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Original Communications.

DIPHTHERIA.

BY G. A. TYE, M.D., CHATHAM.

(Read before Ontario Medical Association, London, June, 1885.)

Mr. President and Gentlemen,—No subject can be presented to practical physicians that possesses a greater interest than diphtheria—a disease as ancient as history itself, and as widely spread as the human race.

It stays not its ravages for country or climate; it ruthlessly invades alike the hut of the peasant and the palace of the prince; it is not ashamed to claim its victims in the house of poverty, nor fears to enter the home of luxury.

Many here to-day have had the circle about their own fireside broken, and every one here has felt his utter weakness when the home of his friends was desolated in spite of all his art could do, and to-day we unite our forces to meet a common foe.

We possess two means—*prevention* and *cure*—which enable us to lessen its ravages. Our greatest power at present lies in the former. It is a great satisfaction that at last we have a system of State medicine established in Ontario, and that legislative enactments now guard the birthright of every subject's health. Such legislation marks an advance in true civilization. The country owes much to the Ontario Board of Health for its energy, intelligence, and thoroughness in carrying out the Act. The people of Ontario are being rapidly educated in sanitary matters, and there are fair prospects that the prevalence of this disease, as well as many others, will be soon limited.

The report of the Registrar-General shows that it ranks high amongst the fatal diseases of this Province. For the year 1876 he reports a large increase in the number of deaths. In 1874 the deaths were not sufficiently numerous to be placed in the list of the ten highest causes of death, but in 1876 it stands third. Many deaths really due to diphtheria are returned as croup; but the death rate from croup also increased in the same year, showing that they were probably due to one cause. In 1877 it stood 5th; 1878, fourth; 1879, sixth; 1880, fifth; 1881, fourth; 1882, fifth, in which year there were 1,239 deaths from this cause alone.

The predisposing causes are telluric, meteorological and individual. Amongst the former are low, damp situations. Houses are placed close to the ground, with no provision for currents of air to pass beneath them to dry the soil or expel noxious vapours. Houses too closely surrounded with plants, shrubbery, or trees, are favourable to the development of low organism. River flats, sites of old saw mills where there is much decomposing sawdust, seem to be prejudicial. I have observed several cases apparently due to these causes—at least no other could be found.

I have notes of nine cases observed in the autumn of 1884, which occurred in two weeks in two adjoining blocks, all occurring in small tenement houses, placed close upon the flat, damp, undrained ground. Dr. Ryall, Medical Health Officer of Hamilton, reports to the Board of Health (in April last) of that city, the condition of the premises in which diphtheria was

found. The description is so vivid and terse that I produce it: "The results of the examination of the affected districts revealed cellars dirty and damp, smelling strongly of sewer gas, vegetables stored in cellars and decomposing smelling badly, kitchen sinks and baths untapped and unventilated, being connected either with sewer or water-closet, or bad smells in back yards, defective pan water-closets, soft-water cisterns under the kitchen floor, well-water used which receives drainage from the surface manure heaps abundant. A few cases occurred where the premises were in good order, but the surroundings were bad."

The germ of diphtheria, whatever that may be, always finds in such conditions a suitable nidus for development,—breeding spots where one germ generates many. All these causes are in the preventible list, and with the aid of the physician the people can remove these causes.

Meteorological conditions of a certain kind are strongly predisposing. The Michigan State Board of Health find that diphtheria is increased by—increased daily temperature above the average for that period of the year, increase of humidity, increase of cloudiness, excess of winds, excess of ozone, high barometric pressure. Our own health reports establish the fact that the disease is most prevalent in November and December, when many of these conditions exist, and during this period there are high barometric pressure, magnetic displays, and an electrical condition of the air producing nascent oxygen and ozone.

The experiments of Benjamin Ward Richardson show that these gases are irritating to the respiratory passages, hence we find an excess in sore throats, and a corresponding increase in diphtheria. We must conclude from these premises that sore throat is a favourable locality for the reception of the diphtheria germ.

The throats of children are very susceptible to atmospheric changes, and consequently age is a predisposing cause. The greatest mortality occurs from two to five years of age. The Registrar-General's Report for 1879 states that, of 574 deaths, 283—or about one-half—were under five years; 184 between five and ten. In 1881, 72 per cent. were under sixteen; in 1882

there were 1,239 deaths, 83 per cent. were under fifteen. The exciting cause of this disease is probably a germ from some former case. Bacterial pathology has not yet clearly established its nature.

The natural history of these germs teaches us that they thrive best where there is moisture and decomposition of organic matter, and continue to produce their kind so long as favorable soil is present, and that those already formed may linger long in a locality after the production has ceased.

Dr. Bryce, in Health Report, says there does not appear in the whole catalogue of disease one which is so persistently endemic in a locality when once introduced.

What are the modes of communication?

It is communicated by the direct passage of morbid material from a diseased throat to one previously healthy. The history of tracheotomy presents some lamentable illustrations of this fact. It may be communicated by the inhalation of germs existing in an insanitary locality, although no case of the disease then exists there. It is communicated by germs wafted in the air, and that for a considerable distance; and they produce the disease, more especially when a predisposition exists, so that many suffer whose sanitary surroundings are apparently perfect; so that the clean, as well as the unclean, may be obliged to share the calamity.

I shall confirm these propositions by a few cases.

A medical man reports to the Provincial Board that the mother of a large family laid out the body of a little girl dead of diphtheria. In a few days four of her children are down with it. The pall-bearers were boys. One of them took it home, and seven of that family are ill.

Last December I saw a boy, aged fourteen, then ill for five days. His mother saw membrane in the throat. Croupy symptoms were strongly marked. It was a serious case. I found that three weeks previously he passed the night at the house of an uncle, and slept in a bed in which a child had recently died of diphtheria. Dr. Holmes, of Chatham, related a case which seems to show that it may be carried in clothing. A gentleman called at a

house on business, and was obliged to remain there some hours. The disease existed in this house. He went to his own home some miles distant. No cases were near his own residence, yet both wife and child took the disease, and the child died.

Dr. Mullin, of Hamilton, tells of a family under his care; four members suffered; the first a schoolboy; the early indications appeared Nov. 6; the other children were sent from home at once, and the patient was convalescent, the 13th. The other children were brought home the 20th, and efforts made to keep the convalescent one isolated; however, on the 30th another was seized; Dec. 1st another, and on the 6th the third. He says the occurrence in the last three seems to him fairly attributable to contagion from the first.

During the winter of 1884, I observed a number of cases in one neighbourhood, which seemed to prove its passage in the air. In a tenement house, standing alone in a filthy state, two children died of diphtheria; across the street, and a few rods eastward, is a row of houses, all situated on high, dry ground, fair water, and families in good circumstances; in a few weeks after the deaths in the tenement house, it appeared in this row, which was in the direct track of prevalent winds; two children in one house, five in the next, and four cases in the third house, in all 11 cases in this row of houses; the two in the first house recovered; one of the five in the second house died some days after apparent convalescence of heart paralysis, another had a narrow escape; in the third house one died; a visitor had contracted tonsillitis while boating on a damp evening; she died from stenosis of the larynx.

Four weeks later five cases occurred in an adjoining block, in my care; another case closely attended by another physician; some weeks later, in a house close to the original outbreak, but on an opposite side, two children died in one family, altogether 19 cases and 6 deaths in a radius of about 20 rods. Our Board of Health was not yet organized; had there been means to have thoroughly cleansed house No. 1, I believe disease and death would have been prevented.

Prophylaxis is a most essential part of the

treatment, for more can be saved by prevention than by cure. It must be confessed that our treatment is not yet what we may hope for. The prophylactic measure can be inferred from the etiology already stated.

Let the unaffected ones of a family be isolated at once, if possible, in another house, and in a different locality, as high and dry as can be secured, and let the quarantine be prolonged. All exposure to cold winds must be avoided. Keep throats of sound children disinfected with proper applications. I am sure this will prevent some cases. Every case of sore throat should be promptly treated. Rooms occupied should be large, well ventilated, and kept at an even temperature. The vapour of turpentine, tar, or sulphurous acid are probably useful, and are very well tolerated. Every infected locality should be visited by the authorities and completely disinfected to prevent spread of the disease.

IDENTITY OF CROUP AND DIPHTHERIA.

This question has been discussed for some time without reaching a definite conclusion. The views of Lewis Smith in a recent article are correct, that membranous croup is not a disease of itself, but an outcome of other diseases or conditions, and states them in the order of frequency: 1. Diphtheria; 2. Cold; 3. Measles; 4. Pertussis; 5. Scarletina; 6. Typhoid; 7. Irritating inhalations. He says that in all instances the morbid anatomy, clinical history and required treatment of the croupy state are nearly identical; that attempts to differentiate them are futile; this puts the identity as regards treatment too strong, for in diphtheritic croup the system's condition is more adynamic than in croup from cold. In croup from other causes there is a sthenic condition, and the stenosis is the principal difficulty, and calomel could be pushed farther or jaborandi be used.

Jaborandi was tried extensively in the terrible epidemic of diphtheria in Russia a few years ago in the croup cases, upon the theory that the abundant secretion produced would so influence the condition of the parts as to prevent the formation of membrane or dislodge that already formed. The statistics do not favour its use in diphtheritic croup from its depressing tendencies. In cases of croup due to cold I have found

it a powerful agent for good, and children tolerate this drug to a remarkable degree. The treatment of this disease has a superlative interest. It is strange how many specifics there are—how many there are that find sure cures and safe cures. There are medical men who say they have never lost a case. Happy is the man who can so flatter himself.

The local treatment is secondary in importance to the general treatment. The throat is now no longer improved by caustics, acids and rough swabs, which would produce a sore throat where none already existed. The throat should be kept as clean as possible with frequent gargles of hot water, which lessens the hyperæmia. Solutions of chlorate of potash are grateful. The soft brush of camel's hair should always be used to make applications. There are many applications so equally good that it is little difference which we employ. Sulphurous acid and glycerine, with the addition of thymol, is effectual and pleasant. Oil of eucalyptus and liquid petroleum make another good topical remedy. Lactic or acetic acid with glycerine I have found useful. The atomizer is an excellent instrument to make applications to the throat by the mouth, or through the nose, where the patient's age permits. Much harm can be done by using violence to dress the throat. Solutions that permit of being swallowed are better than forcible swabbings. Formerly membranes were eagerly detached, leaving a raw, bloody surface, upon which rapidly forms a new membrane, often in 24 hours. The membranes should be well cleansed and disinfected, and allowed to drop off when ripe for separation, after which they rarely return. Loose, hanging portions can be removed with scissors. Rossback, of Germany, after four years' trial, speaks favourably of the vegetable digestive papayotin. It acts well in an acid or an alkaline medicine. Dr. Lewis Smith mixes one drachm of Fairchild's extractum pancreatis with three of sod. bicarb, then adds one teaspoonful of this to six of water and pencils the fauces, and uses trypsin with the atomizer for membrane in the larynx. A discussion of this subject at the last meeting of the American Medical Association confirmed the use of tried remedies, but nothing new of value was introduced.

The longer I treat diphtheria the more am I convinced of the power of the chloride of iron tincture, alcohol, quinine and chlorate of potash, but the first mentioned is superior to all, but these articles are all eminently safe, whether the tendency to death be from asthenia or from asphyxia; but its best effects are seen only when administered in very large doses.

Dr. Jacobi, in the *American System of Medicine*, recommends from 5 to 15 minims properly diluted every 15 minutes or half hour, and I am sure from my own experience that this is valuable teaching, and there is certainly a tolerance of the drug in this disease.

Alcohol given early and freely stands next to iron. Austin Flint, in an admirable article on Medicinal and non-Medicinal Therapeutics, thus speaks of alcohol in this and kindred affections: If alcohol be useful as a material for combustion within the body, it is indicated in the condition of fever, prior to the indication for its employment to sustain the failing powers of life. The object from this point of view is to forestall these indications and prevent the asthenia. It is evident that employed with a view to test fairly its value as an antiseptic or parasiticide, or as an antidote, it is important that it should be employed early, continuously, and in as large quantities as it may be tolerated.

Chlorate of potash is a well established remedy, but given in very large quantities will produce nephritis and albuminuria.

Quinine in tonic doses is an excellent adjunct, but its bitter taste makes it difficult to administer to young children.

When croupy symptoms appear there is still a possibility of arresting the further progress of the membrane by the increased dose of iron and alcohol. For many years I have found excellent results from the frequent administration of small doses of calomel, 1 gr. per hour, and free inunction of the neck with oleate of mercury. I know no remedy equally potent.

The inhalation of moisture, in the form of vapour, is beyond doubt of considerable value. The atomizer is the best instrument for producing the vapour.

I have tried to use ice, but my patients would never tolerate it long enough to judge of its merits.

When the stenosis continues to increase in spite of remedies, no time must be lost if the trachea is to be opened; for if there be any hope from the operation it is when done comparatively early. The results are not encouraging. The benefit of this operation, so manifest in croup from other causes, is not found in diphtheria, for it does not check the disease.

Dr. Holmes, of Chatham, informs me that he has operated three times with a fatal issue in every case, but he would advocate the operation for euthanasia.

The albumen of this disease is rarely due to a nephritis, but to congestion of the kidneys, for it rarely produces dropsy or uræmia, and recovery is rapid after the cessation of the cause. The dyspnoea produces general engorgement which the kidneys must share; or the vagus being affected, the heart is weakened, and the congestion is due to this cause.

