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Original Communications.

THE CAUSES AND CONSEQUENCES OF DEFECTIVE VISION DURING SCHOOL LIFE.

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

(Read before the Ontario Medical Association, June, 1882.)

It was not my intention to take up the time of this Association this year with a paper, until about a week ago, our worthy President suggested to me that I write up the subject of hygiene of schools, which in its importance so commended itself to my judgment, that I have undertaken to consider at least one phase of the question which may form a nucleus for further thought—a phase by no means the least important of all the conditions that affect early life—viz., The Causes and Consequences of Defective Vision during School Life.

It is now admitted by all who study Ophthalmology, that the pressing danger of the eye during early life is myopia, or shortsightedness, the organic cause of which is too great a depth of the crystal, which causes the sharp image of an object to form in front of the retina instead of upon it. It is commonly observed by teachers and parents that school work is often associated with, and even hindered by, impaired vision, but that it is an evil much to be guarded against and a danger, in many instances, truly alarming has not appeared to them.

If an ounce of prevention is worth a pound cure, and this more valuable prevention in the light of present science and research is more easily possible; if the children of to-day the men and women of twenty years hence,

then it becomes us to turn our scientific labour and much thought to the well-being of children, and see that their physical, as well as their mental health, be properly guarded against dangers generally unobserved. Delicate as is the eye, it will when emmetropic, and in a state of health, bear any amount of use, but when it has lost its balance, or its normal proportions, its work is done with effort and but imperfectly, and it rarely can be brought back to its original perfection of action, but is prone to lapse into still greater disability of function, or even into actual disease.

It is found from the collected statistics of well-known scientists, such as Enissman, of St. Petersburg; Conrad, of Königsberg; Loring and Darby, of New York; and Cohn and Just, of Germany, and others, that myopia is congenital only in a small proportion of cases, that most children, up to 5 or 6 years of age, have normal vision, and from this age up to 15, or according to Donders, 20 years, is the period of development of myopia; that few are myopic before this period, and fewer still if any become so after; and this is the age when children are pressed into school and are forced to endure all the pains and penalties of the cramming system, in these days too common, which aim at intellectual development at the cost of impaired vision, and sometimes almost of complete loss of sight, if indeed it does not defeat itself in gaining the end it seeks.

While these years from six to twenty—the school life of children—is the period when myopia becomes developed, it is also established by careful and extensive statistics from the examination of over 20,000 school children, that the defect increased numerically as the pupil

advanced through the different grades of the schools. Cohn, of Breslau, found 6.7 per cent. of myopia in the elementary, 10.3 in the intermediate, 19.7 in the high schools, and 26.2 in the gymnasia.

Other authorities quoted above have made similar investigations with like results; and among the causes assigned for this uniform development of it are imperfect light, impure air, bad construction and arrangement of desks and seats, badly printed books; all these conditions are found acting, not alone, in the school-room, but at home, when the child returns with a task to perform, which taxes the eyes to a late hour, or after the preparation for the next day is completed. How often do we find the young person engaged with a thrilling story, or a fascinating romance, willing to sit in any remote corner of the room, and strain over a badly-printed and badly-illuminated page. Conditions unfavourable to the strongest eye, but most damaging to one pre-disposed by heredity, or otherwise, to myopia. In addition to the above facts it is found that it is more especially proper to cultivated nations, while an uneducated people and barbarous tribes, are almost entirely free. The Germans are said to show a greater number of myopias than any other country. So much is this the case that any passing traveller through the states of Europe, must observe that spectacles form a notable feature in the German physiognomy. This points at once to their high intellectual status, to their indefatigable labour in intellectual pursuits, and the bad hygiene of their schools and school system, conditions existing in unchecked operation through all their history. There is a general agreement among authorities that a great development, or increase, of it takes place during school life, and the result is largely due to preventable causes. Brudenell Carter says: "There is no longer any room for doubt, that badly-lighted and badly-fitted schools form a great machinery for the development of myopia.

And it is possible that this machinery where, as in Germany, it has for a long time been in unchecked operation, may have an important influence upon the form of the eyeball, which

will be inherited by large numbers of the population."

Other authorities make similar statements. Ribot urges that, "since constant study creates myopia and heredity most frequently perpetuates, the number of shortsighted persons must necessarily increase in a nation devoted to intellectual pursuits;" and Dr. Loring goes still further, by saying, that "if by a nation devoted to intellectual pursuits, we mean that compulsory education shall be carried out in the full extent of its original meaning, and applied to every child that is born, be it male or female;" and if Germany is going to be taken as the type, and every other nation desirous of intellectual progress be compelled to follow her lead as an example, then I am of the opinion that not only the educated classes, as the term is commonly understood at present, but that the world at large will, in time, become near-sighted." If such views, original and startling as they appear, are near the truth, it becomes a matter of national importance to see wherein the school and its hygienic and architectural conditions act as a cause of near-sight, and discovering the cause, if possible, to remove it.

It is not my intention to construct a model school room, much less a model home, this can be better done elsewhere. But I may be permitted to mention in brief a few of the conditions causing myopia that are common to both school and home life of the young.

