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### Original Communications.

#### SOME SUCCESSES AND FAILURES WITH ELECTRICITY IN GYNÆCOLOGY.

BY A. LAPHORN SMITH, B.A., M.D.,  
M.R.C.S. ENGLAND,

*Fellow of the American Gynecological Society, Fellow of the American Electro-Therapeutic Association.*

My experience with electricity in gynecology has been limited to :

- 1st. Positive Galvano Punctures.
- 2nd. Negative Galvano Punctures.
- 3rd. Positive Intra-uterine Applications of Galvanism.
- 4th. Negative Intra-uterine Applications of Galvanism.
- 5th. Sacro-abdominal Applications of Galvanism.
- 6th. Vagino-abdominal Applications of Galvanism.
- 7th. Intra-uterine Bipolar Fine-wire Faradism.
- 8th. Vaginal Bipolar Fine-wire Faradism.

9th. Intra-uterine Coarse-wire Bipolar Faradism.

10th. Vaginal Bipolar Coarse-wire Faradism.

11th. Vagino - abdominal Coarse-wire Faradism.

*Positive Galvano Punctures.*—I have had one very marked success with positive galvano puncture in a case of enormous uterine polypus, in a patient who was so exhausted with hemorrhage that no surgeon would dare to give her an anæsthetic in order to remove the polypus, which was the size of a seven months' fœtal head, and nearly filled the pelvis. Half-a-dozen positive galvano punctures were made into the tumor as a palliative measure, with the result that the hemorrhage and profuse watery discharge were stopped, and the patient improved so much in health that she would not entertain the proposal to remove the tumor, apparently suffering no inconvenience from it. I followed her up for about a year, since which I have lost track of her. Although I employed currents of 150 m., the treatment was absolutely devoid of pain.

On the whole, I am opposed to galvano

puncture, having lost one case through an error of diagnosis and neglect of strict antiseptic precautions, and having, in another, caused a good deal of suffering without proportionate results. My chief objection to it, however, is that it almost surely causes adhesions which, in case of the necessity ever arising for removal of the uterus, would greatly increase the difficulties of the operation. A minor but still important objection to punctures is that they frighten the patient away from continuing the treatment. I have to record one complete failure with negative galvanic punctures to relieve the pain of an impacted non-bleeding fibroid. The death above referred to is the only fatal or even dangerous accident I have had since I first began the use of galvanism.

With positive intra-uterine applications, on the contrary, my success has been almost invariable. I have employed them in rapidly-growing bleeding fibroids, in subinvolution, in *fungous endometritis*, and in *menorrhagia* from other causes, the disease having been arrested in about ninety per cent. of the cases. Success has been due to attention to the following points: Correct diagnosis; the introduction of a solid or flexible sound the whole depth of the uterus; the employment of a sufficient current strength to furnish at least twenty-five milliamperes to each square centimetre of surface of the sound, and the rigorous following out of the aseptic and all the minor details of the method as laid down by Apostoli. One of my failures (Miss B.) to arrest hemorrhage with positive intra-uterine applications of galvanism was due to the eating into a small uterine sinus with the end of the electrode, which, at that time, I was not in the habit of taking the precaution of insulating with a little wax.

This case would have been a complete success had it not been for this accident, but owing to the slight hemorrhage lasting

however two weeks I was led to class it as a failure, and the uterus was removed, the patient making a good recovery and now enjoying good health.

It is interesting to note that although she received over fifty strong applications with the clay electrode on the abdomen, there was not found the slightest sign of an adhesion anywhere, except at a small spot at the back of the uterus where the latter had been rubbing on the brim of the pelvis.

Another failure, Miss S., was due to the condition of the appendages which prevented me from giving adequate doses. By the aid of a little anæsthetic occasionally I was able to give her one hundred applications lasting each from seven to ten minutes and of an average strength of one hundred milliamperes. The tumor was reduced in size one-fourth, the hemorrhage was reduced fully three-fourths, and the patient regained her color. But her home being a thousand miles away, and as she feared that the hemorrhage might return when she would not be able to return for treatment, she urged me to perform hysterectomy, which I told her was the only absolutely certain treatment that would prevent hemorrhage returning. At the operation there was not a sign of an adhesion anywhere after one hundred applications of galvanism, some of the doses going as high as one hundred and seventy-five milliamperes. She made a rapid recovery, and is now in excellent health, performing her duties as principal of a high school where there are six hundred girls. So far from the treatment with electricity making the operation more difficult and complicating it with adhesions, I feel convinced that it had placed her in a much better position for undergoing it. I certainly should have dreaded undertaking the operation while she was in the exsanguinated condition which she presented when she first came under my

care. If she had resided in this city or anywhere where she could have reached me and received further treatment in case of a return of the bleeding she would not have required to have undergone the operation at all.

In another case of failure with the positive pole, Miss S., in the uterus, the patient had been sent to me with a diagnosis of fibroid, which had been made and confirmed by several leading surgeons. The tumor at first diminished in size, and the patient's general health was much improved, but after a time it suddenly began to grow again, when I sent her to the hospital for operation, at which I was present. The tumor proved to be a sarcoma of the ovary into a depression in which the uterus was imbedded, rendering it difficult to differentiate the one from the other by digital examination.

A brilliant success, however, was a Mrs. P., who had bled so much that as a last resort a leading gynæcologist in the city had packed her in ice. I kept her tamponed with alum tampons for a few days until I could improve her enough to be carried to my office. The introduction of a soft bougie to measure the depth of the uterus caused the blood to pour out on to the floor of my office before I had time to catch it. Her skin was waxy and absolutely colorless. After twenty or twenty-five applications her periods became perfectly normal, and have remained so for several years. I took the trouble to hunt her up a few months ago to present her to the medical society, and found that she had been in perfect health ever since, suffering no inconvenience whatever from the tumor which had been reduced fully a third. This woman would surely have died whether she had been operated or left alone; in fact, no one would have dared to operate on her in the almost pulseless condition in which I first saw her.

Another brilliant success was Mrs. S., an artist by profession, who had almost become a hopeless invalid, but who after only fifteen applications of galvanism was restored to almost perfect health, and has not lost a day from her work since. The tumor was reduced a third in size, and she suffers no inconvenience from it whatever. It is now three years since the last application, and she has had no relapse. Another successful result from the positive pole in the uterus was Miss A., chambermaid in the Windsor hotel, who was about to abandon her occupation when she came under my care, but after fifteen applications was able to resume her work, and has been well ever since—now two years ago.

Mrs. X., wife of a physician in this city, used to bleed so severely that she had to pass a week out of every month in bed, with her feet raised and her head low, and even then she would faint repeatedly; after ten applications she was so much improved that she was no longer obliged to remain in bed at all. I subsequently curetted the uterus and repaired lacerated cervix and perineum, and now she is enjoying very fair health.

Miss A. was sent to me from Scranton, Penn. She was an expert stenographer, but was unable to keep a situation because for ten days in every month she had to remain in bed. If she attempted to remain up, large clots would come away, so that she would have to stand in the office over a newspaper and allow them to fall on it, besides which she would saturate a dozen napkins a day with the serum. After one hundred applications, her periods came down to 3 days, and she is now married.

Mrs. P. from a distant city had to be carried into my office, but was able to walk a distance of two miles after having received ten applications. She received in all fifty applications, the last one three years ago, but she has remained well ever since.

One of my most recent successes is Mrs. F. of this city, who was effected with severe hemorrhages, and who after about twenty applications was relieved of all her symptoms. There has not been any return of the hemorrhage since leaving off the treatment three months ago.

Two cases which were sent to me as bleeding fibroids were not cured by electricity, as they subsequently proved to be one sarcoma and the other epithelioma of the uterus.

In both, however, the hemorrhage was arrested, although one has since died and the other will soon die.

All the cases so far mentioned with the exception of the last two of cancer were cases of bleeding fibroid tumors of the uterus, and they were all in women under forty years of age. They were all treated with positive intra-uterine applications.

In another case of a woman, Mrs. N., who had been bleeding steadily for a year, and who had also a bad lacerated cervix, there seemed no doubt about the cancerous nature of the disease. Her hemorrhage was permanently arrested by only half a dozen applications of the positive pole. My success in this case led me to entertain the hope that we had at our hand a cure for uterine cancer, but in another case far advanced the treatment proved an utter failure. If it is to be of any use the cases must be seen early.

Besides these fifteen cases I have treated about forty-five cases with the positive intra-uterine pole, for other conditions, principally for fungous endometritis, endometritis with hemorrhage at the periods, but also in cases of subinvolution. Of these forty-five cases I can only recollect two failures to arrest the hemorrhage. In every case the depth of the uterus was diminished. There has been no failure to produce this result. In one case the effect was especially gratifying, an old lady with her womb lacerated, large and heavy,

hanging between her legs, to whom I administered about half a dozen positive applications followed by coarse wire faradism. The womb became reduced to its normal weight so that a little toning up of the supports rendered them able to keep the organ within her body, where it remained till her death, two years later, from apoplexy.

The following cases were treated with negative intra-uterine galvanism, and gave me some of my most brilliant results.

Miss W., who had suffered agony for several years from pressure on the urethra and rectum, and was obliged in consequence to abandon her occupation as cook in a gentleman's family, was completely cured four years ago by about twenty applications, so that she was able to start and carry on successfully a large boarding house for which she now does both the cooking and the catering. The last time I examined her the tumor could not be felt.

Mrs. D., from a town near here, had suffered for eight years from pressure symptoms, but not from bleeding from a large interstitial fibroid. Her health had been completely broken down by the large quantities of morphine which her suffering necessitated. One hundred applications cured her, so that two years afterwards her physician wrote to me that the tumor had entirely disappeared. Although it is now over four years since her treatment, menstruation is regular and painless, and she continues in excellent health.

Miss McP. suffered so much from pressure symptoms that she was obliged to give up her situation as cook. Her tumor was growing rapidly. After about twenty applications the growth was arrested, and she felt so well that she entered the writer's service, where she has ever since, now five years, performed her duties without interruption.

Mrs. D. from Holyoke had a large submucous fibroid which was growing rapidly.

After the first application there was no increase, while after the tenth there was so much diminution in the size of her waist that she decided that she was cured, and started for home. She was taken with severe expulsive pains on the train, and soon after reaching home she gave birth to a broken down fibroid about the size of a seven months child's head. Since which she has enjoyed good health.

In half-a-dozen other cases of fibroid the pains and pressure symptoms were fairly well relieved by negative applications.

In the treatment of dysmenorrhœa I have had some very gratifying results, so that I can say that I know of no treatment except removal of the appendages, which can offer such good prospects of relief. Since reporting nine cases of dysmenorrhœa cured by negative galvanism, I have added half-a-dozen more to the list, while only one has utterly failed to be relieved, and one relapsed until she received two more applications, since which she has remained well.

With sacro-abdominal application of galvanism I have not had any marked success, although I have only given it a limited trial. With vagino-abdominal applications, I have seen the tender enlarged and prolapsed ovaries become lighter, painless, and to disappear from Douglas' *cul de sac*. I have also, on three occasions, seen the uterus, which was previously bound down and retroverted, become movable. While I can hardly believe that organized bands of adhesions can be dissolved, or, in the words of the electro-therapeutical poet, "Melt away like snow before the summer sun," I can believe that such a powerful alterative may so improve the circulation in the lymphatics that soft or liquid exudations may be re-absorbed.

