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Original Communications.

OBSERVATIONS ON THE PROGRESS OF SURGERY IN OUR OWN DAY.*

BY DONALD MACLEAN, M.D., DETROIT.

The multiplicity of associations for the study and advancement of the many departments of science is one of the most striking and, I may add, most valuable features of the age in which we live. The marvellous improvements in the facilities for travelling have rendered this possible, so that surgery, not less than many other departments of modern science and art, is deeply indebted for its unprecedented advancement in our day, to the practical applications of that particular form of motion commonly called steam.

Not to do more than mention the production and dissemination of surgical literature thereby made practicable, the possibilities for personal contact and the interchange of opinions and experience supplying and sustaining in ever-increasing degree the mighty stimulus of emulation, which have been secured to us through the beneficent power of steam, even we of the very generation, who have seen and known all about it, sometimes I think fail to fully realize. Medical Associations as we have them, were not possible in former generations, and while many and various influences have combined to secure the unprecedented advance, which no one can deny that

surgery has made in our day, my firm belief is that the union and communion between different men and different schools, and different nations, rendered possible by the means referred to, is one of the greatest of all the powers which have worked together for the development and improvement of this the most directly humanitarian of all the arts and sciences.

But, while claiming for such associations as the "Canadian Medical," the most unstinted credit as a means of advancement, I am far from being so certain that such functions as the one which your kind and generous partiality has accorded to me, are to be regarded as the most effective or profitable mode of using the time and energies of the members.

I am an ardent advocate of such meetings as the present one. The reading and discussion of original papers, the reporting of cases, the exhibition of instruments and specimens, the congenial gathering of ourselves together, sometimes from long distances, the recalling of old associations and the forming of new, the hospitable and convivial breaking of bread and drinking of water in each other's society, the after dinner speech and all that that implies, I approve of with all my heart.

But when it comes to didactic addresses even on surgery, and the progress and the wonder, and the glory thereof, I am not quite so clear, unless peradventure, the orator happens to have the power, genius and courage of a Tait to electrify his audience and the whole profession with the originality and, at the same time, the reasonableness of his revolutionary views as to the best ways

* Read before meeting of Canadian Medical Association, Ottawa, Sept. 22nd, 1892.

and means of teaching surgery; or, the no less impressive force and grace of a Hingston, by virtue of which the mental eye of the greatest of all medical associations is persuaded to open widely in amazement and delight, as a system of aboriginal surgery, practised in the wilds of far-off America, is unfolded in language not less remarkable for its simplicity and clearness than for its eloquence and pathos.

Happy, indeed, are the orators who can deliver, and the associations which have the privilege of listening to such addresses. In undertaking to speak of the progress of surgery in our own time, it will at once become obvious that on such an occasion as the present, it is out of the question to attempt to do more than mention a few of the more salient features of the theme as they happen to appear to the individual who, for the time being, has the floor.

To treat the subject exhaustively, or to any extent analytically, endeavouring to set forth in due form and in their proper order, chronologically or otherwise, the manifold steps and processes, and the parts played by different individuals, whereby the results in which we so much delight to glory have been attained, implies an effort transcendentally beyond the most latitudinarian estimate of the scope and aim of my present duty. The utmost that I can presume to attempt on the present occasion, is the presentation of a few of the thoughts suggested to my own mind, by the deliberate contemplation of some of the changes in surgical thought and practice which have taken place during the generation to which we happen to belong.

You and I have been interested spectators of, and more or less active participants in, a great contest with enemies of our common humanity of the most malevolent and uncompromising character. This battle commenced long before our day, and without doubt will continue to rage long after we have individually been forced to lay down our arms and pass over to that vast majority which has preceded us. In the meantime, however, we pause for a brief space in the thick of the fight for the purpose of permitting one of the rank and file the opportunity of recording a few of the impressions made upon his own mind, respecting the progress of events in that part of the eternal struggle in

which you and he have had the great honour of playing some part, each one according to his ability, whether that be greater or whether it be humbler.

In attempting to explain the rapid progress of surgery in recent times, and summing up the most powerful of the agencies by which this progress has been effected, large credit has been accorded to two or three data, which certainly have borne a sort of pivotal relation to the whole subject. These are, first, the discovery of Anaesthetics, the influence of which is unquestionable and incalculable, the second is, in a word, Bacteriology, of which it may be said, I think, that the influence for good has been practically infinite: the third, I have already mentioned, viz., Steam, and of this agency I think it may be truly said that its influence has been at least as great as that of any other, not excepting even those just mentioned.

There are at least three other agencies of a general character whose influence has been, in my opinion, very great, although I don't think that they have always received the recognition to which they are justly entitled.

The first of these might be described as "Our inheritance or birthright." I refer to the great stimulus given to surgery by the life and works and teachings of such men as Sir Astley Cooper, Sir Benjamin Brodie, John Bell, the true progenitor of ovariectomy and all that that implies, Liston and Syme, Langenbeck and Desault, and many others who adorned the generation immediately preceding our own. If the torch of surgery has burned more brilliantly and effectively in our day than in any preceding age, to the inspiration supplied by these great men is due much of the credit. The stimulating and inspiring influence of their characters and labors has warmed into active, earnest and successful effort the Listers, the Senns, the Taits, and all the captains of the hosts of our own great and notable day and generation.

The second is the characteristic spirit of the age, which has had its effect upon other departments of science as well, and on surgery as much as any. I mean that spirit which is so well exemplified in the work and the methods of Darwin and his followers, who once for all demolished that great stumbling block in the way of scientific and philosophical progress, viz., the idolatry of author-

ity with the resulting dread of original and independent speculation.

In our day surgeons, like the workers in other fields of science and art, have claimed the right to think and reason for themselves, and to pursue their speculations to their ultimate conclusions, and in so doing they have in large measure developed the faculty of judiciously estimating the proper relations between observed facts on the one hand, and speculative deductions therefrom on the other.

The day is past and gone forever when an observing and thoughtful surgeon would tremble in the presence of his own observations, and refrain from reasoning out any theory based thereon to its logical conclusion and applying it in practice, lest peradventure it might land him in a contradiction of the previously accepted orthodox beliefs which, with all their accumulated load of inherited respectability, have been handed down to him to be carefully cherished and worshipped as the *ultima thule* of all truth and wisdom.

How many pathological, anatomical and surgical dogmas of the most venerable antiquity has our generation seen swept away like so many stumbling-blocks and rocks of offence in the way of the benediction-laden ship of modern progress?

And in this great work may we not justly claim for the new world as large a mead of praise as for the old? Is it not a plain fact that the spirit of original investigation and independent speculation has been abroad in every section of this great western hemisphere, in consequence of which an amount and kind of surgical progress has been accomplished which has commanded the most respectful recognition from the whole world, and especially from those places in Europe which have hitherto been regarded as the very fountain sources of all medical and surgical truth?

This is one of the most remarkable, and to us at any rate, one of the most interesting features of this great surgical age. In times past, American students have flocked to the European schools to complete their surgical education, and they do so yet, and undoubtedly with great advantage, nevertheless, the time has arrived when the necessity for such pilgrimages is becoming every day less and less apparent, and when the question is more and more asked, and with ever-increasing show of reason,

whether we are not in a position to make at least a reasonable return in kind for all that the east is able to bestow upon us, and to confer as valuable gifts upon the surgical pilgrim from Europe as American pilgrims were able to obtain there. The current has certainly begun to flow in this direction, and I am convinced that it will continue to do so until a course of American surgery will come to be regarded as indispensable to Europeans as in former times a European one has been to Americans. The beneficent results which such a system of reciprocal instruction and inspiration would insure directly and indirectly to humanity in general might possibly be foreshadowed in the ecstatic flight of a poet's dream or a prophet's imagination, but certainly it cannot be done justice to in the common place terms and limitations of such a discourse as this.

A third and, perhaps, equally potent feature in the progress of modern surgery is the creation and growth of the so-called specialties. Notwithstanding the fact that it has been fashionable in certain quarters to sneer at, or even to condemn, this more or less artificial division of labor: and, notwithstanding the undeniable fact that some rather serious abuses have arisen therefrom, and that it has not been an altogether unqualified blessing, still it is impossible to close our eyes to the fact that otherwise unattainable advantages have accrued to surgery by the devotion of certain individuals to more or less clearly marked out segments of the great field: and that such individuals should come to be known as ophthalmologists, gynæcologists and so forth, was no more than natural and proper, provided, always, that they started out in the first place as fully equipped general surgeons.

The ophthalmologist or the gynæcologist who is not a general surgeon is like a sailor whose powers as a navigator are confined to one side only of his ship. In other words, the exclusive specialist, the man who knows practically nothing outside of the narrow artificial limitations of his own specialty is *prima facie* a quack, and for his existence and his foolishness honest scientific specialism should not be held responsible. *Every surgeon need not be a specialist, but every specialist must be a surgeon.*

I don't know that there could be a much better criterion of the progress of surgery in recent years than a fair and impartial study of the authoritative

utterances of some generally recognized master of a bygone age in contrast with what we are able to note as to the present state of the art.

For this purpose allow me to call your attention to the address on surgery delivered before the British Medical Association, at its annual meeting in Leamington, in August, 1865, just twenty-seven years ago, by James Syme, at that time Professor of Clinical Surgery in the University of Edinburgh. It is but natural for me to select this address as my text, first, on personal grounds, having had the privilege of enjoying, as a student, an intimate acquaintance with the author: and, secondly, because it is of the nature of a review of the progress of surgery in a given period, viz., forty years, as it appeared to one who deservedly stood in the very front rank among the teachers and apostles of the art and science of surgery during the whole of the epoch covered by the address, one whose doctrines are to day quoted with respectful consideration at least as frequently as those of any individual who has ever taught surgery, unless, perhaps, with the single exception of John Hunter.

The whole address is characteristic of the man and of his life work—plain, direct, uncompromising, earnest and practical. "For he taught them as one having authority and not as the scribes . . . and a great multitude followed him."

I will try to select a few of the most suggestive points in this address for our present consideration.

Of course the dressing of wounds is one of the most interesting topics referred to, and in that connection the old method, which consisted in hermetically sealing the edges or cut surfaces of a wound and retaining them in that condition for a certain definite orthodox period of time before changing the dressing, is condemned, the result of this treatment being a total prevention of union by first intention. "To avoid this great evil," says the writer, "I advised that the edges should not be brought together until the bleeding had ceased, and that there should be no impermeable covering placed over them. The principles which I thus endeavoured to establish are now, I believe, generally recognized in practice."

It was in accordance with the eternal fitness of things that his own son-in-law should have been the one to take up this subject where Syme left it off, and to have worked out all those theoretical

and practical details of wound-dressing which are now so universally known and practised under the title of antiseptic and aseptic treatment. Without pausing to discuss the merits of this much debated and somewhat hackneyed subject, from either an abstract or practical point of view, we must all admit that the industry and faithfulness with which it has been worked out, have brought forth good fruits of a practical character and have certainly entitled their distinguished author to all the credit and honour which has been so abundantly showered upon him by a grateful and appreciative profession.

Moreover, we are in a position to claim for the results of our wound treatment to-day a degree of safety and efficiency, which Mr. Syme would be the first to recognize and applaud if he could have the opportunity of observing it.

In discussing the subject of articular disease, rest by means of the long splint, counter-irritation by means of the actual cautery, and in the advanced cases resection of the articular surfaces, together with general tonics at all stages, comprised the treatment recommended. Thanks to the teaching of American surgeons, under the leadership of Dr. Louis A. Sayre, of New York, we are able to claim a material advance in this department of practical surgery. Rest and extension by weight and pulley—compression and protection—as well as rest by well-fitting plaster of Paris casts, extension splints and braces of various kinds, the free use of tenotomy, early opening and scraping out of all tubercular matter and other injurious debris from the affected joint with or without removing the osseous surfaces, all these have been added to our resources since Syme's day, and it is worthy of note that the operation of resection of the hip joint, now so successfully practised in suitable cases, does not seem to have ever been taken into consideration by him, or anyone else at that time, at least in Europe.

The operation of subcutaneous treatment of loose cartilages in the knee joint, is mentioned as a safe and easy method of treatment, but with our modern safeguards against septic infection, we don't hesitate to cut right down in any case of the kind, remove the offending body and close up the wound, just as we would do in any other part of the body.

For the arrest of hæmorrhage, the use of the

silk ligature, leaving both ends protruding to furnish drainage, is strongly advocated. Now we use a carefully prepared animal ligature, cut it short, close the wound, apply a comfortable protective dressing and confidently look for union by first intention, and we don't expect to hear from the ligature afterwards.

Referring to the surgery of the head, we meet at once with the matter-of-fact statement that "much has been done in the way of improvement," and the following instances are cited :

- 1st. An improved method of enucleation of the eye-ball.
- 2nd. Bowman's operation for fistula lachrymalis.
- 3rd. Tenotomy for strabismus.
- 4th. Improved methods of treating nasal polypi.
- 5th. Tonsillotomy.
- 6th. Excision of the maxillary bones for tumours.

No mention whatever is made of the operation of trephining. In his book on the principles of surgery, however, we find a description of that operation along with this commentary: "Cases admitting of this operation are extremely rare, and I never knew a successful case of it."

If time permitted us here and now to present the testimony of the ophthalmologist, the otologist, the laryngologist, and last but not least, the brain surgeon of to-day, as to the surgery of the head as a definite field for surgical effort, how marvellous would the contrast appear.

In speaking of the thoracic region, the only point considered worthy of mention by Mr. Syme, is the diagnosis and treatment of cystic tumours of the mamma. Had resection of one or more ribs for empyema been dreamed of at that time, it certainly would not have been omitted. So that we may fairly reckon that most satisfactory procedure in the long list of solid surgical advances gained within the last quarter of a century.

"Descending to the pelvis" (to use his own words), the following substantial steps are noted :

- 1st. The treatment of hydrocele by the injection of the tincture of iodine after tapping.
- 2nd. The treatment of the diseases of the rectum, fistula, fissure, hæmorrhoids and stricture by methods precisely similar to those used now. No mention is made of operations for cancer of the rectum, which are so frequently and successfully performed now-a-days, especially since the method

of first removing the coccyx, and if necessary a portion of the sacrum, has been resorted to.

Stone in the bladder and stricture of the urethra are discussed, and in the former the left lateral operation of Cheselden is advocated, and in stricture gradual dilatation and external urethrotomy are recommended as the most suitable methods of treatment, and for my own part, I am inclined to believe that these teachings have not been materially improved upon up to the present day, although there is no doubt a certain field of usefulness for internal urethrotomy.

Speaking of the female pelvis, he says, "the most remarkable change that has taken place in the way of improvement, is in the treatment of vesico vaginal fistula, which was formerly held to be nearly if not altogether incurable, and is now remedied, no less easily than certainly, through means of silver sutures, for the introduction of which we are indebted to Dr. Marion Sims." In contrast with this brief but authoritative utterance of the foremost surgeon of Europe twenty-seven years ago, we have to set the whole science and art of gynæcological surgery with its magnificent record of brilliant discoveries in pathology, and its still more brilliant operative procedures for the relief of suffering and saving of life. Add to this the marvellous fact that there is hardly a single viscus contained in the *abdominal* cavity that has not during these few intervening years been securely placed within the reach of the surgeon's diagnostic and operative power.

To even enumerate the individual operations and other definite and assured gains of this great field of modern surgery, would require an expenditure of time which we cannot afford; besides, to such an audience as I have the honour of addressing, any such enumeration being superfluous.

It is in regard to the contents of the various cavities of the body, the cranium, the thorax, the abdomen, the pelvis, that the most valuable and the most astonishing surgical advances have been made, and I think it is no more than the simple truth to say that neither Syme, nor any single individual of his time, were able in their most hopeful and prophetic moments of surgical aspiration to even conceive of anything approaching such results as have been positively and permanently arrived at.

To my old master it could not, however, fail to be a source of the utmost satisfaction could he but know it, that to some, in fact, a goodly number, of his own pupils the world is directly and indirectly indebted for a great deal of the success of this great movement in the onward march of surgery.

It would no doubt be an easy matter to illustrate in other ways, and to a much greater extent, the progressive changes which the science and art of surgery have undergone in our day, and it would no doubt be an interesting and profitable exercise to consider in detail the individual steps and the order and manner in which they have been laboriously accomplished, and to call the roll of the leaders who, in many lands, have headed the victorious army in its ceaseless march from victory to victory. But time forbids. I hope and believe, however, that brief, fragmentary, imperfect as this little glance backwards and around us over the field of action has been, that still it may be regarded as sufficient to justify us in appropriating, on the present occasion, the concluding words of the address, of which so free use has been made at this time. "In conclusion, Mr. President and gentlemen, I beg to express my hope that from what has been said, surgery will not appear to have stood still or pursued a retrograde course during the last forty years, but on the contrary to have been improved in many important points of practice and to hold out the prospect of further advance, so that when forty years hence some senior member of the Association shall take a similar retrospect, he will find no lack of materials for illustrating the march of progress."

One more prophetic utterance made at or about the same time by one of Syme's own colleagues (Sir James Y. Simpson), I feel impelled to quote here, although its scope is not limited to the field of surgery, but extends to larger and more indefinite departments, in all of which we, as members of the medical profession, have a strong and direct interest.

