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# Ontario Medical Journal.

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## Original Communications.

### MEDICAL LEGISLATION IN ONTARIO.

BY DR. C. T. CAMPBELL,

*Vice-President of the Council.*

The annual address before the Canadian Institute of Homeopathy, at its session in Hamilton, June 21, given by the retiring president, Dr. C. T. Campbell, was devoted mainly to a review of medical legislation in Ontario, and we give a summary of its main features. After a touching and appropriate reference to the loss sustained by the Institute and the profession in the deaths of Dr. William Springer, of Woodstock, and Dr. W. H. Oliphant, of Toronto, the president proceeded to review the history of medicine in Canada, showing that prior to 1815 there was no legislation specially affecting the medical profession in what is now known as Ontario. The profession was governed by laws of the mother country for twenty-four years, and during that time licensed practitioners were mostly army and navy surgeons. As the profession was not overcrowded, and the population scattered, the presence of those who were not English in the field was no grievance to anyone, and in many cases a great convenience to the public. As the country became settled, however, it was deemed advisable to take some legislative action in the matter of ensuring the public qualified medical practitioners. The first medical Act was passed on March 4, 1815. It provided for a Board of Surgeons, consisting of all military and naval surgeons and all licensed practi-

tioners in the Province, to meet as often as required, to hear and examine all applicants, and if approved, to grant licenses to practise. The Act, however, did not apply to females practising midwifery, to anyone having a degree in any university in His Majesty's dominions, to any commissioned medical officer in the army or navy, or to anyone who may have practised in the Province before the passing of the Constitutional Act of 1791.

A few years' experience made it evident that the Act was impracticable. The Board was too cumbersome; possibly there was too much militarism about it to suit the tastes of the people. In 1818, an amending Act was passed authorizing the Governor-in-Council to appoint a smaller Board to examine applicants. Upon the certificate of this Board, the Governor, being satisfied of the loyalty and good morals of the candidate, issued a license. For nearly fifty years this formed the basis of nearly all the medical legislation in Upper Canada or Canada West. After the union of the two Provinces provision was made that all practitioners duly licensed in Lower Canada should have equal privileges in this Province, and *vice versa*. After the Canadian medical colleges were established, their graduates occupied the same position as graduates of all British universities, and on presentation of their diplomas they received license to practise. On one occasion an effort was made to alter the status of the profession. That was in 1839, when a Bill was passed to incorporate the then existing Board of Examiners, together with all licensed physicians, as the College of

Physicians and Surgeons of Upper Canada, with general powers to regulate all matters connected with the profession, fix a curriculum, grant licenses, and to regulate the sale of drugs. This Act, however, was disallowed.

In the meantime practitioners of homeopathy were making their appearance in the Province. The first to introduce that system into Upper Canada was the late Dr. J. J. Lancaster, of London, who commenced practising in 1846. Others followed in due time. Some of these, like the late Dr. D. Campbell, of Toronto, were British graduates, and therefore duly licensed. But others, such as Drs. Lancaster, Adams, Greenleaf, Bull and Hall, were graduates of foreign colleges, and could only receive license through the Provincial Board of Examiners. Owing to professional prejudices then existing, this was an impossibility, and, as a consequence, they were submitted to annoyance and persecution. But the number of their supporters among the laity increased rapidly, and in 1859 Parliament found a remedy for their grievances by passing a Bill which placed physicians of the homeopathic school in a position to become licensed and to stand on a legal equality with other medical men. The Act created a Board of Examiners in homeopathy and fixed the curriculum of studies. Two years later, in 1861, a similar Act was passed in the interest of practitioners of the eclectic system.

As the number of physicians in the Province increased with noticeable rapidity—a natural result of the competition of local colleges—it became apparent that in the interests of the profession, as well as of the public, some steps should be taken to secure a uniform standard of education, and one of higher character than that which was accepted as sufficient either by colleges or boards: and with this end in view a Bill was introduced in the Canadian Parliament in 1866 by Dr. Parker, M.P., to establish a Council of Education and Registration for the Province. This Council had power to fix the curriculum which should be enforced in the Canadian colleges, as well as to regulate the terms upon which graduates of foreign colleges could be licensed. But it soon became apparent that the Act could not be worked satisfactorily. The Board created by it declined to receive the representatives of the Homeopathic and Eclectic schools, as

according to their view, the law gave no authority for their representation. But it was evident that if there were to be three authorities in the profession—the Council and the Homeopathic and Eclectic Boards—one of the main objects sought in the proposed legislation, that of having a uniform standard of education, would be defeated. Meantime, Confederation having been accomplished—under which all matters of education came within the control of the Provinces—it was necessary for the Ontario Legislature to take some action. After considerable discussion and negotiation with all parties interested, a measure of compromise was effected and the Ontario Medical Act passed at the session of 1869. This Act incorporated the entire medical profession of the Province as the “College of Physicians and Surgeons of Ontario,” with a representative governing body, the Medical Council. Of this Council twelve were elected by the profession in the same manner as under the Parke Act; the various universities and medical schools were given one each, and Homeopaths and Eclectics five each.

It was not of course claimed that this proportionate representation in the Council was in accordance with the actual number of the respective classes. The Homeopaths did not claim that they constituted one-sixth of the profession in Ontario. But they did claim that if they were to give up their separate legal existence, and surrender all the rights they possessed under the Act of 1859, it should only be in consideration of having a representation in the Council large enough to afford some guarantee that their reasonable desires would be respected, and no injustice done their students. The Council was the result of a compromise, in which all parties made certain concessions in view of being accorded certain rights. The Homeopaths gave up their separate Board with all its powers, but only on the agreement that if the profession generally were to have twelve members in the Council, and the colleges one each, the Homeopaths should have not less than five. Any attempt to reduce the Homeopathist representation, either directly or relatively, would be a violation of the original terms of agreement. And the same principle holds with reference to the colleges, which surrendered their privileges as well.

The proceedings of the Council for the first few years showed quite clearly that the harmonizing of heterogeneous and discordant elements was no easy matter. The attempt to unite homeopaths and allopaths for legislative purposes was an experiment in medicine, and for a time it seemed that the attempt would be a failure. Some of the old school physicians objected strongly to the enforced association with those they had always regarded as medical heretics, and wanted the Act repealed, and others openly declared that their only reason for consenting to the arrangement was the hope and expectation that by its operation homeopaths and eclectics would be exterminated within ten years. Only a few had reached a moral plane high enough to treat the homeopaths with fairness and justice, and to recognize that whatever difference of opinion there might be in regard to therapeutics, homeopaths were as well educated and as honourable as they claimed to be themselves. Stormy debates, stimulated by professional prejudices, and emphasized by angry invective and paltry insinuation, were of frequent occurrence. Probably the worst feature of the new arrangement was the policy of protection for the Canadian colleges, under which no one was admitted to examination for registration until he had attended two sessions in Ontario. As the homeopaths had no college in the Province, this simply meant that their students had to attend an allopathic college before they could get a license.

In 1873, the Homeopathic Institute, which met in London, decided that if the dominant section of the Council persisted in its course of injustice, it would appeal to the Legislature for the re-enactment of the old law of 1859. The redress sought was not obtained; on the contrary, the evils of the situation were intensified by the refusal of the Council to advance Vice-President Campbell to the position of President, as was the usual custom, because he was a homeopath. A committee was appointed by the Institute to seek redress through the Legislature, but it never met. The Chairman, Dr. Campbell, without consultation with the rest of the profession, prepared a Bill for submission to the Legislature, asking, not for a similar law to the Homeopathic Act of 1859, as was expected, but for the incorporation of a homeopathic council and college. The measure was unsatisfactory to the profession and it was dropped. The amendments to the Act

embraced in what was known as the Ontario Medical Act of 1874, were adopted by the Legislature; among other provisions merging the eclectics into the general profession, and allowing homeopathic students to put in their full time at colleges outside of the Dominion. Under the amended Act, and as the fruit of experience, there was soon a visible improvement in the proceedings of the Council and in the treatment of homeopaths. But it took time for the old fires to die out, for old passions to be calmed, for peace and harmony to prevail. There came at last, however, a realization of the fact that only by harmonious co-operation, mutual forbearance and united effort could the profession be elevated in the public esteem and its individual interests subserved. Since the passage of the Act of 1874, the law has been amended in several important particulars. An Act of the Imperial Parliament was necessary to repeal a provision of the British Medical Act, giving a person registered in Great Britain the right to demand registration in any part of the empire. Amendments were secured to the Ontario Medical Act in 1887, empowering the Council to deal with regularly registered physicians charged with unprofessional conduct. This power has so far been exercised in two cases, while others are still under trial.

In 1891 the Act was further amended, giving the Council power to strike from the register names of physicians who have refused or neglected to pay their assessments for a year, due notice being first given them by registered letter. This law has given rise to very much discussion, and some attempts were made to secure its repeal. Whatever objections may be raised to it, there is no doubt that the action of the Council was based on the belief that an annual assessment was necessary; that the profession generally had no objections to paying the trifle called for, and would approve of any measure which would compel delinquents to bear their share with the others.

The first objection to the assessment is that it is unnecessary, and would not be required if the Council had not gone to the expense of erecting a building in Toronto. To this it may be briefly answered that certain accommodations were needed by the Council, and it was thought wiser to erect a building which would be a source of revenue as

soon as paid for, and would relieve the Council and the profession from all expenses in the future, rather than put up with inferior accommodations for which an annual rent would have to be paid.

It is further objected that the power of striking a name off the register for failure to pay an assessment is unprecedented and outrageous : and that the necessity for each physician taking out an annual certificate is humiliating. The fact is, however, that this is nothing more than the usual power exercised by other corporations. The Law Association, for example, taxes every lawyer in Ontario, \$17 per year, and the non-payment of this amount results in his suspension and the loss of all his professional privileges, besides subjecting him to heavy fines. No complaint is heard from the lawyers about this law : and yet they are probably as tenacious of their individual rights, and as prompt to defend their professional dignity, as any class of men could be. The druggists are required to pay \$4 a year, and delinquents become liable to all the penalties incurred by one who sells drugs without a license.

Somewhat similar laws are found in other Provinces. In New Brunswick, sec. 5 of the Medical Act of 1882 requires each registered practitioner to pay an annual fee of not less than \$1 nor more than \$2 ; and sec. 2 of the Act of 1884 erases from the register the name of every one not paying his annual fee, being, in fact, the very same law that we have in Ontario. In Quebec, clause 3,986 of sec. 2, chap. 4, Revised Statutes, says that every licensed physician of that Province "shall pay the sum of \$2 a year : " and by clause 3,994, unless he has so paid, no person can collect an account for medical attendance, nor be entitled to any of the rights or privileges conferred by the Medical Act. The Manitoba Medical Act, sec. 15, calls for a fee of not less than \$1 nor more than \$5 a year, recoverable with costs of suit in any county court : and sec. 22 of the amended Act of 1888 debars the delinquent from voting at elections for the Medical Council. Sec. 35 of the North-West Territories' Act requires a similar fee. In British Columbia, by sec. 53, chap. 81, "every legally qualified medical practitioner shall pay annually to the Medical Council of British Columbia, on or before the 1st day of March in each year, the sum of \$10, and shall obtain from the Registrar of the Council a

certificate under the seal of the said Council of the payment of the same." So it is evident the idea of an annual assessment, enforced by serious penalties, even to the loss of license, is not such an unheard-of regulation as some people have supposed.

It has been claimed by some that not even the Legislature can give the Council power to erase a physician's name from the register ; that having once received a license, he has secured a vested right of which he cannot be deprived. This arises evidently from a confusion of ideas as to the respective rights accruing from a diploma and a license. A man may be said to have a vested interest in his diploma, which is only a certificate of scholarship. But no man can claim to have or to hold a license to carry on any business in a community, except on such reasonable terms as the community may impose. In this country the community acting through its representatives in the Legislature, is the only power that can authorize a person to practise medicine. It has exercised its power by the enactment of certain laws, and only by obedience to the laws so enacted can any person secure or retain a license. And the same power which grants a license may for cause satisfactory to itself suspend or revoke that license.

As to the power of the Council, that body acts only by authority delegated to it from the Legislature. And every practitioner in Ontario, no matter when or how he may have been originally licensed, is practising under permission granted by the Council. He has acknowledged the authority of the Council by applying to it for registration, paying the fee demanded, and receiving its license. It is difficult to understand how he can now repudiate the authority to which he has appealed for permission to practise, and how in fairness and justice he can attempt to evade the duties imposed by that authority while availing himself of the privileges it grants.

But without expressing any opinion as to the wisdom of the law under consideration, it is safe to say that the Council is only acting for the profession, and when the profession demands the repeal of that law the Council will offer no objections. So far the law is sustained unanimously by the territorial representatives in the Council who ought to know the opinions of their constituents, and be prepared to carry them into effect. If they

do not, the profession has its remedy; elect men who will truly represent them. The profession has under the present law full power of self-government, and whatever it desires can be carried out through its representative body—the Council. To go to the Legislature for redress, when it has the remedy in its own hands, is simply to make the humiliating confession that it is incapable of self-government. If that should be unfortunately the case, then the Legislature should abolish the Council and vest the control of our affairs in the Education Department which looks after the welfare of children, or in the Inspector of charities who guards the interests of the feeble-minded.

In concluding, reference was made to the curriculum demanded in this Province. The requirements of the Council when first instituted were similar to those of the old Homeopathic Board of Examiners. From this point it has advanced steadily until it has reached a position far in advance of the United States, and comparing favourably with the older countries of Europe. While this has resulted beneficially for both the public and the profession generally, it has had the effect of retarding to some slight extent the increase of Homeopathic physicians. Having no Homeopathic College in Canada, the students of that class usually go to the United States to attend lectures, and graduating there much sooner than they can be licensed here, find strong temptation to settle in that country. Notwithstanding this result, the Homeopathic representatives in the Council have felt that they were under obligations to follow whatever course would subserve the best interests of the public and of the profession as a body; and have therefore supported every movement for higher education. And had it not been for their assistance and their votes in the Council, the present high standard of medical education in Ontario would not have been attained. Our profession has now reached a position worthy of public respect—one which will aid us in making the name of physician an honor to those who bear it. It has, under the Medical Act, powers of self-government by a representative body nearly equal to those possessed by the legal profession. By acting in unison and harmony it can make itself as a corporation all that it desires to be. It only remains for us, who are already legally qualified to practise medicine, to

maintain the dignity of our calling by that ceaseless study, that careful work and that honourable conduct for which no law provides, but without which our own lives will be unsuccessful, and our profession suffer loss and shame.

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#### SOME BRAIN LESIONS, WITH RESULTS.

BY JOHN FERGUSON, M.A., M.D. TOR., F.R.C.P. ED.

The above is the title of a paper read by Dr. Daniel Clark, in June, 1892, at the meeting of the Association of Medical Officers of Militia, and which appeared in the *ONTARIO MEDICAL JOURNAL* for August. The object of the paper was to disprove the localization "of function in the cerebral hemispheres, as claimed by the Ferrier School." He rests his conclusions on a series of cases. It is clear that these conclusions can be no stronger, and carry no more weight than the cases on which they are founded. Let us examine them and see how far they justify the assertion that the school of surface localizers are wrong.

Many of the cases referred to by Dr. Clark occurred during the American war. In the hurry of such times, after and during battle, the most careful examination of details could not be expected. Again, most of the cases are reported to have recovered, and thus the exact anatomical structures destroyed are left in doubt. I shall deal with Dr. Clark's paper case by case.

Private Hughes was wounded so that the ball "entered near the inner posterior angle of the right parietal, and emerged at a higher point of the left parietal." Here we have a bullet wound coursing through portions of the brain where no known centres exist. The injury was behind the motor region, above the auditory, and above and in front of the visual. It was not in such a position as to destroy tracts. Therefore there were no localizing symptoms, as we should have expected. There was recovery, and no post mortem to determine the exact extent of injury. The eyes were not tested for their real condition, as the visual area would be most likely to have suffered.

"Private Sheridan was shot through the left temporal region. The missile lodged in the brain and was never extracted." This case made a good recovery. Now, there is no means of knowing

whether the bullet penetrated far into the brain or not. Then the exact spot on the "temporal region" is not given. It is well known that the bullet might injure some parts of this region and not destroy any known cortical centre.

Corporal Farnum was "wounded by a round ball entering the cranium and brain matter." He made a good recovery. No mention is made of the exact seat of the injury, and therefore for localizing purposes the case is devoid of value.

"Private Dillon was wounded by a bullet which entered the cranium near the superior angle of the occipital bone, and passed anteriorly into the substance of the brain." He got quite well. "The ball was never extracted." The ball in this case entered where there is no cortical centre, the visual being further back. The ball passed anteriorly, but, as there is no possible means of knowing how far, the case has no value for localizing arguments.

Private Bemis' case is a very interesting one. He was "wounded by a ball entering a little outside the left frontal protuberance, and passing backwards and outwards. It removed a piece of the squamous portion of the temporal bone, with brain substance and membranes." In this case the course of the bullet was from a point "outside the frontal protuberance" to "the squamous portion of the temporal." This bullet clearly passed downwards, backwards, and outwards in such a manner as to be on a lower level than the speech and face motor cortical centres. If the bullet carried off the very lowest part of the squamous portion of the temporal bone, the centres of taste and smell might have suffered, but no note is made of the condition of these. This case also has no value when adduced against "the doctrine of cortical functional centres." The loss of some brain matter in itself is not important, provided the loss does not involve some centre.

Sergeant Rotherham was "wounded by a ball, which penetrated the skull near the right frontal eminence, passed directly inwards, and lodged somewhere on the membranes or in the brain substance." This ball entered "near the frontal eminence." There are no centres in this locality to be destroyed. It is not stated where the ball lodged, whether in the membranes or the brain, nor the exact course taken by it. For purposes of deduc-

tions against the theory of cortical centres, this case also goes by the board.

Lieut. Brown "received a penetrating gunshot wound of the cranium and brain. The ball was removed seven years afterwards." It is not stated where the ball entered, nor where it was found when removed. The man got well, and had no bad results. Clearly no centre was touched in this case, just because the ball did not so enter the brain.

Private Stallman was wounded by a musket ball, "which entered at right temple and emerged at the opposite side of the head." The place of emergence is not stated. This is to be regretted, as it is just such exactness that renders such cases valuable. In this case the course taken by the bullet was above the face centre and in front of those for the eyes and head, consequently "he had no strabismus." This case again cannot be quoted as affording any ground to argue against the doctrine of cortical centres.

