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THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

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

☞ Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, AUGUST 1, 1890.

Original Communications.

LACERATION OF THE CERVIX UTERI AND THE INDICATIONS FOR ITS RESTORATION.

BY THOS. ADDIS EMMET, M.D.

Surgeon to the Woman's Hospital in New York.

It is now twenty-eight years since I first performed the operation for closing a lacerated cervix; seven years afterwards, for the first time, it was fully described by me in a paper read before the N.Y. County Medical Society; and in 1871 a second paper, setting forth the result of some nine years of observation, was presented to the same Society. In the discussion which followed, before an unusually large meeting, the operation received a most flattering endorsement, and without a dissenting voice.

For about fifteen years past the operation has been performed abroad, but the practice has been confined to a limited number of operators, and it has been, with but a few exceptions, favorably received by them.

After a review of all that has been advanced in favor of or against the operation, it may in truth be claimed that the necessity for it has received to a greater or lesser degree the endorsement of every operator who has fairly investigated the subject.

Whatever the incentive may have been with those who have found no place for the operation, their opinions were not based upon an unbiased personal observation, and they would doubtless protest if a criticism on their own work was so unfairly meted out to them.

This operation has been accepted for a number of years in the United States, where it is generally practised; and I do not hesitate to say that it has been received simply on its merits, for in no portion of the world is the medical profession to-day more active and alive to progress than in my own country.

With some noted exceptions the merits of the operation have not been fairly tested abroad by the profession. To us the reason may be more apparent than to themselves, who may be unconscious of a seeming indifference among many to progress made in other countries; a feeling, I am happy to say, which has no place with us on the North American continent.

An operative procedure which has been practised by the profession for so many years, as this has been, is no longer on trial as to its necessity. The only honest difference which can arise is to determine by observation the limit of its usefulness, within which, it is claimed, more can be accomplished by it than by any other means at our command. Therefore the opinion of the man who never performs the operation is as valueless as that of another who goes to the other extreme; and both are equally censurable.

As the result of twenty-eight years of observation and close study of the subject, I now believe that it should be employed only for the relief of certain reflex symptoms accompanied by more or less impaired nutrition, and to guard

against the occurrence of epithelioma. Our present duty calls for the operation under these circumstances, while it rests with the profession in the future to lessen the number of cases which should then need surgical interference.

The question presents itself as to how far the the profession is to be held responsible for this injury. Observation clearly teaches that a woman rarely, if ever, gives birth to a child without the occurrence of laceration of the cervix, to some degree, and that extreme injury does sometimes result unavoidably in the hands of the most experienced and accomplished accoucheur. Moreover, it has been observed, that under favorable circumstances, nature will promptly repair, within a wide range, all damage, and in a manner which cannot be attained by art.

The beginning of the difficulty after labor is blood poisoning, for which, as a rule, either the doctor or nurse is responsible. We then have lymphangitis, phlebitis, cellulitis, and more or less septic peritonitis, because the lymphatics communicate directly with the peritoneum. The most careless observer cannot fail to note, under these circumstances, that there is something wrong with the condition of his patient, and, with the failure in the secretion of the milk, he may be almost certain that septic poisoning has taken place.

After reaction from the labor has set in, under favorable circumstances, the reparative process of nature begins at once to repair damages, and it is just this tendency that we must utilize to the fullest extent, or the woman becomes an invalid.

As soon as a cellulitis is established after a labor and with more or less local peritonitis, the pelvic circulation becomes thereby obstructed and the effort at repair is for a time arrested. An obstructed circulation must lead to increase of weight and prolapse. Consequently the enlarged uterus settles lower on the floor of the pelvis and it often becomes retroverted. This position offers still greater impediment to the circulation, and as a consequence the flaps of the lacerated cervix gape the wider. Unless we promptly aid the efforts of nature in the beginning of the onslaught, sub-involution of the uterus and vagina remains for an indefinite period, until the repair in the cervix has been properly made. If the case be left entirely to nature, a reaction in time will take place, but only after great damage has been done by the forming of adhesions and the deposit of lymph. The woman then in time makes, what is termed, a bad getting-up. So long as her general condition does not become greatly impaired she may be able to be about, but she does not recover fully her health. Should the lacerated surfaces in the cervix become healed, she will improve temporarily in all the symptoms to be attributed to the anæmia which has to a great extent been due to a profuse leucorrhœal discharge, and which is thus arrested. But the rule is that within a few months, as the cervix becomes hard, a number of anomalous symptoms will be developed, and varying in degree from hysteria to insanity. The manifestations may sometimes seem to be delayed indefinitely, should her general condition remain fairly good. But let the nervous system of a woman in this condition receive some sudden shock, or let her strength be overtaxed by nursing or the exercise of too much care and responsibility, and the intensity of the reflex symptoms seem to become all the more marked from the delay.

To understand the action in these cases, it is necessary to bear in mind the close relation existing between the sympathetic system, nutrition, and the organs of generation. The sympathetic exercises a controlling influence over both functions, but during the menstrual life of the female the influence emanating from the organs of generation is dominant. It follows then that injury in erectile tissue, as a source of irritation, may excite, through the sympathetic system, reflex symptoms in any portion of the body, and that nutrition must also suffer. Hence we see after a proper repair of the cervix, not only a subsidence of all reflex symptoms, but nutrition asserts itself as soon as the source of irritation is removed. But nutrition in the female is always kept in proper check so long as the organs of generation exercise their functions in a state of health. With the decadence of this function, nutrition is no longer controlled, hence the rapid increase of flesh which usually follows the menopause.

We have another class of cases where the extent of injury is much greater, and is accompanied at the labor with a profuse loss of blood from

rupture of the circular artery, but without blood-poisoning afterwards, so these women make a rapid recovery. The extent of injury, however, prevents the parts from uniting properly, and as the tissues of the cervix remain gaping, but free from induration, these women become all the more prolific in consequence of the local condition. Year after year each gives birth to a child, and if the general conditions remain unimpaired, they pass for being unusually healthy women and bring up large families. During the whole period of child-bearing the cervix remains soft and covered with an extensive erosion, which has seldom been more than partially healed during the existence of pregnancy. As the woman with this condition reaches the time for the menopause, and a longer interval elapses, from any cause, between the pregnancies, an unexpected development of epithelioma may occur.

The mucous membrane of the cervix has been gradually undergoing cystic degeneration, preparatory to a change of life, and the blood vessels have become smaller and much decreased in number. It is often observed, in anticipation as it were of this change of life, that nature is most successful sometimes in removing by absorption cicatricial tissue, which has formed, as the result of injury, about the cervix, and so far repairs the damage that the parts are left in a comparatively healthy condition if the process be not hindered. As soon as a sufficiently long interval has elapsed after a pregnancy, the lacerated surfaces will begin to cicatrize from the bottom of the cleft, and the tissues, which were unusually soft before, soon become indurated in a remarkable degree. Several instances have passed under my observation where epithelioma has suddenly sprung up from the bottom of the laceration, and from this newly formed cicatricial tissue, as seed would come up from a furrow. In the absence of positive data on which to formulate an explanation, I can only offer a supposition based upon observation, and one, it seems to me, most consistent with the facts before us. It would seem that after the great changes had already taken place in the tissues I have referred to, the general process was delayed by the effort of nature to repair a local damage. This would necessarily cause a sudden and unusual flow of blood to the parts which are not in condition to meet such an emergency. The result is that what was a benign process in the beginning, as an effort of nature to repair the injury, results in epithelioma, a product of perverted nutrition. Observation teaches clearly that epithelioma follows an injury, but not necessarily every injury. As the result of an unusually large and extended experience, I must state in this connection that I have never seen a single case where epithelioma has developed on the cervix uteri of a woman, unless she had borne children, had miscarried, or had suffered from a criminal abortion; or unless, if never impregnated, the cervix had been divided at some time, or torn open by the process termed divulsion.

Let us now return to a consideration of the duty which must rest upon the medical men of the future, if through their efforts they are to diminish the numbers of laceration of the cervix uteri which will require surgical interference. I have already referred to the active tendency to repair which always exists after labor, if nothing has occurred to check it, and I wish particularly to impress the importance of utilizing this action to the utmost. If the members of the profession can be brought to realize the importance of aiding the efforts of nature to resume action after they have been suspended, and to direct the work afterwards, more could be accomplished during the puerperal month than could be done in years subsequently. Many here present, I have no doubt, can fully corroborate my experience as to the rapidity with which a mass from a local cellulitis after labor will clear up as soon as nature is able to get the work, and will often accomplish the task before the expiration of the lying-in month.

After a very rapid or very tedious labor, or after instrumental delivery, with or without a chill, there may be a rise of temperature and pulse, and a thickening and tenderness on pressure will be detected, by bi-manual palpation, somewhere in the pelvis. While we can assume the fact that septic inflammation has been established through a laceration of the cervix, it is not always an easy matter to recognize the injury or its extent, as the parts are soft and the os patulous in consequence of the œdematous and overstretched condition of the tissues.

Two indications, the most important in the treatment, are made clear—to arrest further blood-poisoning from the raw surfaces, and to empty the pelvic blood vessels sufficiently that the circulation may become again fully established.

To accomplish the first the physician must himself give the hot water vaginal injections, unless he has the aid of a thoroughly trained nurse, who possesses the knowledge and skill necessary under these circumstances to give the injections properly. Copious and frequently repeated hot water vaginal injections are necessary to keep the lacerated surfaces of the cervix as free as possible from being bathed in the discharges, and if necessary the uterine cavity itself must be well irrigated. A weak solution of the bichloride of mercury is useful, but the mode and thoroughness of giving the injections are most important, and perfect drainage is essential, to obtain which, it is often necessary to lay strips of iodoform gauze in the angles of the tear. The frequent use of saline cathartics will prove one of the most efficient means for freeing the pelvic blood vessels, and with the proper use of the hot water injections the veins can be depleted by the one means, and contraction of the capillaries obtained by the other. The saline should be given in the most concentrated form of solution, and often repeated until the effect is produced. If the remedy does not act well, the occasional use of a small dose of calomel, with about twenty grains of bi-carbonate of soda, will make it more efficient. As soon as the condition of the patient will admit of its use, and this is generally after the second week, Churchill's tincture of iodine should be applied every other day over the upper part of the vagina, and while the patient is in the knee and chest position. Towards the close of the month, and as soon as the laceration in the cervix will permit of the exercise of pressure, this should be made by packing the vagina sufficiently with small balls of wool covered with vaseline. The exercise of moderate pressure, judiciously placed will not only aid in stimulating the absorbents, but will also improve the pelvic circulation by lifting the uterus from the floor of the pelvis. Each time the packing is removed, the vaginal injection should be adminstered before it is replaced. The occasional use of a small blister over the seat of the pelvic inflammation is always beneficial, and should be used whenever the patient is heroic enough to submit. Every means should be resorted to for the purpose of improving the general condition, and the patient should not be allowed to assume the upright position under three or four weeks, and she should be confined even longer if necessary. I cannot enter at greater length into the details of treatment, but I am firmly convinced that if a woman be properly cared for during the month or six weeks after the labor, even in cases of the most extensive injury, nature assisted will so far repair the damage done that the operation would be then rarely needed. I will again refer to this matter when treating of the condition after the sutures have been removed to abort a threatened attack of peritonitis.

