

Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Continuous pagination.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

The Canada Medical Record

Vol. XX.

MONTREAL, MARCH, 1892.

No. 6

CONTENTS.

ORIGINAL COMMUNICATIONS.		EDITORIAL.	
A Case of Cancer of the Breast.....	409	Large attendance at Bishop's College	429
SOCIETY PROCEEDINGS.		A Word of Advice to the Young Doctor.....	430
Medico-Chirurgical Society of Montreal.—Stated Meeting February 5th, 1892.....	410	Western Hospital.—Contagiousness of Consumption.....	431
Stated Meeting February 19th, 1892.....	416	Private Hospital for Diseases of Women.....	432
PROGRESS OF SCIENCE.		Book Notices.....	432
Conservative Gynecology.....	418	Pamphlets Received.....	432
The Modern Treatment of Syphilis.....	421	News Items.....	432
Tuberculosis as a Local and Contagious Disease in New Haven.....	424		
The Raw Throat of Dyspepsia.—The Treatment of an Acute Attack of Hay Fever.....	426		
Who'll Kill the Bacillus?—Medical Properties of Vegetables—After an Alcoholic Debauch.—La Grippe.—Treatment of Diphtheria with Salicylous Irrigations.....	427		
Vomiting in Pregnancy.—Ichthyol.—Gonorrhoea.—For Hay Fever.....	428		

Original Communications.

A CASE OF CANCER OF THE BREAST

By A. Laphorn Smith, Professor of Gynecology in Bishop's University, Montreal.

Mrs. S., aged 31, consulted me in June, 1891, for proclidentia of the uterus, which protruded from the vulva about three inches. She had a bad laceration of the cervix, and as all the ordinary measures for retaining the organ within the body proved unsuccessful, I urged her to have the uterus extirpated, an operation which would have been very easy by the vagina, as I could feel the upper margin of the broad ligaments without exerting any traction of the organ. Dr. Perrigo kindly placed a bed in the Western Hospital at my disposal, as it was his term of service, but he advised me to try the effects of amputation of the cervix before deciding upon the major operation, which I might do later if necessary. I followed his advice, and on the 15th September I performed Schröder's operation. She made a rapid recovery, and the result was fairly satisfactory, the womb no longer coming out of the body, and only when she is very tired does it prolapse at all. Before leaving the hospital she called my attention to a hard nodule in the centre of the breast which she had first noticed last March, at which time it was only the size of a mar-

ble; in June it had grown to the size of a hen's egg, and in September it was as big as a small orange, and there was slight enlargement of one of the axillary glands. As there was no retraction of the nipple, and as she was so young, I hardly believed that it could be a malignant growth. As her bed was needed, I dismissed her until January, when I was to come on for duty.

Family History.—Father died at the age of 70 from causes unknown. Mother still living at the age of 70. She has had ten brothers and sisters, of whom one brother died in infancy and one at the age of 23 of typhoid fever; one sister died of acute rheumatism, and another at the age of 18 suddenly of disease of the brain.

Patient began to menstruate at the age of 13, and has always been regular, though scanty, painless, lasting two days. Married seven years; one child five years ago; no miscarriages.

On the 23rd January, assisted by Drs. England and Springle, I removed the breast and in order to avoid recurrence I kept an inch at least outside of the apparent area of the disease. Finding that the disease had apparently spread to the pectoralis major I removed that entire muscle, and then proceeded to clean out the axilla both of its glands and fat. One of the glands was as large as an almond and the others

the size of beans. The axillary artery and vein were left bare, but were not injured. The patient was exceedingly weak and anæmic before the operation, and the necessary loss of blood, which, however, was not excessive, caused her pulse to become very attenuated, so that the operation had to be completed with her head inverted and her feet in the air, and several hypodermics of ether were also given. An opening was made in the lowest point of the back of the axilla and a drainage tube inserted and fastened with a safety pin. The skin surfaces could not be drawn closer together than two inches, the sutures being of silk-worm gut; gutta percha tissue was placed over the raw surface. It was dressed on the third, eighth and tenth day, after which the discharge diminished very much. The highest temperature recorded was $99\frac{1}{2}^{\circ}\text{F}$. on the evening of the third day after the operation. The stitches and drainage tube were removed on the 18th day, and on the 29th day it has almost healed.

I would like to take myself to task for not having made greater efforts to induce this poor woman to submit to operation when I first saw the tumour. Winkel, *Diseases of Women*, Parvin's second edition, Philadelphia, page 657: "If a tumor of the breast has a uniformly continuous growth, it must be extirpated no matter whether benign or malignant. When the tumor is malignant the sound tissues should be excised at least an inch beyond its margin. When the skin is not movable over the tumor, but adherent, or is already diseased, it must be excised far beyond the limits of the involved tissue. When the pectoral muscle is involved, the diseased tissue must be removed, and it may even be necessary to excise a rib. Indurations found in any portions of the adipose tissue or at the base of the wound must be carefully removed with the scissors." This is sound advice, and was followed with, so far, satisfactory results.

As Gerster (*Aseptic and Antiseptic Sur-*

gery, New York, 1888, page 109) points out that this operation in preantiseptic times was as fatal as the major amputation of a limb, while now the risk is almost *nil*. But the death rate from recurrence of the disease has not fallen, because we wait too long before resorting to operative treatment. In the case whose liver has just been exhibited, there was a large sloughing and stinking mass in the breast and the pectoral muscle was completely invaded. No operation could have been of any ultimate avail. In view of the fact that over 90 per cent. of all mammary tumors are carcinomatous, the benefit of the doubt should be given to operating. There were three points of interest in this case, two of which rendered me less vigilant than I would otherwise have been—namely, the absence of the slightest retraction of the nipple and the age of the patient. The third was the presence on the arms of three black eschars—two on one arm and one on the other, resembling burns. On telling the nurse that they were probably burns from contact with too hot bottles, she maintained that they were, on the contrary, due to hypodermics of ether which were given when the patient's pulse began to fail; and such it seems, is really the case.

Society Proceedings

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, February 5th, 1892.

JAMES STEWART, M.D., VICE-PRESIDENT, IN THE CHAIR.

Thrombotic Softening of the Pons Varolii.—Dr. Lalleur exhibited a specimen of this condition. There was nothing abnormal found in the dura. At the base of the brain there was extensive sclerosis of all the vessels, the left posterior cerebral artery being plugged. In passing below the level of the corpora quadrigemina, the substance of the pons varolii is seen to be softened; the softening affects the left half, leaving only a rim of sound tissue, the line of demarcation being very sharp at the

median raphe. Posteriorly the softening does not extend further than the lower third of the pons. The softening affects the fibres going from the cord and not the superficial transverse fibres from the cerebellum. The grey matter in the floor of the fourth ventricle is not affected. No other lesion was found in the brain, and the cord, as far as examined (a little way below the medulla), was healthy.

Echinococcus Cyst of the Liver.—Dr. Lafleur found in the same patient an echinococcus cyst. It was situated in the upper part of the right lobe of the liver, just three quarters of an inch below the diaphragmatic attachment. It was found to be a firm non-infiltrating tumour with walls 1-2th of an inch in thickness, inside of which is a soft lining membrane, and from which spring a number of septa dividing the interior into alveoli, containing cheesy matter and distinct gritty particles of lime salts. At first the exact nature of the tumour was doubtful; whether it was a calcified solitary tubercle, a residual abscess or an echinococcus cyst that had undergone retrograde change. The microscope proved the absence of the tubercle bacilli and, after a careful examination, the presence of the hooklets.

The patient from whom these specimens were taken was brought into the hospital suffering from a right sided motor and sensory paralysis. No history could be obtained from him as his speech was a mixture of bad French and bad German. He was not a native of Canada.

Suppurative Appendicitis.—Dr. Lafleur exhibited the specimen and gave the account of the autopsy. The abdomen was distended, and on opening it a condition of acute purulent peritonitis was found; 100 c.c. of pus were removed. The coils of intestines were matted together with recent lymph. In the right iliac fossa there was dense matting of the intestines about the head of the caecum; on dissecting a cavity was found full of thin grumous pus containing a number of greyish particles. This was removed with part of the iliac and psoas muscles to show its relationship. The abscess was purely circumscribed, and there was no rupture, the cause of the acute peritonitis being the conveying of the poison through the lymphatics. The abscess was not of long standing, as shown by the moderate thickness of the walls. There was a commencing septic pleurisy on the right side.

Dr. Jas. Bell stated that the patient had been under his care for a few hours in the General Hospital. The illness had been a matter of ten days, and she has been attended by Dr. Finley for typical perityphlitis, and it was not until a week after the onset that he was able to detect a fluctuating mass in the right iliac fossa. He then advised her removal to the hospital for operation. At one o'clock on the day she entered the hospital she became suddenly collap-

sed, with subnormal temperature, the mercury not registering above 96°F. In this condition she remained for fourteen or fifteen hours, when she died. A consultation had been held, but it was thought, as the peritonitis was general, and as she had oedema of the legs and abdomen, with albumen, in the urine, that operative interference would be hopeless, and the autopsy showed the wisdom of this decision.

Dr. Shepherd had seen the patient and had advised her removal to the hospital. He thought that it was a favourable case for operation, as he had found a distinct fluctuating tumour in the right iliac fossa. The extension of the peritonitis was very rapid, and the intense shock with the accompanying low temperature is unusual when there is no perforation. Another point of interest about the case is the age of the patient, she being 52. Authorities say that appendicitis is very rarely met with after 35, but this is the second case that has died in the General Hospital between the age of 50 and 60. The other case was a German aged 60, who was admitted in a moribund condition, and in whom was found a perforative appendicitis.

Anatomical Anomalies.—Dr. Shepherd exhibited—

(1) *Meckel's diverticulum*, the specimen being of unusual size. This condition exists in about three per cent. of individuals, and is situated ten to sixty inches from the ileo-caecal valve. It is due to the persistence of the omphalomesenteric duct.

(2) *A fetus of a puppy* with closure of the facial and buccal clefts. There were no openings for mouth, eyes or nose. The ears were present, but situated very low down. When the specimen has been more fully examined a further report will be given. The specimen had been sent by Dr. Connell.

(3) *Secondary Astragalus* or *Talius Secundarius* is an ununited epiphysis of the Astragalus, and has inserted into it the posterior fasciculus of the external lateral ligament of the ankle-joint, and it overhangs the os calcis. Dr. Shepherd remarked that some ten years ago he published a paper in which he described this condition as due to fracture, but that he had since then altered his opinion and had come to the conclusion that it was due to an ununited epiphysis. It occurs not uncommonly, the speaker having no less than nine specimens in his possession.

(4) *Skeleton of a double monster* with single pelvis but double spinal columns and sacrum. In the lumbar region the union between the two columns is very close, the transverse processes being absent the columns are united by fibrous tissue. In the lower dorsal region the contiguous ribs are continuous, forming an increasing bony arch as they ascend and the vertebral columns diverge. The upper five ribs on

the contiguous sides of the monster run forwards together between the two vertebral columns and are attached to the broad upper border of a very irregular, fused sternum between the clavicles. In the dorsal vertebrae some of the bodies have two centres and others have the two halves of the body at a different level, each half having a special centre. In the right monster there are no less than fifteen centres representing bodies of dorsal vertebrae, some of the ribs articulating with two of these bodies.

Quinine Rash.—Dr. Shepherd read notes of this case.

Report on the Care and the Treatment of the Insane. was then read by Dr. E. E. Duquet, Medical Superintendent, Longue Point Asylum.

Mr. President and Gentlemen,—I received a letter from our secretary on the 24th day of January last asking me for a paper for this meeting. I was then writing my annual report, and I answered that I would not have time to write anything for that date, but that I could prepare a few notes on the "Report of the Medico-Psychological Association on the Care and Treatment of the Insane," and read them at the meeting of the 5th. My intention is to give the circumstances in which that report was prepared as a preface, and to read the report, hoping to interest you with it.

In the course of the year 1889 the London (Eng) County Council named a committee composed of some of its members to enquire into the workings of the present asylum system, and to find out if it would not be possible to improve the existing system of the care and the curative treatment of the insane.