Private Haggart "was wounded by a conoidal musket ball, which struck the left side of the head, and passing through, carried away a large portion of the left half of the right occipital bone." The only symptom of any importance noted in this case is that there was some "dimness of vision." He made a good recovery. The amount of occipital bone carried off is of no moment. It is stated that he "lost more than an ounce of cerebral matter." This might have been guessed at; but even if he did it would not be of any weight against the doctrine of surface centres, provided the loss was from a part where a centre does not exist. Now in this case the course of the bullet was exactly where it could miss both cortical centres and cerebral tracts, by passing above those for vision, and behind those for motion. Clearly the course of the bullet did not come near the gyrus fornicatus nor hippocampal region, so as to involve sensation. This case is again one of the exceptions which prove the rule. No doubt the bullet passed very near the centres for vision.

"Sergeant Woodman was wounded by a gunshot missile, which entered above the left frontal eminence and emerged one inch behind the upper margin of the right ear." He is reported as having had no bad results from the wound, and was alive and well three years afterwards. Now let us look

carefully at this case. The missile entered above the left frontal eminence. There are no special centres known in this portion of cerebral cortex. The missile then passed backwards and across to the other side. By a careful study of the anatomy of the brain it will be seen that the missile followed a course too deep to injure the Rolandic area or the paths from it on the left side; and a course too far back to injure them on the right side. The missile emerged on the right side in such a position as to injure no other centre unless perhaps the auditory one on that side. But this could easily be overlooked, granted that it existed. If the hearing on one side be good, impairment on the other side is easily passed over, and "the organs of special sense" might be reported as "unimpaired." This case also vanishes.

Private Plumly was wounded by a conoidal musket ball, which entered at the inner angle of the left eye, and after passing through the brain substance it emerged behind the left ear." The only symptom of importance was the "obscuration of vision of the left eye." In this case the course of the bullet was too low down to injure cortical centres, not near enough the base to injure cranial nerves directly or indirectly by fractures, and too far from the centre of the brain to touch the tracts in the internal capsule. For an extensive injury it was well calculated to do no special harm.

"Private Sechler was wounded by a conoidal ball that struck the os frontis over the right eye and passed into the brain." "No functional results." In this case again the ball entered at a point where cortical centres of special function do not exist. As no note is made of what course the ball took, or where it stopped, no further notice need be taken of the case, as it presents no features of any interest or value in the discussion. I might mention that it helps to confirm what had already been abundantly proven, that no special centres exist in the frontal region where Sechler was wounded.

Private S. D. Solomon "was wounded by a carbine ball which struck at a point two inches behind the tip of the left ear. The missile entered the brain to the extent of two inches and was not extracted." "No paralysis existed and the functions of the body were generally well performed." The missile in this case would injure the posterior end

of the second and third temporo-sphenoidal convolutions and the third occipital. No one claims that this region of the cortex contains any specialized centres.

Corporal Wood, "wounded by a conoidal ball which fractured the occipital bone and entered the brain. No functional results were seen." Now if the injury did not involve the cuneus or the angular gyrus there would not be any visual derangement. Indeed, unless both eyes were carefully examined, visual disturbances might exist and not be noticed. The case loses weight by the simple fact that we do not know the precise portion of the cortex injured. An injury could occur to the occipital region and give rise to no, or very little, derangement. This case certainly does not prove that surface localizers are wrong.

Private Sheridan was "wounded by a canister shot. The missile entered the left parietal bone, immediately posterior to the coronal and three inches from the sagittal suture, passed horizontally inward a distance of two and a half inches. The ball could not be extracted." He made a good recovery and had no localizing symptoms. The injury was "immediately posterior to the coronal suture." In this situation it would be just in front of the ascending frontal convolution, and consequently the arm and leg areas would not suffer. The wound was too high up to injure the speech centre in Broca's convolution. Again we see the seat of damage was calculated to give rise to no symptoms, and there were no symptoms.

Lieutenant Lilycrantz was wounded by a ball which "perforated the os frontis, over the right superciliary ridge. About a fluid ounce of brain matter had exuded from the wound. A probe, five inches long, glided easily by its own weight its full length directly backwards through the wound without coming in contact with the ball." The man got well and had only some epileptic fits after the injury. The injury in this case, if truly ascertained by the army surgeon, was of a very extensive nature. It does not prove anything, however, against the theory of cerebral localization. There was no post mortem to prove the extent and exact position of the lesion. From all that is known regarding the functions of the brain we can safely say that the ball entered the brain at a point where there are no centres, and passed backwards in such a manner as



to avoid the cortex on the one hand, and the internal capsule on the other.

Dr. Van Peyma's case, in the Buffalo General Hospital, is quoted as an example of extensive injury to the brain, without definite symptoms. But in this case the bullet entered into the brain in the frontal region, and passed backward. From what has been positively proven, the bullet could not have injured the internal capsule, or there would have been paralysis, which there was not. The course of the bullet was too deep to have damaged the cortex.

Dr. Prewitt's case, of St. Louis, is quoted. In this case "the bullet entered the forehead about an inch and a half above the supra-orbital ridge." Here again we see that the region of "no centres" was invaded, and as a consequence, the case should not be used as an argument against the view that other portions of the brain do contain centres.

Surgeon P. F. Harvey's case is referred to. It was that of a "physician who received a Winchester rifle ball three inches and a quarter above, and one inch behind the right auditory meatus. The missile took a transverse direction across both hemispheres toward the left supra-orbital convolution." Here we have again a splendid example of an extensive brain injury, so located as not to injure known centres. The missile in this case enters the brain above the auditory centre in front of the visual centres, and behind the Rolandic or motor area. The course of the ball was towards the opposite side, and thus too deep to injure the internal capsule. It terminated in the opposite frontal region where no special centres have been located. This case affords no evidence that there are no centres.

Dr. Hopwood's case, in London *Lancet*, 1883, is quoted. The only brain injury in this case "was a depressed fracture of the temporal bone just above the zygoma, from which brain matter protruded to about the size of a strawberry." The case did well. There were no cerebral symptoms. The only centres that would be damaged by the above injury would be those for taste and smell possibly. As no observations were made on the condition of these functions, the case ceases to have any value; certainly it has not a negative one.

The case of John MacEvoy is given. He was cut in the head by a circular saw. The wound was

"a clean sweep from the upper part of the frontal bone to the right side of the nose. The right upper eyelid was completely severed, but the eyeball was untouched." Dr. Clark is of opinion that the deepest part of the wound would be two inches. Now the point in this case that carries all the value from a medical standpoint, is that the damage was done to the frontal portion of the brain where there are no special centres. This being the case, no definite symptoms should be sought for in the case.

Dr. Quinn, who attended the above, mentions another case, that of a boy who fell out of a window and produced a compound fracture of the frontal bone, with some loss of brain matter. This again is a case of injury to the frontal region.

In Joe Murphy's case the bullet entered at the right eye. The bullet passed back through the brain. He was a little lame. Mind all right. Here the frontal region again was injured and the bullet passed backwards so as to slightly touch the internal capsule and give rise to a little loss of power in one leg. The case, so far as it proves anything, proves the theory of localization.

T. R. Dupuis' case is that of "a compound fracture at the middle of the superior portion of the left parietal bone, with considerable laceration of the brain." There were no sensory or motor disturbances, which Dr. Clark would have to be the case according to the school of surface localizers. But the whole case is to be found in the fact that the injury was too far back on the parietal region to affect the motor centres, and not far enough back nor low enough down to affect sensory centres.

Two cases from the Montreal hospital reports are given. The first was a saw cut passing through "the central part of the first and second frontal convolutions on the left side." This case confirms the view adopted by all, that there are no centres in this region.

The second case, one of bullet wound, the autopsy proved that the bullet had "entered the brain in the right inferior frontal convolution, just in front of the ascending branch of the sylvian fissure. From this point the course of the bullet was forwards and upwards, passing out at the inner surface of the frontal lobe and lodging between the brain substance and the falx." This

case only proves what is already accepted as true, that there are no centres in this place. Had the same injury been on the left side, speech would have been destroyed. The patient lived five months. There were no symptoms of cerebral origin, as might have been expected.

Dr. D. Clark refers to the researches of M. Flourens, of Paris. These experiments were in their day the best of their kind; but they have been superseded in many cases, much that he taught has been set aside by later observers, and some of his work has been confirmed. His experiments on the brain were of no use in the advancement of our knowledge of localizing cerebral function; but they were of great value in showing that the brain could be operated upon without causing death.

Another case is cited, that recorded by Dr. Thomas Smith, in the London *Lancet*. "The bullet passed in at one temple and out at the other." This case ought not to have been adduced as opposed to the existence of local centres in the brain. The wound was to a part of the brain where there are no centres. It is of value in showing how much injury may be done to the brain and yet have a good recovery.

The last case in Dr. Clark's paper is one that came under his own care. The injury was from a horse's kick. "A section of the skull was crushed in on the right side, near the median line, in the upper part of the frontal and parietal bones." This injury, though very near to the upper part of the motor region, is just in front of it. In this way the centres escaped, which, if injured, would have caused paralysis.

The case of Goltz's dog is referred to as proving the view held by Dr. Clark. To use his own words he says, "I am convinced that localization of function lies in the base ganglia, and not in the hemispheres." Goltz's experiment has been abundantly dealt with, and the conclusions he has drawn from his brainless dog completely overthrown.

Dr. Clark's paper is a very valuable one in three ways. 1st. It shows that the brain may be extensively injured, and there yet be a good recovery. 2nd. It shows that these brain injuries may recover under very unfavorable circumstances. 3rd. It shows that certain portions of the brain do not contain either motor or sensory centres.

While this is true, it would be a matter for deep regret if Dr. Clark's influence, as the head of a large asylum, and by his status of Professor of Psychology in the University of Toronto, should induce medical men to reject the work that has been done on cerebral localization. This would be to turn the hands of the clock back to a date prior to the immortal work of Broca. It would set aside the belief in the researches of Munk, Bechterew, Von Gudden, Hitzig, Westphal, Leyden, Meyert, Landois, Obersteiner, Edinger, Erb, Kussmaul, Wernicke, of Germany; of Charcot, County, Pitres, Richet, Lannegrace, Gombault, Nicati, Gilbert, Moeli, Souris, Broca, Hervé, of France; of Golgi, Bianchi, Sepilli, Luciani, Tamburini, of Italy; of Ferrier, Jackson, Bastian, Gowers, Schäfer, Beevor, Broadbent, Horsley, Sherrington, Brown, Ross, Foster, of Britain; and of Hammond, Jewel, Starr, Seguin, Hamilton, Sachs, Mitchell, Osler, Putnam, Mills, Wood, Folsom, Park, Hun, of America. But this cannot be! The doctrine of cerebral localization is now as firm as the eternal rocks. It can never be argued away. It remains for all to do something, however, to make it more definite, as an aid to medical and surgical progress.

To quote from the last edition of Prof. Foster's work on physiology, we find at section 658 the following words: "These skilled movements are to a large extent, though not exclusively, voluntary movements. We have in a previous section seen reason to believe that the cerebral cortex is in some way especially associated with the development of voluntary movements." The above is the opinion of the first of British authorities. The basal ganglia, or mid-brain, have important functions. This, all physiologists admit; but they do not take the place of the hemispheres. L. Landois, the ablest of German physiologists, says that "after the removal of both cerebral hemispheres, in most animals, every voluntary movement and consciousness of impressions, and sensory perception and signs of intelligent volition appear to cease. On the other hand, the whole mechanical movements and the maintenance of the equilibrium of the movements are retained. The maintenance of the equilibrium depends upon the mid-brain, and is regulated by important reflex channels." J. Hughlings Jackson holds that our movements are represented in the lowest centres, the spinal; that they are re-repre-

sented in the next level of centres, the mid-brain and cerebellum : and that they are all re-re-represented in the highest level of centres, the cerebral. The fact that the basal ganglia have important functions does not disprove that the cerebrum has still more important ones.

Gowers, in his work on diseases of the nervous system, states that "acute lesions of either the caudate or lenticular nucleus generally causes hemiplegia, but this is permanent only if the internal capsule is damaged. If the lesion is confined to the gray substance of either nucleus there are usually no persistent symptoms, motor or sensory." So much for one of the basal ganglia. Now for the other. "Slight hemiplegia has been observed when the disease is in the middle third of the thalamus, but is absent if the lesion is small or is near the ventricular surface: hence there is strong presumption that the loss of power is due to interference with the motor part of the internal capsule, which is adjacent to the middle."

Thus by the process of exclusion we can feel sure that in man the great voluntary motor and perceptive sensory centres are not in "the base ganglia." To all the above, however, can be added the proof obtained from the course taken by a descending degeneration. After the removal or destruction of a portion of the cortex in the Rolandic region, a tract of degenerated fibres can be traced through the internal capsule, along the crista of the crus cerebri, then in the pyramid of the medulla, and finally down the spinal cord. Such proof is unanswerable : and, at once and forever, settles the fact that these fibres come from the cortex. Therefore the cortex has a functional and nutritional control over these fibres, and must be a "surface" centre for them.

In many statements I may have been vague in my effort to be brief. I would gladly not have been forced to differ so widely from my esteemed friend, Dr. Clark : but, as his influence might induce some to look backwards, when we should all be looking forwards, I have taken it upon myself to break a lance in defence of what I believe to be a sound doctrine—"the doctrine of cortical functional centres."

In order to avoid every chance of appearing unfair, I have used Dr. Clark's own words, as to the position and extent of the injuries under discussion.

The cases cited by him do not afford any foundation for his statement, "that I am convinced that localization of function lies in the base ganglia, and not in the hemispheres."

## PREVENTION OF MISCARRIAGE.

DR. GEO. R. WATSON, TORONTO.

Once more I venture in the face of very unsatisfactory experience to raise the time-worn question, "Can miscarriage be prevented?" The writer's experience which, at the least, has not been long enough to adduce very decisive conclusions, has until recently been the reverse of encouraging. This will be shown by one or two cases subjoined, a sample of many presenting the same wearying similarity to himself and of many thousands which could be compiled and which show how fatally numerous are the blighted lives that never begin to be, but "like untimely fruit, drop from the tree of history."

Case I.—Mrs. S—, age 27, married eight years, first pregnancy, family history of patient and husband good, both healthy. Was called in September, 1889, and found her in agony of pain, cervix dilated to admit barely index finger, contractions strong and frequent, considerable flowing. Administered of Tr. opii. and Fl. Ex. viburnum prunifol. half a drachm each, repeated twice at half-hour intervals. Pains quickly ceased and permanently. Nothing further occurred that evening, nor next day, but on the third day the fœtus and placenta which had just formed, were expelled or rather removed by inserting two fingers into uterus. The fact that this had to be done, as decomposition was beginning, and that I had afterwards cause to fear that some shreds remained behind with consequent trickling hemorrhages and malaise of two months, made me regret that I had interfered with the process of expulsion. Through the anxiety of parents to have a child of their own, added to the impression made on my mind by an article in a reputable journal just at that time, induced me to hope that viburnum might do much, if not a great deal, in staying the trouble in this case. The woman has since given birth to a healthy female child, so I conclude there is nothing seriously wrong in the uterine functions.

Case II.—Mrs. H——, age 32, sixth pregnancy. I attended her within the preceding twelve months, when a dead child of full term was born. This experience had repeatedly occurred with her. On one occasion a foetus was expelled at six months, another at seven, the others had reached full term, but only one of them had lived long enough to draw a single breath. The children were well formed and well favoured as to flesh, but for a reason entirely obscure had died in utero, at which time the mother would experience a chilly or cold sensation, followed in a fortnight by the delivery of the dead fetus, excepting in one case named, when the child had gasped and expired. When attending her, and learning her history, I impressed upon her that should conception occur again I should be consulted at once, and as I know of no specific or other taint, I encouraged her to believe her child could live. This she did. I prescribed potass iodidi and iron in various mixtures, enjoined caution during the third and seventh months. The child was born about the beginning of the eighth month, had a decidedly senile appearance, but lived and grew to be as fine a child as there was in the vicinity, so said the proud father.

Case III.—Mrs. H——, age 28, married five years. Has had three miscarriages at various stages, but all earlier than the fourth month. Has had treatment for uterine trouble in a western town before coming to the city. August 29th, was called early in the morning and found that a pregnancy of exactly three months had existed, uterus was beginning to dilate, would not admit index finger, pains had been felt during the night and a hemorrhage had occurred, when quite a large-sized clot had been expelled. This was conclusive to my mind as a corollary upon many other cases, that a miscarriage was certain to follow. There was a feeling of soreness about the rectum and ovarian regions, which, in her other misfortunes, had been the precursor of labor that nothing could prevent. In this, as in the other case mentioned, it was difficult to ascertain any sufficient cause of an external nature perhaps a corset too tight for a woman three months pregnant may have sufficed, where the aborting habit seemed to have come to stay. But a handsome woman must look decent, at least, to go to church. Alas for vanity!

Well, it seemed here as if an attempt should be made, though the circumstances seemed unpromising. This time viburnum opulus (Hayden's compound) was given, a drachm every twenty minutes in hot water. Quiet ensued, and after belladonna suppositories gr. i. had quieted the pelvis, the rectum was emptied by an enema of hot water with the hope of dispelling the irritable condition complained of, and, perhaps, produced by the downward pressure of that aforesaid corset. Nothing further occurred. The viburnum was continued three days, then ordered to be taken twice daily for a month in combination with elix. gent. et tr. ferri mur. āā 30 minims. The patient rose on the fourth day, and though reasonably quiet, moved about the house without discomfort. The viburnum has produced a good effect. Before the belladonna was inserted, it was accorded some virtue in this case, and will be used again if indications call for it.

#### A SUBSTITUTE FOR INTUBATION.

BY L. L. PALMER, M.D., TORONTO.

From some reports we read, one might conclude that intubation was short-lived, and that O'Dwyer's tubes would soon share the same fate as Bonchut's, of earlier date, but I observe that adverse criticism is mostly at the hand of those of little experience with the operation, or no experience at all, the latter of course being strongest in their objection—the objections and experience being in inverse ratio. I shall not here argue the pros and cons, but merely venture the opinion, after an experience in 150 cases, that intubation has come to stay, (1) that in chronic stenosis of the larynx, it takes first place, even when compared with such recent appliances as Mackenzie's, Schrotter's, Fränkel's, etc., ingenious though they are, (2) that in stenosis of the larynx due to inflammation • whether diphtheritic or other, it also takes first place, and as compared with tracheotomy is simpler, quicker, less dangerous, accompanied with fewer unpleasant sequelae and more favourable results, and furnishes all the relief that could be obtained in any case by the cutting operation.

With this opinion you will scarcely look for a substitute from this quarter. But O'Dwyer's tubes

are in the hands of a few, and these in our larger cities and town, while diphtheritic laryngitis with stenosis falls to the lot of every practitioner, sooner or later. The majority, therefore, must suffer loss until better equipped. To such I offer a suggestion, both simple and effectual, which if skilfully carried out will save life that must otherwise be lost.

