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THE

Canadian Medical Review.

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Original Communications.

Diphtheria and its Treatment.*

BY DR. C. R. CHARTERIS, CHATHAM.

MR. PRESIDENT AND GENTLEMEN,—In bringing the subject of diphtheria and its treatment before you it is not with the object of advancing any new theories, but to elicit a discussion upon its treatment particularly by antitoxine, that we may obtain the views of the profession as to the value of this remedy in the treatment of diphtheria. Diphtheria, as we know, is a local specific disease, due to the presence and action of bacilli, characterized by a deposit of pseudo membrane at the site of infection, and accompanied by constitutional and nervous disturbances due to the absorption into the system of the toxalbumen produced by these bacilli. Diphtheria may fairly be set down as arising mainly from bad drainage and imperfect ventilation, such as we have in overcrowded tenement houses. The first symptom complained of is sore throat, when upon examination we find the fauces very much swollen and congested, and on

* Read at meeting of Ontario Medical Association.

the tonsils and soft palate we find patches of a greyish colored pseudo membrane and externally the submaxillary glands are felt to be hard and swollen. Then we have chills and fever accompanying. The temperature may be high, reaching 105°, or it may be only 99°, and in some cases it may even be subnormal. These latter, though, are rare. Accompanying this we have also quickened respiration and rapid pulse. A characteristic odor is also spoken of by some writers, but I have never detected it. With the membrane extending up into the soft palate, and the symptoms previously mentioned, we need have no hesitation in pronouncing the case diphtheria. To treat diphtheria successfully we must decide whether it is primarily a local or primarily a constitutional disease. I believe it to be primarily local. Holding this view I proceed, after having first had my patient put to bed (and the recumbent posture should always be maintained throughout the attack) and isolated so far as is possible, to treat it first by local applications in order to destroy the bacilli at the site of infection. This may be done by means of astringent and antiseptic solutions, used as gargles, spray or swab, as the case may require A gargle I have found very useful composed of tinct. ferri mur., potas. chlor., glycerine and water. To be used every two hours. Or zinci sulph. may be substituted for the potas. chlor., or a wad of listerine and carbolic acid may be used, or the throat sprayed with peroxide of hydrogen solution. Internally, quinine in fair-sized doses, either in mixture or capsule, and if the heart shows signs of weakness I give stimulants and strychnia in small doses. I also give calomel in small doses, frequently repeated, until free catharsis results. Mercurial inhalations may be used with good results. This may be done by arranging a wire over an ordinary lamp and placing thereon a tin box lid with ℥ss. or ℥i. of calomel under an umbrella, over which and the patient a sheet is spread, and the patient allowed to inhale the vapor for ten or fifteen minutes, repeated every three or four hours.

Now, as to antitoxine. We have had this remedy before us since 1890, when Behring told us of its effects in rendering animals immune in diphtheria. He described his experiments with guinea-pigs, in a paper read in 1891 before the International Congress of Hygiene at London. Commencing with guinea-pigs, Werniche then secured immunity in sheep and Aronson in dogs. Then oxen were tried, but with unsatisfactory results. Then, in order to secure larger quantities of serum, it was tried on horses, and finding that immunity could be transferred they were adopted, and are at present utilized. There are several preparations of this solution in the market, but in Berlin, from whence we get most of our reports, Behring's and

Aronson's are the most favored, more particularly Aronson's. Statistics given by Prof. Bajinsky, of the Children's Hospital for Infectious Diseases, Berlin, show that in three years, from 1890 to 1893, out of 1,081 cases treated, there were 421 deaths, or a mortality of 38.9 per cent. From June 1st to March 14th, 1894, there were 86 cases treated, with 38 deaths, or a mortality of 41.8 per cent.; this with Behring's solution. Then, on March 14th, 1894, Aronson's solution was first tried, and until June 20th there were 128 cases treated, with 17 deaths, or a mortality of 13.2 per cent. Bajinsky says: "We have never had such a low mortality with our mildest epidemics and our best treatment." Dr. Louis Fischer, of New York, reports the use of antitoxine in 34 cases—30 of which were malignant and 4 were mild cases—32 of which recovered, with only 2 deaths, or a mortality of only 5.5 per cent. With such favorable reports, gentlemen, it appears to me we should give this remedy every attention that it apparently merits. I do not think it should not be used indiscriminately in every case, but only those malignant cases should be selected when we have the larynx involved and the patient in every way in a bad condition, and it is from such cases as these that we have the true value of any remedy.

I have used this remedy myself in a few cases with very gratifying results, finding in very serious conditions, where the patient was very weak with distressed breathing and rapid, thready pulse, and every symptom that unless something were speedily done beside the usual treatment the patient must inevitably succumb, with this remedy in twelve hours after its first introduction into the system by injection the pulse became stronger, the breathing easier and the membranes showing a decided change, appearing to be softened and to lose its glistening appearance and to be loosened around the edges; and in from forty to sixty hours after, with the injection repeated in twelve or twenty hours, the membrane to have entirely disappeared and the patient rapidly becoming stronger. The administration of the remedy is very easy. Having procured a syringe especially constructed for the purpose and had it thoroughly sterilized, and the spot selected for the injection washed with an antiseptic solution, the needle, after the syringe has been filled with the solution, is inserted under the skin well into the cellular tissue, and the piston depressed until half or a little over half of the liquid is injected, then it is withdrawn and the syringe inverted with a cap placed over the needle and put in a cool place, ready for the second injection, which may be given in from twelve to twenty hours after the first. Gentle massage may be used to disperse the fluid, but this is not necessary. The site chosen for the

introduction of the solution may be either the iliac or the gluteal region. I prefer the latter, as sometimes some slight disturbances arise, such as pain, swelling and tenderness, which are better borne in the gluteal region. These usually subside on the application of warmth or some sedative lotion. Should we not be satisfied with two injections of the solution, a third or even a fourth injection may be used. Tonics and nourishing diet should form a very important part in the treatment of diphtheria, and in these cases careful attention should always be paid to the kidneys, and frequent examinations of the urine should be made in order, if possible, to guard against albuminuria. An antiseptic solution should be kept steaming in the room all the time. For the swelling of the submaxillary glands, hot poultices of linseed meal may be used with benefit. After recovery the child should not be allowed to attend school or mingle with other children for at least a month. I have not nor is it my intention to touch upon the preventive treatment of diphtheria, as time would not permit, and it might, I think, form the subject of a future paper.

THE TREATMENT OF ECLAMPSIA, BASED UPON THE STUDY OF ONE HUNDRED AND TWENTY-NINE CASES.—Zweifel (*Centralblatt für Gynäkologie*, 1895), reports his very interesting results from his study of 129 cases of eclampsia in his clinic at Leipzig. He analyzes his cases with regard to the number and duration of the paroxysms and the degree of unconsciousness present, with reference also to the period of pregnancy at which the attack occurs, and whether eclampsia develops before labor or at the beginning of or during parturition. He has also investigated the quantity of urine, the quantity of albumen, and whether blood was present in the urine. He further has observed the quality of the pulse, its frequency and increased or diminished tension, and the temperature during the attack and during the puerperal period. He describes his former view as regards treatment, which was that shared by many,—namely, that instrumental delivery should be avoided if possible, because, in spite of narcosis, the irritation occasioned by such delivery increased the number of paroxysms. He contrasts his results in former years, when his patients were treated by the expectant method, with those obtained by rapid delivery, and finds that under the former his mortality-rate was 32 per cent., while with more active measures he has reduced the mortality to 15 per cent. He prefers chloroform as an anesthetic agent in the treatment of these cases. – *University Medical Magazine.*

Society Reports.