With bipolar fine-wire faradism, I have treated at least fifty cases, principally of inter-menstrual pain, due to neuralgia of the uterus and ovaries, and of varicocele of the

pampinniform plexus. I have sometimes used it in some of the above-mentioned cases of fibroid in order to establish tolerance for the galvanic current. For any kind of pain in the pelvis, in which no organic disease of the uterus or appendages could be felt by careful bimanual examination I have found bipolar faradism invaluable.

Where it has failed to relieve, subsequent operation has revealed undiagnosed pus in the pelvis, for which, of course, there is only one treatment, and that is, evacuation. I have sometimes used it in the uterus, but most often in the vagina, which seems to me much safer and almost as effectual.

With coarse wire faradism I have also had very satisfactory results in cases of retroflexion due to atony of the uterus and also in cases of prolapsus. In one case of procidentia of a very advanced type it failed to keep the uterus up; but in at least a dozen other cases of more moderate degree in which the uterus was not much enlarged, a few applications of coarse wire faradism toned up the relaxed vagina and perineal muscles, especially the levator ani that the women have declared that they were greatly relieved, and some of them have even returned each succeeding summer during the hot weather to have their pelvic contents toned up. The subinvolted uterus like the uterus at the end of pregnancy responds very readily to the faradic stimulus, and anyone who has employed coarse wire bipolar faradism in the vagina cannot have failed to notice how the electrode is grasped by the sphincter of the vulva and drawn up by the levator ani.

Vagino-abdominal coarse wire faradism I have used several times with the view of shortening the round ligaments, as it has been demonstrated that the freshly removed round muscle will when stimulated by the faradic current lift a weight of a pound and a half off the table. But the

result was too slow in coming, so that I was tempted to perform Alexander's operation instead.

As this paper is entitled some successes and failures with electricity in gynæcology, I have not given a very detailed account of every case. It is rather a general stock-taking after nearly five years experience with it.

As far as I know, the harm I have done with it has been limited to one death and two miscarriages all due to mistakes in diagnosis. I believe that I have saved at least twenty women from operation and three or four from death, while I am absolutely positive, certain electrophobists to the contrary notwithstanding, that in those whom I treated with electricity but whom I did not save from operation, the operation was in no way rendered more difficult thereby, but in all probability their chances were improved, all of them having made easy recoveries.

I think it is unjust and unfair for my friend Dr. Joseph Price and others to lay all the blame of adhesions on electricity when they know as well as I do that these complications are met with in cases which have never been touched with electricity, while on the contrary they know that cases which have been treated for a year with electricity were found at the operation to be absolutely free from adhesions.

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## Society Proceedings.

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### AMERICAN ELECTRO THERAPEUTIC ASSOCIATION.

*New York October 4, 1892.*

#### EXECUTIVE SESSION.

The meeting was called to order at 10.30 A. M., by the President Dr. W. J. MORTON in the Chair. In the absence of the Secretary, Dr. HURCHINSON acted as Secretary *pro tem*. The first business was election of new members.

The following names having been recom-

mended by the Executive Council for membership, were balloted for and declared elected Fellows of the Association.

Dr. Floyd S. Crego, Detroit, Michigan; Dr. H. H. Hahn, Youngstown, Ohio; Dr. A. G. Henry, Cortland, New York; Dr. Thos. W. Poole Lindsay, Ontario, Canada, Dr. W. J. Herdman, Ann Harbor, Michigan; Dr. D. S. Campbell, Detroit, Michigan; Dr. Emil Heuel, 252 Willis avenue, New York; Dr. Wm. Davis, Omaha, Nebraska; Dr. J. T. Harvey, Boston, Massachusetts; Dr. C. W. Martin, Topeka, Nebraska; Dr. E. B. Sangree, 744 South Fifteenth Street, Philadelphia; Dr. G. M. Hammond, 58 West Forty fifth street, New York; Dr. Robert L. Watkins, 325 West One Hundred and Forty-fifth street, New York; Dr. George T. Hulbert, St. Louis, Missouri; Dr. Lucy M. Hall Brown, 134 Montague street, Brooklyn; D. Charles R. Dickson, 161 Victoria street, Toronto, Canada; Dr. Howard Smith, Surgeon United States Navy, retired; Dr. F. Schavoit, 8 Atlantic street, Stamford, Connecticut; Dr. Ernest Wende, 174 Franklin street, Buffalo, New York; Dr. O. S. Phelps, 143 West One Hundred and Thirty-first street, New York; Dr. S. T. Anderson, Bloomington, Illinois; Dr. Spencer M. Free, Dubois, Pennsylvania; Dr. F. Semeleder, Mexico; Dr. J. Mount Bleyer, 118 East Sixteenth street, New York; Dr. Willis E. Ford, 266 Genesee street, Utica, New York; Dr. A. E. Percy, Providence, Rhode Island; Dr. D. J. Neylan, Bristol, Rhode Island; Dr. F. H. Wallace, Boston, Massachusetts; Dr. W. T. Bishop, Harrisburg, Pennsylvania; Dr. Holford Walker, 56 Isabella street, Toronto, Canada.

Likewise as Honorary Member. — Dr. W. Bruce Clarke, M.A., M.B., F.R.C.S., 46 Harley street, Cavendish Square, West London, England.

The Executive Session then closed, and the Association went into General Session. President W. J. Morton delivered his address, entitled "Electricity and Medical Art and Science," which was received with applause.

Reports of Committees were then called for. Report of Committee on Standard Coils. No report having been received from the entire committee, owing to lack of time, the President called for individual members of the committee.

DR. GOLET remarked that the difficulties in the way of proper coils were very great, owing, for one point to the great expense of winding coils useful for gynecology, neurology, etc. Two firms have done well in giving assistance, the Galvano Faradic Manufacturing Company, of New York, and Chloride of Silver Battery Company.

DR. HUTCHINSON reported progress in this line, speaking of what has been done.

DR. MORTON remarked that, in his opinion, it will be better to have the services of a prac-

tical electrical engineer added to the committee, and suggested the name of Mr. Kennelly, Chief Electrician of the Edison Laboratory.

DR. MASSEY remarked that his studies had been in the line of the primary current—in the way of contracting of muscle, that such current will contract a soft myoma to a certainty—that different coils produce different results.

DR. MORTON reporting as an individual member of the committee, pointed out the difficulties the committee had to contend with if the mere question of frequency of interruptions alone were to be considered, since variations per second from about 20 to about 5,000 produced muscular contractions and effects upon sensory nerves. The electrical engineers had found the subject of transformers a very abstract one, and he thought another year would be none too much time for the committee to devote to the subject.

It was resolved that Mr. Kennelly be added to the committee.

Report of Committee on Arrangements: DR. GOELET of the committee, expressed his regrets that Dr. Newman was ill, and therefore unable to be present to explain the program. Read an invitation from Metropolitan Telephone Co. to visit their rooms, and announced that the Electric Club had tendered the privileges of the club house for two weeks to members of the Association, and also had invited the members to a social reunion at the Club this evening.

The reading of papers was then begun.

*Tuesday, October 4, 1892.*

Afternoon session—Meeting called to order at 3 P.M. The President, Dr. W. J. Morton, in the Chair. The Secretary being absent, Dr. Charles R. Dickson, of Toronto, Canada, at the request of the President, acted as Secretary *pro tem.* for the balance of the sessions.

DR. HUTCHISON exhibited his singing rheotome constructed of a ribbon of phosphor bronze, the pitch of which can be readily raised or lowered. All pain takes the same pitch, but resistance has to be largely taken into consideration. In sciatica he used C major and found it best.

MR. CARTY: The quality of the material of construction enters very largely into the effect to be produced irrespective of the speed of vibration.

DR. GOELET agrees with Dr. Carty, and thinks there is a difference due to the quality of the iron in the coil.

DR. KELLOGG asked Mr. Carty: "Do the vibrations of the rheotome correspond with the movements of the current?" but Mr. Carty replied "No." Dr. Kellogg said that by making his instruments revolve very rapidly he can measure very rapid alterations.

DR. GOELET thought Dr. Hutchinson did right to call attention to the difference in the resistances encountered in different classes of medical work. He did not think the electrical engineers exactly understand our position. They have to deal with definite known resistances which are comparatively low, while the resistances encountered in medical work vary greatly, and are usually enormous by comparison. Their estimate of the induced current (or what we know as the faradic) is based upon its character while traversing a wire with little or no resistance; therefore, they regard it as an alternating current. The make and break currents are equally appreciable through a low resistance, such as a wire, but when applied to the resistances of the human body, the make current is so feeble that as it possesses so little electro-motive force that it is inappreciable, and only the break current, which is computed to be thirteen times stronger, exerts an appreciable effect. Then, too, he does not believe they appreciate fully the stress we lay upon the variation of the tension and volume of the different currents derived from coils of different size and length of wire. To do so, it would be necessary to understand the different conditions we have to deal with. The current of tension or higher electro-motive force is used for the relief of pain, and the current of volume, or lower electro motive force, for muscles stimulation. These qualities of the two currents are, of course, more manifest in gynecological work where both poles are applied to a moist mucous surface which offers less resistance to the penetration of the current than the outside or skin surface.

DR. NUNN has been working along the same lines, and thinks the ribbon vibrator a grand discovery. He thinks the plan is an internal percussion of the nerve interfering with its vibrations, besides this we get the effect of the current between the percussions.

MR. CARTY.—Take the terminals of your apparatus; attach small metal plates; bring them together, and they will attract each other, and will produce the percussion alluded to. He thinks that if this is done with plates, a tone is given out, and this would furnish a testing instrument.

DR. HERDMAN.—May not all this be explained on purely mechanical grounds?

DR. DICKSON.—Electricity is only *one* of the forms of motion in matter; sound is another, and sound is made use of in treating some of the diseases of the ear by means of the phonograph, its action being mechanical.

DR. MORTON, replying to Dr. Herdman as to vibratory treatment, alluded to recent papers in the *Electrical Engineer* and *Progrès Médical*.

DR. CAMPBELL asked if complete anæsthesia could be produced,



DR. HUTCHINSON.—The human body is varying all the time. We have also to deal with vital force, of which we know absolutely nothing. We may not get the same number of vibrations at one end of the machine—the rheotome—that we get at the other, but if we relieve pain we should be satisfied. Our duty to our patients is the paramount one. As to the different resistances of some, they differ much, and they are impossible of measurement; they vary from second to seconds. A certain effect is produced, but how, he does not know and does not care. Had we to deal with inert matter like the physicists, we could be more exact, but we deal with life. He eliminated the element of "sound" cure. Anaesthesia, local only, is produced with the utmost ease, from one to one and a half inches around the electrode as well as under it, but no further.

The President announced that as there was so much to take up the time of the Association, he would not hold his proposed clinic, but that the whole afternoon would be devoted to papers and discussions.

The meeting then adjourned.

Afternoon session.—Called to order by the President in the Chair.

DR. GOELET read the announcements of the Committee of Arrangements. A reception by the resident members of the City of New York to the members of the Association, their ladies and invited guests, would be held this evening in the Academy.

A letter from Dr. Schavoir was read, inviting the members and their ladies to visit his Sanitarium at Stamford. Come on Friday, at 11 A.M.

*Wednesday, October 5, 1892.*

Evening session.—Executive session for the election of Officers.

Meeting called to order at 9 P.M. President Morton in the Chair.

The President, in accordance with the suggestion made by Dr. Herdman in the morning, reported and submitted the following names for committees, all of whom were elected:

Committee on Standard Static Machine: Dr. J. H. Kellogg, Dr. M. A. Cleaves, Dr. G. B. Massey.