Stenosis here is due to two conditions. (1) Inflammatory tumefaction; (2) Exudation; both of which may combine to close the larynx, or either, predominating, may cause asphyxia and death. Tumefaction is by no means always the chief factor. Sometimes the exudation, as I have repeatedly demonstrated, is so thick and extensive as to be the sole cause of dangerous dyspnoea. Remove this and almost normal respiration is restored.

For this purpose I have made a fine brush of camel's hair upon a suitably bent platinum probe—hair pointing upward so that it may be easily introduced and furnish some resistance in its removal. Simpler than this, though I think less effective, is the same probe carefully wound with absorbent cotton.

This should be carefully introduced into the larynx *secundum artem*, as in using O'Dwyer's tubes. It is needless to say that all force should be religiously avoided and a thorough knowledge of the method obtained. Not more than five or six seconds should be occupied in introducing and removing this probe. The gag should always be used and the child's head and body held in the *erect* position. The membrane is more readily removed from the larynx, especially from its lower part, and the trachea than the pharynx, because of the arrangement of the mucous membrane in these parts where it has a distinct basement membrane between it and the submucous tissue, and for this reason a slight disturbance of the membrane in this region is likely to dislodge it, when it will be removed by the coughing of the patient.

Sir Morrell Mackenzie has written, "It rarely happens that the lymph is so abundant as to completely occlude the larynx." This does not accord with my experience, for I have repeatedly seen imminent death averted by the timely removal of this membrane. And, therefore, I say no physician is justified in allowing a patient to die asphyxiated by stenosis laryngis due to diphtheritic exudation, without at least resorting to this simple expedient.

## ELECTROLYSIS IN PAPILLOMA OF TONGUE.

C. R. DICKSON, M.D., TORONTO,

Electro-therapeutist to Toronto General Hospital and Victoria Hospital for Sick Children.

D. B., aged two years, was a very bright and prepossessing child and a great favourite in the wards of the Hospital for Sick Children, and a lady and gentleman from a neighbouring city took such a fancy to the child that they wished to adopt her as their own. A careful examination proved the child to be quite healthy, but well back on the tongue was situated a tumour, that to their minds was a very objectionable condition.

A section of the growth was examined by Dr. Primrose, who, without hesitation, pronounced it benign, still they were not satisfied, and declined to take the child unless the tumour was removed.

The situation and nature of the growth marked it as particularly suited for removal by electrolysis, and when at the request of Dr. T. S. Covernton I saw the child, I concurred in his view, and on April 21st, 1890, operated, Drs. Cameron, Bryce, Covernton, Primrose and Scadding being present. The papilloma was situated in the median line on the dorsum of the tongue, extending well down to the root, was about an inch and a half in length, a little less than half an inch in width, and elevated above the surrounding surface to the extent of an eighth of an inch, the induration extending some distance below the surface.

The child having been placed on her back on the table, chloroform was administered by Dr. Bryce, a zinc plate electrode covered with sponge well moistened was placed under the shoulders on the back and connected with the positive pole of a portable 24-cell bichromate fluid battery. The tongue was then transfixed with a silk ligature and by it withdrawn well and steadied by Dr. Cameron. Three needles connected with the negative pole of the battery were then introduced into the growth and seven cells carefully brought into circuit, one at a time, which number was gradually increased to twelve towards the end of the operation—five to ten milliamperes.

Assisted by Dr. Covernton, the needles were inserted in different portions of the indurated tissue underlying the growth, till all had been acted upon

and softened down, the accumulating froth of hydrogen bubbles and debris being removed from time to time by absorbent cotton soaked in boracic solution. When the tip of the fingers could detect no more induration after about three quarters of an hour's action, the strength of current was gradually decreased to zero, the needles withdrawn, the tongue well cleansed with boracic solution, the traction ligature removed and fluid nourishment prescribed, the boracic solution to be applied as required daily.

Reaction was not more marked than might have been expected from the age of the child and the part operated on, nor was the swelling serious, and in about a fortnight the little one was apparently well again, and shortly after was sent to the Infants' Home. Here it was thought that part of the growth had escaped our attention at the preceding operation, and at Dr. Covernton's request I again saw the case with him on May 16th following. On examination the parts were found nicely healed over, with no depression to mark the original site, but a couple of hypertrophied papillæ at the base of the tongue were the cause of the misapprehension. However, to remove all misgivings Dr. Covernton administered chloroform, and the positive electrode having been placed as before, the papillæ were transfixed with a needle attached to the negative side of the battery, and a mild current from three to five milliamperes passed for about twenty minutes, the current gradually turned off, the needle withdrawn and the part treated as before.

The child made a good recovery, and in due course was adopted, and at last account a short time ago was well and happy: no recurrence.

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**BLACKENING OF THE TEETH BY ANTIPYRINE.**—It is asserted that the internal use of antipyrine blackens the teeth; this peculiarity should be generally known by the profession, and also among the laity, that objections may be made on this ground to taking it as a remedy. The blackening is the more intense, the more imperfect the enamel, but may be removed by attrition with dilute acid. The considerable use of antipyrine for several years back, gives importance to this last observation.—*Southern Dental Journal.*

## Selections.

### ON RECENT PROGRESS IN OBSTETRICS.\*

BY. A. L. GALABIN, M.D., F.R.C.P.

The treatment of peritonitis in puerperal septicaemia by abdominal section and drainage of the peritoneal cavity has scarcely, I think, yet justified the hopes which were raised at first, or established itself as a procedure likely to have a wide application. Where peritonitis is due to a pre-existing disease of the tubes, it is, indeed, the most rational treatment, and offers the hope of success. But where the septic process begins in the uterus or vagina, and extends in all directions, other tissues beside the peritoneum may be fatally affected. Moreover, we have then to reckon with the increased virulence which microbes appear to acquire in the puerperal woman. And the experience of abdominal section apart from pregnancy appears to show that, if any specially septic contagion is conveyed, even drainage of the peritoneal cavity will not always ensure safety; and that, moreover, in such cases, even a plastic peritonitis may suffice to kill, without any formation of pus. Even if the whole puerperal uterus be removed by hysterectomy, although the primary site of septic absorption is removed, there is the probability that septic foci will have spread to, and will be left behind in the broad ligaments. This operation has indeed been tried in puerperal septicaemia, but not, I believe, with a favourable result; and one can hardly suppose that patients suffering from a fatal form of this disease would be well able to withstand the shock of hysterectomy.

I have only once been tempted to perform abdominal section in puerperal septicaemia. The operation did not save the patient, and the lumps at the side of the uterus—which, it was suspected, might be due to tubal disease—turned out to be cellulitic. The tubes, though inflamed, and doubtless the channel of conduction of the inflammation to the peritoneum, were not dilated or distended, nor did they obviously contain pus.

The treatment of *post-partum* hæmorrhage has

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\*Introductory address, delivered at the opening of the Section of Obstetric Medicine, at the Annual Meeting of the British Medical Association, held at Nottingham, July, 1892.

been improved of late years by the extended use of hot water, and more recently by the introduction of the plan of plugging the uterus. For the treatment of the resulting anæmia in severe cases, I think a hopeful prospect is afforded by the success of the plan of intravenous injection of large quantities of hot water, which was, I believe, suggested on physiological grounds by the late Dr. Wooldridge, was introduced at Guy's Hospital by Mr. Arbuthnot Lane, and has been practised there extensively in surgical cases. The novelty here consists in the quantity of fluid used — six pints or more instead of one or two pints only, which formerly it was the practice to inject in *post-partum* or other forms of hæmorrhage. In puerperal cases it has been tested by the Honorary Secretary of this Section, Dr. Spencer, but we have not yet found a case to justify it in our Guy's Charity. In the practice of Guy's Hospital this treatment has been adopted, not only for hæmorrhage, but for other conditions of shock and collapse.

It has thus been shown that the operation is free from the risks attendant upon the transfusion of blood, and that, even apart from any previous emptiness of the vessels, it is a powerful cardiac stimulant. I did not come into contact with these cases personally, but I have heard the story of a man who had cut his throat in delirium tremens, and was brought in pulseless and apparently lifeless. Up to four pints of saline solution he showed no signs of life, but before six pints had been injected he not only came to life but resumed his delirium tremens sufficiently to fight with the operators. A treatment which can produce such results seems tempting for some cases of *post-partum* hæmorrhage, provided always that the hæmorrhage itself is arrested; otherwise the saline fluid would doubtless only wash the rest of the blood more effectually out of the vessels.

Of more importance probably than any operative improvements is the saving of life likely to be obtained by the gradual extension and perfection of antiseptic midwifery in private practice. The triumphs of antiseptics in lying-in hospitals have often been celebrated. In private practice a similar transformation cannot be looked for, because there were not the same disastrous results to be remedied; but even here there has been room for improvement. The advance attained in the course of

years may be illustrated by the records of the Guy's Hospital Lying-in Charity, which corresponds more nearly to private practice than to the conditions existing in a lying-in hospital. For the first twenty-one years of its existence the total death-rate was 7.1 per 1,000; for the next twelve years, 4.4 per 1,000; for the following ten years 3.4 per 1,000. For the next few years it remained about the same: but for the last three years, since the use of mercuric chloride as an antiseptic for hands and non-metallic instruments has been introduced, it has been only 1.3 per 1,000; and the proportion of deaths from septicæmia had been reduced to less than one-third of what it previously had been. Thus the mortality has been reduced to less than one-fifth of what it was thirty or forty years ago, although even the former rate was not greater than that which has been estimated as the general puerperal mortality for the country at large. I think these statistics give ground for the belief that the general puerperal mortality of the country is capable of still further reduction if stringent antiseptic precautions are universally adopted. In estimating results I believe that the only fair test to take is the total maternal mortality over a sufficiently large number of cases, and not the septicæmic mortality, because, when the death is attributed to a cause other than septicæmia, it is often very difficult to say whether a septic element may not have had some share in the causation.

Turning now to the department of gynecology, the progress in pathology has been at least as marked as in the success of treatment. This has resulted in part from the practice of early abdominal section in doubtful cases, and the discovery of the initial stages of tumours, as well as of the morbid anatomy of inflammatory conditions and hæmorrhages, which formerly were not subjected to operation at all. A subject of interest among the conditions thus revealed is the importance of adenoma in the diseases of the uterus and its appendages, and the close relation it sometimes has to inflammation. Thus it is now recognized that the ordinary proliferous cystoma of the ovary is, in fact, an adenoma, and that the fluid contained in cysts is mucus. Again, it has been contended that the growth of the Fallopian tube, which has generally been described as papilloma, should rather be regarded as adenoma, since it arises from prolifera-

tion of the longitudinal ridges of the tube, which are glandular in their function. This view renders it perhaps easier to understand why the extension of such a growth to the peritoneum is not necessarily malignant, and how it is that patients in whom such an extension has been discovered on abdominal section have not infrequently remained afterwards in good health.

It is in the cavity of the uterus that the relation of adenoma to inflammation is most marked, while here, as a general rule, the adenomatous condition shows no tendency to form a tumour, properly so called, or to extend to other parts. Thus the so-called villous or fungoid endometritis, which so often comes into notice as a source of hæmorrhage, is histologically much more an adenomatous growth than an inflammation. Nor is this condition in the uterus limited to the time of life at which adenomata are common generally. Recently, in a lady aged 72, who had suffered some weeks from uterine hæmorrhage, I scraped from the uterus with a sharp scoop, soft masses, which, to the naked eye, had all the appearance of cancer. But microscopic sections showed that they consisted of pure adenoma, exactly like the fungoid prominences found on a smaller scale in younger women. Adenoma taking the form of a defined and limited tumour is much more rare; but I have met with a remarkable case in a patient aged about 40. She suffered from hæmorrhage, and a smooth growth was felt presenting at the os uteri, and taken to be a fibroid tumour. On dilating the cervix the growth was found to be soft and friable, and it was feared that it was malignant. Nevertheless it proved to be possible to enucleate it from the wall of the uterus, notwithstanding profuse hæmorrhage, and it appeared to have a definite capsule. On section the growth yielded a milky juice in abundance like cancer; but on microscopic examination it proved to be adenoma, and the patient has remained free from any recurrence after an interval of seven years. In the cervix the relation of adenoma to inflammation is equally marked and the sequence of events can be more easily traced at that part of the cervix originally covered with squamous epithelium. The squamous epithelium is thrown off from inflammatory irritation, with the exception of the deepest palisade layer, which assumes the character of cylindrical epithelium, and proliferates so as to form both prominences and depressions.

ences and depressions. Thus the so-called erosion may be at once papillary and follicular, and though not forming a tumour is in reality glandular growth, and can often be cured only by destruction, by means of caustics or scraping.—*British Medical Journal*.

### SYMPATHETIC OPHTHALMIA.\*

BY PROFESSOR PANAS.

GENTLEMEN,—Our patient is forty-three years of age, in good health, with no venereal antecedents, in fact, with no symptoms or history of any kind that would lead you to a correct diagnosis. Two years ago, in stooping to pick up the branch of a tree, he received a contusion of the right eye without any wound. The sight was lost at this time, but it gradually returned, and then was lost again. In June last he began to see floating objects\* before his left eye, and photophobia developed. The inflammation was slight, but the vision of the eye was in danger, as the visual field was found narrowed in a concentric direction, some ten to fifteen degrees. If you examine his right eye, the one that was first attacked, you will find that the pupil is large and widely dilated. The iris looks like a small ring, this paralysis must not be placed to the account of the amblyopia, for it is a true iridoplegia. And there is besides iridodonesis, which proves that the crystalline body is not in its right place; there is, in fact, a subdislocation of the crystalline lens, caused by the rupture of the capsule. At the base of the eye a glaucomatous excavation is seen, and all the vessels of the retina are pushed over to the nasal side. The tonus is only slightly raised. There can be no doubt that this excavation is caused by the compression and atrophy of the optic nerve. The eye shows no exudation or inflammation,—nothing at all, in fact, to indicate an inflammatory complication. The left eye, however, presents a trace of inflammation, as we find a deposit of pigment there. With the aid of the ophthalmoscope you can see the vitreous body, but through this foggy appearance you can perceive indistinctly the papilla and around it some discoloured plaques on the choroid. From this we may conclude that a sub-acute inflammation of the neuroepithelial coat of

\* Clinical lecture delivered at the Hotel Dieu, Paris.



the retina and of the iris exists. This, then, is a case of *sympathetic ophthalmia*, an affection whose evolution is as yet but poorly understood. It is, however, a very important condition, a knowledge of which is essential, not only to an ophthalmologist, but also to every doctor who may be called upon to treat a wounded person or give a medico-legal certificate.

Sympathetic ophthalmia occupied the attention of many ancient writers, but up to Mackenzie's times nothing of importance had been done. He supposed that the optic nerve and tracts were the means by which the inflammation was propagated to the other eye, and advised enucleation as the best means of treatment. Other authors concluded that the ciliary nerves were at fault. This belief they based on the clinical fact that all wounds of the eye having their seat in the ciliary nerves predisposed the person to sympathetic ophthalmia. While the wounds of other parts of the eye—the cornea, for instance—are very rarely followed by sympathetic ophthalmia, I have only once seen it follow an operation for cataract.

Another important fact is that the traumatism of the ciliary region will cause sympathetic ophthalmia, whether the wound be an open one or not, so that it is not correct to suppose that the infection which causes it must necessarily come from without. Our patient is a living proof that the pathogenic cause did not come from outside his eye. The commotion of the ciliary region with the paralysis of the iris and rupture of the zonule were not accompanied by any solution of continuity. The pathogenic part taken by the ciliary region has been attributed to the presence of a great number of sensory ciliary nerves, which give rise to reflex vaso-dilating action. This is the prevalent opinion of such writers as Rondeau and Reclus.

With Pasteur's discoveries, bacteriology aided in deciding the question. Leber and afterwards Deutschmann, guided by the ophthalmoscope and their anatomical studies, seemed to return to Mackenzie's theory, and stated that the inflammation was transmitted from one eye to the other by means of the optic nerve, from which they called it "*ophthalmia migratoria*;" to prove it, they injected into one eye of the rabbit a culture of the pyogenic microbe, and they claimed that the inflammation was propagated to the other eye by the optic tract.

But these experiments have been done many times since, and the results are not at all sure, so that we must not accept this theory as proved. In the last congress at Heidelberg, Schmidt, Phluger, Kulnet, Laquen, and others spoke against it. If we cannot accept this theory, we certainly cannot admit the advisability of an operation or attempts to prevent sympathetic ophthalmia by section of the optic nerve or resection combined with abrasion of the ciliary nerves and vessels.

We can add that this operation often results in a hæmatoma of the orbit, marked protrusion of the globe, and death by meningitis, and that this happens much more often than has been said or written. For these reasons I remain convinced that the best thing to do is to resort to enucleation as the most reliable means of preventing sympathetic ophthalmia. This operation done under antiseptic methods is the best treatment for such patients.

I do not mean that it is the only thing that can be done, but simply that such a surgical operation is not harmful in itself, and it has given the best results as a preventive treatment against this trouble. But once you have the sympathetic ophthalmia started you cannot hope to cure it by operation. The mercurial treatment must then be employed. This can be done by rubbing the ointment into the eye, or by hypodermic injections. I have reported a number of cases treated in this way. I must also mention in this connection the treatment proposed by Drs. Abadie and Darier, who make intra-ocular injections of a solution of one to one thousand of corrosive sublimate, combined with the use of the actual cautery; applications to the site of the wound with the thermo-cautery may also be employed. This method is still, however, under trial as to its merits. It may be good when the eye is not completely lost, and when the mercurial treatment has had no effect.—*International Medical Magazine*.

LEG ULCER.—Dr. Weismueller praises the action of a dusting powder thus composed:

R Acid salicyl. ....	ʒ iv.
Acid borici. ....	ʒ ij.
Zinci oxidi. ....	ʒss.
Amyl,	
Talc. ....	āā ʒv.
M. ft. pulv.	— <i>The Hospital Gazette</i> .