The Ontario Medical Association.

FOR the first time in some years the Ontario Medical Association was held outside of Toronto. Dr. F. Le M. Grasett, of Toronto, presided over the Windsor meeting in an able manner.

The Treatment of Puerperal Sepsis.—Dr. MACHELL, of Toronto, read a paper on this subject. He thought that the subject was a most opportune one, as the mortality was still very large in general practice. After referring to the records of deaths per population in Toronto, Hamilton, Ottawa, London, and York County, and stating that mild sepsis was often passed over under a different name, the doctor gave his attention to the prophylaxis of the disease. He took as his motto, "No bacteria—no infection, no putrefaction, no suppuration."

The patient's surroundings should be clean to a nicety, and the room selected for accouchement should be large, cheerful and well ventilated. The doctor dwelt at length on the absolute necessity of the physician's hands and nails being thoroughly aseptic, and deplored the habit of careless washing of the hands, which should be well washed in hot water and soap first, and then held for some minutes in the antiseptic solution. He said that as few vaginal examinations should be made as possible.

The essayist spoke with force in the matter of insisting on cleanliness in all particulars, which, he said, was antagonistic to the chance of sepsis. As to diagnosis, he said that a post-partum rise of temperature should always be carefully investigated. It might be due to (1) constipation, (2) mammary disturbances (3) inter-current non-obstetric disease or (4) sepsis.

The doctor then stated that if the attending physician could find no cause to suspect the presence of any of the first three of these, he may rest assured that he has a case of mild sepsis on his hands, and must act accordingly.

The doctor then gave a careful study of the means by which the seat of the sepsis should be investigated. He continued by giving the mode of treatment which should be followed where individual parts were alone affected, and where there was a general sepsis. He spoke at length of the various aseptic douches, curettes, etc., which should be used, and the method thereof. He spoke also of the various degrees of severity in which the disease is to be found, and of the heavy responsibility which the practitioner is sure to encounter.

In conclusion the doctor briefly described the medicinal treatment, and gave an interesting selection of literature on the subject.

Dr. ALBERT A. MACDONALD agreed in the main with the essayist. In doing irrigation he preferred to use a speculum. He mentioned that sepsis might exist without elevation of temperature. He cautioned members not to be too ready to blame themselves where sepsis occurs, pointing out that there are so'. es of infection quite beyond the control of the medical attendant. He laid special stress on the necessity of closing any tear in the parturient canal at once.

Dr. HUMMISON called attention to cases where pre-existent pelvic disease, latent until parturition, was renewed by the trauma of labor, producing a condition of puerperal sepsis. In such cases, of course, the accoucheur was wholly free from blame. He related a case recently tried in court, where the medical attendant was mulcted for damages for bad results accruing from a laceration which was not attended to at the time of labor. So it behooved the accoucheur to be on the lookout for tears, and to repair them. He believed it was possible and proper to repair the cervix at once where it was much torn. In those cases where absorption had taken place through the lymphatics, where there was a pronounced chill and high fever, the patient being apparently not ill, where there was no distension of the abdomen, where the tongue is moist—such were the alarming cases, and if not promptly and thoroughly treated, would die. As to treatment, he concurred with the essayist.

Tongue-like Accessory Lobes of the Liver.—A paper with this title was read by Dr. A. MCPHEDRAN, of Toronto.

The Rational Treatment of Typhoid Fever.—A paper with this title was read by Dr. J. P. ARMOUR. (It will appear in the REVIEW.)

President's Address.—The President, Dr. F. Le M. GRASETT, then delivered his address.

The Operative Treatment of Mammary Carcinoma.—A paper thus entitled was read by Dr. WM. BURI, of Paris. He was pleased to say that a goodly percentage of cases of mammary carcinoma were curable if operated upon properly and in time. The best results followed the "wide operation." Every case should be diagnosed early when positively made out as malignant. The rule, "after 32 or 35 remove everything" was neither logical nor surgical. Under no circumstances should a benign growth be submitted to the wide operation. The operation *furor* in breast amputations needed a healthy opposition. It was pretty well agreed that the disease tissues should not be cut into but surrounded. The essayist presented two specimens that had been

thus removed *en masse*. The fact that our best surgeons were now doing the wide operation without a protest from the pathologist was a sufficient guarantee that the latter had nothing specially to offer against the aims of those who look upon cancer as a local disease to a very great extent. For the method of doing the "wide" operation as performed by Halsted and Meyer he referred the hearers to their respective articles in the *Annals of Surgery* and *Medical Record*. In one of his (the reader's) cases, one of the glands was so adherent to the axillary vein that, in cleaning it off, a small branch was torn off at its junction with the vein. A small silk ligature around the hole was sufficient. In the second case the whole of the axillary vein for a distance of two inches was involved in the mass. This was removed and the vein tied above and below, collateral circulation was established and there was no subsequent œdema. His experience was that it was difficult to clean out the axilla without removing the pectorals or laying open the anterior wall, whether the glands were enlarged or not. The essayist then discussed, comparatively, the features of the operation, as done by modern operators.

Dr. A. B. WELFORD called attention to the disproportion in comparing the successful operations for mammary carcinoma with the percentage of cures. This low percentage he attributed to the lateness of operation owing to the backwardness of the patient, and, secondly, to the lack of thoroughness of the operation. His best successes had followed a very thorough removal of all breast tissue, the pectorals, the anterior intercostals, the axillary glands and fat. Of twelve cases, he had to report six recoveries and six deaths from recurrence. The speaker referred to several of these cases, pointing out some of the more important features of them.

Dr. G. T. MCKEOUGH, of Chatham, said the old plan of partial removal had done a great deal to produce a want of confidence in surgical skill. While pain was relieved and the anxiety of the patient quieted with false hopes for a short time, a cure was rarely ever hoped for by the surgeon. Billroth's eight cures in 143 cases, published in 1878, were the best given up to that time. How vastly different now! Surgeons, in giving their statistics, have unanimously adopted the three year limit—they record as cures those cases which after the expiration of three years show perfect health and no sign of any local recurrence. The speaker then quoted the statistics of Bull, Cheyne and Halsted, all of which went to prove that cancer of the breast was curable if operated on in time and the wide method employed. He detailed the method of preparing the patient, making incisions and dissections, dressing and subsequent treatment.

Dr. A. PRIMROSE, of Toronto, in a few pointed and well chosen words, discussed the paper, reminding the essayist that to Watson Cheyne is due a good deal of the credit of the "wide operation," and of the best statistics as yet before the public.

The Preservation of the Perineum.—This subject was discussed by Dr. C. B. Oliver. He believed that the precaution of preserving the perineum was one of great importance, and one often not duly observed. It was much better to save a perineum than to mend a lacerated one. To limit the field of gynæcology was a legitimate one, and should be the aim of every conscientious accoucheur. His success in saving the perineum had been marked by attention to the following points: If a rigid perineum offers resistance to the progress of labor, efforts should be directed to securing full expansion. This was done by stretching the perineum with two fingers of the right hand during the pains. When the head begins to distend the vulva, two fingers should be introduced behind the occiput, and this part of the head brought well down under the pubic arch. Then, between pains, the head should be delivered, the second finger of the right hand being introduced into the rectum beyond the child's chin, the disengaged left being used to press the perineal tissues from each side toward the median line. If the patient is cautioned not to bear down, the head may be brought into the world at the will of the operator.