"It may be also that the day will yet come when our patients will be asked to breathe or inspire most of their drugs instead of swallowing them, or at least when they will be changed into pleasant beverages instead of disgusting draughts and powders, boluses, and pills. But that day of revo-

lution will not be fully realized till those distant days when physicians—a century or two hence—shall be familiar with the chemistry of most diseases; when they shall know the exact organic poisons that produce them, with all their exact antidotes and eliminatories; when they shall look upon the cure of some maladies as simply a series of chemical problems and formulæ; when they shall melt down all calculi, necrosed bones, etc., chemically, and not remove them by surgical operations; when the bleeding in amputations and other wounds shall be stemmed, not by septic ligatures or stupid needles, but by the simple application of hæmostatic gases or washes; when the few wounds then required in surgery shall all be swiftly and immediately healed by the first intention; when medical men shall be able to stay the ravages of tubercle, blot out fever and inflammations, avert and melt down morbid growths, cure cancer, destroy all morbid organic germs and ferments, annul the deadly influences of malaria and contagions, and by these and various other means markedly lengthen out the average duration of human life; when our hygienic condition and laws shall have been changed by State legislation, so as to forbid all communicable diseases from being communicated, and remove all causes of sickness that are removable; when the rapidly increasing length of human life shall begin to fulfil that ancient prophecy, "the child shall die an hundred years old;" when there shall have been achieved, too, advances in other walks of life far beyond our present state of progress; when houses shall be built, and many other kinds of work performed by machinery, and not by human hands alone; when the crops in these islands shall be increased tenfold, and abundance of human food be provided for our increased population by our fields being irrigated by that waste organic refuse of our towns, which we now recklessly run off into our rivers and seas; when man shall have invented means of calling down rain at will; when he shall have gained cheaper and better motive power than steam; when he shall travel from continent to continent by submarine railways, or by flying and ballooning through the air; and when, to venture on only one illustration more, *tiresome surgical addresses shall be no longer required to be written by long-winded, so-called, orators, nor listened to*

*by the long-suffering and uncomplaining members of associations.**

These utterances unquestionably seemed altogether Utopian at the time they were breathed forth by their gifted, far-seeing author, but from what has already been realized in the direction here indicated, are we not justified and encouraged to look to the future with the keenest feelings of hope and confidence, as well as to the past with equally lively feelings of pride and gratitude; for who shall presume to say, so far as the march of modern scientific medicine and surgery are concerned, "Thus far shalt thou go, and no further." For my own part, Mr. President, I have long felt that our profession, as such, has been entirely too modest. Like true worth in general, it has refrained from asserting itself and demanding the power and position justly due it. The irresistible logic and force of facts and circumstances, however, are working many deeply important changes on men and things, and to the watchman on the watchtower, nothing is more obviously perceptible among the coming events of the near future than the promotion and elevation of the medical profession to a position of eminence and power which its intrinsic greatness and vital usefulness justly entitles it to.

A CASE OF BIFURCATED RIB.

BY RICHARD SLEE, M.D., BROOKLYN, N.Y..

Pathologist to the Norwegian Hospital; Pathologist to the Central Throat Hospital and Polyclinic Dispensary; Assistant Pathologist to the Methodist Episcopal Hospital; Assistant to the Department of Physiology, Hoagland Laboratory, etc., etc.

Deviations from the accepted standard are found by the pathologist at almost every necropsy.

These departures belong in a general way to two classes: those of congenital origin and those caused by disease, injury, or habit. The congenital cases may be subdivided into cases which are of surgical or scientific importance and cases which have little value beyond being curiosities. To the latter class or subdivision belong the case now reported.

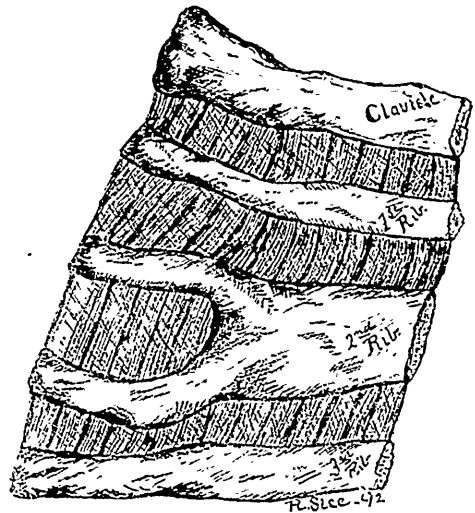
Recently, in holding an autopsy on a physically

well-developed man, dying of pneumonia, otherwise apparently normal, something attracted the writer's attention to what was apparently an extra rib, attached to the sternum on the left side.

On removing the sternum and counting the ribs from the pleural side of the chest wall, thirteen were distinctly found, and the story of our first patient losing a rib from which was constructed a help-mate flashed through my mind.

Examination of the ribs at their spinal attachment showed only twelve.

Dissecting the mass of chest muscles away from the ribs, well around toward the spinal column, there was revealed the specimen shown in the accompanying cut. It will be seen that the clavicle is about nor-



mal. The first rib is normal except at its sternal end, where it is somewhat smaller and rudimentary in character. The second rib, which is the main point of interest, is about twice the normal width, and as is shown in the cut, is bifurcated at its sternal end, the division taking place at about the axillary line on the left side. The branches of the rib extend forward and toward the meridian line, where they had separate and perfect sternal attachments, simulating normal ribs in every respect. The third rib resembles the first in its rudimentary sternal end. This lack of development in the first and the third rib, being an act of accommodation on the part of nature, allowed for the increased width of the forked rib, and its perfect costal cartilages, in this way obviating the otherwise unavoidable deformity. All the

* The sentence in italics is somewhat paraphrased from the original.

ribs on the right side were normal in number and character, as were also the remaining ones on the left side.

A point of some interest from a physiological view, was the perfectly well developed inter-costal muscle between the branches of the forked rib. When we remember that these muscles had fixed points of origin and insertion, not allowing for any contraction of the muscular fibres, we would not be surprised to find them atrophied or poorly developed. The fact of their being as well developed as any of the others leads to the conclusion that they must play some part in the respiratory act other than the mere changing of the position of the walls of the thorax. Conclusions from one case, though, are far from satisfactory.

Similar cases have no doubt been reported, only one, however, that I have been able to find recorded, resembled this. The case recorded—that of a Brooklyn physician, whose sternum was forked, being divided its entire length, save at the upper end—the intervening space filled with what might be called inter-sternal muscular masses similar to the inter-costals, and through which could be observed with ease and accuracy many of the obscure points about the heart.

The specimen from which the drawing was made is now in the museum of the Methodist Episcopal Hospital, Brooklyn, N.Y.

OPERATIVE MIDWIFERY AS IT WAS TAUGHT TO ME AND AS I PRACTISE IT.*

BY DR. HARRISON, SELKIRK, ONT.

I feel rather out of place in undertaking to address the meeting on this subject. Dr. J. C. Cameron, of Montreal, was to have given the address on obstetrics, and I was to follow him. I had no idea of the line that Dr. Cameron would take and I had prepared nothing, but was going to follow his lead. I will take for my theme, operative midwifery, as it was taught to me, and as I practise it. It is nearly forty years since I commenced the practice of midwifery, and more than forty since I commenced its study; and I well remember how elaborately operative midwifery

was taught. We were shown the different forms of forceps—the advantages and disadvantages of each explained—the method of applying them in the different presentations and positions shown on the manikin. Then the elaborate preparation of the patient—her body brought across the bed, her hips at its edge, her legs on two chairs, an assistant to control each leg, and a third to steady her back. Then as to when we were to apply the forceps—the directions were nearly as short and terse as the advice of Mr. Punch to those about to commit matrimony—"don't"—we were told that it was a very dangerous operation. We were shown by statistics the number of deaths that took place from the use of the forceps, and we were told not to apply the forceps until we were positively sure that nature could not complete the delivery. We were, moreover, told that we were not to take our forceps with us—that there would be too much temptation to use them. The impatience of the patient, the anxiety of the friends, and the doctor's wish to show that he was really doing something, would induce him to use the forceps before he ought to.

When I went home to practise, it was in a new country. The roads were bad and I had to travel on horseback, and those of you that have ever tried the experiment, and those that have not, may remember Obadiah's experience in carrying Dr. Slop's instruments on his high trotting-horse, and will know that carrying the long forceps on horseback is not conducive to the equestrian's comfort, and I was easily induced to leave mine at home. I had not been long in practice until I had a case in which I thought I should use them, but I was seven or eight miles from home, the night was stormy and dark and I put it off, but finally sent for them. I got the forceps and applied them, and in a minute or a minute and a half, my patient was over it. I was imbued with the idea that it was rather a serious operation, and I remember saying to my patient, "I need not tell you that you ought to keep still, because you will feel like it." She was a strong German woman, and when I next came back to visit her she was sitting up combing her hair, and she rapidly recovered. I could not help thinking that if I had had my forceps with me I could have saved the woman and her friends a great deal of anxiety, and herself five

* Address delivered at Meeting of Canadian Medical Association, Ottawa, September, 1892.

or six hours of severe suffering. Since then I have taken my forceps with me, and I have not waited until the woman was in articulo mortis. I have used the forceps a great many times in my forty years' practice. I have in that practice lost more than one patient, but I do not remember to have lost one under a forceps delivery. I have had, I suppose, like a good many of my friends, rupture of the perinæum a few times, but I have had as large a porportion of such cases, where there were no forceps used, as I had when I used the forceps. I can remember but two cases where I had rupture of the perinæum after using the forceps — one, a case of eclampsia, where I think my father used the forceps. The woman went into a convulsion and suddenly threw herself just when traction was being made, and there was a rupture. Early this spring I had another case — it was not my own — it was a consultation case. The woman — a very small woman — had been in labour for many hours. I applied the forceps. The head came suddenly on the perinæum, and I had to put a stitch in. I think those are the only cases I have had in connection with the use of the forceps.

I came to the conclusion that the teaching that I had gone through, and the aphorism that "meddlesome midwifery is bad," is accountable for a great deal of suffering and a great many deaths. I do not mean to say that the aphorism is untrue there is no doubt meddlesome midwifery is bad — but it is constantly used by the irresolute, undecided, indolent man to excuse his inaction. You are called in consultation, you find that the patient should have been delivered hours before, your consultant will calmly tell you, "meddlesome midwifery is bad," and that he believes in leaving the case to nature. The question is, how are we to tell when nature is perfectly incompetent to deliver the patient? You can only tell by waiting until the last moment, and then it is often too late. There is not the slightest doubt, that the man who uses the forceps as I have done, has used them often, no doubt, where the powers of nature, if left for a few hours longer, would have been competent to deliver. There is a doubt, but you will remember the advice of Hoyle to whist players, "when in doubt, play a trump." I do not think better advice could be given to the judicious,

skilful midwife than Hoyle's advice to whist players, when in doubt, operate. With regard to the harum-scarum, rattle-brained midwife, all I can say is, he has no business in a lying in chamber, and if he finds himself there, no advice that you or I, Mr. President, could give would help him.

Again we were told, when I went to school, that when the disproportion between the maternal parts and the child's head was so great that there was no chance of natural delivery, we were to use Smelley's scissors, or the cranioclast, to reduce the size of the head, and deliver in that manner. Now, since abdominal surgery has become so much the fashion, and the abdominal section so common, that if Darwin's theory is true, we may in the future expect to develop a race with the abdomen already open. I see in the reports of the obstetrical and gynæcological societies, that a great many have brought up the question as to whether craniotomy should ever be allowed. I remember at a meeting of one of these societies in the States that the question was brought up, and the proposition was advanced, whether it should not be declared criminal; and that the man who reduced the foetal head should be put in the same category as the criminal abortionist. I remember it was stated there that the foetus had as great a claim to life as the mother; and when it was shown that under the best circumstances, with the best men, there was more danger to the mother than by the operation of craniotomy, it was stated that the foetus was worth as much to the world as the mother — that it had just as great a claim to life, and it was the mother's duty to submit to the operation even with the great chance of the loss of her life, in order to save the life of the foetus. I remember seeing the remarks, and it amused me, of one of the medical men there, who stated that he considered the life of the foetus of more value to the community than that of the mother — that the mother had arrived at the end of her tether, and that she had done the best possible — and I suppose he concluded that she was only an ordinary, humdrum wife and mother, whereas the possibilities of the foetus were unlimited — that it might amount to almost anything, and that when the surgeon plunges the scissors in the living brain, or uses the cranioclast, he might feel that he had stilled forever

“Hands that the rod of empire might have swayed,
Or waked to ecstasy the living lyre.”

We all know that too great a number of children born in natural labour die during the first year of life, and a still larger proportion perish before they arrive at the years of usefulness, and then I think any man will bear me out in saying that the chances of a child, after having gone through all that, of being insane, an idiot, or a criminal, are greater than that of its being anything extraordinary. You remember well that amusing crank, Mr. Walter Shandy, when he was trying to prove the correctness of his theory that the pressure of the cerebrum on the cerebellum, during natural labour, had a bad effect on the intellect, could only bring up for evidence in support of his doctrine, the case of Julius Cæsar and the doubtful and equivocal one of Edward the Sixth. I doubt whether in all the cases operated on since then, you can greatly increase Mr. Walter Shandy's catalogue of great intellects in people born by the Cæsarian section.

Now, we should bear in mind that the mother has gone through the quicksands and shallows of childhood, youth, and adolescence; she has arrived at the time when she is head of a family; when her life is the most important thing to her friends and family, and when her death would perhaps be a loss irreparable; and I say that the mother has infinitely greater claims on life than the fœtus. I say that under the best circumstances—I am not speaking against the Cæsarian section—her chances of recovery would be less after the Cæsarian section, than if she had been delivered by craniotomy. Perhaps if the operation were performed by the best members of the colleges, the mortality would be small, but most of these operations must be performed by a country practitioner. But imagine how such an operation would be performed by the ordinary country practitioner. I can sympathize with a country practitioner when he is brought face to face with a question of this kind—shall he open the abdomen or reduce the size of the fœtal head? I can sympathize with the man who perhaps has never seen the living abdomen opened, or even seen the section of a cadaver since he left college. It is by the country practitioners that most of this would have to be

done. In a case of the kind, say, for instance, there is in the States, Kingston, or even Ottawa, a man who can operate successfully, he might as well be in the moon so far as we are concerned. The boy who went to college to study medicine said he would probably kill his first half dozen patients, but he would gain experience by it. Now, a man practising amongst our country families would not see that many cases during all his practice. In all my practice the question has but twice been raised, whether I should resort to the Cæsarian section or to craniotomy. Soon after I commenced practising I had a case. The woman had been in labour for a long time, the forceps had been applied and it was not possible to deliver. The fœtus was evidently dead, and I used the scissors to deliver. About four years ago I had a patient, a small woman, and the child was enormously large, and she had been in labour for several hours. The head would not engage. I tried to apply the forceps, and I am not ashamed to confess to you that it was a complete failure. I turned and brought down the feet. I thought that perhaps by pressure above and application of the forceps to the after coming head I could deliver, but the disproportion was so great that I entirely failed to get the head engaged. The fœtus was dead, the cord pulseless, and I passed the scissors into the base of the brain, and those of you who have tried that on the back of a strongly ossified skull will not envy me my labour. However, I delivered the woman. I had attended at the birth of both the husband and the wife; their mothers were remarkable for having had very large children, and I said to the mother-in-law, “now, if this woman gets in that way again I would advise, if she is anything like as large as she is now, not letting it go the full term.” That was about four years ago. Some time in June I happened to be attending another daughter-in-law of hers, and she told me that this woman was about seven months gone and was very poorly and very large. Now, I said, I would advise her to have a premature labour brought on. They had moved at this time several miles away. There was a young doctor living near her, and he at once went and passed a catheter into the uterus. He told them that labour would come on in twenty-four hours or so. They waited forty-eight hours and then thought something was wrong. I went

and found the os pretty well dilated, and I could feel the feet. I told her I thought the young doctor would get along all right, and that there was no doubt labour would take place before long. I was not long home until I was sent for again. I found the os very much dilated and the head presenting. I ruptured the membrane, and the first thing I knew down came the cord. My friend was recently from college, and he thought by putting her in the knee chest position he could reduce it. He kept her in that position as long as she would endure it, and thought he had succeeded, but when I came to examine her the cord was there still. I brought down the feet and delivered; the child was living, and I believe it is still, and doing well. But I think that when a country practitioner, who has had no experience in opening the abdomen, is brought face to face with the question, "which shall I save, the mother or the child?" and he saves the mother, he has nothing to reproach himself with, and that he should be sustained by the profession. It is not in the interest of our profession or our patients, to encourage operations where we are likely to make a big blunder.

You will remember that O'Meara tells us that during the accouchement of the Empress Maria Louisa, the presentation was abnormal, and Dubois asked the Emperor if it should be necessary to sacrifice the life of one of them, which should he save, the mother or the child. Badly as he wanted an heir, he replied—and I think it is one of the most sensible things that ever the great Napoleon said—"the mother, it is her right."

SALICYLATE OF SODA AND ANTIPIRYN IN GALLSTONES.—Strisower (*Medizsk. obsorenije und St. Petersburg med. Wochen.*, 1892, No. 13) has obtained good results by treating patients suffering from gallstones with salicylate of soda and salol. During the attacks of colic he ordered eight grains of antipyrin twice hourly. When the colic has passed away he gives nine grains of salicylate of soda three or four times daily. Through this treatment the individual attacks of colic always become rarer and at last disappear entirely.—*Medical Chronicle.*

Meetings of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

(Continued from October number.)

OTTAWA, September, 1892.

Dr. Bulkley, of New York, read a paper on LUPUS ERYTHEMATOSUS, which was discussed by Drs. Shepherd and Foley, Montreal; Strange and Graham, Toronto; and Malloch, of Hamilton.

Dr. T. Johnson Alloway, of Montreal, followed with a paper on THE DEPENDENCE OF ABNORMAL EYE CONDITIONS UPON UTERINE DISEASE. Dr. Dupuis and others took part in the discussion.

The discussion in surgery was opened by Dr. D. MacLean, of Detroit, in an address on OBSERVATION ON THE PROGRESS OF SURGERY IN OUR OWN DAY (see page 147).

