: so with duns, suits in court, and the penal legislation of 1891 the profession has been kept in open rebellion against it. This was evidently intended to lead to the destruction of the Council and the placing of its powers and privileges to the direct use and benefit of the corporate interests that control it. But instead of that it has had the effect of

arousing the profession to a realization of their rights which has already resulted in legislation—in spite of the Council's most determined opposition—placing the power of taxation entirely under the control of the profession's representatives.

The usual harmony of the Council was somewhat marred during the recent session while discussing, in Committee of the Whole, the propriety of renewing the subsidy to their editor. From amid the flood of eloquence with which the discussion was adorned some facts may be abstracted. From it we learn that the prestige connected with being the authorized organ of the Council has a commercial value attached to it; in consideration of which The Bryant Press (*Canadian Practitioner*) made a most generous offer, and the company that published the *DOMINION MEDICAL MONTHLY* were able to offer to do the Council's printing for the nominal sum of one dollar a year. But the Council decided to reject these liberal offers, and re-subsidized their old editor with another \$600 to do the work. Among the many sentimental platitudes by which this useless expenditure was attempted to be justified, there can be discerned the solitary fact, that Dr. Williams had discovered two Defence members in his division who had been converted to his views by their organ. This was an influence working in their favour not to be ignored, and taken in connection with the personal love and affection in which the opponents of the subsidy held the editor it resulted in all opposition being withdrawn, and it was unanimously decided that \$600 was but a small price to pay for such an efficient campaign organ.

The financial statement of this year contains the usual gross amounts with the details omitted. It is chiefly notable for its many refunds. Nearly all the service had over-drawn on the previous year and were making restitution, the subsidized

journal among the rest ; but it has only refunded a portion of its overdraft. There has been a commendable decrease in the item under "Council Meeting Expenses." This item, which has exceeded \$2,000 a session for many years, has been reduced to \$1,779.65. This is to be accounted for in great part by the members living in Toronto and dining at home foregoing their hotel allowances ; but among the many refunds it is to be regretted there are none for hotel allowances improperly appropriated on former occasions.

The extravagance in the printing account has been continued. In addition to the \$600 subsidy, there is \$368, or in all, \$958 expended for printing last year. For the six years preceding the Council's farming it out to one of its own members, the average cost of printing was \$305 a year, but for the two years since, it has been \$1.319. What printing has been done to justify such an expenditure ?

Owing to the decrease in rents and the increased cost of maintenance \$860 has been added to the expense of carrying the "real estate business" for the past year. The carrying of this enterprise for the past six years has cost the profession upwards of \$30,000 ; notwithstanding this, we had members of the Council at the recent session professing to believe it a good investment !

Whether the members of the profession are to be taxed to carry this speculative enterprise and have the penal enactment of 1891 applied to them for its collection, are the chief questions to be decided at the coming election. The regular profession are placed at a disadvantage on account of the attitude of the homœopaths, who, as elective members, have a voice in this matter. They are pledged by their present leaders to the support of the corporate interests in the destructive course of presuming to coerce the profession. Their forty-seven members have five representa-

tives,—one to less than ten,—while the 2,300 members of the regular profession have seventeen representatives, or one to 130 members. If the ordinary assessment of two dollars should be made, each homœopathic representative will represent an assessment of about \$20, while the divisional representative will represent an assessment of \$250.

The members of the regular profession favourable to the Defence Association are now confronted with the task of electing at least twelve out of the seventeen representatives so as to have a majority of the twenty-two elected representatives who are empowered to deal with this matter of taxation. There are members of the late Council seeking election in Divisions 1, 2, 6, 8, 11, 14, and a pair of these worthies engaged in a bitter struggle for the representation of 17. These candidates are all pledged to a tax, and the reenactment of the penal legislation for its collection. There are other candidates in the field who profess to take a neutral stand between the D.A. and the late Council. This is an untenable position to assume. Candidates who do not oppose the taxing of the profession for the support of an illegal and disastrous speculative enterprise, such as the Council is engaged in, and who will not oppose the use of the penal enactment of 1891 for the coercion of the profession under any circumstances, are not worthy of support.

While I believe that if a tax was necessary for the legitimate expenses of the Council, and properly assessed, the profession would cheerfully make the contribution without the aid of penal coercion ; but after a careful examination of the Council's finances, I am satisfied there is not now, and never has been, nor is there likely to be in the near future, any necessity for this annoying tax, did the Council confine itself to its legitimate duties.

Yours, etc.,

J. P. ARMOUR.

St. Catharines, July 6th, '94.

ERRONEOUS IDEAS.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—Women are sometimes credited with being illogical, but no one would venture to deny that, as a class, they are intelligent, truthful, honest and brave.