The Treatment of Neurasthenia.—Dr. E. E. HARVEY, of Norwich, read a paper on this subject. He dealt at some length on the treatment of the mental state in the disease, which, he said, was of first importance. He described the excessive low spirits, depression, the want of fitness for exertion of any kind, physical or mental, the extreme exhaustion in severe cases, and the imaginative magnification of minor troubles. The patient, the doctor said, would shed tears without adequate reason, and often weep for hours in secret. There are often short terms of cheerfulness, but melancholy, and often pronounced melancholia, is present in most cases. Dr. Harvey laid great stress upon his advice to the practitioner to induce an opposite mental state. Sympathy and an assurance of improvement in condition give encouragement to the patient.

The doctor strongly advised the careful selection of a nurse, one of tactful, gentle, and sympathetic nature. He said that great patience was needed both on the part of the physician and nurse. The essayist dwelt on the fact that a neurasthenic patient is particularly open to suggestion, and that the medical man can take advantage of that peculiarity. His suggestions should be of a cheering nature, never fostering any morbid ideas, but keeping the patient's mind fixed, as

much as possible, on a bright future. In fact, the doctor explained, the physician's course of action should be to force, by daily conversation, the patient's mind into altogether different and healthier lines of thought. He said that, of course, the patient's environment should be carefully considered, the exciting cause of the disease being removed if possible.

The doctor said that medical men "Get far too much into the habit of putting the results of their knowledge into bottles and pill-boxes." He advocated as treatment "rest cure," modified to suit circumstances, and deplored the use of potent drugs to obtain rest or cure insomnia, the latter being a common symptom of neurasthenia. Neurasthenics, he said, were in a ripe condition to become drug fiends, and, unhappily, they only too often end in that state. He advocated nutritive diet, stimulants if necessary, and he said he was strongly in favor of the galvanic current constantly and systematically applied.

The doctor explained that the individual symptoms must be treated as they occur, for instance the anæmia, if present, should be treated with iron when the stomach was in condition to receive it; for insomnia he advocates either bromide of potash and hyoscyamus, or sulfonal.

In conclusion, Dr. Harvey said, "The physician may find that his resources will be taxed to the utmost, but, in due time, he will reap, if he faint not."

Bronchopneumonia in Children.—Dr. A. E. HARVEY, of Wyoming, read a paper on this subject. After stating that bronchopneumonia is an essentially different disease from the croupous pneumonia in adults, he described the pathological state of the minute bronchi, the bronchi proper and the blood vessels invested by the disease. As to cause, he said it was either primary or predisposing, or secondary, or exciting. He mentioned the predisposing causes, such as bad sanitation, damp, vitiated atmosphere, etc., and the many diseases whose effect is especially marked on the mucous membranes. Among the exciting causes were chills, draughts, inhalation of foreign material, etc.

With regard to symptoms the doctor said that, of course, they would be mainly febrile in the earlier stages of the disease, with physical symptoms of bronchitis, and later those of pulmonary collapse and purulent sputum. He dealt briefly with the termination of the disease, and stated that as far as treatment was concerned the object should be three-fold: (1) To equalize the temperature; (2) Liquefy the exudate and assist in throwing it off; (3) To keep up the system until the first two objects are attained.

After advising that the patient should be kept in a steam-moistened room he gave an excellent system of treatment, the salient points of which are these: The bowels should be constantly relaxed, preferably with mercury; emetics should be given when the child becomes cyanosed; stimulants should be administered all through the disease; expectorants when the sputum becomes tenacious, and he advocates the use of nervous stimulants to regulate the heart's action.

Dr. Harvey then concluded by general directions as to diet.

Diphtheria.—Dr. C. R. CHARIERIS, Chatham, read a paper on this subject. (See page 1.)

Roentgen Photography.—Dr. E. E. KING gave a demonstration of the Roentgen photography. He presented the various electrical and other apparati necessary to produce the rays, and explained the use of each. Excellent photographs he had taken were shown, and the skiagraph of a hand was taken during the seance. He called attention to the value of the rays in the diagnosis of foreign bodies, in the detection of ununited fracture, and the discovery of the age of the fœtus.

Dr. Hewitt's Apparatus for Administering Ether and Nitrous Oxide Gas was exhibited by Dr. H. C. SCADDING, Toronto. He said we were indebted to Clover for the valuable suggestion that N_2O should be used for inducing anæsthesia preliminary to and in conjunction with ether. N_2O possessed the qualities in which ether was deficient. It rapidly produced unconsciousness, was attended with no struggling or excitement, was not unpleasant to inhale, and was a safe anæsthetic. These advantages had been clearly set forth by Dr. Hewitt in his work on anæsthetics.

The combination was of immense advantage to the anæsthetist and surgeon, besides being a great boon to the patient, who was rendered quickly unconscious, and spared the suffocative sensation of ether.

The special form of stop-cock invented by Dr. Hewitt permitted at one time the breathing of air through valves, at another the breathing of N_2O through valves, and at another the to and fro breathing of air, ether and nitrous oxide gas. A full description of and method of using the instrument was given.

Dr. Hewitt's apparatus for the administration of nitrous oxide gas and oxygen was also exhibited. This combination was the safest anæsthetic known. It was a matter of regret that such a valuable agent as N_2O was relegated to the sole domain of the dental surgeon. There were many operations performed under chloroform with some risk to life which might readily be performed under the combination of N_2O and oxygen with no risk.

When properly anæsthetized with this combination the patient presented no cyanosis of face, there was absence of jactitation, and the respiration and circulation were not embarrassed.

A short history of the use of these combined agents to produce anæsthesia was given, and Dr. Hewitt's clever instrument fully explained.

Some Cases in Surgery.—Dr. T. K. HOLMES reported three surgical cases. The first patient was a man aged forty-four, who for some years suffered from pain in the right hypochondrium, dyspepsia, and had become greatly emaciated. He was in great fear of impending death. Examination of the abdomen revealed an enlarged movable right kidney. Nephrorrhaphy was resorted to. The usual lumbar incision was made, exposing the kidney. The capsule was stripped back about an inch wide to secure a fresh surface. Three silk sutures were passed through the muscles and fascia of the denuded kidney and through the fascia and muscles of the opposite side. The symptoms gradually disappeared. The patient regained his former weight. Opinion was divided as to the propriety of operation in these cases, but where symptoms were so distressing it was surely justifiable. Often failure resulted from the insecure anchoring of the kidney.

The second case was the report of the removal of a renal tumor by an anterior operation, the kidney itself being involved. The ureter and renal vessels were tied separately. An uneventful recovery followed.

The third case was a pelvic tumor in a young woman aged thirty, slightly movable but firmly connected with the uterus. Abdominal hysterectomy was performed in this case.