Dr. H. V. Moore, of Brockville, and Dr. R. A. Reeve, of Toronto, former students of Dr. MacLean when he was a lecturer in Queen's College, Kingston, made kindly reference to their associations with him at that time, and Hon. Dr. Sullivan and Dr. Dupuis, former colleagues, followed in a happy vein of reminiscence and congratulations. Dr. Reeve moved a vote of thanks to Dr. MacLean, seconded by Hon. Dr. Sullivan.

Dr. HINGSTON (Montreal)—I should do violence to my own feelings if I did not accord my meed of praise to Dr. MacLean on his excellent paper, with one exception. His allusion to me was prompted by a feeling of partiality, I am sure. Whatever it was, it was but a feeble echo of the feelings of respect and affection that I have entertained for him ever since I had the pleasure of knowing him, and that is many years ago. Dr. MacLean has gone over the whole domain of surgery, and others have tried to follow him but could not. Dr. MacLean will perhaps pardon me if I do not quite agree with one small portion of his paper. It is as to the relative advantage of lithotomy and lithotripsy in cases of stone in the bladder, and the relative advantages of dilatation in stricture and division of stricture internally. Dr. MacLean gives preference to the old classical lateral operation over lithotomy, and to the classical operation of gradual dilation of the urethra in stricture. I happen to be a few months, perhaps a year or two, older than Dr. MacLean, and I taught for twenty-five years

precisely the same as Dr. MacLean now teaches, but there came a time, and there will come a time with Dr. MacLean, when I changed my views upon these two questions. Certainly, for the first twenty-three or twenty-four years of my practice, I gave the preference to lithotomy for stone in the bladder. Then as to the treatment for stricture, it was the old method taught forty years ago, the method I taught in my hospital for twenty-five years. Then came a change in the spirit of my dream. Until then I thought as Dr. MacLean does now, that the best method is gradual dilation, but I have been forced to the conclusion, and I tell my students on every occasion that I can, that I have changed my views on the question—that the division of stricture gives quicker and more permanent results. It seems almost in bad taste for me to criticise the paper in this way, but I know Dr. MacLean will be pleased to have my views on these points. Surgeons like to have these points brought up. I am delighted that Dr. MacLean has come to us, and I hope he will come again so .

Dr. MACLEAN—I am very happy indeed, to hear all the kind and complimentary things that have been said. I feel very deeply gratified, especially when these compliments come from old pupils like Dr. Moore, Dr. Reeve, and old colleagues like Dr. Sullivan and Dr. Dupuis, but I should have been very much disappointed indeed if my observations, as contained in my address, had been allowed to pass without a single word of criticism or opposition. I feel very grateful indeed to my friend Dr. Hingston for having given some little show of opposition. I did not in my address wait to give all the reasons for the faith that was in me, because that would have made it too long and tedious, for I do think if there is anything in this world that is a nuisance it is a so-called exhaustive address on medicine and surgery. It is generally more exhausting of the audience than of the subject. I tried to avoid that, and made it somewhat dogmatic, but now that Dr. Hingston has raised the question, I think it is but fair that I should state why I hold these views. With regard to the operation for stone in the bladder, I have lectured, as Dr. Hingston has done, on surgery for twenty-five years, more or less, and during most of that time, as you are aware, I had a large clinic of a

peculiar kind not the ordinary run of surgical cases in a large city, but cases that came from a very wide area, from a vast continent, wherever my old pupils had settled or my old patients lived, or wherever the name of the University of Michigan had been heard of, and in that way I had an opportunity of seeing many curious cases and having many strange experiences, and one of those experiences was the oft-returning cases of stone in the bladder, where the operation of crushing had been performed often by very eminent and skilful hands. Consider for a moment the condition of the bladder which has had a stone in it for some time, the inflamed, irritated, degenerated condition of the membrane. It is a common thing to operate by cystotomy where there is no stone at all. What for? To give the bladder physiological rest. It is an operation I have frequently performed and with great success. Now, if we do so in a case where there is no stone in the bladder, how much more so is it necessary where there is a stone. In the operation of lithotomy, you not only get rid of the stone but you give the bladder physiological rest, and an opportunity to rejuvenate itself and to take a fresh start in life, and to return to its primeval condition of a healthy structure. That is the real reason why I prefer the lateral operation to any other method of removing stone from the bladder. The supra pubic operation I consider a bad operation. I know I am something of a heretic, but I express my own view. The lateral operation affording rest, drainage, and an opportunity to recuperate, I consider best. I have performed it often and that is one reason why I am partial to it, because it is only right for a man to praise the bridge that carries him safely across. At the same time, we ought all to be open to conviction, and when Dr. Hingston or any other man can show me good and sufficient reasons, backed up by actual practical facts, to change my mind, I shall immediately do so and gladly confess that I have been in error and set out at once to mend my ways. As to the question of stricture of the urethra, I base my opinions there upon a pretty large experience of it, having been associated with Professor Syme, to whom we are really indebted for all that has been done in the matter of stricture. He was the pioneer, he was the man who worked out the pathology of stricture, the man who

invented the stricture staff which so simplified the operation and made it safe. He was the man who operated so frequently and successfully as to demonstrate the safety and beauty of that operation. Having been associated with him for several years, and watching him carefully insinuating instruments through the tortuous and difficult passage to the bladder, and having tried to imitate him in my practice of thirty years or more, on the data obtained that way I have a very firm conviction. I have dilated a great many strictures and got them along so far that I have said to the patient, "now here is a bougie, a good large one that will slip in easily. Pass that in every Saturday night and keep quiet until Monday, and you will cure yourself." Those patients have very rarely come back, unless they have been careless and neglected themselves. Of course, where the stricture has become resilient and refractory, and refuses to dilate, then the question arises between two or three operations. I hold that the external operation is best. I believe you see better what you are doing; you have an open wound; you divide the stricture thoroughly, and above all, I believe it gives the best results. I have seen internal urethrotomy performed often, and I have operated on the same cases often afterwards on account of recurrence. These are the grounds on which I take this stand. I believe a large number of cases of urethral trouble are subjected to the operation of internal urethrotomy when there is not the slightest necessity. I believe that it is an operation which is performed too often. The patients come to me and say: "I have a chronic discharge, and you might as well operate on me first as last, and I want the operation performed." I very rarely do it, indeed. I pass bougies for them and treat them that way carefully and persistently, and get rid of the trouble. For these reasons, which I have given you, I still contend that treatment by external operation is better. I did not give them in my address, but inasmuch as Dr. Hingston has challenged my views, and done it with that grace, dignity and eloquence characteristic of the man, I really could not refrain from saying a few words in response to his criticism.

Dr. HINGSTON—I am obliged to say something; it is merely to say that if I proposed to join in a vote of thanks to Dr. MacLean a few minutes ago,

I do so now with infinitely more satisfaction. The address was admirable, and I think his defence of the two operations is very clever indeed. I shall not discuss it; I think it would take a day, and I have no doubt two-thirds of those present have decided views on the subject. I will merely say in a general way that there are cases of stone in the bladder and cases, and there are strictures and strictures, and I think a man would not be a wise man who would adopt Dr. MacLean's method or my own in every case, and the same with regard to stricture. As to the frequency with which I try it, I am not disposed to operate more than once in five times by lithotomy. Perhaps once in five times, but as I said, the question is too large to be discussed here to-day. I am delighted that I gave Dr. MacLean an opportunity to make those excellent observations.

The vote of thanks was adopted unanimously with applause.

Dr. MACLEAN In returning thanks for this vote, I wish to say one word. In the first place, referring to the remark of Dr. Sullivan, I may say that there is not anywhere in the United States, or in any other part of the world, a medical association or an audience from which I could receive a vote of thanks with greater pleasure or greater gratification than from the Canadian Medical Association.

Dr. Balfour, of London, read a paper on THE ADMINISTRATION OF CHLOROFORM AND THE DANGERS INCIDENT THERETO.

Sir James Grant, Ottawa, drew attention to the cumulative effect of chloroform in connection with obstetrical practice.

Dr. Hill, Ottawa, related his experience with a fatal case of chloroform narcosis.

Dr. Donald MacLean, Detroit, complimented the paper very highly as an able and practical contribution to the literature of the subject. Continuing he called attention to the fact that people die sometimes without a moment's warning where no chloroform is used, and he mentioned the historical case of Sir James Y. Simpson, in which the intention to operate under chloroform was for some reason abandoned, and the patient died on the table before the operation was commenced. Also a case in his own experience, in which a lady died instantly within half an hour after having had a very superficial examination for an abdominal

tumour, neither instruments, anæsthetic, nor anything else having been used, a mere manual examination. Cases of this kind have occurred frequently enough to justify a doubt as to the agency of the anæsthetic in cases of sudden death on the operating table.

Reference was then made to the peculiar danger of operations in the neighbourhood of the rectum, which, even when the patient is profoundly under the influence of the anæsthetic, are attended with an undue degree of shock, perhaps through the injury inflicted on terminal branches of the pneumogastric nerve. The danger is even greater if the operation is performed while the patient is only partially under the influence.

The speaker expressed his preference for Esmarch's apparatus (dropper and inhaler) for the administration of chloroform, and concluded by stating that, after thirty years' experience of chloroform without a catastrophe, he is not disposed to abandon it for any other known anæsthetic.

Dr. MacLean also gave his assent to Sir James Grant's views as to the cumulative effects of chloroform.

Dr. Shepherd, of Montreal, then exhibited a case in which he had sutured the nerves of the branchial plexus seven months after their division. Dr. Dewar followed with some remarks on the case. Dr. Shepherd then read a paper on *INTUSSUSCEPTION AND ITS TREATMENT BY OPERATION*. Dr. Hill, Ottawa; Dr. Bergin, Cornwall; and Dr. Chustar, of St. John, took part in the discussion. The

DISCUSSION ON OBSTETRICS

was then opened by Dr. Harrison, of Selkirk (see page 154), in the absence of Dr. J. C. Cameron, of Montreal.

Dr. WRIGHT (Ottawa) — I listened with a great deal of satisfaction to Dr. Harrison's remarks on the progress made in obstetrics during the last forty years. There were one or two points that probably attracted the attention of all. The one was as to the use of the old aphorism about the meddlesome midwife. As he said very properly, everything depends on the definition of the word meddlesome. As a rule, instruments are used more frequently than they should be. I was also interested in his remarks on rupture of the perinæum, and quite

agree with him that as many ruptures of that kind occur without the use of the forceps as with them if the instrument is used properly. I should like if he had touched on a point in which we are all interested, and that is, how far there is a necessity of using vaginal and uterine douches—how far that necessity occurs in the general practice of medicine. The reports of cases, by which we are more or less guided, usually come from hospital practitioners, and the statistics come nearly altogether from hospitals. For some time I was inclined to believe that it was a desirable thing, and a wise precaution to wash out the vagina. I am now inclined to believe that harm is done by indiscriminate use of the vaginal douche. I am inclined to believe that the natural process of labour is aseptic, and if the bed clothing and the hands of attendants and everything else are kept aseptic, a woman is in very little danger. My own practice is, when no complication occurs, to leave the woman alone and instruct the nurse to be careful about asepsis of all the surroundings. I have given up the old method of dieting, which, I think, was altogether fallacious, and the old method of insisting upon absolute rest. One of the most practical points in dealing with lying-in women is insisting on change of position as soon as possible. I look upon bed-pans as being absolutely injurious, and among the most frequent sources of trouble. Getting a woman into a rectangular position for the ordinary physiological functions is of great use in getting rid of clots and other matter more or less deleterious.

Dr. DICKSON—The remarks of Dr. Wright lead me to express my opinion with reference to the use of the douche. I think that if one is careful in the manipulation of the case up to the time when most men are in the habit of employing the douche, the douche will not be necessary—that is, if he is careful to keep his hands perfectly free of all septic matter, and careful to see that the vagina is relieved from all clot and other matter, there is no occasion to use the douche. With reference to dieting and the constrained position that it was formerly thought necessary to require the woman to maintain, I think the ideas he has expressed are entirely in harmony with advanced management in obstetrical cases. In my opinion, in most cases it is wholly unnecessary to compel a patient to continue

the position on her back—the patient is much better fitted for a satisfactory recovery if she is allowed to take any position that she finds most comfortable. The use of the bed-pan is a great mistake. It is awkward to evacuate the bowels or bladder in that position; and if the patient is prevented from assuming an upright position, she is also prevented from getting rid of the accumulation of blood in the form of clot, and which often, by its presence, leads to great trouble. If she is allowed to assume an upright position she is able to get rid of those foreign elements, and the prospects of her recovery are very much greater.

Dr. BRAY—I have been very much pleased indeed with the address of Dr. Harrison, and more especially as it was unexpected and impromptu. I agree with a very great deal that he has said, and I particularly agree with the remarks that fell from Dr. H. P. Wright as to the use of the uterine injections, and also change of position. I have been in the habit, for a great many years, of allowing a woman to change her position just as soon as she felt so inclined, and particularly when nature called on her to urinate, I have had her raised to an upright position. But there is one precaution you have to take in this, it must be gently done. I think it is a very bad thing indeed for a woman to rise suddenly after she is delivered. Now, as to the use of forceps, I think we have gone, perhaps, to the other extreme. Some years ago, as Dr. Harrison pointed out, it was considered a very critical and dangerous operation. Now, particularly with the younger men, I think they are using the forceps a little too often. However, it is better to err on that side. With regard to rupture of the perinæum, I believe, and have believed for a great many years, that one can do a great deal to prevent rupture by using forceps.

Dr. Machell, of Toronto, then exhibited a specimen upon which some remarks were made by Dr. Cameron, Toronto, and Dr. Shepherd, Montreal.

The following papers were also read:

Dr. R. A. Reeve Toronto, SYMPATHETIC OPHTHALMIA AND EVISCERATION OF THE EYEBALL.

Dr. Geo. E. Armstrong, PROSTATECTOMY.

Dr. Chas. E. Cameron, of Montreal, A RARE CASE OF SPINA BIFIDA WITH AN UNUSUAL TERMINATION.

Dr. Geo. Baptie, of Ottawa, TRAUMATISM OF THE LABYRINTH.

Dr. H. H. Clow, of Winnipeg, ENTERECTOMY FOR THE CURE OF FŒCAL FISTULA.

Dr. Horsey, of Ottawa, PUNCTURED WOUNDS OF THE EYEBALL.

Dr. Harrison, A CASE OF A GUNSHOT WOUND.

The Treasurer then read his report, which had been audited by Drs. Blackader and Molson, of Montreal.

Dr. Reeve tendered a vote of thanks to the profession in Ottawa.

Dr. Bray then vacated the chair, and Sir James Grant moved a vote of thanks to Dr. Bray for his courteous and efficient services as presiding officer.

AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

SECOND ANNUAL MEETING.

ACADEMY OF MEDICINE,
17 WEST FORTY-THIRD ST., NEW YORK,
Tuesday, Oct. 4th, 1892.

The meeting was called to order at 10 a.m. by the President, Dr. W. J. Morton, of New York, who occupied the chair. Vice-Presidents Dr. A. H. Goelet, of New York, and Dr. W. F. Hutchinson, of Providence, R.I., occupied seats on the platform. Thirty Ordinary Fellows were balloted for and declared elected, also one Honorary Fellow, Dr. W. Bruce Clark, M.A., M.B., F.R.C.S., London, England. The President's address, entitled "Electricity and Medical Art and Science," was delivered by Dr. Morton, who directed attention to the faults, neglects and mistakes of the past, the certainties of the present, and the hopes for the future. "To-day, an exact science, electricity, knocks at the door of medicine, an inexact science, and demands a hearing." Its known actions on living tissue were cited, viz., in excitation of protoplasm, electrolysis, cataphoresis, and vaso-motor effects. The address was full of helpful suggestions and met with an enthusiastic reception. The members of the Committee of Standard Coils reported individually, and as their work was not completed they were directed to continue their researches for another year, and at the suggestion of the Pre-

sident, Mr. Kennelly, Chief Electrician of the Edison Laboratory, was added to the committee.

On behalf of the Committee of Arrangements, Dr. A. H. Goelet first expressed the regret that all felt at the absence through illness of one of the most indefatigable members, Dr. Robert Newman. He then announced the program of entertainments, which included invitations from The Electric Club, Resident Members of Association-Metropolitan Telephone Exchange, Mr. Thomas Edison and Dr. Schavoir. The first paper read was, "The Use and Abuse of Electricity in Medicine," by Dr. A. D. Rockwell, of New York, who exhibited a patient that had been knocked down by a train, receiving injuries that rendered him totally unfit for manual labour, but electrical treatment carefully applied had enabled him to resume his position as baggageman. Dr. Rockwell advocated the proper use of this agent by competent physicians, but condemned its indiscriminative application by those unaware of its power. The paper was discussed by Dr. Massey, Philadelphia, and Dr. Nunn, Savannah, Ga. "The Role and Range of Electricity in Therapeutics," by Dr. Thomas W. Poole, of Lindsay, Ont., was read by title, the writer being absent. "New Contributions of the Electrical Treatment, (both Faradic and Galvanic) to the Diagnosis in Gynaecology," by Dr. Georges Apostoli, Paris. An English translation of this valuable paper was read by Dr. W. F. Hutchinson. It is the opinion of the writer that the diagnostic use of electricity would render unnecessary many painful and mutilating operations. He drew attention to the diagnostic significance of varieties of pain elicited by electricity, also the variety and degree of action accompanying, and reaction following electric manipulation. Along and interesting discussion followed. Dr. Massey, Philadelphia, thought the paper the most important one that Dr. Apostoli had written, and agreed with the opinions expressed. Dr. A. H. Goelet used bipolar vaginal faradization to facilitate diagnosis, and warned against its indiscriminate diagnostic use in intra-uterine diseases. Dr. H. H. Hahn, Youngstown, O., uses an electrode with a joint, and so avoids pulling on the uterus, and is able to use a current which would otherwise be out of the question. Dr. C. R. Dickson, Toronto, Ont., in very susceptible cases used very mild gal-

vanic applications, 5 m.a., for ten minutes, which was gradually increased at future seances with good results. He had been disappointed in aluminum electrodes. Dr. Holford Walker, Toronto, instanced a case of ovarian neuralgia where exploratory incision revealed nothing, and a prompt cure resulted from employment of a faradic current of high tension. The discussion was also taken part in by Dr. Nunn, Dr. Cleaves, Dr. Hutchinson and the President, the latter stating that he was positive from experience as to the relief of pain as described, and considered the diagnostic features pointed out a most valuable contribution to gynaecological practice.