The old lady writing in the last issue of the *Ontario Medical Journal*, under the nom-de-plume, "An Elector," has displayed all the weaknesses of her sex and none of the virtues. The letter throughout is strongly flavoured with the coarse scoldings of the mongers who trade at the market not far distant from London bridge, and the venom it contains would do credit to Jack-the-Ripper. No man, much less a woman, with a spark of fairness in his or her composition, would stab an opponent in the back, and then, like an assassin, slink in concealment behind a fictitious cognomen.

Dr. McLaughlin is an able practitioner, is well versed in all the questions of the day, and is thoroughly in touch with the profession in which he takes a lively interest. True, he was appointed to the registrarship of one of the two offices in Durham, but this appointment did not by any means involve his retirement from the profession, nor interfere with his right to represent his division in the Council if he were the choice of the electorate, neither is the amount received from this office (being the smallest but one in the Province) sufficient to warrant his retirement if he so desired. An elector need not to have gone outside the Council for a precedent or a subject on whom he could vent his spleen. Dr. Day, registrar of West Hastings (and, by the way, his office has not yet been investigated), the member whose right to a seat at the Board has never been questioned and whose acts have been honoured by his associates, with the title of "Chief Justice of the Medical Council of Ontario," by special or Divine right, occupies the same

position that a similar appointment in another county renders Dr. McLaughlin ineligible to fill. "Permit me to say right here," to the Old Lady, "Inconsistency thou art a jewel." The doctor is accused of seeking the position of candidate and the question is asked the electorate whether they consider Dr. McLaughlin a proper person to represent them in the Council. The best and most crushing reply to the above is that given by the electorate to whom the question is asked. Some months ago, a number of influential medical men in this division waited on the doctor and requested him to become a candidate. He refused on the ground that he had been surfeited with public life. A requisition was immediately circulated, asking him to reconsider his reply and pledging support. The requisition was signed by every medical man in this town, where Dr. McLaughlin resides and is best known; by every medical man in Durham but one, to whom the requisition was not presented; and by over two-thirds of the electors resident in the remainder of the division, the whole division not having been canvassed. These men know Dr. McLaughlin well, and are aware of the position he occupies as registrar, and these are the men capable of judging "whether he is a proper person to represent them in the Council," or whether there are any grounds for the vile-insinuation of "An Elector," regarding the affairs of the office under his control. "An Elector" wants to know why the holders of university diplomas or certificates prior to 1870 were entitled to registration under section 24 of the Ontario Medical Act. If these diplomas and certificates involved vested rights, there would have been no necessity to secure an Act of Parliament to compel the holders to register them before they could practise medicine. All the rights that the universities in Ontario possess or ever possessed are vested in their charters,

which were obtained from the Government prior to 1870. The Ontario Medical Act, nor any other Act or Acts, have changed or amended these charters, under which the universities still operate. They convey the same powers and privileges as when granted. Under these instruments the universities control their examinations and grant their degrees, as they always have, but these degrees carry no right, and never did, to practise medicine, any more than a foreign degree or one from another Province. They are simply, as section 24 expresses it, documents conferring or evidencing the qualification of the holder. The power to grant licenses has always been held by the Government until relegated to the Council. The fact that the universities of Quebec opposed a bill similar to that of Ontario, in the Legislature, is no more proof that their degrees carry vested rights to practise medicine than because Dr. McLaughlin, while a member of the Council, did not protest against the legislation of 1874, therefore that legislation was right and approved of by the profession. It may, however, prove that, in the opinion of these institutions, it is cheaper to obtain licenses from the Lieutenant-Governor than from a Council such as Ontario possesses, whose real estate speculations and gross extravagance necessitate the imposition of outrageous fees on the unfortunate students who fall into its hands.

S. C. HILLIER.

Bowmanville, July 11th, 1894.

MEDICAL COUNCIL AFFAIRS.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—The Medical Council—in fact, every member of the College of Physicians and Surgeons—has reason to feel humiliated and disgraced at being presided over by a President who could resort to such palpable evasions as did Dr. Campbell in his recent address to the