The Differential Diagnosis of Typhoid Fever was the title of a paper by G. R. CRUICKSHANK, of Windsor. Next to phthisis the essayist said that no disease is so often under consideration in Ontario, and, excepting diphtheria, probably no other receives so much scientific attention as typhoid fever. He would apologize for taking up the attention of the Association with something which was not new. Not long ago a mortality of 17 per cent. was considered a good result, but Brand's revival of the cold water cure reduced this one-half, while Dr. Thistle, of Toronto, by the elaboration of another plan, claims to have reduced the death rate much more. A Dr. Woodbridge modified this same plan into a specific, and claims to show that the mortality is less than one per cent., producing in evidence a list of cases. Reputable physicians, however, reply that the majority of such cases were not typhoid at all. But the sincerity of either side cannot be

doubted, so the diagnosis of typhoid fever becomes a matter of a good deal of concern to some of us. The doctor then referred to the "peculiar opportunity" Windsor had of studying the disease lately, and detailed the recent pollution of the water supply by the manure from the cattle barns. The relative positions of the Walkervilie sewer outlets and the Windsor water intake were described. Under ordinary circumstances it is almost impossible for the small outflow of sewage to get out fifty feet on such a river, but to get out two hundred feet in a current of three or four miles an hour, with the intake forty feet down, must no doubt be a rare occurrence. Eight days after the pollution of the water supply by the opening of the shore intake, took place a remarkable outbreak of fever, and the diagnosis of this was his text. There was some difference of opinion as to the nature of this fever among the local physicians. He would say nothing of typhoid arising out of a great variety of other diseases, where there is no dispute; the real difference of opinion begins with mild and abortive fevers. One says typhoid; another says only malarial, bilious or continued fever, or something else. It may be that the difference in death rate is not caused so much by difference in treatment as in difference of diagnosis. It would seem easy to-day, with the microscope, to decide as between typhoid and malaria. In Windsor for a number of years there has been no case of intermittent fever, and therefore no continued malarial fever. A malarial patient may, of course, contract typhoid, but this would not lessen the virulence of the typhoid. A mild fever could hardly be typho-malarial, and typho-malaria could not occur where there was no other evidence of malaria. The doctor's reasoning, of course, led up to the conclusion that the late outbreak was of necessity typhoid, of a mild character generally, but still the true typhoid. Troubles began, he said, when it was attempted to distinguish a mild case of typhoid from one of simple gastric fever. During the outbreak there were over 150 cases, some lasting one day and some two months. Of these, he had thirty-four in his own practice. The doctor then went into a minute description of several cases from attack to convalesence. Some held that typhoid never aborts, but while he did not claim that typhoid can be aborted or that he could do so, typhoid certainly does abort. The doctor went on to show that in the recognition of typhoid no one symptom was essential nor can any two or three be mentioned which may not be irregular or absent in undoubted cases of typhoid; and on the other hand, there is not one of the usual symptoms which may not be present in other diseases. Cases were quoted in support of this position. Osler says the death rate is 7½ per cent., and the essayist seemed disposed to

pin his faith to this figure. In conclusion, the doctor said that to distinguish gastro-intestinal fever from typhoid was often impossible. A mild case of continued fever might be diagnosed typhoid, and a fatal one gastro-intestinal. In prevalence of typhoid we should presume that mild cases are typhoid. The death rate of any hospital is not a criterion for private practice. He emphatically disputed the statement made by a speaker of the previous day that a case which did not run twenty days was not typhoid at all.

Dr. GEIKIE, of Toronto, opened the discussion on the treatment of phthisis.

The Treatment of Phthisis.—Dr. HODGE, of London, read a paper on this subject. The essayist held that, although the percentage of curable cases of phthisis was small, yet it was sufficiently large to encourage active and intelligent treatment. He quoted from Burney Yeo, who had said that to effect a cure, certain conditions of cure must exist. These were: First, to detect the disease in the germinating stage—when anæmia, debility, slight cough and quickened respirations were the symptoms; for bacilli could not be found until a cavity communicated with a bronchus. Early hæmorrhage, inasmuch as it directed attention to the lung, was not an unqualified evil. The fibrous was more favorable than the caseous form. Individuals with unstable vascular systems which offered the minimum amount of tissue resistance were unfavorable subjects. Absence of hereditary taint was favorable. The introduction of a small number of bacilli or of bacilli of a mitigated degree of virulence increased the chances of recovery. Where the germs gain entrance by the respired air, they are more easily combatted than when inoculation occurs through the blood or lymph channels. The paper then dealt with the questions, how can nutrition be best promoted, and how can we best overcome the virulence of the bacilli. The first, the essayist maintained, was secured by encouraging patients to eat plentifully of the fats and proteids, diminishing the carbohydrates. "*Forced feeding*" should not be attempted unless the stomach was in a condition to digest the food. Each case should be carefully studied, The pernicious habit of allowing patients able to take an ordinary meal to eat between meals should be discountenanced. If alcohol was indicated it should be taken with meals. The essayist then discussed the great importance of good sanitation in dealing with these cases, under the heads of climate, exercise, bathing, clothing. The paper went on: medicinal treatment should be resorted to (1) to improve the nutrition of the patient, (2) to influence the virulence of the bacilli, and (3) to relieve special symptoms.

Below is an extract of the paragraph on creasote:

Creasote has been used both by inhalation and also by the mouth. The method by inhalation for the purpose of destroying the life of the bacillus is now obsolete. If when used in this way it exercises any influence whatever, it is by relieving the bronchial secretion. Dr. Fyffe, of Victoria Park Hospital, London, has shown by infecting the sputum of patients into guinea pigs, before and after the inhalation of creasote, that it exercises no influence whatever on the virulence of the bacillus.

Creasote when taken by the mouth appears to exercise a very beneficial influence. Dr. Fyffe made experiments with the sputum of patients taking creasote by the mouth and showed that the bacillus become less virulent under its influence; the larger the dose the less virulent the bacillus. He gave from two to twelve minims three times a day.

Dr. Douglas Powell says, "In cases of acute phthisis, when the acute phase has passed, in cases also of more advanced disease when the period of hectic has either passed or has much lessened in activity, preparations of creasote and its congeners, especially guaiacol, are of distinct value."

Dr. Semon, of St. Thomas Hospital, says, "That the constitutional treatment by large doses of creasote cannot claim in any way, so far as my experience is concerned, to be looked upon as a true specific against tuberculosis, but it can be positively stated from a large experience, both in hospital and even more in private practice, in which the patients more strictly attend to their health, that as a symptomatic treatment it excels, at present, every other form known. The patients gain in weight, their appetites improve, the night sweats diminish, the expectoration becomes less purulent, and in a good many cases, especially if not coming under observation at too late a period, the disease actually appears to become arrested. It is absolutely necessary first, that the creasote preparation should be perfectly pure; and secondly, that the capsules or pills be taken immediately after meals.

The Absorbable Ligature in Abdominal Surgery.—Dr. M. V. MANN read a paper on this subject. He said while there had been various methods used in the past in the treatment of the pedicle, at present all abdominal surgeons used the ligature. Mr. Lawson Tait, however, had attempted to revive the method used by Keith—cauterization of the pedicle. Mr. Tait's objections to the ligature were that he believed that it led to the formation of broad-ligament hæmatocele, and that in three or four per cent. of cases, the stump and ligature appeared to

get the better of the long tissue around, so that the tissues would not absorb them, leading to suppuration and the formation of sinuses which would not heal. These arguments led the essayist to give up the silk ligature and use the catgut. His argument in favor of these ligatures were that they did away entirely with some of the danger following an infection, because they softened, liquefied and disappeared. Under careful bacteriological examination he had found the material perfectly sterile. The sterilization was done under his own supervision, either by the dry method, boiling in kumoll, placing in solutions of sublimate of ether, or soaking in formaline solution. If it is desired to have catgut last longer than it usually does, it may be hardened by the bichromate of potash. To avoid slipping, the catgut should not be placed in water unless prepared by the kumoll or formaline processes. If used dry, directly from the alcohol, the tendency to slip can be overcome by tension upon the strands while the second knot is being made, or by putting one strand through the second loop twice. Since 1885 he had opened the abdomen a thousand times, and had, he supposed, left an average of three pieces of catgut—a low estimate—within each abdomen. He had never seen an accident in all these cases attributable to the use of cat gut.

Brachycardia.—Dr. P. DEWAR, of Essex, reported two cases of slow pulse, exhibiting the patients.