AFTERNOON SESSION.

"A New Treatment of Prostatic Hypertrophy," by Dr. G. B. Massey, of Philadelphia, was read, and an electrode was exhibited consisting of a silver prostatic catheter insulated, except a portion around the eye. Next came a discussion on "Electric Cataphoresis and its Practical Application as a Therapeutic Measure," opened by Dr. Frederick Peterson, of New York, who described the experiments performed in causing diffusion of drugs by electric action. The subject viewed from the standpoint of the electrician in a paper entitled "The Physics of Cataphoresis," by A. E. Kennelly, Esq., Chief Electrician of the Edison Laboratory, was read by Dr. Peterson in the absence of the writer. It described the process, alluded to conditions modifying it, and explained the theory. Prof. E. J. Houston, of Philadelphia, continued the discussion from the standpoint of the physicist. His conclusions were that the cataphoretic actions were greater than many suppose, causing depletion of some parts and engorgement of others, thus varying the resistance of the body constantly. Dr. W. J. Morton, of New York, followed with "Its Uses in General Medicine," dealing with many of its applications and modes of utilizing, also medication and demedication by electric bath. He thinks it is too early to pass final judgment on its value or place, with regard to diffusion of medicaments. "Its Uses in General Surgery," by Dr. W. H. Walling, of Philadelphia, was read by title. Next was considered "Its Uses in Gynaecology," by Dr. Augustin H. Goelet, of New York, who confines its use to pro-

ducing anæsthesia before puncturing. The formal discussion was concluded with "The Uses of Anodal Diffusion in Neurology," by Dr. F. Peterson, who considers the relief of *local* pain by cocaine at anode an important diagnostic point. The general discussion was opened by Dr. G. B. Massey, who uses soap at negative pole in enlarged glands of neck. Dr. W. F. Hutchinson thinks its action too uncertain. Dr. Agramonti witnessed as to cocaine anæsthesia on his hand. Drs. Nunn and Von Raitz also took part.

EVENING SESSION.

"Stabile Electrodes, Old Materials Newly Arranged," by Dr. R. J. Nunn, of Savannah, Ga., who thinks water the real electrode and the requirements a maximum of water in the closest contact, most easily handled. Dr. Massey thinks for a stabile electrode white china clay is the best; it is alkaline besides holding the water. He rubs soap over the surface. Dr. E. Mosher, Brooklyn, advocated the Indian meal poultice electrode in double cheese cloth. Dr. A. M. Galbraith, New York, likes wire gauze covered with absorbent cotton. Dr. A. H. Goelet places lint over the clay and backs it with rubber; in this form it can be readily cleansed. Dr. Robinson, Albany, prefers the wire. Dr. A. D. Rockwell piles sculptor's clay in a dish, water is kept in a hollow of the lump, and electrodes are moulded from this as required. Prof. Houston suggested adding graphite. Dr. Herdman has tried various mixtures. Dr. Massey thought graphite would render the clay dirty. Dr. C. R. Dickson detailed an experiment he proposed to try in making the stabile electrode as near the potential of the skin and tissues as possible, and so avoid local action and other objectionable features. Dr. Nunn uses lint in many layers, the first few very wet, and protects burns by rubber tissue. "The Value of Voltaic Alternatives in Optic Nerve Atrophy," by Dr. C. E. Riggs, of St. Paul, Minn., was read by title. "The Electrical Treatment of a Phase of Neurasthenia," by Dr. W. F. Robinson, of Albany, N.Y., was next taken up and was discussed by Drs. Rockwell, Hutchinson, Galbraith and Morton. "Some Forms of Rheumatism and Their Treatment," by Dr. F. Von Raitz, was read by title, and "Use of the Rotary Transformers in Medicine,"

by Dr. R. L. Watkins, of New York, was on motion directed to be put in the records. The Association adjourned at 9 p.m. to accept the hospitality of the New York Electric Club, in a social reunion at their handsome club house, where a most enjoyable evening was spent and an elegant supper partaken of.

WEDNESDAY MORNING,

October 5th, 1892.

Dr. W. J. Herdman, of Ann Arbor, Mich., presented "The Need of Greater Simplicity and Uniformity in Electro-Therapeutic Apparatus." He thought standards should be adopted for all apparatus, and suggested formation of committees for the purpose. Dr. Hutchinson agreed that our apparatus is too complicated, as also did Dr. A. H. Goelet; he considered platinum the best electrode for internal uses and cheapest in the end. At the request of the President, Dr. H. E. Waite (of Waite & Bartlett) answered for the manufacturers. Dr. C. R. Dickson, of Toronto, Ont., read "A Contribution to the Electrical Treatment of Cystic Goitre and Hydrocele, also a note on "Psoriasis," and exhibited two electrodes, a stabile, with removable metal plate, and a bipolar carbon roller for labile surface application. A very long and most interesting discussion ensued, taken part in by Drs. Herdman, Kellogg, Goelet, Walker and the President. Mr. John J. Carty, Vice-President of the New York Electrical Society, read a most interesting and instructive paper, "Medical Electricity from an Electrician's Standpoint," which dealt with the error of considering electricity under different conditions as different forms of electricity, and was discussed by Drs. Nunn, Herdman, Kellogg and the President. "The Effect of the Electrolytic Action in the Removal of Certain Neoplasms," by Dr. D. S. Campbell, of Detroit, Mich., was, at request of writer, taken as read. "Electricity as an Anæsthetic," was then presented by Dr. W. T. Hutchinson, of Providence, R.I., who exhibited his singing rheotome, a ribbon of phosphor bronze with an adjustable pitch to be used with galvanism. All pain is relieved by the same pitch. C major. The paper was very ably discussed by Mr. Carty. Drs. Goelet, Kellogg, Nunn, Herdman, Dickson and the President also took part.

AFTERNOON SESSION.

"Some Physiological Experiments with Magnets at the Edison Laboratory," by Dr. F. Peterson and A. E. Kennelly, Esq., Chief Electrician of the Laboratory, detailed what had been tried with the most powerful magnets known to science, but no appreciable effect was produced on the organism. This was followed by a "Discussion on the Relative Fœticial Value of the Galvanic and Faradic Currents in Ectopic Gestation," the following points being emphasized: (1) How does electricity destroy the life of the fœtus? (2) Which current should theoretically be more certain in its results, and what is the individual experience? (3) Can electricity be depended on to accomplish the desired end, and why? (4) Should the galvanic current be used interrupted or constant? (5) What is the best method of applying the agent? (6) What are its dangers, and how are they to be avoided? (7) Who should employ it? can it be safely entrusted to the general practitioner? The discussion was opened by Dr. A. D. Rockwell and continued by Dr. Buckmaster, Dr. Malcolm McLean, Dr. Goelet, Dr. A. Brothers, Dr. Currier, Dr. Gunning, Dr. Hahn and Dr. Von Raitz. At the request of the President, Mr. Carty gave the views of the physicist. The whole discussion proved most interesting. "Some Successes and Failures with Electricity in Gynæcology," by Dr. A. Laphorn Smith, of Montreal, Can., was read by title. Dr. Augustin H. Goelet, of New York, read "The Treatment of Salpingitis by Depletion and Drainage," and exhibited a new bipolar vaginal electrode. "The Negative Pole of the Galvanic Current with Faradization as a Uterine Developer, with Report of Cases," by Dr. Charles G. Cannaday, of Roanoke, Va., was read by Dr. Goelet.

EVENING SESSION EXECUTIVE MEETING.

The following committees were appointed:

Standard Static Machines, Drs. W. J. Morton, J. H. Kellogg, M. A. Cleaves, G. B. Massey.

Standard Constant Current Generators and Controllers, Drs. W. J. Herdman, F. Peterson, R. Newman.

Standard Electrodes, Drs. A. D. Rockwell, R. J. Nunn, C. R. Dickson.

Standard Coils, Drs. W. J. Morton, A. H. Goelet,

G. B. Massey, W. F. Hutchinson and Mr. A. E. Kennelly.

Standard Meters, Drs. W. Adams, H. E. Hayd, W. F. Robinson.

All to report at next annual meeting.

The following officers were then elected for 1892-93:

President, Dr. Augustin H. Goelet, New York.
1st Vice-President, Dr. William F. Hutchinson, Providence, R.I.

2nd Vice-President, Dr. William J. Herdman, Ann Arbor, Mich.

Secretary, Dr. Margaret A. Cleaves, New York.

Treasurer, Dr. R. J. Nunn, Savannah, Ga.

Executive Council.

Dr. W. J. Morton New York.

Dr. G. Betton Massey, Philadelphia, Pa.

Dr. Robert Newman, New York.

Dr. J. H. Kellogg, Battle Creek, Mich.

Dr. Charles R. Dickson, Toronto, Canada.

It was resolved to meet in Philadelphia on Tuesday following Pan-American Medical Congress, viz. September 12th, 1893, Drs. Massey, Grier and Bigelow to be Committee of Arrangements. Dr. W. J. Morton gave notice to present a motion at next annual meeting to amend Article III. of Constitution so as to include Electrical Experts in Fellowship. The meeting then adjourned and the members, their wives and invited guests were tendered a reception, lecture and private exhibition by the N.Y. Resident Members, in the Academy. A most interesting illustrated lecture, with demonstrations on the phonograph and microphonograph, was given by Dr. J. Mount Bleyer, assisted by Lieut. Gianni Bettini. An opportunity was given to view the magnificent display of apparatus in an adjoining room, after which all descended to the hands-me parlors, where a recherche collation was served to the strains of a detachment of Prof. J. Eben's 71st Regiment band, and many informal healths drunk and numerous brief speeches made.

THURSDAY MORNING.

October 6th, 1892.

At the adjourned Executive meeting, the Council was instructed to publish in book form and supply to each member the transactions of preliminary

and first annual meeting, together with the proceedings of present meeting. Votes of thanks to all who had extended courtesies to absentees who had sent valuable papers, and to the experts for their assistance and discussions were cordially passed, and the reading of papers resumed. A "Memorial of Dr. Gilman Kimball," by Dr. Ephraim Cutter, of New York, was read by Dr. Cutter, Jun., and "Some Recent Conclusions in the Treatment of Fibroid Tumours" was read by Dr. G. Betton Massey, of Philadelphia. This was followed by "The Present Status of Electrolysis in the Treatment of Urethral Strictures, with Statistics of One Hundred Cases (the third series)," by Dr. Robert Newman, of New York, read by Dr. W. F. Hutchinson in the absence of Dr. Newman through illness. Discussion was deferred till the evening session, and the meeting adjourned to accept the invitation of Mr. Thomas Edison to visit his laboratory at Orange, N.J. The party was received by Mr. Kennelly, and a most delightful and instructive afternoon spent at the laboratory.

EVENING SESSION.

Dr. Newman's paper was first discussed, and acting on his request, the President named a committee to investigate his statistics, viz., Dr. Goelet, Chairman; Dr. W. J. Herdman, Dr. W. J. Morton, these to appoint two surgeons of recognized eminence to act in concert. "The Physiological Effects of a Magneto-Electric Current of Regular Variation" (sinusoidal current) was read by Dr. J. H. Kellogg, of Battle Creek, Mich., who exhibited several most interesting tracings, and explained how they had been obtained, and was complimented on his work. Dr. John A. Cutter, of New York, read "Electro-Therapeutics and the systemic Treatment of Morbid Growths," and was followed by "Lacerations of the Cervix Uteri and Their Treatment," by Dr. F. Von Raitz, New York, and "The Constant Current in Glaucoma and Cataract," by Dr. S. T. Andersen, of Bloomington, Ill. "A Note Upon the New Applications of the Alternative Sinusoidal Current in Gynaecology," by Dr. Georges Apostoli, was presented and read by title. There being no further papers, the retiring President reviewed the work, thanked the members for their assistance, and introduced the President-elect, Dr. Augustin H. Goelet, who, on taking

the chair, made a few felicitous, appropriate remarks, and complimented Dr. Morton on his ability in conducting the meeting. After a cordial vote of thanks to Dr. Morton, the meeting adjourned at a late hour.

The festivities were concluded by a lawn party and lunch at Dr. Schavoir's Sanitarium at Stamford, Conn., on Friday, when a most delightful afternoon was spent.

C. R. DICKSON (Toronto),

Acting Secretary.

PRELIMINARY ADDRESS OF THE COMMITTEE OF THE WORLD'S CONGRESS AUXILIARY ON A MEDICO-CLIMATOLOGICAL CONGRESS.

The year 1893 will be made memorable by the Exposition that the World will hold in Chicago. There will be gathered not only the exponents of the industrial wealth of the world in all the forms of material progress, but the advances made in art, science and civilization will also be set forth.

A series of congresses, representing all of the departments of thought and scientific investigation, is a true, even an indispensable part of a World's Exposition.

In accordance with this idea, the World's Congress Auxiliary has been organized in connection with the World's Columbian Exposition, and has been recognized and approved by the Government of the United States. Among the assemblages to be convened, what more fitting than that the Department of Medicine, the great healing art, with its many divisions should be conspicuously presented? What more opportune time could have been selected by the climatologists of the whole world to meet and compare their observations and views on the different climates of the earth, and their effects upon humanity, and the diseases to which flesh is heir?

With that object in view, a Local Committee of Arrangements has been appointed by the World's Congress Auxiliary, and an Advisory Council will be selected from those eminent in this department in different parts of the world, to arrange a World's Congress of Medical Climatology, to be held at Chicago during the Exposition season of 1893.

The design is to hold this congress at a time

convenient to those who will attend the congresses of the other divisions of the Department of Medicine which are assigned to open May 29th, 1893. This early date was chosen to accommodate those who will desire to attend the Medical Congress to be held in Rome in November of next year.

The movement is, as yet, in a formative stage, and much thought must be given to it before a detailed programme can be formulated.

The following topics have been suggested, and others will doubtless be added before the final programme is announced :

The Leading Characteristics of the Climates of the Various States, Countries, and Sections of the World.

Diseases Produced by the Climatic Peculiarities and Weather Changes in the various countries. Relation of Climate to Consumption. Climates in which Consumptives Recover, or are Materially Benefited.

Health Resorts : Special Features.

Relation of Climatic Changes to Epidemics.

Changes of Climate due to Cultivation. The Effects of the Destruction of Forests, and other Changes Incident to Civilized Life.

The Relations of Diet and Climate.

What May be Done to Improve or Modify Climates for the Promotion of Health and Comfort?

Geography of Carcinomatous and Sarcomatous Diseases.

Geography of Bright's Disease.

Climatic Factors which Produce Epidemic Influenza.

Relation of Climate to Rheumatism.

Relation of Climate to Catarrhal Diseases.

Relation of Climate to Longevity.

Waters and Climate.

Climatic Effects upon the Eye.

Relations of Climate to Diseases of the Ear.

The Effects of Sun Spots upon Climatic Conditions. What More Can the Weather Bureaus do to Aid Climatologists and Disseminate Climatological Knowledge?

Comparison of Climatic Differences as Manifested by Similar Diseases in the North and South Temperate Zones.

Climatic Relations to Remittent and Periodical Fevers, and to Continued Fevers.

Climatic Relations to Malaria.

Acclimation. Disorders Produced by Migration.

It is the purpose of the Committee, with the advice of the Council, to arrange for a report from each state and country of its climatic peculiarities. The health resorts of each state and section will also be properly represented.

This congress will afford a most favourable opportunity to compare the climates of the various states, countries, islands and continents of the whole world, from a medical standpoint, by delegated representatives of the various localities.

The changes that occur in climates, and which possibly attend the great epidemics, merit world-wide attention.

If the effects of climates upon the one disease, consumption, can by such comparison, be fairly ascertained and approximately settled, great good will result to afflicted humanity.

The bearing of climate upon such diseases as rheumatism, catarrh, cancer, Bright's disease, and generally upon health and longevity, will form especially interesting questions for consideration in the Congress.

The Committee would be pleased to have suggestions as to topics and modes of proceeding, as well as those who may take part in the discussions. Proposals for membership of the Advisory Council are also invited.

All communications should be addressed to the Chairman of the Committee.

T. C. DUNCAN, M.D., *Chairman*,
I. N. DANFORTH, M.D., *Vice-Chairman*,
L. B. HAYMAN, M.D., *Secretary*,
J. D. HARTLEY, M.D.,
A. K. CRAWFORD, M.D.,
F. D. MARSHALL, M.D.,
J. B. S. KING, M.D.,
J. A. ROBISON, M.D.,
S. A. McWILLIAMS, M.D.,
A. L. CLARK, M.D.,

Committee of the World's Congress Auxiliary on Medico-Climatology.

WORLD'S CONGRESS HEADQUARTERS, CHICAGO, August, 1892.

By an Order-in-council antipyrine, antifebrine, antikamnia, phenacetine, and sulphonal have been placed in the schedule of poisons, under the Pharmacy Act.