Council. It is just such acts as his, encouraged and defended by the Council, that have tended to widen the breach between it and the electorate. Dr. Campbell knew it to be his first chance, and possibly thought it might be his last, to occupy the President's chair, and I dare say he deemed it necessary to strain a point to avail himself of the honour. It was not enough, however, for him to misrepresent Sir Oliver Mowat to attain the coveted honour, but he must, in his position of usurped authority and in the performance of self-imposed duties, give vent to insult and impudence toward those in the profession who had questioned the present Council's right to hold another session, and who had hoped and looked to him for some evidence of fairplay and manliness. I had in my possession, only a short time ago, a copy of Sir Oliver Mowat's reply to Dr. Campbell respecting the legislation of 1893, and in view of the limitations, therein expressed by the Premier, of the functions of the present Council, I am sure no one having a particle of spirit or possessing a proper sense of right would have ever thought of holding the session of the Council which has just closed. The course pursued by Dr. Campbell and his advisers in this matter has so disgusted and angered a large portion of the profession, let the ensuing elections result as they may, the fight between the Council and the Medical Defence Association has not nearly reached its end. It does not, I think, require much discernment to perceive that the attitude which the homœopaths occupy in the Council toward a majority of the members of the College of Physicians and Surgeons is likely to prove an obstacle toward peace between the Council and the profession. Some years ago the writer had an opportunity of estimating the position and aim of the homœopaths as a part of the College. In observing the tactics and scheming of

their then Chief and his following in the Council their presence was regarded then, as the presence of their successors is now, inimical to the best interests of the regular profession—grasping and guided by a common object, they were always ready to flop over and to peddle their support and allegiance to whichever element in the Council they thought most likely to secure to them the greatest honours and concessions in return; and it has ever since been my conviction that neither the public nor the profession (outside the schools) would suffer in the slightest if they were all thrown overboard. They were lifted from insignificance and obscurity by federation, are dependent upon pretence and arrogance for an existence, and owe what little standing they possess in the eyes of the public to the connection and association they enjoy, under the Medical Act, with the regular profession.

If any one may judge from recent remarks dropped by some of the outside friends of the present Council, and from the course in the past of the homœopathic representatives, there will be an attempt made upon their part in the next Council to exercise a voice with the territorial representatives upon matters of assessment, etc.

Any step in that direction will be quickly met and resented. A prominent and influential member of the Legislative Committee upon the late amendments to the Medical Act, in speaking of this matter lately, definitely stated that it was not the intention of that Committee that any unduly, or over-represented element in the Council should exercise a power to which it had no just or representative right, and that the object and spirit of the amendments of 1893 were specially intended to apply in that respect; that if the Act had not been made sufficiently plain as to that additional legislation, if necessary, to set it right would be granted. The "disgruntled and dishonest pack"

—otherwise denominated, "perturbed spirits"—are, however, on the alert, and are sufficiently strong and active and influential to secure through the Legislature such a reconstruction of the Council as will afford the necessary relief and protection against the evils and injustice of which there has been of late so much complaint. It will be the duty, therefore, of every member of the Defence Association to be vigilant and ready to do his part.

By its last Act the Council has shown its indifference to remonstrances, and its defiance to the well understood wishes of a majority of the profession. But for the advice of a few of the more moderate of the Defence Association it would have been met at the opening of the late session with an injunction to restrain it, and it is not improbable, because of the feeling ex-President Campbell's conduct has provoked, that steps may yet be taken to test the legality of its high-handed proceedings.

Truly yours,

W. COBURN.

Oshawa, June 16, 1894.

Book Notices.

The Treatment of Typhoid Fever. By D. D. STEWART, M.D., Lecturer on Clinical Medicine in the Jefferson Medical College, of Philadelphia; physician to the Medical Dispensary of the Episcopal Hospital; formerly attending physician to St. Mary's Hospital, and St. Christopher's Hospital for children; Fellow of the College of Physicians, of Philadelphia. George S. Davis, Detroit, Mich.

This is one of the Physician's Leisure Library Series. It deals with an important subject. About 500 die annually in Ontario of typhoid fever, and about twelve or fifteen per cent. may be regarded as the death-rate of those who suffer from the disease. This little volume

deals exclusively with treatment. The subject is handled under the subdivisions prophylaxis, general management, specific and antiseptic treatment, and treatment of special symptoms. Under each of these sections very full and accurate information will be found. Cold water is the author's favourite antipyretic, and betanaphthol-salicylate his favourite antiseptic. The work can be safely recommended. It is in the usual neat form of the well-known publishers.

The Care and Feeding of Children, A catechism for the use of mothers and children's nurses, by L. EMMERT HOLT, M.D., Professor of diseases of children in the New York Polyclinic, Attending Physician to the Babies' Hospital and the Nursery and Child's Hospital, New York. New York: D. Appleton & Company, 1894.

We have much pleasure in mentioning this work. The author in his preface modestly asserts that it is published at the request of many of his friends, with the hope that it may serve a useful purpose, and be of value to many mothers in the care of their children, or be safely put in the hands of the ordinary child's nurse.

We believe that it will also be of great service to the busy practitioner, furnishing him with a ready means of treating the varied emergencies of child life.

The table of contents is so very clear that he can at once turn to any subject dealt with. The price, fifty cents, is so very small that we advise every medical man to possess a copy, feeling assured that it will more than repay the outlay. In fact it is just what is wanted, especially by the young practitioner, who can get information within its covers that will be scarcely found in any work of greater pretensions, upon a subject that is too often relegated to nurses, but which should be of paramount importance to the physician.