When the hemorrhage is unusually great, from tearing of the circular artery at the close of labor, it will add but little towards increasing the danger to the patient by introducing a sufficient number of carbolized silk sutures to close the laceration, and much benefit may result beyond checking the loss of blood. If the direction of the laceration is not clearly defined, its course can be easily indicated by making outward traction from opposite points by means of a tenaculum in each hand. After flexing the limbs over the abdomen the sutures can be generally introduced without difficulty, and often without a speculum, as the uterus lies on the floor of the pelvis and its os at the vaginal outlet. After the introduction of the sutures the uterus should be carefully returned to its position, so far at least as to correct the retroversion.

The reflex symptoms, from which a woman suffers after she has had the cervix lacerated, are strictly due to impaired nutrition, and not to the injury directly. She will suffer from great nervousness, sleeplessness, and irritability of temper, so as sometimes to entirely change her disposition; she may be unable to concentrate her mind on any subject, or to assume responsibility, and may live in dread of some impending misfortune; with this condition she will seldom be free from pain at the back of the head and from fears that she will become insane. As a rule she loses all sexual desire, and unless her love for her husband has been well founded she may

contract a great dislike for him. All of these symptoms, but the last, are often due to some degree of impaired nutrition, or, as it is now fashionably termed, "nervous prostration."

The loss of sexual desire is caused by an injury sustained at the vaginal outlet, which always coexists with a serious laceration of the cervix, and both result from a common cause. The force which rapidly expelled the child from the uterus, also drove it through the vagina so as to rupture the fascial covering to the muscles at the vaginal outlet. From the displacement of the levator ani muscles in the so-called laceration of the perinæum, and the consequent loss of support to the pelvic blood vessels, erection of the tissues becomes often impossible, hence the loss or impairment of sexual desire so often accompanying a patulous ostium vagina, and which continues until the injury has been properly repaired.

When the cervical tissue is very dense, or the injury be found unusually extensive, we may be able to determine upon the necessity for an operation at the first examination. But with a large number of cases this cannot be settled in justice to the woman until she has had the benefit of prolonged local treatment, and until every means has been resorted to for the purpose of improving her general condition.

If after a reasonable time the reflex symptoms have not disappeared, and there has been no improvement in getting rid of the results of the pelvic inflammation, nor in the general condition, we must then resort to the operation, not so much for the purpose of repairing the laceration as to remove a source of irritation, which has resulted from it and by which nutrition has become so far impaired that the process could no longer be properly exercised until the irritative cause be removed. We now come down to a consideration of the gist, and on what, in my experience must rest the necessity for performing the operation in the greater number of cases. Unless more or less dense or cicatricial tissue be found deep in the angles of the tear, and unless it be thoroughly removed, the operation will not benefit the woman; in other words the simple union of the sides of the cleft is useless. When the reflex symptoms have been persistent, and with more or less anæmia, I have never failed to find this tissue, which is as distinct in character, as to density, as a small embedded fibroid, and unless it be removed, experience has taught me that there will be no improvement in the condition of the woman. I have gained the knowledge from experience that it is a foreign body and a source of irritation, and when removed the reflex symptoms and the anæmia will disappear; moreover that involution of the uterus, arrested by the injury, will at once begin and be completed in the usual time, as after labor. These are the simple facts, and the man who denies the truth of them, without an honest investigation, shuts his eyes wilfully to all progress save of his own making.

We cannot always judge by the sense of touch as to the presence of this tissue, for we occasionally meet with cases where the outer tissues are unusually soft, and the dense tissue is only exposed by laying open the angles of the laceration to what we may assume was the original limit of the injury. A pair of strong, sharp, pointed scissors is the best instrument for removing this tissue, which can be drawn up out of its bed by a stout tenaculum, and can be often separated as perfectly as can a leaden bullet which has become embedded in wood. This mass of tissue is always, in shape, wider below, in its relation to the vagina, as if it figured the outline of the rent, which would naturally have been less in depth as it extended upward. We are, therefore, to bear this in mind and work towards the center as if we were removing a portion of a cone, for it might prove a serious procedure to lay open the sides of the uterus above the internal os, to which point we are often obliged to extend the dissection.

Under ordinary circumstances the operation can be best performed by first drawing down the cervix to the vaginal outlet. This manipulation is attended with little risk if it be done slowly and without jerking. The position has the advantage of being at a point where the arteries are placed sufficiently on the stretch to sustain no damage, but by their diminished calibre the pelvic circulation becomes greatly lessened for the time and while the uterus is being held there. We are thus able to control greatly the loss of blood, which would be very great if the operation were performed with the uterus in its usual position.

The great difficulty in the operation is the introduction of the sutures, if they have to be carried to the bottom of a cone-shaped cavity, which, as I have stated, often extends to and above the internal os. It would be impossible to accomplish the introduction properly unless the bottom of the opening were lifted, or drawn forward, the flaps at the same time being separated and rolled back, so as to bring both raw surfaces on nearly a common plane. This is accomplished partially by the drawing down of the uterus; and the rolling out of the flaps must be increased by the aid of tenacula in the hands of the assistants. After the parts have been brought into the most favorable position, the difficulty is often still so great that an expert even cannot accomplish the introduction properly. I have attempted to overcome this difficulty by passing two sutures from within outwards; then placing the loop of one carrying thread within the loop of the other, I draw one thread completely through, making of it a continuous suture, and to this the wire is then attached to be passed in the usual manner. The great difficulty was always with the passage of the needle through the posterior flap so as to bring its point out near the edge of the laceration. From want of space to turn the needle sufficiently, its point must often penetrate so far back in the posterior flap as to enter the peritoneal cavity; or to include within its sweep a portion of the net work of blood vessels, lymphatics, or ganglia, which encircle the cervix about the vaginal junction. One of the assistant surgeons at the Woman's Hospital, Dr. J. D. Emmet, my son, has overcome this difficulty by reversing the method I have just described. His plan is to introduce the two needles from the vaginal surface at such point as he may select, but to enter close to the edge of the flap and come out as near to the track of the canal as possible. This can be done by this method, with some accuracy, as there is sufficient room in the vagina to turn the needle in the proper direction. After the introduction, the two needles are to be cut off and the ends of the threads tied together in a square knot, so that, by drawing one through, the other attached to it becomes a continuous suture includingboth flaps.

This brings me to drawing attention to a very common result obtained after the operation for closing of a lacerated cervix, and one which amounts essentially to a failure. I have known, not infrequently, an operator to express his disappointment at the result obtained by him in some special case, and I have been called into consultation, as if I had been somewhat instrumental into misleading the public as to the benefits which might be gained by the operation. I have been told that the dense tissue had been most carefully removed from the angles, and that there had been no difficulty in the operation, which proved a great success so far at least as bringing about union of the lacerated surfaces. In these cases the union is often perfect, so far as can be seen, and the os like that of a nullipara. But the introduction of the sound shows that only the vaginal tissue had been united, thus leaving a large cavity within which the secretions were retained. The introduction of a bent probe acts as the finger in the cavity of the mouth, with the lips closed, where it can be passed off to the right or to the left at some distance beyond the limit of the os. A sufficiently wide and undenuded strip is always to be left over the centre of each flap to form the uterine canal. Each suture must be brought out at least to the edge of this undenuded strip and no damage will be done if it be carried well beyond. But it is absolutely essential to pass the sutures so as to insure a canal of a uniform and sufficient size, and to unite in apposition every portion of uterine tissue which was involved in the laceration.

A very important and profitable part of my surgical work consists in doing this operation over again where others have failed in gaining the promised result, from a want of attention to detail. On opening up, with a pair of scissors, the large cavity left in many of these cases, it will be found filled with a profuse cervical discharge, which had no ready means of escape and became a source of irritation. The surface which had been denuded at the previous operation will always be found covered by large granulations and never healed. These have all to be removed afresh, the angles properly cleaned out, and the sutures introduced so as to approximate the parts perfectly, and I have frequently seen after the second operation an improvement in the condition of the patient within thirty-six hours, and the result eventually

has shown that the previous failure was not due to the operation, but to the method of executing it.

Where death has occurred after this operation it has generally been from peritonitis, and so far as my personal observation goes, the direct cause has been due to the passage of the sutures into the posterior connective tissues about the vaginal junction, as I have described. The history generally is that the patient wakes up with a chill and pain, which condition alarms the nurse. The operator is called up some time before daylight of the second night, to see his patient suffering from shock, as great as would occur after a crushed limb, and with rise of temperature and rapid pulse. The first glance is sometimes not unlike that presented in the last stages of cholera, when the patient seems literally to be shrinking to death. Not a moment is to be lost, and the woman will certainly die if the sutures are not immediately removed and the parts all thoroughly opened up with the finger, as they were before the sutures were twisted. A hot water vaginal injection should be then given, and care exercised to thoroughly wash out the cavity in the cervix. A pad saturated with glycerine should be placed well up in the cervix and a hot stimulating drink administered to cause increased action of the skin. Within an hour she will be like a different person and in two or three hours more her temperature and pulse will become normal. The after treatment of the local condition must receive the personal attention of the physician. At this stage the appearance of the cervix in these cases is not promising, as the tissues are œdematous, congested, and sloughy. Every few hours the patient must receive the vaginal douches, and for a week or more the physician must use Sim's speculum to expose the cervix, that, with the use of a long nozzle syringe, he may be able to wash out every portion of the cavity.