Case 1. Mr. Taylor, aged 63. Habits—Active, physically and mentally. Family history good. Past history excellent. Previous sickness, malaria five years ago, and acute rheumatism fourteen years ago. From both of these he made apparently good recoveries. Habits temperate. Was called to see him for his present disorder over two years ago. Condition pale and haggard looking. Respirations sighing, digestion faulty. All the other organs with the exception of the heart normal. Heart-beat strong and regular. Pulse 22. Not accelerated by change of position or on exercise. Not easily compressed. Advised quiet, regulated diet. Gave digestives, thinking the condition of the pulse functional, and probably due to flatulent dyspepsia. Next day pulse 20; other conditions the same. Pulse had fallen to 18. Had in consultation Dr. Inglis, who regarded the trouble as probably due to some central lesion. Next day the pulse fell to 16 and remained that way for one hour, although we used every form of heart stimulant. For two months the condition remained much the same. The pulse sometimes ran up to 36, and frequently fell to 20. At the end of that time he had distinct attacks of petit mal, and twice convulsive seizures. In these he bit the tongue. During the last year the pulse has become rapid, weak and

irregular. The heart is dilated, and the patient presents many of the symptoms belonging to epilepsy, notably enfeebled memory.

The second case first came to him some months ago, stating that he felt well in every way, but consulted the Dr. because his friends were alarmed at attacks of loss of consciousness which he suffered from at intervals. When examined the Dr. found a fairly healthy, strong and active man with no other disorder apparent except that the pulse beats were irregular and running about 25 to the minute. Since then there had been little change in his condition, except that under the use of bromides the attacks, probably epileptic, had become rare. Query—What was the connection, if any, between these cases of slow pulse and epilepsy?

Occipito Posterior Position was the subject of a paper read by Dr. ALBERT A. MACDONALD, of Toronto. He opened his paper by quoting from various authors, some of whom hold the opinion that this position is an uncommon one, and, if left to nature, will usually be righted; while others hold that it is a common position, that many of such positions are corrected with great difficulty and are fraught with great danger both to the mother and the child. The essayist held that the condition was often not diagnosed, for the diagnosis was not easy. To fully establish the diagnosis in some suspected case it was necessary to fully anæsthetize the patient and introduce the hand inside the cervix. And this was the greater part of the treatment; for it was a comparatively easy matter then to turn the occiput (and the body as well, the outside hand assisting) into an O. L. A. or an O. R. A. This being done, the rest of the labor was rapid and easy. The essayist gave the history of four cases occurring in his private practice this year in which he had followed the above procedure with most gratifying results. The bibliography of the subject was fully dealt with.

Amputation at the Hip-joint for Advanced Tuberculous Disease.—Dr. A. PRIMROSE, of Toronto, contributed a valuable paper on this subject.

Hæmoptysis.—A paper on this subject was then read by title, being written by Dr. J. M. COTTON, of Lambton Mills. He began by asserting that hæmoptysis was not a disease in itself, but a pathological condition existing in or adjacent to the air passages, and one giving both patient and friends an impression of impending great trouble. He gave the causes having regard to the pathology of hæmoptysis, which should be divided into three sections, viz.: (1) Hæmorrhage from the pulmonary artery or its radicles. (2) Hæmorrhage from the bronchial capillaries. (3) Hæmorrhage from the aorta, or one of its great branches. The doctor then stated that the natural history of

hæmoptysis was practically that of phthisis, and that among the ancients it was believed to be the cause, and not the effect, of that disease. He gave the history of five cases, one of which was that of a young woman of twenty-nine, with a paternal and maternal history tendency to pulmonary trouble. The points of interest in the case were, first, the number of severe attacks and the great amount of blood lost; second, the manner in which the lung cleared up subsequent to each attack; third, the absence of the physical signs of phthisis; and, fourth, the sudden termination of the last severe hæmorrhage, with subsequent disappearance of the disease. The doctor gave it as his opinion that the reason there was not more hæmorrhage in phthisis was due to the fact that the contents of the vessels usually undergo thrombosis. He believed that hæmorrhage in the early stages of phthisis was sometimes beneficial by relieving the congested area and frightening the patient into taking greater care of himself. In treatment of hæmoptysis the doctor advocated rest, fresh air and hypodermics of morphia and atropia. On the disappearance of hæmorrhage he advised inhalations of creasote, iodine, eucalyptus, pinus Sylvestus, with spirits of chloroform added as sedative. The doctor concluded by quoting a case of hæmoptysis connected with cardiac disesse.

Missed Abortion.—Dr. F. R. ECCLES, of London, read a paper on this condition, and reported several cases which had come under his care.

Conservative Surgery of the Eye.—A paper with this title was read by Dr. R. A. REEVE, of Toronto.

The Report of the Committee on Necrology was presented by Dr. T. S. HARRISON, of Selkirk. The report called attention to the sad fact that an unusually large number of members of the Association had died during the past year, and that most of them were men who had not yet reached mid-life. R. H. Hunt, Clarksburg; F. Rae, Oshawa; John McConnell, Toronto; J. Rea, Toronto; W. Cormack, formerly of Guelph, were among the fallen. The following notices were also made in the report:

K. F. Fenwick, of Kingston, an energetic member of this Association and a skilful and successful practitioner, also at a very early age, died a sacrifice to the call of duty, having been infected through a small wound in the finger while operating on a case of septic peritonitis, and dying in a few days of septicæmia.

J. H. Saunders died on February 19th of this year of septic pneumonia, at the age of fifty-one. He had been for several years a professor of Queen's College, Kingston, a surgeon in our volunteer force, and an energetic and successful practitioner. The members of

the Canada Medical Association who visited Kingston last August will long remember his hospitality and his efforts to make the meeting a success.

Laughlin McFarlane died last March, like Dr. Fenwick, of sepsis from a needle wound received while operating on a hospital patient. He was in the prime of life and usefulness, only fifty-six; one of our most successful medical men; was president of this Association in 1894, and the able and genial manner in which he performed the duties of this office will long be remembered by the members of the Ontario Medical Association.

The death of these men, only noticed by their brother members and personal friends, in a short time forgotten, is as heroic as that of the leader of a "forlorn hope" whose name is "familiar in our mouths as household words," and we hold it is our duty to keep their memory green, so that it can truly be said:

> "On Fame's eternal camping-ground
> Their silent tents are spread,
> And glory guards with solemn round
> The bivouacs of the dead."

To Remove Hardened Wax from the Auditory Canal.—Laurens writes to warn against the use of instruments of any kind, as it is liable to be followed by the most serious consequences. He recommends the syringe alone, well sterilized and filled with boiled, tepid water. It should be introduced along the upper wall of the canal, so that the water will sweep the plug out with it, and five times full is enough for one day. The greatest care should be taken to work gently, and stop at the first trace of pain or vertigo. The plug can be softened with the solution of carbonate of soda, 1 gramme in 20 grammes of glycerin and water. Ten drops of this are to be warmed and poured into the ear three times a day; the head should be held so as to keep it in the ear for awhile and then a tampon can be inserted. The injection should be repeated in forty-eight hours. In case the plug of wax adhere to the meatus it should be seized with the pincers and held, while the injection is repeated until the plug comes out, when the canal should be wiped carefully with the finger wrapped in a sterilized rag, and a cotton plug inserted for a few days. —*Journal of the American Medical Association.*

Editorials.

The Ontario Medical Society.

THE sixteenth annual meeting of the above named society is of the past. Elsewhere will be found a short report of the papers and discussions.

A fair attendance of members greeted Dr. F. Le M. Grasett as he opened the meeting in good time. And later on many new members were enrolled, until the attendance seemed as large as it ever is when the meeting takes place outside of Toronto.