Committee on Standard Constant Current Generators and Controllers: Dr. W. J. Herdman, Dr. F. Peterson, Dr. R. Newman.

Committee on Standard Electrodes: Dr. A. Laphorn Smith, Dr. R. J. Nunn, Dr. C. R. Dickson.

To the Committee on Standard Coils, at present consisting of Dr. W. J. Morton, Dr. A. H. Goelet, Dr. G. B. Massey, Dr. W. F. Hutchinson, he would add Mr. A. E. Kennelly.

The Committee on Standard Meters as at present, consisting of Dr. W. Adams, Dr. H. E. Hayd, Dr. W. F. Robinson.

The members above mentioned were then

elected to serve on their respective committees for one year, and report at the next annual meeting.

On motion of Dr. Herdman, seconded by Dr. Nunn, it was

*Resolved*, That Dr. Morton be Chairman of Committee on Static Machines.

The following officers were then elected for next annual meeting:

President, Dr. August M. H. Goelet, of New York; First Vice-President, Dr. Wm. F. Hutchinson, of Providence, R. I.; Second Vice-President, Dr. W. J. Herdman, of Ann Arbor, Michigan; Secretary, Dr. W. A. Cleaves, of New York; Treasurer, Dr. R. J. Nunn, of Savannah, Ga.; Executive Committee: Dr. W. J. Morton, of New York; Dr. G. Betton Massey, of Philadelphia, Pa.; Dr. Robert Newman, of New York; Dr. Charles R. Dickson, of Toronto, Canada; Dr. J. H. Kellogg, of Battle Creek, Michigan.

On motion of Dr. Nunn, seconded by Dr. Bishop,

*Resolved*, That the Secretary report funds in hand to the Treasurer.

On motion of Dr. Hutchinson, it was

*Resolved*, That this Association meet in Philadelphia on the Tuesday following the meeting of the Pan-American Medical Congress, namely, 12th of September, 1893.

On motion of Dr. Hutchinson, seconded by Dr. Nunn,

*Resolved*, That the Secretary of the American Electro-Therapeutic Association be directed to communicate with the Secretary-General of the Pan-American Medical Congress, Dr. C. A. L. Reed, 311 Elm street, Cincinnati, Ohio, requesting him to add to his circular of information the fact that the date of the meeting of this Society has been fixed for the week succeeding the meeting of the Congress in Washington.

On motion of Dr. Hutchinson,

*Resolved*, That Committee of Arrangements for the Philadelphia meeting consist of Dr. G. B. Massey, Dr. M. J. Grier, and Dr. H. R. Bigelow.

Dr. Morton gave notice of motion to present an Amendment to Article III of Constitution, to read thus: "The members of this Association shall consist of Ordinary Fellows, Honorary Fellows, and Corresponding Fellows, who shall be either practitioners of medicine in good standing or electrical experts."

The Executive Session then adjourned to meet again Thursday at 10 A.M., and the visiting members, their ladies and invited guests enjoyed the hospitality of the members of the Association resident in the city of New York in the form of a lecture, private exhibition, reception, and collation at the Academy. A most interesting and instructive lecture on the phonograph and microphonograph, with illustrations and demonstrations, was given by Dr. J.

Mount Bleyer and Lieutenant Gianni Bettini. After the lecture the guests were treated to a number of very beautiful, and also several most amusing, selections on these two instruments of precision, while the medical portion of the audience was afforded an opportunity of listening to heart and chest sounds. When all these and the magnificent display of electrical instruments in an adjoining room had received ample attention, the guests descended to the handsome parlors of the Academy, where, to the strains of choice music furnished by a detachment of Prof. F. Eben's Seventy-first Regiment Band, an elegant banquet was served, during the course of which the retiring President, Dr. W. J. Morton, vainly endeavored to embarrass celebrities present by calling on them for impromptu responses to toasts in a most informal manner and when least expected. The entertainment came to a close at a late hour, the unanimous expression being that a most enjoyable evening, both scientifically and socially, had been spent.

*Thursday, October 6, 1892.*

Vice-President Augustin H. Goelet, M.D., in the Chair, called Association to order at 10 A.M.

The Association went into Executive Session.

On motion of Dr. Hutchinson, seconded by Dr. Massey, it was

*Resolved*, That the Secretary be empowered to employ an assistant at the next annual meeting.

On motion of Dr. Bishop, seconded by Dr. Nunn, it was

*Resolved*, That the Executive Committee be instructed to publish the proceedings of the preliminary and first annual meeting, together with the proceedings of this present meeting, all papers, proceedings, etc., to be included; a perfect history is intended to be published in book form, each member to receive a copy.

On motion of Dr. Massey, seconded by Dr. Nunn, it was

*Resolved*, That a vote of thanks be tendered the resident members of this Association for courtesies extended.

On motion of Dr. Massey, seconded by Dr. von Raitz, it was

*Resolved*, That a vote of thanks be tendered the Council of the New York Academy of Medicine for the use of its building; also to the New York Electrical Club, Mr. Thomas A. Edison, and all others who have extended courtesies.

On motion of Dr. Massey, seconded by Dr. Nunn, it was

*Resolved*, That a vote of thanks be tendered those who, being unable to attend, have sent valuable papers to be read at these meetings; also, the electrical experts, who, by their attendance, papers and discussions, have contributed so largely to make the meetings such

a grand success, and that the Secretary be instructed to convey to each the thanks of the Association.

The Executive Meeting adjourned, and the Association went into General Session at 10.45 A.M.

*Thursday, October 6, 1892.*

Vice-President A. H. Goelet, M.D., in the Chair. Association went into general session at 10.45 A.M.

At the conclusion of the reading, on motion of Dr. Hutchinson, it was

*Resolved*, That a committee be appointed to investigate the statistics submitted by Dr. Newman, and report upon their authenticity and completeness.

On motion of Dr. Nunn, it was

*Resolved*, That the discussion on the paper be deferred till the evening session—it to be the first order of business.

As there were other papers to come before the Association before its labors could be concluded, it was

*Resolved*, That the Association assemble at 8 P.M., in regular session.

The Association then adjourned to accept of the kind invitation of Mr. Thomas A. Edison, to visit his laboratory at Llewellyn, N. J.

After a trip across the ferry from West 23rd street, at 1.25 P.M., and a short run by rail, the party, consisting of members and their ladies, arrived at the laboratory, Mr. Smiles, of the Edison Manufacturing Co., kindly acting the part of guide throughout the trip. In the absence of Mr. Edison, his guests were received by Mr. A. E. Kennelly, chief electrician of the Edison laboratory, and, after being given a chance to admire the treasures of the fine library and museum, a visit was paid to the lecture room upstairs, where a large number of phonographs were in position, and ample opportunity afforded to listen to grand orchestral effects, solo work, dramatic representations, comic recitations, etc. The autophones of several of the members were recorded, and when all had fully appreciated the wonders of this marvellous invention, the party was divided up in sections of ten, each being put under the care of one of the staff, made the tour of the store-rooms, testing-rooms, work-shops, chemical rooms, phonograph construction rooms, and, in fact, the whole premises. The officials were uniformly courteous, and, in best nature imaginable, answered to the best of their ability the innumerable questions showered upon them by the visitors, some of whom found it a hard matter to tear themselves away from the magnificent specimens of instruments of precision, and narrowly missed losing their train thereby. On return to the starting point, a delicious lunch was in waiting, which was much appreciated, as the appetites of all were whetted by

the long walk through the different buildings and the fresh Jersey air.

The return trip was made by 6 p. m., and the unanimous verdict was that a most delightful and instructive afternoon had been spent. The kindness of Mr. Edison was much appreciated. Of course, there were some who went out of pure curiosity, and it was fully gratified in a most pleasant manner: then again, there were those who made the trip, keeping in view the opportunity of adding to their stock of knowledge of a practical as well as theoretical nature, and many of these were heard to remark, on the return trip, that they had seen much to set them thinking, and much that would help them to use electricity in a more intelligent manner.

*Thursday, October 6th, 1892.*

Evening session. President W. J. Morton, M. D., in the chair.

The meeting was called to order at 8 p. m.

The first business was the discussion on Dr. Newman's paper.

The President then announced the names of the Committee to investigate Dr. Newman's Statistics:

Dr. A. H. Goelet, Chairman; Dr. W. J. Herdman, Dr. W. J. Morton, these three to appoint two surgeons of prominence to act in concert with them.

There being no further papers to hand, a letter was read from Dr. George J. Engleman, dated from Paris, expressing regrets at his absence.

The retiring President, Dr. W. J. Morton, expressed his thanks to the Association for their assistance in making the duties of the Chair so light and agreeable and facilitating the business, and introduced the President-elect, Dr. Augustin H. Goelet, who, taking the Chair, made a few felicitous remarks most appropriate to the occasion, and complimented Dr. Morton on the manner in which he had conducted the meeting.

On motion of Dr. Nunn, seconded by Dr. von Raitz, it was

*Resolved*, That a vote of thanks be tendered Dr. Morton for the very able manner in which he had fulfilled the duties of the Chair.

The Association then adjourned to meet in Philadelphia, Pa., on Tuesday, 12th of September, 1893.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

*Stated Meeting, June 10th, 1892.*

F. J. SHEPHERD, M.D., IN THE CHAIR.

*Compound Fracture of the Skull.*—DR. SHEPHERD exhibited a child who had received

a severe compound fracture of the skull. On the 27th of April last, while driving with her parents, the horse shied, and the three were thrown out of the carriage, and the child disappeared down an open man-hole of the sewer. She fell a distance of fifteen feet to the bottom, striking her head against a ladder in the descent. Dr. Elder saw her, and sent her to the hospital, where Dr. Shepherd examined her within half an hour after the receipt of the injury. There was found a large wound extending from a point just in front of the ear down to the eyebrow, and a large piece of skin was punched out; there was a depressed comminuted fracture of the skull, and some of the brain matter was oozing out. Two pieces of bone, about the size of a twenty-five cent piece, were removed, and the wound thoroughly cleansed; the torn dura mater was sewed with a continuous catgut suture, and the skin wound brought together as well as possible. The child made a rapid recovery, and has never had a symptom of paralysis; her speech has been unaffected and her mental condition unimpaired; in no way is she now different to what she was before the accident occurred.

*Miliary Tuberculosis.*—DR. FINLEY exhibited the organs from a case in which there were vast numbers of tubercles. They were seen throughout the lungs, liver, kidneys and spleen, and a few along the arteries at the base of the brain. In addition there were in the lungs several caseous nodules, situated in the lower lobes, and were probably the foci of the general disease, as the miliary tubercles in the neighborhood were larger and older than in the other portions of the lung.

DR. WILKINS saw the patient thirty-six hours before death. He was a man of thirty, and had been brought into the hospital in a delirious condition, with a history of having been ailing for two weeks with headache and diarrhoea. On examination there was tenderness and marked gurgling in the abdomen. Temperature, 101°; pulse, 120; respirations, 24. Although the temperature was lower than that usually seen in typhoid fever, Dr. Wilkins thought that the case might be one of those with low temperature spoken of by Dr. Atkinson at the recent meeting of the Association of American Physicians at Washington. He therefore thought that the cold bath could do no harm, provided friction was used, and ordered a bath for ten minutes, which the patient strongly resisted. Next day a rigidity of the neck, which had been previously noted, had become more marked. Temperature, 101°; pulse, 124; respirations, 20. No bath given. Patient died on the third day.