DISEASES OF THE DIGESTIVE TRACT.—Ewald (*Berl. klin. Woch.*) says that in recent years the deficient secretion of hydrochloric acid by the stomach has come to be looked upon as the general expression of disturbed function, and not as diagnostic of any definite organic lesion. In the first stage of digestion this acid is used up to neutralise the inorganic and organic bases with which it forms unstable combinations. The amount of free hydrochloric acid then increases, so that after a certain time the amount present in the stomach contents varies between 1.5 and 2.5 *pro mille*. Thus, if free hydrochloric acid be altogether absent, it does not necessarily mean that the secreting power of the stomach is entirely lost. The presence of the loose combinations above referred to permit of a certain if not complete peptic digestion. There are three conditions which may give rise to the absence of free hydrochloric acid: (1) gastric carcinoma; (2) chronic catarrh of the stomach, leading to atrophy of the mucous membrane (anadenia); and (3) severe nervous depression. Atrophy of the gastric mucous membrane occurs most often in old people who have long suffered from dyspeptic troubles. Examination of the stomach contents shows no free hydrochloric acid, no pepsin, and no rennet ferment. The difficulty in differential diagnosis in these three conditions may be great. The author than records a case, probably of anadenia, in a man, aged twenty-nine, who was under observation for two years and a half. There was always anachlorhydria, and the peptic functions were quite absent. Treatment produced great improvement. Digestion occurred in the case in the intestine, and, the motility of the stomach being good, there was no stagnation and therefore no fermentation in the stomach contents. Occasionally carcinoma may exist for a long time under the aspect of a severe neurosis, when a sudden deterioration in the patient's health occurs, and the hitherto latent tumour grows rapidly. The objects to be aimed at in the treatment of such cases as the above is (1) to improve the muscular tone of the stomach, and (2) to prevent fermentative changes. For the former purposes such drugs as strychnine, belladonna, and physostigmine are used, and in temporary disturbances they may be of great value. Exercise and massage are also beneficial. Internal faradisation of the stomach has given the author

very good results. He describes a modified electrode. The disinfection of the alimentary canal is obtained by making the contents unsuitable for the growth of micro-organisms. With this object resorcin, naphthalin, the salicylates—especially bismuth salicylate—are used. The author very strongly recommends benzo-naphthol in doses of 2 to 5 g. in the day. It is non-irritant and without taste. It is unacted upon in the stomach, and is split up in the intestine into naphthol and benzoic acid.—*British Medical Journal*.

ALBUMINURIA.—DIURETIN (KNOLL).—E. H., aged 44 years, by occupation a cigarmaker, has been unable to work for the last three months. His tongue is furred up and respiration is more rapid than normal. His pulse is 110. His feet are swollen, and an œdema of the lower extremities extends to the scrotum. His complexion has a pale, anxious appearance. He looks like a very sick man. An examination of the urine, boiled in the test tube and treated with nitric acid, shows about one-third of the contents of the tube as precipitated albumen. He is unable to retain food very long, vomits three or four times each day, and this no doubt is one reason why he has emaciated so rapidly. His pain is limited to the epigastric region. He has failed rapidly in strength and comes to the hospital because of this steadily failing strength and his gradual loss in weight. The diagnosis is albumin-uria, with commencing uremia. He is put at once upon five-grain doses of diuretin-Knoll, once in three hours. After twenty-four hours of this treatment the volume of the urine is increased threefold. Œdema of the extremities is disappearing, the respiration is more uniform and regular, and his face has lost its pinched, anxious look. The prognosis in this case depends entirely upon how much of the renal tract is involved in the disease. If there is a simple congestion of the kidneys due to some purely local change in the venous trunks or structures of that organ, such as may be induced artificially, the action of the diuretin-Knoll will probably relieve that congestion and the patient will recover. But if this stage of the congestion should pervade all the parts of the kidneys, the action of the diuretin-Knoll will be only temporary. In a few weeks the symptoms which are so rapidly relieved by this

drug will gradually reappear and the patient will die in consequence of cerebral œdema, or of urea, which cannot be eliminated owing to the inability of the organs of elimination in the kidneys. In addition to the use of this drug, articles of food tending to diminish the irritation of the kidneys and which prevent a tendency to the formation of fat in the vascular structure of the brain, heart, and kidneys, should be given. If the patient can be induced to eat raw beef it would be a good plan of treatment; if not, an exclusive milk diet becomes very useful.—*Detroit Emergency Hospital Reports.*

PUERPERAL CONVULSIONS.—Goldberg (*Centralbl. f. Gynäk.*, No. 26, 1892) read a paper on eighty-one cases of eclampsia, at a recent meeting of the Dresden Gynæcological Society. The cases occurred in the course of 10,718 labours which took place within eight years at a lying-in hospital. The proportion of cases with fits was, it will be seen, only three-quarters per cent. No fewer than seven-eighths of the cases of eclampsia occurred in primiparæ. In all the eighty-one except two, the head presented. The proportion of twins was large. In forty-four cases, it was evident that the advancing head did not press on the ureters. In some of the remaining thirty-seven, that accident might have occurred, but it could only be demonstrated in a very few. The amount of albumen in the urine was greater, and the occurrence of albuminuria far more constant, in the fatal cases than in those that recovered. Anasarca occurred in about half, but was not specially marked in the worst cases. The usual prodromata were headache for several days, vertigo, nausea, nervous irritability, rapid irregular pulse, persistent cyanosis, dyspœna, and mental confusion. In seventeen cases which died purely from eclampsia, acute chronic renal disease was present in sixteen. Cerebral lesions were found in fourteen of these cases, namely, hæmorrhage in four, nervous hyperæmia in one, œdema in eight, generally associated with anæmia, but in one with hyperæmia. The total morality was 24.7 per cent. In the primiparæ it was 21.43 per cent.; in the multiparæ, 45.45 per cent. Though the latter class made up only one-sixth of the total they suffered worse when attacked. The mildest cases were those in which the symptoms began at

or during delivery or in the puerperium. The earlier before term the fits occurred, the more aggravated were the symptoms. The death of the child in *in utero* did not benefit the patient in any way, as some obstetricians have endeavoured to show. In the very great majority of cases, where instrumental or other active interference was employed, the fits were thereby cut short. The right treatment, in fact, is speedy delivery. Chloroform inhalations, morphine injections, hydrate of chloral, warm baths, and isolation in a quiet dark room, are the best agents for treatment of puerperal eclampsia.—*British Medical Journal.*

STRICTURE OF THE INTESTINE DUE TO TUBERCULOSIS (Die stricturirende Tuberculose des Darmes und ihre Behandlung. *Deutsche Zeitschr. für Chirurgie.* By Professor F. König).—König reports five cases of stricture of the intestine due to cicatricial contraction of tuberculous ulceration, all treated by laparotomy and resection of the gut with circular suture. Two died; one from exhaustion, the other from the giving way of a suture and peritonitis. He considers this condition more frequent and more easily recognized than has hitherto been thought. The diagnosis is to be made by the peculiar chronic history of frequent attacks of severe colic, with constipation, distention of the abdomen, visible peristalsis, and peculiar splashing and musical sounds, ending with a sound which resembles that of fluid driven forcibly from a syringe. There are usually no symptoms before those of stenosis appear. The disease is more frequently found in persons between twenty and thirty years of age, and especially in those suffering from other tuberculous lesions. It causes great emaciation and anæmia. In spite of the feebleness of the patients, König thinks surgical interference advisable, especially as the ulceration is probably still progressing in front of the cicatricial contraction, and often the tuberculous disease elsewhere is not yet far advanced. It seems to the reviewer that the operation is rather formidable to be undertaken in such feeble subjects, and that a lateral anastomosis would answer the purpose quite as well and with much less risk, while if the general health improved to such an extent as to warrant it, the resection could be performed later.—*International Medical Magazine.*

TOPICAL TREATMENT OF PARENCHYMATOUS KERATITIS AND CORNEAL OPACITIES WITH MERCURIAL OINTMENT.—J. Mitvalsky, M.D. (*Merck's Bulletin*, May, 1892), writes of the treatment of parenchymatous keratitis and corneal opacities with a diluted mercurial ointment. The formula he uses is:

Mercurial ointment (33 per cent.), 1 part;  
Vaseline, 2 parts;  
Lanolin, 1 part.

He finds the greatest amount of good results from the use of the ointment in parenchymatous keratitis in the very first stages of infiltration. The application of the ointment causes a prompt absorption of the products of infiltration in most cases without a typical vascular stage developing. If there is much pericorneal injection, brow-ache, or photophobia, the ointment is contra-indicated. Good results are obtained only when the inflammation is unaccompanied by irritation or very mild symptoms of ciliary irritation. When the inflammatory process is declining the ointment is valuable. In clearing up old corneal opacities he regards the ointment as superior to any agent we possess.—*International Medical Magazine*.

A CONTRIBUTION TO THE CLINICAL KNOWLEDGE OF INTESTINAL OCCLUSION (*Rivista veneta di scienze mediche*).—Dr. P. Bonazzi gives a report of two very interesting cases of this complication. The first was that of a woman, fifty-nine years old, in whom the use of the corset had brought about the complete division of the right lobe of the liver, the inferior portion, nearly six centimetres in length, being united to that organ merely by a band of fibrous tissue, and pushed upward. The gall-bladder was united to the moving fragment and fixed to the colon by adhesions of peritoneum. In consequence of these lesions the transverse colon was drawn up, and the traction thus exerted had induced a twisting of the intestines and an obstruction of the intra-intestinal circulation: the accumulation of feces and gas beyond that fold had completed the occlusion: this is a unique case, and undoubtedly the first observation of the kind reported. The second case was that of a man, fifty-nine years old also, suffering from a volvulus of the sigmoid flexure of the colon, caused by the twisting of its own mes-

entery (sigmoid mesocolon). This volvulus was due to the extraordinary length of the sigmoid flexure, which was four times the usual size, the large intestine in its entirety measuring 2.83 metres, that is, 1.18 metres longer than normal. It was a case of congenital abnormal development of the large intestine, or perhaps of a mesenteric peritonitis, during foetal life. The intestinal circulation in such cases is carried on without difficulty during infancy and childhood, but in old age the diminution in the energy of the peristaltic movements of the intestines causes a stagnation of the fecal matter in the vicinity of the sigmoid flexure, and the twisting of this part of the intestinal canal takes place with great facility.—*International Medical Magazine*.

A SUBSTITUTE FOR THE NASAL DOUCHE.—Dr. Bloebaum (*Med. Neuigkeiten*) no longer uses the nasal douche in removing crusts from the nasal cavity. He simply twists a long and thin roll of cotton on to a knitting-needle, introduces it into the nose and withdraws the needle, leaving the cotton in the nose. A second and third are introduced thus, until the entire cavity is filled. Then one may begin with the opposite side and do likewise. In the course of a quarter of an hour the mucous membrane begins to secrete profusely, and if the cotton is then removed it will be found that it is saturated with secretions, and the crusts lie on the rolls of cotton, thus leaving a nicely cleaned cavity for the application of the remedies. He never employs any watery solutions, but salves, which are rubbed into the nasal mucous membrane, or powders, which are insufflated.—*Lancet Clinic*.

For the treatment of the reflex cough accompanying catarrhal sore throat, there is no remedy so effective as a spray of the following, which may also be used as a gargle:

R. Acidi. carbolicæ . . . . . ʒi  
Pulv. sodii bor . . . . . ʒi  
Cocainæ hychochlor . . . . . grs. xii  
Glycerini purif . . . . . ʒss  
Aquæ rose. . . . . ad ʒxii

S. To be used as directed.—*Whittle's Dictionary of Medicine*.

THE OPERATIVE TREATMENT OF INTUSSUSCEPTION.—Hutchinson (*Arch. of Surgery*) says that the rule of practice in the early stages of intussusception ought to be invariably to try insufflation and injection, and it is only when they have failed that laparotomy ought to be thought of; they are not without risk, and must be tried with judgment and caution. There is no reason for preferring insufflation to the injection of water; for the latter he prefers hydrostatic pressure to the use of a syringe. In infants under two years of age laparotomy is so uniformly fatal that it should not be resorted to. Above that age, if injection has failed, a prompt resort to laparotomy should be recommended. It is desirable that this should be done early before the serous surfaces have become adherent. In the operation the chief difficulty is in releasing the incarcerated part. This is best done by pressure from below, not by traction from above. The older the patient the slower will be the progress of symptoms, and the longer the period during which it is possible to effect relief by operation. In adults a successful operation is possible even after a very long interval.—*British Medical Journal*.

EUPHORIN.—C. Curtis (*Rif. Med.*), as the result of some 200 clinical experiments with euphorin and of bacteriological researches made in the Pharmacological Institute of the University of Rome, has come to the following conclusions: (1) Euphorin is a powerful and safe antipyretic; it acts better when the fever is at its maximum and during the period of subsidence than in the early stage. The action of the drug shows itself in from half an hour to two hours, and lasts from three to six or even ten hours. (2) Defervescence is attended with a feeling of warmth and moderate sweating; when the temperature rises again the accompanying rigor is not severe. (3) It does not cause any serious secondary effects; sometimes there is little cyanosis, but never collapse. (4) Euphorin can be used in preference to any other antipyretic when a rapid and marked lowering of the temperature is required. (5) It answers fairly well as an antipyretic in surgical fevers. (6) It is a most potent antirheumatic; in acute rheumatism its action is certain; in the chronic forms its effect is also satisfactory, and it usually succeeds in cases which have

resisted all other remedies. (7) In patients suffering from fever the dose is 1.20 g., taken in from 4 to 5 doses. In febrile rheumatic affections from 1 to 2 grammes should be given in the twenty-four hours; in chronic rheumatism 1 gramme in 3 or 4 doses. On the average 1 gramme of euphorin corresponds to 2 grammes of antipyrin. (8) Euphorin has a sure analgesic action in neuralgia unless when it is due to a specific cause. (9) Euphorin is a powerful antiseptic, its action being intermediate between that of carbolic acid and that of corrosive sublimate. (10) It is one of the most effective disinfectants in thrush. (11) In local applications it has advantages as compared with iodoform, iodol, aristol, etc.; it is more powerfully antiseptic and less desiccating than dermatol. (12) Euphorin used locally in powder or in an ointment with vaseline or lanolin is also an anodyne, and promotes the healing of wounds and ulcers. It gives excellent results in surgery and gynæcology and in diseases of the skin and syphilis.—*British Medical Journal*.

BELLADONNA IN THE FIRST STAGES OF LABOUR.

—Dr. Asher, in the *Australian Medical Journal*, says that in all cases in which, in spite of persistent pains, the mouth of the womb fails to dilate sufficiently (especially with primiparæ), he is in the habit of giving from twenty to thirty drops of tincture of belladonna every hour, or even more frequently. Less than twenty drops will not answer. In every one of numerous cases cited there was energetic and rapid dilatation of the col, diminution of suffering, and a happy delivery. He considers belladonna in every way superior to chloral.—*Medical and Surgical Reporter*.

ASIATIC CHOLERA.—Dr. R. W. Mitchell has had success with the following (*Memphis Med. Mo.*):

- R Acidi sulphurici dil. . . . . ʒss.
- Morph. sulphat . . . . . gr. ʒʒ.
- Spts. vini gallici . . . . . ʒjss.
- Aquæ destillatæ . . . . . ʒiij.

M. Sig.—Inject under the skin of the arms, legs, and over the stomach every hour until symptoms of the disease are relieved.—*Med. Review*.

DANGER OF INTRAUTERINE INJECTIONS OF IODINE.—Gördes (*Centralbl. f. Gynäk.*), in reference to Pletzer's recent case of death after intrauterine injection of liquor ferri sesquichlorati, publishes a case in which colicky pains and tetanic spasms followed injection of iodine. The patient was a robust, sterile, married woman, aged about 27. She was subject to chronic endometritis. The curette was used, and six days later slight hæmorrhage occurred. Twenty-six hours after the bleeding had ceased, Gördes injected tincture of iodine, with a view of stimulating the granulating endometrium. Severe pain set in at once, though only a few minims appear to have been injected. Ten minutes later Gördes was recalled. The patient's face was livid grey, the pulse 26, hardly perceptible, respiration heavy, and pain severe. A general feeling of stiffness troubled the patient. The thumbs were extended and abducted. The colicky pains were very severe. A subcutaneous injection of morphine at once relieved the symptoms. The spasm in the fingers, the general rigidity and the stiffness of the jaw were the first symptoms to pass away. Tightness of the chest lasted longer. On the next morning the urine contained albumen. The patient made a speedy recovery. Gördes believes that the tetanic symptoms were reflex results of the colic. He does not think that any iodine entered the blood through an open uterine vein. It is very important, he concludes, that all cases of evil results following intrauterine injections be published, in order that both prevention and treatment may become better understood than at present.—*The British Medical Journal*.

TREATMENT OF FRACTURED PATELLA.—M. Berger exhibited at the Société de Chirurgie de Paris (*Sem. Méd.*), a patient upon whom he had practised a new operation for the cure of fractured patella. The patient when first seen had a fracture of the patella into two fragments, the upper comprising four-fifths of the bone, and the lower one-fifth. He was then fitted with a plaster casing to the knee, and kept in bed with the limb raised for forty days. At the end of this time there was no union of the fragments, although they were in good position. The following operation was performed:—The opposing surface of the fragments were

freshened, and then a piece of silver wire was passed around the patella, by first passing it through the quadriceps extensor tendon at its insertion into the upper fragment, then along one side of the patella and through the upper part of the ligamentum patellæ, when it was fixed to the lower fragment, and thence to the starting point. The two fragments were thus approximated, and the two ends of the wire fixed together. The periosteum was sutured over the line of fracture, and the overlying soft tissues approximated with structures. A plaster was then applied, the results were very good, and the movements of the knee-joint were perfectly re-established.—*The British Medical Journal*.

LEUKÆMIA.—After referring to the unsatisfactory state of our knowledge in regard to the etiology of this disease, Pawlowsky (*Deut. med. Woch.*) says that its infective nature was first suspected some years ago. Bacteriological investigation has hitherto given unsatisfactory results. The author then cites a typical case where there was very considerable leucocytosis (1 to 4), and the spleen extended almost down to the pubes. No other glands were involved. Short bacilli with spores in them were discovered in the blood. In two other cases similar bacilli were found. They were also present in sections prepared from the organs of three patients dead of this disease, especially in the blood and lymphatic vessels of the liver. Cultivation experiments were successful in blood serum and glycerine agar. The organisms were also found in the blood of leeches which had abstracted blood from leukæmic patients, but they showed no aptitude to increase. The author says that characteristic microbes have thus been found by him in six cases, and that upon the ground of their constant presence in the blood and tissues and of their biological properties they must be looked upon as peculiar to leukæmia and in direct causal relation with this disease. These results show that leukæmia is a disease of the blood. The bacilli exercise a certain influence upon the leucocytes in the blood-forming organs. They bring about a multiplication of leucocytes, some of which latter get into the blood in an immature condition. The leucocytes also partly increase in the blood, and in

many cases karyokinesis may be seen. Brought by the blood the micro-organisms are retained in the spleen, lymphatic glands, and medulla of bones. Here, and especially in the spleen, the fight takes place between the leucocytes and microbes (phagocytosis). The hyperplasia of the spleen and other blood-forming organs is thus the result of the reaction of the individual against the poison circulating in the blood. For this reason extirpation of the spleen must be quite unwarrantable.—*The British Medical Journal*.