The paralysis of diphtheria is fortunately not very frequent; some epidemics are much more marked than others by its appearance, and unless it involves the heart, or the paralysis is general, there is a strong tendency to spontaneous recovery. I have used faradism, but cannot say that it hastened recovery. There is some evidence that galvanism has a beneficial influence. Professor Thacher, of Yale, has made some careful observations on the effects of massage, faradism and galvanism. There was a positive gain from galvanism, no effect from faradism, while massage seemed to lessen the power.

SOME OF THE SURGICAL SEQUELÆ OF THE EXANTHEMS AND CONTINUED FEVERS.

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(Read at Meeting of Ontario Medical Association, London,
June, 1885.)

Some of the properly surgical sequelæ of the exanthematous and continued fevers are well known and commonly recognized; such are orchitis following mumps, catarrh of the middle

ear after scarlatina, and bed-sores after typhus and typhoid. These are easily discovered, and their causes readily and unmistakably traced. But there exist numerous other lesions whose actual primary causes are connected with the febrile state, but are yet frequently overlooked or ignored, and which may even pass totally unrecognized because of forgetfulness or ignorance that they may ever be thus produced. Concerning these the text-books are singularly silent; and it is to a few of the more striking of these, as illustrated by cases occurring in my own practice, that I beg to invite your attention.

Most of those which I shall report have been sequelæ of typhoid fever, and my reason for this is well expressed in a sentence from one of Paget's *Clinical Essays*. "The sequelæ of scarlet fever are commonly enumerated; those of typhoid fever—especially those seen in surgical practice—are scarcely less numerous, but seem less known." And a little further on,— "Certainly it must not be called accidental or unmeaning, if after typhoid some patients have chronic suppuration of lymph glands, and some phlebitis, and some acute periostitis (some of these being symmetrical and ending with necrosis), and some have chronic suppurative periostitis of ribs, and some have wasting of muscles, and some a local paralysis." (pp. 378, 379.)

Were I to try to go over all the ground I legitimately might, I would prolong this paper beyond the limits of this session; I therefore omit all reference to diseases of the eye, ear and larynx, all consideration of erysipelas, phlebitis, gangrene and bed-sores, all allusion to perforations and hæmorrhages, and shall try to be suggestive rather than discursive in what I have to present within these restricted limits.

Post febrile collections of pus in the joints are rare. Of 3,130 consecutive cases in Vienna General Hospital only two occurred. Of standard authors Volkmann alone mentions their possibility. Keen has been able to collect forty-three cases, in thirty of which dislocation occurred spontaneously (twenty-seven times at the hip); the cause being the mechanical distension of the capsule by pus, accompanied by a relaxation of ligamentous structures.

CASE I. I have a friend one of whose hips is ankylosed in faulty position. The displace-

ment occurred during his early childhood, and, as I gather from his own statements, reinforced by those of some of his relatives, his trouble was originally a spontaneous dislocation, permitted by the presence of pus in the hip-joint during a protracted siege of scarlatina.

Another case of this general character, but which was not allowed to go on so far, was the following:—

CASE II. *Morbilli; monarticular abscess.*—C. M., a boy of six, had a quite severe attack of measles. He had always been weak and sickly, and this acute attack in addition proved almost too much for him. After the eruption had fully subsided he was noticed to favour the right arm, seeming disinclined to use it. Then he would cry out when it was moved. Examination showed a slight tumefaction of the elbow-joint, and a sensation of heat about the part. Swelling increasing, it was held that we had an acute synovitis to deal with. It was only after a few days, when local treatment had made no impression, that it was deemed best to explore. With the aspirator I drew off about 60 cc. of ordinary laudable pus. Four days later aspiration was repeated and a smaller amount removed. With careful manipulation full range of motion was restored, and the boy made a good recovery.

These cases teach the value of early and attentive examination and of careful treatment should a child sick with either of the exanthemata show any indisposition to move an extremity.

It is known that after typhoid fever various degenerative changes take place in muscular tissues, and these have been noticed most often in the abdominal muscles, and next often in those of the thigh, and in the diaphragm and psoas. At times it happens that large portions of bellies of muscles are separated and cast off. Muscle changes are not solely the result of fevers; they have been met with after pneumonia, cholera, scurvy, cerebro-spinal meningitis, and other acute affections. No certain knowledge has been gained concerning their exact nature nor their precise sequence. Velpeau first published an account of muscular rupture, in his case of the abdominal muscles, and said that they became so fragile in advanced stages of putrid fever that in the irregular and con-

vulsive movements of delirium, coughing, etc., they might easily part. Frequently such solution of muscular continuity leads to the formation of hæmatomata inside of muscular sheaths, where they may be found post-mortem; or, should recovery ensue, they may give rise to peculiar features calculated to deceive even the very elect.

In other cases the change is one occurring by degrees, and leads to the formation of depots of softening, or even to that of true cold-abscesses, as in the following case:

CASE III. *Post-typhoid intra-muscular abscess.*—Caroline Meyer, aged 20, was brought to the Buffalo General Hospital November 10th, 1884, sick with typhoid fever, and for weeks her life was despaired of. After the febrile crisis had passed she was comatose, and then stupid for many days, and returned to her normal mental condition very gradually. January 15th a tumour of some kind was discovered in the middle line of the abdomen, nearer the pubis than the umbilicus, and evidently in the substance of the anterior abdominal wall. It was at first tender, and there was slight general febrile disturbance, but the latter soon disappeared. A month later fluctuation was detected, and, with the hypodermic syringe, a fluid resembling pus was drawn off. February 28th, the patient having been anesthetized, the collection was cut down upon, in the middle line. It was found to consist of a pair of cavities, each about the size of a pullet's egg, containing a thick, colloid, cloudy, s'raw-coloured fluid, of consistency of mucilage, somewhat resembling pus. The cavities were lined with a membrane closely resembling the ordinary pyogenic membrane of a cold-abscess. They were situated almost symmetrically on either side of the linea alba, their lowest limit at the top of the pubis, and were, apparently, the relics of the lowermost section of the rectus abdominus. Their lining walls were removed with scissors and curette, irrigated with sublimate solution, proper drains and deep sutures introduced, and an iodoform dressing applied. Perfect recovery was as prompt as could have been desired.

Further than this, areolar and fatty tissue in non-vascular regions may break down on apparently little or no provocation, and then we

may have conditions of which the next two cases are illustrations.

CASE IV. *Continued fever; abscess of ischio-rectal fossa; rectal fistula.*—W. E. C., aged 34. This patient had had syphilis some years before I saw him, without recent outbreak; also had a family history of phthisis. In 1878 he was sick for some weeks with an adynamic fever, perhaps best known as continued. He was of intemperate habits, and his constitution much debilitated by excesses. Some five weeks after the onset of the fever he began to complain of soreness in the left ischio-rectal fossa. Pain and soreness in this region increased with only moderate rapidity, and a typical abscess developed, which, however, he would not allow me to open. In due time it evacuated itself, and a fistula was formed which must later have connected with the rectum, since he said afterwards that faecal matter came through it when his stools were soft. He recovered sufficiently to disappear from observation, declining all operative help. Some two years after I heard of his death, apparently from tuberculosis of lungs and bowels.

The next case illustrates the same character of abscess formation, only in glandular and periglandular tissue.

CASE V. *Typhoid, convalescence; parotid abscess.*—Mina Braun, aged 18. In the spring of 1879 patient had a rather severe attack of typhoid. Convalescence began satisfactorily, but was interrupted by swelling of the left side of the face, with considerable febrile disturbance. Teeth on that side apparently all sound. Finally the accession of a chill, and, a little later, of deep-seated fluctuation, made clear the presence of pus, which was properly liberated by incision. For some time after there was a paretic condition of those muscles supplied by the left facial nerve, and convalescence thus interrupted progressed slowly; but complete recovery finally ensued.

Ostensibly muscular lesions of a very different character give rise to deformities of all kinds and degrees of severity. I allude to the pareses, paralysees, contractures, etc., which follow not only diphtheria and cerebro-spinal meningitis, but the exanthems and continued fevers as well. Thus, who has not seen contractures or paralysees of the lower extremities

after scarlatina? In milder form I not infrequently meet with cases of rotary-lateral spinal curvature and partial forms of acquired club-foot, where I get a history that the paretic condition of the muscles, or their contracture, as the case may be, was a sequel of some febrile attack. When taken in time, these cases are commonly easily amenable to treatment; but cases of long standing are most obstinate, or sometimes incurable. Such a case of somewhat unusual nature was the following:

CASE VI. *Scarlatina, paralysis of the serratus and rhomboids.*—Miss K., aged 19; when about 12 years old had what I take to be, from her account, scarlatina. She knows that before her illness she had perfect use of her right arm, and that, after recovering in other respects, she found its movements in certain actions much restricted. This was all she could tell me of it. I found position of right scapula characteristically altered, and could evoke almost no sign of contractility on the part either of the serratus magnus or of the two rhomboid muscles. Their electrical reaction was almost nil. I saw her only once, and therefore cannot say what was the result of the measures I advised for her relief.

The various paralysees of the palatal, pharyngeal and laryngeal muscles which result from the cynanche of scarlatina are other instances of a local expression of a systemic poison.

On the other hand, while it has not been my lot to meet with any of them, there are several cases on record of trismus or tetanus following typhoid, which go to show that muscular activity may be greatly exalted, apparently, by the same poison which in certain other cases places it in abeyance.

Of the genito urinary organs, aside from the kidney, which is so often affected, though hardly in a surgical way, I recall the following cases seen while I was either a student or a hospital interne, and reported from memory.

CASE VII. *Scarlatina, orchitis.*—A boy convalescing from scarlatina anginosa complained of pain and soreness about the genitals. On examination the right testicle was found to be swollen and very tender, and the right half of the scrotum to be red and oedematous. This all quickly subsided under treatment.

CASE VIII. *Typhoid, epididymitis*.—A man came into hospital during the first days of his illness—which proved to be typhoid. He had no gonorrhoea then, and his statement that he had never had it seemed reliable. Nevertheless, about the end of the third week of his stay he developed a very typical epididymitis on the left side and a mild form of the same on the right. This local trouble made him the more willing to remain in bed, which he was otherwise somewhat disinclined to do, and was thus perhaps a happy check on his restlessness. Recovery was perfect.

CASE IX. *Typhoid, abscess in prostate*.—Another man was brought into the hospital with acute parenchymatous prostatitis, with a history that he had been confined to his bed at home for about a month with what his physician said was typhoid fever, and just as he was beginning to walk about the house the symptoms of his present trouble came on. His was a serious case; he developed an abscess in the prostate which had to be evacuated under an anæsthetic, and for a few days he had septicæmic symptoms. He finally went home convalescent, and his later history is unknown to me.

But it is, perhaps, in the osseous system that the lesions following fevers take on the most striking characteristics. These may be confined to acute inflammations which subside almost as rapidly as they commence, or they may be of the most destructive nature. In no standard text-book—so far as I know—is it stated that acute periostitis may be a sequel of typhoid, yet the following case makes this very clear.

CASE X. *Typhoid, acute periostitis of bones of pelvis and of both lower extremities; recovery*. J. Bradley, aged twelve. In November, 1882, I attended this boy through an attack of typhoid of more than average severity. Within a day or two after the crisis seemed to have passed he began to complain of pain in the legs. This was the beginning of a periostitis which involved in its course the bones of both lower extremities, not sparing the small bones of the feet, and spreading upward till nearly, if not quite, all the periosteum of the pelvis was affected. The swelling and inflammatory thickening were extreme, the pain very severe, and the sensitive-

ness so acute that the jar of a heavy footfall in the room caused him to cry out in agony. For sometime he was delirious, and for several days his life hung as in a balance. After two weeks of this torture the change for the better came as rapidly as did, in the first place, that for the worse. In due time, by the aid of friction and passive motion, complete use of the limbs was regained, and by the following spring he could run and jump as did his playfellows.

That such a case is not unique I well know, yet such comprehensive monographs as that by Liebermeister, in Ziemssen's *Cyclopædia*, make no mention of its possibility.

Caries and necrosis after the exanthems and fevers are more common. Thus a friend has very lately told me of a case of extensive caries of the humerus closely following scarlatina. Some of these cases are no doubt due to embolism of the nutrient artery of the bone, while others are due to the acute marasmus and defects of nutrition caused by the fever, and to the depraved condition both of the blood and blood-making organs, among which latter the bone marrow must take rank. Both the immediate and remote effects of such changes are illustrated by

CASE XI. *Morbilli, abscesses, spondylitis deformans, and later, necrosis of the lower jaw*.—B. S., aged 13; family history good. Had measles when five years old; soon after this the right side of her face swelled up and an abscess opened below the eye. Within a year after the preliminary symptoms, which had lasted several months, a distinct angular curvature of the lower dorsal vertebrae was visible. Proper treatment effected a cure of this by ankylosis. In 1882 an abscess formed near right angle of lower jaw; since this the jaw has been affected, swelled much out of proportion on that side, and painful; and the child has been running down. The cause of her trouble was not recognized until I saw her in the summer of 1884, when I found her much emaciated and reduced. I had to remove nearly the entire right half of the lower jaw, after which she was quickly restored to good health.

I have been careful to specify in this case the fact that her family history was good, because, while I regard her trouble as the result of tuber-

cular osseous lesions, I also feel that the cachexia left by the fever so lowered her vitality and resistance that she fell an easy victim to that dread infectious element by which we are every day menaced, and which is only resisted by those whose vitality is, as it were, above par. An even better illustration of this is furnished by the next case, in which there was no hereditary element that I could trace, but in which a distinctly tubercular lesion succeeded closely on an adynamic fever.