To insure perfect drainage, strips of iodoform gauze should be passed up into the angles and to the bottom of the wound so that no pouch may remain in which the discharges may accumulate. In other words the case is to be treated surgically as we would treat any other cavity which should heal up from the bottom. When properly treated the results are excellent in these cases, as the woman is relieved entirely of the reflex symptoms from which she suffered, and quite as much as though the operation went to a successful termination. Moreover as the cavity fills up, the cervix is always left soft with a perfectly natural canal. The personal attention necessary in these cases is certainly very exacting, but the results fully compensate. We learn a most important and practical lesson from the experience, for it demonstrates fully that if the same personal attention were given after the occurrence of a serious laceration of the cervix, the greater number of cases would be fully restored.

Therefore, it is necessary to educate the profession to the realization of this responsibility, for it rests with them in the future, by giving more personal attention to the treatment of these injuries, to aid Nature in her disposition to repair. As soon as this is put into practice I believe that gradually the number of lacerations of the cervix, requiring surgical means for restoration, will become greatly reduced.

TYPHOID FEVER.*

BY JOHN L. BRAY, M.D., CHATHAM.

This is a subject that has been written upon until it is about threadbare, and it is not so much with the object of offering any new ideas that I read this paper, as to impress as strongly as possible, particularly on the junior members of the profession, the necessity for vigilance in the management of this disease, as complications arise frequently and often insidiously, calling for their prompt recognition and early treatment, necessitating careful watching and frequent visits.

During the past two or three years it has been my lot to see and treat a large number of cases of enteric fever, and I would just here remark, that I believe as a general thing, too much medicine is given, and not sufficient attention paid to hygienic measures and diet; in this respect the sins of commission are greater than those of omission; that the so-called antiseptics, acids, etc., are not only useless but positively hurtful, as they upset the stomach and disorder digestion, without having any

*Read before the Ontario Medical Association.

curative effect or in anyway cutting short the disease. Another point to which I wish to call your attention is the diagnosis. I hold that an early diagnosis in this disease is almost impossible, particularly in our part of the country, where malaria is prevalent, and I have known cases pronounced typhoid fever on the first visit, which were well in a week, and the physician gets credit for curing or preventing the disease, and this circumstance, I am sorry to say, is taken advantage of by the physician, who thus gets a reputation for cutting short or curing this disease, which he is not slow to take advantage of, and to which you all know he is not entitled. This is not an uncommon occurrence, as to the truth of which some of my confréres here will bear testimony.

When I am called to a case and am not sure whether it is one of malaria or typhoid, I generally give a mild laxative of rhei, hydrarg-submur.. and sodæ, followed by from 3 to 5 grain doses of quinine every 3 or 4 hours, and, if the temperature is high, 5 grains of antifebrine every 4 hours. Now if after taking, say from 40 to 60 grains of quinine, the temperature still keeps up, and there is a morning remission, I begin to think I have to deal with a case of typhoid, particularly if we have frontal headache, nose-bleed, a general feeling of malaise, with muscular weakness, and a tendency to diarrhœa. My object in first giving the laxative is to unload the bowels and relieve the liver. Mind I do not purge my patient, but I do believe a laxative such as I have named, by carrying off the poison does a good deal towards promoting recovery. I only give this once. I order my patient to be put in a large well-ventilated room; to lie on a mattress (feather beds which are so common, particularly in the country, are an abomination) to be lightly covered, and have all superfluous furniture, carpets and curtains removed. I then stop quinine and all other medicines (unless occasion arises for their use), and use the sponge bath composed of sodæ-bicarb. or whiskey in tepid water, as I find it is more agreeable to the patient, and just as effective in lowering the temperature as the cold bath, without producing the shock.

When the headache is severe or the head very hot, I apply the ice-bag. Too much stress cannot be placed on the necessity of frequent sponging, when the temperature exceeds 101½ F. Perhaps someone will ask, do you not give any medicine? My reply is no, unless something arises necessitating their use, such as severe diarrhœa, pneumonia, heart-failure, etc. The first and last of these are the more apt to occur. Now my practice is, when the bowels are not moved more than from four to eight times in the twenty-four hours, to let them alone. Should they be looser than this, I would give pepsine, bismuth, and morphia. But if you give peptonised milk only, from the first, I find that you do not have excessive diarrhœa, and it agrees with the stomach; in fact I have seen patients retain this, when everything else was vomited. One great advantage is that no curds form, and you have no fermentation, consequently there is very little or no gas in the stomach and bowels, which you all know is very distressing to the patient. The very moment I see the slightest sign of heart-failure, I give alcohol in some form (the best brandy perferred), and I am guided as to quantity by the condition of the heart. In addition to the alcohol, I generally give, say 5 drops each of tincture strophanthus, digitalis, and nux vomica every 4 hours. When the heart keeps strong throughout, I dispense with these, but in most cases, about the 21st day, I have found it necessary to use stimulants, particularly in patients of 40 or over. When the tongue becomes brown and dry, and sordes form on the gums, alcohol is indicated and must be given. I say must, because I feel strongly on this point, and experience has taught me that it is a necessity if you have to save your patient. I am aware that some of my professional brethren take issue with me on this point; but I am sure the weight of evidence is against them; at any rate a close observation extending over 27 years, has confirmed me in the opinion that nothing heretofore known can supply the place of alcohol when a stimulant is called for in this disease. I care not how much delirium you have, when a patient has a pulse of 140 or over, a tongue so dry that you can break it, and so restless that it takes two or three nurses to control him, then I say pour in the brandy irrespective of everything else. If half an ounce every hour does not lower the pulse and temperature, and relieve the restlessness, give him an ounce, if

that does not do, double the dose, and I will venture to say that in 8 out of 10 cases, if this is persevered in, your patient will rally and tide over the crisis. In one case of this kind, a boy 17 years of age, I gave 16 oz. of brandy every 24 hours for 12 successive days with the happiest results, after all hope of recovery had been given up. This may seem heroic treatment, but my friend Dr. Tye, who saw the patient several times with me, will corroborate my statement as to the marvelous effects of this strong stimulation.

Another point to which I wish to call special attention is this: a time comes in most cases when we have constipation taking the place of previous diarrhœa. Now what are you to do in such cases? Some will say give cathartics, others enemata, and others, and I trust the great majority, will say do nothing, let nature do her work as she will most assuredly do if you let her alone, 99 times out of a 100. It is just at this time, that what I have previously said about vigilance and frequent visits becomes an actual necessity, for your patient is apparently nearly well; no fever, no pain, appetite returning, in fact getting voracious, and he insists on having something to eat besides the slops he has had for 4 or 5 weeks, and he is backed up in this by his friends, who say, why he is half starved, and his bowels must be moved, and urge the doctor to give him some food and physic. Now is the time to assert your authority, and put your foot firmly down. Say to the friends no, his life depends on following directions strictly, and why? Because there is paralysis of the ulcerated intestine, which rest and time will alone remove, and to give either solid food, or purgatives would be to kill your patient, or at least jeopardize his life. No doubt many of you can recall cases such as this. Perhaps in a weak moment you have yielded to the solicitations of friends, and, contrary to your judgment have given a dose of castor oil (the mildest of all purgatives) and your patient has died or had a severe relapse just when you thought he was well. Or perhaps you have not visited your patient as often as you should have done, thinking everything was all right; when in your absence some officious friend has said, oh, his bowels ought to be moved, and has given him something for that purpose, and you are hastily summoned, to find your patient in a state of collapse, and dying from perforation. This is not a fanciful picture but a stern reality, which I have witnessed on more than one occasion. To recapitulate:

1. Be sure of your diagnosis before stating that you have a case of typhoid fever.

2. Give very little medicine, but sponge freely, and give nothing but peptonized milk.

3. Watch your patient closely and pay frequent visits.

4. In case of weak heart, or when stimulants are indicated, give alcohol and give it freely.

5. When constipation occurs due to paralysis of the ulcerated intestines, give no purgatives.

6. Insist on the nurses obeying your orders, norwithstanding the meddlesome interference of others.

Selections.

THE UNITED STATES AND ITS DOCTORS.—There is certainly no more curious social phenomenon than that of the extraordinary popularity of the medical calling in this country as a means of securing a livelihood. The subject is one that is often dwelt upon, but we doubt if many even yet realize the grotesque misproportion which medicine in the United States holds to other bread-winning occupations. Here are some of the naked facts in the matter: France has 38,000,000 of population, 11,995 doctors, while it graduates 624 medical students in one year. Germany has 45,000,000 of population, about thirty thousand doctors, and graduates 935 students in one year. The United States has about sixty million of population, nearly one hundred thousand doctors, 13,091 medical students, and graduates 3,740 students in one year. Germany, which has relatively less than half as many doctors as America, is already groaning over its surplus. When one compares France with this country, the excess of medical men here seems most astonishing. A comparison of the United States with European countries, in whatever way it is made, leads one to think that there is something almost morbid in our medical fecundity.—*Medical Record.*

PRESCRIPTION FOR IRRITABLE BLADDER.—DR. E. L. TUNSTALL recommends the following mixture in cases of irritable bladder:

℞.—Potassium citrate. . . . 4 drachms.
Fluid extract of triticum repens . . } of each 1 ounce,
Tincture of hyoscyamus }
Fluid extract of buchu . . . ½ "
Water sufficient to make . . 3 ounces.