Whilst we feel that these meetings are a great benefit to all who attend them, we cannot but regret that the papers do not reach a higher scientific standard. We are at a loss to name the cause of this, for we know that a great deal of excellent work is done in the Province of Ontario by members of the society. We strongly urge upon members the necessity of early preparation of their papers, so that the Committee on Papers and Business may be helped in their duties. The preparation of a paper worthy of the society is not the work of a few days only, but of months. In the discussions we urge that the remarks should be short and to the point, and that members should not think of occupying the time of the association unless they are prepared with short, pithy criticisms of the papers.

From a social standpoint the meeting was the greatest success possible. Our confreres in Windsor must have worked together with a will in order to produce such results.

The evening of the first day of the meeting was brought to a close by an excursion on the river, and though the weather was rather unfavorable, good music, cheerful company, and choice refreshments helped to make everyone forget that anything but pleasure existed. The many lights on the shores of the river and the varied lights on the vessels as they moved along the surface of the water made quite a lively scene. Enchanting as this was to gaze upon, the decks of the boat were more seductive, and the graceful presence of the ladies served to complete the charm of the trip.

The business of the meeting was over by three o'clock of the second day, after which the visitors were taken in charge by the medical men of Windsor, who had provided special cars which took the party to

Walkerville, where a sumptuous luncheon was given by the Messrs. Walker, who had erected a tent on the trim lawn in front of their offices.

Here, with the beautiful river in view, the fleeting moments passed quickly. The tired doctors, worn out by listening to lengthy discussions on diseases, revived with remarkable rapidity under the influence of bountiful refreshments, both solid and liquid, in their most seductive forms. Short, humorous and pithy speeches, interspersed with songs and words of good fellowship, now brought the parting hour too near, when they were loath to bid adieu to their hospitable entertainers.

Crossing the river many members visited the manufacturing establishment of Messrs. Parke, Davis & Co., where much was learned as to the methods of producing the finer drugs and chemicals which we employ daily. A visit was also paid to the firm of F. Stearns & Co.

Other points of interest in both Detroit and Windsor were visited, and all left for home pleased with the success of the meeting, and a feeling of gratitude towards our Windsor confreres who entertained us so well, and who did everything in their power to make the meeting a success.

Dispensary Practice.

"Dr. SHEARD was asked by the Board of Control to report on the city free dispensaries. He says that they are institutions run by a few doctors where hundreds of people obtain free medicines, for which they can well afford to pay. It is altogether likely most of the dispensaries will be abolished."

Referring to the above clipping from the *Mail and Empire* of May 29th, we would say that some people do receive the benefit of free advice, medicine and treatment in our hospitals and dispensaries who could well afford to pay for such service. We are well aware that many receive services in our offices who could but never do pay. There should be a remedy. Let medical men put a higher value upon their services. Why should they devote so much time to charity work? Are they helped as they should be by the wealthy classes in our midst? Let our confreres who work in hospitals, and dispensaries, be more careful about giving their services to any but the poor and destitute. Then if those who are unconnected with medical charitable institutions would notify the City Physician of any case or cases of imposition, he might make it a part of his multifarious duties

to investigate. There is comparatively little interest taken by the general public in this matter, and the tone of the press at present tends rather to stifle charity for the sake of saving a few paltry dollars.

Doctors' Holidays.

No man takes as few holidays as the doctor, no one needs them more. It is well known that the life of a medical man is a comparatively short one. One month's recreation each year would increase his average length of life. The custom of taking a holiday is becoming a regular thing with a few men. It should be with all. An old veteran in his address before a medical association held recently said, "Gentlemen, for many years I never took a holiday, until a severe attack of persistent bronchitis drove me to Bermuda for the winter. I thought my hard won practice would be gone before I got back. But when I returned to my surprise all my old patients rallied around me, and I don't believe I lost one. I was obliged to go south for several successive winters until cured. And now I go away every summer for a few weeks' holiday." And the hale old gentleman bore evidence to the wisdom of his way of doing by his hearty appearance and promise of many years of usefulness. The foregoing is the cheerful testimony of every man who has an annual attack—of holiday fever.

Leave the humdrum of practice for the seaside, or Muskoka, or somewhere for a month. Most of your patients will be loyal to you, and perhaps many will be improved in health, especially if you do not leave a third year medical student as a *locum tenens*.

THE *Pacific Record of Medicine and Surgery* for May 15th has a short article in its editorial columns on the Roentgen rays which appeared in the editorial columns of our April number. No acknowledgment is made.

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THE following were elected officers at Windsor meeting of Ontario Medical Association: President, Dr. Coventry, Windsor; 1st Vice-President, Dr. F. R. Eccles, London; 2nd Vice-President, Dr. C. K. Clarke, Kingston; 3rd Vice-President, Dr. H. T. Machell, Toronto; 4th Vice-President, Dr. J. P. Armour, St. Catharines; General Secretary, Dr. J. N. E. Brown, Toronto; Assistant Secretary, Dr. E. H. Stafford, Toronto; Treasurer, Dr. G. H. Carveth, Toronto.

DOCTOR, the elections are now over; if you like the REVIEW do not wait to see how the Manitoba School question will be settled before sending in your subscription. It is not expected that the change of Administration will cause an alteration in the medical tariff of fees, or in the subscription price of this journal.

* * *

LIFE INSURANCE EXAMINERS' FEES.—The Equitable Life will on and after the 1st of July, 1896, return to the old tariff and will pay $5 for each medical examination. We are glad to see that the united efforts of the medical press towards securing adequate compensation for the services of medical examiners have been successful.

* * *

WITHOUT AN OFFICIAL ORGAN.—The Ontario Medical Council decided to discontinue the grant for the free distribution of a journal to the members of the College. The Announcement and report of proceedings will be issued by the Printing Committee of the Council. Drs. Barrick and Emory have charge of the matter.

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LODGE PRACTICE.—Dr. J. Spence, Toronto, presented the following report *re* lodge practice to the Ontario Medical Association: "Your committee appointed last year to consider the question of lodge practice, begs to report: That it cannot propose any fixed scheme yet applicable to this whole province, but it strongly condemns the growing evil and recommends that an effort be made to have each society in the province take the subject into its consideration and purge itself in any way whatever by making lodge practice by any physician *discreditable*, all of which your committee herewith begs to present."

* * *

CANADIAN MEDICAL ASSOCIATION.—Members of the profession all over the Dominion are commencing to take a lively interest in the coming meeting of the Canadian Medical Association at Montreal on August 26th to 28th next. The fact that there is to be some definite action taken in connection with inter-provincial registration is bringing a large contingent from the Maritime Provinces; each Medical Council is sending delegates to the Dominion Committee. The President, Dr. James T. Thorburn, is putting forth every effort to ensure the success of this meeting. It is as yet too early to announce the provisional programme, but we promise it to our readers in the August issue. We understand, however, that the following gentlemen have intimated their intention of contributing to

the programme: Drs. Osler, of Baltimore; Stewart, of Halifax; Graham, J. F. W. Ross, McPhedran, Primrose, Price Brown Aikins, and B. E. McKenzie, of Toronto; Wilkins, Adami, Lapthorn Smith, Birkett, J. B. McConnell, of Montreal; and R. Ferguson, of London. The hospitality of the profession in Montreal is proverbial, and, taken all together, the prospects are bright for a good meeting.