DR. FINLEY had seen the patient once, and found him profoundly prostrated and sweating profusely. The case was very anomalous, and he was unable to make a diagnosis. The res-

pirations were never above normal, which is unusual when the lungs are so much involved.

*Angina Pectoris, Acute Aortitis and Stenosis of Coronary Arteries.*—DR. FINLEY exhibited the specimens for Dr. Ross. The subject was a large-framed, muscular man, aged 33, with slight œdema about the ankles. The heart was enlarged and flabby, weighing 445 grammes. The wall of the left ventricle was three-eighths of an inch thick, pale and somewhat soft, its cavity dilated, and measured  $4\frac{1}{2}$  inches in length, and the mitral orifice 4 inches. At the root of the aorta, extending above the valves for about 1 inch, the intima was much thickened and gelatinous-looking, and was sharply divided from the rest of the ascending aorta, which was healthy, by an irregular line. The orifice of the right coronary artery was greatly contracted, and the left was also considerably smaller than usual, whilst the vessels themselves were normal beyond the contracted orifice. The descending aorta presented a few gelatinous raised plaques. With the exception of two infarcts in the spleen, the other organs were healthy. Microscopically the intima of the aorta was much thickened by an infiltration of small round cells, and there were also irregular patches of small round cells in the media. The striæ of the heart muscle were indistinct, and the fibres granular but not fatty. The liver showed slight pigmentation about the central vein. The small vessels of this organ and of the kidney were normal.

DR. ROSS said that the patient had been sent into the hospital to try and find relief for the very severe pain that he was suffering, the character of the pain being that of angina. The attacks had commenced some weeks previously, and were becoming very frequent. The pain always commenced in the bend of the left elbow, ran up the arm and thence to the heart, where it became very intense. The first attempt to relieve the patient was with nitrite of amyl, and was at first perfectly satisfactory, and he took great quantities of the drug for the relief of the very frequent paroxysms. Potassium iodide was then given in increasing doses without any result whatever. On examination the heart appeared perfectly sound and free from valvular disease. The diagnosis had been angina pectoris, and it was naturally supposed that this was due to disease of the coronary arteries, and the autopsy confirmed this opinion. There was found a stenosis of the inlets only, the walls of the rest of the arteries being perfectly free from atheromatous changes. Dr. Ross went on to say that he had noticed that some cases of severe angina are decidedly relieved by potassium iodide, while in others it has no effect whatever. When the anginoid symptoms occur in a person with valvular disease of the heart the relief produced by the iodide is very marked, while persons free from

a valvular lesion seem not susceptible to its action. Lately he had been asked to see an elderly lady who was suffering from severe angina, accompanied by a distinct aortic murmur. She had been taking arsenic for some time and tablets of nitro-glycerine. He had suggested that this was a case for iodide, and she has been completely relieved by its administration.

DR. MCCONNELL asked if in the last case mentioned by Dr. Ross there had been any general arterial sclerosis.

DR. ROSS replied that she had hard radials, but there was no albuminuria and no definite appearance of a general arterial sclerosis.

*Aneurism of the Descending Thoracic Aorta.*—DR. HAMILTON exhibited an aneurism of the descending thoracic aorta which had burst into the œsophagus immediately behind the pericardium, about the level of the sixth vertebra. The stomach was found full of clotted blood. The vertebra were not eroded and no signs of a left-sided pleurisy found. The man had for several weeks been complaining of dyspeptic symptoms, loss of appetite and difficulty of swallowing. No history of localized pain could be obtained. On the day of his death he had taken a slight dinner, and returned to his office, where he was found shortly after on the floor, dead and covered with blood.

*Mitral Stenosis.*—DR. FINLEY exhibited a typical specimen of mitral stenosis, showing the funnel-shaped opening, with much hypertrophy and dilatation of left auricle.

DR. ROSS said that the patient had been admitted to the hospital suffering from old spinal degenerative changes. When first seen in March last there were signs of a cardiac lesion, a loud presystolic murmur, accompanied by a thrill, and it was diagnosed as a distinct mitral stenosis unaccompanied by any other lesion. Dr. Ross did not see the patient again until the end of April, when there was no murmur whatever to be heard, though repeatedly examined, and he (Dr. Ross) was under the impression that the former diagnosis had been incorrect, but the specimen shows that it was right. The case emphasizes the fact that the cardiac murmur disappeared altogether under the increasing weakening contractile force of the heart, and was not audible for many weeks before the man's death, and during that time no lesion could be recognized, except, perhaps, on careful percussion a slight enlargement might have been made out.

DR. MCCONNELL thought that in such a marked condition of mitral stenosis one would expect to find the pulse at the wrist almost imperceptible, and that this fact would help the diagnosis.

DR. ROSS did not think that any stress could be laid on the weakness of the pulse alone.

*Chlorosis in a Male.*—DR. JOHNSTON gave some notes on the examination of the blood of

a man who was intensely anæmic, with a subicteroid hue. The number of red and white corpuscles were found to be normal, but the hæmaglobin was reduced one third. The case was one of pure chlorosis, which is quite a rare condition in a man. The man had been ailing for a year and a half, and had suffered severely from hæmorrhoids. After using ten Bland's pills daily for a week, the hæmaglobin rose from 30 to 55 per cent., and at the end of the second week it was over 70 per cent., when he was lost sight of. He was a day laborer, and his occupation offered no clue as to the cause of the chlorosis.

*A Case of Imposture.*—DR. WILKINS said that three weeks ago a man had been brought into the General Hospital suffering from tetanic spasms of the head and neck. A history of having cut his foot with broken glass, two or three weeks before, was given. On examination there was found a good deal of stiffness of the neck and a spasmodic action of the muscles of the face, and slightly of those of the arm. A scar was found on the foot which he stated had been cut. Though the appearance was peculiar, the condition was thought to be tetanus, and carbolic acid  $m\frac{1}{4}$  every two hours was ordered, and under this treatment the spasms seemed to improve. Next day a consultation of surgeons was held, when it was suggested that if the spasms were not relieved a part of the foot should be amputated. This produced a marked improvement. Becoming dissatisfied with the hospital, he was removed to a private hospital, where the spasms were of a different character. He was later on removed to his boarding-house, where he behaved in a peculiar manner. Dr. Finley saw him, and asked for Dr. Shepherd in consultation, who thought that it was a case of imposture. Next day the man disappeared, and has not been heard of since.

*Stated Meeting, June 24th, 1892*

F. Buller, M.D., President, in the chair.

*Interscapular Thoracic Amputation for Enchondroma.*—DR. FINLEY exhibited this specimen for Dr. Shepherd. The growth was a large globular tumor, about 5 inches in diameter, and was attached to the inner side of the surgical neck of the humerus, lying beneath the muscles passing from the scapula to the humerus. For the most part it was of cartilaginous consistence, but to the inner side there were a few cysts containing a colloid material. The tumor had encroached slightly on the scapula, causing some thickening of the dorsal axillary border of that bone. Microscopically, the greater part of the tumor was made up of cartilage, many of the cells being small and irregular, others large with two nuclei, and a few showing two or three cells in each

capsule. The cystic portion of the growth showed a portion to be made up of structureless material, with here and there infiltration of small round cells.

DR. SHEPHERD said the patient was a woman, aged about 32, who said she had first noticed the growth four years before. It gradually increased in size, and for the last year the arm had been very painful and was so fixed that it was useless. Dr. Shepherd at first thought the disease originated in the scapula, and that the affection in the humerus was secondary, but on examination after removal it was found that the disease was primary in the head of the humerus, and that the scapula was only slightly involved, the chief disease being in the muscles. The growth in the axilla pushed out the scapula, giving it the appearance of being extremely diseased. The arm and scapula were removed at one operation. The clavicle, being free from disease, was not removed, and this gave the shoulder a much better appearance in consequence. Dr. Shepherd remarked that the operation, which is more formidable than dangerous, is usually performed in two stages—first amputation at the shoulder joint, then excision of the scapula. The mortality is 20 to 30 per cent. The operation was first performed in 1838 by McClellan of Philadelphia, and afterwards by Syme and Ferguson. The patient whose history has just been narrated recovered rapidly, and was going about on the fourth day after operation.

*Nephrectomy.*—DR. SHEPHERD exhibited a kidney which he had removed on May 26th. The patient, who had been under the care of Dr. Fenwick, had suffered from symptoms of renal calculus for about 20 years. Last August Dr. Fenwick removed a large branched calculus from the kidney; the wound healed up well, and the patient went about all winter. After a time, however, pus began to appear in the urine, and within a few weeks a tumor developed over the region of the kidney, the patient suffered great pain and began to fail in health. Dr. Shepherd, at Dr. Fenwick's request, took charge of the case, and decided to operate after much hesitation on account of the amount of cicatricial tissue that would be present. The kidney could only be removed in pieces, the central portion with the vessels being imbedded in a large mass of cicatricial tissue. Whilst looking for the vessels and dissecting out the hilus a free hemorrhage occurred, which could not be easily arrested, the tissue allowing of no ligature; so a forceps was left on and the wound packed with iodoform gauze. The forceps were removed at the end of forty eight hours. She suffered much from shock after the operation, but recovered fairly well. After a week's time there was a sudden severe hemorrhage. Dr. Bell happened to be present, and

packed the wound. On the following day a second hemorrhage occurred. A consultation was held, and the packing carefully removed; at the bottom of the wound was seen the vena cava and some sloughy tissue, which, when pulled away, caused severe hemorrhage. On placing the finger in the wound to stop the bleeding it was found that there was a large opening in the vena cava; plugging was of no avail, and the patient, who was already reduced by frequent losses of blood, died in a few minutes. The fatal result occurred just eleven days after the operation, and Dr. Shepherd did not think that anything further could have been done. The other kidney was probably also affected, as pus remained in the urine after the operation.

*Wound of the Femoral Vein in Hunter's Canal.*—DR. SHEPHERD exhibited a portion of the femoral vein in which was imbedded a piece of metal. The patient had been wounded by a piece of a metal fog signal, which struck him in the thigh; the hemorrhage from the wound was very profuse, but was stopped by pressure and linen packing. He had been taken to the General Hospital, where the house surgeon had stuffed the wound with iodoform gauze. When Dr. Shepherd saw the man, oozing was still going on, so he decided that it was a case for immediate investigation. He quickly cut down, found the sartorius muscle cut across, and blood coming from Hunter's canal, and on examining further, a large wound was seen in the femoral vein. He tied the vein and removed a portion of it, which was found to contain the piece of the metal from the fog signal. The man made a complete recovery, and has had no œdema of the leg.

*Intestinal Obstruction due to a Large Gall-Stone.* DR. JOHNSTON gave notes of the autopsy on a case under the care of Dr. Armstrong. The patient had a large hernia in the abdominal wall, on the right side of the umbilicus, and in which a large portion of bowel was present. A fœcal fistula had existed at one time in the region of the hernia, but was healed at the time of the autopsy. There was no peritonitis, no strangulation of the bowel. The upper part of the small intestines was distended with fluid fœces, while the lower part was collapsed; just where the ileum passed into the hernial sac a large mass could be felt, which proved to be a gall-stone about the size of a walnut, and faceted. On examining the intestines, a fistulous opening between the head of the gall-bladder and the second portion of the duodenum could be seen; the gall duct was somewhat dilated and contained some small stones, but there was no obstruction in the common duct. The patient had been subject to attacks of colic, and became quite yellow. Four days before death she was seized with vomiting, pain, and enlargement of the hernia; her condition appeared to improve, but she died suddenly.