One teaspoonful in a wineglassful of water three or four times daily.—*Medical Summary.*

KNIFE WOUND OF HEART. By H. M. Pond, M.D. St. Helena, Cal.—Observations bearing upon the immediate effects of wounds which are necessarily fatal, and upon the length of time during which a wound may fail to demonstrate its dangerous character, are of great value to the surgical "expert" on the witness stand, and of interest to medico-legal inquiries generally. For this reason, I consider it not unadvisable to place on record the following case: On April 27th, 1890, Joseph Van W., of Rutherford, Napa Co., Cal., became engaged in a quarrel with a woman, and was stabbed by her. It is impossible to ascertain at just what time in the scuffle the woman stabbed him, but the evidence indicates that the knife blow was the first one struck. They had quite a "mill," time enough for the man to knock her down two or three times, when he suddenly turned and ran out on the street and up the road. The woman followed him hotly, but seeing he was rapidly gaining on her, she turned and went back. He ran about one hundred yards and fell, lying where he fell until he died. His groans were heard by the neighbors for half an hour before it was discovered that he was seriously hurt, and he died just as he was found. The autopsy, made next day, revealed a knife wound directly through the sternum into the right auricle, the pericardium and right pleura being full of blood. The history of the case indicates that the receipt of the blow did not attract his attention, as he continued his fight, in which he seemed to have the upper hand, until probably the weakness induced by his hemorrhage led him to run. Even then he had strength enough to outrun the woman, and go at least one hundred yards before he fell.—*Pacific Medical Journal.*

PRESENCE OF MERCURY IN A TAPE-WORM COMING FROM A SYPHILITIC PATIENT UNDER MERCURIAL TREATMENT.—A butcher boy treated at Brême and at Gottingen, by mercurial inunctions, having passed two scolices per anum, was treated with male fern, which caused the evacuation of two tænias (mediocanellatà), whose grey coloration caused the presence of mercury to be suspected. Chemical analysis having demonstrated that such was really the case, microscopical examination gave the following result: Treated with glycerine, each proglottis showed the metallic deposit in the vas deferens, in some of the vasa efferentia, and in the vesiculæ seminales. It was so pronounced in the oviduct that even to the naked eye it presented the appearance of a dark streak. The vagina looked like a dark tube, although on section the narrowed calibre was still found to exist. The walls of the uterus also contained a certain quantity, while the ovary itself was quite free. After staining by means of eosine and other coloring matters, longitudinal and transverse sections revealed the fact that the entire parenchyma of the tænia contained particles of mercury, equally distributed. On the integument these were collected principally in the grooves or depressions, which was particularly the case in the neighborhood of the suckers; to the naked eye the head of the worm seemed blackish. Previous observations had already drawn attention to the dark color of the head in certain tape-worms, but this was due to a granular pigment deposited in the cellular tissue, and bearing no resemblance to the mercurial deposit mentioned above as being present in the external tegument of the head of the tænia. In the same way it cannot be mistaken for the collections of pigment, which Leuckart has noticed in the vagina, since he has himself stated that these collections were found only in old proglottides, while those found in the Gottingen case were situated in young and living proglottides. The remarkable part of this observation is the enormous amount of mercury absorbed by these parasites without having any appreciable influence on their vitality; with the exception of the grey coloration, microscopical examination did not reveal any difference from the parasites found in healthy animals.—*Le Moniteur du Praticien. March, 1890.—Lyon Medical, June 8th.*

THE

Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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TORONTO, AUGUST 1, 1890.

THE UNIVERSITY OF TORONTO AND TRINITY MEDICAL COLLEGE.

We publish in this issue a letter from Dr. Bingham, of Cannington, with comments on certain editorials that have recently appeared in THE PRACTITIONER. We quite appreciate his devotion to his Dean, whom he esteems so highly. It happens that the Senate of the University of Toronto also valued very highly the work of the Dean and Faculty of Trinity Medical College. If our correspondent will take the trouble to read carefully our account of the negotiations which took place, he will easily learn this. Toronto University felt that its superior advantages in science should be placed within the reach of all students in every Faculty as far as possible, and made the most friendly offers to Trinity. These offers were rather contemptuously declined. The Dean went so far as to state that these members of the Senate who were making such advances were simply setting "traps," and acting with "utter meanness and gross unfairness," etc. Does our correspondent really think that the circumstances of the case justified such methods of abuse on the part of Trinity's Dean?

Dr. Bingham tells us what he and his brother graduates are going to do. We object not to their loyalty. Let them rally around their alma mater if they will; but let them remember at the same time that while they are supporting Trinity, it is not necessary nor friendly to try to destroy Toronto. We may say that he need not presume to speak for all the ex-students of Trinity, as if they were going to join in this bitter attack on Toronto. We have in our possession a letter received from a graduate of Trinity, who attended lectures with Dr. Bingham, which contains the following words: "Allow me to say that I am in hearty sympathy with the editorial of THE CANADIAN PRACTITIONER, entitled, 'Trinity Medical College and the University of Toronto.' I regard the establishment of the Medical Faculty of the University of Toronto as the most important step towards higher medical education that has ever been brought about in Canada." Many graduates of Trinity have spoken to us in a similar strain, and of such no inconsiderable number can be found in Toronto.

The reasons advanced, so far as we understand them, are chiefly two.

1. The facilities for teaching science in the University of Toronto are unsurpassed on this continent, and probably in the world. Trinity in refusing to derive its share of profit from these undoubted advantages made a grave mistake, as a large proportion of her friends easily perceive. If she is determined to have none of them, it would be grossly unreasonable to prevent others from plucking the rich ripe fruit that is brought to our very doors

2. The new Medical Faculty is governed by a perfectly disinterested body—the Committee of the Senate on the Medical Faculty, being the Hon. Edward Blake, the Chancellor; Mr. Wm. Mulock, the Vice-Chancellor; Sir Daniel Wilson, Judge Falconbridge, Dr. O'Sullivan, Rev. Principal Caven, Judge Boyd, and Professor Loudon —while many, if not most, medical schools in Canada are controlled by their proprietors, whose interests frequently induce them to attract large numbers rather than maintain a high standard. Without making reference to any particular colleges, we may say that the history of medical education on this continent shows that the system of private proprietory schools has furnished many examples of mills that were simply a disgrace to the nineteenth century.

Will our correspondent pardon us if we advise him to take a broad view of the case? Let him forget the "personalities" of the wicked and unappreciative, and consider what is best in the interests of medical students, whether of Trinity or Toronto, and scientific medical education.

If those facilities for teaching science, which we used to cross the ocean to seek, are brought to our hands, let us all take advantage of them. The work of obstruction to progress in any line is always unfortunate and unprofitable, and we hope that all of Trinity's friends will soon take a proper view of the work that has been undertaken by the Senate of the University of Toronto in the interests of higher medical education.

GONORRHŒA AND ITS SEQUELÆ.

The general public have little or no idea of the disastrous consequences which result from gonorrhœa. It is sometimes considered rather a joke when a male gets "caught" with an ordinary clap, as it is called. If it be "cured" in a few weeks, it is thought to be a thing of the past, trifling in its nature, though it caused considerable inconvenience and pain for the time being. There may be a slight gleet, which is generally considered a considerable nuisance, but not a very serious matter. Such a condition is, however, a very serious one indeed, and the consequences are pretty well known to the profession, though perhaps not always appreciated to the fullest extent. The most serious of these arise from the urethral stricture, which follows in a large proportion of cases, and are cystitis, pyelitis, and serious lesions of the kidneys. These results may be delayed for many years, and are apt to become most troublesome at an age when the vital energies are becoming impaired, and consequently less able to resist them. In an old man a stricture with a cystitis, causing him to spend a goodly portion of his time during night and day in his efforts to force his stinking ammonical urine through a canal that is almost closed, is accompanied by an amount of suffering that is simply indescribable. On account of such serious results connected with the sequelæ it has been stated by some that gonorrhœa causes a greater amount of evil to the human race than syphilis. In answer to this, we may say that such a statement is absurd when it is considered that syphilis causes not only suffering to the patient, but serious evils to his descendants for many generations.

Unfortunately, as we are learning during the last few years, the evils resulting from gonorrhœa in males are by no means confined to the men who are simply paying the penalties for the follies of youth. Their wives in a large number of cases have to become the innocent sufferers. Some years ago Nœggerath surprised the medical world by the statement that more than half the women of New York were suffering from disease resulting from gonorrhœa. Such disease is frequently caused by the husband, who formerly had one or more attacks of clap which had been *cured*. The usual course of events in the female is vaginitis, endometritis, salpingitis, and peritonitis, with frequent purulent formations. Recent abdominal surgery has done much to prove that Nœggerath was nearly, if not absolutely correct. It is inexpressibly sad to see a healthy, happy girl, who becomes a loving and faithful wife, changed from such causes in a few years to a hopeless chronic invalid.

The lesson to be learned by the profession is obvious. Always consider gonorrhœa as one of the most serious of all diseases. The physician is frequently, if not generally, handicapped by the secrecy which surrounds the case, and often prevents that rest which is indispensable in treatment. One is terribly nonplussed in certain cases, and it would probably be much better frequently to throw aside the secrecy, to some extent at least, but as a rule this must not be done without the patient's consent. We are not going to discuss treatment, but in a general way would say—put your patient in bed at once and cure him as thoroughly and as quickly as possible.

THE PREVENTION OF POST-PARTUM HEMORRHAGE.

At the recent meeting of the Ontario Medical Association, the address on obstetrics was delivered by Dr. Carson, of Toronto, who took as his subject the prevention of post-partum hemorrhage. We regret that the address was not written, and we are unable, therefore, to give it to our readers. It unfortunately happened that the doctor was in a poor condition physically on account of the ravages of la grippe; but, notwithstanding such drawbacks, he was able to state his views with an amount of vigour and

clearness of description that commanded the undivided attention of all present. We are deeply indebted to the "Dublin School" for our modern views on this very important subject, and this country has seen no more able exponent of that distinguished "school" than Dr. Carson.

The main contention of the speaker was that we should carefully watch the symptoms in the patient, and especially the condition of the uterus, without being "meddlesome." He is entirely opposed to the too early removal of the placenta, and attached considerable importance to the formation of clots in the uterine sinuses, which, to some extent, prevent hemorrhage. We are inclined to think that these clots have little to do with such prevention, and consider that we must rely mainly on the entire closure of the sinuses by uterine contractions to check bleeding. It is hard to say exactly how long we should wait before making any efforts to express the placenta, but there is nothing to be gained by unnecessary haste. A slight period of rest appears to come in the natural course of events after the expulsion of the child, and hasty interference with this rest is unnecessary, if not injurious.

The speaker insisted that at this period the patient should be kept perfectly quiet, and condemned what he called "unnecessary kneading or manipulation of the uterus." There is probably an amount of vigour shown by many practitioners in this kneading process which does no good, and produces considerable suffering. And yet, call it what you will—kneading or otherwise, this is one of the critical periods in the history of labor when the educated finger-tips have their important work to do. If any one in the audience got the impression from the address that this was a matter of but little importance, he learned his mistake when Dr. Carson made some explanations touching this point in his admirable reply at the close of the discussion. It is simply a matter of knowing how to properly "follow down" the uterus during the expulsion of the child, and "watch" it until the completion of the third stage. When one has learned this important lesson in a practical way, he is in a condition to prevent post-partum hemorrhage, excepting in a small minority of cases.