CASE XII. *Typhoid, acute Pott's disease; fever.*—Miss S., aged 19. In July, 1884, was very sick with typhoid fever; convalescence was scarcely accomplished before she began to complain of sciatic pains on the left side. Under her attendant's treatment these somewhat subsided. By November she had discovered an extremely tender spot over the lower dorsal spine, and suffered pain from the slight jarring. She rapidly ran down, with all the symptoms of spondylitis, and could only rest when under the influence of anodynes. December 23rd, she was placed under my care by Dr. Williams, of Ridgeway, Penn. She had suffered greatly from the journey on the cars; she was, when seen, utterly unable to stand, and there was slight kyphosis of the lower dorsal and upper lumbar vertebrae. Within two days I had her encased in a temporary plaster jacket, which was once removed. Within six weeks this was replaced by a leather corset braced with metal. All her pain had left her within a few hours after the application of the first jacket; in less than seven weeks she was walking a little, and in eight weeks was at home. While writing this I learn that she is as well as ever, though still wearing her corset.

The next is also a case of similar pathological lesion in spongy osseous tissue.

CASE XIII. *Typhoid, caries of sternum.*—B., aged 40. In June, 1882, had a fever which, from the description, was probably typhoid. Immediately after this an abscess formed over the left side of the sternum, about its middle, and was opened. In April another formed very near the site of the first and was repeatedly opened. July 1st, I found distinct caries of the chondrosternal articulation on that side, and soon after removed all the diseased bone. A second opera-

tion was required later, after which she enjoyed perfect health.

I will next give briefly two cases of most destructive osteomyelitis of tubercular character, the first of which ran a much more acute course than the other, both of which were undoubtedly sequelæ of typhoid fever, and in both of which amputation was imperative and was successfully performed.

CASE XIV. *Typhoid, extensive osteomyelitis and caries of bones of right arm; exarticulation at shoulder; recovery.*—W. T. Kingman, aged 35, Pullman, Ill. Early in the spring of 1883, patient had a severe attack of typhoid fever. About the time his recovery seemed assured, his right arm became very much swollen and very painful. Details of his case are lacking, but when he came under my care, twenty weeks later, in hospital, there was a large tubercular abscess of the right pectoral region, with several abscesses along the arm and about the wrist. Crepitus was distinct in every motion of the wrist, elbow, and shoulder, showing extensive disorganization of these joints. The bones were enlarged, the cellular tissue boggy and infiltrated with pus, and the shoulder partially ankylosed. Withal, his general condition, was fair. Amputation being the only resource, I exarticulated at the shoulder June 23rd. On operating I found, as I expected, that the abscess under the pectoral muscles connected with the shoulder-joint. He made a most satisfactory recovery. Dissection of the arm revealed a most extensive picture of caries, with ulceration and abscess formation of soft parts; tuberculous foci in many places having broken down, and in other places being just ready to do so. How, in this case, general infection had been avoided is more than I can explain.

CASE XV. *Typhoid, cold-abscess; osteomyelitis of femur, extensive necrosis; amputation; recovery.*—F. L., aged 26, Jamestown, N. Y. In 1875 had typhoid fever. Soon after this began having abscesses about the left thigh and groin, some of them of considerable size, and which, judging from the scars remaining, must have been of the nature of cold-abscesses. He was bothered more or less with these for years. In June, 1882, he had a subacute osteomyelitis of the lower portion of the right femur, after a

trifling exposure. I did not see him till August, 1883, when I found his legs and thighs studded with the scars of various old abscesses. There was then complete necrosis of the lower end of the femur with separation of the lower fragment. Amputation of the thigh was the only thing left for us to do, and from this, under Dr. Bemus' care, he made complete recovery.

In this connection I am tempted to put on record the following two cases in which profound malarial poisoning was in nowise distinguishable in its effects from the cachexia left by typhus and typhoid.

CASE XVI. *Chronic malarial poisoning, pericystic cellulitis, abscess, necrosis of the pelvis; death.*—W. G. W., aged 54, had syphilis twenty years previously. In 1872 the patient was in a malarial district and suffered severely from the indigenous "chills and fever." While thus suffering, and without other known cause, he felt first a soreness in the bladder, more on the the left side, which rapidly increased in severity until a discharge of pus, per urethram, somewhat relieved him. This continued a while and finally diminished so as to be scarcely noticeable. He then went to the Arkansas Hot Springs for a while. After his return he had what he describes as "sciatic pains," and "sciatic rheumatism," the left side being mostly affected. A few months after this he began to feel soreness on the right side of the pelvic cavity. Some months later a swelling appeared in the right groin which gradually involved the whole inguinal region and spread down toward the knee. Half a year later, according to his own account, when it had become quite large and soft, he opened it himself and evacuated a quantity of bloody urine. The soreness and tumefaction disappeared slowly, but the fistulous opening persisted. In March, 1877, when he came under my notice, he was quite anæmic and emaciated. On the inner side of the right thigh was a small fistula through which the urine dribbled. A probe failed to pass the sinuosities of the fistulous track. He complained of constant pain in the region of the bladder. March 13th, cystotomy was done, as in the lateral operation for stone, for better drainage purposes, by which operation, also, a small calculus of the size of a bean was removed from the prostatic urethra,

where it had excavated a lodging for itself. In spite of this free outlet and daily irrigation there was constant stilloidism of urine through the old fistula. April 1st, an abscess alongside the sacrum was opened and washed out. This was followed by a mild erysipelas attack. April 17th, occurred from its cavity a very free purulent discharge, after which he grew weaker and, sinking slowly, died June 17th.

Post-mortem.—The section showed evidences of most extensive pericystic cellulitis and abscess, with perforation of upper anterior wall. From this abscess tortuous fistulous passages lead both to the outlet on the thigh and to the sacral abscess. There was also extensive caries necrotica of the pubis, the worst ravages being near the the symphysis.

If anyone hearing this case read should be disposed to argue that this was a syphilitic and not a post-febrile lesion, I could reply with perfect fairness that, granting that he had in time past suffered from lues, his trouble, which I have described, was none the less directly evoked by the malarial poison, and was as much a sequel of the same as a latent tuberculous affection, when roused into activity by the debility following typhoid, is still a sequel of that typhoid. But, in the next case there was no suspicion of syphilis.

CASE XVII. *Malarial poisoning, slight sprain of ankle, rapid caries of tarsus and metatarsus necessitating amputation; recovery.*—A. S., aged 30. This I very recently saw in consultation. Three months before I saw him he was in an Arkansas lumber district where every one suffered from malarial trouble, and where he only avoided a daily chill by unremitting dosage with quinine. While at his work in a mill he sustained a sprain of one ankle, of only moderate severity. But instead of getting quickly better with rest, as it should, it troubled him more and more, until when I saw him, with Dr. Niemand, considerable carious bone had already been removed, and, under chloroform, I was able to put my finger through the entire thickness of the feet. Obviously amputation was here the only resource and was soon after successfully performed. Here again a comparatively trivial injury was sustained, and with rest and treatment would have been

soon over with had not the saturation of his system with an all-pervading poison made an inflammatory focus a spot of very slight resistance, and permitted very rapid disorganization. To those who practise in malarial districts such cases can prove of no novelty, but among us who are, in this respect, more fortunately located they must convey a lesson worth learning.

I dislike to weary you with tedious relation of cases, and will therefore close my paper with one more which is, to me at least, quite suggestive. Years ago I heard one who claimed to be authority make the statement that the development of cancer on a base of simple ulcer was impossible. That such a statement is utterly unfounded, in fact, subsequent experience has several times convinced me. But the following case is to me of particular interest, since the metamorphosis of simple into malignant ulceration followed so closely after an attack of typhoid that I am convinced the relation was something more than mere accident.

CASE XVIII. *Chronic ulcer of leg; typhoid, malignant degeneration of ulcer.*—U., age 59. Has had a chronic ulcer of leg for ten years. Five years ago had typhoid fever, very soon after which a piece of bone came out of the ulcer, and the bone (and periosteum) began to thicken notably, the soft parts to harden, and the ulcer itself to change its appearance. I saw him in March, 1885, with Dr. Diehl, and found an ulcer as large as a small saucer from which protruded a fungous mass, very vascular, the size of a half orange. There was enormous enlargement of all the tissues of the leg, so that his ankle was nearly as large as his thigh, and was immovable. Inguinal glands were much enlarged, and he had a cachectic look, though his general health was moderate'y fair. Microscopical examination made certain my diagnosis of epithelioma and perfectly justified an amputation, which was advised but declined.

And now, while I have by no means exhausted the number of cases which I might thus put on record for the first time, I trust I have yet said enough to set some of my hearers to cogitating; moreover, I have no doubt many of you will recollect cases seen in the past which may per-

haps be now recalled in a little clearer light than that in which they were then viewed.

Lastly, though I have done little but detail my own experience, I deem it only just to acknowledge the benefit I have derived from a perusal of Dr. Keene's excellent "Toner Lecture"—"On the Surgical Complications and Sequels of the Continued Fevers"—published by the Smithsonian Institute in 1877, to which is appended a most instructive bibliography.

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Selections.

THE ABORTIVE TREATMENT OF TYPHOID FEVER BY MERCURIAL INUNCTION.

None of the measures as yet suggested to abort typhoid fever have materially influenced its treatment by physicians in this country or in England, whatever may have been the impression they have made upon the continent of Europe. The latest treatment, although a modification of the mercurial plan which has been for some time before the profession, promises results which demand for it a trial, based as it is on an experience with one hundred cases, recently published by Dr. Kalb, in the *Berliner klin. Wochenschr.* for January 19.

Dr. Kalb's method is to rub into the skin 90 grains of mercurial ointment, daily for six days, the first application being made to the abdomen, and at least half an hour being consumed in the friction, which must not, however, be trusted to the patient himself. On the second day the ointment is to be rubbed on the inner side of one thigh, on the third on the other thigh, on the fourth again on the abdomen, on the fifth on one of the thighs, and on the sixth on the remaining thigh. The inunction is preferably made in the evening. The ointment is not quite fresh, but slightly rancid, since it is believed that a greater uniformity of result is obtained.

Coincidentally, Dr. Kalb administers a powder containing 7.5 grains of calomel and three-quarters of a grain of opium every five or six hours, the opium being added to prevent the calomel from acting as a purge. No other

medicine is given except alcohol, which is, however, administered in full doses.

The results are described as follows: On the second day the temperature falls half a degree or more, but rises again the next day to its previous height and remains at this seven days. On the eighth day of the treatment—that is, the second day after the inunction is completed—the temperature falls to normal, or almost normal, and continues thus with slight variations. Occasionally the temperature sinks to normal even during the inunction, but it is necessary to carry the treatment to its end, or the temperature may again rise.

The pulse remains for a few days at 100 to 120, though it often falls with the temperature to the normal, or even 60 or below. With the fall in temperature, perspiration becomes freer and shows itself especially on the abdomen and thighs. With the disappearance of fever there is a return of normal sensation; there is a mere trace of bronchitis, but the spleen remains enlarged for from ten to fourteen days.

Kalb has not neglected to compare these results with those produced by cold baths, by calomel and alcohol, or alcohol alone, and has invariably found that the inunction treatment contrasts favorably, and has been repeatedly reproached by patients who had not been anointed because they were still confined to bed, while others treated by inunction had completely recovered.

He does not claim, however, that the method is always successful, but only that 80 per cent. of those thus treated become free from fever within ten days of the beginning of the treatment. The treatment is also only efficient if adopted within the first nine or ten days, in general before the rose-coloured rash has made its appearance; indeed, after this time it is useless.

While he has observed salivation, it has always been slight, and confined to transitory swelling and sensitiveness of the gums, and Kalb holds responsible for it the calomel rather than the mercurial ointment.

Our readers will not fail to have noticed that the treatment is really a combined one of stimulation with mercurials, but the results are certainly such as should not be lightly passed by.

Stated with positiveness and confidence, and substantiated by so large a number of cases, it would indeed be strange if they were entirely erroneous. We strongly commend them to the attention of our readers, and as the treatment is so easily carried out, we ought soon to have an abundance of testimony bearing upon its value.—*Med. News.*

INOCULATION OF TUBERCULOSIS IN A YOUNG GIRL.—E. A. Tscherning describes the case of a young woman, twenty-four years of age, who was a cook in the house of Prof. Holmes, who died of phthisis florida, in six months after its development. She had been healthy and robust, with no evidences of scrofulosis or tuberculosis. In the last days of the professor his expectoration was almost a pure culture of the bacillus in pus; two days before his death, the cook pricked herself on the side of the median finger of the left hand with a pointed piece of broken glass, which came from a spittoon. Fourteen days after the accident, symptoms of paronychia showed themselves. Phenic compresses relieved the symptoms somewhat at the end of eight days, but there was no suppuration. Circumscribed hardness of the size of a pea was felt in the subcutaneous tissue. On the following week there was also œdema and slight pain. M. Tscherning incised and removed the tumor; it was composed of granulations, and situated between the skin and the tendon. The wound healed by first intention. This was at the end of August.