The committee went to work; they sent letters to the superintendents or all the asylums in England and Wales, and to a few others, to ascertain their views on the present system and on the improvements they would propose in this report.

In the beginning of the year 1890 the committee prepared a report and presented it to the council. This report, which was addressed to non-professional men, was a popular lecture of the wants and alleged shortcomings in the present asylum system. It recommended the establishment of a special hospital in or near the city of London for the treatment of some of its curable insane. This hospital to be visited and treatment given by the most eminent physicians and surgeons of the London hospitals. The intention of the committee, as stated in the report, was the improvement of the treatment and knowledge of insanity by placing a certain number of the curable insane under conditions similar to those which have been conducive to progress in the study and treatment of other diseases, or in other words, by placing the curable insane under ordinary hospital treatment.

The report, after showing its good intentions

of helping the existing system, attacked the asylum physicians by implying that the present system had failed in the study and curative treatment of insanity; that the treatment of the insane had not shared in the great progress of other branches of the medical sciences, except as regards nursing and environment; and that this last amelioration was due more to humanity than to medical skill. It asserted that medical superintendents are mere administrators or house stewards, and have neither the training, the time, nor the capacity for medical investigation.

The report deplors the ignorance of medical practitioners on matters connected with insanity, the want of means of acquiring this special knowledge, and shows the importance of proposed hospitals for this special purpose.

This attack on the part of the committee on a body of such learned men was quickly resented. It formed the subject of the annual address of the President of the Medico-Psychological Association for the year 1890, wherein he disposed of and refuted all the charges brought against them in the report. During the discussion of the president's address it was suggested by some of the members of the Society that they should take this opportunity to give information to the medical profession and to the public at large on the subject treated in the report of the County Council, and by a series of propositions to exhibit the feelings of its members in regard to this question. Some of the best men of the Association were chosen to form a committee, and they presented at the annual meeting of 1891 the following report. They do not pretend that it is perfect; they had to compromise on a great many points, for some of the members had more advanced ideas than those laid down in some of the propositions. The report can be taken as a summary of the present knowledge on the subject of the care and treatment of the insane in our days:—

CARE AND TREATMENT OF THE INSANE.

The following is the report of a committee appointed by the Medico-Psychological Association of Great Britain and Ireland at the annual meeting in 1890, to formulate propositions as to the care and treatment of the insane. The report was adopted at the annual meeting in 1891.

Members of the Committee,—Dr. Yellowlees, president; and Drs. Clouston, Ley, E. W. McDowall, Needham, Hayes, Nowington, Rogers, Savage, Hack Tuke, Urquhart, Whitcombe, Ernest White.

The fundamental resolution passed on the founding of the Medico-Psychological Association of Great Britain and Ireland in 1841 was "that an association be formed of the medical officers attached to hospitals for the insane, whose object shall be improvement in the management of such institutions and the treatment of the insane; and the acquirement of a more

extensive and more correct knowledge of insanity."

In pursuance of these objects, the Medico-Psychological Association considers it right to formulate and make public its deliberate opinion on the following most important subjects:—

It is of opinion that—

Regarding Insanity Generally.

1. Insanity is a symptom of a physical disorder, and results from derangement, primary or secondary, of the nerve centres.

2. This disorder may originate in mental or in physical causes, or in both combined, but is most frequently due to inherited instability, undue worry in daily life, hurtful excesses, and disease in the brain or other organs disturbing it.

3. Marriage into a family mentally unstable is a great risk, and the marriage of two persons from such families is much to be deprecated, since it tends to induce insanity in the offspring.

4. Insanity can be lessened by the avoidance of unwise marriages, by careful obedience to physiological laws, by moderation in all things, by judicious training and education, both mental and physical, in youth, by adopting such conditions of life and occupation as counteract morbid tendencies, and by the preservation of a calm and equal mind amid the cares and perplexities of life.

5. When the mental disturbance is such as to render home-treatment inadvisable, but yet not such as to demand certification, every facility should be afforded to the patient for placing himself voluntarily under asylum treatment; and the consent of the proper authorities should be obtained after, and not before, admission.

6. It is proper and necessary from both the scientific and economical points of view that provision for the early treatment as out-patients of persons threatened with insanity, or a recurrence of insanity, should be provided for by all committees managing county and borough asylums; and for this purpose the services of the medical staff of such asylums should be made available to the public, under such regulations as may seem to be most convenient to the circumstances of each asylum. Further, it is very desirable that in all hospitals and infirmaries to which a medical school is attached with a lectureship on mental diseases, the physician or surgeon holding the appointment should also be attached to the medical staff of the hospital.

7. While an asylum exists primarily for the benefit of patients resident therein, it should also subserve the public good; and, therefore, every asylum superintendent should be allowed, as a general rule, to meet general practitioners in consultation in mental cases, and, to prevent any possible abuse, each consultation should be reported to the committee of management, if the committee so desire.

8. Every public asylum should be available

for scientific research and clinical teaching of insanity to students of medicine, and to qualified teachers.

9. There is a most necessitous class of the insane who are not paupers, and whose means cannot procure for them in asylums the comfort and the care to which they were accustomed in health. It is therefore matter for deep regret and public concern that so little of our wealth is given to aid this class; and that the existing institutions, which were mostly founded for such cases, are thus limited in their sphere of action.

Regarding Patients in Asylums.

10. Every patient should be medically examined on admission in the most careful and complete manner, and the results, both negative and positive, should be accurately recorded.

11. The rectification of bodily disorders, even of those which may seem trivial, is most important; and much more so when such disorders have relation, as they so often have, to the mental disturbance. All the resources of medical and surgical skill and experience should be devoted to this end: no form of treatment which affords hope of success should be left untried. When the condition is obscure, or the proper treatment doubtful, the superintendent should have power to call in consultants.

12. It is essential in every case to secure and maintain the highest possible standard of bodily health both by medical treatment and by healthful conditions of daily life, as regards air, food, baths, clothing, occupation and recreation.

13. In cases where the nerve-centres are primarily affected, a healthy condition of all the vital processes is of the greatest importance, as tending to lessen functional disturbance and to retard the progress of organic change.

14. The treatment of brain disorder demands caution as well as skill; a mere repression of symptoms does not prove the wisdom of the treatment. It is often better to guide the superfluous energy into harmless or useful channels, than to administer drugs which shall arrest it for a time by merely stupefying the patient.

15. Concurrent moral or non-medical treatment of insanity, or to speak more correctly, the treatment of insanity from the mental side, is of paramount importance. It is essential to convey to the patient a sense of kindly sympathy, help and guidance, with, behind this, a suggestion of order and discipline, the more potent because less prominent and quite impersonal.

16. An essential part of the mental treatment is to distract the mind from insane ideas and to suggest new and healthy thought by means of suitable employment and recreation. Employment should be prescribed and watched by the physician as carefully as any medicine, it should be applied like medicine to the needs of each

individual case, and it should be varied according to the condition of the patient and his previous history. Amusement and recreation come next in value, they should be used on the same principles as employment, and they are most useful when the patients take an active part in them and are not merely spectators. Intellectual recreations in books, magazines and newspapers is very important to many patients. Everything which tends to assimilate asylum to ordinary home life, and which can lessen the inevitable differences between them, is of the first importance. The whole surroundings and conditions of life in asylums should be as homelike and as little irksome as possible; and every patient should have the utmost amount of personal liberty consistent with safety and the proper treatment of his disease.

17. The application of these general principles must, of course, vary according to differences in the patients, the locality, and the individuality of the superintendent.

Regarding Special Classes of Patients.

18. Too strict classification of patients is to be deprecated. It is not desirable that a ward should contain patients of only one type.

19. As a rule, recent cases should, unless obviously incurable, be received in a special ward or block, or building, where the number and experience of the attendants would secure the needful care and the special observation of symptoms, and where the character of the other residents would afford the needful example of order, industry, cheerfulness and obedience. It is essential for proper treatment to acquire as early as possible an exact knowledge of the patient's condition and symptoms, and it is very important that the patient's first impressions of the asylum should be favourable to his recovery. A hospital should not be placed in such a position as to deprive patients of out-door exercise and occupation, which are essential as a means of cure in the case of recent as well of other forms of insanity.

20. It is not desirable to associate too many suicidal cases with each other during the day, if this can be avoided. The great protection against suicide is the presence of an attendant, but he must rouse, occupy, and interest the patient, not merely watch him. By night such cases should be under the observation of a special attendant.

21. Concerning *dangerous and destructive cases*, abundant exercise or occupation in the open air, an ample staff of attendants, attractive surroundings and the wise use of baths and of calmative medicine suffice for the care and treatment of many cases of this class without any need for restraint or seclusion. The admission into county and borough asylums of prisoners who have become insane is much de-

precated, since their influence is subversive of morality and discipline.

22. In exceptional cases seclusion and restraints are needful and beneficial. They should then be used without hesitation, but only as a means of treatment and by medical order, and their use should be recorded with punctilious care.

23. The recovery of *convalescent patients* should be tested by greater freedom and increased privileges, by parole, by removal to branch institutions or other suitable private houses, by temporary leave of absence, or by probationary discharge.

24. Although the whole asylum is a hospital, a special *infirmary ward* or block is essential. It should receive cases of advanced brain disease and recent cases requiring bodily nursing as well as cases of ordinary illness. This ward or block should be fully equipped, like an ordinary infirmary, with every appliance for the mitigation and cure of disease.

25. It is advisable to pass all the attendants through a course of service in this ward or block that they may more fully realize that insanity in all its stages is the manifestation and result of disease.

Regarding Administration, Staff, etc., of Asylums.

26. The proportion of medical officers needful depends largely on the class of patients.

27. In a county asylum receiving only recent cases there should be an assistant medical officer for about every 60 yearly admissions. In a county asylum receiving only chronic cases there should be an assistant medical officer for about every 400 in residence. In an asylum receiving both recent and chronic cases one assistant medical officer to every 100 yearly admissions might suffice.

28. No public asylum should be without an assistant medical officer, and the superintendent and medical officers should not be so tied by routine ward-work as to have no time for unexpected visits, for special attention to new cases, for taking an active interest in the amusements of the patients, and for the cultivation of personal influence and friendliness with all. Resident assistants acting under medical officers are a very valuable addition to the medical staff of an asylum, and the appointment of such officers forms an important means of extending the knowledge of insanity in the profession. Pathological work is a most important part of the duty of the medical staff, and, while all should share in such work, one member of the staff in large asylums should be specially devoted to it. The results should be carefully recorded.

29. An asylum and everything about it exist for and concern the welfare of the patients, and should be made subservient to that end. Everything, therefore, should be under the control of

the medical superintendent. In administrative and non-medical affairs his position should be purely that of a director, with responsible lay officers under him. Such duties may thus be made a relaxation instead of a burden.

30. The selection and training of attendants demand the utmost care, and every asylum should have arrangements for instructing them in their difficult and trying duties as recommended by the Association at the annual meeting of 1890. The wisest plan of treatment is in vain unless it can be carried out by a competent nursing staff.

31. The services of attendants should be acknowledged not only by good wages and comfortable quarters, but for the better discharge of duty they should be frequently relieved from its burden.

32. The best size for an asylum depends on the class of patients and on the construction of the asylum buildings. A county asylum which receives only recent cases and passes them on when they become probably incurable should not have more than 200 to 300 patients; an asylum which has both recent and chronic cases should not have more than 600 or 700; while an asylum for chronic cases alone might easily supply proper care and treatment for 1,000 patients or more.