NIAGARA DISTRICT MEDICAL ASSO-
CIATION.

The regular quarterly meeting of the Niagara District Medical Association was held in Welland on the 12th ult. The President, Dr. Clark, called the meeting to order at 1.30 p.m. Among those present were Drs. Schooley, Glasgow, Smith, and Howell, of Welland; Drs. Clark, Armour, Leitch, and King, St. Catharines; Dr. Haney, Humberstone; Dr. Anderson, Niagara; Dr. Oliver, Niagara Falls; Dr. Echlin, Thorold; Dr. Vanderburg, Merritton; Dr. Old, Port Colborne.

By special request the President read his inaugural address, which was well received. After a brief discussion of it by Drs. Haney and Armour, it was unanimously resolved, "That the thanks of the meeting are due and are hereby tendered to the President for his able and instructive address, and that the Secretary be instructed to furnish copies to the Ontario medical journals for publication.

Dr. Haney, of Humberstone, read an excellent paper, briefly reviewing the progress and history of medicine since the time of Hippocrates, but dwelling especially on the great advance that has been made in the healing art since he entered the profession some forty-five years ago.

Dr. Oliver, of Niagara Falls, related in detail the history of an interesting case of necrosis.

Dr. Armour opened the discussion on Dr. Oliver's case, which was continued by Drs. Schooley, Haney, Leitch, Vanderburg, Anderson, Echlin, and King.

After some further routine business, the meeting adjourned to meet again in St. Catharines, on the second Wednesday of January next.

MEDICAL EXAMINATIONS BEFORE MARRIAGE.—It is said that there is a law in Brazil compelling prospective brides and grooms to submit to a medical examination as a preliminary to a legal marriage. Such a law is theoretically excellent as a means to stamp out hereditary tendencies to disease and to prevent the transmission of certain maladies, like syphilis, to the offspring. But practically, we fear that love laughs at doctors, just as well as at locksmiths.—*N. Y. Med. Record.*

Ontario Medical Journal

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

TORONTO, NOVEMBER, 1892.

DIPHTHERIA IN TORONTO.

The curve for diphtheria, as given in the diagram attached to the 1891 report of the medical officer of Toronto, goes to show that the seasonal incidence of this disease in Toronto is similar to what obtains in England—a small number of deaths during the spring and summer months, a sharp rise in September, an increase in October, and the outbreak reaches its height in November, after which it declines during the rest of the winter.

The course of the present outbreak in Toronto is similar to that of 1891, unless it should fortunately happen that the procedure adopted by Dr. Allan—closing of the schools in the infected districts, flushing of the sewers, isolation of patients and disinfection of bedding, clothing, etc.—should cause the sickness wave to subside instead of reaching its maximum during the current month. Truth to tell, the total number of cases reported last month, 197, though not up to the maximum of November, 1891, 221, is sufficiently appalling.

The fact that these outbreaks of diphtheria occur simultaneously in England and Canada should induce us to look for some cause or causes common to both countries. If we admit the bacterial origin of the disease, it is reasonable to believe that sudden changes of temperature, such as occur in both countries during the autumn, causing chilling of the surface and a congested state of the mucous surfaces, would predispose to the easy growth and development of the Klebs-Lœffer bacillus. The disease does not die out in summer, sporadic cases occurring regularly. For instance, though the uninformed in sanitary matters may have imagined that diphtheria had disappeared as completely from Toronto last summer as cholera has from New York, 239 cases were reported to the medical officer during the months of June,

July and August. The reopening of public schools in September provides the next factor for a rapid increase of cases - children go from rooms where diphtheria has prevailed during the summer months, perhaps wearing infected clothing, and sit side by side for several hours a day with school-mates who from seasonal causes have congested throats. The Klebs-Loefer bacillus can live in the mouth without immediately giving rise to diphtheria. In the close air of a school room, therefore, many cases may be caused by a few sources of infection. It follows as a matter of course that the child who sickens at home becomes in turn a fresh centre, and so the disease develops into an epidemic.

Then again, the condition of the city sewers deserves consideration. The present outbreak has appeared principally in the northern and western parts of the city; and, strange to relate, comparatively few cases are reported from the eastern part beyond the Don. This would induce us to suppose that decomposing sewage had collected in the closed *and not properly ventilated* upper ends of the sewers in the northern part of the city owing to insufficient flushing—and the accumulated gases of decomposition were given off at the street gratings and probably into dwellings owing to imperfect plumbing.

If anyone supposes that the modern system of plumbing and house drainage offers a sufficient safeguard against the inroads of sewer gas, we refer him to Dr. Allan's report for 1891, in which it is stated that owing to defective connections between the iron soil-pipe and the tile house drain, choked drains and defective plumbing, the smoke test proved that out of 268 tests made, in only one was the plumbing found tight.

Another feature deserving of consideration is that scarlet fever prevails at the same time. Few physicians now-a-days believe that diphtheria and scarlet fever are identical, but the anginose throat of a scarlatina patient certainly offers a favourable culture medium for the growth of the germ of diphtheria. The same remark applies to measles.

There are many other features in the etiology of this persistent plague which are deserving of notice, and which have from time to time been commented upon by sanitarians in America and Europe. The retention of the germs in clothing, on floors, wall paper and furniture, their distribution

through milk from infected milch cows or milk rendered infectious by proximity to cases of diphtheria, the existence of this disease in domestic animals and birds, the conveyance of the germs into dwellings from dampness and bad drainage of the premises, or from offensive collections of manure and garbage and polluted water, are sources of contagion which may be combated by better domestic management and more exacting civic hygiene. The fact remains, however, that our system of public schools and Sunday schools is chiefly responsible for the existence of diphtheria in epidemic form, and that improved construction and ventilation of school buildings have so far not tended to mitigate the evil.

THE MEDICAL COUNCIL OF GREAT BRITAIN.

Those who are objecting to the representation of the Ontario Medical Council and asking for the abolition of all school men on that board, might well consider the composition of the British Medical Council. Under the Act of 1886, we find that it shall consist of the following members, that is to say:—

Five persons nominated from time to time by Her Majesty, with the advice of her Privy Council, three of whom shall be nominated for England, one for Scotland, and one for Ireland; one person chosen from time to time by each of the following bodies:—The Royal College of Physicians of London; The Royal College of Surgeons of England; The Apothecaries' Society of London; The University of Oxford; The University of Cambridge; The University of London; The University of Durham; The Victoria University of Manchester; The Royal College of Physicians of Edinburgh; The Royal College of Surgeons of Edinburgh; The Faculty of Physicians and Surgeons of Glasgow; The University of Edinburgh; The University of Glasgow; The University of Aberdeen; The University of St. Andrews; The King's and Queen's Colleges of Physicians in Ireland; The Royal College of Surgeons in Ireland; The Apothecaries' Hall of Ireland; The University of Dublin; The Royal University of Ireland; three persons elected from time to time by the registered medical practitioners resident in England; one person elected

from time to time by the registered medical practitioners resident in Scotland; one person elected from time to time by the registered medical practitioners resident in Ireland.

The Imperial Parliament evidently considers that it is not detrimental to medical education to have the schools and universities well represented. It will be seen that there are thirty representatives on the Council, five appointed by the Privy Council, five elected by the general profession, and twenty representatives from universities, schools and other corporations. The Imperial Parliament considers that the examining bodies should be well represented, and such has been the stand taken by the Local Legislature of this Province. And for any body of men to ask that the vested interests of old licensing bodies should be ignored, and their representation at the Council Board taken from them, shows they have not taken time to consider the feeling of the government of this Province.

ASHBRIDGE'S BAY.

The Property Owners' Association of Toronto continue to press the City Council for some radical reform in the foul condition of Ashbridge's Bay. The weak side of their case is that zymotic disease, particularly diphtheria, is less prevalent beyond the Don than in the more favoured western portion of the city. The strong points are that a land-locked bay, in juxtaposition to Toronto bay has, through the joint operation of seven city sewers, and the cattle byres, been changed into something very like a cesspool. Fish of the better sort perish in these fetid waters; ice cannot be cut even for cooling purposes, and an otherwise charming waterside resort is converted into a place which lovers of the beautiful and healthful would rather avoid.

A praiseworthy endeavour to prevent further pollution is now being made by Mr. Gooderham. Heretofore the solid and semi-solid manure had been removed from the stables, placed on platforms, and carted away by market gardeners. The liquids were discharged by a wooden drain into a bog near the northern shore of the bay. In future the solid manure will be hauled away by gardeners or sent into the country in suitable cars. The

liquids are to be collected in a tank where precipitation will take place. They will then be discharged by pumping over a small plot of ground which has been underdrained, and it is expected that the effluent can be safely discharged into the bay.

The city engineer proposes to purify the almost stagnant waters of Ashbridge's bay by cutting a channel through it from Toronto bay in the west to the lake in the east. He would divert the river Don into this channel, and skirting by the northern shore of the bay in a curvilinear direction, would carry his channel to the lake opposite the Woodbine race-track. This work would, when completed, provide for a free circulation of water through what at present is little better than a filthy pond.

It would also provide an excellent means for the final disposal of Toronto sewage by improved sanitary methods. All the city sewage could be intercepted and made to discharge into precipitation tanks situate beside the new channel. Purification having been secured by the Amines process, the effluent could be safely discharged in a sterile condition, and the resultant sludge being free from disagreeable odour, could be utilized for making land, or sent into the country as manure. As every rose has its thorn, it may not be inopportune to suggest that the turning up of the debris of Ashbridge's Bay may cause an outbreak of malaria.

PNEUMONIA TREATED BY ICE-COLD APPLICATIONS.

Strümpell expresses the opinion that many of the milder cases of typical pneumonia need no special active treatment, when the disease on the whole takes a favourable course. Most cases get well under, or it might be almost said in spite of, any treatment. In severe cases, however, the picture is different, for they require the most energetic and painstaking efforts on the part of physician and attendants to ensure a favourable result. Cold baths are freely used on the continent in the treatment of pneumonia and some clinicians even recommend them as a routine treatment, when the temperature does not exceed 102°. Whitla, of Belfast, asserts that in hyperpyrexia with a fever heat of 105° or more, the cold bath is the best agent which we possess, and that it

undoubtedly affords the best chance of life. In a recent number of the *Therapeutic Gazette*, there appears a very interesting paper by Dr. W. F. Jackson, of Brockville, on this subject. He reports twenty-five cases of pneumonia treated last winter by ice-cold compresses, with but two deaths, both complicated by other diseases. His method was as follows :

"A large towel wrung out of ice-water, and the thorax enveloped in it. A comparatively dry towel was laid over it, and a binder of flannel or cotton held all snug. The ice-water towel was changed as often as necessary, in order to ease the pain and reduce the temperature. When the pain or dyspnoea was severe, or the temperature high, the intervals would be short, say five or ten minutes. As the symptoms improved, the changes were made only as the towels assumed the heat of the body. The face and limbs were frequently sponged with the ice-water, and when required a cold compress was put upon the brow.

"The medication was confined to promoting a critical perspiration. This was effected by large doses of liquor ammonii acetatis and spiritus etheris nitrosi, well diluted, every hour. In one or two cases this had to be supplemented with pilocarpine muriate. The diet was principally of milk, and liberal in quantity. Incidental symptoms were met as they arose. In none of the cases was there any expectoration to mention. In some none at all, in others but a little. Free perspiration was usually succeeded by copious diuresis. As a precautionary measure, a wet compress was worn for twenty-four hours after the crisis, and changed when it became dry. In order to obtain the effects to be desired in this treatment, the cold must be freely applied and with a firm hand, until the effect of a reduction of temperature and arrest of symptoms occurs. The treatment is grateful to the patient. It can be managed without incommoding the sufferer, by the exercise of a little ingenuity. It is prompt in its effects for good, and it is easily applied."

In England, during the past year, the revenue derived from the three-halfpenny stamp, placed upon proprietary medicines, amounted to \$1,200,000.

THE SECOND ANNUAL MEETING OF THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The meetings held in the New York Academy of Medicine, on October 4th, 5th and 6th, were a most unqualified success, whether considered from the point of attendance, interest, arrangements, scientific value of papers, discussions, work accomplished, or entertainment. It would be a very difficult matter also to surpass the display of electrical apparatus of the most approved modern forms exhibited. The object of the Association is "the cultivation and promotion of knowledge in whatever relates to the applications of electricity in medicine and surgery," and Dr. Morton's proposed amendment to the Constitution that electrical experts shall also be eligible for election as Fellows will further this object in a very marked degree. At present membership is restricted to medical practitioners in good standing, and their experience with the experts who were present on invitation was so instructive that the members will welcome the proposed addition to their ranks. It is expected also that their assistance will be invaluable to the several Committees on Standards. Each day sees electricity more firmly fixed in its seat as an exact science with definite laws, and it is greatly to the credit of the Association that it has resolved to keep pace with the expert electricians and physicists by working side by side with them. The day for deriding the therapeutic value of this agent, or leaving its use to incompetent persons is passing rapidly away.

THE ANNUAL ASSESSMENT.

At the last meeting of the Council, Dr. Johnson, of Midland and York Division, addressed the Council as follows :

"I do not know whether I am in order or not, but if I am I would like to emphasize a matter that has been talked over in this Council, very freely at this meeting, and which I think, perhaps, we all understand, but I want it to go out to the territorials with no uncertain sound. I moved, at the very beginning of this session of the Council, to have the fees of those members who were not in arrears struck off for the coming year, but that was ruled out of order.

I want now to draw your attention to the fact, that in placing practitioners who are registered at present under a two dollar fee, and giving them a certificate or a receipt for payment of that fee, we are not placing them in a derogatory position, we are not licensing them as if they were dogs or hucksters, which latter was the word, I believe, principally used, but we are putting them on a footing with one of the leading educational societies of the country, the Law Society of Upper Canada. When the law society undertook this matter, they put it in this form of notice, that every lawyer, whether in arrears or not, receives when his fee is due. We understand it is upon the basis of the practice of the Law Society that the clause referring to the payment of the fees and the removal of names from our register was framed. The notice I refer to reads as follows :

“THE LAW SOCIETY OF UPPER CANADA.
“OSGOODE HALL,

“*Toronto, July 21st, 1892.*”

“SPECIAL NOTICE.—The attention of solicitors is especially directed to the necessity for the annual fees being paid before the last day of Michaelmas term, and to the provisions of R.S.O. ch. 147, secs. 16 to 21. A practising solicitor who does not obtain his certificates before the last day of Michaelmas term is liable to forfeit the sum of \$40, to be suspended for a period of from three to six months, and to the fines prescribed by the Act.”

That notice is sent out, I understand, to every member of the Law Society every year, and if he does not take cognizance of it, he is suspended at once, as we propose now to do with all members who do not pay up at the date when their payment becomes due.

I particularly wish that this matter should be emphasized, because in a large territory like the one I represent, in which there are twenty or twenty-five per cent. of the whole of the members of the profession in Ontario, I wish the members to understand that this has been framed for their special benefit, not merely for the benefit of the Council, but for their special benefit; and beyond that, of course, there is the fact that we must have a correct register. All that I think they thoroughly understand, and for that purpose I draw the attention of this Council to this matter at this stage.

Dr. BERCIN—And the fees being paid once a year we would avoid that nasty practice of summoning members before the Division Court.

Dr. JOHNSON—There is also the fact that by this we avoid that excessively distressing and reprehensible practice that existed before the present legislation came into force, of having a practitioner sued in his own practice in the Common Division Court for a matter of, perhaps, two or three dollars: the profession lost caste by it; friends of mine have told me that it was the worst feature that I possibly could imagine to have professional men compelled to submit to a thing of that kind.”

When the profession understand the position taken by the Council in this matter there is no doubt but that they will endorse their action most heartily. The Legislative Committee agreed not to remove any name from the register until after the next elections, or until the general profession had expressed their opinion upon the subject.

EDITORIAL NOTES.

The JOURNAL is informed upon most reliable authority that the number of freshmen entered this year to study medicine at McGill University is 110.

As revealed by the income tax returns in Berlin, Germany, there are 1,747 doctors in that city, or nearly half the profession, who make less than \$750 a year, only 250 make \$2,000, and only 170 more than \$2,500.

The number of medical students who enter at the medical schools in London has shown a tendency to decline during the past four years. The addition of the fifth year to the compulsory curriculum has tended to diminish the numbers. This year the number is 596, as against 688 in 1888.

Tipiakoff, of the Saratow Infirmary, reports that between Sept. 27th and Oct. 9th, 243 women were admitted, suffering from cholera; 121 died. Seven were pregnant when admitted, all aborted; 4 were in the third month; 2 in the second month, and 1 (a primipara) had reached the ninth: she alone of all the seven survived.

The annual meeting of the Ottawa Medico-Chirurgical Society was held Oct. 14th. The following officers were elected: President, Dr. H. H. Henderson; Vice-Presidents, Dr. J. F. Kidd, and Dr. D. O'Brien; Secretary, Dr. C. C. Chapman; Treasurer, Dr. R. W. Powell; Librarian, Dr. H. B. Small; Curator, Dr. C. P. Dewar; Committee: Drs. Wright, Horsey, Rogers, McDougall and Hurdman.

The juice of the sheep's thyroid gland is highly recommended in the treatment of myxœdema. Dr. Murray, of Newcastle-on-Tyne has used it by hypodermic injection with good results. It has also been demonstrated that it is sufficient to let the patient eat the thyroid or swallow an extract made with glycerine. Half a thyroid a day at first may be quite sufficient, but when recovery is advancing a similar quantity once a week may answer.