*New Invention.*—DR. JOHNSON exhibited a centrifugal machine for the very rapid separation of sediments in various fluids. It is of great assistance in examining urine, as the sediment can be obtained within a minute; it also may be used in examination of the blood.

*A Case of Zoster-Ophthalmicus.*—DR. BULLER read the history of this case.

*Discussion.*—DR. PROUDFOOT had under his care a girl who had herpes on both wrists and a small spot on the cornea. He asked Dr. Buller what his experience was of the use of eserine and pilocarpine, as his own had not been favorable, and he was inclined to the older use of atropine and hot fomentations.

DR. MCCONNELL asked what would be the result to the cornea if the disease was left alone; would it tend to get well without treatment?

DR. SHEPHERD said that he had never seen a case of bilateral herpes. It is a self-limited disease, and would get well of itself.

DR. BULLER, in reply, said that as atropine has anodyne properties, he usually treats such cases with it; but here he had used it so long he thought a change would be beneficial. He would never use eserine while he had pilocarpine. It is quite possible if the disease was left alone it would recover in time, and, as it is only superficial, would result in a perfect cure. It is one of the most obstinate forms of inflammation of the eye.

An extraordinary meeting of the Society was held on Wednesday, September 7th, Dr. Buller, the President, being in the chair. The meeting had been called on receipt of the following:—

HEALTH DEPARTMENT,

CITY HALL, MONTREAL, Aug. 30th, 1892.

To F. BULLER, ESQ., M.D.,

President Medico-Chirurgical Society.

SIR,—I am instructed to inform you that, in view of the danger that Asiatic cholera may reach our shores, the Board of Health are endeavoring to put in operation every possible measure for the protection of the city; and that they would therefore be happy to receive any suggestion your Society may be pleased to offer respecting the prevention of cholera.

I have the honor to be,

Your obedient servant,

J. IGNATIUS FLYNN, SECRETARY.

After considerable discussion, it was moved by Dr. Jas. Bell, seconded by Dr. Shepherd, and unanimously adopted, that the above letter be replied to by the following resolution:—

“That this Society, recognizing the great danger to the lives of the citizens as well as to the commerce of the country from the introduction of Asiatic cholera which is now threatened, deploring the fact that the city of Montreal, with its adjoining suburbs, is at present wholly unprepared to cope with cholera or other epidemic disease. This Society regrets that an important recommendation which it made to the City Council through a depu-

tation of its members some months ago—viz., that a competent sanitary engineer be appointed—has, up to the present time, not led to any satisfactory results. Further, that this Society is of the unanimous opinion that steps should be immediately taken to put the city in a condition of cleanliness; to provide suitable disinfecting apparatus for the clothing and effects of suspected immigrants, and baths for such suspects themselves; that the Civic Infectious Hospital should be fully equipped and made available for the reception of Cholera suspects at a moment's notice.

"That this Society is further of the unanimous opinion that the Health Department of this city should be capable of preventing the spread of cholera from such cases as may be imported into it, and that to this end no expense should be spared to secure a sufficient number of competent officers and all necessary appliances."

The President then appointed the following members of the Society as a deputation to wait upon the Board of Health and lay this resolution before them: The President, Dr. Jas. Bell, Dr. Perrigo, Dr. Guerin, and the Secretary.

It was thought well for the Society to take a step further and lay before the Federal Government their opinions on the question of Immigration and Quarantine. These views were embodied in the following resolution moved by Dr. Bell, seconded by Dr. Shepherd, and carried unanimously:—

"Whereas, in the opinion of this Society, nothing but the most watchful care on the part of the Federal and Provincial authorities can prevent the introduction of Asiatic cholera in this country; and

"Whereas it has been abundantly proved that the quarantine arrangements at Grosse Isle, and presumably at the other Canadian seaports, are absolutely inefficient; "Be it therefore resolved that the Federal Government be urged—

"(a) To issue such instructions as shall prevent any further embarkation of emigrants for this country during the balance of the present season;

"(b) That as a large number of emigrants have already embarked for Canadian ports, and who cannot be returned to the ports from which they have sailed, that all such emigrants be detained in quarantine, on their arrival, for a period of not less than twenty-one days.

"(c) That for present as well as for future safety such quarantine stations be, with the least possible delay, put into a condition of efficiency, in accordance with the most modern scientific principles."

The President appointed the following deputation to proceed to Ottawa and lay this resolution before the members of the Federal Government: The President, Dr. Craik, Dr. Lachapelle, Dr. Roddick, Dr. F. W. Campbell, and the Secretary.

The Society further fully endorsed and approved of the action of the Provincial Board of Health in prohibiting the landing of all immigrants after a certain date.

#### CANADIAN MEDICAL ASSOCIATION.

Twenty-fifth annual meeting, held in the Parliament Buildings, Ottawa, Wednesday, September 21st, 1892.

The meeting was called to order at 10.30 a. m.; Dr. Roddick, the retiring president, in the

chair, who requested Dr. Bray, of Chatham, the president-elect, to take the chair.

The following nominating committee was then elected: Dr. J. A. Mullin, J. E. Graham, J. W. Campbell, A. Rousseau, F. W. Strange, R. W. Powell, H. H. Chown, T. G. Roddick, A. Taylor, L. C. Prevost, V. E. Edwards, C. O'Reilly, I. H. Cameron, J. Christie, G. L. Milne, the president and secretary.

The president invited the past presidents and secretaries on the platform, and then welcomed the delegates from the Ontario and Rideau Associations.

Dr. Mullin's notice of motion was then taken up. Dr. J. A. Mullin moved, seconded by Dr. J. E. White, which after a short discussion was carried: "That no proposal for honorary membership shall be presented to the Association unless it shall have been previously submitted to a committee consisting of the president, secretary, and vice-presidents, who shall report to a meeting before the name is submitted for election."

Dr. Strange moved, and Dr. Powell seconded: "That only delegates and visitors from places outside the Dominion shall have the privilege of registration without a fee."—*Carried.*

The motion to engage a stenographer to report the proceedings of the Association in order to have an official record was referred to a committee consisting of Drs. R. W. Powell, E. E. King, A. Rousseau, J. W. Campbell, W. H. B. Aikins, and H. S. Birkett.

Dr. Mullin spoke feelingly of the sad illness of Dr. Geo. Ross, of Montreal, an ex-president of the Association, and moved, seconded by Dr. J. E. Graham, the following: "That this Association has heard with deep regret of the illness of Dr. Geo. Ross, and beg to tender our sincere sympathy in his affliction."

The president stated that death had removed several prominent members during the year, and intimated that the Necrology Committee report in the matter.

It was suggested by Dr. Graham that the subject of cholera be discussed at the afternoon session; and that an invitation be sent to Hon. J. Carling and other Ministers of the Crown to be present.

#### AFTERNOON SESSION.

Dr. D. MacLean, of Detroit; Dr. Bulkeley, of New York, delegate from the New York State Medical Society; and Dr. Kent, delegate from the American Medical Association, were made welcome and introduced to the meeting.

The president, Dr. Bray, then read his address.

*Gentlemen.*—Allow me in the first place to offer you my most heartfelt thanks for the great honor you have conferred on me in electing me President of the Canadian Medical Association;

and while I appreciate your kindness and feel proud of the distinction, the high honor only makes me more conscious of my inability to fill the position with credit to the profession and satisfaction to myself. Following as I do my immediate predecessor, Dr. Roddick, only makes this more obvious. But I trust you will extend to me a helping hand, and at the same time shut your eyes to my deficiencies.

Now, I am not going to deliver a scientific address on medicine or surgery, as that duty has been delegated to those much better able to perform the task than I am, but will take instead a review of Medical Education and the advances made in that direction since the birth of this Association twenty-five years ago; secondly, say something about Medical Reciprocity between the Provinces and the barriers that now exist to prevent this and how they may be removed; and, thirdly, the influence that this Association ought to exert, not only over the medical profession, but also over the public from one end of this great Dominion to the other. And what time could be more fitting or what place more appropriate for such a retrospect? We meet to-day to celebrate our silver anniversary in Ottawa, the capital of our country, on this the twenty-fifth anniversary of its birth. What memories are recalled by a few—and, oh! how few they are—that were present when this Association was formed a quarter of a century ago. What changes have taken place since then! The magnificent building we now occupy was not then erected. The city of Ottawa was only a city in name; and of the noble men in our profession who were instrumental in forming this society, how many have gone to their long home, and are forever at rest from the cares and anxieties of this world! The reaper Death has year by year since that time been cutting down first one and then another of our members, without regard to age, ability or position. Since our last meeting we have to mourn the death of Dr. James Ross, who so ably presided over our deliberations two years ago, in Toronto, whose kindly smile and friendly greeting we miss to-day, from whose large experience we have all more or less profited, and whose wise counsels we would all do well to follow. But we have with us to-day Sir James Grant, Dr. Hingston, Dr. Fenwick, and perhaps a few more who were present at the birth of this Association.

When we see how our country has grown and developed since that time, it is sad to think that this Society has not kept pace with the Dominion, and I trust the remarks made by Dr. Roddick in Montreal last year on this subject will bear fruit, and that in the next twenty-five years this Association will rival in numbers as it does now in ability its great neighbor, the American Medical Association; and I hope before we close our labors, some steps will be

taken by the formation of a committee, or in some other way, to promote this object.

It will be in the recollection of some present to-day the condition of things as they existed prior to the formation of this Society in 1867, and the passage of the Upper Canada Medical Act about the same time. You will remember that there were three licensing bodies in old Canada at that time, independent of the medical schools and universities. The latter were degree-conferring institutions, but they virtually possessed the licensing power, inasmuch as the holder of a degree from any of these bodies was entitled to practise medicine on proving identity, paying a small fee, and having a license signed by the Governor-General. All he had to do was to send his degree with an affidavit to the Provincial Secretary, when his Excellency, taking for granted that he was fully qualified, having secured a degree from some college or university in Canada or Great Britain, would attach his signature to a Provincial license, which enabled him to practise in that or, in fact, any other province, so that in reality we at that time had in Upper and Lower Canada, to say nothing of the other provinces now constituting the Dominion, seven or eight licensing bodies responsible to no central authority, each vying with the other who could turn out the greatest number of doctors independent of quality. The licensing boards in Canada consisted of the Upper Canada, the Homœopathic, and the Eclectic Medical Boards, all constituted by royal charter, and electing or appointing their members in different ways. The Upper Canada board was appointed by the Governor-General for life, or good behavior. How the others were appointed I cannot say, but probably in the same way, on the advice of one or two of the more prominent members of these schools. You can imagine it was not so very difficult to become a full-fledged doctor in those days. The schools and universities fixed their own curricula both for matriculation and professional examinations, and the licensing boards, some of them at least, I believe, required no standard of matriculation at all, and almost none of a professional character, consequently the education required to become a doctor at that time was not of a very high order. So low had the requirements sunk, that not only the profession but the schools as well began to think it was time to make some change, and demand a higher standard. I am speaking now more particularly of Ontario. The first step taken to remedy the then existing state of things was by the Act of 1865 known as the Parker Act, whereby a council was formed who had the power to fix the standard of matriculation as well as that of the medical curriculum. But while they had the right to make a standard, they were powerless to enforce it, no authority being given them to appoint



examiners or conduct the examinations, which was left to the colleges as heretofore; and although the Provincial Board was done away with by this Act, the Homœopathic and Eclectic Boards were not interfered with, which, instead of remedying, rather increased the evil, as the number of licenses from these boards for the next year or two amply testified; and while this Act was an improvement in some respects (being a starting point), it was found to be still very defective. It was felt that the plan of allowing each school to examine its own students, even although the council fixed a standard, did not prevent a great many unqualified men from getting into the profession; for if the curriculum was difficult, the examinations were in many cases made easy, and in the event of a student being rejected by his college (which was a rare occurrence) there was nothing to prevent him from going before one or other of the remaining medical boards, and I fail to recollect a single instance where a student taking this course was not granted a license to practise medicine, surgery and midwifery.