Discussion.—Dr. F. W. Campbell said that far too little attention has been paid by the general practitioner to the subject of insanity. In this city we have not been well placed as far as clinical observation is concerned. The asylum at Longue Pointe has not been a bed of roses either for the superintendent or for the physicians of Montreal. It was a closed borough, and he knew of no one who exercised such supreme power as the late lady (Sister Ste. Thérèse) who had been at the head of the institution, so that up to the present we have been left very much in the dark; but matters have greatly improved, and he hoped that they would continue to do so. He rather objected to the term asylum, and thought that it was one of the greatest objections to the public mind. For the new institution at Verdun the authorities had used the term hospital. Another important point is that of forcible; restraint we all remember the great noise produced a few years ago by the report of the distinguished alienist, Dr. Tuke, on the treatment at Longue Pointe. In the hospital at Verdun they have gone, perhaps, to the other extreme, for one or two incidents have occurred there which have rather shaken public confidence. He felt that there is not sufficient clinical instruction for young men. They should learn to recognize this disease early; the early recognition is important in proportion to the acuteness of the disease. We recognize and treat acute pneumonia at once, so everyone should be able to recognize acute insanity at the outset, that the patients may not be permitted

to live in surroundings which do anything but tend to ameliorate their condition.

Dr. Lachapelle thought that the medical profession has taken too small an interest in mental diseases and in their clinical study. Mental diseases are frequent, and every practitioner is expected to meet many cases in his practice. If such cases were properly diagnosed and treated at first, no doubt many would be cured. We have to blame ourselves in Montreal that we have not been better equipped, and he was glad that the subject had been brought up, for we see that the officers at the head of the asylum are up to modern progress, and we ought to get the students to benefit by bringing them into contact with the patients.

Dr. A. D. Blackader also felt the need of clinical instruction for students. Looking back on past years he could recall cases that presented at first only slight departures from health, and felt what an advantage it would have been if he could have recognized these departures earlier. Many of the cases of mental disease which we meet with, if properly recognized, may never need to be sent to an asylum.

Dr. Shepherd stated that regular clinical instruction had been given once a week at Verdun during the last summer session, and that it would be continued this year.

Dr. Proudfoot was glad to hear that the hospital at Verdun had been utilized. In many of the colleges of the United States, though they have many disadvantages as compared with ours, regular lectures and clinical instruction on insanity were given, and he hoped to soon see this subject part of the regular course.

Dr. Jas. Stewart thought that the influence of the report would be for great good. The weak point, however, is that the report insists that the superintendent should have the entire control of the administration of asylums. If a man has to be hampered with details of administration, he cannot do justice to the medical treatment of his patients. In the United States and Ontario the appointment of the superintendent is almost always political, but it is not so in Quebec. In the United States, where politics reign supreme, the superintendents rank far below those of England, France and Germany. In the latter countries there are men who examine the patients from a scientific point view, and have nothing whatever to do with the administration.

Dr. Duquet, in reply, said that he could not agree with Dr. Stewart. He thought that the superintendent should have complete medical control of his patients. If a physician is named to give medical treatment, the superintendent will look upon him; at first, as an equal and then as an inferior, and then there will be quarrels, as frequently occur in the asylums in France. The superintendent need not look into the details of treatment, for the report says

that he may have a competent assistant. So he thought that with a good steward and with the necessary trained assistants, it was much better for the superintendent to have supreme control. As for treatment there is no specific for insanity, but every circumstance that has any influence on the patients' minds must be carefully considered. Drugs have but little influence; the chemical constraint does not do any good, and may conduct the patient into hopeless insanity. Unfortunately, physicians prescribe the bromides for everything, which in many cases do far more harm than good. Clinical teaching has been neglected too much both in this country and elsewhere. He is often surprised and amused to see the statements on the certificates. The subject of insanity should be taught in every school; there should be lectures and clinics during at least three months. When Dr. Tuke visited Longue Pointe he saw the old asylum with its numerous cells and many other defects, so to a man like Dr. Tuke the impression was very poor, and his report was only too true: but since that time the old building has been destroyed by fire and the new buildings are very much better. He (Dr. Duquet) had protested against the use of cells, and there is not now one-fifth the amount of restraint that was formerly used. He had always been opposed to the farming system, as it is hard work to improve it. The State gives \$100 per annum for each patient, which is very little, but the community will always try to make a little money out of this sum. The State should have the asylum under its own control. As to changing the name to hospital, he did not approve of it. In large buildings with large wards it is impossible to classify the patients. And such a building is not an hospital but an asylum. He strongly favoured separating the curable from the incurable; the former class should be treated individually, and until we get such a division we will not cure as many cases as may be cured, for if not treated in the beginning the patient passes into the chronic state, when the greater number will be incurable.

Stated Meeting, February 19th, 1892.

F. BULLER, M.D., PRESIDENT, IN THE CHAIR.

Plasmodium Malaric.—Dr. Finley showed under the microscope two red blood cells containing the plasmodium. They had been obtained from a man who had contracted malaria in Cuba, and who is at present in the General Hospital. The plasmodium is seen to be a small amoeboid body within the red blood corpuscle and containing grains of pigment due to the breaking up of the hæmoglobin. The specimen had been stained with methylblue. In addition to the intra-corpuscular bodies, there are also found certain hyaline and small pigmented

bodies, bodies lying between the corpuscles. The method of examination is to spread out the fresh blood in a very thin layer and examine it with an immersion lens; staining is not necessary. The presence of this organism is sufficient to establish a diagnosis of malaria. Quinine seems to destroy it for it cannot be found after the exhibition of the drug.

Dr. Lafleur said that the specimens deserved much more than a passing notice, for this is the first time that the plasmodium has been demonstrated in Montreal and probably, with one exception, in Canada: for last year, while one of the attendants of Johns Hopkins Hospital was visiting Halifax, he succeeded in demonstrating this characteristic organism to the hospital physicians. During the chill typical segmentation takes place, the plasmodium divides into from ten to twelve small spherical bodies, the pigment collecting in a separate mass at the centre. The bodies from the brood of plasmodia, which subsequently enter other red corpuscles and grow into the large pigmented forms. In southern climates, where both, typhoid fever and malaria frequently occur, a form of fever which presented the characters of both used to be called typho-malaria, but this term is not now recognized; the disease must be either typhoid fever or malaria, and a positive diagnosis can be made by observing the presence or absence of these bodies in the blood.

Dr. Reed said that there was no malaria in the Province of Quebec, though Dr. Bell, two or three years ago, read the report of three cases which were supposed to have originated in the Province.

The President asked what proportion of blood cells may be expected to contain plasmodia, and if there is any relation between the number of the affected cells and the severity of the disease.

Dr. Smith asked if quinine entirely destroyed these bodies, and if a person would have to be again exposed to the malarial poison to have a second attack.

Dr. Finley, in answer, said that the bodies were found more frequently in quotidian than in the tertian forms. Several specimens, as a rule, have to be examined, for the number of cells in the field of an immersion lens is very small. Malaria may be cured temporarily by quinine, but symptoms will occur from time to time.

Dr. Lafleur said that there was a direct relation between the gravity of the attack and the number of corpuscles affected. In pernicious malaria every second or third corpuscle may be involved. The probable reason for a second attack occurring after the use of quinine is that some of the organisms are more resistant than the rest and may retire to the spleen, or they may be in a spore state, and under favourable circumstances will produce a new brood.

Cancer of the Liver.—Dr. McConnell exhibited the specimen for Dr. Armstrong, and Dr. Smith gave a short history of the case. The patient came to the Western Hospital during the summer suffering from extensive cancer of the breast with involvement of the axillary glands and extensive sloughing of the skin about the nipple. The case was hopeless, but he thought that an operation was justifiable, in that it removed the sloughing, stinking mass, and that death would be rendered less painful by the involvement of some internal organ. At the operation, after he had removed the breast, he found the pectoralis major greatly infiltrated with the disease, but as the patient was in a very weak condition he did not muscle or the glands but they were removed later on by Dr. Armstrong. He was of the opinion that the liver was involved at the time of the first operation. The specimen had numerous nodules of cancer scattered throughout the organ. The sections under the microscope showed well marked alveolar cancer, the round, oval and some flattened cells lying loosely in the alveoli.

Dr. Laphorn Smith read the report of a case of Removal of the Breast, (page 409.)

Dr. McConnell exhibited sections which presented all the characters of schirrus cancer.

Intussusception.—Dr. Geo. A. Brown exhibited a specimen of this condition and gave the following history: The patient, a boy of 2½ years old, had been troubled more or less with his stomach and bowels. Ten days (Dec. 15th) before death the boy had been treated for a sore throat, which when first seen looked like diphtheria, but the next day it had cleared up and he remained pretty well until Friday, Dec. 24th. On Friday evening he was seized with incessant vomiting and desire to go to stool, which lasted up to the time of death; he passed small quantities of fecal matter, but no blood. On Saturday evening Dr. Brown was called in just before the patient died. He found the child suffering from all the symptoms of shock; the abdomen was retracted, very tender, and gave a dull note on percussion. A little above the umbilicus there was a small irregularity on the surface of the abdomen which was exceedingly painful on palpation. At the autopsy, on opening the abdomen, there was complete collapse of the large and small intestines; in the upper part of the jejunum there were two invaginations, one about two feet and the other about three feet from the duodenum. Around the lower one there was a localized peritonitis. The stomach and bowels were empty.

Diagnosis of Aneurism of the Descending Thoracic Aorta.—Dr. J. Elsdale Molson read a paper on this subject.

Discussion.—Dr. Lafleur said that an ingenious method of diagnosing these aneurisms had been suggested by Ferdinand Schnell in a recent number of the *Münchener Medicinische Wochens-*

chrift. A long stomach-tube, closed at its lower end and with a glass-tube attached to its upper end, is filled with a coloured liquid. The tube is introduced into the oesophagus, and if an aneurism is present it will act as a manometre, the pulsations being transmitted to the fluid in the tube,

Dr. George Ross said that the collection of cases was of very great interest, for the subject is surrounded by many difficulties, but he did not think that Dr. Molson's conclusions throw great light upon the subject. One point was not brought out very prominently, and that was possibility of an aneurism producing irritation in the parts in direct contact with it, as in the pleura, and so light up a left-sided pleurisy. In his (Dr. Ross) experience this occurred in most of the cases. If we meet with a case of acute inflammation of the left pleura, accompanied or followed by severe pain of and anomalous character and not like the pain of pleurisy, especially if it continues after a small quantity of fluid has been poured out, and if this occurs in a man over 40, and with a trace of syphilis, we have a collection of facts which point to some irritation, and are very significant of aneurism. He did not see that the cough is diagnostic, because it may rise from so many other causes, nor did he think that it could have any special characters, the brassy cough being associated with dilatation of other parts of the aorta. He looked upon the method of diagnosis spoken of by Dr. Lafleur as very ingenious, for by it we would get a demonstration of localized pulsation just as we do by tracheal tugging when the aneurism occurs higher up.

Dr. Shepherd cited two cases, one which was under the care of Dr. Ross and the other under the care of the late Dr. MacDonnell, who had shown photographs of the case before the Society last year. He thought that one would have to use Schnell's method of diagnosis very frequently, for he thought that the pulsations of the normal aorta might be indicated, and it would be necessary to distinguish these from the pulsations of an aneurism. He asked Dr. Molson if there was interference with deglutition in any of the cases.

Dr. Lafleur stated that while washing out the stomach with stomach-tube he had never perceived any pulsations communicated to the water in the tube.

The President said that as bone is a good conductor of sound, and as we find these tumours, which in many instances must produce an audible sound, lying in direct contact with a bony surface, he did not see how auscultation might not be of some assistance in making a diagnosis.

Dr. George Ross said that very little is to be learned by the method spoken of by Dr. Buller, for there is not always a murmur in aneurism, it is rather the exception than otherwise. The case spoken of by Dr. Shepherd was a man who was

suffering from valvular disease of the heart, and the condition of aneurism was unsuspected. He (Dr. Ross), however, became convinced that the symptoms were not the result of aortic regurgitation. The pain was excruciating and agonizing in character, and from this fact he felt that there was some trouble in the aorta, and treated him with potass. iodid. and rest with great benefit. The man ultimately died from rupture of the aneurism. In this case he never found any evidence of localized pleurisy, but in all his other cases it was the earliest indication of the disease.

Dr. Molson, in reply, was pleased to hear that pleurisy was so constant a symptom; it was not mentioned in any of the cases. Pain was mentioned, but no note was made of attention being directed to pleurisy. There had been no difficulty in swallowing in the cases; in one case the man was eating his dinner when the aneurism burst into the œsophagus, but he had never any difficulty in swallowing.