TREATMENT OF METROERHAGIA.—In certain cases of obstinate metrorrhagia, ergotin, extractum hydrastis Canadensis, ice, and applications of tampons are alike incapable of arresting the hæmorrhage. In such cases a hypodermatic injection of sulphate of atropine has been recently recommended. It is given in doses of  $\frac{1}{60}$  grain twice daily. In one case in which the hæmorrhage had existed for a fortnight, it was completely arrested after a fourth injection. In a second, when the patient was in a state of collapse, the first injection was followed by a return of the normal temperature and increase of the pulse-rate; after the second the hæmorrhage was diminished in a striking degree; after the third it entirely ceased. A moderate dilatation of the pupils was the only secondary effect observed.—*The Provincial Medical Journal*.

INJECTIONS OF ALCOHOL IN UTERINE CANCER.—Hauffer and Schultz (*Journ. d'Accouchements*) report that since June, 1891, ten patients subject to cancer of the uterus have been treated by this method, and the results have hitherto proved satisfactory. The patient is placed in Sims' position. The urethral orifice is covered with wool. The instrument used for the purpose is five times as large as the well-known Pravaz's syringe. Absolute alcohol is employed. The point is made to penetrate 1 inch deep into the tissues. About two syringe-fuls are injected at one sitting. Most of the alcohol returns during the process of injection, carrying with it much detritus. Some of the patients complained of pain, especially when the needle was forced in far; but the pain was always transitory. A plug of antiseptic gauze is always introduced after the

injection. At first the syringe is used every day. In some cases thirty, forty, or more injections were given. Sometimes smart hæmorrhage was set up, but this was always easily controlled. The local and general effects of the treatment have hitherto proved satisfactory. The pains, discharge, bleeding, loss of appetite, etc., all diminished or disappeared. In some cases a growth of apparently healthy epithelium appeared on the previously raw, ulcerated surface of the cervix. In the first case the improvement was maintained four months after the treatment was left off. In some the method was employed when the uterus was already fixed or the parametrium invaded, and with satisfactory results. Hauffer and Schultz promise to publish further information on the after-histories of their cases.—*The British Medical Journal*.

EUROPHEN.—O. V. Petersen, of St. Petersburg (*Fracht*), tried euophen in (1) 25 cases of circumcision. The wounds were powdered with the pure drug and dressed with sterilised gauze, etc., the dressings being changed every day or two. In all but three rapid healing by first intention was obtained, in the remainder the wounds gave way in from two to four days after the operation (in two from violent erections, in one apparently in connection with supervening influenza). (2) 20 cases of soft chancres; in 19 of them the ulcers were simply wiped with a piece of absorbent cotton wool and powdered with the substance from 1 to 5 times daily. In one of the cases (a patient with recurrent syphilis), the lesions healed in three weeks, but in the other 18 in from 12 to 15 days. In the twentieth case the application of euophen was preceded by scraping out the chancres. On the removal of the dressing on the fifth day the ulcers were found firmly healed. (3) 7 cases of hard chancres, and (4) 3 of ulcerating gumma, good and fairly quick healing took place. (5) 2 cases of suppurating buboes—after incision and scraping out, the cavity was powdered with euophen and a compress applied for seven and nine days respectively. Good union resulted, though in one of the cases dermatitis of the surrounding skin occurred. (6) A case of whitlow was cured in seven days (with two dressings). On the whole the author thinks that euophen is a useful substitute for iodoform in minor surgery and

venereal ulcers. The smell is not at all strong, and can be disguised by the patient carrying about in his pocket a handkerchief scented with a few drops of lilac (*syringa*) perfume. I. A. Ezoff (*ibid.*, No. 1) also found europhen an excellent antiseptic, a prolonged application, however, giving rise to local irritation. Iakimovitch, who made comparative clinical experiments with europhen and iodoform, came to the conclusion that the former is "the best dressing material after iodoform."—*The British Medical Journal*.

THE BACILLUS OF SOFT CHANCRE.—About three years ago *La Riforma medica* published a description by Dr. A. Ducrey of a microbe that he had found in soft chancres, and that he regarded as the cause of that disease. He inoculated, with antiseptic precautions, pus from soft chancres in a series of five or six subjects. While the sores resulting from the first inoculations contained numerous microbes, he did not find more than a single one in the last. The bacillus was short and thick, having rounded extremities, often with a lateral groove, and was either isolated or in chains. He was not able to cultivate it in any of the media employed in the laboratories. In the June number of the *Annales de dermatologie et de syphiligraphie*, Dr. Pusey reports the discovery by Dr. Unna of a bacillus that seems to be the pathogenic agent of the soft chancre. It occurs in the form of chains of two or more bacilli, and is most numerous in ulcerated tissue, though it is found between the cells of the enviroing tissue. It may be isolated in microscopic preparations by colouration with methylene blue, and then decolourized with styrene or ether and diluted glycerin. This is the only bacillus encountered, and Unna has found it in every soft chancre excised and examined by him. It is found in the tissue alone, unassociated with other microbes, being distributed in a peculiar manner, and it is not found in simple ulcers or in initial indurated sores. Apparently no effort has been made by Unna to cultivate this organism, or to demonstrate its pathogenic character by inoculation. Ducrey's inoculation experiments were a repetition of the oft-repeated experiments of inoculating the pus of a soft chancre, and they can not be regarded as demonstrating the pathogenic character of the micro-organism he found. In a recent number of

the *British Medical Journal* there is a note stating that Quinquad has confirmed Unna's discovery, having found a bacillus present in prodigious numbers in the lymphatics and intercellular spaces. The question is well worth further investigation, if only to demonstrate that the micro-organism causing soft chancre is but a more virulent form of some well-known bacillus.—*New York Medical Journal*.

TRANSMISSION OF INTESTINAL WORMS (*Revue Mensuelle des Maladies de l'Enfance*. By A. Epstein).—It is generally admitted, since the works of Richter, Kuchenmeister, and Davaine, that the presence of lumbricoids in the intestine is due to direct infection with eggs accompanying food, principally fruits, vegetables, and water. Leuckart advances the opinion that infection is produced by a parasite of meal containing lumbricoid eggs. Experiments by Grassi, Lutz, Leuckart, and others have not given precise results.

Epstein first determined that lumbricoid eggs develop quickest in the stools of diarrhoea, especially when exposed to air, sunlight, warmth, and dampness; more slowly in damp earth and in water. Three children with surgical affections only were used for experiment, precautions against error being taken before giving them the eggs. The stools of all the children in the clinic were examined. Observations were made in the winter when children did not go into the garden. Vegetables and fruit were excluded from the diet, and the water was examined for eggs. Finally examinations of the stools were made every ten days.

Three months later the children began almost simultaneously to pass eggs and soon after worms in the stools, thus demonstrating direct infection with this form of worm. The first evacuation of eggs occurred between the tenth and twelfth weeks. Towards the twelfth week the female measured from twenty to twenty-three centimetres, and the male from thirteen to fifteen. Later, they increased but little in length but became larger.

It is to be added that the first child had no ill effects, the second already feeble had diarrhoea and dyspepsia, and the third was not under continuous observation. A fourth, who had only sterilized cultures of eggs, had no worms. The above facts explain the greater frequency of these worms in country children. Lumbricoids occurred in forty-



three per cent. of three hundred cases, and of these, fifty-two per cent. were in suburban children, and only three and seven-tenths per cent. in children of the city proper.—*International Medical Magazine*.

SALOPHEN.—Frohlich (*Wien. Med. Woch.*) says that in not 1 out of 30 cases of acute rheumatism did this remedy fail. The pain ceased in from three to four days, and the acute swelling disappeared in six to eight days. Large joint effusions were, however, not influenced. Salophen, like the other salicylic preparations, cannot prevent relapses. In two cases acute endocarditis appeared during the treatment. The author says that salophen is a prompt and efficient remedy in acute rheumatism, and is to be preferred to the salicylates because (1) being decomposed in the intestine, it does not irritate the stomach; (2) it can be given in large doses and for a long period without unpleasant effects; and (3) it is tasteless. In chronic rheumatism it is not nearly so efficient. In 6 cases only 2 were improved. Salophen has very little action as an antipyretic. In 1 out of 3 cases of cystitis it seemed to be useful. In only three cases were any unpleasant effects produced, and they were but slight.—*British Medical Journal*.

MIGRAINE.—This was the subject of a clinical lecture by Dr. G. M. Hammond. Migraine usually makes its first appearance at about the age of puberty, though it may develop earlier. Angio-spastic migraine is supposed to be due to a spasm of the blood-vessels on the affected side as a result of irritation of the cervical sympathetic. Whether the vascular spasm is a simple accompaniment of the disease, or its approximate cause, has not yet been determined, but in the author's experience remedies which dilate the blood-vessels give relief, while those which contract the blood-vessels increase the pain. In treating this form, inhalations of nitrite of amyl and internal administration of glonoin in doses of 1-100 of a grain, alcohol in moderate quantities, quinine in doses of from 10 to 15 grains, or a hypodermic injection of  $\frac{1}{50}$  or  $\frac{1}{60}$  of a grain of strychnine, will usually stop the paroxysm. The author does not administer opium for this disease, owing to the liability of the habit being formed. In the general treatment for the

disease sources of irritation should be removed; eye defects removed; constipation or indigestion should be removed, or any other condition that may be a contributory cause. Fowler's solution in five or six drop doses three times a day for several months is considered a favourable remedy. Iron, quinine, strychnine and the phosphates are recommended. Another form of migraine is the angio-paralytic form. In this form the vascular condition is that of dilatation. For this the author recommends phenacetin in large doses, arsenic and the bromides.—*International Clinics*.

THE CURE OF TETANUS WITH THE ANTITOXIN OBTAINED FROM THE SERUM OF AN IMMUNE ANIMAL.—Casal (*Centralblatt f. Bacteriol. u. Parasitenk*) has reported the case of a woman twenty-two years old, who, seven days after having received a lacerated wound of the right foot, and walking a considerable distance over damp ground with unprotected feet, presented manifestations of developing tetanus. For a week, under ordinary treatment, the symptoms progressively increased in intensity. Specific treatment was now proposed and assented to. Tetanus-bacilli were found in the pus from the wound on the foot. Six injections of the antitoxin prepared from the blood of a dog immune to tetanus were made at intervals of twelve hours: the first five contained twenty-five centigrammes, and the sixth fifteen centigrammes. Improvement soon set in, and was progressive to perfect recovery.—*Med. News*.

DERMATOL IN VENEREAL ULCERS.—P. A. Butzefz (*Meditsinska Pribarlenia k' Morskomi Sborniki*) has used dermatol in seventy cases of soft and hard chancres and incised indolent buboes, all in men. The subgallate was used either in powder twice a day, or, in cases of very flabby and deep ulcers, in the form of a ten or fifteen per cent. vaseline ointment. In the case of shallow ulcers and recently incised buboes the discharge diminished, and in some cases entirely disappeared on the second or third day, while the surface rapidly became covered with healthy granulations and very quickly cicatrised. Indolent or excavated ulcers healed somewhat less rapidly. The advantages of the bismuth salt are said to be these: (1) It in-

duces far more rapid cicatrisation than iodol or naphthalin; (2) it never irritates the surrounding skin; (3) it is quite free from unpleasant smell or toxic effects; (4) it is relatively cheap. The author also tried dermatol as an urethral injection in the form of a "suspension" in cases of gonorrhœa, but found it quite useless.—*British Medical Journal*.

**WHOOPING COUGH.**—Galvagno has employed antipyrin combined with resorcin, in the following formulæ in the treatment of whooping-cough in children:—

R Distilled water . . . . . f ʒiiss.  
Resorcin,  
Antipyrin . . . . . āā gr. xv.  
Hydrochloric acid . . . . . gtt. x.  
Syrup . . . . . f ʒj.

Or,

R Syrup of acacia . . . . . f ʒiiss.  
Resorcin,  
Antipyrin . . . . . āā gr. xv.  
Syrup . . . . . f ʒj.

M. Sig.—Of this, 3 to 5 dessertspoonfuls are given each day.

Under this treatment the duration of the disease, according to the author, does not exceed twelve days.—*Medical and Surgical Reporter*.

**ARISTOL IN CHRONIC DYSENTERY.**—Dr. Randall (*Med. Neuigkeiten*) has treated three cases of chronic dysentery with aristol with excellent results. The most serious case was that of a sixty-year-old man, who had for six months suffered from chronic diarrhœa, and for the last six weeks had been obliged to keep his bed. The localization of the pains pointed to the lower portion of the transverse colon being involved in the ulcerating process. A suppository of two and a half grains of aristol and one-third of a grain of morphine was ordered to be inserted three times a day. Two days after the stools became less tepid, more consistent and free from blood. Within a week the painfulness disappeared, and only one more hæmorrhage appeared. The stools, which had been very painful and of hourly occurrence, were reduced to six or eight per diem; they were soft, but not thin, and nearly free from epithelial debris. In ten or twelve days all traces of rectal ulceration had disappeared. Then only one grain was given

per diem, and morphine in the evening. In a short time he was on the road to recovery.—*Medical and Surgical Reporter*.

**TREATMENT OF CHOLERA.**—Prof. Dujardin-Beaumetz (*Le Progrès médicale*) presented the following measures to the Paris Society of Therapeutics, as recommended by the commission for the investigation of the cholera:

1. *To stimulate and warm the patient.*—Stimulating drinks: tea, coffee, rum, brandy; wrapping in warm coverings, with hot water bottles or hot bricks to the feet, etc.

2. *To arrest the diarrhœa.*—Three teaspoonfuls of the following mixture every fifteen minutes:

R Lactic acid . . . . . gms. 10  
(ʒijss).  
Simple syrup . . . . . gms. 90  
(ʒiij).  
Syrup of lemon . . . . . gms. 2  
(℥xxx).

Pour this into a quart of water and give of that a teaspoonful every fifteen minutes.

3. *To arrest the vomiting.*—Pieces of ice, aerated drinks. If menthol were a more manageable remedy he would recommend its use here. With regard to the opiates, he prefers the paregoric elixir, the formula which was employed with such success at Brussels, and the composition of which is:

R Hoffman's anodyne, Ethereal } aa gms. 5  
extract of valerian . . . . . }  
(ʒj¼).  
Laudanum . . . . . gm. 1  
(gtts. xv).  
Essence of peppermint . . . . . dgms. 3  
(gtts. v).

Twenty-five drops of this mixture every time diarrhœa or vomiting threatens.

Dr. Bucquoy depends upon paregoric, ten to fifteen drops at a dose.

Dr. Crequy employs the following:

R Crude opium . . . . . gm. 1  
(grs. xv).  
Subnitrate of bismuth . . . . . gms. 100  
(ʒiijss).

A tablespoonful in half a glass of sweetened water.—*Lancet-Clinic*.

## INHALATION IN WHOOPING COUGH.—

R Thymolis ..... gr. xx.  
 Acid carbolicis.  
 Ol. sassafragis.  
 Ol. eucalyptus.  
 Picis liquida.  
 Ol. terebinthinæ..... āā f ʒij.  
 Etheris ..... f ʒiv.  
 Alcoholis, q. s. ad ..... f ʒiij.

M. Sig.—Put about 30 drops upon a pad of such size as to be conveniently hung around the child's neck renewing the application every two or three hours.

In severe cases the inhalation treatment is supplemented by the internal administration of:

R Acid carbolic ..... gr. iij.  
 Sodii bromid. .... gr. lx.  
 Tinct. belladonæ ..... gtt. xx.  
 Glycerinæ ..... f ʒij.  
 Aquæ, q. s. .... f ʒij.

M. Sig.—f ʒij occasionally for a child of 3 or 4 years of age.—*Jour. Amer. Med. Assn.*

The following may be given with benefit to allay the craving for alcohol, and to some extent take its place:

R Spt. ammon. aromat. .... ʒ ii  
 Tinct. cinchonæ ..... ʒ iiss  
 Tinct. capsici ..... ʒ iiii

S. A large teaspoonful in half a tumblerful of effervescing potash water every hour.—*Whitla's Dictionary of Treatment.*

NARCOSIS IN OBSTETRICS.—Dührssen (*Berlin. klin. Wochenschr.*) considers that an anæsthetic is of great diagnostic as well as therapeutic value. The patient (often much excited) can be kept quiet by a few drops of chloroform whilst certain important factors in labour are being ascertained, such as frequency of the fetal heart sounds. Primipare are often very troublesome to explore, and it is then only by the aid of anæsthetics that the obstetrician can make sure whether the head has already entered the pelvic cavity. Narcosis is valuable for the timely diagnosis of occipito-posterior and transverse presentations. In explorations where the entire hand must be introduced into

the uterus, anæsthetics are, of course, indispensable. For therapeutic purposes narcosis is needed for turning, especially combined external and internal version, for detaching adherent placenta, manual removal of ovum and membranes in abortion, reposition of impacted tumours during birth, the management of prolapsed foot in breech presentation, and turning in incomplete dilatation of the os in multiparæ. In irregular contractions of the uterus chloroform often hastens labour. Sepsis is, in Dührssen's opinion, a contraindication for anæsthetics, and deep or long-maintained narcosis is dangerous in cases of eclampsia. It should only be induced, in such cases, to facilitate rapid delivery by operation. Tetanus uteri is also a contraindication. In acute anæmia a very little chloroform will take effect. When chloroform is given, Dührssen advises the obstetrician to get the patient well under, and then to leave the mask in the charge of the midwife, who must from time to time pour a few drops into it.—*British Medical Journal.*

ULCERATED CHILBLAINS.—Dr. Brogg (*Internat. klin. Rundschau*) prescribes in ulcerated chilblains the following salve:

R. Acid carbolic..... 1 gram.  
 Unguent. plumb ..... }  
 Lanolin ..... } āā 20 grams.  
 Ol. amygdalar. dulc. .... 10 grams.  
 Ol. lavender. .... gtt. xx.

Apply two or three times a day.

—*Medical and Surgical Reporter.*

ANTISEPTIC POWDER, IMPROVED.—Cheap but reliable substitutes for these expensive proprietary preparations, as well as for iodoform, however, are always in demand. The following formula is used largely in the hospital wards of a city institution in the treatment of chronic ulcers, suppurating sores, and generally as an iodoform substitute:

R Salol. powdered..... ʒj.  
 Sulphite of zinc, powdered . . . . . ʒiiss.  
 Benzoin, powdered..... ʒss.  
 Purified talcum..... ʒij.  
 Oil of fennel..... ℥xx.

M. et. sig.

—*American Druggist.*

CHRONIC GOUT.—The following was a favourite of the late Dr. A. B. Garrod :

R Ext. colchici acct.,  
 Ext. rhei,  
 Ext. aloes socot. . . . . āā vj.  
 Ext. belladonnæ . . . . . gr. j.  
 M. Et. ft., pil. No. vi  
 Sig. Take one at night, twice a week.