This state of affairs induced the council to consider what steps they should take to remedy this evil, and the conclusion they arrived at was a wise one. They thought if it were possible to unite all branches of the profession and bring them all under one law, they could then control and direct medical education. In order to do this it was necessary to give and take, and a compromise was effected with the Homœopaths and Eclectics, as well as the different medical schools and universities, whereby the whole profession was united and brought together, and became subject to one central authority, viz., the Medical Council of Ontario, made up of representatives elected and appointed from the profession, the medical schools and universities, and also from the Homœopathic and Eclectic bodies. This Act came in force in the year 1868, and gave the council power not only to make the standard of all the examinations, but to appoint examiners to conduct them; and I am happy to say that from that time till the present, the standard of medical education has been rising year by year, not only in Ontario, but over the whole Dominion, until to-day in Ontario we have a curriculum standard equal to that existing in any country in the world, and a Medical Act to enforce it, which is the envy of the United States, and which England has tried in vain for years to adopt. I am sorry, indeed, to find that a hostile feeling has arisen against the council through some clauses added to the Act in 1891, which feeling I would be glad to see removed. But while I am aware that a few faults are to be found, I am also aware that a great many virtues exist in the Act as it now stands, and it behooves the whole profession to see that no action is taken to impair its usefulness, detract

from the dignity or lessen the influence of the Medical Council, which is the safeguard of medical education in Ontario, and which exerts an influence over the whole Dominion, for every province would suffer should the Council be done away with and a return to free trade in medicine follow, as it would most assuredly do; and if the Ontario Medical Council was abolished, we would go back to the same position as we occupied prior to 1868. I cannot believe there is one who has the welfare of the medical profession at heart in this country who would wish to see us return to this condition, and for this reason I would ask those who are opposed to some clauses in our Act to pause and consider well before they do anything to embarrass the Council or vitiate the Act, and by so doing play into the hands of the charlatans both in and out of the profession. As it is, we stand alone, looked upon by the general public as a close corporation and fitting prey for malpractice suits for large damages, who do nothing but increase the fees and legislate for our own pockets; and these views are encouraged by a certain class of men who have not the ability to obtain our license, or, having obtained it, branch off in some disreputable way in order to make more money, and victimize the very public whom they profess to champion as against the regular practitioner. Fortunately for the profession and public we have a clause in the Act to enable the Council to purge the profession of such unworthy members, and to punish others who trade on the credulity of the public by fraudulent practices without being registered. Why it should be so I cannot tell, unless it is that people like to be humbugged. But it is a fact, nevertheless, that the sympathies of the majority of the laity are against the regular profession and in favor of quackery. Therefore I reiterate the statement that we must be careful how we interfere with the present law, by amending some minor clauses which may be objectionable, that we do not get the whole Act wiped out; and I would suggest here, as I have already done in another place, that the members of the profession in Ontario, who are aggrieved at some of the workings of the Act, meet the Medical Council, discuss the whole question, frame such amendments as may be in the interests of the profession and public, and then go to the Legislature as a united profession, asking for such alterations in the present Act as they have agreed upon, and I am sure the Legislature will grant them. I hope the Association will pardon me for this digression, but I speak feelingly, having the interests of the profession at heart and knowing something of the differences existing between some members of the profession and the Medical Council of Ontario.

Prior to 1867 the matriculation examinations in all our colleges was more a matter of form

than anything else, and could be passed at any time before going up for the degree. At the present time it is quite different. Now it is equal to a second class teacher's certificate, with Latin, Physics and Chemistry compulsory, or junior matriculation in arts in any university, with the science course; and the day is not far distant when it will become still higher and eventually reach a degree in arts; and can anyone say that this should not be so? A physician, above all men, should be thoroughly educated, for education is a great refiner, and in what calling or profession is this quality more essential than in ours? What scenes we witness, what confidences we receive! In and out of the family circle at all hours and under all circumstances, and always battling with pain, disease and death. And here it is that the refined physician shows the result of his early training, by soothing pain, curing or relieving disease, and sympathizing with the bereaved; and, mark my words, it is only the man who thoroughly knows his profession that in the long run reaches the top of the ladder and who deserves and receives the gratitude of his patients and esteem and respect of his confrères.

I am indebted to Dr. Pepper of Philadelphia, and desire to return him my most sincere thanks, for a copy of his address, containing a vast amount of information on the subject of Medical Education, delivered by him a few years ago: In speaking of the system of medical education in the United States (and his remarks would have applied to Canada a few years ago, although not quite to the same extent), he says if we would learn the truth and know the estimation in which our medical education has of late been held by other countries, it needs only to examine the changes which have taken place in their system of medical teaching, proportionate to the vast advances in medical knowledge, and then turn to the picture of our own position as drawn by those most competent to depict it. He proceeds to say in every country but ours, without, so far as I know, a single exception where a system of medical education can be said to exist, certain general principles will be found embodied in that system. These are, first, a matriculation examination; second, a sufficient length of time devoted to medical studies; third, a careful personal training of each student in all practical and clinical branches; fourth, careful grading of the course; and fifth, impartial examinations by disinterested individuals. On the whole, these are about the requirements necessary in the Dominion at the present time for a student before receiving the right to practise. Dr. Pepper goes on to say that there are some in this country who would cry out at once that so prolonged and elaborate course of study as I have mentioned is not necessary in America to produce good

practical doctors, but that it can only tend to develop a class of over-educated, supercilious, impractical medical men, too good and fine for the average work of a physician. No frame of mind is more enjoyable than the self-complacent contentment of the optimist who holds the candle of his own excellencies so close to his eye that it dazzles him, and makes him blind to the broad sunlight of truth and progress flooding the world. Such objections as the above might be expected if the elevated system of teaching which I have sketched were adopted only in one or two very old and wealthy countries, for it might then seem to be due to a highly artificial state of society. But when we see that not only the older and more highly civilized and more densely populated countries, such as England, France and Germany, but in those whose state of civilization and the condition of whose people we should be slow to regard as favorable compared to our own, as Russia and Spain, in those such as Brazil and Australia, whose forms of government and social system are younger even than our own, and finally, even in countries which, like Mexico and the Republics of South America, we are supposed to regard as only semi-civilized, and where the instability of government and the frequent convulsions of social order would seem to render any fixed and comprehensive educational policy impossible, when we see that in each and all of these a thorough plan of medical education is held essential for the welfare of the community, for the development of medical science, and for the interests of the medical profession itself. It is surely time to consider carefully if we are not sadly at fault in this; and if, while elsewhere the requirements of medical education have been made to keep pace with the growth of medical knowledge, with us they have not been controlled by other and far less proper influences. Now, if we consider the present state of medical science and note the vast advances that have been made during the past twenty-five or thirty years in all of its departments; if we reflect upon the enormous extent of accurate information, of minute technical knowledge and of special practical training which is now required to fit a man to practise medicine scientifically, and to render to those sufferers who seek his help the full measure of the benefits which the healing art is now capable of bestowing, shall we be surprised at the careful and prolonged course of study that we find is imposed in all countries but our own upon the applicant for the degree of medicine?

Surely no one can fail to appreciate the enormous importance of having thoroughly trained and skillful physicians.

When overtaken by serious accident or illness, all other means of relief fail, and the most wealthy, the most powerful, the most illustrious must, like the poor and unknown, cast their

dependence upon the skill which, under God's guidance, the physician shall display in battling with disease and death. No other study presents difficulties and complexities so great as those which beset the study of medicine. In no other occupation in life are such varied culture of the mind and training of the senses demanded. Yet I learn on inquiry that the average time of apprenticeship to the following trades or callings is—for barbers, three years; for carpenters, printers, turners, plumbers, pattern makers, at least four years; for machinists, five years; and for pilots, seven years. Can it be that the apprentice must practise five years before he is regarded as a skilled workman, fitted to mend or make machines of iron or brass, and that in this land of intelligence, progress and common sense one who has studied medicine less than one-third of that time may have his license to meddle with and make or mar that most wonderful machine—*man's body*—infinitely complex, gifted with boundless capacities, and freighted with the awful responsibility of an immortal soul? Can it be that seven long years of pupilage must pass ere the young pilot may be trusted in charge of a vessel to guide it through the crooked, narrow channel, where only the hidden dangers of sunken rocks or treacherous shoals beset him, while in less than one-fourth of that time we profess that one may qualify himself to pilot the most precious craft—a human life—through the long, dark, intricate windings of disease, where at every turn death lies concealed, so close at hand and so difficult to avoid that nothing but the most intimate knowledge of his profession and consummate skill can insure safety. A strange seeming contrast, and yet the following careful examination of the state of medical education as it exists in all the medical schools on this continent with a few honorable exceptions fully supports the paradox. He then goes on to give the curricula, course of study required, and methods of examination of most of the medical schools in the United States, and compares them with the colleges of other countries. But I need not follow him further in this direction, and have only introduced his remarks to show the state of medical education as it exists where there is no central governing power having supervision over the different teaching and degree-conferring bodies, as was the case in Canada up to the year 1868. But I am pleased to say that to-day Canada as a whole has one of the highest standards of medical matriculation as well as medical teaching to be found in any country but Germany, and what we want particularly at the present time is to assimilate the systems existing in the different provinces, thereby making one uniform standard for the whole Dominion. And this brings me to the second part of my subject, viz., the question of Medical Reciprocity between the Provinces,

In reading over the Medical Acts of the different provinces, I find that Ontario is the only one that has a central examining board appointed by the Council, before whom every student desirous of practising in that province, no matter from what country he may come or from what university he may have a degree, has to pass. I further find in the Ontario Medical Act this clause: "When and as soon as it appears that there has been established a central examining board similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting certificates of qualification, and wherein the curriculum is equal to that established in Ontario, the holder of any such certificate shall, upon due proof, be entitled to registration by the Council of Ontario if the same privilege is accorded by such examining board or institution to those holding certificates in Ontario."

I find in the Manitoba Medical Act that the University of Manitoba is the sole examining body for the Province, and in that respect comes nearer to the requirements of Ontario than any other, and I see no reason why, as long as this remains so, reciprocity should not exist between them. Now it appears to me there are just two ways whereby reciprocity between the provinces can be brought about, and these are, first, the repeal of that portion of the British North America Act which gives each province sole control over all educational matters, by taking from them this right and vesting it in the Federal Government, and the appointment of a Dominion Medical Board; or, secondly, the establishing of Medical Councils for each province, who shall appoint a Central Examining Board similar to that of Ontario, and when this is done let representatives from each Provincial Council meet, say in Ottawa, and fix one uniform standard of medical studies to be adopted by all the provinces. Now, as to the first, I think it is entirely out of the question, and can be put aside as utterly impracticable, as I feel sure the Local Legislatures would never consent to have the control of the educational system taken out of their hands. As to the second proposition, I see no good reason why it should not be adopted. In all the Provincial Medical Acts, so far as I am aware, full power is given the Councils to fix the period of study, make their own curricula, and to conduct their own examinations in the way which to them may seem best. Now, all the colleges and universities in the Dominion, so far as I can learn, require four full years of study from a student before going up for his degree, but those of British Columbia, whose Council is satisfied with three. The teaching in all these institutions is very similar, so that it would not be a difficult task to make them uniform in this

respect. Then all that remains to be done is to appoint a Central Medical Examining Board for each province, to examine and recommend for license all graduates, leaving the universities the power of granting degrees only. I shall no more suggestions on this point, as committees from each province were asked to meet in this city to discuss this matter fully, and I trust their deliberations will result in bringing about the object we all so much desire.