Progress of Science.

CONSERVATIVE GYNECOLOGY.

By C. Henry Leonard, A.M., M.D., Detroit, Mich., Professor of the Medical and Surgical Diseases of Women in the Detroit College of Medicine. Extracts from a Paper read before the Detroit Gynecological Society August 12, 1881.

This subject, gentlemen, is a comparatively new one to the medical profession. Two or three years ago it was a strange heading in our periodicals; to-day, some editor of more than average courage will solicit an article bearing upon the subject from some physician whom he knows to favor this plan of treating uterine and pelvic diseases in the female. Occasionally someone will have the temerity to arise in a meeting of gynecologists and advocate the conservative doctrine, and still more rarely will this courageous brother find that he has a hearty second in the audience of whilom surgeons.

Well, the knife in the woman's belly is a fad that has nearly had its day, if the signs of the times are to be correctly interpreted. A recent writer from California has shown that "the gynecologist is the one who can best stuff, stretch, splint, split or splice the vagina, perineum, cervix or uterus. The spayer marches down one side of our fashionable thoro'fares and up the other, grabbing the ovaries of this one for neuralgia and of that one for menorrhagia, and the tubes of the other one for fear they may rupture and do some damage, and throws to the breezes in triumph his Graafian vesicle-bespangled trophy with the tube and tassel for a streamer." Of course I do not mean, by this, that proper surgical treatment of diseases only admitting of the knife to eradicate them will be at all lessened by the conservative air that now

begins to blow from the four corners of the gynecological world, but the *improper* course of the one who uses the sharp steel in preference to all other medication is to be so severely criticised, by the light of facts that the coming years will soon give, that I fear the whilom laparotomist will find himself, like Othello, with his occupation gone.

I take my position from the light of my own experience in the treatment of this class of diseases, and while I shall burden you but little with what I have done or said, I shall spend my allotted time in quoting you what others have said. The quotations are none of them beyond six months old, with a possible exception. You will notice that, geographically, they come from almost wherever the English and French languages are spoken.

From a recent editorial in the *Cincinnati Lancet-Clinic*, I find "of 122 deaths resulting from surgical procedures, in New York City recently, 33 are credited to laparotomy; some danger, evidently, attaches to this "operation yet." You will notice no distinction is made whether the victims were male or female; it is presumable that most belonged to the latter class. I give another quotation that was very startling to me when I read it; it is from the *Cleveland Medical Journal*:

"Those who have advocated the expectant treatment as the rule, and laparotomy as the exception, in perforating wounds of the abdomen, when there is suspicion of perforation of the gut, find the position rendered well nigh impregnable by the statistics collected by Dr. Stimson, of New York. Of twenty-three cases treated expectantly, eight recovered and fifteen died—a mortality of sixty-five per cent. Of twenty-nine cases treated by laparotomy, twenty-five died and only four recovered—a mortality of eighty-six per cent. In this connection it will hardly be out of place to refer to sixteen unpublished cases that have occurred under the observation of Dr. R. A. Vance, of Cleveland, all treated expectantly and with the result of eleven recoveries and five deaths; reckoning which with the cases above cited, gives nineteen recoveries out of thirty-nine cases treated expectantly, as against only four recoveries out of twenty-nine cases treated by laparotomy."

Dr. Geo. Gauthier, of Paris, editor of *Revue Internationale D'Electrotherapie*, in a recent article states: "In my first series,"—he has been working with the Apostoli method for eight years—"I mentioned sixty-seven cases of fibrous tumors of the uterus treated by the chemical galvano-caustic. I observed fifty-two times symptomatic cures in these; ten times relapses; four times no result; once death. Of the four, one died later of cancer of the uterus." Since this series he reports treating twenty-eight cases with even better results,

after adopting certain modifications of the plan of treatment.

In the May number of the *British Gynecological Journal* is an article on "the treatment of chronic diseases of the uterine adnexa," by Robert Bell, M.D., the paper having been read at the British Gynecological Society. He says "the radical operation should not be thought of until medical treatment, over a prolonged period, has been thoroughly carried out and so proven unavailing." He avers that "by far the larger number of cases can be cured by the more benign influences of medicine and its appliances." That he has treated over 200 cases of disease of the adnexa the past year, and found it necessary to operate upon but seven. He is convinced that a great many women are now going about without ovaries that might still be in possession of them and still be restored to a healthy condition. The tubular diseases he regards as secondary effects of uterine disease, except there be traumatism, and that to effectually combat the tube disease you must first cure its cause, found in the uterus.

Dr. W. J. Corcoran, in a paper read before the Brooklyn Gynecological Society, upon "pyosalpinx," among many other good things, says: "Many cases are on record of undoubted pyo-salpinx, as proved by the expression of pus from the tube through the uterus into the vagina, where extirpation was not practised, either through the conservatism of the surgeon or absolute refusal of the patient, which nevertheless, went on to more or less complete recovery. It seems to me a cause of gratification that, with the exception of a few enthusiastic laparotomists, the knife is not now so readily employed as it was, and even a few women who figured in statistical tables as recoveries, as against death, yet obstinately refuse to regard themselves as cured, but, on the contrary, even claim to be worse." In discussing the paper, Dr. Skene reported a case of hydro-salpinx, in his practice, that recovered without the use of the knife, and has remained well for years; he also adds that he has seen others that have recovered.

Dr. Skene added his experience to a recent case in the hospital, where he, with others, had condemned a patient to the knife, when, to the surprise of all, as the patient was placed on the operating table, it was found that the days of preparatory treatment had so changed the aspect of the disease that no operation was made, and the patient recovered.

Dr. Byrne, in the further discussion, said: "Looking back thirty or forty years, I can recall a great many cases where complete recovery has followed where treatment other than severely surgical has been adopted, and with complete restoration to health. I do not think the next decade will witness so many laparotomies."

Dr. Byrne was asked if he could recall any

number of deaths from ruptured tubes. He replied he "could not recall a single case," adding, "while abdominal surgery worked wonders, at the same time I think laparotomy may be, and doubtless often is, abused and women unsexed without warrant."

In a paper read before the Union District Medical Society of Indiana by Dr. A. W. Johnson, of Cincinnati, O., I find the following:

"In the early history of pelvic surgery many cases of true epilepsy were operated on, and, as may have been expected, with no result whatever except the onus of another surgical failure, because it is now found, after careful trial, that very few epilepsies are from reflex sources, but that it is a disease of the nervous system proper, and that we might just as well expect to cure the bulk of these cases by any other amputation as that of the ovaries. * * * But, as I have said before, the one point that I wish to impress on you is, that in no place in the whole of our healing art does patience, care and intelligent treatment accomplish so much as in the intelligent management of chronic disease of the ovary and tube. For my old teacher, Mr. Tait, said, 'other chronic inflammations will get well, why not these when properly looked after?'

"I do not know how better I can illustrate the practice than to give you an experience I had while in England. For reasons that it is not now necessary to state, I one day took careful notes of the way my old teacher, Lawson Tait, disposed of his cases during one afternoon at his clinic. There were about ninety patients present that afternoon. Of these, fifteen were diseased appendages of one shade or another. Out of the fifteen only one was selected for immediate operation. She, it was found, had about three ounces of pus in one tube. I watched these cases for four months afterwards, and when I left only two more of the fifteen had been operated on. Seven had been discharged cured, and the rest were still under treatment in the out department of the dispensary. Thus, you see, there is not more than one-fourth of the cases of actual diseased appendages that are removed. And this has been at a rough estimate about my own experience, *fully three-fourths of my cases getting through without having to be operated on*, even of those in which the diagnosis of an inflamed appendage is easily made."

Before the Gynecological Section of the American Medical Association was read a paper on Minor Uterine Surgery, by Dr. J. M. Baldy, of Philadelphia. He thought that "Emmet's operation for lacerated cervix should in most cases fall into that deserved disuse which has come to splitting up the cervix for sterility and dysmenorrhœa."

It is a notorious fact that the leading English gynecologists discountenance it. I myself have spoken with one prominent one, Dr. Bantock,

who laughed at the unnecessary frequency of the operation here in America. This was three years ago.

A paper entitled "The Pathology and Treatment of Chronic Ovaritis," was read by Dr. Skene, of Brooklyn, at the last American Medical Association. In it the doctor said, advising against surgical interference, that "young persons he found to stand removal of the ovaries badly. They became fat, irritable, indolent and dissatisfied. His treatment for chronic ovaritis was saline laxatives; relieve pain by bromide of sodium, 20-30 grains, with fluid extract of hydrastis, 10-15 drops. This is most efficient in the beginning of the attack. If the pain returns you may return to the medicine, or give ten grains of salicylate of soda and five of antipyrine between meals and at bedtime, when the stomach is empty. Give feeble patients aromatic spirits of ammonia and camphor, which are better than alcohol.

In the same section Dr. William H. Wathen, of Louisville, read a paper entitled "Suggestions in Abdominal and Pelvic Surgery." The doctor thought there was too much laparotomy done, and too many men doing it. The appendages are sometimes removed for vague nervous troubles, where there is no disease of the ovaries or tubes, or peritoneal adhesions. Such cases are often made worse, and mutilated in a way which cannot be corrected. Many of our best operators are urging upon the profession that the operation be not done unless there is well defined disease which has resisted, or will resist, other more conservative means. As the experience of an honest surgeon widens, he operates relatively less frequently, and he can recall cases which he does not believe should have been operated upon at all.

At the same meeting there was also read a paper by Dr. G. Bretton Massey, of Philadelphia, on "The Electrical Treatment of Forty-six Cases of Fibroid Tumors." The results obtained were as follows:

Five cases of complete anatomical and symptomatic cure, the tumor disappearing and the patients restored to health; 25 where the tumor was considerably diminished in size, and all other symptoms were cured; 8 in which the tumors were not diminished in size, but all symptoms disappeared; 2 in which the tumors were not diminished, nor the symptoms relieved; 1 case was made worse by treatment; 7 were not taken account of, because two were polypoid, and their delivery only assisted by the electricity, and 5 cases were treated for too short a period. *This gives about 92 per cent. success; 8 per cent. failures.*

Kjærgaard, of Copenhagen, reports twenty cases treated by Apostoli's method. The results were eighteen symptomatically cured; two made no better.

Besides this wonderful showing of Massey's

and Kjærgaard's, we also remember the strong words of the elder Keith, in moralizing over his former cases of abdominal section for the relief of fibroids; also the flattering reports of Apostoli and Tripier, in France; Laphorn Smith, of Montreal; Bigelow, of Philadelphia; and Martin, of Chicago.

It now comes to a newer branch of the electrotherapeutic field; that is, whether electricity will avail in gonorrhoeal pus tubes. At the recent State Society this matter came quite prominently forward, and was championed by me, theoretically. I find, since the meeting, my expressions vouched for by actual experiment made by Prochownik. In the *Contrib. F. Gyn.*, 1891, No. 3, he says:—

"On the strength of Apostoli's and Laguerriere's investigations on the virtues of the positive pole as a destroyer of microbes, I treated ten cases of gonorrhoea in the female with the constant current. In four cases of acute gonorrhoea a complete cure resulted; in two other cases, also of acute gonorrhoea, but in which chronic gonorrhoea with its sequelæ of chronic perimetritis, etc., had existed prior to the fresh attack, a marked improvement was obtained in one and a subjective improvement in the other.

"The cure in these cases followed in a surprisingly short time; the gonococci were absent after the fourth application, and all the morbid phenomena disappeared after the ninth application. The positive pole was carried into the uterus and a current strength of 120 milliamperes was used for from eight to ten minutes. The necessary precautions are cleansing of the vagina and vulva and the non-employment of any instruments. The electrode should be passed along the index finger in the vagina to the os and introduced into the uterus and carried to the fundus. The author made several attempts to treat gonorrhoea of the urethra in the same way, but the patients could not endure a current stronger than 30 to 40 milliamperes, while a current strength of from 80 to 100 is essential."