—*Med. Review.*

TREATMENT OF LUPUS ERYTHEMATOSUS OF THE EYELIDS AND FACE.—Brocq recommends in this disease :

R Salicylic acid . . . . . ʒss.  
 Lactic acid. . . . . ʒss.  
 Resorcin. . . . . gr. xlv.  
 Zinc oxide . . . . . ʒij.  
 Vaseline . . . . . ʒxviij.

The following is also usually well borne :

R Salicylic acid. . . . . 1 part.  
 Pyrogallol . . . . . 2 parts.  
 Vaseline . . . . . 20 parts.

This is to be rubbed in at night. During the day the first named may be applied, the two thus being used conjointly.—*British Journal of Dermatology.*

PURGATIVE FOR CHILDREN: Formulary :

R Castor oil . . . . . ʒss.  
 Coffee . . . . . ʒij.  
 Sugar . . . . . ʒvj.  
 Yolk of egg . . . . . j.

Make emulsion.

GASTRALGIA :

R Valerianate of bismuth,  
 Subnitrate of bismuth . . . . . āā ʒss.  
 Ext. nux vomica . . . . . grs. vij.  
 Ext. gentian . . . . . q. s.

Make fifty pills. Coat with gelatine if desired (capsules). Two to four pills a day.

—*Times and Register.*

TO LANCE A SWOLLEN TONSIL.—Do not try to get round the anterior pillar of the fauces, but go straight back through the soft palate, and no effort on your part can possibly bring the knife into any relation at all with the carotid vessels. Open the upper part of the tonsil.—CHRISTOPHER HEATH, M.D., in *International Clinics.*

DERMATOL IN EYE DISEASE.—R. Koselli (*Rif. Med.*) encouraged by the favourable results of numerous experiments on rabbits, has tried dermatol in the human subject in twenty-five cases of pustular conjunctivitis, fourteen of simple or phlyctenular keratitis, eleven of parenchymatous keratitis, nine of ulcer of the cornea, five of trachoma and pannus, four of blepharitis, three of kerato-hypopyon with complete infiltration of the cornea, and two of diphtherial conjunctivitis. The insufflation of dermatol in cases of pustular conjunctivitis of scrofulous origin, with or without the simultaneous administration of the iodides, gave excellent results. Good results were also obtained in cases of corneal opacity and simple and parenchymatous keratitis, iodides being given internally and atropine being instilled when indicated. Dermatol was found useful in corneal ulcers, especially those of traumatic origin, and also in the cases of keratohypopyon after emptying the anterior chamber. In blepharitis it was of little or no use. It proved very serviceable in the cases of pannus, but no effect was observed in the trachoma cases. In the cases of diphtherial conjunctivitis the insufflation of dermatol modified the secretion and prevented the formation of false membranes.—*British Medical Journal.*

UTERINE FIBROID AND SYPHILIS.—Prochownick (*Deutsche med. Wochenschrift*) has distinctly traced a relation between constitutional syphilis and fibromyoma of the uterus in certain cases which he has reported. The administration of mercury and iodides led, in these cases, to a distinct, though not very marked, diminution in the size of the tumour, whilst pain and flooding disappeared. To the objection that these so-called fibroids might have been gummatous deposits in the uterus, he replies that the hardness and other characters of the tumours all indicated fibroid disease, whilst there were no signs of breaking down and no cicatricial contractions on the surface of the tumours, such as are observed in gummata. In two cases of fibroid disease, where the patients were free from syphilis, iodides and mercury did no good whatever. Prochownick has no belief in any specific action of these drugs on fibroids. On the other hand, he finds that syphilis may set up chronic metritis and endometritis. Such cases

defy the curette and other kinds of local treatment, but may speedily be cured by antisyphilitic remedies. Prochownick is not inclined to attempt any explanation of the origin of myoma uteri. He inclines to the theory that the germs of myoma lie dormant for years and set up a tumour in response to some undetermined stimulus which most probably arises in the blood-vessels.—*British Medical Journal*.

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## Ontario Medical Journal

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

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TORONTO, SEPTEMBER, 1892.

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### THE COLLEGE BUILDING.

When members of the profession raise the objection against the Council that they should not have dealt in Toronto real estate, they are making a perfectly legitimate attack, but the wisdom or rectitude of this attack is worthy of consideration. Territorial, including Homeopathic, University and School representatives, all supported the undertaking—well knowing the inconveniences that examiners and students had been put to in the past, by insufficient accommodation, and that only to be obtained at the discretion of other corporate bodies not always the most obliging. These were the reasons that in fact compelled the Council to secure a place in which they could conduct their own examinations. The old church on the corner of Bay and Richmond streets was secured at a nominal sum: but this after a time was found inadequate, owing to the introduction of oral and clinical work in the examinations. Then the Council decided to erect the structure which now occupies that corner. The wisdom of the Council having a building of their own, for the purposes of the college solely, we do not think any one will dispute. The propriety of having a large building with a number of flats rented, may be disputed, but we think time will show the wisdom of the Council of 1885-90 in erecting just such a structure

as the present. Their object was to have large and commodious rooms, suitable for the proper conducting of the most rigid as well as the most advanced forms of examinations, while at the same time to place as light a burthen upon the profession as possible. The building has not as yet been self-sustaining, but immediately after the completion of the new civic building, it will net a large revenue. And when the new Council of 1895-1900 have replaced this present one, we have not any doubt but that they will endorse the action of the two preceding Councils in their dealings in Toronto real estate. The economy and care with which Dr. H. H. Wright has watched the building since the time the first stone was laid up to the present, entitle him to the thanks of the entire profession of this province.

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### QUEEN'S UNIVERSITY AND THE ROYAL COLLEGE, KINGSTON.

The Medical School at Kingston was first established in the year 1854, mainly in response to the urgent request of a number of students in medicine who could not obtain the degree of M.D. in Toronto unless they subscribed to certain religious tests which were obnoxious to them. At that time, and until the year 1866, the Medical Faculty formed an integral part of Queen's University. The original staff (now greatly augmented) consisted of Drs. Sampson, Stewart, Dickson, Yates, Hayward and Fowler. The Rev. Dr. Williamson, so widely known and so affectionately remembered by all his students, took (and still takes) a warm interest in the Medical Faculty, and for many years from the inception of it gave the lectures in chemistry. In the year 1866, it was thought desirable to obtain from the Dominion Government a special Act of Incorporation. The Royal College of Physicians and Surgeons was then formed, with powers to appoint Professors, confer Licentiate and Fellowship diplomas, and grant certificates of qualification entitling its students to registration under the Medical Act of Upper Canada. The Royal then became affiliated with Queen's University, and continued in this relationship till the present year, when a closer union was effected. The Royal College, while retaining its corporate rights to grant diplomas in

medicine, agreed to hold in abeyance its teaching powers, and Queen's University anew undertook the formation of a Medical Faculty. The result is that while the biological and physiological department has been specially assumed by Queen's as part of the Arts Faculty, the Medical Faculty as now constituted is practically the same as formerly.

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### COUNCIL FINANCE.

There has been some dissatisfaction amongst the profession, owing to the levying of an extra dollar on the annual assessment. If all members of the profession had paid up their one dollar each year such might not have been necessary—but unfortunately this was not done. In the year 1889-90, the assessment dues paid amounted to the small sum of \$369, instead of \$2,500. This had been going on for years. Some paid their assessment—others not at all—the outcome of which was the Council, not being able to meet her obligations, increased the assessment to two dollars, which in itself is a very trifling sum. After a year or two, when all the back dues are paid up, the Council will be able to reduce it again to \$1, and inside of a very few years will be able to wipe it out altogether. The Registrar of the college has sent to every practitioner the returns showing the yearly receipts and disbursements of the Council from 1866 to 1892. They have been carefully and elaborately prepared by the Treasurer, Dr. W. T. Aikins.

To the Chairman of the Finance Committee, Dr. Phillips, of Brantford, is due much credit for the satisfactory way he has looked after the Council accounts, and the report of his committee in the proceedings of the Council will repay a careful perusal.

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### MILITARY MEDICINE.

The Editor will be glad to receive communications under this heading.

Dr. A. A. Dame has been gazetted Assistant-Surgeon of the 48th Highlanders, from 28th July.

Surgeon Maurice Seymour and Assistant-Surgeon John S. Keele have been removed from the list of officers of the Active Militia on account of the disbandment of the 95th Battalion.

No further appointments will be made of Assistant-Surgeons after the 19th August, 1892.

It is under consideration to establish a Military Medical Journal to be published in Chicago. Dr. Senn, Surgeon-General of Illinois, and Dr. Woodruff, United States Army, are the promoters.

It has been decided not to call a formal meeting of the Association of Medical Officers of the Militia in connection with the Dominion Medical Association, owing to lack of important business to bring before it, the annual meeting having taken place so lately as June last.

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### ST. MICHAEL'S HOSPITAL.

This institution was opened July last for the reception of patients. The building was formerly occupied by the Sisters of St. Joseph, but it has been converted into a large, spacious, and commodious hospital. It is a four story structure, three flats of which are comprised wholly of wards, private, semi-private, and public, the latter being of large dimensions, thoroughly ventilated, and equipped with the latest modern improvements.

The semi-private wards are smaller, but more expensive in outfit.

A large number of private wards occupy the ground and second floor. These are all elegantly furnished and will be devoted entirely to patients desirous of more than the ordinary comforts of a public or semi-private ward. The lighting of the building is by gas, with all improvements necessary to carry off foul odours.

The operating room is, perhaps, the most noticeable feature in connection with the hospital, being of large dimensions, well lighted, and furnished with hot and cold water appliances, the cost of which amounts to a considerable sum in itself.

The surgical appliances have been purchased from Ford's, of New York, and comprise all instruments necessary for every department of surgery.

A large staff of physicians and surgeons has been appointed. In addition to the visiting staff, there are also in connection with the hospital a large number of consultants.

The training school for nurses is to be opened on October 1st. In this department extensive preparations are being made in order to procure for young ladies desirous of learning nursing every advantage in the way of fully equipped class

rooms, and all apparatus necessary for the thorough teaching of nursing.

Every possible attention has been paid to the heating and ventilation of the building.

Owing to the location of the hospital emergency cases are continually coming in; these, of course, demand immediate attention, and in order to meet such demands, an emergency ward is situated on the ground floor, provided with the necessary appliances.

In every department, strict attention has been paid to the comforts and immediate wants of all patients. As yet, no lying-in department has been provided in the hospital, owing to the want of room.

Preparations are being made for the out-door department, where the destitute poor may receive proper medical attendance.

The hospital is on the same footing as the Toronto General and Homeopathic Hospitals, receiving the Government and city grants. The object is to make it a self-sustaining institution. To the many who may imagine this to be a Catholic institution wholly, we may state, that having received the Government and city grants, patients, irrespective of class or creed, will be received.

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#### CONCERNING THE MEDICAL DEPARTMENT OF TORONTO UNIVERSITY.

The JOURNAL desires to thank its numerous friends and readers for their words of encouragement and commendation respecting the JOURNAL'S independent attitude and criticisms. As was stated, the JOURNAL would be truly provincial, at the same time know no school or university, but would, without fear or expectation of favour, follow a course which it thought would be in the best interests of the general profession. Conforming to the principles thus laid down, the JOURNAL freely and without bias or partiality criticized the "reconstruction" of the Medical Faculty in the Provincial University. It pointed out the abuses which had arisen and were likely to arise out of the system of appointments by the University Senate and elections to the Senate which would, and evidently did, give encouragement and facilities to ambitious manipulators. It did not wish to make any aspersions con-

cerning the members of the Committee of the Faculty of Medicine, all of whom are upright, honourable men, nor did it desire or intend to cast any reflections whatever upon any of the medical candidates for the Senate. . . It has been charged in letters to the daily press that the JOURNAL had attacked the candidature of four gentlemen in a most malicious manner. This is entirely incorrect. All the malice of which the JOURNAL has any knowledge is that displayed by the writers of the letters. What the JOURNAL did intend to expose was the stealthy whispering and concealed wire-pulling of men, who were afraid to openly confess themselves applicants for advancement in the Medical Faculty, lest their records and qualifications might be exposed to criticism and themselves given what is due them. It directed attention to those who seek to attain their purposes by directly or indirectly misrepresenting or traducing others, and who, after thus obtaining their ends, pose or would pose as if by merit raised to their proud eminence.

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The results of systems which give such encouragement to the medico-politician and the work of that class are becoming very apparent. The JOURNAL is informed that a split has already occurred in the Medical Faculty. It is rumored that some of the professors of more recent date are seeking to undermine their brother professors and colleagues. And it is quite apparent from the letters in the public press, written by some who seem to have forgotten temporarily their own names, that harmony does not exist in the Faculty.

These writers are willing to conceal themselves behind the hedge of a nom de plume and hurl therefrom untrue statements and base misrepresentations without any seeming reason, except the incentive of sinister and selfish motives.

One of these puerile scribblers ("Scrutator") carried it so far that the Registrar of the University found it necessary to officially call him down. Presumably, these are the men who issued an unsigned circular in behalf of four candidates, which was given a semi-official appearance in order, apparently, to the more readily mislead. Such practices cannot be too strongly condemned.

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The JOURNAL is not at all surprised to learn that as one of the results above referred to, and in con-

sequence of the unjust treatment of some of their old teachers, numbers of medical men, whose Alma Mater was the old Toronto School of Medicine, which sacrificed itself to give birth to the Medical Faculty of the University, have withdrawn their good will and substantial support from the Medical Department of the University. The intriguers have clouded the future prospects of this faculty and if they persist in a course which is severely censured by thoughtful men, this department, like any improperly conducted business venture, will not prosper.

It is never pleasant to speak of the members of our profession in terms of reproach, it is much more agreeable to use expressions of praise, but there are occasions when it is imperatively necessary to tear off disguise in the general interest, and apply proper correction with vigour to those who forget professional rank and gentlemanly conduct and indulge in sophistry and practices not above reproach.

The JOURNAL is quite certain that, in doing its duty by exposing, as it will, wrong systems, ways that are not plain and actions not commendable, it will have the hearty support of the members of the profession.

#### CANADIAN MEDICAL ASSOCIATION.

As was mentioned in the last issue of the JOURNAL, the next annual meeting of this Association will be held in Ottawa, in the Railway Committee room of the House of Commons, on Wednesday, Thursday and Friday, 21st, 22nd and 23rd September. The meeting held last year in Montreal was the most successful numerically in the history of this Association, and as the program for this year's meeting is an excellent one, there is every reason to anticipate a capital meeting.

The officers are: Dr. J. L. Bray, Chatham, President; Dr. H. S. Birkett, Montreal, General Secretary; Dr. W. H. B. Aikins, Toronto, Treasurer. The provisional program is as follows:

Presidential Address—J. L. Bray, Chatham.

Discussion in Medicine—"The Treatment of Pulmonary Tuberculosis," J. E. Graham, Toronto; followed by L. C. Prevost, Ottawa.

Discussion in Surgery—"Observations on the Progress of Surgery in our Own Day," Donald

MacLean, Detroit; followed by V. H. Moore, Brockville.

Discussion in Obstetrics—J. Chalmers Cameron, Montreal; followed by T. S. Harrison, Selkirk.

Gastro-Enterostomy—L. McFarlane, Toronto; (1) Tubercular cirrhosis of Liver; (2) Encysted tubercular peritonitis simulating hydatid<sup>1</sup> er; A. McPhedran, Toronto.

Cholecystotomy—T. G. Roddick, Montreal.

Intussusception and its Treatment by Operation—F. J. Shepherd, Montreal.

Treatment of Abortion—K. N. Fenwick, Kingston.

Management of Goitre—T. R. Dupuis, Kingston.

Uric Acid in the Urine of Children—A. D. Blackader, Montreal.

Diseases of the Naso-Pharynx associated with Ocular Affections—F. Buller, Montreal.

Prostatectomy—Geo. E. Armstrong, Montreal.

Appendicitis—H. P. Wright, Ottawa.

Biological Analysis of Some Canadian Water Supplies—Wyatt Johnston, Montreal.

Unrepaired Laceration of the Cervix, the most Common Cause of Epithelioma of the Cervix Uteri—Lapthorne Smith, Montreal.

Cases Illustrative of the Influence of Diseases of the Female Generative Organs upon the Visual Apparatus—S. Ryerson, Toronto.

(1) Two Early Deaths from Gonorrhœa; (2) Enterectomy for the Cure of Fæcal Fistula: H. H. Chown, Winnipeg.

An Epidemic of Morbilli Hæmorrhagici—C. J. Edgar, Sherbrooke.

Hemorrhage in the New-Born—F. A. Lockhart, Montreal; (1) Administration of Chloroform and the Dangers incident thereto; (2) (a) Phlebitis of the Left Femoral Vein caused by an Embolism coming on three weeks after Hysterectomy; (b) Missed Abortion; J. D. Balfour, London; A. E. Praeger, Nanaimo. (1) Notes on Eye Lesions consequent on Nasal Affections; (2) Traumatism of the Labyrinth; Geo. Baptie, Ottawa.

Radical Cure of Hernia, with a report of seventeen cases of Operation—J. Wishart, London; A. A. Foucher, Montreal.

Unusual Case of Fracture of Rib, with Dislocation, in an Infant—J. Chalmers Cameron, Montreal.

An Epidemic of Scarlet Fever with an Anomal-



ous Eruption—R. E. McKechnie, Wellington, B.C.

Gunshot Wound of the Abdomen—M. J. Ahern, Quebec.

Punctured Wounds of the Eyeball—A. J. Horsey, Ottawa.

Puerperal Eclampsia—A. Taylor, Goderich.

Clinical Notes—R. W. Powell, Ottawa.

The profession of Ottawa will entertain the members of and delegates to the Canadian Medical Association, at a musical *Conversazione*, to be held on the evening of Wednesday, 21st inst.

An Association Dinner will be held on Thursday evening, 22nd inst., at the Russell House. Tickets, \$2.50. Those desirous of attending the dinner are requested to notify the General Secretary on the morning of Thursday, 22nd inst.

#### EDITORIAL NOTES.

For the benefit of certain gentlemen who have not approved of the course taken by the *JOURNAL*, we would respectfully ask them to read the agreement between the Company and the Council, and they will find that the Council has nothing to do with the policy of the *JOURNAL*. Moreover, if they will kindly see the Chairman of the Printing Committee, they will learn that the grant made by the Council does not cover the price paid for the work as sublet by the Company.

The new edition of the Ontario Medical Register has just been published. It contains 2,903 names, showing an increase over the Register of 1887 of 391. The Medical Act, Boundaries of Territorial Divisions, Rules and Regulations, together with much other information has been included in it. A copy will be sent to every practitioner in the Province; those not receiving would do well to communicate with the Registrar of the College.