There is one thing that must always be borne in mind, however, and that is, no matter how or by what means reciprocity is brought about, the standard of medical education must always be advancing. This is something we owe both to ourselves and the public, although the latter are slow to appreciate the sacrifices we are constantly making in their behalf. When will they understand that it is more to their interests than ours that medical men should be thoroughly trained and well educated? These same people would never think of retaining an uneducated and incompetent lawyer to conduct a case when only their money or property was at stake, nor would they employ a poor mechanic to build their houses, or hire a worthless laborer who was incapable of doing the work intrusted to him. Yet they do not hesitate to put themselves under the care of and intrust their health and lives to those travelling charlatans who are without the slightest pretence to a thorough medical training (or as Dr. Campbell, one of the homœopathic members and vice-president of the Ontario Medical Council, puts it, "those uneducated, incompetent and dishonest persons who prey on the misfortunes of the sick and distressed: parasites on the profession and plunderers of the people"), and pay enormous fees, and those in advance: such fees that if any reputable physician should dare to charge the one-half his bill would be disputed. He would be called an extortioner, and his neighbors warned not to employ him. This is no exaggerated picture, therefore it behooves us as members of the Canadian Medical Association, having the welfare of the public at heart, to work together not only to elevate the standing of our profession, but to enlighten the public as to who are worthy of their confidence, and to warn them against the incompetent, uneducated and unlicensed men, as well as the registered quack who sells his license to some foreign institution and robs the deluded people, who employ him, of both money and health.

In speaking of reciprocity, it has always appeared to me the height of absurdity, that in this young country, made up of the different provinces and territories, confederated together under one general government, that in each of these provinces an educated medical man (already registered in one) should be required to pass an examination before being allowed to prac-

tise his profession on entering another province; or else be humiliated by being dragged before a magistrate, and fined, or sent to prison. What a spectacle it would be and how injurious it would prove, were the chief medical officer of one of our trans-continental or inter-provincial railways like the C.P.R. or G.T.R. be made to pay a fine for setting a fracture or amputating a limb for some poor unfortunate injured in an accident on one of these roads, outside the province in which the medical officer was registered; or in case of a suit for damages being brought against one of these companies in any province beyond the limits for which the chief medical officer's registration extended, what would be thought by the public if the court refused to hear his evidence because he was not a registered practitioner in that particular part of the country? Yet as the law now stands in some of the provinces, he, in the first instance, could be fined, and in the second his evidence would be of no legal value. Under these circumstances, I think it the duty of the Medical Councils of each province to consider this matter fully, and not only consider it, but adopt some means to remedy the evil, injustice and absurdity of the present state of things.

Let us, then, as members of this National Medical Association, throw aside all minor differences of opinion as to provincial rights, and use our influence individually and collectively to attain this object, and, like the two great political parties, unite, as they did twenty-five years ago, for the noble purpose of bringing together under one government the scattered provinces under the British crown in North America into one great Dominion, in whose capital we now meet, so let us assimilate, unite and bring together the different systems of medical education as now existing in these provinces, and form one great universal system with a standard so high that it will carry with it not only the respect and admiration of the people of this country, but secure the recognition it would deserve from the universities and medical councils of Great Britain and the continent; and just as Canada is destined to take her place among the most progressive and enlightened countries of the earth, so her sons, who are graduates of her universities and registered by her medical councils, shall take their stand among their confrères from the older countries in the world's medical congress, and feel proud to be called Canadians.

Dr. McPhedran, of Toronto, then read a paper on "Tubercular Cirrhosis of the Liver," which was discussed by Drs. Graham and F. W. Campbell.

Dr. H. P. Wright, of Ottawa, followed with a most excellent paper on "Appendicitis," which was discussed by the following gentlemen:

Dr. Bulkley referred to a case in his own

person when twelve years of age ; he was treated by Alonzo Clark. It was one of the earliest cases of opium treatment. The bowels were not permitted to operate in two weeks. The abscess opened into the bladder spontaneously, and he made a slow recovery.

Sir James Grant : I have been very much interested, indeed, in the excellent paper by Dr. Wright on "Appendicitis." I wish to bring before you to-day a case that I have now under observation, a gentleman who in his seventy-eighth year was attacked eight or nine days ago with very acute pains in the neighborhood of the appendix. I was under the impression that it was a case of acute inflammation in connection with the appendix or the tissues around it. I had attended him many years before for attacks of rheumatic gout, which generally ended in laying him up for weeks at a time. Had it been otherwise, I should have been inclined to follow the system of those who advocate early operation. Opiates were administered, and energetic dry cupping over the appendix. I informed him that I believed it was not at all unlikely that he would develop an attack of gout, as had been the case years before. On the eighth day after the abdominal trouble had almost disappeared, he had a moderately acute attack of gout. Some years ago I had occasion to write an article on the appendix, which was taken up later on by Dr. Howard, of Montreal. Since that time the treatment of appendicitis has been largely by operation, and now the abdominal cavity is regarded as a kind of gymnasium, and men think nothing of opening it to see what is the matter.

Dr. D. MacLean (Detroit) : I listened with very great pleasure and interest to the practical and suggestive paper of Dr. Wright, and, if it were in my power to add anything in the way of definiteness or certainty to the problems which he has so ingeniously suggested, I should be very happy indeed ; but I do not think that I am in a position to do so. I do not think that any person is as yet. After all, the operations in cases of appendicitis are of very recent origin, and I think it will be some time before we are able to lay down a complete set of rules for our guidance in those cases ; they vary so much from each other. I think there is one point with regard to the management of appendicitis ; we must take into consideration each individual case and judge of it on its own merits. We cannot lay down a general law that will apply to every case. Patients vary as to their age, as to their habits, as to their general condition, and in so many ways that while in one case it would be very easy to decide what course to pursue, in other cases it is a matter of the most extreme difficulty and the greatest responsibility. I may illustrate by one or two cases which have occurred to me quite recently. One was a case of a very well-known young

gentleman in the city of Detroit, a man occupying a prominent position there, a gentleman whom I have known for twenty years at least, and who has always been very delicate—a kind of constitution that a surgeon would be very unlikely to select, if he could arrange the matter beforehand, as a subject for operation. This gentleman was in the woods when he was taken ill, one hundred and fifty miles away from home—taken ill with all the characteristics of appendicitis. He got a special train and was brought home as soon as possible, and I saw him perhaps forty-eight hours after the commencement of the symptom.

He was then suffering very much pain, and had a good deal of fever—about 101—a rapid pulse, very furred tongue, very sallow complexion, and altogether it looked as if it would take very little indeed to turn the scale against him. The indications for operation were clear, except in so far as there was no fluctuation. That would have settled the matter, of course. There were tenderness and swelling, and all the characteristics. No doubt, if it had been an ordinary case brought to a public clinic or hospital, there would have been very little hesitation about performing an operation. But in this case, in view of the responsibility connected with it in many ways, and in view especially of the patient's condition, I did hesitate, and I made up my mind that I would wait anyway for twenty-four hours longer, getting everything ready in the house to operate providing the temperature went up, or other indications seemed to require it. I watched him very carefully indeed. In twenty-four hours his temperature had begun to go down. The swelling at the appendix had begun to disappear to some extent. His general condition was better, his pulse moved freely, the expression of his countenance improved, and I felt still further encouraged to wait. I did so, watching him very carefully until the symptoms gradually disappeared, and he got well without an operation. Now, there is one of those cases that illustrate the difficulty in deciding as to the operation. I have no doubt at all that if ten operating surgeons had seen that patient, eight at the very least would have determined upon an operation, and yet the patient made a good recovery without it. A very few days afterwards I was called into the country to see a young man, aged 22, who had violent symptoms of appendicitis, and had been suffering for several days. I was called for the purpose of operating, as the surgeon in attendance was confident that nothing but an operation would have saved the patient's life. Sure enough, I found him with a high temperature, with well-marked swelling, and I believed I could detect fluctuation. At all events, the general symptoms were so urgent that the case did not seem to me to admit of any doubt whatever as to an operation,

and I with very great facility found and performed the appendix imbedded in a large cavity of exceedingly fetid pus. I removed the appendix, washed out the cavity very thoroughly indeed, and left the cavity open with absorbent gauze so arranged as to make a good drain, and the patient recovered without any bad symptom. These are two characteristic cases illustrating the position that a surgeon very often finds himself in with regard to appendicitis. The question as to operation of the one case had gone so far, the last one I have described, that any doubt about it had really vanished. A few days before, it might have been much more difficult to determine, although no doubt the patient would have had a better chance.

There is one point that I notice in Dr. Wright's paper—the question of the kind of drain to use. I have tried all kinds, and have settled down at last to gauze. I believe iodoform gauze makes the surest drain so long as the cavity is not too full to obstruct discharge. Just a few days ago I operated for a case of appendicitis which also elicited another point brought out in Dr. Wright's paper. All the symptoms of a rapid case of appendicitis were there, and I was called in for the purpose of operating. I acted on the patient within five minutes from the time I first saw him. The case had gone so far that the patient had been delirious, although the temperature was normal. One cannot always trust the thermometer. There was a patient in an advanced stage of appendicitis, and yet his temperature was normal. Still, his pulse was bad, and he had a low form of delirium. There was a discharge of a large quantity of pus. I washed out the cavity and made a good drainage, and the patient made a very rapid recovery. The point I wish to make is especially this, that I never saw the appendix. I passed my finger in and I found the abscess which was caused by the appendicitis was fenced off from the peritoneal cavity, and so I operated without touching the cavity, and I thought I should repress my desire for an additional specimen for my collection, and resist any tendency to look further for the appendix. He made a good recovery, as good as I have ever seen, and do not suppose I shall ever have any further trouble with him. I do not think it is always necessary to find the appendix or remove it. There is one other point with regard to those cases—it is one of the most unfavorable and unpleasant to contemplate. I can illustrate it by a characteristic case which occurred in my own practice about a year ago. A young lady had recurrent attacks of pain caused by appendicitis. I had been called in once before, but the attack had passed off, and she was well, though she had a delicate constitution. Another attack took place, and I was called in. The symptoms continued and became aggravated, although there

was no very definite swelling. There was a high temperature, rapid pulse, pain, and general constitutional disturbance. In that case it was thought necessary to operate, and I did so. In that case we got down to the appendix, and with the utmost facility found the appendix swollen, inflamed, and adhering. I separated it very gently, of course. I do not think the whole operation lasted over five minutes. I closed it up, and congratulated myself on having struck a very satisfactory and easy case. She was a young lady about seventeen years of age. Unfortunately, she never did any good after the operation. She woke up in agony; and all the symptoms of collapse came on with tremendous rapidity, and in twelve hours she was dead. Unfortunately, I could not have a *post mortem*. Strange to say, on the same day, in New York, Dr. Bell, of that city, performed an exactly similar operation on a young lady of exactly the same age, and with exactly the same result. He could get no *post mortem* either. Now, perhaps on the other side of the abdominal cavity there was a secondary accumulation of pus which was not detected, and, if I find myself in a similar case hereafter, I think I shall make a careful exploration. If I did not find the pus which we had reason to believe existed somewhere, I would not have been satisfied with merely removing the appendix, which was done in this case with very great facility, but I should have had a suspicion that there was something more, and try to find it. I think it is quite possible that in that case we might have found in the pelvis or somewhere a collection of pus which, if had it been removed, might have had the effect of saving the girl's life. Another point, and I will have done; it is a very nice subject, and once you get a surgeon started on it, it is hard to stop him. It is a subject on which the surgeon is mostly always wound up. One other point I want to make here, and that is the danger of the exploring needle or aspirator. I think we might almost say now that the aspirator has outlived its usefulness. I know very few cases in abdominal surgery where the aspirator is required. I have seen very sad cases, indeed, where great injury has been done by it. First, by the injury it involves; second, by sepsis; and, thirdly, by the incomplete diagnosis. There may be cases where you may empty an abscess by the aspirator successfully, but they are exceedingly rare. They generally leave enough behind to insure further trouble. At all events, as far as appendicitis is concerned, it is a paltering palliative and ineffectual mode of dealing with it. Either do one of two things—trust to nature and general treatment, or explore the abdomen and make a thorough, complete, and scientific operation.