At the beginning of October, the patient complained of pains on flexing the fingers. The skin and subcutaneous tissue were tumefied over the phalanx and in the palm of hand. No tenderness over the tendon. In November, a thickening of the sheath of the flexor tendon could be felt. The functions of the finger were interfered with, and there was a little pain; at the same time the two cubital and two axillary ganglia of the same arm were found to be tumefied. In other respects she was very well. November 21, Prof. Studsguard extirpated the cubital and axillary ganglia, disarticulated the medius at its metacarpo-phalangeal articulation, incised the palm of the hand, and extirpated the tumefied tendon and its sheath. He excised

and scraped the subcutaneous granulations. Sublimate dressings. Reunion on the eleventh day.

The pathological changes were the following: the sheath of the tendon was filled with pale granulations, the serous investment of the tendon was covered by petechial patches. No pus or grumous matter; no alterations in the bone or articulation. The granulations, when examined with the microscope, showed a quantity of elementary tubercles, many of which presented a caseous degeneration in their centre; there was a number of large cellules and giant cellules. The extirpated ganglia appeared to the naked eye to be simply adenitis without pus. The microscope showed a hyperplasia of large cells, with tuberculous granulations. In all the sections of the ganglia or tendinous sheath, there were found, by using Ehrlich's method, the tuberculous bacilli very markedly shown, isolated, and sometimes in groups of two and three, in the form of a more or less open V. Often they were accompanied by what are called spores.—*Revue Bibl. Univer. des Sciences Médicales, Journal Med. Assoc.*

DANGER FROM PHTHISICAL FARM LABOURERS.

Our Paris correspondent writes: A farm at Charenton has furnished somewhat startling evidence of the transmissibility of tuberculosis from man to domestic animals. One of the farm-servants, who was phthisical and too weak to undertake fatiguing duties, was placed in charge of the poultry-yard. He grew steadily weaker, and coughed incessantly, expelling a quantity of sputa, which the fowls were observed to swallow with avidity. In a few weeks, the fowls began to die off. The owner of the farm sent one of the fowls to the veterinary school at Alfort. M. Nocard found that the lungs and liver were infested with tubercles about the size of a pea, and of a greyish-yellow colour. In a microscopic preparation, there were numbers of bacilli. The fowls were killed, and the poultry yard disinfected. A less honest farmer might have sent the tuberculous fowls to market, a probability which doubtless has been, and will yet be, a certainty not always easy to dis-

cover. The danger attending the consumption of diseased poultry or milk from tuberculous cows, indicates that a rigorous system of inspection ought to be organized for markets, farms, and poultry-yards.—*Brit. Med.*

ANTIPYRIN AND KAIRIN.

Dr. John S. Lynch reported his experience with antipyrin in fevers at the Maryland meeting. His attention had been called to this drug during the past year. He regards it as one of the most important therapeutic agents recently given to the profession, almost equal to quinine in its value. Its chief action is upon the temperature of the body, and this action is almost certain. His first trial of it was in the case of one of our colleagues, Dr. Kinnemon, whose death occurred during the latter part of last year. He was suffering from phthisis, and all the usual medicines employed to check the rise in the temperature had proved unavailing. After a great deal of difficulty he procured some antipyrin and tried it on him with the result of at once lowering the temperature and improving the condition of the patient. He has no doubt that had he been able to obtain antipyrin longer this patient's life would have been much prolonged. He said he had used it in a number of similar cases with constant effect. In rheumatism it is fully as efficacious in his hands as salicylic acid; he had used it in dysentery and in a great number of febrile affections. He regards it as a perfectly safe remedy. The only disagreeable effects which he has noticed are that it sometimes causes nausea, and that the first dose will sometimes give rise to profuse sweating. The former is readily controlled by suspending the drug, and it is a curious fact in regard to the latter that the sweating is only brought on by the first dose. The subsequent doses are fully as effective in lowering the temperature but they do not cause the sweating. He was more ready to call attention to this drug, as he believed it was not in general use among the profession. The chief objection to the drug is its expense. As it is a product of coal-tar, and made from what was formerly considered to be refuse matter, there is no doubt that it will come down in price after awhile.

The dose of the drug is about seven and a half grains, and may be increased to fifteen grains.

Dr. R. H. Thomas said that his experience with antipyrin was very limited, but he had for about eighteen months been using kairin in cases similar to those mentioned by Dr. Lynch. Kairin acted well in much smaller doses than was recommended by European journals. He had found five to ten grains sufficient if given hourly. Kairin is a drug that must be carefully watched, as if continued too long it will cause too great depression of the system. His rule is to give it in five to ten grain doses every hour, having the temperature watched, and to stop it as soon as the temperature reaches 99°. The effect can then be continued by quinine. This can be done even when quinine has failed to produce effect before. If used in this way with care, he has learned to regard it as a valuable and reliable antipyretic.—*Medical News*.

MERCURIC CHLORIDE OF UREA: A NEW ANTISYPHILITIC.

Dr. Joseph Schütz, in the *Deutsche medicinische Wochenschrift*, of April 2, 1885, brings to notice a new remedy for syphilis which he claims to have used with good results. The bichloride of mercury and urea are combined in the proportion of their atomic weights, thus producing the mercuric chloride of urea. The preparation, which is used hypodermically, is said to be less unpleasant in its effects than other mercurials heretofore used. It deteriorates less rapidly than some other forms of mercury, produces less pain, and diarrhoea as a result of its injection has never been noticed. The preparation recommended is the following: 15 grains of corrosive sublimate are dissolved in 3.38 ounces of distilled hot water, and when the solution is cold $7\frac{1}{2}$ grains of urea are added. For the practical physician it is recommended that $7\frac{1}{2}$ grain portions of urea be kept and added in the required proportion to a 1 per cent. solution of corrosive sublimate as occasion may require.—*Med. News*.

THE PLYMOUTH EPIDEMIC.—Through the enterprise of the *Sanitary News* specimens of the water from the plague-smitten district of Pennsylvania have been examined by Prof. R.

C. Kezdie, of Lansing, Michigan. His report states that "when the jug was opened that contained the well-water an offensive odour was distinctly perceptible. On igniting the residue from this water there was a strong offensive odour. Both of these waters are bad—unfit for potable and culinary use. The well-water is *simply horrible!* I have examined many bad waters, but never found one so utterly unfit for use. It belongs to the dunghheap rather than the dinner-pot. It swarms with the low forms of life in countless numbers. The examination of this water awakens surprise, not that many are sick in Plymouth, but that any should be well."—*Jour. of Amer. Med. Asso.*

UNVARYING WEIGHT AN EVIDENCE OF A SOUND CONSTITUTION.—Let me here refer to this matter of variation of weight. Many persons will be met with who have a wide range of what may be called normal weight. I never like to see this symptom, for it seems to me that those persons who lose flesh so rapidly cannot be made of very good stuff. A person whose flesh is solid and who is living a correct life should maintain pretty nearly the same weight summer and winter, varying perhaps from three to five pounds. Persons will, however, be found whose weight varies twelve or fifteen pounds at different periods of the year. With such persons I have observed that sickness goes hard; on the other hand, loss of weight in them is not to be regarded as of such serious moment as it would be in a person who was thoroughly in training and whose flesh was solid and well organized.—Prof. Pepper, in *Med. Times*.

TONIC NORMAL URINE.

In a recent number of the *British Medical Journal* there is a very interesting editorial on this subject. Although the evidence has been somewhat conflicting, there is little doubt but that normal healthy urine really possesses poisonous qualities when injected into the veins of animals. When frogs are experimented with by the intra-venous injection of urine, from fifteen to twenty-five drops are sufficient to produce death. In the case of rabbits the symptoms are contraction of pupils, less frequent respira-

tion, loss of muscular tone, fall of temperature, and finally a state of torpor, followed by death. As to the particular ingredient or compound which produces this tonic effect no decision has been arrived at. M. Bouchard has found that the tonic effects of urine are much increased, if the person from whom the urine has been taken is suffering from a catarrh or from over-fatigue. It is also increased in various acute diseases.

SCHULTZE'S METHOD OF ARTIFICIAL RESPIRATION.

Dr. Neale proceeded to explain Shultze's method of artificial respiration in the asphyxia of the newly born. He described a case in his own practice in which, after trying Marshall Hall's, Sylvester's, and other methods in vain, he succeeded in this after ten minutes.

The entire procedure is divided into two acts of inspiration and expiration, with a rest after each.

Grasp the child firmly by the shoulders—the thumbs being placed in front of them and the forefinger just behind the shoulder, and the three remaining fingers over the shoulder-blade. Stand with your legs conveniently apart, and thus hold the child. The position now will correspond to the inspiration as the chest is expanded by the child being held by his shoulders.

1. Rapidly elevate the child at arm's length as the body is correspondingly erected until the arms are about at right angles to the body or somewhat above the horizontal. Then suddenly stop the upward movement in such a manner as to cause the child to fall together upon itself, while the thumbs support the weight of its body by pressure upon the anterior thoracic walls. This corresponds to the rest or pause after complete expiration, during which time fluids, mucus, etc., may escape by gravity, from the respiratory passages.

2. Now, lessening the thumb pressure on the chest and hooking the thumbs over the front of the shoulders, the child is rapidly slung forwards and downwards into the first position. And so the regular respiratory movements should continue in systematic manner until the object is accomplished or the case prove fatal.—*Report of meeting of Med. and Chir. Faculty of Maryland, Med. News.*

SALICYLIC LEMONADE.

The *British and Colonial Druggist* says that as a "hospital beverage," which has lately been found of very great value in cases of typhoid and other fevers, scurvy and gout, the following cannot be too widely known, it having been, we understand, first devised by a late medical officer attached to the Soudan expedition :

R.	Fruct. limon.....	No. 10.
	Acid citric	ʒss.
	Acid salicylic	grs. 200.
	Sacch. alb.....	
	Aqua, āā	q. s.

Squeeze the lemons and put the juice aside ; boil the fruit in half or three-quarters of a gallon of water for fifteen or twenty minutes ; after standing six hours take out the lemons, and again press them before throwing the exhausted pieces away. Add the juice and citric acid to the liquid, boil five minutes, and strain. Whilst hot add the salicylic acid, and stir until dissolved. Sweeten to taste with the white sugar, and make up the bulk to one gallon with water.

Salicylic lemonade may be taken freely, either of the strength here given, or diluted with half its bulk of water. It should be freshly made every two or three days, unless it be permissible to "qualify" it by the addition of a little pure French brandy. If required to be in "bright" condition, add, when cold, a little beaten up white of egg, boil for three minutes, and filter. If found rather too harsh for some tastes, dissolve in the boiling liquid, before straining, half an ounce of Nelson's Patent Opaque Gelatine, previously swelled for five hours in cold water.—*Med. Surg. Reporter.*

RECTAL MEDICATION.

Dr. D. W. Cathell read a paper at the meeting of Medical and Chirurgical Faculty of Maryland on Rectal Medication. He spoke first on the rectum as an absorbing cavity and then said that he would confine his remarks to the use of morphia and belladonna in this way. He does not use medication per rectum in preference to the usual method by the mouth, but a number of cases arise where the stomach should be left at rest to perform its proper digestive functions,

and yet where drugs are needed by the system. His favourite method of administering the drugs in question is to give them combined. The combination seems to unite all the good qualities of the two drugs and to lessen the unpleasant effects of each. He referred to a number of cases in which he had used these remedies together in this way, such as "ulceration of the prostate gland," where after long agony the relief under this method began to be observed at once; vesical tenesmus; senile hypertrophy of the prostate gland, when the patient from being obliged to rise every hour during the night for micturition was enabled to sleep all night without disturbance; encysted renal calculus; vaginismus; subacute sciatica; dysentery and irritable rectum, etc. In order for the suppositories to have effect, they must be prepared carefully and accurately. The excipient preferred by himself is glycerine jelly. But where the suppositories are to be kept for a considerable time he used oleum theobromæ. This last keeps fresh for a very long time and does not grease. It is often adulterated with wax, which renders the medicines contained in the suppository inefficacious. The fact, however, that the suppository is found in the dejections undissolved, provided it has been made of cocoa butter, does not mean that it has not yielded up its contained medicine, as, since it is a vegetable fat, it is able to do this without being dissolved. His own experience had shown him the truth of this. The size of the suppositories he uses is fifteen grains. The question arises whether medicine administered per rectum in capsules would not be better. He is rather inclined to favour them, as there are manifest advantages in favour of the capsule, such as cheapness, accuracy, and the exclusion of air from the drug. He generally gives the medicine once in six hours. He prefers morphia to opium and the watery extract of belladonna to the alcoholic, the usual dose being one-fourth to one-sixth of a grain of morphia and one-half of a grain of belladonna.—*Med. News.*

Dr. Flint is reported as having said that many lives are lost by starvation, owing to an overestimate of the nutritive value of beef tea and meat juices. In typhus and typhoid fevers he says, there is no good substitute for milk and eggs.—*Med. and Surg. Reporter.*

MOSETIG-MOORHOF ON IODOFORM DRESSINGS.

IN No. 4 of *Der Fortschritt* (Geneva, Feb. 26), Professor Mosevig-Moorhof, of Vienna, states that, having used exclusively iodoform as an antiseptic in his hospital, out-door, and private practice during the last five years, he never observed a single case of poisoning. He explains this immunity by his always using iodoform alone, without any other antiseptic. Cases of poisoning, as he observes, only occurred when other antiseptic preparations have been applied besides the iodoform, a point on which he lays great stress. Moreover, he uses only a small quantity of chemically perfectly pure iodoform, which as a rule, is only once applied, and he changes the dressing as rarely as possible.