NOTES.

ONTARIO MEDICAL LIBRARY ASSOCIATION.—At the third annual meeting of the Association the following officers were elected: President, Dr. J. E. Graham; Vice-Presidents, Drs. A. A. Macdonald, Temple, and Moore of Brockville; Treasurer, Dr. McPhedran; Secretary, Dr. James MacCallum; Curator, Dr. N. A. Powell; Assistant Curator, Dr. Wishart; Trustees, Drs. R. A. Pyne, Britton, and Pepler. During the year the number of volumes in the library has been doubled. The Association enters on its new year free from debt, and with assets of $5,545.50. Fifty-six medical journals are regularly on file. Arrangements have been made by which city physicians, or those residing at a distance, may take books from the library for a week at a time. Duplicate copies of various journals have come into the possession of the Association. These will be gladly exchanged with Physicians who may wish to complete their sets.

Meeting of Medical Societies.

THE PATHOLOGICAL SOCIETY OF TORONTO.

The president, Dr. Reeve, in the chair.

The following specimens, with histories, were presented by T. K. Holmes, M.D., of Chatham.

CONCEROUS UTERUS: REMOVAL BY VAGINAL HYSTERECTOMY—RECOVERY.

Mrs. C., æt. 55, the mother of several children. About nine months before I saw her she began to have menorrhagia; this growing worse, she consulted Dr. Jenner, of Kingsville, who discovered the nature of the disease and at whose suggestion I saw her. Dr. McGraw, of Detroit, who has seen her, coincided with Dr. Jenner. On Dec. 7th, 1889, assisted by Drs. Jenner, Campau, and Dewar, and Mr. Pearson, I removed the uterus through the vagina. The operation was done in the usual manner, except that I was unable to draw the uterus down on account of the fragile nature of the diseased cervix, and was obliged, therefore, to perform the first part of the operation *in situ*. Clamps were used, instead of ligatures, to control the vessels of the broad ligaments. There were no enlarged lymphatic glands to be felt anywhere.

She made a good recovery under the skilful attention of Dr. Jenner, and has regained her former weight and feels and looks well.

VESICAL CALCULI.

S. Y., æt. 48, for about four years an English R. R. Station Agent. Has had gradually increasing vesical irritation. Has been examined by several surgeons, who, not detecting a calculus, have variously diagnosed prostatic abscess, stricture, albuminuria, enlarged prostrate, cystitis. When he came under my care he had lost forty pounds in weight, had a sallow complexion, a very pained look, and was obliged to urinate every ten or fifteen minutes. The vesical tenesmus at the end of urination was so great as to cause an involuntary discharge from the bowels at intervals. The urine, strongly ammoniacal, contained much mucus and pus; the appetite was poor; the temperature varied from 100° to 102° F.; the pulse was never below 100 (generally 120). His urine had never contained blood, so far as he was aware. What seemed to be a greatly enlarged prostate could be felt per rectum, and slight pressure there caused intense suffering. I learned that various means had been tried to cure the cystitis, and as I was unable to pass a sound on account of the pain produced by the attempt, I determined to make an incision into the bladder and remove any foreign body, if found, or drain that viscus if none existed. As soon as complete anæsthesia was produced, the sound revealed the truth, and as the stones seemed numerous, I deemed it safer to cut than to crush, and accordingly made a median incision, and without difficulty removed the thirteen calculi here exhibited. The nuclei are composed of uric acid, and the remainder of amorphous phosphates. The patient made a good recovery.

CANCER OF THE UTERUS—AMPUTATION OF CERVIX—IMPROVEMENT—DEATH FROM RECURRENCE OF DISEASE.

Mrs. T. H. N., æt. 39 years, married and has had five children and four miscarriages. Had lead poisoning, and never fully recovered her former strength. First noticed that menses was unusually profuse about August, 1887, but did not consult anyone till June 11th, 1888, when I saw her and discovered the nature of the disease. The cervix was large, nodular and hard, and bled profusely. The organ was not firmly fixed, but the inguinal lymphatic glands were enlarged. After amputation of the cervix in the usual way, she improved very much during the next seven months, regaining her former weight and being free from discomfort. The disease recurred in the stump in March, 1889, and she gradually failed, with the usual symptoms of pain, hemorrhage and fetid discharges, and died September 27th, 1889.

MALIGNANT TUMOR OF THE LABIUM.

Mrs. R., æt. 55, of good family history, and no suspicion of specific taint, consulted me on September 14th, 1889. She has had a large family of healthy children, and no serious difficulty in any of her labors. She suffers from asthma and has vesicular emphysema. Fourteen months ago she noticed a small indurated spot on the right labium near the junction of the skin and mucous membrane, and this induration has spread until the whole surface from the anterior commissure to the middle of the perinæum is involved, and several spots of pale ulceration exist on the cutaneous surface, and also on the mucous surface of the lower part of the vagina. No enlarged glands could be detected anywhere, and the patient had a good appetite, was well nourished and suffered but little pain. The diseased mass was removed on October 18th, 1889, and necessitated an incision six inches long, the wound being of an elliptical shape, three and a half inches wide in the widest part. It extended from a point near the clitoris to the middle of the perineum, and included the lower part of the vagina on the right side. The wound healed readily, and the patient is well.

DEGENERATE KIDNEY WITH SUPPURATING CAVITIES AND CALCULUS,

Mrs. G., æt. 73. Seven years ago she noticed an enlargement, the size of an orange, on the right side of the abdomen on a level with the umbilicus. It grew gradually but gave little pain or discomfort until a year ago, when it began to hurt her to lie on her right side. For three years she has noticed, at intervals of a week or two, a discharge of a teaspoonful of pus from the bladder after urinating and standing up. During the last ten weeks she has passed thick pus with her urine every day.

The quantity of urine is about a pint daily, the specific gravity 102·6, and the reaction acid. There is no pain about the bladder or urethra, and she can retain her urine as long as she could when she was well. The tumor now extends from the lower border of the ribs to the anterior superior spinous process of the ilium, and from the dorsal region to the median line in front. It is moderately hard, smooth, somewhat tender, and only slightly movable. From the date of my first visit on the 28th of March, she gradually failed, having pain, fever, and night sweating until she died on July 10th, 1888. About a week before death there was a free discharge of pus from the bowels. The autopsy showed the kidney to be large, smooth and regular in form, and adherent to the under surface of the liver, the ascending colon, and indeed to all tissues with which it was in contact. The pelvis was large and suppurating, and contained an irregular shaped calculus which weighed 180 grains. There were several pus cavities near the surface of the organ, and one of these communicated with the ascending colon by an opening as large as a pencil. The inside of the bladder presented no gross appearance of disease, but its walls were very easily torn. She was opposed to any operative interference, for which her age and general condition were unfavorable.

DEGENERATION OF BOTH OVARIES—RAPID GROWTH AND SUDDEN DEATH.

Mrs. C. S., æt. 35, married and has had three children; good family history. Was well until six weeks before I saw her, when she noticed an enlargement in the region of right ovary, but did not consult any physician until four weeks later when Dr. Bell, of Merlin, was called. At his suggestion, I saw the case a few days subsequently. I found a well defined tumor of the right ovary, which seemed smooth and uniform in shape, quite soft, and gave a sense of fluctuation. It extended beyond the median line, and rose two or three inches above the umbilicus. Her temperature at the time of my visit was 102° F., her pulse 120, and she was weak and anæmic, so that it was deemed prudent to postpone surgical interference until her condition could be improved by general treatment. At the end of a week she was free from fever, her appetite was better, and her strength somewhat improved. This was Thursday, and it was decided that I should see her early the following week and perform abdominal section. On Saturday, however, she became suddenly very weak, her extremities cold and her heart so feeble that her family became alarmed, and sent in haste for Dr. Bell. She died before night. At the autopsy the right ovary was found to weigh ten pounds. It was semi-solid, smooth, had a small pedicle, and on being cut open was found to contain numerous small cysts in a soft reddish succulent stroma. The whole was friable, and even the more solid parts were infiltrated with a greenish colored serous fluid. There was about a quart of fluid in the peritoneal cavity. The left ovary weighed half a pound, having begun to undergo the same kind of degeneration. No cause could be discovered in the abdominal or pelvic cavities for the sudden collapse and death.

UNUSUAL ARRANGEMENT OF THE BRANCHES OF THE AORTIC ARCH.

Dr. Primrose showed a dissection of the great vessels arising from the arch of the aorta, which exhibited the following peculiarities: The first branch arising from the arch was a common trunk, one-half of an inch in length, which bifurcated in front of the trachea into the two common carotid arteries. The two carotid arteries, after gaining the outer side of the trachea, on the right and left sides respectively, continued upwards in normal relation to the air-tube and the other structures at the root of the neck. The second branch arising from the arch was the left subclavian; arising one-half inch from the origin of the first branch, it passed upwards to the outer side of the left common carotid artery, but lying on a plane posterior to that vessel. The vertebral artery arose from the subclavian, one and a quarter inches from the origin of the latter vessel. The subsequent course of the subclavian artery and its branches of distribution were normal; the left pneumogastric nerve passed in front of the artery to cross the aortic arch. The third branch from the aortic arch arose one-half inch from the origin of the left subclavian. It was the last of the great vessels arising from the arch. The two vessels last described arose from the superior portion of the arch, whilst the right subclavian arose from the posterior aspect of that

vessel. The artery then coursed upwards and to the right, crossing the spinal column and the longus colli muscles obliquely, lying behind the trachea and œsophagus; the artery then lay on the right side of the trachea, between it and the right longus colli muscle, it then passed outwards behind the scalenus anticus muscle and occupied its normal position, crossing over the first rib. The vertebral artery was the first branch given off, and the other branches of the artery were normal in course and origin. The left vagus nerve crossed over the aortic arch, and its recurrent laryngeal branch ascended behind the arch and crossed over the anterior aspect of the right subclavian artery in its course to the larynx. The right inferior laryngeal nerve passed directly from the vagus to the larynx without running behind the right subclavian artery, and was therefore not recurrent.

HYDROCELE.

Dr. Cameron presented a specimen of a hydrocele sac, which he had excised from a young man who had received an injury in boyhood, and who had been the subject of recurrent effusions into the tunica vaginalis ever since. There was no pain so long as the sac was full of fluid; great pain when the sac was empty. There were two distinct portions of the sac; the specimen has been dissected by Dr. Primrose.