In a recent number of the *New York Medical Journal* Dr. Hiram N. Vineberg, the editor of the gynecological department, says: "There has been a healthy tendency of late to place the diagnosis of gynecological affections on an accurate and scientific basis. * * * The maxim 'if you are in doubt, open the abdomen and find it out,' may, in a measure, account for the looseness of diagnosis; but we venture to state that the near future will see a marked reaction in this regard."

Dr. Grigg, in his "Quinquennial Retrospect" discussing Medicine vs. Surgery, in his annual address before the British Gynecological Society, says: "The greatest operative skill that ever man possessed must pale before the discovery of a drug or of an agent which can arrest or destroy the effects of pathological changes. We are on the threshold of great discoveries."

Another century will not pass without increasing our therapeutical resources at the expense of the surgeon's art."

THE COURTS.

Since the above was read, I have come across a decision of the courts, in Alabama, which may deter rash operators in the future, as soon as it becomes generally known that the wholesale unsexing of women may lead to financial difficulties for the much-operating doctor. It is headed:

PREVENTION OF CHILD-BEARING TO BE CONSIDERED IN A VERDICT FOR DAMAGES.

In a recent case, brought by an unmarried woman for personal injuries, expert evidence was offered to prove that the injuries would render child-bearing perilous. This evidence was objected to by the defence, and was the subject for an appeal from the verdict in favor of the plaintiff.

The court held as follows:

"The objection to the testimony of Dr. Drennan, to the effect that plaintiff's injuries were of such character that child-bearing would be thereby rendered perilous to life is untenable.

"It may be that she might never have married, even had she not been injured, or that marrying, she might have had no desire to bear children, or even that desiring issue, she might not have had any, as is argued by counsel, but these considerations can exert no influence on the question.

"It is to be assumed that every physical endowment, function and capacity, is of importance in the life of every man and woman, and that occasion will arise for the exercise of each and all of them; and to that extent to which any function is destroyed, or its discharge rendered painful or perilous by the wrong infliction of a dangerous injury, is the party complaining entitled to damages. We can, in other words, conceive of no physical injury wrongfully inflicted, whether entailing pain only or disfigurement, or incapacity, relative or absolute, to perform any of the functions of life, which may not be made the predicate for compensation in damages."

THE MODERN TREATMENT OF SYPHILIS.

By Jonathan Hutchinson, F. R. S., LL. D.

I do not think that there can be any doubt whatever that during the last quarter of a century mercury has been steadily gaining the confidence of the profession and the public, as the one real remedy for syphilis. Excepting in Edinburgh I believe that there are at present in the profession scarcely any anti-mercurialists left; and I may remark, in passing, that during the last few years some of the most severe cases of syphilis which I have seen have come from Edinburgh, and had been treated in the early stages by systematic abstinence from mercury. The reasons for the increased confidence in this drug, which as I have hinted is now felt by the public as well as by the profession, are to be found chiefly in modifications of the methods of administration. We have ceased to use it in the violent manner in which it was formerly em-

ployed, and we now give it chiefly by methods which entail little or no inconvenience on the patient and do not in any perceptible way disorder his health. Together with this modification of dose we have also learnt to use the remedy boldly in the very earliest stages of the disease. What has been called "the abortive method" has rapidly come into favor, and many of us now aim at entirely preventing the occurrence of secondary manifestations. That this attainment is possible I asserted some years ago, and I make the assertion now with increased confidence. If a patient who comes under observation within six weeks of the date of contagion will follow out the rules of treatment given, and will submit himself to the regular supervision of some one competent to judge of his progress, I believe there is not the slightest difficulty in nine cases out of ten in effecting an absolute suppression of the secondary stage. All that is necessary is that the patient shall take continuously such doses of mercury as he can bear just short of ptyalism. They must be sufficient to cause the rapid and complete disappearance of the primary phenomena. If these are allowed to linger, the secondary ones will inevitably follow.

I use one form of mercury to the almost total exclusion of all others, and prefer to modify the frequency of the dose rather than the dose itself. Respecting the grey powder (*Hydrargyrum cum Creta*), I feel perfectly certain from long experience that it is efficient and that fewer inconveniences attach to its employment than to any other preparation of mercury. Thus, although I have not the slightest doubt as to the efficacy of mercurial inunction, mercurial baths, hypodermic injections of mercury, or the internal administration of any one of its numerous salts, I never for ordinary cases use any one of them. A pill containing one grain of grey powder with enough opium to prevent diarrhoea or griping is my almost invariable prescription. This the patient is instructed to take at intervals varying from three times a day to every three or even two hours, according to its effect upon him. He is at the same time instructed to abstain from fruit, green vegetables, and everything else in the least likely to cause diarrhoea.

There are it is to be admitted certain patients who cannot take mercury in doses adequate to the cure of the disease. These present us with some of our most difficult problems. If the susceptibility occurs in the form of tendency to diarrhoea it can usually be met by the liberal combination of opium with the grey powder, and by strict attention to diet. If these measures do not suffice we may then have resort to inunction or the vapor bath. Cases in which mercury produces or aggravates sores on the tonsils or in the pouches of the cheeks are more difficult to manage. For in these it matters but little in what form the remedy is used. In

these a combination of iodide of potassium with a very small dose of mercury, or even an entire substitution of the latter by the former, may be necessary. There are a few patients, fortunately a very few, in whom mercury even in small doses produces debility, emaciation and neuralgic pains. In such a combination of of quinine and iron, with the specific, will be necessary. As a rule, and unless called for by special circumstances, it seems better not to combine tonics with mercury in the treatment of syphilis. I have a strong impression that their use necessitates the employment of larger doses. The same remark applies I think to the tonic influence of fresh air. Under no circumstances do the secondary phenomena of syphilis disappear so satisfactorily, and under such small doses, as when the patient is compelled, by some accidental complication, to keep his room or still better his bed. Such confinement is however not usually in the least necessary and excepting in specially complicated cases I always allow my syphilis patients to follow their ordinary avocations; insisting only that they shall observe early hours, and abstain from fruit, vegetables, and all other articles likely in combination with the mercury to cause diarrhoea.

I am bound to admit that it is an extremely difficult task to determine whether or not the whole course of syphilis is influenced for good by the artificial suppression of its early stages. It is scarcely possible to collect statistics to show whether tertiary symptoms are more common, or otherwise, in cases which have been treated with mercury efficiently and during long periods in the early stage. Tertiary symptoms are fortunately the exception and not the rule under all kinds of treatment, and even when treatment is wholly omitted. They come also at such variable and often after such long intervals of immunity, that it is but seldom that one and the same surgeon can watch his patient till the end of his liability. If any surgeon were to attempt to tabulate his own experience the fallacies would be innumerable. If I were to speak of my own practice I should have to say that in a very large majority after the treatment of the primary and secondary symptoms, I lose sight of the patient altogether. My impression is strong that patients well treated by mercury during the secondary stage have a better chance than others of escaping tertiary phenomena; but I dare not speak dogmatically. No one can I suppose doubt in the least that tertiary syphilis is a far milder disease now than it was in the days of our forefathers. It is rare indeed at the present time to see a case of severe bone disease, and the specimens of caries and exfoliation from the skull are things of the past. The disease which was known as *Radesyge* in Norway was undoubtedly tertiary syphilis.

Syphilis as I see it now is a wholly different disease to what it was five-and twenty years ago.

Then I was constantly engaged in treating severe examples of secondary eruption. These I now but rarely see. Tertiary disease in its various forms is of course still fairly common but severe and intractable cases are rare. I do not in the least wish to underrate the extent to which tertiary syphilis still prevails, or the importance of some of its manifestations, but of this I feel sure, that much needless misery has been caused by the loud assertion of the incurability of a malady which is in nineteen cases out of twenty easily amenable to treatment.

Iodide of potassium, in tertiary syphilis, is especially useful in cases of diseased bones, in lupoid affections of the skin, in gummata of the cellular tissue and muscles, and in affections of the nervous system. In comparison with mercury it has advantages and disadvantages. Amongst the latter I would lay stress upon the fact that it is to many persons distinctly a depressant. In its use we ought most carefully to pay attention to the results in the individual case before us. There is no remedy in respect to which idiosyncrasy takes so large a share. Some persons feel stronger and better whenever they take it, and other precisely the reverse. The number of those to whom it is a distinct depressant, and who are always low-spirited and miserable when under its influence, is very large. My impression is that many of these are permanently damaged in their nerve tone by its continued use. In some of these the substitution of the iodide of sodium, or of ammonium, for the potassium salt is an advantage, but I believe that they are neither of them so efficient in the cure of tertiary syphilis. A prescription which is a great favorite with me includes the whole three, and combines with them what should never be omitted—a small quantity of free ammonia. As regard the permanency of cures by the iodide there is a general impression that it is not so efficient as mercury. This impression was however, I suspect, founded chiefly on its employment in the secondary stage. Of the tertiary phenomena it is I think true that if once cured by any agent they but seldom relapse. If only partially cured they invariably do so, as their cell-elements are infective. Thus a patch of syphilitic lupus for instance if once replaced by a sound and healthy scar never relapses; but if the smallest portion be left unhealed the disease is sure to return. As regard the various salts which are combination of iodine and mercury, I have little or nothing to say. From a belief that they are much less certain in their action than either mercury or iodine alone, and far more prone to disagree, I never order either the iodide or the biniodide of mercury. Not that I have the least doubt of their efficiency as anti-syphilitic, but that the other preparations appear to me to be more trustworthy.

The long continued use of mercury in minute doses for the abortive cure of syphilis has brought to light some very curious facts in reference to the influence of the drug on the general health. In case after case patients have assured me that they had never in their lives felt so well as at the conclusion of a prolonged treatment. Those who benefit in this way are chiefly those who has been liable previously to suffer from sluggish liver and recurring headaches. Not long ago I was consulted by a member of the legal profession whose duties involved much exertion and responsibility, and whom I had formerly treated for primary syphilis. I had not seen him for two years, and was astonished to find that he had continued the grey powder bill during the whole of that period. He assured me that he had taken it almost continuously, three times a day, for two years and a half. As he had had no syphilitic symptoms whatever after the first removal of those of the primary and secondary stages, I demanded why he had continued the remedy so long. He said that it was because it suited his general health; that whilst taking it his bowels acted regularly and he was quite free from headache, and felt much more fit for his work than he had ever done in his life before. He told me that all his friends remarked on his improvement in appearance, for he had gained flesh, and had a much clearer complexion than was formerly the case. He was very unwilling to be persuaded to leave off the drug, and I quite expect that he is still taking it. I have however had many cases in proof that it is not necessary to continue the remedy permanently, in order to perpetuate its good influence. A gentleman who had long left it off used the expression, "Before I had syphilis my life was a burden to me." I asked him to explain himself, and he told me that before he took his curative course of mercury he was very liable to headaches; so much so indeed, that it was literally true that he was scarcely ever a day without one. Of this liability a six months mercurial course had entirely relieved him. Another patient expressed himself in almost precisely similar terms, and hinted his regret that a brother who suffered exactly as he did could not be subjected to a similar treatment.