The annual Announcement of the College will be out of press in a very few days. It contains—besides the curriculum of the Council—a full stenographic report of the proceedings during the June session, including the reports of all committees. It will be evidence to the profession that their representatives did considerable work

during their five days' session. A copy will be mailed to every practitioner whose address is known in the Province.

At a recent meeting of the University Council of Manitoba, it was decided to appoint a committee to take into consideration the advisability of establishing a Faculty in Medicine. The following members of the council were present when this important step was decided on: The Chancellor, the Metropolitan of Rupert's Land, Judge Dubuc, Dr. King, Dr. Bryce, Principal Sparling, Dean Grisdale, Professor Cochrane, Fathers Drummond and Cloutier, Canons Matheson and Coombs, Professors Hart, Baird, Kenrick, and Stewart, Principal Goggin, J. A. M. Aikins, Q.C., W. R. Mulock, Q.C., Mr. Pendergast, M.P.P., Mr. Pablade, Dr. Jones and Dr. Chown.

"On the question of reciprocity of Medical Registration between the Provinces of the Dominion, it is recommended that this matter be referred to a committee composed of the President, and such members of the Ontario Medical Council as may find it convenient to attend at the annual Dominion Medical Association in Ottawa, and which are empowered to confer with any person or persons relative to this question, and they shall report to the Medical Council at its next annual meeting. And that the Registrar put himself in communication with the Registrars of other Provinces, asking them to have a committee from their respective Provinces meet this committee in Ottawa, on September 20th, 1892, during the session of the Canadian Medical Association. Carried." The meeting will take place at the Russell House, Ottawa.

Dr. Bray's motion that a conference be held with the Medical Defence Association was a good one. The Medical Council are the servants of the profession and it is their duty to endeavour to carry out the wishes of the electorate. Such has been the desire of the Council in the past, and a short conference between the committee named by the Council and one named by the Association might be productive of much good. As professional men we have but one object in view, relief

to suffering humanity, and surely when ten or a dozen come together for the purpose of settling some minor differences in reference to the government of the profession, it can easily be done. In the next issue the JOURNAL purposes discussing the University and school representation in the Council. We would be pleased to have a few communications on the subject.

At a conference held between the Dominion and Quebec Governments and the Medico-Chirurgical Society, which was represented by Drs. Butler, Roddick, J. C. Cameron, Campbell and J. Guerin, the following nine requirements which are regarded as essential in connection with proper quarantine were submitted by Dr. Roddick :

1. The quarantine system for the whole country should be under the control of one medical officer.
2. All quarantine superintendents should be provided with laboratory superintendents, who should be skilled bacteriologists, and who should have immediate charge of the work of disinfection.
3. Arrangements should be made to secure the services of as many additional physicians for quarantine services as may be required in case of emergency.
4. All detention buildings should be made of iron with asphalt floors, so that they may be completely cleansed from time to time. These buildings should be arranged for suitable separation and classification of emigrants and passengers.
5. A good and sufficient supply of drinking water should be immediately provided and a permanent supply of same obtained in the near future from an artesian well.
6. The disinfecting plant for baggage, etc., should be supplemented forthwith by several smaller steam disinfectors pending the construction of a larger one.
7. Suitable landing facilities should be provided as soon as possible.
8. Arrangements for cremating instantly the bodies of those who die from infectious diseases in quarantine is desirable.
9. Separate cleansing stations distinct from quarantine for passengers and baggage arriving in ships from infected ports, but on which no disease has occurred, are essential.

## Meetings of Medical Societies.

### MEETING OF THE ASSOCIATION OF EXECUTIVE HEALTH OFFICERS OF ONTARIO.

Membership in this Association is not confined to the medical profession. Ordinary members, in addition to members of the Provincial Board of Health, and Medical Health Officers, include Sanitary Inspectors and the Chairman and Secretary of Local Boards of Health. Associate members include all ex-officers, who have held any of the above official positions, as also ordinary members of Local Boards of Health. Honorary members include all ex-presidents of the Association, and such present members and other persons who, holding official positions elsewhere, may be elected by the Association.

The annual meeting of the Association, which takes place during the month of August, has been held, in previous years, at Toronto, Woodstock, Lindsay, Brockville, Owen Sound, and Trenton. This year the seventh annual convention took place at Niagara Falls town on the 16th, 17th and 18th of August.

The reports of former meetings, which are published in pamphlet form by the Provincial Board of Health, show that much of the work done has been of a high class, and from our own observation, we can fairly state that the Association, in 1892, exhibits no lack of power. This was evidenced by the quality of the papers read, and better still by the very full discussion which followed the reading of the more important efforts.

Without wishing to pose as a doctrinaire in such matters, it has always seemed to us that a paper which does not evoke discussion is either beyond the capacity of the hearers or is built up of truisms which no one is disposed to dispute.

In dealing with moot points it is scarcely possible for a writer to avoid a collision with the theories of his auditors. More particularly is this the case in the domain of practical, everyday hygiene, which bristles with rough points not yet smoothed down by the doctrine of science or the tests of experience. Take, for instance, the important question of the best method of disposing of sewage. Shall we intercept the sewage of a large city and discharge

it on a sewage farm, to be purified either by irrigation or filtration, or shall we pour it into a lake or river with or without previous artificial purification? Here we find several different systems for a municipality to select from, and ample provision made for a goodly amount of theorizing and experimental work by the hygienist. Yet from this theoretical and experimental work, as well as the expenditure of money by municipalities, opinion grows and develops until it leaves the boggy ground of uncertainty, and stands at last on the firm ground of truth. One point is now made clear: the water supplies must not be defiled with sewage or any other contamination. In the case of Toronto, biological examination of Lake Ontario water shows, that water, tainted with sewage, with a very slight diminution of the bacteria, can be found in close proximity to the intake, and that this sewage-tainted water flows eastward or westward from Toronto bay according to the direction of the wind. Mere dilution of crude sewage will therefore prove an insufficient guarantee of the purity of Toronto's water supply.

Whether filtration of the city sewage through sand, or its purification by chemical precipitation, previous to its discharge into the lake, be adopted, the important conclusion arrived at is, that crude sewage must no longer be poured into the source of our water supplies. The financial and engineering aspects of these rival methods remain to be considered, but in as much as, from a sanitary standpoint, excellent results can be accomplished by either one, we may rest assured that the better and cheaper plan will ultimately be selected.

As contributions to this branch of sanitary science, papers were read by Dr. Cassidy, Chairman of the Provincial Board of Health, Toronto, who strongly advocated the introduction of intercepting sewers, and the employment at the outfall of the "Amines" process of sewage purification; E. H. Ball, Esq., C.E., Chief Sanitary Engineer, Medical Health Department, Toronto, whose paper dealt with different methods of sewage filtration, and Dr. Oliver, Niagara Falls, who spoke of the pollution of the Niagara river, in relation to public water supplies.

The paper read by Dr. Bryce, Secretary of the Provincial Board of Health, on "Vital Statistics in their relation to Public Health Work," was made especially valuable by the object lessons exhibited,

which showed the heights attained by typhoid fever in several American and Canadian towns notorious for polluted water supplies. Dr. Bryce urged the extension of the collection of vital statistics to a monthly return by every municipality, both of deaths and contagious diseases, and also that a uniform system be developed for the Dominion.

An extremely interesting paper was read by A. McGill, Esq., Analyst of the Internal Revenue Department, Ottawa, on "Ventilation, its Meaning and Importance." Not the least important portion of his address was his demonstration of a simple means of ascertaining quantitatively the proportion of carbon dioxide in a given sample of air.

In discussing Isolation Hospitals, their Uses and Abuses," the Medical Health Officer of Toronto gave a very full account of the work done in Toronto in coping with diphtheria, the establishment of an isolation hospital, the use of super-heated steam in vacuo in disinfecting clothing, bedding, etc., and the close connection existing between overcrowding and the rapid development of the diphtheria germ.

Dr. Vanderburg (consulting chemist of Buffalo), discussed in an address, among other matters, the pollution of the Niagara river, and expressed the opinion that it was impregnated with Buffalo sewage.

Papers were also read by Dr. Hall, M.O.H., Chatham, on "Some points relating to the Artesian Water Supply of Chatham"; by Dr. Griffin, M.O.H., Brantford, on "Methods of Sanitary Work in Brantford"; by Dr. Herald, M.O.H., Kingston, on "The Causation and Prevention of Typhoid Fever and the duties of municipalities in relation thereto"; by Alan Macdougall, C.E., Toronto, on "A Sporadic Outbreak of Diphtheria"; and by Dr. Cameron, M.O.H., Owen Sound, on "Organic Matter in its relation to Asiatic Cholera, Cholera Nostras, and other diseases."

The last, but by no means the least interesting paper of the series, was by J. J. Mackenzie, M.A., Laboratory of the Provincial Board of Health. It was entitled "The Factors Necessary to a Practical Diagnosis of Tuberculosis in Cattle."

Dealing first with the clinical symptoms observable in dairy cattle at the outbreak of the disease, viz., emaciation, staring coat, cough, and glazed condition of the eyes, he showed the ad-

vantage of an early examination of the respiratory mucus, which could be obtained by covering the animal's nostrils with a clean cloth and driving it up and down the stable yard.

The subsequent hypodermic injection of Koch's tuberculin was recommended in suspected cases, as, in the body of every animal in which this reagent had produced a marked reaction, during life tuberculosis was found to exist by post mortem examination.

During the afternoon of the 17th, the assembled sanitarians were taken in charge by Mayor Binkley and the Reception Committee, and treated to a most delightful drive, including the many points of interest that surround the town.

The officers of the Association for the ensuing year are: President, W. Chipman, C. E., Brockville; First Vice-President, F. Rae, M.D., Oshawa; Second Vice-President, A. Cameron, M.D., Owen Sound; Secretary-Treasurer, P. H. Bryce, M.D., Toronto.

The members of the Council are: Dr. Ferguson, Niagara Falls town; Dr. Coventry, Windsor; Dr. Howitt, Guelph; Dr. Hall, Chatham; A. McGill, M.A., Ottawa.

#### RESOLUTION OF THE MEDICAL PRACTITIONERS OF OTTAWA.

At a meeting, held this first day of August, 1892, of the Ottawa members of the Bathurst and Rideau Medical Association, which includes all the registered medical practitioners resident in the city of Ottawa, the following resolution was carried unanimously:—

*Resolved*,—That this meeting having been officially informed of the action of the Dominion Government whereby by Order in Council—"Every qualified medical practitioner whose name is registered in the Medical Register of the province in which he resides is appointed an authorized medical practitioner for the purpose of issuing medical certificates as required by The Civil Service Act." That they desire to express their full appreciation of the courtesy thus extended to the members of the medical profession throughout Canada; and they believe also that this course is in the interests of the members of the Civil Service, equitable towards the members of the medical profession

and equally protective to the interests of the Government, as compared with the former regulation of having only one authorized physician in each locality.

*Resolved*,—That this meeting is of the opinion that it would be well for the Government to adopt and have printed a form of blank medical certificate to be filled out by physicians giving such to Civil Servants who are ill and under their care.

*Resolved*,—That whilst the members of this Association desire to express the opinion that there is no body of men who would more readily condemn a physician for wilfully issuing an unwarranted and unworthy medical certificate than the members of the medical profession, and whilst they declare that such a physician would be deserving of the severest censure and his name should be erased by the Government from the list of authorized medical practitioners—yet, inasmuch as there are cases where the trained medical mind is enabled to discover slight symptoms of disease, indicating serious possibilities in the near future, where divulgence might thwart the chance of cure, together with the fact that the lines of professional secrecy are inelastic and demand invariably the most honourable observance, it would be but justice that before any physician's name is removed by Order in Council from the list of authorized medical practitioners under the Act, for reported irregularity, he should have the right extended to him of explanation and of defending his action.

*Resolved*,—That a copy of this resolution be sent to the Dominion Government, through the Honourable the Premier, Sir John J. Caldwell Abbott, and that a copy be also sent to all the medical journals in Canada.

A. F. ROGERS, M.D., *President*.

H. B. SMALL, M.D., *Secretary*.

IN Michigan they assess a dog \$1 for being a dog. In Tennessee they assess a man fifty cents for being a doctor. It costs half a dollar more to be a dog in Michigan than a doctor in Tennessee. Don't be a dog.—*Battle Creek Moon*.

HE FORGOT SOMETHING.—*Doctor*—I will leave you this medicine to take after each meal.

*Mike*—And will yez be koind enough to lave the meal, too, dochtor?—*Tid-Bits*.

## Correspondence.

*The Editors do not hold themselves in any way responsible for the views expressed by correspondents.*

### THE REORGANIZATION OF THE MEDICAL FACULTY OF UNIVERSITY OF TORONTO.

*To the Editor of the ONTARIO MEDICAL JOURNAL.*

SIR,—In the year 1887, the Toronto School of Medicine suspended active teaching, and became the Faculty of Medicine of the University of Toronto. Owing to the zeal and hard work of the members of the teaching staff of the said school of medicine, it had, at the time of confederation, become one of the foremost medical colleges in Canada. The attendance then was about 250 students, and the income about \$16,000 per session.

Thus each one of the staff of the Toronto School of Medicine had a vested interest and right in it as a going institution, yielding a large income as the results of the efforts individually and collectively of the said staff.

When the Toronto School of Medicine entered the University confederation and became its teaching Faculty, it was fully believed that the vested rights of all who had laboured so long and faithfully to build up the Toronto School of Medicine, would be fully respected and honourably rewarded.

After five years of the new arrangements, the term came round for an adjustment or reorganization of the Faculty. At this reorganization some members of the Faculty were dismissed with retiring allowances; some were dismissed with a status, but without a retiring allowance; one was dismissed without either status or retiring allowance; some were degraded in pay; some were promoted in pay and status; some were underpaid compared with others; and some of the ablest members of the staff received less pay than some of the youngest members. For these reasons it is to be hoped the senate will soon reconsider the action of the committee and senate of last spring, and do justice where justice was not done then.

1. In the case of Dr. W. W. Ogden, it is evident that injustice was done by breaking up his

department into two lectureships. By the report of the committee, Dr. Ogden was retired with the status of professor emeritus, but without any retiring allowance being granted. Now, it is clear, that these two actions of the committee and the senate were grossly unjust, viz., the dismissal without good cause or complaint: and second, that no retiring allowance has been granted. It ought to be remembered that Dr. Ogden has a financial interest in the original Toronto School of Medicine buildings.

2. Dr. M. H. Aikins, who, like Dr. W. W. Ogden, laboured efficiently on the Toronto School of Medicine staff for upwards of twelve years, and has also a financial interest in the said school, was by the same committee retired from the staff of the Medical Faculty, and the position he held given to another. Still further he has been relieved of his professorship without retiring allowance.

3. The case of Dr. J. Ferguson is specially aggravating. The injustice that has been done to him is pronounced and patent. He served in the Toronto School of Medicine for six years, and during that period gave an enormous amount of time, both winter and summer, to the advancement of the college. He has also served for five years on the staff of the University Medical Faculty. During these five years he has ever been diligent in seeking the good and welfare of the Faculty, and has always given a large amount of time, and that to a difficult part of the work. But he has been dismissed from the Faculty without either status or retiring allowance. His position has been given to another.

4. The question of a retiring allowance is specially important, as two, viz., Drs. H. H. Wright and James Thorburn have been granted such an allowance, whereas in the cases of Drs. W. W. Ogden, M. H. Aikins and J. Ferguson, who served for five years, no such allowance was granted. This is an unfair discrimination, that it is hoped every member of the senate will hasten to remedy, and wipe from the records a proceeding so glaringly partial to two, and unjust to three, of the staff.

5. The position of Dr. J. E. Graham is one of peculiar interest. It shows how unfairly the committee balanced their account of what had been done in the past, and how unfairly they estimated value for the future. Dr. J. E. Graham has

for a great many years been giving special instructions in dermatology. The committee have not considered the great value of these services, and in their report give no place for the teaching of dermatology. Should Dr. Graham continue to give such instruction in future, he must do it without recognition and without pay. There is another strange feature about Dr. Graham's case that applies also to some other members of the staff, and it is this, that his work is largely clinical. Now, by the report of this famous committee, it takes two hours of clinical work to equal one hour of didactic work. It would appear from this that Drs. Primrose, J. M. McCallum and John Caven who are amongst the young men on the staff, get as much for one hour's work as Dr. J. E. Graham does for two hours' work, while he has been connected with medical education for about twenty years. Judging by the report of the Committee on Medical Faculty, one might say of it, as Dan O'Connell said of Lord Brougham, "If he had only known a little about theology, he would have known something about everything."

6. Dr. A. H. Wright has been treated in a rather strange manner. The students who have passed through the school during the past twelve years will all remember how energetic and devoted he was to his duties as secretary. In spite of all this, however, he has lost his secretaryship, except a mere nominal part of it. Now, who has got his duties? They have been divided up between Drs. John Caven and A. Primrose.

7. In the cases of The Dean, Dr. W. T. Aikins, Drs. L. McFarlane, J. H. Richardson, and U. Ogden, it could be shown that they have been reduced in pay to the level of the junior members of the staff, and that, if they should give any clinics, they must put in two hours to be equal to one hour of even a junior member of the staff, who stands behind the desk and "talks."

8. Drs. O. Avison and H. Wilberforce Aikins have been treated with rank injustice. They were on the staff prior to either Drs. J. M. McCallum or A. Primrose, and yet they are accorded only lectureships good for three years only. They receive a low scale of pay also. In the case of Dr. J. M. McCallum, who had only been on the staff some two years, \$15 a lecture are paid, while in the cases of Drs. Avison and Wilberforce Aikins, only \$5 a

lecture are paid. Could anything smack more of favouritism?

9. The report is badly balanced in some other respects. On surgery and surgical subjects there are Drs. W. T. Aikins, I. H. Cameron, L. McFarlane, G. A. Peters, R. A. Reeve, G. R. McDonagh, G. H. Burnham and U. Ogden, involving an outlay of over \$4,000. On medicine there are only Drs. J. E. Graham, A. McPhedran and W. P. Caven, with an outlay of \$1,850. Surely any man who has been but one year in practice has learned that the number of medical cases far exceeds the number of surgical cases in any community!

10. It might further be noted that on the staff there are three specialists on the eye, ear, throat and nose. But no place has been found for dermatology, neurology, or orthopædics. A little more medicine, and less theology and law in the committee might possibly have caused the scales to assume a position more nearly the horizontal of just weights and measures.