Dr. Primrose said he had made a partial dissection of the sac. The division of the tumor into two portions, mentioned by Dr. Cameron, was due to a constriction caused by a firm fibrous ring. The explanation of the condition is probably as follows: Originally, the hydrocele was covered by a complete fibrous tunic composed of the normal coverings of the testicle; as the hydrocele increased in size a hernia of the tunica vaginalis occurred through its fibrous covering, or, at all events, through a portion of the fibrous layer. The opening in the fibrous layer, through which the tunica vaginalis had passed, enlarged somewhat, and the margins of the opening thickened and thus formed a constricting band dividing the hydrocele, as it increased in size, into two distinct portions. The thickened ring of fibrous tissue has been dissected out and is well seen in the specimen. A very significant fact supporting this view is, that the portion of the tumor representing the herniated part of the tunica vaginalis possesses a very thin covering, whilst the portion of the hydrocele above is enveloped still by a firm fibrous covering. If this explanation of the condition be a correct one, then we can understand the formation of those hydroceles which appear to be multilocular cysts, but which an introduction of the cannula prove to be composed of a single sac constricted in the middle.

Dr. H. A. Macallum presented a

TUMOR OF THE BRAIN.

J. H., æt. 16, weight 75 lbs. This history dates his illness back to June, 1889. It began with severe pain in head and vomiting. This continued more or less severe till a few days before his entrance into the London Hospital (Nov. 1st). He then became stupid and dizzy. When seen in the ward by the attending physician he appeared dull, and complained of double vision, pain in the head, dizziness, and sleeplessness. Temperature normal. Before January he lost vision in left eye; the loss was accompanied by paralysis of the sixth cranial nerve on same side. After January right eye became blind, followed by paralysis of the left facial nerve. No loss of motion or sensation in limbs occurred. Liver enlarged and tender. Died March 13th. *Post mortem* on March 13th. Liver, lung, and kidneys were very much congested; brain presented a tumor (a round-celled sarcoma), involving the pons and pressing upon and obliterating the left half of the cerebellum.

Dr. W. J. Burt presented an

ODONTOME.

The patient from whom I removed this specimen was a young man, to whom I gave ether in a dentist's office, for the purpose of removal of his teeth. The first and second molars on the right side were drawn. The wisdom tooth on that side had not yet appeared. Two months after removal of the teeth an opening took place in the cheek, opposite where the second molar had been. The neck was frequently lanced below, and in front of the first opening. After the opening, a portion of the jaw from which the molars were removed, presented a necrosed condition, and it was thought nature would cast it off in course of time.

However, as the time passed by for a natural separation, instead of becoming loose, the denuded portion was firmly fixed and increased in size, presenting the appearance of a small walnut. It was then that I advised its removal. The patient willingly consented, as the fistulous opening was a constant source of annoyance to a rising young man. Ether was given and the growth, after a couple of taps with a chisel, was readily turned out with a pair of forceps. The fistulous opening closed almost immediately. Some little time after this the patient again consulted me for what he thought was a return of the growth at the site of removal, when I discovered a tooth presenting, quite roughened, and which was most probably the wisdom tooth, exactly opposite the scar on his cheek. Shortly after its appearance it began to decay, and although it is now a number of years since, he refuses to have the root removed, as he says the jaw is quite weak. The body of this tooth has decayed to the gums and has apparently been very large. You will observe the portion of the growth attached to the jaw or tooth presents a honey-combed appearance, as if removed from the cusps. To all appearances, it enveloped the top of the tooth, and whether the margin was attached to the alveolar process, I am not prepared to say, but it has the appearance and the description that some pathologists give of an odontome and which is considered a rarity.

PRIMARY SARCOMA OF THE LEFT KIDNEY.

This specimen was removed from a child 18 months old. The mother first noticed something wrong with the child when it was a year old, and shortly afterwards a lump appeared in the left lumbar region of a hard consistence. It gradually increased in size, filling the space between the crest and the lower rib, and eventually the whole of the left side of the abdominal cavity. Ascites gradually developed, the fluid being very dark-colored. The urine contains at times a slight amount of albumen and pus corpuscles. The kidney weighed 44 ounces; all the other organs were normal. The father had been an invalid for several years, and died only a few months before the child. He had suffered from a psoas abscess, Bright's disease, and pleuro-pneumonia, a large abscess cavity forming ultimately in one of the lungs.

ACRANIA AND TRIPLETS.

I have attended three cases of acrania, all very similar; only one of the specimens I will present. Hydramnios was present in all; in one case very profuse. All the children lived a short time. I have nothing to say in reference to these cases except that, in addition to the many causes given for the over-production of liquor amnii, I cannot help but think that a portion of the fluid in these cases is cerebro-spinal. In one case there had evidently been a large meningeal tumor which shewed evidence of a recent rupture of the membranes, which were noticed lying in loose folds on the head, and then we know how rapidly cerebro-spinal fluid is produced, *e.g.*, in cases of spina bifida. It is well known from the history of these cases that a pint will be reproduced after tapping in a very short time. Then, again, the functions of the cerebro-spinal and amniotic fluids are in some respects, at least, similar. If rupture of the meninges takes place during pregnancy there will then be an intermingling of the fluids within the membranes of the liquor amnii. In these cases too, when rupture does not take place there seems to be nothing to prevent the intermingling of the fluids by osmosis. The analyst and microscopist will no doubt set a matter of this kind at rest. As a contrast to this specimen, I beg to present you with a card of triplets. These children were born Nov. 19th, 1886, and weighed at birth 8, 7½, and 6 lbs., respectively. Although this specimen does not appear to have a pathological bearing, I believe most of these cases have a pathological influence. Even with twins, one is frequently born dead; and in the case of triplets, I believe that there can be but few specimens produced, such as the specimens I now present you. Dr. Omstein, of Athens, Greece, is at present actively engaged in collecting information regarding the longevity of triplets. In the case of triplets, quadruplets, quintuplets, etc., multiple fœtation means certain death to one or all the children. The children spoken of to-night are still alive and healthy, and have every appearance of living as long as any single birth.

PAGET'S DISEASE.

This specimen was removed from an unmarried woman, æt. 40. Eleven years ago she began to complain of her left breast becoming swollen

and painful at times. A lump appeared between the breast and axilla shortly afterwards. This enlargement disappeared; but as it did so, the breast became harder. About two years ago the nipple became excoriated; scabs would form and peel off. All about the nipple became sore and the excoriation was spreading upwards. A thick, whitish matter exuded from the nipple, and continued to do so until its removal. Breast very painful most of the time since the appearance of the eczematous condition. There has been no return of the trouble since the removal, and the patient has improved generally since the operation.

Hospital Reports.

AMPUTATION OF THE CERVIX FOR MALIGNANT DISEASE.

UNDER THE CARE OF J. ALGERNON TEMPLE, M.D., IN THE TORONTO GENERAL HOSPITAL.

Mrs. H., aged 55, mother of ten children, came to the Toronto General Hospital on June 27th, suffering from cancer of uterus. She is a large, stout, healthy-looking woman, having always enjoyed good health, and with no family history of cancer. She passed the climateric period some years ago. In February, 1890, she noticed a thin, watery, bloody discharge, not offensive, and unaccompanied by pain; this continued up to the early part of June, when she consulted her physician concerning it. He diagnosed cancer, and sent her to the hospital for operation. On examination, it was found that the posterior lip of the cervix and cervical canal were pretty completely destroyed, the uterus was fixed so that it was absolutely impossible to draw it down. One could not detect any enlarged pelvic glands, and it was difficult to satisfy oneself whether or not the fixed condition of the uterus were due to extension of the disease into the surrounding tissues, or to a previous attack of inflammation: however, this fixed state of the uterus decided one against vaginal hysterectomy, and it was deemed advisable to remove the whole of the diseased mass by removing the whole cervix as far as the internal os.

The patient being under chloroform the cervix was seized with a vulsellum forceps, and a circular incision made through the vaginal mucous membrane at its junction with the cervix, and then, by means of the finger, the cervix was pushed back as far as possible with a pair of curved scissors, the anterior wall of the cervix was cut through, just above the os internum; this was repeated on the posterior wall, thus removing the whole of the cervix as far as the os internum, by a gothic-shaped incision, the apex being upwards. The hemorrhage was very considerable, and it was necessary to leave in four pairs of long handled clip forceps for forty-eight hours. The after treatment consisted in the use of antiseptic vaginal douches several times a day. The patient left the hospital two weeks after the operation. It is too early to speculate concerning the subsequent history of this case. The operation is one, however, well suited for those cases in which vaginal hysterectomy is inapplicable.

ALCOHOLIC PERIPHERAL NEURITIS.

A CASE UNDER THE CARE OF A. M'PHEDRAN, M.B., IN THE TORONTO GENERAL HOSPITAL.

Reported by W. N. Barnhart, Clinical Clerk.

G. A., æt. 40, engineer, has always been healthy, but has been addicted to alcoholic excesses since 25 years of age. One-third of a pint of whiskey has been his daily ration, and one quart from Saturday night till Monday morning. Never sleeps very soundly, is easily awakened, and often lies awake more than half the night. About the 24th of May last, while taking his usual Sunday spree, he lost his appetite for food. This had often occurred before, but when he would take more whiskey his appetite for food would return. This time he vomited the food as soon as taken. He called in a physician who ordered milk and limewater and forbade whiskey. The milk and limewater was well tolerated for three or four days, when he resumed solid food. His friends recommended him to take some whiskey and not break off too suddenly. He took a little, not much, contrary to medical advice. Six days after onset and while his stomach was retaining food very well, he became very wild and delirious. He was tearing the bed-clothes and had to be kept in bed by force. He was sent to the hospital in the night, remained there a week, and was strapped to the bed for the first three days. When he got up to go about, his hands and feet

felt very numb. This was thought to be a result of the straps. But the numbness gradually became worse. He went home and resumed his labor—running a stationary engine. The work was light and he continued at it for two or three weeks, but was much annoyed with dull pains in his arms and legs, soreness of his muscles, feeling of pins and needles in hands and feet, and general weakness. He was obliged to give up work, not from weakness of his hands, as handling the shovel and most of his work was done by the flexors of hand, which were not much affected, but because his feet became so tender that he was unable to walk about. He returned to the hospital June 30th, was examined carefully. Both hands were weak, right slightly more than left. Extensors were much weaker than flexors, the latter appeared very little affected. He presented markedly the wrist-drop appearance of lead-poisoning. Could not perform any delicate movements with fingers, could not write his name or pick up a small article like a pin or small coin from a smooth surface. Muscular actions, like buttoning his coat or pulling off his socks, were performed very awkwardly and with difficulty. Had also paresis of muscles of legs, especially tibialis anticus, extensor proprius pollicis, and extensor communis digitorum. Could not flex the foot upon the leg or extend the toes very well. Foot could be extended all right. There was quite marked incoordination of muscles of lower extremity. Patient could not stand on one foot. Could not stand with eyes closed without swaying. He said he had to sit down when he wiped his face with a towel.