Among the newly-elected Fellows of the American Electro-Therapeutic Association were the following Canadians: Dr. Thomas W. Poole, of Lindsay; Dr. Holford Walker, of Toronto, and Dr. Charles R. Dickson, of Toronto. The latter performed the duties of Secretary at the request of the President, as the regular Secretary was absent. Dr. Dickson was appointed to the Committee on Standard Electrodes, and also elected a member of the Executive Council for 1892-3.

For many years past the members of the profession have felt the need of a bureau where reliable information could be obtained regarding good openings for practice, the disposal or purchase of a practice, the procuring of assistants or *locum tenens*, and where partnerships could be negotiated. We are pleased to note that Dr. J. E. White, of this city, has stepped into the opening, and will render all possible aid in this direction. His long and intimate connection with his conferees, all over the county, during the many years he was Secretary of the Association, gives him special advantages in these important questions. We would refer all to a classified list in the advertising pages.

THE TORONTO CLINICAL SOCIETY has been organized with the following officers: President,

Dr. J. Algernon Temple; Vice-President, Dr. L. MacFarlane; Recording Secretary, Dr. E. E. King; Corresponding Secretary, Dr. W. H. B. Aikins; Treasurer, Dr. G. Sterling Ryerson; Executive Committee: Drs. A. H. Wright, J. H. Burns, J. E. Graham, J. F. W. Ross, and A. A. Macdonald.

The work of the Society will be purely clinical. There are to be resident, non-resident, and corresponding Fellows. The place of meeting for the present is in Room 30, Yonge Street Arcade, corner of Gerrard Street. A committee of three—Drs. Ryerson, R. B. Orr, and T. Millman—was appointed at the last meeting to confer with a committee of the Ontario Medical Library Association and one from the Toronto Medical Society, regarding the moving of the library to some point up town more convenient and accessible to the profession than is its present location.

Mr. Wm. Mulock, M.P., Q.C., was re-elected Vice-Chancellor of Toronto University for the full term of three years. Many of the graduates will be surprised to learn that Dr. I. H. Cameron not only did not vote for Mr. Mulock, but allowed himself to be placed in nomination against him: the vote was 31 to 15. Drs. L. McFarlane, A. H. Wright and W. H. B. Aikins, elected by the medical graduates. Dr. J. E. Graham, representative from the Toronto School of Medicine, and Dr. Scott, representative from the School of Pharmacy, supported Mr. Mulock. The full vote was as follows:

For Mr. Mulock—Mr. Chas. Moss, Chancellor Burwash, Victoria University; Rev. Father Teefy, Principal St. Michael's College; Rev. Father McBrady; Dr. J. E. Graham; Principal Sheraton, Wycliffe College; Chancellor Boyd; Dr. L. McFarlane; Dr. Adam Wright; Prof. Baker; Justice MacLennan; Mr. Mortimer Clark; Hon. David Mills; Mr. John King; Mr. Marsh; Dr. Willmott; Prof. James Mills; Prof. Bain; Rev. Dr. Burns; Principal Caven, Knox College; Mr. Torrington, Toronto College of Music; Mr. Hoyles; Mr. W. Kerr; Justice Falconbridge; Dr. L. W. Smith, former Vice-Chancellor Toronto University; Mr. Gooderham; J. J. Maclaren, LL.D.; Dr. A. Y. Scott; Dr. W. H. B. Aikins; Rev. Dr. Carman, General Superintendent Methodist Church; and Rev. Dr. Dewar—31.

For Dr. Cameron—President Loudon, Mr. Houston, Prof. Hutton, Prof. McCurdy, Prof. Pike, Prof. Dale, Prof. Galbraith, Prof. Vander-Smissen, Prof. Ellis, Mr. Seath, Mr. Henderson, Mr. Ballard, Hon. S. H. Blake, Mr. J. M. Clark, and Mr. Spotton 15.

ONTARIO MEDICAL COUNCIL EXAMINATION.—The following passed the recent supplemental examination of the Council:

Final.—W. H. Bourns, Addison; D. B. Bentley, Forest; P. M. Brown, Sarnia; J. G. Burrows, Napanee; G. R. Chevrier, Ottawa; J. H. Closson, Toronto; D. A. Clark, Agincourt; Geo. H. Cooke, Chesley; Geo. Clingan, Toronto; Bertha Dymond, Brantford; W. Earl, Winchester; I. J. Foley, Westport; J. C. Gibson, Milverton; W. C. R. Graham, Prescott; Henry Gear, Marsville; T. J. Gowan, Creemore; F. H. Heming, Toronto; John J. Harper, Rosemont; W. L. Holmes, Toronto; J. A. Hershey, Garrison Road; M. F. Lucas, Grimsby; A. W. Mair, Portage du Fort, Que.; A. L. Murphy, Rosemont; F. H. Moss, Toronto; D. A. McPherson, Crieff; E. F. McCullough, Everton; F. McConaghy, Richmond Hill; John McGinnis, Arva; F. A. Rosebrugh, Hamilton; A. Skipper, Hillsburg; W. W. Sauter, Toronto; R. W. Shaw, Hudson, Mich.; F. L. Switzer, Carleton Place; Julia Thomas, Toronto; W. G. Walker, Stratford.

Primary.—H. H. Alger, Colborne; Innis Bowie, Embro; W. H. Bourns, Addison; G. R. Chevrier, Ottawa; Chas. Carter, Toronto; I. J. Foley, Westport; A. B. Greenwood, Newmarket; W. C. R. Graham, Prescott; Robert King, Elder's Mills; M. F. Lucas, Toronto; L. W. Mair, Portage du Fort, Que.; F. A. Rosebrugh, Hamilton; F. S. Ruttan, Sydenham; H. A. Wardell, Dundas.

ROYAL MEDICAL COLLEGE.

ITS RE-ESTABLISHMENT AS THE MEDICAL FACULTY OF QUEEN'S FITTINGLY CELEBRATED.

Chancellor S. Fleming, of Ottawa, occupied the chair, and seated with him on the platform were the following members of the Faculty: Principal Grant, Rev. Professor Mowat, Rev. Professor Williamson, Rev. Professor Fowler, Rev. Professor Ross, Professors McNaughton, Goodwin and Mar-

shall, of Queen's College; Dean Fowler, M.D., Drs. Saunders, Garrett, Ryan, Sullivan, Dupuis, K. N. Fenwick, T. M. Fenwick, Herald, Anglin, Knight and Cunningham, of the Royal College; Rev. John Mackie, M. A., of St. Andrew's church; Mayor McIntyre, Sir James Grant, of Ottawa, and Dr. Clark, of Peterboro'.

Chancellor Fleming delivered the opening address, emphasizing the fact that a great event in the history of Queen's was being celebrated. In referring to the equipment of the university he pointed out that the present library was inadequate to the growing needs of the college. It numbered between 20,000 and 25,000 volumes, many of them rare and excellent, and including a great number of standard works bearing on the subordinate branches of study. But something better was required. In this connection it was interesting to note that Kingstonians were talking of starting a free library. Such institutions were working successfully in Toronto and other cities, and there ought to be one here. Perhaps the two needs might both be met by the enlargement of Queen's University library so as to make it such as the citizens would require, and so that students and Kingstonians might use it in common.

The Chancellor felt it to be his duty on this, the first public occasion at Queen's College since Sir D. Wilson's death, to refer to the loss the country had sustained by that sad event. It was not long since he had spoken words of fraternal counsel in that very hall. Many generations of students had been trained up under his care, he had attained a good old age, and had finally passed away after a life of great usefulness. It was his privilege to enjoy the confidence of all those concerned with him in the work of education. His native city had given him the highest of honors, while in Canada he had long been a central and leading figure.

Dr. F. Fowler, in the course of an interesting address, said he was the only member of the original faculty of the Royal College still actively connected with it. He had arrived in this city in 1854 and had very soon afterward become connected with the movement for establishing the Royal. Among the other leaders of those days was Dr. John Stewart, a man of strong self-will and individuality, who departed this life quite recently. Sir John A. Macdonald

also took great interest in the work, and secured for it a grant, under the head of the advancement of medical science. This was continued until Confederation, when it was withdrawn. The students of those early days struck the speaker as more contemplative in their nature than those of to-day, although they were much fewer in numbers. There were twenty-three in attendance at first, and sixteen of them had since died. Among these was Dr. Douglas, whom to know was to love. The college had always maintained a high standing, leading in anatomy from its establishment to the present day.

Rev. Prof. Williamson gave some reminiscences of the college's early days, remarking that having been acquainted with the steps taken for its establishment, it was with peculiar pleasure that he took part in the present celebration. The starting of the Royal was the result of an idea which had occurred to the speaker and others that as there was a body of doctors from the best schools of the Old Country in the city, it was desirable that a faculty of medicine be established here. Those who were spoken to were favourable to the project, and a committee was appointed to make arrangements, with the result that a school was opened in the rooms above Drennan's establishment. The results proved the wisdom of the step. Dr. Sampson's death caused the first break in the original faculty of six who began their work with the college over forty years ago, and the next change was the addition of Dr. Lavell in 1861. From that time until the present ever-increasing prosperity had reigned. The relations of the professors to one another and to other faculties had always been of the happiest kind, and the speaker's wish was that these cordial relations might ever be maintained and increased.

Sir James Grant, M.D., of Ottawa, was the next speaker. He said that it afforded him very great pleasure to be present. For over forty years the Royal graduates had been going out to all parts of the world, and had been discharging the duties of important positions in such a way as to reflect credit upon the university. One of its founders, Dr. Dickson, had been personally known to the speaker. His fame was now world-wide. He (the speaker) had voted for him when he was elected first President of the Ontario College, the institution which had organized the profession in this Province into a solid body.

It was a good thing that the Royal had joined its fortunes to those of the university. If the speaker might offer a little advice to students who would shortly graduate, he would tell them to study the physical characteristics of the vicinity in which they might settle. They should know all about its surface drainage and supply of water, so as to be able to trace out the origin of typhoid fever or any other disease that might be under treatment. This was one of the requisites of true and noble work.

Dr. Clark, Peterboro', said it was an inspiration for graduates to feel that the eye of the University was upon them. He spoke for some time in a humorous strain.

Personals.

Dr. D. Rose has returned from England, and resumed his practice in this city.

We are glad to learn that Dr. Annie E. Dickson, has recovered, and commenced practice in Kingston.

Dr. J. E. Graham has been appointed to represent the Toronto School of Medicine in the Senate of Toronto University.

Assistant Surgeon Milton McCrimmon, of the Halton Rifles, has been promoted to the rank of Surgeon on completion of ten years' service.

Dr. Campbell, of London, was elected Grand Sire of the Independent Order of Oddfellows, at the recent meeting held at Portland, Oregon.

Dr. Perry David Goldsmith, of Campbellford, Ont. (Victoria M.D. 1868), was admitted a member of the Royal College of Physicians, London, October 27th.

Dr. Laphorn Smith, Professor of Gynæcology in Bishop's College, Montreal, was elected a Fellow of the American Gynæcological Society at its recent meeting in Brooklyn.

J. G. Adami, M.A., M.B., who for some time acted as Demonstrator of Pathology in Cambridge University, has been appointed professor of that subject in McGill University.

Surgeon-Major Connell, 67th Battalion, Woodstock, N.B., died recently. He was a prominent practitioner, and Vice-President for New Brunswick of the Association of Medical Officers of Militia. It is rather a singular coincidence that his predecessor in that office, Dr. Stephen Smith, also of Woodstock, N.B., also died within the year.

Correspondence.

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

THE REORGANIZATION OF THE MEDICAL FACULTY, UNIVERSITY OF TORONTO.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In my first letter I dealt with some of the gross acts of injustice of the Committee on Medical Faculty. In my second letter I pointed out the financial aspect of the report. I shall now deal with some further topics on this question.

1. There is likely to be a falling-off in the income of the professors, due to a shrinkage in the total number of students attending the college. This income will be still further reduced, if the examiners demand pay for such work. The fees to examiners has been up for discussion in the past, and is likely to come up again. Indeed, there is some discontent on this now.

2. In my last letter I said that the Park Hospital scheme was in an unsatisfactory condition, and that if it did not materialize, the interests and progress of the Medical Faculty would be very seriously damaged. Now that most of the evidence is before the public, I think but very few will be inclined to censure the actions of the Vice-Chancellor, Mr. W. Mulock. He has given a great amount of his time and thought to this matter, and, if left alone, would likely work it out into a satisfactory termination. This being the case, it appears to me that there was little call for the following remark from the Chancellor, Hon. E. Blake, on commencement day, if he was referring to the Vice-Chancellor: "It may be suggested that to avoid factious courses or opposition, to accomplish with rapidity desired ends, or to escape from apprehended difficulties, it is necessary to limit in practice the effective powers of the Senate, or to proceed by some crooked or covered way, rather than by the straight and public road." Perhaps the words "covered way" apply with greater aptitude to the reorganization of the Medical Faculty than to any other university event we have ever had. Had the Committee on Medical Faculty gone by the "public road," and allowed the work

of reorganizing to become known, many of the acts of injustice which the report contains would have been destroyed in the bud, and would not have borne the fruit that is so distasteful to all who love equity.

3. Someone may ask, would I abolish the Medical Faculty? My answer is, no. That the University of Toronto may become a great university is my earnest prayer, as it ought to be the prayer of every true and loyal university man. A Medical Faculty, well organized and wisely maintained, is a great source of strength to any university, and ours would be no exception to the rule. But, while this is true, it will not do to attempt to found a strong Medical Faculty on the five-year election plan. The staff must be permanent in order to be efficient. It will not do to put members of any faculty on trial by hearing evidence, and giving no chance for reply. It will not do for a great university to commit herself to acts of injustice that would put in the shade the autocratic and tyrannical acts of the Czar of all the Russias.

4. The Medical Faculty can be made great and useful by a far different course. If the faculty is to become worthy of an existence, every member on the staff must be treated with absolute justice. A great Medical Faculty can never be constructed on the basis which guarantees a junior lecturer five dollars per lecture, while a senior professor may receive nothing. A great faculty can never be constructed on the foundation where the staff have to do all the earning, but have absolutely no say in appointments nor in expenditures.

5. The words of Coleridge in his "Christabel" should never be forgotten, that "whispering tongues can poison truth;" and there is now abundant proof that a good many things were whispered that the whisperer would not have spoken aloud, for whisperers are cowards, as it has been truly said they are slanderers. We have in our midst at least one who has broken the commandment, "Thou shalt not bear false witness against thy neighbour," and also that other great axiom of all justice, "Do unto others as you would have others do unto you."

6. It would be well for the Senate if it took to heart the memorable words of Lucian, "Kai gar poleis apothneskousin hospers anthropoi"—cities certainly perish as well as men. If the word

"faculties" be substituted for "cities," we have the application to the present case. Medical faculties have come and gone, like the generations of leaves spoken of by Homer in the "Iliad." The Medical Faculty of the University of Toronto is an entirely different affair from the Arts Faculty. The latter does not depend upon the numbers of students in attendance. In the case of the former there must be an earning power of at least \$17,500 or its existence becomes very problematical, if not impossible. The existence of the Medical Faculty, then, is one of students. If students are not forthcoming, the whole enterprise must go by the wall.

7. Intrigue and discord have destroyed many a powerful nation, and are quite competent to destroy the Medical Faculty of the University of Toronto. It is no longer ago than yesterday I heard on good authority that one of the younger professors was beginning to think that, with so many guarantees on the earnings of the faculty, he might not get his \$750. One of the ways in which the present discord can work ruin to the Faculty in Medicine is by alienating some of the former warm friends of the Medical Faculty to such an extent that they would support a new school if organized.

8. Under the general considerations of good and welfare of the Medical Faculty, the question comes up for discussion, "Why are so many students rejected at their examinations in physiology?" This department of the work might be the better of some investigation.

I have long been of the opinion that the student has too much biology. For the practical doctor, and for the public, it is of vastly more importance that the subject of obstetrics, which has to do with the birth of the child, be thoroughly mastered, than that too much attention be paid to embryology, which has to do with its development.

This is made clear by the following facts taken from the calendar. Students during their course get 290 hours on physiology, embryology and biology; while on obstetrics they receive fifty lectures. A good remedy for this would be to compel members of the Committee to have recent graduates to attend their wives in confinement.

9. The report of the Standing Committee on hospital facilities deserves a few words of comment. In the first place one would be led to infer that there

had not been proper attention given to clinical teaching in the past. This is a gross injustice to those who have done such good work in former years. Those who gave clinics ten years ago were just as competent as those who are giving clinics now. That they were faithful in the discharge of their duties no one will deny.

The hospital is regarded mainly as a place for the teaching of students, rather than as the home of the sick and the dying. As Dr. W. B. Geikie pointed out, in his open letter to the Attorney-General, should any attempt be made to use any patient too freely for clinical teaching, there would immediately be a storm of indignation that could not be resisted. The Committee also states in the report that the giving of clinics imposes upon the staff "doubled responsibilities for frequent or regular attendance." Would any member of the hospital staff not do his duty to his patients without the necessity of such a whip over his back? Any physician who secured the appointment would not be long on the staff if he neglected his patients. Farther, the report states that the patients in the hospital are "served gratuitously by eminent practitioners." This may do well for those who know no better. The real truth is that there is great effort made to get on the hospital staff, and many very eminent men cannot get on. Why? Just because they have not got enough of the proper kind of "influence." The majority of the hospital physicians do not work gratuitously on the staff. Those that represent the schools are paid for their hospital work through the school they represent, and they get all the advantages that being on the hospital staff brings them in the way of public notoriety. It is not, therefore, to be regarded as free or charity work at all.

10. In clause eighty-nine we are told that the university authorities "have advanced to merited professional rank a number of deserving instructors." Why did not the Committee add, "who had influential friends urging their promotion." Many other points might be mentioned, but enough has been said to show in what direction the birds are flying. It might be mentioned that the hospital trustees have not acceded to the changes.