(To be continued.)

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MONTREAL, NOVEMBER, 1892.

### RECIPROCITY IN MEDICAL DEGREES.

We have for many years strongly advocated the establishment of a great national University of Canada whose functions should be limited to examining candidates and granting degrees in Medicine, Law, Arts, Music and all the other branches, the graduates from which, by its high standing, should be exempt from further examination, not only in all the Provinces of the Dominion, but also in every country on the globe. With only one portal to the profession, and that portal the University of Canada, the Canadian M.D. would be recognized all over the world as a man of the highest professional attainments, and arrangements could probably be made whereby he could register in the United Kingdom and in other countries, on equal terms with those countries' own graduates. Or reciprocity could be arranged so that an M.D. Canada could receive the M.D. Paris, or M.D. London, and *vice-versa*, on payment of a small fee.

The establishment of a University of Canada would not entail such sacrifices upon the present teaching bodies as one would at first sight suppose. They could all continue their work of teaching and

collect their fees for the same as at present, and they could issue a diploma to those who have completed a satisfactory course, just as Guy's and Bartholomew's and the other schools in London do now, while the Central Examining Board of the University would be composed of representatives elected from all schools, who would receive a salary instead of the fees now collected from the graduates by the schools.

But even with a Central Examining Board or University of Canada there would still be a need for a Medical Council in each Province to regulate the internal economy of its own district, and to see that no more than one physician per thousand of population, or such other number as could earn an honorable living, should engage in practice in that province. It would be unjust and unwise to allow the peace and happiness of the practitioners already there to be destroyed by having to struggle for an existence with a flood of graduates from some other country. When the supply of doctors greatly exceeds the demand, there inevitably follows such a keen fight for life that professional honor and dignity suffer greatly.

While we would be glad to do all in our power to bring about reciprocity, so that one examination would suffice for all, yet we would be sorry if there were no means of limiting the number of practitioners in each province to that limit which experience has shown to be safe, in the interests of the public and the profession.

### THE RELATION OF CONSTIPATION TO MENTAL DISEASES.

We have on several occasions pointed out in these columns the importance of constipation as a cause of diseases of the pelvic organs, prostate, uterus, ovaries and rectum. We feel equally certain that constipation is also the cause of a great many of the milder forms of mental derange-

ment, not mechanically, as in the case of the pelvic contents, but chemically, by the absorption into the blood of the ptomaines given off by the germs of putrefaction. We have all observed the effects upon the mind of the retention of bile in the blood during an attack of jaundice. The patient becomes despondent, and his brain can no longer perform its most ordinary duties with ease or satisfaction, and he sees everything from a pessimistic point of view. Now, this may be directly due to the action of bile upon the nerve cells of the brain or indirectly through the digestive tract, where, owing to the absence of bile, which is a powerful antiseptic, the germs of putrefaction swallowed with the food have full play and cause rapid decomposition of its contents. The resulting ptomaines and gases are soon absorbed into the circulation, and carried in large quantities to the brain, and the latter, being thus bathed in a pernicious instead of a pure and nourishing fluid, is unable to form sound and happy conclusions. The improvement of the mind following a course of treatment of the liver and the cleaning out of the intestines is well known. In a recent number of our excellent contemporary, the *Alienist and Neurologist*, several cases are reported, which would seem to prove that extreme cases of constipation may result in insanity. One of the cases was that of a man with suicidal tendencies, who had refused food for a long time, and who was restored to mental soundness after being relieved of an immense quantity of accumulated feces. Another was a young man who was morose, quarrelsome and suspicious, who was restored to health by clearing out the bowels.

We think, therefore, that in works on insanity, constipation should be removed from the list of *symptoms* and placed near the head of the list of *causes* of this distressing malady. At any rate, we cannot err if we commence the treatment in every

case of mental disease by obtaining and maintaining an effective cleansing of the digestive tract.

### BOOK NOTICES.

OVER 1,000 PRESCRIPTIONS AND FAVORITE FORMULÆ FROM AUTHORS, PROFESSORS AND PRACTISING PHYSICIANS. Cloth, 12mo., postpaid, \$1.00. THE ILLUSTRATED MEDICAL JOURNAL Co., Detroit, Mich.

The various Formulæ contained in this volume are *practical prescriptions* of new and old remedies for the various types of diseases that affect mankind. *They are the favorite ones*, of the various authorities, for the diseases indicated. The *Index* is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by pasting or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formulæ you may see fit to copy into the pages of the volume. The whole is comprised in a handy cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price by the above publishers.

THE U. S. PHARMACOPEIA "1890" which will be published during 1893, adopts in great measure the METRIC SYSTEM of Weights and Measures; this will doubtless create much confusion in the minds of Physicians and Druggists, and lead to many misunderstandings and errors. In order to provide a guide to the proper dosage, etc., Dr. Geo. M. Gould, author of "The New Medical Dictionary" has prepared a very complete table of the Official and Unofficial Drugs, with doses in both the METRIC and ENGLISH systems; this table is to be published in P. Blakiston, Son & Co's Physicians' Visiting List, for 1893, together with a short description of the Metric System.

### THE OCTOBER HOME-MAKER.

THE HOME-MAKER magazine for October, Vol. ix., No. 1, appears as a brand-new magazine from cover to cover. It is much larger and greatly improved in every respect, although the price remains at \$2 a year and 20 cents a copy.

The contributors in the October number rank high.

Mayo W. Hazeltine has an article on the Federal Elections or Force Bill, and gives both the Republican extreme view and the Democratic extreme view,



Ella Wheeler Wilcox has a poem on Columbus.

Helen Leah Reed contributes a paper on experimental education, which is illustrated.

Miss Frances Smith tells all about Rev. Dr. Parkhurst, with three beautiful half-tone pictures of the eminent divine from his boyhood days to the present time.

The life and works of Jenny June (Mrs. Croly), by J. Martin Miller, appear in this number.

Other articles are :

Jennie June, Frontispiece, 22-62; Jennie June, Her Life and Work, by J. Martin Miller, 3; Far and Near (Poem.), Anna Olcott Commelin, 5; Some Early Homes of Mankind, Pueblos and Cliff Dwellings, Frederick Starr, 6; Portraits of Celebrities at Different Periods of their Lives, Dr. Parkhurst, Lexington, 11; Force Bill, or Federal Elections Bill—Two Views of It, M. W. Hazeltine, 13; "Thy Will, not Mine" (Poem), 15; Columbus (Poem), Ella Wheeler Wilcox, 16; Notes of a Short Trip Abroad, Jenny June, 17; Dr. Samuel G. Howe, Helen Winslow, 21; Up Hill, The Story of a Sugar Plantation (continued), Emma M. Connelly, 23; A Dream (Poem), 27; An Experiment in Education, Helen Leah Reed, 28; An American By-Path to Russia, Francis B. Stanley, 32; Our Grandfathers' Picture-Books, 34; Heartsease (Poem), 43; Sallie Paddelford, W. E. Maffin, 44; Topics of the Time, Helen Leah Reed, 48; The Mission of a Sunbeam (Poem), 50; The Autumn Rockeries, George Ethelbert Walsh, 51; Decorative Home Art, 53; A Table Fountain, Virginia Vassar, 53; A Hard Problem to Solve, Virginia Shortridge, 55; A Newspaper Party, Alice M. Kellogg, 56; With the Housewife, 57; The Domestic Club, Emma W. Babcock, 57; Grapes, Katherine B. Johnson, 59; Ranch Furniture, Violet Upham, 61; Why Do Girls Enter Convents? Miss G. Lynch, 63; The Musket of Grandmother Gray (Poem), T. C. Harbaugh, 64; Health Hints, Susanna Dodds, M.D., 65; Homes—Home-Building, Frank P. Allen, 67; Fashions Abroad, Jenny June, 69; Autumn Fashions at Redferns, J. J., 70; Fashion Notes, Virginia Vassar, 75; Library, 76; Correspondence and Queries, 78; Notes of Various Interest, 80; Publishers' Notes, IX.

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LEONARD'S PHYSICIAN'S POCKET DAY-BOOK.—

Bound in Red Morocco, with Flap, Pocket, Pencil Loop and Red Edges. Price, post-paid, \$1.00. Published by THE ILLUSTRATED MEDICAL JOURNAL CO., Detroit, Mich.

This popular day-book is now in its 15th year of publication. The front part of it is occupied with dose tables, and other useful pocket memoranda. It is good for *thirteen months*, from the first of any month that it may be begun, and accommodates daily charges for 50 patients, besides having cash department and complete obstetric records. There are also columns for the diagnosis of disease, or for brief record of the treatment adopted, following each name-space. Name of patient needs to be written but three times in a month. The book is  $7\frac{1}{2}$  inches in length, and is  $3\frac{1}{2}$  inches wide, so that it will carry bill heads or currency bills without folding. It is bound in flexible covers, and weighs but five ounces, so that it is easily carried in the pocket.

Dr. Laphorn Smith, professor of Gynæcology in Bishop's College, has been elected a Fellow of the American Gynæcological Society, at its recent meeting in Brooklyn. The Society is limited to one hundred, but it has never chosen to fill up its ranks to the full quota. The election of a Canadian for the first time is an honor to Canada and an evidence of the hearty good will existing between the professions of the two countries.

#### THE RUSSIANS OBJECT TO MEDICINE.

*The Morning* says the Russian has a deep-rooted dislike to medicine in any shape. Violent scenes have occurred again in Astrachan, where the mob stormed the local pharmacy, and slew the chemist and his assistants. The often expressed contempt for "doctors' stuff" among the masses at home hardly ever stands the test of even a slight ailment. In Russia the patients are so much in earnest that they would rather kill the chemist than take the medicine which he dispenses. They have also destroyed a large quantity of disinfectants which had been landed from a steamer, and attempted to board the vessel, but were repulsed by the crew. This is a pleasant state of things, and must render the life of a Russian chemist anything but happy. With all the troubles incidental to doing business there, the Englishman has a lot to be thankful for, it would appear; anyway, as compared with Russia, there is less excitement.