The preparations of iodoform in use in the practice of Professor Mosevig-Moorhof are:—

1. Pure, finely pulverised iodoform, applied generally by means of an insufflator or a common dredging-box, in order to cover the whole wound with an equally spread film.

2. Iodoform pencils, either elastic or rigid. The former are made with gelatine, the others with gum or butter of cocoa. They serve for the introduction of the drug into sinuses and fistulas, the orifices of which have to be kept open by a short drainage-tube, in order that the channel may heal from inside outwards, and that no secretion be retained.

3. Iodoform gauze, prepared of ordinary gauze with a 10 to 50 per cent. solution of iodoform in ether, without addition of any adhesive material. It is used for ordinary dressing purposes, and for plugging wounds in the case of hæmorrhage, especially in the mouth, in the rectum, and of the female genital organs.

4. An emulsion, consisting of 10 to 50 per cent. of iodoform, equal parts of glycerine and water, and 0.25 per cent. of gum tragacanth. It is applied to wounds in cavities, where the iodoform will precipitate and form an equal layer, and for injections. Professor Mosevig-Moorhof uses the emulsion in compound fractures, in wounds of the joints, and in chronic abscesses.

5. A solution of iodoform:

R. Iodoform, ℥j. (1.00); benzol. ℥ij. ℥ij. (9.0); vaseline, ℥ij. ℥j. (11.0); ol. gaul-

theriae,* M ij , for injections in parenchymatous struma and in lymphatic glands, as long as there is no cheesy degeneration.

Professor Mosetig-Moorhof goes on to say that, having frequently observed that fungous granulations after a single application of iodoform, without having been previously destroyed by other means, changed into a healthy granulating surface, that large tuberculous abscesses and tuberculous synovitis rapidly healed by the local use of iodoform, he feels justified in asserting that by the local influence of iodoform circumscribed tuberculous processes may be treated more easily, more rapidly, and with greater certainty than by any other remedy. Iodoform, according to Marchand's investigations, prevents the formation of giant-cells, which are pathognostic in tuberculosis. Iodoform is very valuable for its anodyne properties, especially in burns. The injured parts are covered with a double layer of iodoform gauze, soaked in a mixture of one part of glycerine and three parts of water, a thick layer of cotton-wool, and a cover of gutta-percha tissue complete the dressing.

Cases of erysipelas after operations have not been more frequent under the iodoform treatment in Professor Mosetig-Moorhof's hospital than formerly under Lister's method. Septicæmia has never been observed.

Professor Mosetig-Moorhof concludes with the remark that, far from considering iodoform the most powerful antiseptic, he prefers it, taught by an extensive experience, for being the most reliable and in its action most durable preparation, and at the same time for being most conveniently and easily applied.—*London Medical Journal*.

DIAGNOSIS OF GONORRHEA IN THE FEMALE.

Martineau, at a recent meeting of the Paris Obstetrical and Gynæcological Society, stated a most important fact by which specific can be distinguished from simple vaginitis. It depends upon this that in the specific form of the disease the pus is always acid, while in the simple it is alkaline. It is very easy, therefore, to decide by a piece of litmus paper as to whether a

woman is or is not suffering from gonorrhœal inflammation.

This sign will prove of value, too, in determining, when rape has been committed, whether the person committing the crime was affected with gonorrhœa, for then the vulvitis would be characterized by an acid discharge, while in the simple form of the disease the discharge is alkaline.—*Med. News*.

HEPATOTOMY AND LAPAROTOMY ABROAD.

On May 6th, Mr. Lawson Tait performed laparotomy and hepatotomy at Nice, on Prof. Budin, of the Faculty of Paris. Prof. Budin has been ill for two years past. His symptoms pointed from the first to some abnormal condition of the liver. The exact state of things, however, remained obscure. About a fortnight ago, a consultation between Professors Tarnier, Brouardel, Bouchardat, and Drs. Bar and Thaon, took place, when it was decided that laparotomy should be resorted to. Mr. Lawson Tait was asked to go to Nice to do this. On cutting into the liver, he found a tumour containing a great mass of hydatids, which he successfully removed. A drainage-tube was left in the wound. Dr. Taylor, of Birmingham, remained in charge of Dr. Budin. Since the operation, Prof. Budin has made an uninterrupted recovery, and there is every prospect that he will soon return to his work in Paris.—*Brit. Med. Jour.*

Therapeutical Notes.

Powdered rice is said to have a great effect in stopping bleeding from fresh wounds.

CHLORAL HYDRATE IN GONORRHEA.—This drug has been used by Dr. Rodríguez, of Brazil, in gr. $7\frac{1}{2}$ –10 to $\bar{3}$ i. of water three times daily as an injection.

SUPPOSITORIES WITH FLUID EXTRACTS can be made by evaporating to a soft honey extract in a hot mortar. Alcoholic menstrua mix with fats quite easily by means of powdered soap. Evaporated fluid extracts can now be obtained in powdered form.

* *Gaultheria procumbens*, wintergreen or checkerberry.

Nitrite of Amyl is strongly recommended in eclampsia infantilis. Three drops are put on a handkerchief, and the little patient inhales and is relieved.

INJECTIONS OF COD LIVER OIL FOR THREAD WORMS.—Szerlecki recommends morning and evening injections of six spoonfuls of cod liver oil for thread worms.—*Journal de Médecine de Paris.*

In cases of syphilis that have resisted mercurial treatment, Guntz advises daily administration of half a grain of bichromate of potash in four doses. He denies that headache ever follows the use of the drug.

It is found that solutions of morphia, after some time, are apt to undergo change, and apomorphia is formed. This will account for the nausea that sometimes follow the hypodermic use of old solutions. It is not safe to use solutions over a month old.

FOR PRURITUS. (Bartholow).—

R. Acid Carbol. ʒii
Glycerin ʒi
Aq. Rosæ. ad. ʒviii.
℞. Ft. lotio

FOR SUPERFICIAL NEURALGIA. (Bartholow).—

R. Ol. caryophylli. }
Ol. gaultheriæ } āā ʒi
Ol. thymi }
Tinct. benzoini } āā ʒiv.
“ Cinnamoni }
℞.

PSORIASIS.—Prof. Fournier uses the following locally:—

R. Chloroform. 8 parts.
Gutta-percha 1 part.
Chrysophanic acid 1 part.
℞. This forms a pellicle on the skin.

BLEACHING BONES—USEFUL FOR STUDENTS.—By experiments made at the Bavarian Museum a very simple and effective method of bleaching bones, to give them the appearance of ivory, has been discovered. After digesting the bones with ether or benzoine to remove the fat, they

are thoroughly dried and immersed in a solution of phosphoric acid in water, containing one per cent. of phosphoric anhydride. After a few hours they are removed from the solution, washed in water and dried.—*Druggist Circular.*

PSORIASIS TREATED BY TURPENTINE—Dr. H. R. Crocker speaks highly of turpentine in psoriasis. His experience in 30 cases proves the drug to be valuable. No external applications were used; in all, marked improvement was manifest. He gave 15 to 30 minims of ol. terebinthinæ in an emulsion of acacia.—*London Pract.*

DEPURATIVE DROPS.—

R. Tincture of iodine. 4 grammes.

“ “ nux vomica 1 “

Fowler's solution 1 “

℞. Five drops in the evening, in sweetened water, to patients with syphilis complicated with scorbutus, and in cases of lupus where we suspect a syphilitic origin. Every day the dose is increased till fifteen drops is reached, which dose should not be passed.—*Journal de Médecine de Paris.*

Keating recommends the following treatment of acute gastro-intestinal indigestion in teething children:

R Hydrarg. chlor. mit., gr. i.
Pulv. ipecac., gr. ss.
Sod. bicarb., gr. viii.
Sacch. lact., gr. ix.
℞. ft. chart. iv.

This is to be followed by a dose of castor oil, and then the child should be placed on a careful diet for a day or two, and given the wine of pepsin in half-teaspoonful doses, or the elix. cinchon. co.—*Archives of Pediatrics.*

BISULPHIDE OF CARBON INTERNALLY AS AN ANTISEPTIC.—Dr. Dujardin-Beaumetz, of Paris, speaks in the highest praise of the carbon bisulphide thus prepared: R carbon bisulphide ʒvi., water one pint, spts. peppermit, gtt. 30 ℞; shake in a flask and let the mixture settle. From five to ten tablespoonfuls (probably equal to 1½–3 drops of the drug) are administered in a glass of wine and water, or of milk, during

the day. The water in the flask is replaced as fast as it disappears by use. Thus administered, it is unobjectionable to taste, perfectly safe, effectual in disinfecting the stools, destroying the germs they may contain, and relieving the diarrhoeas of infectious diseases as of typhoid.
—*Therapeutic Gazette.*

BROMIDE OF NICKEL.—In an article in the *College and Clinical Record* for June, Dr. R. Leamen reports favorable results from the use of bromide of nickel in the out-patient department of Jefferson Medical College. He found that especially where administered in the effervescent form, it disorders the digestive tract less than any of the other bromides. The dose is less—5 to 10 grains; 10 grains being estimated as equal to 30 grains of the potassium salt. It is much less of a depressant to the nervous system. It is most useful in cases of epilepsy where the attacks occur regularly and at long intervals. It is also an excellent remedy for headache and for wakefulness, dependent on long-continued excitement of the nervous system from any cause.

LOTION FOR ERYTHEMATOUS LUPUS.—Dr. Duhring has found lotions of sulphate of zinc useful in erythematous lupus, especially in superficial inflammatory forms, whether the nodules are discrete, or confluent, of recent or remote origin. He uses the following formula:—

R. Sulphate of zinc } aa 1 gr., 80 centigr.
Sulphide of potassium. }
Rose water 1 gr., 20 centigr.
Alcohol 10 gr.

M. Ether may be added to the alcohol. If the solution is well borne, the dose may be increased to 4 grammes in 20 grammes of the excipient. It is applied on fine linen or sponge well, is left on from 5 to 20 minutes 3 times a day, using soft soap before applying. This treatment arose out of the success attending its use in seborrhœa of the face.—*Journal de Médecine de Paris.*

IMPETIGO OF THE HEAD.—Cut the hair very short. Surround the head with a folded towel, turban-like, to protect the eyes. Rub the affected parts well with spirits of turpentine to remove the crusts, oily matters and dirt. Wash

well with warm water and carbolated soap, (10 per ct.); dry well and paint the affected parts two or three times over with tincture of iodine; when dry apply a little carbolated oil (1 in 20) to destroy any spores that have escaped the washing. This treatment repeated every morning, or morning and evening, will cure the most obstinate cases in a week. Iodized turpentine may be used in place of the tincture; 60 centigrammes of iodine dissolved in 30 grammes of turpentine. Impetigo of the body may be similarly treated, and the method is applicable to very young children. Abstract from *Bulletin General de Therapeutique.*—R. Z.

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TO SUBSCRIBERS.—Those in arrears are requested to send dues to Dr. W. H. B. Aikins, 40 Queen St. East.

TORONTO, JULY, 1885.

CONSULTATIONS WITH IRREGULAR PRACTITIONERS.

This very unpleasant subject is being forced upon the attention of the medical profession of our Dominion, and we would fail to do our duty as journalists if we did not refer to it. For the last few years it has been rumoured that three or four of the prominent medical men of our Province are habitually consulting with homœopaths and other irregular practitioners.

We are happy to say that the number is so small of those who have so far forgotten their duty to themselves and the profession at large in this matter. This question has been so frequently and thoroughly ventilated in former discussions, that it seems out of place for us to defend the code of ethics in this particular. After all, it resolves itself into this: Can we, as honest men, conscientiously recognize a system of medicine—if it can be called a

system—which we believe to be founded upon a delusion, and to consist of the merest non-sense?

It must be remembered that every time a regular practitioner consults with a homœopath he, to a greater or less extent, approves of the treatment which his colleague for the time is pursuing. This leads the public to think that there are really two systems of medicine, and they naturally conclude that there are cases in which one mode of treatment is the better; and, again, other cases in which what is arrogantly termed the “New School” is the better means of cure.

Again, when a regular practitioner consults with one of these men he is placing himself on an equality with a man who, when his back is turned, will call even the most honourable and reputable physicians, butchers, and destroyers of human life. It excites the greatest indignation, when one thinks of the vile insinuations which are made by these men against the practice of some of our most esteemed confreres.

Does the homœopathist call in a regular physician on account of any friendship or regard for the man he calls in? Of course not. He simply gets into a tight place, and wants a man whom he can make his tool for the time being to help him out, and when out he will, in all probability, detract as much as possible from the reputation of the consultant and elevate his own. We are surprised that any one should place himself in such a position.

It might be asked, then, Are we, in such cases, to allow patients to suffer on account of our etiquette? Certainly not. If the case is an urgent one, it is our duty to go at once, and, without recognizing the presence of any other medical attendant, do what is necessary to be done, and, after explaining fully to the friends the nature of the case, to leave the choice of future attendants to them. If they are foolish enough to continue with the little pill men the fault is not ours. If the case is not an urgent one it should be distinctly explained to the patient's friends that you cannot meet a homœopath, for the simple reason that you will not in any way recognize a mode of treatment which is considered absurd and worse than useless. The matter is thus easily

settled, as the laity will then understand that the case must be taken charge of independently or not at all.

We hope that this matter will be brought before the Dominion Association at the next meeting in Chatham. If the Association decides to uphold the code of ethics, then those who continue to deliberately break the rules can no longer be considered as members. If, on the other hand, the Association decides to change its laws, it will then remain for those who differ to consider what further action they will take.