There are certain affections which appear to be related to syphilis, although not directly dependent upon it, in which it is a predisponent though scarcely an efficient cause. Amongst these I would venture to count locomotor ataxy and general paralysis of the insane. We seldom see ataxy excepting in those who have had syphilis; but—and this is a most important additional statement—we scarcely ever see it excepting in men. If syphilis is a predisponent, it is tolerably clear that there is something in connection with sex which acts as the exciting cause. The development of locomotor ataxy is

but rarely such as would lead us to believe that it is wholly due to any form of inflammation in connection with syphilis. We know of no other syphilitic disease which develops itself so slowly and insidiously. I fear it must be confessed that the result of specific treatment confirm the inference that it is by no means a direct outcome of specific disease. Acting upon the general knowledge that if carefully used mercury scarcely ever does harm, and that it often in chronic maladies, whether syphilitic or not, acts beneficially I have, in common I suppose with many others, for long been in the habit of prescribing mercury in the case of ataxia. Very frequently patients appear to be greatly benefited by it; more especially the severity of the pains and the tendency to gastric crises appear to be mitigated. I must confess, however, that I have never had in any single case anything which might be vaunted as a cure. If I were to quote the cases in which white atrophy of the optic nerves has occurred as a complication, I am afraid I should be obliged to confess they have all advanced to blindness in spite of the remedy. It has not, however, been so in those cases in which ophthalmoplegia externa or paralysis of single muscles of the eyeball have been the complicating conditions. In nearly all these great benefit has appeared to result from the long-continued use of specifics. In these latter, the iodide of potassium as well as mercury is often very beneficial, whereas in locomotor ataxy itself I think I have often seen it prove definitely prejudicial, depressing the patient's vigor and making him feel low-spirited and miserable, without in any way mitigating his symptoms. In general paralysis of the insane if there is a history of syphilitic antecedents, I would never omit the long continued use of mercury. I have seen great benefit from its employment, and when we remember that its most common pathological condition is adhesion of the pia mater to the grey matter of the convolutions (implying the existence of a low form of inflammation) we may easily believe that if not required as a specific mercury may still very possibly be of use. It should be given as a long course of small doses.

I have not as yet adverted to the treatment of syphilis in its inherited forms. In infants, inunction is easily practised in a variety of ways and is usually very effectual. I have also found a solution of the bichloride, in small doses, a very efficient remedy, and not so liable to purge as the grey powder. If there is any evidence of of bone disease, the iodide of potassium should be combined with it. If the symptoms are severe, and especially if the viscera are involved infantile syphilis is undoubtedly a dangerous disease, and apt to terminate fatally by marasmus or convulsions. If, however, the specific is well borne, and the child passes favorably through the secondary stage, then I think there

is as a rule very little danger of relapse; and a condition of good health may be expected until at a later period, say eight to fifteen years of age, the liability to keratitis, deafness, phagadænic affections of the throat, etc., may come on. These late manifestations of inherited taint occupy in reference to treatment a most exceptional position. Although we always prescribe specifics they seldom or never appear to exercise any definite power. Keratitis will often run its course apparently almost uninfluenced, or the second eye may be attacked while the patient is under the remedies employed for the cure of the first. As regards the deafness, unless the remedies are used in its very earliest stage, I fear that they very seldom prove of value. It is certainly to be strongly urged in reference to both the deafness and the keratitis that mercury and iodides should be prescribed promptly and liberally, but we must be prepared to encounter much disappointment and to forego all hope of the rapid cures which the same remedies often effect in other conditions. It may be well that we should remember, in reference in this class of maladies that they occur in those in whom probably the syphilitic virus has long ceased to be active, and who would be quite incapable of conveying the disease by contagion. They are tissue maladies not the result of existing blood-poisoning. Hence probably, in part, the impotence of mercury to manifest its specific power. There is no microbe left for it to kill.—*Practitioner.*

TUBERCULOSIS AS A LOCAL AND CONTAGIOUS DISEASE IN NEW HAVEN.

By Louis S. De Forest, A. M., M. D., Instructor in Clinical Medicine, Medical Department Yale University.

More than one-seventh of the human race die from tuberculosis. Dr. Salmon, estimating from census returns, placed the deaths from this cause in the United States for the year 1890 at 150,000.

Were such a number to die from any acute disease in one year, it would create a state of panic; but the stealthy, gradual progress of tuberculosis tends to prevent a true appreciation of the deadly role it ever plays in nearly every community. The attitude of the world on the subject has generally been one of resigned indifference.

The government of Italy at one time offered an exception to this rule. In 1792 tuberculosis had become so prevalent and virulent in the Kingdom of Naples that a series of laws, intended for the restriction of the disease, were enacted.

The principal features were: 1. The compulsory notification by the attending physician of all cases coming under his care; 2. The destruction, after death, of the patient's personal apparel; and 3. The complete renovation of the dwelling. Ill-aimed and unscientific as were these laws, they wrought a great change. Dr.

Lawrence F. Flick, who has studied this subject with great care, in considering the condition in Italy before the enactment of these regulations as compared with the present, writes: "It will not be overstepping the mark to place the mortality-rate from tuberculosis for the Kingdom of Naples and Italy in 1782 at 10 per 1000 living. In 1887 the mortality-rate from all tubercular affections for all Italy was 1.29 per living 1000. Expressed in figures, the reduction in mortality from tuberculosis in Italy since 1872 ranges from 50 to 90 per cent."

The great loss and trouble incident to carrying out these laws led to their gradual abandonment and final repeal in 1860.

Although, during the seventeenth and eighteenth centuries, probably from 33 to 50 per cent. of the deaths in England were due to tuberculosis, English authorities were especially active in combating the theory of infection. The statistics of the Brompton Hospital for consumptives, by which it was shown that phthisis was exceedingly rare amongst the attending nurses and physicians, were very effectively used for this purpose. The favorite English theory was that of heredity.

The theory that consumption was contagious has never lacked advocates. But the indispensable, the connecting link was until very recent years lacking. When, at last, in 1882 Koch announced and demonstrated that the bacillus tuberculosis was the ever-present, ever-active agent, it became possible to join theory and fact.

First, it was shown, by the investigations of Koch, Tappeiner, Bollinger, Grancher and Cadeac, Malet and Naegeli, that the mere breath of tubercular patients did not contain the bacillus and consequently was not infectious. Secondly, experiments of Koch showed beyond all doubt that inhalations of vapor charged with cultures of the bacillus (23 cultures extending over fifteen months) were highly infectious. Still further, Cornet proved that the dried sputum of phthisical patients contained bacilli in large numbers, and that inhalations or inoculations of animals with the bacilli or with the cultures obtained from this source were highly infectious. And lastly, Schill and Fisher were able to obtain results with sputum which had been in a dried state for ninety-five days. De Toma, also, found that sputum, which had been kept dry at an average temperature of 77°, was infectious after nine months. And Gebhard asserts that sputum, diluted, to the proportion of 1:100,000, is still virulent.

We shall not need to relate the many experiments and researches made in this field, but may accept as fairly proven the fact that the dried sputum is in a very large majority of cases the conveyor of the infection. And, further, that this infection generally takes place through the lungs.

Naturally, the gain of the theory of infection

has been the loss of the theory of heredity. The latter still has, however, many able advocates, and considerable statistical information has been collected bearing upon this point. Williams, in 1011 cases at the Brompton Hospital, found that heredity (parents only) gave 24 per cent. Polluck's 1200 cases (including parents, brothers and sisters) furnished 30 per cent.; Colton's (same relatives) 36.7 per cent.; and Fuller's 85 cases (including grandparents) also gave 59 per cent. These statistics are more or less vitiated by the fact that undoubtedly a large majority of the patients were brought up in an atmosphere infected by their parents.

As an offset to the Brompton Hospital observations concerning nurses, Cornet has brought forward the following: The vital statistics of the religious orders in Germany for the care of the sick show out of a total number of 2099 deaths there were 2320, or 62.80 per cent. from tuberculosis. While for the whole German nation the tubercular death-rate for the ages from 15 to 20 was only 18.64 for each 10,000 living, for the nurses it was 116.96.

Among the nurses the proportion of deaths from tuberculosis up to the age of fifty years was 75 per cent. To eliminate a very serious element of error, which greatly vitiates the Brompton statistics, only those orders were taken whose term of service was for life.

Stick has also brought forward the following fact, bearing strongly against heredity. He shows that in the Nuremberg Orphan Asylum there had been but one death from tuberculosis in eight years; and that in the Munich Asylum, among 361 children, more than one-half of whom had lost father or mother, or both, from tuberculosis, there had been in twelve years but one case of that disease.

It has been pointed out by several writers that the fact that nearly all cases of so-called heredity consumption are cases of tuberculosis of the lungs, instead of such organs as the liver or spleen, is very strongly against the theory of heredity.

It might be well, as our statistics deal with tuberculosis in a city, briefly to mention and illustrate the principal hygienic conditions favoring the development of the disease under such circumstances; for large cities are in general unhealthy. Thus, Donaldson stated the rate to be in Amsterdam 171 deaths to 100 births; in Berlin 131 to 100; and in London 124.02 to 100.

Insufficient or impure air stands first among conditions favoring the development of phthisis. Prof. Wilson states that the quantity of oxygen is always sensibly diminished in large cities, even in the open street. Donaldson estimates the tubercular death rate to be at least 25 per cent. more than in the country districts. Dr. Richards writes that two out of three of the patients at his hospital for consumptives had led

an indoor life. Of 3214 cases at the Brompton Hospital more than one-half had had indoor occupations. Baer states that, while the tubercular mortality in the whole world is about 15 per cent., in prisons it ranges from 40 to 50 per cent. In Germany, in a poorly-ventilated prison, the rate was 51.4 per 1000 living; while in a well-ventilated prison it was only 7.9 per 1000.

In 1858 the air in the Foot Guards' barracks was only in the proportion of 331 cubic feet per man, and the tubercular death-rate was 15.8 per thousand living. On the other hand, the Horse Guards, with 572 cubic feet per man, had a rate of 7.3 per 1000. Proper ventilation soon reduced the Foot Guards' mortality.

1856 Bowdin pointed out that, while the tubercular death-rate among the Guards was 12.5 per 1000 men, in the navy, from 1830 to 1856, it was only 1.76 per 1000. According to Wilson, the registration returns show that the deaths from tuberculosis, as compared with the deaths from all other causes, for the mercantile marine is ten times less than for the English land-population. If only the deaths between sixteen and forty-five are considered, the rate is sixteen times less. In the United States Navy for ten years the percentage of deaths from tuberculosis to deaths from all causes was 5.87.

Even a constrained and unvarying position has a deleterious effect. A series of statistics gives tailors out of each 100 deaths 39.9 of tubercular origin; and Dr. Guy found that those compositors who were compelled to retain a cramped position during work had 74 per cent. tubercular deaths, while among those whose work required the exercise of the whole body the rate was only 31 per cent.

Statistics have shown that those operatives living at some distance from their factory, that is, those who were compelled to take even a certain, small amount of outdoor exercise daily, were less subject to consumption than those living close by.

Impure air comes to our notice generally in the form of air contaminated with dust, either metallic or vegetable. Many trades offer but a very short lease of life. So, for instance, the average duration of life for dry-grinders of forks is twenty-one years for razor-grinders thirty-one years; for edge-tool grinders thirty-two. Among workers in copper and brass tuberculosis is the predominant cause of death; lithographers losing nearly 50 per cent. M. de Neufville's statistics give locksmiths and blacksmiths 30.9 per cent., painters 32.9, and shoemakers 38.9 per cent.; and it has been stated that three-fifths of flax-workers in Belfast were consumptive. Grinders' phthisis was formerly considered as non-tubercular in nature. Opinion is, however, no longer unanimous on this point, and such an authority as Fagge asserted its tubercular nature.

It will be noticed that all these trades result in what Koch has declared to be one of the

necessary conditions for infection—that is, an abrasion of the mucous membranes. These abrasions, with the many small wounds of the bronchial membrane, with a vitality lowered by insufficiently pure air day and night, are constantly in a state favorable to infection. Moreover, facts are accumulating to show that very many of the tenement houses are capable of furnishing this infection.

Another hygienic condition favorable to the development of phthisis is dampness. Dr. Bowditch was the first to call attention to this. His theory is strengthened by such facts as the following: After a system of draining had been introduced, Salisbury's tubercular death-rate fell 49 per cent., Ely's 47 per cent., Rugby 43, and Banbury's 41 per cent. In 1881, in two contiguous health districts of Ontario, one of which is a plateau free from malaria, and the other a flat malarial district, the deaths from tuberculosis were in the former 8.5 per cent. of all deaths, and in the latter 12.7 per cent.

Cornet, in his investigations, repeatedly demonstrated the presence of the bacillus in dust taken from the rooms or the surroundings of tubercular patients. Flick, accepting this theory of infected dwellings, applied himself to the task of demonstrating it topographically. His map of the tubercular deaths for twenty-five years in the Fifth Ward of Philadelphia brings out the point very clearly.