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MEDICAL FACULTY, TORONTO UNIVERSITY.—The following gentlemen had degrees conferred at the recent convocation: *M.D.*—T. W. G. McKay, M.B. *M.B.*—E. H. Arkell, W. J. Beasley, T. C. Bedell, T. H. Bier, J. F. Boyle, D. Buchanan, G. S. Burt, B. G. Connolly, G E. Cook, D. T. Crawford, F. A. Dales, G. A. Elliott, W. F. Gallow, W. Goldie, C. Graef, A. Gray, N. B. Gwyn, W. J. Henderson, E. S. Hicks, A. G. Hodgins, F. W. Hodgins, E. M. Hooper, W. W. Jones, A. S. McCaig, D. McCallum, J. M. McCarter, C. S. McKee, D. C. McKenzie, A. H. Macklin, W. J. O. Mallock, J. A. Marquis, G. More, J. S. Morris, W. H. Nichol, A. W. Partridge, N. W. Price, J. A. Rannie, J. H. Rivers, E. L. Roberts, E. L. Robinson, H. H. Ross, E. J. Rothwell, W. L. Silcox, Miss C. Sinclair, L. C. Sinclair, D. K. Smith, I. G. Smith, R. H. Somers, F. C. Steele, C. G. Thomson, J. S. Thorne, W. J. Weaver, S. H Westman, E. B. White.

Obituary.

Dr. J. A. Burgess.

WE regret to announce the death of Dr. John Burgess, which occurred in this city on Tuesday, June 30th, at his home, 678 Queen Street East, from pulmonary phthisis, in the thirty-fifth year of his age. Last September he and Mrs. Burgess left for an extended tour through the Southern States with a view of bettering, if possible, his health. About a month ago he was compelled to return to the city from California; but he gradually grew worse, and passed away on the 30th. Dr. Burgess, after graduating from Toronto School of Medicine and Victoria University, commenced his practice east of the Don about eleven years ago, succeeding Dr. John Carroll, who retired. He enjoyed an extensive practice, and deserved the confidence placed in him by his many patients. He took an active part in public affairs, representing for a time old St. Matthew's Ward on the Public School Board. In politics Dr. Burgess was a Conservative, and took an active part in political battles. He leaves a widow and many relatives, and friends in the profession to mourn his demise.

Book Notices.

A Text Book of Bacteriology. By GEO. M. STERNBERG, M.D., LL.D., Surgeon-General U. S. Army, &c., &c. Illustrated by heliotype and chromo lithographic plates and two hundred engravings. New York: Wm. Wood & Co. 1896.

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Sterility. By ROBERT BELL, M.D., F.P.S. G., Senior Physician to the Glasgow Hospital for Diseases Peculiar to Women. London: J. & A. Churchill, 7 Great Marlborough street. 1896.

* * *

A Manual of Anatomy. By IRVING S. HAYNES, Ph.B., M.D., Adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University. With 134 half-tone illustrations and 42 diagrams. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

The great practical importance of a thorough knowledge of the viscera and of their relations to the surface of the body has been recognized in preparing this manual of anatomy by according to them the most prominent place in illustration and description. Further to elucidate their formation and relations in the adult a brief history of the development of the most important organs is introduced. Descriptions of the bones and the joints of these minute parts which require special preparation for their dissection have intentionally been omitted. Surgical references have for the most part been avoided. The card system was used in compiling the index. This is an excellent work, carefully written, well arranged and finely illustrated. Price $2.50.

CRICKET MATCH.—An enjoyable gathering of medical men took place at Rosedale, July 1st, where there was a cricket match between the east and west end physicians of this city. The west won by a score of 66 to 108. Dr. Scott, for the east, batted brilliantly for 38, while Goldsmith, Harrington and Pepler contributed collectively 83. Greig and Andy Gordon fielded finely, and Fred. Fenton, J. T. Fotheringham and Capt. Caven played with a dash which showed that time has had little effect on their sprightliness. The next match takes place about the middle of July.

Correspondence.

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

Ontario Medical Council.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—Will you kindly afford me space in the next issue of the MEDICAL REVIEW to supply information to my constituents, and to others, respecting one or two matters on which there appears to exist some missapprehension on the part of the profession. I receive so many inquiries regarding these points that to reply to each correspondent individually is becoming a very severe tax on my time, and it has occurred to me that a single letter in your widely read journal would suffice for all. I will give the questions seriatim, and append the answer to each.

Question.—What is the earliest date at which the Registrar can legally erase from the register the name of any member of the College for non payment of the annual tax or arrearage thereof?

Answer.—This question was asked at the recent meeting of the Medical Council, and an explicit answer thereto required. Dr. Williams, who appeared to speak with authority, stated in reply that the earliest day on which any member's name could be removed from the register for non-payment of dues will be the last day of February, 1898. It would appear that this is correct. The coercive clause of the Act was suspended till the present month. The assessment made at the late meeting was technically due on the 1st of January, 1896. On the 31st of December, 1896, a member who has refused or neglected to pay the tax just assessed, or any former arrearage, is in default. On the 31st of December, 1897, he will be twelve months in default, and the Registrar may at once notify him that, unless he makes payment of all arrearage within two months from that time, his name will be erased, and on, or after the last day of February, 1898, his name may actually be so erased.

Question.—How many members of the College are still in arrears of assessment dues, and for what aggregate sum?

Answer.—The type-written return supplied to each member of the Council at its recent meeting and entitled, "A list of members of the College of Physicians and Surgeons of Ontario in arrears of dues to June 6th, 1896," contains the names of 1,339 members, and shows an aggregate arrearage of $12,202. As nearly as I can ascertain, nearly eighty of these members are either deceased or non-resident in the

province. There remains, then, over 1,250 practitioners, or more than half the profession, who still refuse to hand over their money to the Council to be expended contra to law in its real estate misadventure. At the recent meeting, the Registrar, in reply to a question, stated that he had, during the year, issued certificates of payment to over 1,100 members, so that in fact considerably more than half the members have refused to pay up. The list does not include the tax for the present year. About forty only owe $2, and about the same number owe $26, or the whole accumulated arrearage of twenty-two years.

Question.—Have the Defence members of the Council paid their so-called back dues?

Answer.—No. Their arrearage was and is in each case deducted by the Treasurer from their sessional allowance. To this they had no alternative but submission under protest.

Question.—Why are not the annual proceedings of the Council fully and fearlessly criticized in the professional journals and the public press at the close of each session, as was promised in 1894?

Answer.—Subsequently to the election of several of the most active members of the Defence Association to seats in the Medical Council, it was thought proper to suspend all further appeals to either the profession or the public until after a vigorous and a sustained effort had been made to rectify existing abuses constitutionally through the Council itself. To this end, at the earnest solicitation of a few of us, the Executive of the Defence Association consented to forego all aggressive action until after the close of the Council's session of 1897. If the efforts of the Defence members of the Council are as futile in 1897 as they have proved to be in 1895 and 1896, the Executive of the Association will, in all probability, next July change its phase of expectancy for one of very decided activity. In that event it will, I presume, depute to some one the duty of fearlessly criticizing every vote given and every contention set forth by each member of the Council, and more especially of each territorial representative. In the meantime the published reports of the Council's proceedings are open to all, and are pregnant with meaning, and with sources of enlightenment, and the practical lessons they inculcate are so plain to every man of ordinary discernment, that he who runs may read. Pending, then, the probable renewal of hostilities a year hence, when it would seem that some startling disclosures are likely to be given and some spicy strictures made, I would urge every member of the College to carefully and thoughtfully read the reports of the Council's proceedings for last year and this.

Two other questions are now somewhat frequently cropping up, viz.: "What was the origin and the motive, and what will likely prove

to be the effect, of the recent changes engineered by the schools in the matriculation requirements of the Council?" and "What is the nature of the machinery existing in the Council by means of which every proposition looking towards the curtailment of extravagance, and every effort to secure reforms in the interests of the profession are inexorably voted down—in face of the fact that the representatives of the profession are now 17 in a Council of 30 members?" The answers to these questions I will endeavor to give in the next issue, or in the next issues, of the REVIEW, unless those who are acting with me think it better to defer doing so until after the session of 1897.