THE MEETING OF THE MEDICAL COUNCIL.

The first meeting of the recently elected Council took place in June, as will be seen by the report which appears in this issue. The new members were: Dr. Ruttan, of Napanee, in the place of Dr. Burritt; Dr. Russell, of Binbrook, in the place of Dr. MacDonald; Dr. Orr, of Maple, in the place of Dr. Allison; Dr. Philips, of Brantford, in the place of Dr. McCargow; Dr. Harris, of Prantford, in the place of Dr. Spragge; Dr. Fowler, of Kingston, in the place of Dr. Lavell. The former members, re-elected, are Drs. Bergin, Day, Bray, Edwards, Williams, Burns, Cran-ton, Buchan, Rosebrugh, Moore, Grant, Wright, Geikie, Fenwick, and the Homœopathic representatives, Drs. Logan, Henderson, Campbell, Vernon, and Husband.

ELECTION OF PRESIDENT.

A high compliment was paid to Dr. Bergin in electing him to the position of President by an unanimous vote. There was, of course, no question as to his fitness or ability; but he had before been elected to the chair in 1881. It is pretty well recognized as one of the unwritten laws that no one shall have a second term, the only exceptions to this being the election of Dr. Daniel Clark for a second year in 1877, and that of Dr. Wm. Clarke for part of a second year in 1871, when Dr. Covernton was unable through a technical objection to complete his year of office.

Dr. Bergin was appointed by the Dominion Government to the very important and responsible position of Surgeon-General during the rebellion in the North-West Territory. The

profession of the country appreciated very highly the great energy and ability exhibited by the doctor, who had to complete a thorough organization for the field hospital service in a very short time, and the governing body of the profession of this Province showed their high appreciation by offering him, without a dissenting voice, the highest office at their disposal.

STUDENTS IN THE NORTH-WEST.

One of the first matters that came up for discussion was the application of certain students, who went up to the North-West in the capacity of dressers, to be allowed their Primary Examination. It was urged that Toronto University, the Law Society, and other examining bodies had granted similar privileges to their students. It was contended, on the other hand, that there was a grave risk in dealing thus with medical students, who would, hereafter, have the lives of their patients depending on their knowledge of medicine. After considerable discussion, however, it was decided to grant their request, as they would yet have to pass the final examinations before securing licenses to practice. We are very glad, indeed, that the Council took this course, as we have reason to know that these volunteer dressers were well prepared with their primary subjects, and that they did excellent work in the North-West. This act of generosity on the part of the Council will be highly appreciated by medical students generally.

WORK OF THE LEGISLATIVE COMMITTEE.

Dr. Day, chairman of the Legislative Committee, reported that they had been unable to get any amendments to the Medical Act passed at the last session of the Ontario Legislature. The committee have been asked to make another attempt next winter. It is likely, however, that some changes will be made in the proposed amendments, and some clauses will be omitted. By common consent it seems to have been determined to say no more about the five dollar tax. As there is no probability of the Legislature demanding security for costs in malpractice cases, the clause referring to this will likely be dropped; but an effort will be made to limit the time within which such an action may be brought, say one year. We understand that a

suit for malpractice is now pending in a case which happened nearly six years ago. The committee will also seek for power on the part of the Council to expel any members found guilty of unprofessional conduct. Considerable difficulty has existed in collecting the annual fees from the members of the profession throughout the country, and it is proposed to amend the Act so that the delinquent debtors shall be sued in Toronto.

FINANCES.

The financial condition is fairly good. The committee reported a good balance in the bank, and about seven thousand dollars due from physicians on account of annual fees. It is hoped that about the end of this year they will be able to take up the mortgage now held against their property in Toronto. This is valued at sixteen to twenty thousand dollars. It was thought last year that it would be advisable to sell this lot on the corner of Bay and Richmond Streets and buy a cheaper lot on College Street, or lease a lot from the University authorities on which to build. For the present, however, this will not be done, as there is a general inclination manifested to hold a property which is so conveniently situated, and it is proposed by some to erect a large building with stores on the ground floor, and offices in the upper storeys, all to be rented, while one storey might contain the hall and rooms required by the Council. When the new Court House and city buildings are built at the head of Bay Street, the Council's property will be rendered much more valuable.

REPORT OF THE EDUCATION COMMITTEE.

This committee proposed very few changes. Some petitions of rejected students were received, asking for reversions of the decisions of the Examining Board; but unfavorable replies were given. This is right; although our sympathies might lead us, in many cases, to wish to see candidates receive their license after they had failed to come up to the required standard, still, the broad fact remains that the decision of the Examining Board should be final and unalterable, unless some extraordinary reason arose for changing it. Any other course would be manifestly unfair to the Examining Board and would

lead to endless confusion. We are glad the Council has decided to demand only three years' attendance from graduates in Arts after the date of graduating. The ordinary registration fee has been increased from ten to twenty-five dollars, *i.e.*, those who graduate in the old country and wish to register here on their British certificate of registration will be required to pay twenty-five dollars. It was proposed to increase it to fifty dollars, and it is not unlikely that this will be done next year.

There was considerable discussion over the appointment of the Examining Board. As in former years, some of the members were anxious to have their personal friends appointed, not on account of any eminent fitness for such positions, but chiefly for local reasons. It is notorious that names of persons totally unsuitable for such responsible positions have been proposed during the last two or three years, but the good sense of the majority has excluded them. We hope it never will be forgotten how unpopular some of the Examining Boards were a few years ago; one of the causes of this was the great uncertainty that existed. The changes were frequent, and the choice often atrociously bad. In recent years the examiners have been selected with great care, changes have been infrequent, and, as a consequence, both physicians and students have great confidence in their decisions. We have before expressed favourable views with reference to the present Board, and are glad of its reappointment.

We have to congratulate the members of the Council upon the ability and care manifested in their recent deliberations, and upon their manner of doing business. Such a Council must command the respect of the profession in the Province.

THE ONTARIO MEDICAL ASSOCIATION.

The fifth annual meeting of the Ontario Medical Association, which took place in London on the 3rd and 4th of June, was in every respect a great success. Too much praise cannot be given to the profession in London, who made every effort to further the objects of the meeting and to secure the comfort and welfare of those attending. The visiting members will

not soon forget the great hospitality shown them.

The usefulness of the Association was never before so clearly shown. Many medical men met with friends whom they had not seen for eighteen or twenty years, and their intercourse was of the most pleasant character. A very large amount of good and honest work was done. The papers were, we think, fully equal, if not superior to those of previous years, and the discussions were much more animated than any we had before listened to. Many members showed great ability and accuracy of knowledge in the remarks made upon the subjects brought before them. A pleasing incident was the reception of Dr. Brodie, the President of the American Medical Association, who honoured us with a visit. The other visitors, Dr. Jenks, of Detroit, and Drs. Howe and Park, of Buffalo, were well received, and by their efforts added very much to the interest of the meeting. We hope to see them next year in Toronto.

We give elsewhere a short account of the proceedings. A more extensive report of the discussion will accompany the various papers as they are published.

DOMINION MEDICAL ASSOCIATION.

Owing to the "unsettled state of the country," the profession in Winnipeg have concluded to leave to others the honour of entertaining the members of this Association. The President, after receiving numerous invitations from the cities of Ontario, decided upon Chatham as the place of meeting, the date being September 2nd and 3rd.

THE CHOLERA IN SPAIN.

It is now confirmed beyond doubt that Asiatic cholera has been prevalent in the Province of Valencia since last March, and it has entered Madrid. The sanitary condition of the provincial towns has been of the worst possible description, and no effort whatever has, heretofore, been made to resist the epidemic. The principal reason given is that that the authorities cannot enforce sanitary laws, on account of the ignorance and prejudice of the people. If sanitary boards were of no

other use, they certainly do good work in educating the people upon the importance of sanitary legislation, so that the public will willingly co operate, when it is necessary, to adopt very stringent measures.

DEATH UNDER CHLOROFORM.

The *British Medical* reports a death under chloroform in the Western Infirmary, Glasgow, in May. A young girl had undergone an amputation of the thigh; and it is stated that, "as her condition was one of considerable weakness, it was deemed advisable to administer chloroform at the changing of the dressings." It appears to us that such a condition is especially a contra-indication to the use of chloroform; but we believe that, as a rule, the administration of chloroform has been unusually safe in Glasgow, when great care is used in the method of giving it. In this case respiration ceased suddenly, and could not be re-established. The post mortem examination showed extensive thrombosis of part of the venous system. Perhaps, even in Glasgow, they may discover that ether, under certain conditions, is much safer than chloroform.

EPILEPSY CAUSED BY THE SIGHT OF A CORPSE.

M. Legrand du Saule reports, in the *Gazette des Hôpitaux*, eight cases of epilepsy, apparently caused by the sight of a corpse. In most of the cases the father was an alcoholic. M. Legrand deprecates strongly the practice of allowing young children, especially girls, to go into the presence of a corpse, even of a near relative. He says "cerebral hygiene ought to be considered before sentiment." R. Z.

Possibly the above facts are explained by the highly emotional nature of the French. We have not heard of such cases in Canada, nor indeed of many cases of hystero-epilepsy, which appear to abound in Paris hospitals.

CANCER OF TONGUE.—The average duration of life in cancer of the tongue is, without operation, ten and a half months; with operation, sixteen months. In some cases, after operation, the patients have lived for from two to five years, or even ten years.—*New York Medical Record*.

ANNUAL MEETING OF THE COUNCIL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The regular annual meeting of the Medical Council commenced in their building, Toronto, Tuesday, June 9th.

The registrar, Dr. Pyne, took the chair, and called the meeting to order.

There were present:—Drs. D. Bergin, Cornwall; J. L. Bray, Chatham; H. E. Buchan, Toronto; J. H. Burns, Toronto; C. T. Campbell, London; J. G. Cranston, Arnprior; H. W. Day, Trenton; R. Douglas, Port Elgin; E. G. Edwards, London; A. G. Fenwick, London; F. Fowler, Kingston; W. B. Geikie, Toronto; Harris, Brantford; G. Henderson, Strathroy; G. E. Husband, Hamilton; George Logan, Ottawa; V. H. Moore, Brockville; Orr, Maple; Philip, Brantford; J. W. Rosebrugh, Hamilton; Russell, Binbrook; Ruttan, Napanee; Elias Vernon, Hamilton; J. A. Williams, Ingersoll, and H. H. Wright, Toronto.

ELECTION OF PRESIDENT.

Dr. H. H. Wright, seconded by Dr. Bray, moved that Dr. D. Bergin be the president for the ensuing year. The motion was carried unanimously.

Dr. Day, seconded by Dr. Logan, moved that Dr. Robert Douglas be vice-president.

The motion was carried.

Dr. W. T. Aikins was elected treasurer, and Dr. R. A. Pyne, registrar.

STANDING COMMITTEES.

A committee consisting of Drs. Bray, Wright, Moore, Logan, Williams, Cranston, Rosebrugh, Philip, and Edwards, were appointed to strike the standing committees.

They reported, recommending the following committees:—

Registration Committee—Drs. Rosebrugh, Orr, Vernon, Fenwick, Russell.

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

Finance—Drs. Edwards, Ruttan, Henderson, Douglas, Philip.

Printing—Drs. Vernon, Buchan, Burns, Geikie, Wright.

Education—Drs. Fowler, Geikie, Moore, Wright, Edwards, Harris, Day, Husband, Logan,

Williams, Burns, Cranston, Bray, Fenwick, Buchan.

Executive—Drs. Day, Spragge, Logan.

The report was adopted.

A number of communications were read and referred to their proper committees.

Dr. Wright submitted the report of the Property Committee. It stated that suitable sites for the college building could be obtained on College-street, at a lease rental of \$400 or \$500 a year for 41 years.

The report was referred to the Finance Committee.

WEDNESDAY, JUNE 10TH.

STUDENTS IN THE NORTH-WEST.

Dr. H. H. Wright moved, "That all students actually engaged in the North-West military operations proper, or as members of the Hospital Red Cross or ambulance service, who in consequence of such actual employments were unable to take the usual examinations which in due course they would have been obliged to take this spring, shall be allowed their full time, but will nevertheless be required to take the said omitted examinations at the next opportunity, or when presenting themselves for their final examinations.

Dr. Geikie said it would not be a stretch of patriotism on the part of the Council if they gave these young men their standing. The University and Law Societies had given their students, who had been placed in a similar position, their certificates. He moved in amendment, "That those primary students who had been prevented from undergoing their spring examinations by their service in the North-West, and who had paid their fees, be given their standing."

Dr. Moore seconded the motion.

Dr. Bray said that the University and Law Society, in granting their students their pass certificates, had not so much at stake as the Council would have in the case of medical students, who had the lives of the community to deal with.

Dr. Wright said the university degrees were only scholastic distinctions and conferred no such powers as the certificate of the Council. He

believed that the statute gave no power to the Council to dispense with the examination. No one appreciated more highly the patriotism of these young men than himself; but it was no use doing an illegal act.

Dr. Edwards favoured giving these young men their primary examination.

Dr. Bray said he would introduce a special by-law to get over the technical difficulty.

The President, on being appealed to for his ruling, said he thought the Act was positive in requiring that an examination should be submitted to and passed. He suggested that both the resolutions be withdrawn till the advice of the solicitor be obtained.

The matter was allowed to stand till next meeting.

Dr. Geikie gave notice that he would move that all by-laws conflicting with the granting of pass certificates to the primary students now in service in the North-West be suspended.