11. The five-year plan has another feature in it that perhaps has never occurred to any. The professors of the university, consisting of arts, law and

medicine, are entitled to three representatives on the Senate in order of seniority. By the five-year term the medical professors lose all claim to representation, as they are the most recently-appointed professors. The Medical Faculty is not entitled to representation by statute, while the Toronto School of Medicine may probably lose its representation, as it has ceased to teach. Thus it will be seen that the only medical representatives in the Senate may be those who are elected by the graduates. Some election might come when the graduates may elect four who have nothing to do with the faculty. In such a case the faculty might have no representation on the Senate at all.

12. Truly, the Medical Faculty is in need of a little Home Rule to enable it to have some say in the control of its own affairs. A year or two of such things shall work so disastrously to this part of the university's work that we are likely to see the end of the Medical Faculty, on such a basis, fast approaching. Once the present plan is found to be unworkable, everyone will begin to desert it, as rats desert a sinking ship. Again, I repeat, that the elements of dissolution are more marked in the present plan than those of evolution. One set of influences is tending towards the destruction of the Toronto School of Medicine, while another is making for the destruction of the university Medical Faculty.

13. It is worth while mentioning at this time that at the meeting of the Senate, held on 11th inst., Dr. I. H. Cameron was nominated for the position of Vice-Chancellor of the University, in opposition to Mr. Mulock. It may appear rather strange to many that he allowed his name to go before the meeting. But he did. What claims Dr. Cameron can put forth to such a high position, many, like myself, may fail to see. One thing is certain, however, that his nomination afforded the anti-Mulock men a peg upon which to hang their votes. Had the many medical gentlemen, who voted for him a short time ago, anticipated the use he would make of his position in the Senate, possibly he would not have been at the head of the poll. His majority might have been a minority.

MEDICAL BYSTANDER.

Toronto, Nov. 14th, 1892.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—Is the practice of midwifery by men or women connected with the dissecting room, post

mortem room or with dead bodies in any shape, as lecturer on anatomy, surgical anatomy or surgery, at that part of the course when they have the subject before them, is it dangerous or not? I agree with those medical authorities who say it is very risky, and it should at once be put down by the profession. Do these gentlemen ever consider the position they would stand in, should any of their patients die and the friends find out the dangers the woman had been exposed to, ruinous damages, and very likely a conviction of manslaughter. The Medical Council should have taken this matter up at once when I called attention to it; they have grossly neglected their plain duty. Should it be proved there is no danger, I will cry "peccavi" very willingly but it must be proved, and then it must at the same time be proved, that of all humbugs medical science is the chief. Are we prepared for this? Are we willing to acknowledge that all sanitary laws are simply bosh? I may be allowed to say that this is not a pleasant duty I have undertaken, for the only men alluded to, that I know, are those to whom I am under obligations. In support of my case I bring forward the rules and regulations of the Burnside Lying-in Hospital.

Yours,

F. C. MEWBURN, M.D.,

38 St. Patrick Street, Toronto, Oct. 13, 1892.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—*Re* ad eundem degrees in Toronto University, "Medicus," in your issue for October, asks, "Would the above requirements (the \$20 fee) be exacted of a graduate in medicine of Victoria, if he wanted the degree of Toronto University?" Allow me to suggest that, "considering the federation of Victoria and Toronto Universities," it would be a graceful act upon the part of Toronto University, and one that would be highly appreciated, to present the ad eundem degree to the graduates of Victoria on their paying the cost of the parchment.

M.D., VICTORIA.

Winnipeg, Nov. 12th, 1892.

[A special committee was appointed at the last meeting of the Senate of Toronto University, to consider upon what terms the graduates in medicine of Victoria may receive diplomas from the University of Toronto.—ED.]

Book Notices.

Diseases of the Lungs, Heart, and Kidneys. By N. S. DAVIS, JUN., A.M., M.D., Professor of Principles and Practice of Medicine, Chicago Medical College; Physician to Mercy Hospital; Member of the American Medical Association, Illinois State Medical Society, Chicago Medical Society, Chicago Academy of Sciences, Illinois State Microscopical Society; Fellow of the American Academy of Medicine; Author of "Consumption, How to Prevent it and How to Live with it," etc. No. 14 in the Physicians' and Students' Ready-Reference Series. In one neat 12mo volume of 359 pages. Extra cloth, \$1.25 net. Philadelphia: The F. A. Davis Co., 1231 Filbert Street.

This book is published in the Physicians' and Students' Ready-Reference Series, and is worthy of a careful perusal by the older men, while the younger might study it with advantage.

Epidemic Skin Disease. By THOMAS D. SAVILL, M.D., Lond. London: H. K. Lewis, 136 Gower St., W.C.

This brochure of sixty-five pages contains the notes and remarks upon a number of extraordinary cases of skin disease which occurred in the Paddington Infirmary and surrounding districts of the city of London. Dr. Savill saw one hundred and sixty-five cases, and upon these the generalizations are described. These appear to have been cases of dermatitis of contagious character due to a specific germ which may have passed into the system through the skin or by some other portal. A specific diplococcus was invariably found in the fluids and tissues of the patient. Over twelve per cent. of the cases proved fatal.

Similar epidemics have previously appeared in London. One is described by Mr. Jonathan Hutchinson.—J. E. G.

Hygiene and Public Health. By LOUIS C. PARKES, M.D., D.P.H., London University, Fellow of the Sanitary Institute, and member of the Board of Examiners; Lecturer on Public Health at St. George's Hospital Medical School; Medical Officer of Health and Public Analyst for the Parish of Chelsea. Third edition, with illustrations. H. K. Lewis, 136 Gower St., London, W.C.

This edition has been thoroughly revised and

enlarged, the subjects of Smoke Prevention by mechanical appliances, of Weather Observations and Cyclonic Systems, and of Epidemic Influenza, have been freshly introduced. The article on Diphtheria has been rewritten, and other chapters dealing with Etiology, Bacteriology, have been brought up to date. The exhaustion of two editions in the space of three years, as exhibiting the favourable reception the work has met with, justifies the publishers in hoping that this the third edition will prove of equal service to students and workers in Hygienic Science. As a text book for students we can highly recommend it.

Regional Anatomy in its Relation to Medicine and Surgery. By GEORGE MCCLELLAN, M.D., Lecturer on Anatomy in the Pennsylvania Academy of the Fine Arts. Illustrated from photographs taken by the author from his own dissections, and colored by him after nature. In two volumes, quarto. Vol. II. J. B. Lippincott Co., Philadelphia, 1891.

In the second volume of this valuable work now before us, Dr. McClellan describes the region of the abdomen, inguinal region, pelvis, perinæum, back, lumbar region, gluteal region, and the different divisions under which anatomists describe the lower extremity.

Scattered throughout the purely anatomical descriptions, which are uniformly clear, the author very happily introduces explanations of morbid phenomena and remarks tending to help in the diagnosis of disease. This will doubtless make the work interesting to a class of readers who otherwise would not care to devote much time to the study of a text dealing exclusively with descriptive anatomy.

Indeed, in this work many deductions of a character to be useful to physicians and surgeons are drawn directly from the description of the subject, and give the medical student a satisfaction not to be derived from clinical observation alone. Take for instance, the elucidation of the cutaneous symptoms attending Pott's disease (page 8), the remarks on the use of filiform bougies in the treatment of urethral stricture (page 139), the opinion advanced on perineal section after urinary extravasation (page 166), the demonstration of the communication of the cerebro-spinal fluid in spina bifida (page 193), the description of the difficulties found in

treating fracture of the lower third of the femur (page 268), the allusion to abscess beneath the plantar fascia and many others too numerous to mention in a book review.

The volume is embellished with 97 plates. Plates 82 and 97 will be suggestive to most general practitioners. In figure 69, plate 4 seems to offer a reason why, in case of typhlitis in the male, pus should descend along the inguinal canal into the scrotum.

The extraordinary amount of labour done by the author in order to place his art-work before the reader shows that he wields an untiring scalpel.

A special word of commendation is due the publishers for the beautifully legible character of the text throughout the work. Not so much praise can be said for the binding; but we venture to assert that most readers will be careful of so noble a work, or provide it if necessary with a stronger binding at their own expense.—J. J. C.

Tuberculosis of Bones and Joints. By N. SENN, M.D., Ph.D., Professor of Practice of Surgery in Rush Medical College; Professor of Surgery in the Chicago Polyclinic; Attending Surgeon Presbyterian Hospital; Surgeon-in-Chief St. Joseph's Hospital; President of the American Surgical Association; President of the Association of Military Surgeons of the National Guard of the United States; Permanent Member of the German Congress of Surgeons, etc. Illustrated with 107 engravings (seven of them coloured). In one handsome royal octavo volume. 520 pages. Extra cloth, \$4 net; Sheep, \$5 net; Half-Russia, \$5 net. Philadelphia: The F. A. Davis Co., Publishers, 1237 Filbert Street.

In this work all the advances and researches of recent years on this subject are embodied, and this section of surgical diseases is most scientifically considered. The book contains five hundred pages, and is divided into thirty-seven chapters. The numerous illustrations are clear and add very materially to the value and utility of the book. The chapter on bacillus tuberculosis contains the researches of years. This topic it treated in a manner so thorough and concise, that the student or busy practitioner can easily comprehend the whole subject. The chapters on treatment are well arranged and comprehensive, more particularly those on operative treatment, which are exemplified by the history of the author's operations. The

work reflects great credit on the author as well as on the publishers, and no surgeon's library should be without it. J. O.

International Clinics. Vol. I., second series, 1892. J. B. Lippincott Company, Philadelphia.

This quarterly volume is edited by Keating, Daland, Bruce and Findlay, all good names. The volume covers a wide range of subjects, medical and surgical. The first clinical lecture is by J. M. DaCosta, whose name is well known. His lecture is on "The Pulmonary Complications of Influenza." It will repay a careful reading. It is worthy of special note that he lays much stress on the facts that convalescence is apt to be very slow, and that there is a great tendency to pulmonary œdema and cardiac asthenia. J. W. Roosevelt, in his lecture on "Pulmonary Emphysema," practically rejects the expiratory and inspiratory theories. He finds "the most satisfactory explanation of the disease" in disorders of kidneys, blood-vessels, liver, heart, gout, alcoholism, etc. This may be, and is, quite true. But these would only be predisposing causes. It will not do to say "that it is most reasonable to suppose that emphysema is simply one of a number of changes, one expression of the action of certain poisons." Without the respiratory movements these various causes could not produce emphysema. "Pernicious Anæmia" is treated of at some length by A. McPhedran, of Toronto. It is doubtful if general experience, in well accredited cases, shall prove as favourable as those mentioned by the author in his eight cases, viz., five recoveries. This may be more comforting to patients than assuring to practitioners. "The Diagnosis of Pulmonary Tuberculosis," by C. Theodore Williams, like all the work of Williams', is well done. He very properly calls attention to the supra clavicular crepitation as one of the first of the physical signs of the disease. In our own experience this has been detected for some time prior to the occurrence of any other physical sign. Although phthisis is a common disease, yet the diagnosis of the disease in its incipient stage is by no means an easy task. This lecture will be found very helpful. Passing over a number of excellent lectures, we come to one on "Diphtheritic Paralysis," by Dr. McKenzie, of the Royal Free Hospital, London. The lecture is a very valuable one from a clinical standpoint.

Selections.

EXALGIN IN CHOREA.—Dana (*Journ. of Nerv. and Ment. Dis.*) considers that in ordinary chorea this drug has a specific action. Commencing with two grains thrice daily, he increases the dose, if necessary to three grains five times daily, and gives iron after meals. Acute anæmia and cyanosis are the only unpleasant symptoms he has seen to be caused by the exalgin. The average duration of chorea in his cases treated with exalgin and iron has been five weeks.—*British Medical Journal*.

TRIONAL AND TETRONAL.—A. Ramoni (*Rij. Med.*) has tried trional and tetronal in fifty-one insane men in the Roman Lunatic Asylum and in some female patients in the S. Giovanni Hospital. The following are his conclusions: (1) The two new hypnotics are superior to sulphonal and chloral: (2) the patient awakes more easily, and there are no unpleasant after-effects, such as nausea, vomiting, loss of appetite, etc.; (3) the action of the drugs is rapid (thirty to sixty minutes): (4) trional is superior to tetronal, the sleep induced by the former being sounder and more lasting: (5) the sleep (after either of the drugs) lasts on the average six to eight hours, and is not disturbed by dreams.—*The British Medical Journal*.

TUBERCULOSIS AT MUNICH.—From the registers of deaths in Munich, between 1814 and 1888, to which he has had access, Dr. Weitemeyer estimates that in a total number of 329,862 deaths that have occurred in that city during 75 years, 47,282, or 14.33 per cent., were caused by tuberculosis. The proportion of deaths from tubercle to those from other diseases showed some variation at different periods: thus while it was 15.34 per cent. during the first 25 of the 75 years under consideration, it was 14.93 during the second, and 13.71 during the third, period of 25 years. The decrease in tuberculosis is, however, only apparent, for on comparing the deaths from tuberculosis, not with the deaths from other diseases, but with the population at different periods, it is found that the death-rate from tubercle remained fairly constant at about 4.7 per mille throughout the whole period of 75 years.—*British Medical Journal*.

RACEMOSE GROWTH ON LABIUM MINUS.—Benicke (*Centralbl. f. Gynäk.*, No. 27, 1892) read this case before a recent meeting of the Obstetrical Society of Berlin. The patient was thirty-six years old. Since her last confinement (the third) she noticed a small red growth in the middle of the right lesser labium, and for a long time it gave her no trouble. Suddenly it began to increase in size, and within twenty-four hours it grew as big as a pigeon's egg. It also became painful. Benicke was consulted, and examined the growth. It looked like a bunch of a dozen small, blue grapes, without stalks, and tense. The pedicle, about a tenth of an inch broad, was divided and the growth removed. Benicke reckons the growth as elephantiasis, and notes that it very rarely attacks the labia minora.—*British Medical Journal*

PRESCRIPTIONS OF RESORCIN.—According to *Les Nouveaux Remèdes* for May 24, 1892, Lassar uses the following formulæ when prescribing for diseases of the skin. A weak paste is made as follows:

R Resorcin ʒiii.
Oxide of zinc, and Starch, of each . . ʒvi.
Liquid paraffin ʒx.
As a more powerful paste he uses:
R Resorcin
Oxide of zinc, of each ʒv.
Liquid paraffin ʒx.

—*Therapeutic Gazette*.

AN OINTMENT FOR HÆMORRHOIDS.—*L'Union Médicale* for June 4, 1892, recommends the following ointment for hæmorrhoids as employed by Kosobudski:

R Chrysarobin gr. xiv.
Iodoform gr. v.
Extract of belladonna gr. x.
Vaseline ʒss.

M. Sig.—This is to be applied as an antiseptic and a soothing ointment.

—*Therapeutic Gazette*.

BROMIDE OF STRONTIUM AND BROMIDE OF POTASSIUM IN EPILEPSY.—Deny (*Sem. Méd.*) between December 1st, 1891, and July 1st, 1892, treated seven epileptics with bromide of strontium. During that time the patients had in all 246 fits.

During the corresponding period of 1890-91 they had been treated with bromide of potassium and had 331 fits, being a difference of eighty-five in favour of the strontium treatment. Both drugs were given in exactly the same doses; bromidism was never observed. One of the patients who derived most benefit from the strontium treatment ceased to suffer from attacks of maniacal excitement to which he was previously subject after each epileptic fit. Deny, therefore, agrees with Féré in thinking bromide of strontium a valuable auxiliary to bromide of potassium in the treatment of epilepsy, and even more effectual than the latter drug in diminishing the number of fits. Vallon, on the other hand, has had to discontinue bromide of strontium in three cases, as it seemed to make the seizures more frequent.—*British Medical Journal*.

TONSILLOTOMY AS A PREVENTIVE OF DIPH-
THERIA. —Lancry (*Journ. des Sciences Méd. de Lille*) attributes the predisposition of the children in some families to contract diphtheria and croup to the presence of hypertrophy of the tonsils. He has very frequently had occasion to observe the coincidence of enlarged tonsils in parents and children with liability to infectious "sore throat" and diphtheria. In a very large proportion of his cases of tonsil-
lotomy the enlargement was hereditary, and the brothers and sisters of the children operated on were often the subjects of the croup. Moreover, the sporadic cases of diphtheria which have come under his notice have almost always been in children whose tonsils were hypertrophied. He, therefore, believes that removal of the tonsils is indicated in children in whom these bodies are enlarged if any other child in the family has suffered from diphtheria. Some weeks should, however, be allowed to elapse after exposure to infection before the operation is done, to allow time for the destruction of any germs that may have found their way into the child's throat.—*British Medical Journal*.

A LINIMENT FOR NEURALGIA.—*L'Union Médicale* for June 4, 1892, recommends the employ-
ment of the following liniment:

- R Chloroform ʒvi.
- Sulphuric ether ʒi.
- Spirits of camphor ʒiii.
- Tincture of opium ʒiiss.

M. Sig. —Soak a small piece of flannel with the liniment, and apply over the painful part.

—*Therapeutic Gazette*.

THE USE OF CHLOROFORM IN TUBERCULAR AFFECTONS.—Desprez (*L'Union Médicale*, June 18, 1892) strongly advises the use of chloroform as a rapidly diffusible, safe and powerful antiseptic agent in tuberculosis and other diseases due to micro-organisms. Since its great value has been demonstrated in cholera, he has used it in pulmonary tuberculosis, in various forms, either as a vapour or taken internally. The usual formula employed is as follows:

- R Beechwood creosote grs. xlv.
- Alcoholic tincture of cinchona . . ʒi.
- Pure chloroform ʒiii.
- Malaga wine ʒx.