When the writer began the study of this subject in New Haven, he had not had his attention called to Flick's pamphlet. Had such been the case, the plan of this work would probably have been somewhat altered.

In studying this question in New Haven we have no district equalling in antiquity and density of population Philadelphia's Fifth Ward. Nor are our vital statistics available for this purpose for so long a period as twenty-five years. Until this year, indeed, no separate topographical record of tubercular deaths was kept.

Unfortunately, owing to various errors in filling out and copying, the death returns cannot be used previous to 1876. For the fifteen years, 1876-91, however, they are fairly available. The renumbering of streets, the tearing down of buildings, and mistakes in the certificates have unavoidably introduced some errors; but the attempt was made, with the aid of maps and directories, to reduce these to a minimum.

In all there were copied out from the registers 3000 tubercular deaths. Of this number 381 were not available for our purpose. A part of these were cases occurring in public institutions, of whose former residence no record had been kept; some were deaths in public institutions of persons from the surrounding towns, and were intentionally omitted; and, finally, a part occurred outside the limits of our map (Westville and the annex). In quite a number of

cases, moreover, no address had been entered in the register.

The remaining 2609 deaths were divided among the various forms of tuberculosis, as follows:—

Phthisis pulmonum and hæmoptysis	2401
Tubercular meningitis	95
Tubercular peritonitis	4
Hydrocephalus	61
Serofula	44
Hip-joint disease	4

THE RAW THROAT OF DYSPEPSIA.

Cases of symptomatic cough without physical signs, present themselves to every chest clinic. The patient generally reports, also, some pain in the sternal region, and under the left scapula; constipation frequently a concomitant. Such cases are dyspeptic in origin, and the cough is popularly known as "Stomach cough;" pyrosis may be pre-ent with or without regurgitation and a bitter taste in the mouth, and other signs associated with dyspepsia. If the throat is very sore, and the soft palate relaxed, the following gargle may be ordered:

R. Sulphate of zinc,
Carbolic acid, aa grs. iv
Glycerin, ʒ iv
Aque, ʒ iijss

M. Sig.—Use as a gargle three or four times daily.

This is a favorite at the University of Maryland clinic, and is known as "McSherry's gargle" from its originator, Dr. H. Clinton McSherry, of Baltimore. Internal treatment by means of tonic or antacid remedies will also be required in many cases.—*Jour. Amer. Med. Association.*

THE TREATMENT OF AN ACUTE ATTACK OF HAY FEVER.

Dr. Isidore Gluck recommends the sulphate of atropine locally in the treatment of hay fever. It depresses the glandular activity and thus lessens the secretion, which, being of an irritating character, causes violent paroxysmal sneezing and other reflex phenomena often associated with hay fever. He applies it by dipping a piece of absorbent cotton, attached to a cotton holder, into a solution of cocain-phenol, and applies it to the engorged parts. After some contraction and a moderate amount of anesthesia has been produced he applies a 1 per cent. solution of sulphate of atropine in the same manner. Internally small doses of aconitine were given every hour or two, according to the severity of the case. The next day the patient was invariably better. The treatment was continued until recovery. In addition to the local treatment, he generally prescribed tonics containing phosphate of iron and quinine.—*Medical Record.*

WHO'LL KILL THE BACILLUS.

Who'll kill the bacillus ?

"I," said Dr. Koch,
"With my lymph and syringe,
I'll kill the bacillus."

Alas ! Dr. Koch,

With false hope you fill us ;
For firm as a rock,
Holds the field—the bacillus.

And assembled bacilli

Through a cultur'd bacillus
Say, "We're not quite so silly
As to let Herr Koch kill us."

—*British Med. Jour.*

MEDICAL PROPERTIES OF VEGETABLES.

Spinach has a direct effect upon the kidneys. The common dandelion, used as greens, is excellent for the same trouble.

Asparagus purges the blood.

Celery acts admirably upon the nervous system, and is a cure for rheumatism and neuralgia.

Tomatoes act upon the liver.

Beets and turnips are excellent appetizers.

Lettuce and cucumbers are cooling in their effects upon the system.

Onions, garlic, leeks, olives and shalots, all of which are similar, possess medicinal virtues of a marked character, stimulating the circulatory system, and the consequent increase of the saliva and the gastric juice, promoting digestion.

Red onions are an excellent diuretic, and the white ones are recommended to be eaten raw as a remedy for insomnia. They are tonic and nutritious.

A soup made from onions is regarded by the French as an excellent restorative in debility of the digestive organs.—*Med. Age.*

AFTER AN ALCOHOLIC DEBAUCH.

R. Tr. opii deod, gtt. 120
Tr capsicum, f ʒ iv
Spt. ammon. aromat, f ʒ ij
Syr. zigiheri q. s., ad f ʒ iij

M. Sig.—Teaspoonful every three hours.

LA GRIPPE.

R. Cocaine hydrochlor, grs. ij
Phenacetin, grs. xxiv
Ext. belladonna, gr. j

M. Div. into 12 pills. Sig.—One every four hours.—W. R. D. Blackwood, M. D., Philadelphia.—*Med. Sum.*

TREATMENT OF DIPHTHERIA WITH SALICYLOUS IRRIGATIONS.

By Dr. Parisot, du Thillot (Vosges). Translated for the *Cincinnati Medical News* from the *Bulletin General de Therapeutique*, Paris, September 15, 1891, by Mon. E. A. Quetin, Juge de Paix, Tonnerre, France.

In the course of the year 1890, at B——there was an epidemic of diphtheria actually ended. During its prevalence we used irrigations with salicyulous solutions in the various manifestations—angina, coryza, laryngitis—coming under our observation. Before employing that mode of treatment, and although we often had resorted to badigeons with salicyulous acid, and also to different antiseptic pulverizations, we had a considerable mortality (ten or fourteen cases); since the use of irrigations we quote only five deaths in twenty-four cases. Those results have induced us to publish the present data with an easy modus operandi of the already known property of the salicylic acid.

Salicylic acid was indeed used frequently as topical application in cases of diphtheritic angina. Berthold, of Dresden made successful applications of it in stomatitis, in aphthæ (muguet), and also in diphtheritic angina. Moizard and Bergeron recommend it, and Goutheim obtains thirty-one successes in thirty-one cases of diphtheritic angina treated by touching with a salicyulous solution. Lastly, M. M. d'Espine and Picot indicate the treatment of the diphtheritic angina by salicyulous solutions irrigated from which they obtained good results.

(The writer describes some chemical experiments demonstrating the destructive action of salicylic acid on diphtheritic false membranes.)

That destructive action of the salicylic acid upon the false membrane is followed by an influence preventing new false membranes from forming again so rapidly after salicyulous irrigations as they habitually do after scraping. This could easily be remarked among children under our treatment and with whom, after four or five careful irrigations, we noticed, not a complete absence, but considerable diminution in the number and extent of the false membranes which were before lining the throat and reproducing themselves rapidly. Therefore we are authorized to think that the mucous membrane itself is modified also, and rendered, so to speak, improper to the reproduction of false membranes and the culture of Loeffler's bacillus. We can not explain otherwise the rapidity with which the throat is deterged.

Let us now see how we proceed.

First we have constantly used a solution of salicylic acid at 1-1000, except in grave cases, when we have used the solution at 2-1000. The first one has always seemed to us sufficient. We obtained a very limpid solution without any precipitate with the following formula :

Salicylic acid - - - 1 gramme
Water, - - - - - 980 "

Alcohol at ninety degrees, 20 "

Dissolve in the alcohol and add the water.

That quantity of twenty grammes of alcohol is sufficient but necessary; it has no inconvenience, as we have ascertained.

We always irrigated the interior of the throat to the extent of one litre and one and a half, even sometimes two litres of that solution in twenty-four hours. At the start of the treatment, we had simply used a glass syringe. Later, in order to obviate the inconvenience of the intermittence of the jet by a syringe, and especially to avoid the slowness and the difficulty of the irrigations, we have employed the apparatus that we are going to describe and which is simply a block-laver modified for the occasion.

It is composed :

1. Of a tin receiver of a capacity of about seventy-five centilitres, provided, at the top, with a ring to be fixed in the wall and at the inferior part with a tubulure of a narrow calibre.

2. Of an india-rubber tube adapted at one end to the inferior tubulure of the receiver and at the other to a glass tube very slender at the point.

3. Of a pression-pinch placed on the india-rubber tube for interrupting the jet at will. This apparatus is suspended about one metre above the head of the child, held by some person while another may direct the jet into the back throat. The jet is thus projected with force enough to *detach* the false membranes.

The little patient must be in a position such as not to be tempted to swallow too great a quantity of the projected liquid, or not to be got into a fit of coughing. With very young ones the position is of great importance, as when ever there are fears of asphyxia, the head of the patient should be inclined forward, with the face turned toward the earth. In that position, it is perhaps more difficult to operate the irrigations, but we were sure that the liquid would be easily thrown out carrying away the false membranes. And it so happened.

The solution may be projected easily and without danger into the nasal fossae. In three cases of diphtheritic coryza accompanying or preceding angina, we obtained good results.

Since we adopted the treatment by salicylous irrigations, we have had twenty-four cases, out of which were nineteen cures. In conclusion, we shall state that since the application of our method, we did not observe any paralytical complications.—*Cincinnati Med. News.*

VOMITING IN PREGNANCY.

R Tincture iodi,
Chloroformi, aa. p. æq.

M. Sig.: Take five drops in a little water, at meal time, morning and evening.—*Cincinnati Med. News.*

ICHTHYOL.

In a case of pleurisy with pleurodynia rebellious to treatment the employment of a 20 per cent. salve of ichthyol and vaseline proved beneficial.

The pain diminished after the first dressing and disappeared completely after forty-eight hours.

Ichthyol salve in connection with massage of the joint has also given a good result in a contusion of the shoulder.

Internally, capsules of one centigram of ichthyol were prescribed in a case of furunculosis, while at the same time ichthyol soap was used externally.

A case of chlorosis with pallor of the face was also treated with good result by means of ichthyol internally.—*Med. Review.*

GONORRHEA.

Thomas R. Neilson states that the plan of internal treatment which he has pursued for so many years past consists, first, during the earlier stages of the disease, in the administration of an alkaline sedative mixture, with the purpose of alleviating the scalding caused by urination, the tendency to frequent micturition and to chordee. The standard formula in his dispensary practice has been :

R Potass. acetat, 2 drachms- $\frac{1}{2}$ ounce
Potass. bromid, 1 $\frac{1}{2}$ drachms.
Acid boric 2 drachus 2 scruples.
Tinct. belladon, 30 minims.
Liq. potass. citrat, 8 ounces.

M. Sig.: A tablespoonful in water every three or four hours.

Secondly, as soon as the symptoms are in a measure relieved, the administration of either oleoresin or cubebs and balsam copaiba in capsule, or cubebs alone in powder, in teaspoonful doses, or finally, where chordee is troublesome a combination of two parts by weight of powdered cubebs and one part of bromide of potassium given in the same doses, and from three to four times daily.—*Univ. Med. Magazine.*

FOR HAY FEVER.

L'Union Medicale recommends the following snuff for hay fever :

R Acid boric pulv, gramme 2.0.
Natr. salicyl, gramme 2.5.
Cocain mur. pulv., gramme 0.12.

M. Sig.: For snuff.

For the eye symptoms a solution of sulphate of copper or sulphate of zinc, for wash; ten drops of iodide of ethyl or three drops of nitrate of amyl may be inhaled at the onset of the attack, and the patient sent to a different climate or place.—*Cincinnati Med. News.*

THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.

EDITORS:

A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S., London
F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P., London.

ASSISTANT EDITOR

ROLLO CAMPBELL, C.M., M.D.

Make all Cheques or P.O. Money Orders for subscription or advertising payable to THE HERALD COMPANY, No. 6 Beaver Hall Hill, Montreal, to whom all business communications should be addressed.

All letters on professional subjects, books for review and exchanges should be addressed to the Editor, P.O. Drawer 1932 Montreal.