The question of the payment of prosecutors of offenders against the Medical Act was referred to the Finance Committee.

LEGISLATIVE COMMITTEE.

Dr. Day presented the report of the Legislative Committee. It stated that the committee had been unable to obtain from the Legislature the amendments to the Medical Act which were deemed so necessary, but had hopes of obtaining legislation next session. They therefore recommended the re-appointment of the committee.

THURSDAY, JUNE 11TH.

The Council met at 10 a.m., the Vice-President in the chair.

After routine business the Council took up the subject of appointing a solicitor and discussed it at great length.

Dr. Fowler finally moved that the matter of appointing a solicitor be appointed to a special committee, to be named by the Vice-President.

The motion was carried.

The Vice-President named Drs. Philip, Logan, Fowler, Wright, and Moore.

Dr. Fenwick moved that inasmuch as the Council examinations are held in Toronto and Kingston, the same right should be accorded to London. In moving the resolution he said he thought the 31st section of the Act gave the

Council power to prescribe the time and place for holding the examinations.

Dr. Wright said that in England the candidates for membership to the College of Physicians and Surgeons had to submit to examination at London, the central situation of the college, and he saw no reason why candidates should not be required to come to the central offices here. The funds of the Council would not allow of their holding examinations all over the province.

Dr. Williams said it was unfortunate they had ever held their examinations at Kingston. The college should have a central place where their degrees could be obtained, and candidates should be required to go there.

The matter was referred to the Committee on Rules and Regulations.

PROFESSIONAL PROSECUTORS.

Dr. Cranston moved that for the better protection of the public against unqualified medical practitioners, the president, or in his absence one of the officers of the college, shall have power to appoint in each territorial division, on the recommendation of the representative for such division, one or more persons whose duty it shall be to prosecute persons practising in contravention of the Medical Act, and that the prosecutor shall receive 75 per cent. of the fines collected.

The motion was carried.

THE NORTH-WEST STUDENTS.

A letter was read from the solicitor, Mr. McCarthy, on the legality of the Council dispensing with the primary examinations of those students who were serving in the North-West. He stated that he held to the view that the Act gave the Council power to do this if they chose.

The Council adjourned till 2 p.m.

AFTERNOON SESSION.

On the Council reassembling, by-laws were passed fixing the annual assessment of members at \$1 and the date of the professional examinations the first Tuesday in April in each year.

Dr. Campbell moved that a copy of the proceedings of Council be printed and forwarded to each member of the college. He said that

their constituents had a right to get an official report of the proceedings without being compelled to subscribe to a medical journal.

Dr. Wright moved in amendment that a synopsis of the proceedings be printed in the annual announcement, the said synopsis to be authorized by the president, and a copy sent to every member in good standing.

The amendment was carried.

STUDENTS IN THE NORTH-WEST.

Dr. Geikie introduced a by-law to give the students in the North-West, who may pay their fees, their primary standing, and suspending other by-laws inconsistent with this enactment.

The by-law was carried.

LEGISLATIVE COMMITTEE.

Dr. Bray moved that the Legislative Committee be re-appointed.

Dr. Day remarked that Mr. Mowat had refused to introduce the amendments asked by the Council, on the ground that the medical men in the Legislature were not in favour of them. This was a most absurd position to take for a few medical men who happened to be in the Legislature, and did not represent the profession as the Council did.

Dr. Edwards said he thought that if the provisions about the \$5 tax and a taxing officer had been left out, the amended bill would have been got through the House.

Dr. Moors said the members of the college should enlist the sympathy of their Parliamentary representative in each riding, and the bill would soon pass. It was most important that the law permitting actions for malpractice should be amended by limiting the time.

Dr. Burns suggested that a member from each medical society in the province should be appointed to meet a committee from the Council and interview the Government. He believed they had failed in getting the legislation asked for because they had asked too much.

The names of Drs. Moore, Wright, Geikie, and Harris were added to the committee, while that of Dr. Burns, at his own request, was omitted. The motion then passed.

FRIDAY, JUNE 12TH, 10 A.M.

After routine business, a communication was

read from the University of Ottawa, requesting to be allowed to send a representative to the Council.

A Special Committee, to whom this matter was referred, reported that the solicitor gave his opinion that the Ottawa University had no power to have a Medical Faculty for conferring degrees in medicine.

Dr. Bray moved that the Legislation Committee be authorized to approach the Legislature next session with the object of obtaining the desired amendments to the Medical Act.

A motion was also passed authorizing the representatives of the Council to obtain signatures to petitions praying the Legislature to pass the said amendments.

On the report of the committee appointed to recommend a solicitor for the Council, Mr. B. B. Osler received the appointment.

The Registration Committee reported against allowing F. B. McCormick, South Point, Pelee Island, to come up for registration. They also reported that the Council had no power to re-enter the name of R. B. Sparham on the register.

The report was carried.

The meeting adjourned till three p.m.

AFTERNOON SESSION.

The Council met again at three o'clock, the Vice-President in the chair.

A communication was received from the authorities of the University of Ottawa stating that that institution had the power to grant medical degrees.

Dr. Grant, of Ottawa, who was present, was accordingly invited to take his seat as representative of the Ottawa University, and accepted the invitation amid great applause.

Dr. Cranston moved that a vote of thanks be passed to the Ontario Government for their exertions in perfecting the Bureau of Health. Carried.

REPORTS OF COMMITTEES.

Dr. H. H. Wright presented the report of the Education Committee, recommending—That the by-law requiring graduates in arts to attend for three years only, be re-inserted in the curriculum; that the registration fee be increased from ten to twenty-five dollars; and

that the Examining Board of last year be re-appointed.

Dr. Day presented the report of the Committee on Rules and Regulations. It stated that the solicitor had reported that the Council had no power to hold its final examinations, except at Toronto and Kingston, but that primary examinations could be held wherever the Council chose.

Dr. Henderson presented the report of the Finance Committee. It stated there was a balance to the credit of the Council in the Bank of Commerce of \$6,000. The treasurer's books were duly audited and found correct. The committee advised that no new building lots be purchased till the present Council building is paid for. The arrears of members' fees amounted to \$7,000.

These reports were adopted.

Dr. Grant moved that Drs. Burns, Wright, and the secretary be a committee to adopt some inexpensive way of protecting the papers and documents of the Council. Carried.

The reports of the Finance, Rules and Regulations, and Education Committees were adopted.

Dr. Harris moved that this Council record with pleasure its sense of the zeal displayed by those medical students who have served in the North-West. Carried.

Dr. Fenwick moved that the Legislation Committee be instructed to obtain if possible an amendment to the Act, so that the Council examinations may be held at Ottawa. Lost.

A vote of thanks was passed to the Vice-President for the excellent manner in which he had fulfilled the duties of chairman.

A vote of thanks was passed to the profession of Toronto for their unbounded hospitality.

The Council then adjourned.

The late Dr. George Rolleston was a wonderful worker. On one occasion he had been working hard in his museum, and was returning home, when a stranger accosted him with—“Ah, Professor Rolleston, I am glad to have met you, for I find I have half an hour to spare, and I should be so much obliged to you if you would show me over the museum.” “You have found a spare half hour!” interrupted Rolleston; “for God's sake give it to me; I have been looking for it all day.”

Meetings of Medical Societies.

MONTREAL MEDICO-CHIRURGICAL SOCIETY.

(From our own Correspondent.)

At a meeting of the above Society, held on the 12th inst., Dr. Stewart exhibited a man, aged 39, who for the past five years has been the subject of well-marked

TETANY.

The patient, who served as a soldier in the American Civil War, had three distinct malarial attacks during this period. He also suffered from "chronic dysentery" for about eighteen months. For the past seven years he has been seldom or never free from diarrhœa.

He never had either rheumatism or syphilis. His family history is good.

Every two weeks he is seized with a spasmodic contraction of the muscles of the fingers. The thumbs are adducted and opposed. The fingers flexed and abducted. This contraction comes on at times suddenly, but usually slowly, and remains from eleven to twelve days, when it passes away, leaving the parts in a normal condition. The spastic condition slowly increases, day by day, until it reaches its acme on the twelfth day. The return to the normal seldom occupies longer than twenty-four hours. At times the flexors of the fore-arm are strongly contracted, and also the adductors of the upper arms, bringing the arms crossed in front of the chest.

The muscles of the lower extremities are only occasionally involved, and then only to a slight extent when compared with those of the hands and arms.

The facial muscles feel stiff and painful during the period of contracture, and they are the seat of constant fibrillary twitchings, which are much increased on tapping. The patient says that he experiences a sensation in his face as if the skin were too tightly drawn.

During the period of spastic contractions he has diplopia.

The electrical re-actions of the nerves and muscles are enormously increased when suffering from his "spasms," but after they have passed off the re-actions are normal.

Last week when there was marked tetany, .25 of a milliamperé was sufficient to bring out K. S. Z. When the current was applied to the radial nerve it passed over the upper arm; but to-day, when his muscles are in their normal state, it takes fully four (normal) Milliamperés to produce this contraction. This strength of current produces tetanus on shutting the cathode (K. S. Te), and opening of the anode (A. O. Te) during the period of spastic contraction.

The great increase in the galvanic irritability is not confined to the radial, but is present also in the ulnar and facial nerves.

The disproportion between the faradic irritability in the normal and spastic states is not marked.

There is also marked increase in the mechanical irritability of the nerves and muscles; steady pressure on either causing an increase in the spasms.

The patellar reflexes, which are greatly exaggerated during the tetany, are scarcely to be brought out when it has completely passed away. The same applies to the biceps and triceps reflexes.

The tongue is raw, appetite fair.

He is seldom free from diarrhœa, the average number of stools during the twenty-four hours being about six. They are copious, frothy, semi-fluid, and have a "pea soup" appearance.

The urine is acid, normal in quantity, sp. gr. 1030, contains a large amount of urea and indican, but is free from both albumen and sugar.

Heart and lungs normal. No increase in the white blood cells. No hepatic or splenic enlargement.

The case differs from those described in the long continuance of its course and the persistence of the spasms for days in place of hours.

The reader of the paper, after referring to the usual causes of this disease, such as lactation, diarrhœa, and so-called rheumatic influences, gave description of that peculiar variety which follows extirpation of the thyroid gland. While the former are nearly always recovered from, a large percentage of the latter are fatal. A description was given of a section of the cervical cord of a young girl who died from tetany

twelve days after removal of her thyroid. No changes of any apparent import can be detected.

Nothing definite as to the true nature of this remarkable disease was up to the present known.

UREOMETRY.

Dr. T. D. Reed showed Doremus' apparatus for the estimation of urea. This instrument is extremely simple, consisting of but one piece, a bent tube of glass, one arm of which is graduated with lines representing grains per ounce of urea. To use it, it is filled to the bend with the usual hypobromite solution (experiment shown), and a measured quantity of the urine to be tested is introduced, by means of a pipette, beyond the bend; by the separation of the nitrogen, the result is read off at once. Dr. Reed had tested the instrument with a solution of pure urea, and found the readings correct.

The price of the apparatus is two dollars, and of each test under three cents.

Specific gravity beads, as supplied by Parke, Davis & Co., were also shown and recommended as being more convenient, simple, and portable than the usual urinometers.

HAMILTON MEDICAL AND SURGICAL SOCIETY.

REGULAR MEETING, JUNE 2ND, 1885.

The Vice-President in the chair.

Dr. McCargow exhibited a pathological specimen, the lower end of the femur of a man whose thigh had been amputated in the hospital by Dr. White. The patient had been admitted to the hospital with the following history:—At 14 years of age received a slight injury on the inner side of the thigh, while sleigh riding, since then has had pain in the knee with swelling, chiefly during changes in the weather and in cold weather. Although knee has pained since the first with the exception of slight intermissions of a few weeks, he has never been confined to bed, and the only treatment has been in the form of external applications. Four months ago incisions were made and a large quantity of pus removed. When admitted, the man who is now 36 years of age, was found to have the lower half of the right femur enlarged and hard. The swelling extended to the lower half of the right knee, and the patella was fixed

two openings had been made one on the outer and lower part of the enlargement, the other higher up on the inner side of the thigh; the openings had partially closed, but there remained small sinuses from which pus discharged pretty freely. Patient was able to move about on crutches and was not confined to his bed in the ward. Family and personal history were both good, there being no record of anything specific about him to account for the condition of the knee. The specimen showed the end of the femur after a longitudinal section had been made, there being an abscess cavity in the centre, with thickening and enlargement of the bone. The cavity was six inches long, one half inch wide, but irregular; in the recent state the bone was injected. The cartilage of the knee was intact. The diseased bone was twelve inches long altogether. Dr. Malloch said that when the section of the bone was made there was a piece of necrosed bone in the cavity which would account for the inflammation of the bone; others, though, had not noticed the sequestrum.