An Illustrated Dictionary of Medicine, Biology and the Allied Sciences, including the pronunciation, accentuation, derivation and definition of the terms used in medicine, anatomy, surgery, obstetrics, gynecology, therapeutics, materia medica, pathology, dermatology, pediatrics, ophthalmology, otology, laryngology, phycology, physiology, neurology, histology, toxicology, dietetics, legal medicine, climatology, etc., etc., and the various sciences closely related to medicine, bacteriology, parasitology, microscopy, botany, zoology, dentistry, pharmacy, chemistry, hygiene, electricity, veterinary medicine, etc. By GEORGE M. GOULD, A.M., M.D., author of "Students' Medical Dictionary," "Meaning and Method of Life." 812,000 words pronounced and defined, etc., etc. Based upon recent scientific literature. Philadelphia: P. Blakiston, Son & Co. Toronto: J. A. Carveth & Co. 1894.

The work before us is a superb volume of over 1,600 pages, large octavo, double columns. It makes its bow to the medical profession for the first time, but we speak for it a speedy welcome.

Those who have persued Dr. Gould's excellent "Students' Medical Dictionary," will have some idea of what thorough work the author is capable of turning out. But, even from that forecast, it would have been impossible to look for the splendid work before us. Every field of medical language is covered. Turn to any word that could possibly occur in medical literature, and here it is.

But, when you have found a word, you then wish a thorough definition, and this is just what you meet with in the present volume. The definitions are concise, yet full and clear. It has never been our pleasure to look carefully into any standard dictionary of any language where the definitions were more ideal than in this new medical dictionary. On some subjects, where fulness is required, we have it here. Thirty pages are devoted to bacteria, thirty to operations, sixteen to

pigments, forty to parasites, fourteen to poisons, forty to stains, forty to tests, eight to tumours, and in like proportion to other important words or terms. The tabular form, in which much of the information is contained, renders it very convenient for reference.

The pronunciation is in full accord with the latest and best authorities on orthoepy. The illustrations are numerous and certainly very fine. We are glad to note that Dr. Gould has introduced some of the changes in spelling that he has so often urged, such as e for æ and œ, and the spelling of chemical terms, adopted by the American Association for the advancement of science. The publishers have done their part well. No pains have been spared to put the first-class matter of the author in a first-class form for the reader. Taken all in all we think this is *the ideal* dictionary for medical men.

The American Text-Book of Diseases of Children, including special chapters on essential surgical subjects, diseases of the eye, ear, nose and throat, disease of the skin, and on the diet, hygiene and general management of children, by American Teachers. Edited by LOUIS STARR, M.D., Physician to the Children's Hospital, etc., etc., etc., assisted by Thompson S. Westcott, M.D., attending physician to the Dispensary for the Diseases of Children, etc., etc., etc. Philadelphia: W. B. Saunders, 925 Walnut St. 1894.

We have here a volume of about 1,200 pages, dealing with the diseases of children. In the building of this large royal octavo volume some seventy of the best-known physicians, surgeons, and specialists have been united under the editorial generalship of Dr. Louis Starr.

The very name of the editor would go a long way towards convincing most medical men that the work would be a good one. But this expectation is reduced to a cer-

tainty when the list of contributors contains the names of Smith, Osler, White, DaCosta, Tyson, Latimer, Lloyd, Peterson, Pepper, etc., etc.

The work is divided into the following parts: Injuries, accidents to birth and diseases of the newborn, diathetic diseases, acute infectious diseases, general diseases not infectious, diseases of the blood, diseases of the digestive organs, diseases of the nervous system, diseases of the respiratory system, diseases of the heart, genito-urinary diseases, diseases of the skin, of the eye and of the ear.

The subject matter of the book is good. Every chapter is thoroughly up to date. The editing has been so carefully managed that, while many hands took part in the work, there is no duplication. The proofs have been most thoroughly read, and, for a first edition, almost free from mistakes. Though the entire work is large, and so many subjects having been dealt with, yet there are no articles too lengthy or diffuse.

The work is richly illustrated, and it is a pleasure to look at some of the plates, as that of scarlatina, tinea favosa, herpes zoster, etc., etc., etc.

The publishers have done their share well. Such work renders the reading of a large volume a real pleasure. Paper, type, illustrations, and binding are all equally good, and of that, too, of the best.

To any one who wishes a reliable work of reference on children's diseases, we can most heartily recommend this new addition to the books on this department of medicine. It is not too large to be a useful text-book, while it is large enough to contain everything to make it a standard work of reference. It may be said of the editor and each contributor, *nil tetigit nisi ornavit*.