M. Sig.—A dessertspoonful in half a glass of water before meals and at bedtime.

This combined with perfect hygienic and supporting measures, has given in early phthisis such unexpected results that the writer has been tempted to doubt the correctness of his diagnosis. He has used a spray of chloroform water in wards where influenza has been raging for months, with the result that this disorder entirely ceased. He has also seen influenza apparently prevented in an institution by the same method. In tubercular and purulent cavities the best results have followed its use. The writer attributes much of its active antiseptic power to the chlorine which it contains, and which is freely liberated. —*Therapeutic Gazette*.

HOW TO ADMINISTER THE ETHEREAL EXTRACT OF MALE FERN.—Dr. Crequy (*Lo Sperimentale*) prescribes the ethereal extract of male fern as follows:

- R Ethereal extract male fern gms. 5
- Calomel dgms. 8.

Sufficient for fourteen capsules. Two capsules every ten minutes.

This prescription is based upon the fact that the active and toxic principal of the male fern is soluble in fatty oils. Hence castor oil, the common purgative after male fern, should be avoided in the expulsion of tænia by this drug.—*Medical and Surgical Reporter*.

LEMONADE FOR DIARRHŒA. Hayem (*Le Bull. Med.* Sept. 21st, 1892):

R Acidi Lactici 10 grammes
Syr. Simp. 200 grammes
Aq. Dest. 800 grammes

M. Dose, half glassful.

This is especially recommended for the chronic diarrhœa of adults.—The lactic acid acts as a tonic and germicide. — *Medical and Surgical Reporter.*

BRONCHO-PNEUMONIA. — *L'Union Médicale* gives the following prescription for the treatment of broncho-pneumonia of children in the later stages :

R Brandy ʒss to ʒi.
Quinine sulphate gr. x.
Syrup of orange ʒss.
Peppermint-water ʒii. M.

Sig.—Give 6 to 10 coffeespoonfuls of this mixture to a child each day.—*Medical and Surgical Reporter.*

THE KEELEY CURE.—Dr. Keeley has taken great pains to keep his remedies a secret, but they have been secured and analyzed by competent chemists, and are now well known. The treatment consists in the use hypodermically, four times a day, of a solution which shows an analysis of :

R Strychnia sulph. gr. ½.
Atropia gr. ¼.
Acid boracic gr. xv.
Aq. dest. oz. iv.

The formula of the tonic taken by the mouth is :

R Ammon muriate gr. j.
Aloin gr. ij.
Tr. cinch. comp. oz. iij.
Aq. dest. oz. j.

M. S. Teaspoonful every two hours while awake.

During the initial treatment—for the first one, two or three days—much heavier injections of atropia are given, in combination with morphine. Any physician will know at a glance that the quantity of strychnine used is so minute, considering its relative potency, that it can have little effect in modifying the action of the atropia. The tonics support, to a degree, but they, too, have little influence in controlling the symptoms produced by that powerful drug.—*Times and Register.*

GALACTOGOGUES. Mlle Griniewitch (*Thèse de Paris*, 1892) has made a study of the principle means used to increase the secretion of milk or to cause it to reappear. After pointing out that suction, manipulation, and massage of the breast are good galactogogue agencies, she sets forth the result of her own investigations.

Electricity, goats' rue (*gallega officinalis*, natural order leguminosæ), the nettle, anise, cummin, and fennel augment the secretion of milk without injuring its quality. The density of the milk produced is normal, and the fatty constituents somewhat increased. Neither the women who take the above-mentioned drugs nor the children whom they nurse are in any way influenced by these galactogogues. Mlle. Griniewitch thinks that the galega is the most active, after these come in order, nettle, cummin, anise, and fennel.

She gives the following form for the administration :

R Extract of galega 2 oz.

Alcohol (60°) 30 oz.

500 to 250 drops to be taken two to five times daily.

Extract of Galega 3½ grs.

Excipient q.s. for one gill.

One to four pills daily.

Extract of nettle 6 oz.

Alcohol 30 oz.

Of powdered anise, cummin, or fennel, 15 to 75 grains may be given daily in 15 grain doses.—*Medical Chronicle.*

PUNCTURE IN COPROSTASIS.—Petroff (*Bolnitchnaia Gazeta Botkina*) advocates tapping the bowel in cases of intestinal obstruction due to coprostasis. He relates two cases of absolute constipation of six and ten days' duration respectively, which simulated strangulation. The usual treatment by purgatives, enemata, and opium having failed, laparotomy was suggested. The author, however, resolved to try puncturing the distended bowel. In both cases a large quantity of gas escaped, which was followed (in one patient three, in the other twenty-four hours later) by profuse stools, the patients being discharged quite well shortly afterwards. The author considers the procedure relatively harmless.—*The British Medical Journal.*

DERMATOL. (Bluhm. *Therap. Monats.*). Dr. Bluhm gives the results of his experiments as to the germicidal properties of this drug. These are not very satisfactory. He finds that it merely possesses the power of hindering the development and not of destroying micro-organisms. Therefore, if it is to be used as an antiseptic, it must be very freely and thoroughly applied.—*Medical Chronicle*.

FOREIGN BODIES IN THE CRYSTALLINE. INDICATIONS FOR OPERATIVE INTERFERENCE (Person. *Archives d'Ophthalmologie*, March, 1892). A very small foreign body in the lens does not always necessitate an operation, but the eye should be constantly watched, in case of secondary changes following. If the foreign body is large, if it seems likely to get loose and fall into a more dangerous place, or if any infection occur, immediate operation is necessary. A large corneal incision with iridectomy should be made, and the lens and foreign body extracted together if possible. If the operation be not performed at once, the patient should be carefully watched, for the foreign body might slip away and disappear during the softening of the lens substance. The electro-magnet should only be used when the foreign body (steel) occupies the superficial layers of the crystalline.—*Medical Chronicle*.

ON GRACEFUL RETIRING.—Among the many practical lessons that are not taught in the schools is that of retiring in good order when vanquished at any point in a therapeutic contest against disease. Every young physician is, at times, humiliated almost beyond endurance by finding that his best efforts terminate in failure. Sometimes it is the obscurity of the disease which baffles him. Sometimes he has, with the ardour of a young recruit, been leading an assault upon an incurable disorder. Sometimes a slightly different therapeutic agent of the same class of drugs is the one really needed. The experienced therapist has learned by sad reflection to snatch victory from the very jaws of defeat. If retiring daily before an invincible disease, he keeps his face to the foe, replaces each vanquished agent calmly and quickly by another of well tested virtue, and leaves no rows of half empty bottles to mark, like unburied corpses, the line of his retreat. He neither, like the

lover of newly imported and untried remedies, risks annihilation by rash charges. nor does he, like the therapeutic agnostic, withdraw into the fortified camp of inaction and leave the field to the enemy, but, realizing that his duty is to fight wisely, he ever keeps the field, whether advancing cautiously, or retiring with face to the foe and seeking to learn the causes of his defeat. He will never "give up the patient's case, because nothing more can be done." Help comes sometimes from most unexpected sources. The "weather changes," bringing convalescence, or an attendant or relative suggests some local simple which meets the emergency, and takes its place forever after in the doctor's armamentarium, or, moved by unseen impulses, the patient, if hysterical, may take pity on the doctor and get well, and if he has retreated wisely and reluctantly before her superior tactics, and gained her respect, she will almost invariably so capitulate at the last moment, and will ever afterwards choose him as her physician.

As the reputation of some of the world's greatest generals has been gained by bravery and wisdom shown in retreating before a superior enemy, so the practice of many a family physician in a community has been founded by his devoted and unflinching attention in an apparently or really hopeless case.

Sometimes a consultation with a practitioner of greater age or more special skill in some particular department of medicine will bring the desired relief, and, indeed, we hold that in obscure cases the physician is in duty bound to call for such reinforcements. Yet, in the contest of therapeutics the practitioner usually stands alone. The obstacles which so stubbornly withstand him should be the agencies by which he is led onward toward the calm reflection, the keen discrimination, the unflinching moral courage, the fertility of therapeutic resource and the pervasive hopefulness of the perfect physician. *Maryland Medical Journal*.

THERAPEUTICS OF PNEUMONIA.—Federici (*Rif Med.*, June 2nd, 1892) gives the following hints on the treatment of pneumonia: One of the first symptoms requiring relief is pain. It may be relieved by applying a piece of cotton wool soaked in chloroform to the spot, and covering it with a piece of wool. This generally succeeds, but if it fail, an injection of morphine with a little atropine,

or, should even this fail, four or five leeches applied to the painful spot, will give the desired relief. As for the treatment of the disease itself, mercurials are much in favour with the author. Corrosive sublimate is his favourite preparation, the dose being 5 to 8 milligrammes, with a little alcohol, in 3 ounces of water. The next drugs are the expectorants, these act by exciting the motor nerves of the bronchial muscles, they excite, too, the secretory fibres, and also lessen the blood supply by acting on the vasomotor fibres. Expectorants are of three classes: weak as senega, more energetic, as ipecacuanha and ammonium carbonate, powerful, as antimonials. Of these drugs it must be remembered that the most potent ones have a powerful depressant action on the heart. As regards tartar emetic, there can be no doubt that it is much better borne during the acute than during the period of resolution. It may be, however, that this difference has something to do with the change from a fluid to a solid diet. Cardiac paralysis is a danger especially to be feared in pneumonia, the pulse must, therefore, be very carefully watched. Digitalis must not be given as a matter of routine, for it may prepare the way for that very cardiac paralysis which it is intended to prevent. Tonic treatment should be adopted; excitants correspond very well to temporary needs, but tonics produce a lasting effect on the tissues. Of tonics, those most recommended are quinine and serpentary. Rapid prostration on the sixth or seventh day is met by alcohol in some form, or by ether, or, again, by injections of ethereal tincture of musk: this latter drug Federici at first uses every twenty four hours, increasing the frequency gradually. Lastly, the author draws attention to the value of bleeding in pneumonia, a plan of treatment which has rather undeservedly fallen into disuse. *British Medical Journal*.

CHOLECYSTOTOMY. — Hans Kehr (*Centralbl. f. Chir.*) relates a case of gunshot wound of the gall bladder. On January 22nd of this year the patient, a strong healthy man, aged 30, received a shot from a revolver, at a distance of ten paces. The shot entered the abdominal wall at the outer margin of the right rectus abdominis muscles, about 6 cm. above the level of the umbilicus. The injury caused the man to fall down, and gave rise to a burning pain in the whole abdominal region.

On examination with a sound it could not be discovered if the ball had gone into the peritoneal cavity. A laparotomy was now performed, an incision being made by prolonging the shot wound upwards and downwards. The incision was carried down to the fascia, but no aperture could be seen. Vomiting now occurred, and on pressing upon the abdomen some omentum protruded through an opening in the fascia. This made clear the fact that the peritoneal cavity had been opened. The incision was deepened and the abdominal cavity well opened. A quantity of blood-stained yellowish fluid resembling bile was now seen in the cavity. This was sponged out and the liver examined, and found to be uninjured. The apex of the gall bladder was found to be shot through, its mucous membrane was prolapsed through the aperture, and bile was escaping into the peritoneal cavity. The cavity of the gall bladder was examined, but the ball could not be felt. The posterior abdominal wall was seen to be sugillated, and the ball was felt lying embedded in the muscles of the back, having passed over the right kidney. The colon was examined and found to be uninjured. The margins of the wound in the gall bladder were trimmed and then united by a series of superficial and deep sutures after Czerny's method. To effect this a transverse incision had to be made owing to the distension of the intestinal coils. The gall bladder was then dropped back into the abdominal cavity, all bile sponged out, and then the abdominal walls closed with sutures. Forty-eight hours after the operation well marked icterus developed, owing to the absorption of bile from the peritoneal cavity. No peritonitis took place. This shows that the introduction of bile itself into the peritoneal cavity is not a cause of peritonitis: but for this to take place staphylococci and streptococci must be introduced. Four weeks after this the patient was quite well and went home, the ball still remaining in the muscles of the back, but producing no symptoms. Kehr says that gunshot wounds of the gall bladder are very rare. Courvoisier has mentioned six cases. Of these two died after ten and fifteen hours. A third had a bile fistula and died from pyæmia after six weeks. A fourth died from sepsis after obstruction of the gall bladder and perforation of the colon.—*British Medical Journal*.

CHOREA-NEPHRITIS. — Thomas (*Deut. med. Woch.*) reports a case of chorea with nephritis occurring in a lad, aged 14, who some years previously had suffered from scarlet fever not followed by dropsy. Nine months before the onset of the chorea the urine contained no albumen, and the patient's health was good. Arsenic had to be discontinued owing to digestive disturbance, and therefore he was treated with tonics. Somewhat later general dropsy supervened. The urine contained albumen and numerous hyaline casts. The second aortic sound was loud and the pulse somewhat tense. There was no reason to believe that organic cardiac disease was present. After a week's time the albumen disappeared and the dropsy gradually diminished. With the disappearance of the nephritis the choreic movement ceased. Thomas thinks it possible that the nephritis began at the same time as the chorea. He believes also that the cause of the disturbance in the co-ordination centres producing the choreic movements lay in an intoxication brought about by the urinary constituents. *The British Medical Journal.*

TREATMENT OF THROMBOSIS OF THE VULVA.— Bouilly and Charpentier (*Rev. Gever. de Clin. et de Therap.*) recommend the observance of the following rules in the treatment of thrombosis of the vulva: 1. *During pregnancy*: resolvent and cold applications; interference only in the case of rupture. 2. *During confinement*: a rapid termination of the labor by means of the forceps or by version, if there is hæmorrhage, the pouch formed is to be opened, removing the clots, followed by the introduction of antiseptic tampons. 3. *After delivery*: expectant treatment; but, if necessary, the thrombus is incised, and the cavity is then washed out and dressed antiseptically. *Medical and Surgical Reporter.*

A NOTEWORTHY FACT.—It is a noteworthy fact that not a single case of small-pox occurred during the year 1890 in the British army. If this be not evidence of the protection afforded by re-vaccination against a malady once so common—and still disastrously fatal in armies where this precaution is not vigorously enforced—then logic and reason are mere accomplishments! — *Medical Review.*

[OVER.

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TORONTO, ONT.

Miscellaneous.

THERE is no doubt about it, professions are overcrowded. Take the medical profession for instance. A few years ago the village was proud indeed that could boast of its physician. Now the rival shingles of rival doctors rattle against each other when fretted by a gust of wind. Every town of any pretensions has its every corner ornamented with a surgeon's office. And the majority of cities have a surfeit of medical men who earn but a miserable living. Here are the figures showing the number of doctors in Toronto for each of the last eleven years :

1881	109	1887	201
1882	125	1888	234
1883	149	1889	264
1884	163	1890	311
1885	185	1891	316
1886	186	1892	352

That is, in 1881 there was one doctor to about every 950 inhabitants, and ten years afterwards one to each 600. And Toronto is considered healthier now.—*Evening Telegram*.

OFFICIAL SURGERY IN A NUTSHELL. Dr. Carmichael thus explains it all in the *Medical Times* : "In these days of a more perfected knowledge of the nervous mysteries of the body, there is no difficulty in tracing the translation of such morbid irritations all through the endless mazes of the nervous tendrils, winding here, there, and everywhere, through an unbroken continuity, onward and upward in this case, through vaginal, uterine, and ovarian sympathetic plexuses by cell antennæ to ganglia; again, still onward and upward through hemorrhoidal and sacral plexuses to afferent nerves, to columns of cord, to medulla oblongata, to central, cerebellar, and cerebral ganglia. Finally, by tendrils of corona radiata and association fibres to the cortex of the brain, the efficient factor of mentality and intellect, all ending in the deplorable overthrow of the mind and the development of insanity. Thus in few words we have before us the details of the sad and sorry picture, and thus do we bring into bold relief the beneficent effects of 'Official Surgery.'"

Cows.—The late Sir James Simpson once discomfited a cross-examining counsel by saying that, for the purpose of his argument, a cow was as good as a countess. The physiological equality of human and bovine females is also officially recognized in the department of the Rhone, as appears from a circular recently sent to the medical inspector of the district, in which a reference is made to the necessity of increased facilities for the analysis of "samples of the milk of women, cows, or other [animals]" (*Jemmes, vaches, ou autres*). This reminds us of an advertisement which used to be—and, for all we know, still is—issued by a large shipping firm, in which the catalogue of the virtues and attractions of their vessels wound up with the announcement that they carried "an experienced surgeon and a cow."—*British Medical Journal*.

WIDOWS AND CHILDREN OF RUSSIAN MARTYRS TO DUTY.—At a recent sitting of the St. Petersburg Municipal Council a proposition was brought forward by Councillor E. J. Kedrin that provision should be made out of the public purse for the families of any medical men, medical assistants, nurses, or members of the disinfecting staff who should fall victims to cholera in the discharge of their duties during the present epidemic. He suggested that the widows of medical practitioners dying under these circumstances should be awarded a pension of 900 roubles (£90) a year, and that a further yearly grant of 150 roubles (£15) should be made for each child till it was old enough to be sent to school, after which it should be educated at the expense of the city. The proposal was referred to a committee.—*British Medical Journal*.

PATENT MEDICINES IN TURKEY. The Turkish Government, as is well known, has prohibited the entrance of remedies whose composition is unknown. The merchants who deal in these goods recently petitioned the government to abrogate this law, but their request was not granted.—*Medical Review*.

A SERIOUS AFFLICTION.—"Well, I see old Mithomer has died at last."

"Yes; it was a sad loss to me."

"I didn't know you were a friend of his."

"No; I was his physician."—*Life*.