Writers of original communications desiring reprints can have them at a trifling cost, by notifying THE HERALD Co. immediately on the acceptance of their article by the Editor.

MONTREAL, MARCH, 1891.

LARGE ATTENDANCE AT BISHOP'S COLLEGE.

Many of our readers who have taken an interest in the struggles through which Bishop's College has passed during the last twenty-one years will be glad to learn that the latter are nearly over, the college having now on its register for the present year no less than 75 students. We believe this a larger number than even her big sister, McGill, had when she had reached the same age; so that we can safely say the College will enter with its 22nd year on such a continued course of prosperity as will relieve its faculty and friends generally of any further anxiety. This splendid result has only been obtained at the cost of great personal sacrifice on the part of the Dean and the most of the faculty, who have for 21 years made their work a labor of love rather than one for emolument, all the fees so far having been handed back to the general fund for improving the apparatus and means of teaching. For the efficiency of its staff no better certificate is needed than the simple fact that McGill College has taken into its teaching staff in the faculty of medicine alone no less than seven former professors of Bishop's College. Another testimony, however, to the efficiency of the instruction given at this College is seen in the success

of her graduates who, with hardly an exception, are engaged in large practices in almost every part of the world, and some are acting as professors, not only in the faculty of their Alma Mater, but also in some of the leading foreign medical schools. This is only what we might expect when we consider that the energy of a large staff of professors and instructors is concentrated upon a comparatively small class of students. With a class of two or three hundred it is impossible to devote the same amount of attention to each individual student as it is possible to do when the class numbers only seventy-five. Her big sister certainly has the advantage of large endowments, which makes the lot of the professors a very happy one—a lot to which we wish them a hearty welcome and which they fully deserve. At the same time it would seem that good work may be done without any pecuniary reward, and some even maintain that the best work is that which is done for the work's sake alone. In that case the results of the labors of the faculty of Bishop's College must be of the very best. Most of the professors in Bishop's College are, we understand, in favor of a change from the didactic to the practical in their work, and many of them, instead of devoting the whole session to reading their lectures, spend a large portion of them in questioning each student on the subject matter of the lecture very much in the manner of what is familiarly known as a "grind." By this means, it is almost impossible for any student who follows the lectures to reach the end of his course without thoroughly understanding what he has been taught. This method would probably be impossible with a very large class, although, if it could be done, it would greatly increase the interest in the work as well as the amount of knowledge acquired during the four years' course. In the writer's class, after having described the pathology of certain diseases, he requires the student to invent the causation, the symptomato-

logy and the treatment, and it is surprising what good results follow this plan of developing the reasoning powers of each individual. The examination papers of students thus taught show a considerable evidence of reasoning power and originality of thought quite different from those of a student who learns his lesson off by heart and repeats it like a parrot. There is one point on which the students of Bishop's College are especially strong owing to the splendid facilities offered by the maternity department of the Women's Hospital, namely, practical midwifery, some of the final men of the present season carrying certificates of having attended at as many as 70 confinements, though the law only requires they should have attended six. The experiment of admitting girls on equal terms with the boys is, so far, working remarkably well, the only difference apparent being, as we foretold, a slightly quieter and more gentle behavior of the young men. In this connection we have been pleased to hear from private sources that the first lady who graduated at Bishop's College is pursuing her studies with great success in Vienna, where her practical training has won for her the approbation of her teachers, so much so in fact as to cause them to pay Canadian institutions a high compliment for their efficiency. Canadian graduates abroad are doing no little towards making our country, as a nation, favorably known.

A WORD OF ADVICE TO THE YOUNG DOCTOR.

In a few weeks several thousand young doctors will be launched out on the stormy sea of life to sink or float, according to the strength of their timbers. If they commence in the country they will probably begin to earn a living there from the very first day, for there are no hospitals and dispensaries and drug stores there to attend to the mass of the people. But if they start in the city without private means they will find the struggle during the first few years

rather a hard one. And yet, with industry and self denial those few first years may be made of the greatest value by employing the time in increasing the stock in trade of knowledge; while in spite of the hospitals and dispensaries and druggists prescribing the young doctor can hold his own if he will adapt his requirements to his environment. The rich are few in number and have their doctors since many years and they cannot be expected to leave him whom they have known and tried for one who is totally unknown. But the poor form the vast majority and it is right in the midst of them that the young doctor should start. They will surely call him once and it only remains with himself whether they will employ him a second time. With two weapons he can surely drive them away to the free dispensary or druggist's counter; the first is by demanding a fee utterly beyond their means to pay, and the second is by sending them to a drug store for a costly and elegantly put up prescription. The poor hate the out-patient department of the hospital and the dispensary because the latter invariably inflicts upon them great hardships in the matter of loss of time, and they would gladly give even far more than they can afford to be attended at home. But when the young doctor scorns to attend the poor laboring man with a large family for less fee than that which the millionaire pays to the dean of the faculty, the poor man can not be blamed if he turns away with regretful steps from the door that should be so glad to see him enter. There are thousands of families in Montreal whose average income, including Sunday and holidays, is less than a dollar a day, and with this meager income there are many hungry little mouths to feed and bodies to clothe, besides the exorbitant rent and taxes and fuel to pay. And yet most of those people have as much parental love as the rich, and would gladly give a fourth of their income for a week or a month to the young doctor who would at

tend the child and supply the medicine. How few millionaires would give a fourth of their incomes for the services of the physician? If the young doctor would attend the workingman and supply the medicine for a reasonable fee the medical journals would soon cease to be filled with long letters complaining of the "Abuse of Hospitals," "The Dispensary Nuisance," "Counter-Precribing," and "Patent Nostrums."

WESTERN HOSPITAL.

Although the Western Hospital is an institution entirely separate from Bishop's College, yet, the welfare of the one, is very much wrapped up in the success of the other. Owing to the good work being done at this Hospital, it is rapidly rising in favor with the public, who have hastened to contribute towards its funds a fair share of their benevolence. During the past six months every bed has been occupied and sometimes as many as five operations (some of them major ones) have been performed in one day. Owing to its distance from the center of the city, it has been found advisable in the interests of students and visiting practitioners to devote one day in the week to this purpose; consequently, Saturday has been chosen, the operations beginning at 12 sharp and continuing until 2 or 3 p. m. or even longer if necessary. It, also, has the advantage for the patients in that the wards are free from the odor of anæsthetics and from the other inconveniences necessarily attendant upon an operation during the other six days in the week. Among the operations performed during the last three months may be noticed laparotomy for tubal pregnancy, for pus tubes and for pelvic peritonitis, for ovarian cysts, for the radical cure of umbilical hernia, as well as exploratory sections for obscure abdominal tumors. Among the lesser operations have been several Alexanders, a great many trachelorrhaphies, anterior and posterior colporrhaphies, lacerated perineums, recto-vaginal fistula and several total-extir-

pations of the breast and axillary glands including the removal of the pectoral muscles. We are glad to learn that several bequests have been promised which, when realized, will enable the authorities to build a wing for the mid-wifery department. During the summer session of Bishop's College, from the 1st of April to the 1st of July, demonstrations will be given almost daily at this institution. The Western Hospital, like Bishop's College, seems to have passed through its period of struggling, and is now established on a very satisfactory basis. More beds, however, are required, as there is hardly a day in which two or three patients are not turned away.

CONTAGIOUSNESS OF CONSUMPTION.

It is with considerable satisfaction that we read the report in the *Medical News* (Feb. 6, '92) of the meeting of the New York Academy of Medicine which was devoted to the discussion of the contagiousness of phthisis. Only three years ago the writer was ridiculed for expressing the opinion that the disease is contagious, and was told by a leading physician that it was a fad, and by another that he had it on the brain. And yet any one would have come to the same conclusion as the writer, who could have examined the same array of facts with an unbiased mind. Bias is the great impediment to clear intellectual vision and blocks us many a time from arriving directly at the truth. In the case of consumption we were biased by the legend of heredity so much that we were blinded to the daily facts which prove its contagiousness, while we made the most frantic efforts to explain its spread by heredity. The heredity theory has been so thoroughly exploded by recent investigation that we hardly need repeat their arguments now, although our readers will find ample proof of its contagiousness and transmission without heredity in another part of this

issue. At the meeting above referred to such men as Jacobi, A. W. Smith, Janeway and Prudden took part. All the speakers were unanimous in declaring that consumption was a contagious disease and should be stamped out accordingly, the first steps being to educate the public as to the great danger of the practice of promiscuous spitting. The president, Dr. A. L. Loomis, in closing the discussion said "that it was the imperative duty of the Academy to instruct the public concerning the contagiousness of tuberculosis and particularly in regard to the degree of contagiousness. * * * In his opinion it was the nasty American habit of expectoration that was largely responsible for the terrible ravages of the disease among us."

PRIVATE HOSPITAL FOR DISEASES OF WOMEN.

As will be seen by reference to our advertisement, Dr. Laphorn Smith has purchased the handsome residence next door to his own house, situated in one of the healthiest and most desirable streets in the city, where he intends to open a private hospital for the medical and surgical treatment of diseases of women. He has been obliged to undertake this work in order to treat in a satisfactory manner patients coming from a distance from the city, and whom he has had to place heretofore in hotels and boarding houses, where it is almost impossible to carry out the most elementary principles of hygiene. The hospital will be lighted with incandescent lamps, be thoroughly equipped with electric and other baths, and electricity in all its various forms, to which Dr. Smith, as is well known, has devoted especial attention. As will be seen by his advertisement, all suitable cases will receive the benefit of electrical treatment before resorting to surgical interference; there has no doubt been rather too great a tendency of late to use the knife in gynecology. We wish Dr. Laphorn Smith success in his undertaking.

BOOK NOTICES.

FOURTEENTH ANNUAL REPORT OF THE PRESBYTERIAN EYE, EAR AND THROAT HOSPITAL, No. 1007 East Baltimore Street, Baltimore, 1891.

THE TREATMENT OF SOME FORMS OF SEXUAL DEBILITY BY ELECTRICITY. Read before the American Electro-Therapeutic Association at the first annual meeting, held at Philadelphia, September, 1891, by M. J. Grier, M. D. Reprinted from *The Times and Register*, November 21, 1891. Philadelphia: The Medical Press Co., (Ltd.)

OBSTETRIC PROBLEMS. Being an inquiry into the nature of the forces determining head presentation, internal rotation, and also development of the amnion. By D. T. Smith, M. D., Lecturer on Medical Jurisprudence in the University of Louisville; author of "The Philosophy of Memory," "The Gathering of the Waters," "The Philosophy of Emphasis," etc. With illustrations. Louisville: Printed by John P. Morton & Co., 1892.

PAMPHLETS RECEIVED.

"Some Suggestions as to the Mode of Action of the Galvanic Current in Gynecological Practice," by Thomas W. Poole, M. D., Lindsay, Ontario, Canada.

NEWS ITEMS.

"Ingluvin; W. R. Warner & Co. desire to send to any physician a sample of this remedy wherever they have a patient resisting all other treatment in sickness in Gestation, Marasmus, Cholera Infantum for which it has been found to be almost a specific.,,

With kind regards,

Yours truly,

William R. Warner & Co.

He clip the following from a New York paper. Our Health Office there has evidently to contend with the difficulties which druggists here and elsewhere experience in their endeavors to decipher the hieroglyphics of the percriber.

The trouble of deciphering the mysterious Latin phrases of city physicians as to the cause of death, inserted in death certificates in their usual wretched chirography, is a work at the Health Office that makes a reporter's life a burden to him. This is especially true of the German scribes. The result of their efforts is frequently not only amusing but ludicrous, and Permit Clerk Jacks and his assistants have treasured up a number of them for the edification of visitors when business is dull. One reporter is said to have struggled with the term 'strangular hernia' till at last he made the lucid translation, 'man hung himself,' another was bewildered by 'mitral regurataion,' but, undaunted, wrote 'died of military regulations.' Recently the disease, 'cirrhosis of liver,' was a corker to a German scribe till the happy idea struck him that deceased was 'a circus rider, died of injuries to his liver.'