Yours, etc.,

Port Perry, June 27th, 1896. JOHN H. SANGSTER.

Selections.

Gonorrhœal Metritis.

MAX MADLENER (*Cent. für Gyn.*, December 14, 1895) states that great progress has been made in our knowledge of gonorrhœa in the female during the past two years. When the gonococcus was first demonstrated it was considered merely as a mucous parasite, but now it has been proved that the bearer of gonorrhœal infection is also able to penetrate into the deeper layers of tissue. Wertheim says: "All the inflammatory products in the tubes and ovaries, in the peritonæum and in the broad ligament, occurring as a sequel to gonorrhœa, are caused by the gonococcus."

The gonococcus has been demonstrated in the endometrium of the corpus and cervix but not in the muscular tissue. The symptoms of metritis, such as sensitiveness to pressure and general enlargement, are often found as a sequel to gonorrhœa. Whether this is caused by the gonococcus has not yet been determined. The author examined many sections taken from a uterus that was removed *per vaginam*. The patient claimed to have been infected three months previous to the operation. Gonococci were found in the cervical secretion. The uterus was enlarged and was very sensitive to pressure. The uterine appendages were much enlarged and very sensitive to pressure. These proved to be pus tubes. No gonococci were found in the muscular tissue. In the second specimen the author was more successful and believes that he has demonstrated the presence of gonococci among the muscular fibres. The specimens were taken from a uterus that had been removed seven weeks after confinement. Three weeks before delivery a profuse purulent discharge appeared. The labor

and puerperium appeared to be normal. She arose on the seventh day and complained of being very weak, but had no fever. Five weeks later she was attacked with violent pains in the abdomen. These became so intense that the patient sought her bed and had to be carried to the hospital. Vaginal hysterectomy was performed. The uterus was large and infiltrated with pus; pyosalpinx was found on one side and a purulent salpingitis on the other. After taking many sections from the uterus, the following results were obtained: Forms clearly showing diplococci and corresponding in size to the gonocci were found in sections taken longitudinally from the fundus. The cocci were found in pairs, usually between the cells of inflammatory exudate and sometimes between the muscle cells. The cocci were found in sections taken from the anterior and posterior walls of the body and from the cervix. The author thinks that the failure to find the gonococci in the other cases was due to the length of time that expired after inspection before the examination was made. The gonococci remain for years in the mucous membrane, and can be demonstrated there, but the uterine muscular tissue is not a favorable soil for a prolonged stay or for propagation. They either perish there or pass through the uterine wall to the peritonæum. The author believes that many uterine abscesses are caused by the gonococci. Many of these abscesses followed abortion, and many did not show symptoms of infection by staphylococci or streptococci, but occurred during the latter part of the puerperium—indeed, post-puerperal infection has many characteristics of gonorrhœa.

In conclusion, Neisser's gonococcus is capable of penetrating the muscular tissue from the endometrium, and there causing inflammation. This inflammation may proceed to the formation of abscesses. This occurs most frequently in puerperal cases. The gonococcus soon disappears from the muscular tissue either by destruction or by emigration. By invasion of the serous membrane from the endometrium the peritonæum may be infected without any tubal disease. In this way perimetritis in gonorrhœa may be explained.—*The American Gynæcological and Obstetrical Journal.*

NORMAL PREGNANCY AFTER ABDOMINAL HYSTEROPEXY.—Fraipont (*Ann. de la Société Médico-Chirurgicale de Liége*, 1894) reports four cases where pregnancy and labor were practically normal though the uterus of each patient had been fixed to the abdominal walls. In two of the cases the hysteropexy had been performed over five years before the pregnancy occurred, and although the bands of adhesion

between the fundus and the parietes must have become very tough after so long a period, no special difficulty was encountered. In two of the cases the forceps was used, but not on account of uterine inertia; the fœtal head was voluminous, and in one of the two cases internal rotation was delayed. The placenta was always expelled easily, and no serious *post-partum* hæmorrhage occurred. Fraipont observed the progress of pregnancy in several of these cases. The uterus does not increase specially in its posterior part, but quite uniformly, so that, as might be expected, the fundus gradually detaches itself from the abdominal wound. Even if the adhesions were not broken down, they would of necessity be so stretched as to be useless for their original purpose after delivery. Bands of adhesion could not share in the process of involution. As, however, the uterus undergoes perfect involution, it is restored to its original condition before the onset of the disease which rendered hysteropexy necessary. —*British Med. Jour.*

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TREATMENT OF INOPERABLE CANCER WITH METHYLENE BLUE.—On Prof. Ambrosio's advice, Alexandro (*La Mediz. Contemp.*) experimented with the influence of injections with methylene blue in carcinoma, which was considered inoperable. In a woman, 36 years of age, affected with an ulcerated and inoperable carcinoma of the left breast, the injections of methylene blue gave considerable improvement. During many months, parenchymatous injections were made every two days. The tumor became sclerosed and was reduced to small volume; ulceration and pains disappeared; around the tumor cutaneous nodosities appeared, which also were reduced by the treatment. The patient afterwards died of pleurisy. Autopsy proved that the tumor was transformed into cicatricial tissue without any adhesions. Two similar cases were greatly improved. Encouraged by such good results, the author tried the same treatment in a case of uterine cancer which infiltrated the vaginal wall. The patient was in an extremely grave condition because of an advanced anæmia. During six months she did not leave her bed. Morning and evening abundant vaginal douches with sublimate were given and injections every two days. After ten injections the patient could leave the bed. Complete suppression of pain and hæmorrhage diminution of the volume of tumors and even dispersion were obtained, in some cases treated by methylene blue. An examination of the urine showed that the drug had no bad influence on the kidneys.—*Medical and Surgical Reporter.*

Miscellaneous.

WANTED.—A suitable location for a doctor to establish a practice. Will any physician knowing of such a location kindly communicate with J. P., CANADIAN MEDICAL REVIEW, Toronto.

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POSITION as *locum tenens* or assistant desired by a graduate of this year, who also holds the Council certificate. Address, "Graduate," CANADIAN MEDICAL REVIEW, Toronto.

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IF physicians desire to be acquainted with the phases of the moon for July they have but to turn to page vi. advt to see the position occupied by that orb. The Antikamnia Chemical Co. will keep the profession posted on this point during the "dog days."

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BELLEVUE HOUSE, 87 BELLEVUE AVE.—The private hospital (for women) of Drs. Temple and Macdonald has recently undergone thorough renovation. The operating and electrical rooms have been painted, and repapered with sanitary paper, making them completely aseptic. During the temporary absence of Dr. Temple communications may be addressed to Dr. Albert A. Macdonald, 180 Simcoe street.

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A JUST DENIAL.—The action of Judge Ferris, of Cincinnati, in refusing to issue a marriage license to epileptics, is being widely commented upon, but certainly is based upon the soundest common sense. Our contemporaries generally accord the Judge the very highest praise for the far-seeing wisdom which has led him to take this "noble stand against one of the most efficient causes for the extension of one of the most incurable and degenerative diseases." Surely with the knowledge that is now so common regarding epilepsy and certain other diseases of analogous character, it is high time the legislatures of the States took some action to prevent not only marriage but cohabitation where the result would lead to perpetuating of maladies of this character. And such laws should be extended so as to cover syphilis and other diseases that exemplify the truth of the proverb: "The fathers have eaten sour grapes, and the children's teeth are set on edge!"—*Medical Age.*