Common tactile sensation is very little disturbed. There is some hyperæsthesia and hyperalgesia, especially of feet. Warm water appeared hot when applied to feet. Pain is felt when feet are touched. Feet were sore and painful while he was walking about, and seemed as if his shoes were too tight, which was not the case. There was a feeling of pins and needles in hands and feet. A sensation of strain in calf muscles while standing. Pains and soreness are worse as night approaches. Could not elicit special tenderness along nerve trunks. Muscles of legs and arms are soft and flabby. He complains also of swelling of hands, feet, and ankles. Kneejerk absent in both legs. Plantar, cremaster, and abdominal reflexes absent. Sphincters normal. Pupillary reflexes normal. *Electric phenomena.* Faradaic irritability still retained. Galvanic current:—An. S C—K S C.

Although there was no loss of faradaic irritability, yet there were changed galvanic reactions, showing a degeneration of some fibres.

This man has now improved very much and will soon be able to resume work. The treatment consisted simply in quietude in bed, good food, with stomachic tonics at first, and later general and nervine tonics.

Remarks by Dr. McPhedran: The case presents quite typically the phenomena of a mild attack of alcoholic multiple neuritis, or "alcoholic pseudo-tabes." The disease is comparatively rare in the male, for some unexplained reason, being much more frequent in the female. Memory is usually much affected and the mental condition "muddled."

It is only in rare exceptions that *post mortem* examinations are obtained, as the disease is seldom fatal, but in those examined, the nerves, especially the radial, and anterior tibial, are found to have undergone a sabacute inflammatory process. Naked-eye appearances are usually normal, but on microscopic examinations, evidences of degeneration are found, as well as, more or less interstitial neuritis. The lower limbs suffer most, and oftenest as a rule, but occasionally the neuritis may be confined to other nerve tracts as the respiratory, the brachial plexus, etc. If the arms are much affected there is a striking resemblance to lead palsy.

GONORRHŒAL RHEUMATISM.

UNDER THE CARE OF A. PRIMROSE, M.B., C.M., EDIN., IN THE TORONTO GENERAL HOSPITAL.

F. L., æt. 29, single, a farmer, admitted July 1st, 1890, complaining of an inflamed and painful wrist-joint; the following history was taken by Mr. W. N. Barnhart, the clinical clerk:—On Tuesday morning, June 9th, when the patient awoke he noticed his left-hand fingers and wrist very much swollen, but felt no pain. He remained in this condition for two weeks; then pain commenced in the hand and fingers, occasionally shooting up to the elbow. The pain is worse at night and keeps him awake. He has

also had an acute pleurisy on left side, which set in two days before the swelling in the hand. The pleurisy ran quite a mild and favorable course.

Present condition, July 11th.—Fingers, hand, and wrist swollen, red, and hot; pain felt chiefly at ulnar side of carpus and dorsum of hand; fingers semi-flexed: almost no movement. The hand is useless, and he carries it in a sling.

Several members of the patient's family have had rheumatism; as to his habits, he is a hard worker winter and summer; smokes tobacco, drinks beer, occasionally to excess. He has previously enjoyed good health; had gonorrhœa a few weeks ago; urethral discharges commenced on 20th May and lasted ten days; there has been no recurrence. The diagnosis of gonorrhœal rheumatism was made, and the treatment employed has been pot. iodide et tr. cinchona co, internally; lin. sap. co. lin. iod., aa., applied locally, hand bandaged in cotton wool.

Remarks.—Gonorrhœal rheumatism attacks the foot or the knee with greater frequency than the joints of the upper extremity. The joint affection usually manifests itself within a few weeks of the recurrence of the urethritis; some authors, however, state that the attack may be postponed for some months after the contraction of the gonorrhœa. In the case just narrated, the œdema of the tissues about the wrist and hand was considerable; the acute stage of the disease had subsided to a great extent when the patient presented himself at the hospital; the urethral discharge had closed and the pain had diminished. Under the treatment employed in hospital, the pain disappeared entirely and the swelling slightly decreased. There still exists, however, considerable swelling, and there is tenderness on movement at the joint. The amount of movement at the wrist is very limited, but there has been very marked improvement in this during the last ten days. It is questionable whether the treatment advocated, of putting a limb so affected on a splint, is beneficial or not; it would be well during the acute stage of the affection to fix the joint and secure complete rest in this manner, but when all acute symptoms have passed off, it seems more reasonable to encourage a certain amount of movement; these joints are very apt to become permanently stiff; fibrous anchylosis frequently occurs, and absolute fixation on a splint would tend to encourage it. In the case we have described, the joint was carefully encased in cotton wool and the arm carried in a sling.

The term gonorrhœal rheumatism is a bad one; the connection of the disease with rheumatism is a doubtful one, except, perhaps, the fact that it occurs most frequently in individuals of a rheumatic diathesis. Further, a similar joint affection has been observed apart from gonorrhœal urethritis; it appears to follow a simple urethritis occasionally, and has supervened on the irritation of the urethra by the passage of bougies; the term, "urethral arthritis," has been suggested by Howard Marsh, as a more suitable one.

Correspondence.

Editor of CANADIAN PRACTITIONER:

DEAR SIR,—I have read carefully some recent editorials in your journal, and a letter in reply by Dean Geikie. Will you kindly grant me space sufficient to make a few remarks in reference thereto?

The personalities made use of in your editorials, no doubt thoughtlessly and in a moment of irritation, are surely to be regretted. The members of our profession will certainly resent such attacks upon a man who has devoted his lifetime and life's energies to the advancement of medical education in the Dominion, and who has grown grey in the services of the profession, not to speak of the fact that he is at the head of a college occupying the proud position of Trinity, and which so many of our profession are proud to know as our *alma mater*. Such methods of debate will, I assure you, only induce the friends of Trinity to draw more closely together and to rally more enthusiastically for the struggle against injustice and unequal rights.

In your latest editorial you say: "Surely no one will contend that our great universities in all parts of the world are to absolutely close their doors to all young men who commence the study of law, engineering, agriculture, or medicine."

Now, I contend that the circumstances of every country must largely govern its political economy and that you should confine yourself, in this discussion, wholly to our own Dominion.

Secondly, I wish to contend that, owing to the circumstances of our country, the professions of law and medicine do not occupy the same relation to our subsidized universities as do the professions of engineering and agriculture. Engineering should be aided by public funds because the profession is not over-crowded. There is a very poor field comparatively, as yet, for engineers in Canada. So with farming. We are a farming country, and scientific farming is a desideratum which is very much needed and very loudly called for, and every farmer who can be induced to study agriculture scientifically is a clear gain to Canada. Not so with law and medicine. These professions are greatly over-crowded, and besides, it has been proven that the educational requirements in each case can be fully supplied by independent colleges without any public assistance. To the reflecting mind, it is surely very erratic logic which endeavors to prove that the government of a country should be called upon to supply a demand which does not exist; that the public funds should be used to furnish an article which is not only in demand but is actually a glut in the market.

Now please do not misunderstand me. When I speak of this article, the supply of which is immeasurably in excess of the demand, I refer, not to the half-educated young physician, but to the graduate who has been thoroughly and scientifically trained.

Now, let us admit for the moment, that public subsidizing is a necessity for the advancing of medical education in our Dominion, and in the light of that admission, let us consider, briefly, the existing condition of affairs. You say in a recent editorial: "If she (Trinity) recognizes the great advantages of the chemical and biological departments of the University, why does she not show a willingness to participate in the benefits to be derived therefrom? They have been offered to her; we believe they are still free to her."

It is not my custom, nor is it now my intention, to accuse a gentleman whose opinions may be at variance with my own, of wilful misrepresentation; yet, to my mind, it is simply inexplicable, that you, who must understand so well the present status of affairs, should so represent it in the statement just quoted from your editorial.

In the annual calendar of the medical faculty of Toronto University, which I have before me, I read the names of certain teachers whom we were in the habit of considering as members of the Arts and Science departments of our Provincial University, and who, as such are certainly salaried by the State; and yet they are represented in the Medical Calendar as members of the medical faculty. This calendar is sent to intending medical students all over Canada, in order to show them the supposed advantages possessed by this medical faculty over all other teaching institutions of a simllar kind. And yet, "these advantages are free to Trinity"! Yes, forsooth, if she is willing to surrender her students to a competing rival, and certainly not otherwise. By what exclusive right are the names of these *province-paid* gentlemen who teach biology, etc., in our *Provincial* University, paraded upon the list of one particular medical faculty? Why has not Trinity an equal right, if right it be at all? Why cannot Trinity say to her students, "The schools of Science and Biology are open to all students of Medicine, and all are taught there upon equal terms *and by professors who, being paid by the Province, have no connection whatever with any medical faculty*"?

Suppose a student of Trinity, or of any independent college, desired to take advantage of the *supposed* Provincial institution, as at present constituted, his name would at once be added to the list of students of the Medical department of Toronto University, an institution competing actively for patronage with the independent college at which it was his desire and intention to pursue his purely medical studies. Moreover, I find that the fees which this supposed student would pay for instruction in these *truly Provincial* institutions, would go, not to the gentleman who taught him (they are paid by the public funds), but directly into the coffers of the medical faculty.

Now, I ask you, in all candor, is this not a fair statementof fact? And yet, "these advantages are free to Trinity"! I am willing to leave that statement to the unprejudiced reflection of the members of our profession and of all fair-minded and honorable gentlemen.

H. S. BINGHAM.

Cannington, July 5th, 1890.

Faculty of Medicine, McGill College,
Montreal, 22nd July, 1890.