Dr. R. R. Wallace then read his paper on Incisions in Whitlow — a subject which had been partly discussed at the previous meeting when Dr. McCargow's specimen was shown. The paper began by giving the definition of whitlow, and showed the different pathological states involved, with the various names more or less indiscriminately applied. Different authorities were then quoted to show the site of incision preferred by them, of these Erichsen recommending an incision on each side of the finger, while Fairlie Clarke advocated incision on one side, the others quoted preferring the median palmar, Keetley advising two palmar incisions. The essayist thought that incision in the median line over the unguis phalanx would be likely to divide the digital arteries as they there cross to form an arch, while the great argument in favour of the medial incision had always been that it avoided such accident. He therefore believed that in whitlows confined to the unguis phalanx, incision along the side, carried to the bone if necessary, is the best one to practise, for it affords exit to all pus and sloughs, and effectually relieves tension, thus removing the great cause of the agonizing pain.

and avoiding at the same time a cicatrix on the most exposed portion of the finger where it is bound to impair more or less the tactile sense, which in some patients is important and worthy of consideration in all, while in the working man we have no scar on a surface so much exposed as the palmar surface of the unguis phalanx. If the incision on one side was not sufficient, Dr. Wallace thought that then the double one should be practised. When the disease had extended up the finger, and involved the sheath of the tendons, he thought there was no choice but to open the sheath and give exit to the pus, and this he considered was best done in the median line on the palmar aspect. With regard to the question of one long incision or separate ones between the joints, he thought that the arguments in favour of separate ones were very strong, as there is less liability of causing strangulation over the shafts of the phalanges, and the tendons were not so much exposed or injured by the smaller incisions and the liability of sloughing lessened. In the discussion which followed the reading of the paper, Dr. Malloch expressed his surprise at the advocacy of the lateral incision. He said that Ashurst recommended it because it avoided sloughing, but he himself had never seen it result from the median when incision was made early enough; the only difficulty was in keeping the incisions open, it being necessary to use the probe night and morning. The lateral incision, he thought, would go indirectly to the matter; there was no danger in wounding the arteries and nerves as they would heal readily enough. Other members who spoke all favoured the median incision and a good free one.

The Vice-President, Dr. Stark, then showed a specimen, the first phalanx of the middle finger of the left hand. The history of the case was a blow followed by a swelling on the side of the finger, but not much pain; it was poulticed at first, but an incision was not allowed at first, and when opened it had to be opened several times, and finally amputated, and was found to be much expanded, necrosis having evidently taken place.

We would direct the attention of our readers to the advertisement of Imperial Granum.

LONDON MEDICAL SOCIETY.—The following were elected officers of this Society for the ensuing year: Dr. Beemer, president; Dr. Savage, vice-president; Dr. Payne, secretary-treasurer. The Society has a fine membership and is doing very effective work.

THE ONTARIO MEDICAL ASSOCIATION.

The fifth annual meeting of the Ontario Medical Association took place in Victoria Hall, London, on Wednesday and Thursday, the 3rd and 4th of June. The first session commenced at 10 a.m., when some preliminary business was transacted.

At 2.30 p.m. the first regular meeting was held, when the addresses and reading of papers, according to programme, was proceeded with. Dr. Worthington, the president, in his annual address thanked the Association for the honour conferred upon him, by electing him as their president, an honour which he highly esteemed. He then proceeded to speak of the various improvements in medical science, and the effect of these improvements on the general welfare of the race. The latter part of his address was principally devoted to the treatment of fevers, especially that by the cold water bathing. He showed that this was practised more than a hundred years ago, and he considered that in suitable cases it was frequently used with great benefit.

Dr. Jenks, of Detroit, an invited guest, was asked to take a seat on the platform.

Dr. Pope, of Bothwell, presented a case of obstinate sciatica, asking for advice as to further treatment. The constant galvanic current was recommended.

ALCOHOLIC STIMULANTS.

The communication from the W. C. T. U. came up for the third time. There was no report from the Special Committee.

After some discussion Dr. Fulton moved, seconded by Dr. Bray, that the following members be a Special Committee to report on this matter, viz., Drs. Holmes, Geikie, Brouse, Rosebrugh, and the President, the Committee to report on the following day. This resolution was carried.

The Secretary here read a telegram from Dr. J. T. Reeves, Secretary of the Wisconsin State Medical Society, in session in Milwaukee, conveying the greetings of the Society to the Ontario Association. The message was received with applause and Dr. Oldright, of Toronto, was requested to write a suitable reply.

DIPHThERIA.

Dr. Tye read a very able and exhaustive paper on Diphtheria, in which he displayed great practical knowledge of the disease, as well as an intimate acquaintance with the latest views regarding its pathology.

The discussion which followed was opened by Dr. Graham, who agreed in the main with the views of the reader of the paper. He stated his belief in the pathological as well as clinical distinction between pseudo-membranous croup and diphtheria, and gave the opinions of Virchow, lately published, in favour of that view. He also spoke of the importance of recognizing a mild form of diphtheria, which was often very difficult to diagnose from other forms of sore throat.

Dr. Moore, of Brockville, who has had a very large experience, spoke of the importance of using constitutional as well as local treatment, also the importance of recognizing mild cases, as through them the disease was carried from one family to another.

Dr. Brouse spoke of the use of large doses of calomel.

Drs. Atherton, Fulton, Holmes, McKay, and Rosebrugh also took part in the discussion.

Dr. Bray then read a report of a case of Caesarian Section, which proved to be one of great interest. We hope to give it in full in a future issue.

Dr. Jenks, of Detroit, who did the operation, was present, and described minutely the various steps as it was performed. He then spoke of the operation generally, and stated that when performed early enough he believed it to be preferable to craniotomy.

In the discussion which followed many of the members dissented from Dr. Jenks in his preference for Caesarian section. Dr. Atherton suggested in such cases the use of the elastic ligature to control hæmorrhage.

Dr. Fraser, of Sarnia, then read a paper on Continued Fevers, which was followed by a very interesting discussion on the existence of such a form as typho-malarial fever. The majority were of opinion that typho-malarial fevers were nothing more or less than true typhoid, and that it had no claim to be regarded as a distinct disease. Many, however, were of opinion that there are cases of continued fever which could not be considered as typhoid nor yet of malarial origin.

At the evening session Dr. Powell, of Edgar, read a very interesting and exhaustive paper on the Use of Plaster Splints which was illustrated by models and drawings. In the discussion which followed, Drs. Park, of Buffalo, and Bray, of Chatham, took part. Dr. Groves, of Fergus, read a paper on urinary calculi, and Dr. Howe, of Buffalo, illustrated the appearance presented by a section of the normal retina. It was thin. He explained how this condition is changed in albumenuric retinitis, as regards—

- (a) The axis cylinders.
- (b) The arteries.
- (c) The fibres of müller.

1. The fundus of the eye of a blonde as seen with the ophthalmoscope.
2. The fundus of the eye of a brunette.
3. The changes in the normal fundus produced by albumenuric retinitis—special attention directed to the alteration near the yellow spot, to the hæmorrhage and patch of degeneration.
4. Atrophy of the optic nerve—an occasional sequela of albumenuric retinitis.
5. Detachment of the retina—also an occasional sequela.

THURSDAY.

The Association met at 10 a.m., when Dr. Temple read a paper on Intra-uterine Medication, which exhibited a thorough and practical knowledge of the subject. The following gentlemen took part in the discussion which followed: Drs. Holmes, Rosebrugh, Gunn, Powell, and Adam Wright.

The general opinion appeared to be that intra-uterine medication, when practiced by skilful men on properly selected cases was a

therapeutic means of great value. It was, however, likely to be abused by men who did not possess a thorough knowledge of the subject. We hope to give the paper and discussion in full in a future number.

Dr. Edwards then presented two very interesting cases of pseudo-hypertrophic muscular paralysis. They were brothers, one 12 the other 14 years of age. The younger one was stripped, and exhibited the typical character of this very obscure affection.

Dr. Stewart, of Montreal, in his remarks stated his belief in the curability of the disease if the treatment were adopted early enough. He placed most reliance on the use of galvanism to the spine.

At this stage Dr. Brodie, of Detroit, the President of the American Medical Association, was introduced and received with loud applause. Dr. Brodie in a very appropriate speech thanked the meeting for the reception given to him.

Dr. Park, of Buffalo, then read a paper on Surgical Sequelæ of the Exanthemata and Continued Fevers, which appears in the present number. The paper was an able one and was well received.

Dr. Edwards, of London, read a paper on Placenta Prævia, which was followed by a very interesting discussion. We hope to give both in full at a future time.

Dr. Tye moved, seconded by Dr. Stalker, that at the afternoon session the Association should be divided into medical and surgical sections so that the work of the programme might be accomplished. Carried.

It was moved by Dr. Mullen, seconded by Dr. Oldright, that Dr. W. T. Aikins be Chairman of the surgical, and Dr. Graham of the medical section. Carried.

The President then, on behalf of the Association, tendered the thanks of the members assembled to Drs. Jenks, Brodie, Park, and Howe, gentlemen from the United States, who had favoured the meeting with their presence and added to its interest by the reading of papers, etc. These gentlemen briefly responded.

(Concluded in August number.)

Correspondence.

To the Editor of the PRACTITIONER.

Since reading the paper on Galvanism in Neuralgia, published in your March number, my attention has been called to a four-cell galvanic battery made by Otto Fleming, 1009 Arch Street, Philadelphia, which I have found quite efficient for relief of neuralgic pain.

J. B. MATTISON, M.D.

314 State Street, Brooklyn, N. Y.

Book Notices.

The Popular Science Monthly for June, New York, D. APPLETON & Co., comes with its usual welcome variety of interesting, popular and scientific articles. Among others we note an interesting essay by J. Macdonald Oxley, on "The Mediterranean of Canada," i.e., Hudson Bay and Straits; "Use of Sulphurous Disinfectants," by Tissandier (illustrated); the conclusion of Mattieu Williams' articles on "The Chemistry of Cookery," "The Nervous System and Consciousness," by W. H. Benedict, etc., etc.

The Land of Burns.—By J. CAMPBELL, M.D., C.M., L.R.C.P. Edin., Seaforth.

The greater part of this neat little work is taken up with the doctor's visit to Ayrshire, and concludes with a masterly defence of the life and works of Robert Burns. Of his visit to the land of Sir Walter Scott, we may presume to speak with some authority, having accompanied the doctor on that occasion, and must say that the descriptions are admirable and true to nature. The Highlander will read with interest his chapter on "The Land of the Gael." The Valedictory, delivered by the author when leaving McGill, is published by the special request of many of his old class-mates. The book contains an excellent photograph of Dr. Campbell, and may be had for the small sum of seventy-five cents. It is likely to have a large sale.

Berlin as a Medical Centre. A guide for American Practitioners and Students. By HORATIO R. BIGELOW, M.D. Reprinted from the *New England Medical Monthly*. Sandy Hook, Conn: New England Publishing Co., 1885.

In this little book will be found a mine of information for those intending visiting Berlin for study or pleasure. It contains directions on every point, as to cost of travelling, boarding houses, hotels, restaurants, cafes, beer houses, telegraph offices, postal guide, libraries; directions as to matriculations, the different clinics, polyclinics and hospitals; a list of the best stores for clothing, books and instruments; information as to cabs, banking and money, and full information as to the cost of living, according to the length of one's purse. Dr. Bigelow deserves the thanks of all students, for to a stranger in a strange land much time and labour will be saved by the knowledge to be obtained in this book. A list of streets with a reference map of the city is appended.

Personal.

Dr. A. F. McKenzie has commenced practice in Belmore.

Dr. Gould has removed from Toronto to Mount Albert.

Dr. A. E. Senkler has been appointed Professor of Clinical Medicine in the St. Paul Medical College.

Dr. John Thorburn, Professor of Obstetrics at the Owen's College and Victoria University, of Manchester, England, died in May, at the age of 51. He was one of the ablest Obstetricians in Great Britain, and had just published a work entitled "A Practical Treatise on the Diseases of Women."

Miscellaneous.

W. R. Warner & Co. have received the first premium at the World's Exposition, New Orleans, for great uniformity and solubility for their Sugar-coated Pills. This is the ninth World's Fair prize which attests to their excellence.

PEPTONIZED COD LIVER OIL AND MILK.—Dr. Wm. McGeachy, of Iona, reports having used with good results Peptonized Cod Liver Oil and Milk in the following cases, viz.:—

1. Strumous enlargement of the glands of the neck.
2. Post-nasal catarrh with chronic tonsilitis.
3. The sequelæ of acute diseases.

He adds, that as a remedy for the latter stages and subsequent results of whooping-cough in children, it excels all remedies previously tried, and that in the second class of cases mentioned it worked particularly well. He also found that the preparation was so highly peptonized as to act as a good digestive agent.

HOW TO DISCONTINUE A JOURNAL.—The following from *Gaillard's Medical Journal* fully and freely expresses our views on this subject: "You have undoubtedly right to stop a paper when you feel disposed, upon the payment of all arrearages. Do not hesitate to do so on account of tenderness for the editor.

"When you discontinue a paper, do so manfully; don't throw it back to the post-master and say, 'I don't want it any longer!' and have 'refused' written on the margin, and have the paper returned to the editor. No gentleman ever stopped his paper that way, no matter if his hair is covered with grey hairs, which should be honourable."

If you do not longer wish to receive a paper, write a note to the editor, like a man, saying so; and be sure the arrearages are all paid. This advice is according to law and equity.—*Leonard's Illustrated Med. Jour.*

At a recent meeting of the Northumberland and Durham Medical Societies, Dr. Drummond demonstrated a new physical sign which is likely to be of great diagnostic importance in thoracic aneurism. When a patient suffering from aneurism of the thoracic aorta is made to draw a long breath, and then close the mouth and expire slowly through the nose, short puffing expiratory sounds are heard—synchronous with the systole of the heart—on auscultation of the trachea. Dr. Drummond believes this phenomena to be due to the sudden systolic expansion of the sac expelling air from the chest. He has found it absent in cases of aortic valvular disease simulating aneurism.—*Med. Press and Circ.*