11. While Drs. O. Avison, Wilberforce Aikins, W. P. Caven and B. Spencer, are called lecturers and receive the magnificent fee of \$5 a lecture, Drs. Cameron, Peters, McPhedran, J. Caven and A. Primrose are called professors, and receive \$15 a lecture. This looks very much like a case of "friends at court." As Dr. J. Caven has to give time, over and above mere lectures, it must be admitted that compared with others he is still underpaid. It may be mentioned for the benefit of medical men generally that there was an attempt in certain circles to have Dr. L. McFarlane dropped off the staff, but, fortunately, the effort failed, and brought to certain, overly ambitious persons "naught but grief and pain, for promised joys." It is well known that no other medical man did more to promote the organization of the Medical Faculty, and then to make it a success. He was to be rewarded, however, with time "to muse in solitude over his good works."

12. But the case of Dr. J. H. Richardson may astonish medical men most. It is well known to all that Dr. Richardson has lectured on anatomy for about thirty years. As an anatomist he can safely be said to be one of the finest living. Further, all who ever heard him, can recall the zeal and energy which he ever threw into his work. Yet

he was to go. It is now an open secret that his name was not to appear on the report of the committee; and, had it not been for the effort made for him, the outrage of leaving his name off might very probably have been accomplished. Had this been done to either Dr. Richardson or Dr. McFarlane, I opine there would have been such a storm of indignation as would have shaken the work of the committee to pieces in a remarkably short time. These gentlemen are too highly esteemed for their many friends to have stood idly by and seen them displaced, and for no better reason than that of giving their places to others who have not done a tithe of the work for medical education that these have performed.

13. It ought to be carefully noted that the amount standing to the credit of the Medical Faculty of accumulated surplus is \$6,842. A proportionate share of this was earned by Drs. W. W. Ogden, M. H. Aikins and J. Ferguson. This sum is set aside by the committee for contingent expenses, or retiring allowances that may have to be provided for, while not a dollar is awarded by the committee to the above gentlemen. It will thus appear that these three have really assisted to provide a sum that may be used in the future for retiring allowances to others, but do not receive any themselves. Of course I do not know what code of ethics the committee followed.

In a recent letter to the lay press, Dr. A. B. Macallum objected to the remarks that were made in the August number of the *ONTARIO MEDICAL JOURNAL*. He states that the article complained of "contains base insinuations even against the Committee on the Medical Faculty, which is composed of the Chancellor of the University, Honourable Edward Blake, Mr. Vice-Chancellor Mulock, Sir Daniel Wilson, the Hon. Chancellor Boyd, the Hon. Justice Falconbridge, Principal Sheraton, and others." Now, the editorial to which Dr. A. B. Macallum takes so much exception contains no "insinuations." It contained, on the contrary, the statement of a few facts which Dr. Macallum does not undertake to deny. To shout wolf, wolf, does not prove that there is a wolf, and Dr. Macallum will have to try some other method of convincing the public than stating the words, "base insinuations." In his letter he appeals to the presence of "Mr. Vice-

Chancellor Mulock" and others on the committee, but the report of a recent alumni meeting states that he was out as a candidate to oppose the policy of Vice Chancellor Mulock. This is refreshing to all who understand the first elements of logic. In this letter a few additional facts have been given, and Dr. Macallum may rest assured that the storehouse is not yet emptied. Dr. A. B. Macallum surely possesses sufficient knowledge of journalism to know that the editors of any journal have a perfect right to criticize any public question, and the Provincial University cannot hope to be exempted. Dr. Macallum obtained his M.B. in 1889, just three years ago! and is not a practising physician.

Dr. A. McPhedran has been promoted in the Faculty, and now receives \$750 a year, provided the earnings permit of such a sum being paid. In the present senate elections he has assumed the duties of chairman of the committee engineering the campaign of Drs. Cameron, Mullen, Reeve and Macallum. Some distinguished cerebriologist might be able to tell us what molecular movements have taken place to induce Dr. McPhedran to assume the chairmanship of this committee? Is he hoping for better terms still, if there should be returned to the senate four medical men whom he thus assisted? or is he only afraid that some day he may, like some others, lose what he has, and wishes to be as solid as possible in the inner circle? or, again, is he doing it all for the good of the University, believing that medical men are not capable of selecting their own candidates, and consequently much evil would come to the dear old University if he did not help guide the choosing of candidates? Or, is it just possible he may be anxious to keep some others off the senate, who, if there, would not be docile, or, to use a vulgarism, "they would be no good?" At all events, there is some motive, for the late T. H. Green, of Oxford, says, in his *Prolegomena to Ethics*, "An unmotivated action of the will is unthinkable," and this the late Prof. G. P. Young endorsed.

There is one thing that all are agreed upon, viz., that whatever rights a man has to be his own keeper, he has no right to set himself up to be the keeper of every one else. Now, during the present senate election there has been a good deal of this sort of thing. Because some are not able to see

things just as Drs. Macallum and McPhedran see them; it does not follow that the former are wrong. Unless the latter are infallible, they might be wrong. What has the elections, however, to do with the reorganization of the Medical Faculty? Just this, that immediately on the back of the reorganization, a very active, if not bitter election warfare is precipitated. If it cannot be said of the events in time, it can in temper, "post hoc, propter hoc."

MEDICAL BYSTANDER.

*To Editor of* ONTARIO MEDICAL JOURNAL.

SIR,—Will you kindly allow me space in the September number of the JOURNAL to correct an impression conveyed by the editorial in your last on Senate elections? As one of those actively supporting the four candidates to whom reference is made, permit me to say that we have no personal interest to serve in the matter. None of those who are supporting these candidates, so far as I know, is seeking or hopes for academic preferment from their election, nor do they fear any personal disadvantage from the election of others. No candidates could be supported from motives more disinterested. It is to be regretted that any charges should be made in a contest in which the only aim should be the interests of the University.

I may say further, that when Dr. R. A. Reeve consented to be a candidate, he stipulated that, if elected, he must be allowed to follow his own judgment as to what was for the best interests of the University, nor was there any intention on the part of his supporters to trammel or commit either him or any of the other candidates.

Yours respectfully,

A. MCPHEDRAN.

TORONTO, 27th August, 1892.

[We are aware that Dr. McPhedran has written to several members of the Council, and through them, has endeavoured to shape the policy of the JOURNAL. Dr. McPhedran may strive to influence or control the Senate elections, but he cannot control this JOURNAL, which will be conducted independently of cliques, and in the interests of the general profession.—ED.]

DR. ROLPH.

*To Editor* ONTARIO MEDICAL JOURNAL.

SIR,—On reading "The Medical Commentary" in your spicy journal, where the name of Rolph is mentioned, and as this is largely the day of monumental talking and building, the thought struck me that something should be done in this line to perpetuate the name of one who has done so much for the advancement of medical education in Canada, and especially in Ontario, as in the early days of the Province, he was the head of medical teaching in the two schools of medicine, viz., Toronto School (Rolph's), and the Medical Department, Victoria College (Yorkville). The graduates of both these could heartily unite in such a project to convey to posterity the brilliant teaching qualities of the late Hon. Dr. Rolph. A site could easily be selected that would be acceptable to all approving of the idea. A small subscription, say \$1.00 from each graduate of the schools mentioned, would, I believe, be ample to erect a suitable monument to his memory.

I am, your obedient servant,

D. GILLESPIE.

CANNINGTON, Sept. 2nd, 1892.

### Book Notices.

*Address of the Retiring President of the Association of Medical Superintendents of American Institutions for the Insane.* By DR. CLARK, M.D., Toronto, Ontario.

*The Diseases of Personality.* By THOS. RIBOT, Professor of Comparative and Experimental Psychology, at the College De France, and Editor of the *Revue Philosophique*. Authorized translation. Published by "The Open Court Publishing Company," Chicago.

*A Dictionary of Treatment, of Therapeutic Index, including Medical and Surgical Therapeutics.* By WM. WHITLA, M.D. Revised and adapted to the Pharmacopoeia of the United States. Philadelphia: Lec Brothers & Co., 1892.

The author of this work is Professor of Therapeutics in Queen's College, Belfast. He is a close clinical observer, a graceful writer and very much of a scholar, and he has given us in this book the benefit of his strong common sense and mature judgment. When the work was first undertaken it was the intention to compress it into 50 or 60



pages, but it gradually grew into a volume of nearly 1,000 pages. Surgical questions are treated for the most part briefly, but the writer has frequently expressed his own opinions formed during several years of practice. It is difficult to review a work of this complex character. We can and do, however, cordially recommend it for its practical and scientific excellence to all practitioners of medicine.

*Book on the Physician Himself, and Things that Concern his Reputation and Success.* By D. W. CATHELL, M.D. New Tenth Edition (Author's Last Revision). Thoroughly revised, enlarged, and rewritten. In one handsome royal octavo volume. 348 pages. Bound in extra cloth. Price, postpaid, \$2, net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

This book fills a long-felt want, and is invaluable to the younger members of the medical profession, indeed the older members will do well not only to read it, but to study it carefully. The book teems with sound, practical common sense remarks, from which we judge Dr. Cathell to be a clever and painstaking physician and a thoroughly conscientious man.

Throughout the whole book the author shows a wholesome contempt for all mean tricks, sham artifices, and petty inventions, so frequently practised by some medical men, for the purpose of gaining reputations. He reminds us that such reputations are very unstable, and are likely to be lost as quickly as they are gained. We take great pleasure in recommending this book to the medical profession, and in congratulating Dr. Cathell on his excellent production.

The book is published by F. A. Davis & Co., and is printed with large type on good paper, and can be obtained for the moderate price of \$2, post-paid.

**BROWN-SÉQUARD'S SOLUTIONS.**—In speaking of Prof. Brown-Séquad, it may be well to state that he sends his solutions gratuitously to any medical man who desires them, on the condition that he encloses his card and describes the cases he wants to treat: a second supply can be obtained, if desired, but in that case a detailed description of the result of the former injections must accompany the request. The address is: Prof. Brown-Séquad, Le Laboratoire de Médecine, 12 Rue Claude Bernard, Paris. The learned professor speaks English perfectly.—*The Medical Press.*

## Personals.

Dr. J. E. Graham has returned from Europe.

Dr. John Watson has started practice at Unionville.

Dr. G. B. Thompson has moved to Kent, Washington.

Dr. Miller, of Hamilton, spent his vacation at Grimsby Park.

Dr. Robinson, of Unionville, still continues in very poor health.

Dr. Forbes Godfrey has removed from Belgrave, having sold his practice.

Dr. J. J. Roach has been appointed resident physician to St. Michael's Hospital.

Dr. Geikie, the genial Dean of Trinity Medical School, looks well after his visit down by the sounding sea.

Dr. P. R. Shaver, of Stratford, and Dr. Herbert Griffin, of Hamilton, have returned after a very pleasant trip to England and the Continent.

Dr. G. A. Fere has resigned his position on the staff of Toronto University Medical Faculty and retired from practice to join the Jesuit order.

Dr. Allan, of Janetville, intends to leave for California in November, where he will join his brother. Dr. Nasmith has taken charge of his practice.

The following gentlemen have been appointed to the staff of the Women's Medical College: Dr. G. Gordon, sanitary science; Dr. F. Cane, mental diseases; Dr. Boyle, histology; and Dr. J. Gray, assistant lecturer in anatomy.

Dr. Howard Kelly, of Johns Hopkins University, Dr. Brice Goldsborough, of Cambridge, Maryland, and Dr. Sweetnam have just returned from a canoeing trip down the Maganetewan. We are glad to be able to state that Dr. Sweetnam has fully recovered from his recent illness.

We regret to announce that Dr. Byron E. Ghent, of Toronto, died suddenly in Helena, Montana, when on his way to visit his son who is practising in that state. The deceased gentleman was for many years engaged in the active duties of his profession in Priceville. For the past few years he lived in the east end of this city, where his circle of patients was rapidly extending.

### Miscellaneous.

THE OVER-SUPPLY OF DOCTORS.—The cry is still they come, and in increasing numbers. It will be noted with mixed feelings by the struggling practitioners who find it hard to get a living with their utmost efforts, and who have to content themselves with starting sixpenny dispensaries or attending clubs at 2s. a head, that the number of medical degrees conferred at the recent capping at Edinburgh University was the largest on record, including 202 Bachelors of Medicine, and 60 Doctors of Medicine. What hard struggles await many of these still happy and unconscious recruits in the fierce battle of life that lies before them!—*The British Medical Journal*.

ANOTHER BARRIER GONE!—The rule which renders women ineligible for election as members of the British Medical Association was one which though carried with enthusiasm in 1878, could not be defended with any pretence to logic. In view of the steady progress which the emancipation of women is making all along the line, its abrogation was obviously only a question of time, and that time has now come apparently, for at an extraordinary meeting held at Nottingham last week, the objectionable rule was expunged—that is to say, subject to ratification at the subsequent meeting to be held on the 24th inst. We do not sympathize to any great extent with the invasion of the profession by women doctors, but consistency is a virtue, and if we admit them to practise, it is unfair and oppressive to withhold the collateral advantages of the medical status. The time is approaching when the question of admitting women to the Fellowship of the medical societies will have to be discussed, and, judging from appearances, it will not be long hence.—*Med. Press*.

QUACKERY IN AFRICA.—“An agent in south-western Africa has written an account to Berlin of the present condition of quackery in that region. A year ago a foreigner went through the country carrying on his back a bag filled with plasters, wafers, and different concoctions, which he made out of anything that came at hand, and replenished

as they became exhausted. He advertised himself as much as possible, and received a most enthusiastic welcome from the natives. He remained only two or three weeks in one place, and took payment in cattle, which he drove with him from place to place. When he reappeared upon the coast he had a herd of about a thousand cattle. The German agent writes that the natives, after he had left the country, found out that they had been swindled, and that it would not now be safe for any dealer in medicines to travel through the district.”—*Boston Medical and Surgical Journal*.

WYETH'S COMPRESSED TABLET TRITURATES.—Combining absolute accuracy of dose, convenience in administration, speedy disintegration, and consequent rapid absorption, thereby insuring the most effective results. The triturates are absolutely exact, and will keep indefinitely with little or no danger of loss; they can be readily swallowed with a mouthful of water; or, if smaller doses be required for infants, the tablets can be reduced to a fine powder, by simply crushing with a knife or the thumb nail. By “triturates” are meant the preparations made, not only by carrying the subdivisions to the utmost extent, but by varying the doses to the lowest limits of physiological power. It has always been known that the size of the dose affected the degree, and to some extent, the character of the action. Since the physiological study of medicine has been introduced, the real nature of the difference in the effects of small and large doses has been clearly demonstrated, for the most important of the remedies in use. Again, it is to be noticed that small doses, frequently repeated, may accomplish better results than large doses at long intervals. Such differences in the therapeutical effects have been observed in the administration of opium, aconite, veratum viride, calomel and others. The extent to which reduction in the dose may be carried, compatible with ascertainable effects, has been the subject of scientific investigation, and exact data have been obtained. By the precise methods of chemistry and the spectroscope, it has been ascertained that no dilution beyond the sixth and seventh decimal contains demonstrable portions of any medicaments. As these dilutions contain quantities so infinitely minute as to be entirely without action, physiological or curative, it

is needless to express the folly of attempts to carry subdivision so far. As it is quite foreign to their purpose to go beyond the region of demonstrable fact, their triturates will be found to contain all the dilutions capable of real effects up to the limit of physiological and therapeutical power.

**MEDICAL TEMPERANCE IN EUROPE.**—It is admitted by professional men that, in the struggle to check inebriety, which has so largely occupied the most cultured intellects on the Continent of Europe, very little has been done in the advocacy of practical abstinence. The prevailing idea, it is alleged, even among members of the medical profession there, has been that the increase of insanity and of other evils from drinking has arisen from the heavier alcohols, and that pure, unsophisticated spirits, wines, and beers, are really temperance beverages. That a new departure is being made in this respect by members of the medical profession is evident from the fact that such men as Professor Forel, of Zurich; Professor Bunge, of Basle; and Dr. Wilhelm Bode, of Dresden, have established and are vigorously supporting total-abstinence societies in those cities.—*Times and Register.*

**SYPHILIS IN NINEVEH AND BABYLON.**—In *Le Progres Medical* for July 16th there is a *resume* of a brochure by F. Buret on an interesting legend that a scribe of Sardanapalus had engraved in cuneiform characters on a brick that is now in the British museum. Istar, the goddess of illicit love, fertility, and war, the mother of the gods and of men, seduced by the lustiness of Nimrod, had solicited that hero to take her as his wife. He ungallantly refused and continued to hunt in the woods with his comrade, Eabani, a male himself, for he also could uninterruptedly employ six days and seven nights in amusing himself with the *la lu* of his sweetheart. Outraged and indignant, Istar demanded that her father, Anu, should send the sacred bull against this rebel. But Eabani had no fear of ferocious beasts, and, seizing the bull's penis, threw it at the goddess's face. Istar's fury made all the planetary system tremble, and after twelve days of struggling, Eabani was struck by death. Nimrod was afflicted with a loathsome leprosy that made his hair fall out, and his body was covered with

scaly patches, and there were pustules on the phallus that was adored at Babylon. He descended into hell and was purified by the fountain of life. The author has given in a former work what he considers proof of the existence of syphilis among the ancients; and he finds in this legend of the punishment of Nimrod confirmation of all that he has written on the subject.—*N. Y. Medical Journal.*

**PROPOSED INTERNATIONAL MEMORIAL OF SEMMELWEIS.** At the invitation of Sir Spencer Wells a preliminary meeting was held at his house on July 25, to consider a proposal to erect in Buda-Pesth a memorial statue to commemorate the work of a man who may be justly called the Father of Antiseptic Midwifery. It was Semmelweis, as well known, who first demonstrated the true cause of puerperal fever. By the practical application of his teaching on the subject, the mortality of parturient women in the Vienna Lying-in Hospital was reduced from more than 16 per cent. to 1.27 per cent. in less than two years. In the words of Hebra, in 1849, "The importance of his work for the maternity department and for hospitals in general, but particularly for the surgical wards, is beyond calculation, and not only worthy of consideration by all men of science, but of special appreciation by the Government." Nothing has been done since the death of Semmelweis, in 1865, to perpetuate the memory of so great a benefactor of the human race. By the desire of the Central Committee in Buda-Pesth, Sir Spencer Wells has inaugurated a movement here, and it has been decided to call a meeting, in London, towards the end of October, when various proposals may be fully discussed.—*British Medical Journal.*

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### Births, Marriages, Deaths.

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#### BIRTH.

**MACKAY.**—At 314 Brunswick Avenue, on August 20th, the wife of Dr. Wm. MacKay, of a son.

#### DEATH.

**VERNER.**—At 216 Wilton Avenue, on Sunday morning, Sept. 4th, Irene May, the beloved daughter of Dr. and Mrs. T. Verner, aged 10 months.