Editor of CANADIAN PRACTITIONER:

DEAR SIR,—My attention has been called to an editorial in your latest number, headed "Puffing Extraordinary," in which the Medical Faculty of McGill College is accused of undignified puffing and advertising. I have not seen any of the articles to which you refer, nor have I any knowledge of the source from which they come, but I can answer for the fact that they are neither authorized nor desired by this faculty, and I trust you will do us the justice to believe that undignified or unseemly methods of advertising are as distasteful to us as they can possibly be to yourselves.

Yours very truly,
ROBERT CRAIK, M.D.,
Dean.

CLUB PRACTICE.

Editor of CANADIAN PRACTITIONER.

SIR,—Within about as many months, there have been four different expressions from professional sources, all strongly condemnatory of the vicious practice of club custom or "contract doctoring."

The first was an editorial in THE CANADIAN PRACTITIONER for 1st February last, page 68. You have there said truly that "the general tendency is to degrade the profession." Not only does it degrade the profession in a dozen ways, but it also completely demoralizes the laity as to any proper response for services.

The second expression of condemnation was in the annual address of the President of the Ontario Medical Association, published in your pages for 1st July, page 296.

The third was in the report of the Committee on Ethics of the same Association. After condemning the practice of flagrant advertising, it proceeds in the same tone (evidently putting both on a level) to say :—"It also begs to report concerning the unsatisfactory state of the profession regarding 'club practice.' That it still continues to as great a degree as at any time is not denied. This committee considers that it must again put on record its still unchanged opinion, that it is a form of practice most injurious to the medical profession at large, and attended by those who take part in it with loss of dignity and status as physicians among the people with whom they are thus brought in contact."

The fourth was a motion of censure or expulsion from the Ontario Register brought up at the late meeting of the Ontario Council. It was dropped *pro tem.* because supposed to be *ultra vires.*

These several expressions all point one way, namely, that the profession is aroused and incensed at that part of it which degrades the body as a whole. If loud advertising has been and is tabooed still, then this is tabooed also and to the same extent. In fact, the Ontario Medical Association should not acknowledge as member any one who accepts club practice. A move to that end will be made next year in all likelihood.

GALEN.

Book Notices.

A Textbook of Obstetrics, including the Pathology and Therapeutics of the Puerperal State. By Dr. F. Winckel, Professor of Gynæcology, and Director of the Royal Hospital for Women, member of the Faculty of Medicine in the University of Munich, etc. Translated by J. Clifton Edgar, A.M., M.A., Adjunct Professor of Obstetrics in the Medical Department of the University of New York. Philadelphia: P. Blackiston, Son & Co.

Dr. Winckel is well-known as one of Germany's most distinguished obstetricians. Probably no one has had a richer clinical field in this department than the author, during his experience of thirty years in maternity hospitals and private practice. He also had the benefit of the records of his father and grandfather. He has given us essentially the views of German obstetricians, and has made his description of the pathology and management of labor prominent features in his book. The morbid anatomy of puerperal septicæmia is fully and minutely described. His remarks on abdominal sections, especially for cases of extra-uterine pregnancy, show that he is not fully in accord with modern ideas on this subject. He condemns abdominal sections under such circumstances as being too dangerous, and recommends, instead, electricity and the injection of narcotics into the sac. In the treatment of eclampsia he favors chloroform and chloral, and simply refers to morphine as a

remedy which has been used by others with probably good results.

Taken as a whole the work is a valuable addition to the literature of this subject. For the purposes of the student there are books, such as those of Playfair and Gallabin, which will always be more popular; but for the general practitioner, who wishes to get a broad knowledge of obstetrics, Winckel's textbook will be found very useful and instructive.

Pamphlets Received.

Brooklyn Health Exhibition, reprinted from the *Sanitarian.*

Influenza, eine Geschichtliche Med. Klinische Studié. Von Dr. Kusnezow, und Dr. F. L. Hennaun.

L'Intoxication Chronique par la morphine, et ses diverses formes. Par le Dr. Régnier, Paris, *Bureau du Progrés Médical.*

Fever, Thermotaxis, and Calorimetry of Malarial Fever. By Isaac Ott, M.D., Ex-Fellow in Biology, Johns Hopkins University.

Personal.

DR. ZWICK (Tor. '90), has settled in Rixboro.

DR. MILLER, of Hamilton, has gone to Europe for a well-earned holiday.

AMONG the latest who have left Toronto for Great Britain, are Doctors Grasett and Spragge.

DR. C. J. MCNAMARA, of Walkerton (Tor. '89), has gone to Regina, where he intends to practise.

DR. JOHN WEBSTER, of Toronto, has been appointed Assistant Physician at the Kingston Asylum for the Insane.

DR. J. H. RICHARDSON, of Toronto, is enjoying his summer vacation on one of the Georgian Bay's beautiful islands.

DR. H. B. BAKER, Secretary of the Michigan State Board of Health, has had the honorary degree of A.M. conferred upon him by the State University.

DR. J. FOSTER has been removed from the Kingston to the Hamilton Asylum, where he succeeds Dr. Faircloth, who has resigned.

THE Department of Normal and Pathological Histology in the Woman's Medical College of Toronto has been placed under the charge of Dr. G. Acheson. He will be assisted by Dr. S. P. Boyle and Dr. E. J. Irvine, as Demonstrators.

DR. H. F. LYSTER, of Detroit, has resigned the chair in Medicine at the University of Michigan, owing to the fact that the Regents have decided that the occupant of this chair must reside in Ann Arbor. There is a salary of $2,500 attached to the chair. Dr. J. N. Martin continues to hold the chair in Obstetrics in this institution. An innovation is made in the delivering of a course of lectures on the diseases of the skin, by Dr. W. F. Breakey, of Ann Arbor. After 1893 the University of Michigan will require a four years' course.

DR. INGERSOLL OLMSTED (Tor. '87), has been appointed Medical Superintendent of the Hamilton General Hospital. There were nearly thirty applicants for the position, and among them were many thoroughly well qualified; but the general opinion prevails that the appointment of Dr. Olmsted is an excellent one. Things have not been very smooth for some time in this hospital, but we can see no reason why a judicious executive officer should not make the crooked ways straight. We hope and believe that Dr. Olmsted will be found the right man in the right place.

WE learn from a letter of Dr. Osler's, published in the *New York Medical Journal*, that in the latter part of May he and Professor Ramsay Wright were at Freiburg, which is situated in the southwestern end of the Black Forest in Germany. It has a university and hospital which attracts students from all parts of Germany. From another source we have learned that Professors Osler and Wright, after *doing* pretty thoroughly the German Universities, remained some time in Paris, and started for London July 5th. There will be a general gathering of the Canadian clans at the meeting of the British Medical Association in Birmingham. From thence they will go to the Berlin Congress.

PROFESSOR HENRY MONTGOMERY, who was at one time lecturer on zoology in the Toronto School of Medicine, left Canada about eight years ago and went to Grand Forks, where he was a professor in the science department of the University of Dakota. About a year ago he resigned his position in Grand Forks, and became connected with the Normal School of Cortland, New York, as Professor of the Natural Sciences. He has recently been appointed to the chair of geology and natural history in the University of Deseret, the territorial University of Utah, in Salt Lake City. This University, although comparatively young, is one of the most flourishing institutions of the west. Professor Montgomery's salary will be larger than any he has previously received, and his associations in his new home are likely to be very pleasant. We have to congratulate our friend, who is one of Canada's most gifted sons, upon his success.

Obituary.

DR. W. T. O'REILLY, of Toronto, one of the inspectors of prisons and charities of Ontario, died in Kingston, July 12th, at the age of fifty-six. He was seized with apoplexy on the preceding day, and never regained consciousness before his death. This was his second attack, his first having occurred some two years ago. Although not engaged in the practice of medicine, he took a deep interest in the profession, and was highly respected by its members.

Births, Marriages, and Deaths.

BIRTHS.

NEWBURN.—On July 1st, 1890, at Lethbridge, N.W.T., Canada, the wife of Dr. F. Hamilton Newburn, of a daughter.

MARRIAGES.

FREEMAN—CARGILL.—At Cargill, on July 16th, by the Rev. D. Campbell, assisted by Dr. James, W. F. Freeman, M.D., Walkerton, to Carlotta J., eldest daughter of H. Cargill, Esq., M.P. No cards.

BAINES—TROUGHTON.—At the Church of St. David, Exeter, Devonshire, England, on Tuesday, July 22nd, by the Rev. J. T. Toye, Allen Baines, M.D., C.M., of Toronto, to Ella, only daughter of the late G. Kempenfeldt Troughton, of Topsham, Devonshire.

Miscellaneous.

The Alvarenga prize, of the College of Physicians of Philadelphia, consisting of one year's income of the bequest of the late Senor Alvarenga, of Lisbon, has been awarded to Dr. R. W. Philip, of the Victoria Dispensary for Consumption and Diseases of the Chest, Edinburgh, for his essay on Pulmonary Tuberculosis, which will be published by the College.

At the American Neurological Association, Dr. Dercum, of Philadelphia, presented a case of paraplegia, in a man of fifty-eight, which was relieved by trepanning the vertebræ. A portion of the dura mater, found to be considerably thickened, was removed, after which the man speedily regained the use of his limbs, sensation was restored, and his condition generally improved.

Dr. Prevost, Cambremer, Calvados, France, says: I tried Aletris Cordial in the case of a young lady, twenty years of age, who, for the last seven years, ever since she attained the age of puberty, had been most irregular in her periods. Sometimes her periods occur at intervals of four months, sonetimes three, and at others six. Eventually she came to consult me, and I prescribed Aletris Cordial, having already used it in another case with very good results. She is very much better.

GOING FAST.—Hood used to tell a story of a hypochondriac, who was in the habit, two or three times a week, of believing himself dying. On a certain occasion he was taken ill with one of his terrors while riding out in his gig, and happening at the time to see in the road ahead his family physician riding in his carriage in the same direction, he applied the whip to his horse to overtake the old doctor as soon as he possibly could. The doctor, however, seeing him coming, applied the whip to his own horse, and as he had a nag that was considered a "goer," they had a close time of it for about three miles. But the hypochondriac, driving a faster horse, finally came alongside of the doctor, and exclaimed, "Hang it, doctor, pull up—pull up instantly. I am dying." "I think you are," cried the doctor; "I never saw anyone going so fast."—*Tor. Sat. Night.*