(a) A bad light is one of the most certain causes, situated as it too often is in front of the pupil or at his side, shining with a glare on a level with the eye, producing great irritation which is the precursor of a progressive myopia.

(b) Anything favorable to congestion of the head, as a bad position of the body, which is too often a necessity from badly constructed desks and seats, or which is, perhaps, a matter of choice when the pupil of studious habits gets in the corner at home, and with book in the lap and bent trunk he pores over it till a late hour.

Under this head might be included heat of room, wet feet, cold floor, indigestion, excessive length or intensity of study without interruption.

(c) Excessive tension of the eyes for near objects, as when book is brought too near the eye for hours daily throughout an educational career.

(d) "Peculiarities of food, indifference to ventilation, disregard of other hygienic requirements, want of outdoor exercise, and a peculiar tendency toward a sedentary life, all of which are provocative of a certain *laxity of tissue* and want of resistance in the investing membranes which finds its expression in the eye, in a distension which is in fact myopia." (Loring.) We need not go far to show that all these conditions are largely present during school life, and it has been abundantly shown that the rapidity of development of myopia is in proportion to their presence and to the early age at which children are pressed, either by authority or natural inclination with studious habits, regardless of their optical condition.

Alarming as the facts appear to the ophthalmic surgeon, and important as is the eye in its intellectual, apprehensive, and discriminating powers, yet there is no organ in the body guarded with so little care, and strange to say, its greatest weakness is popularly counted its strength. We often see myopes comfort themselves by saying that short-sighted eyes are strong, or *healthy* eyes; on the contrary a short-sighted eye is a *sick* eye, a *diseased* eye, and is very likely, from the habits it engenders, to make a sickly body; quite as much a diseased condition is it as an hypertrophied heart and as little able to perform its functions, and we watch a case of myopia with as much interest and anxiety as you do first an hypertrophied and then a dilated heart subsequent to repeated attacks of asthma. It affects the physical, mental, and moral development of the child. The ordinary sports or plays of the campus are quite too much for him. The cricket, the base-ball, or the lacrosse have requirements beyond his range of vision, and in these he is unable to compete successfully with his fellows, so with a sense of incapacity he retires from the field where the mind gets its recreation and the body its health and seeks his pleasure and his recreation in his books. This, though at first a pastime, soon becomes a passion and he be-

comes a book-worm, engorged with much that an age of rapid printing can supply without taking time to reflect or digest what he has received. He, therefore, suffers a kind of mental dyspepsia which is, to say the least, no evidence of mental strength—a condition as foreign as possible to a true educational process which is the application of thought or the development of the processes of reason.

A fond parent encourages these so-called studious habits which become more a habit than a desire for the acquisition of knowledge, and entertain a strong hope that the future will realize brilliant literary accomplishments; but the defect of sight is operative at all times; he becomes retiring, diffident, hesitating, and cautious. His means of acquiring knowledge, through outward objects have been limited to a very narrow field, his own small field of vision. He can see all the beauty of a rose or a violet, but a beautiful landscape or the autumn tints of the forest are all a blur to him, and he knows nothing of the inspiration that comes therefrom. He can see and deal with the minutest mechanism of a watch and delight in it, but finds no pleasure in architecture; he becomes a man of details and intricacies at the expense of unity and comprehensiveness. He also judges men by their intentions at quite a disadvantage and forms wrong opinions of character. Our English language—all language—is so constructed as to be susceptible of ten times of opposite meanings by a few changes in the lines of countenance. Hence, across the table, or in a room he loses the ever-varying shades of expression that come most directly from the heart, and trusts to the ear by which he is often misguided.

Now, all this must have its effect upon the general disposition, upon the character, and the health, and though it may not affect to such an extent every degree of myope yet the majority, I am satisfied, of those who remain uncorrected, suffer more or less of these disabilities.

There are other optical defects such as hypermetropia and astigmatism which affect the individual's comfort, his health, mental attainments, and character quite as much, and on these it might be of interest to dwell as they

affect the manhood in an entirely different way, but I will not prolong my paper. Enough has been said to show the gravity of abnormal vision. The attention it should command from both teachers and parents and the importance of submitting every child to a careful examination of his optical condition before urging him into a long educational career; not only to see whether he is capable of pursuing such a course without danger, but to see that he is supplied with properly-fitting spectacles which, happily for either the myopic, the hyper-metropic, or the astigmatic may now be so given as to reduce the eye by their help to the condition of a far-seeing eye, and thus permit the individual to cultivate the same tastes and pursue the same occupations as if the eye was naturally a normal eye.

And finally, Mr. President, as you and your confreres are taking such an interest in your duties on the Board of Health for Ontario, and your labours which will be of inestimable value for the public weal, are to be expended largely in discovering and applying the valuable ounces of prevention, I may be permitted to entertain the hope that the question that I have but briefly brought before you may not be deemed unworthy your consideration, and that the hygiene of our schools, which is at the very foundation of future society, may receive that attention which it so much demands, and which our science is so eminently calculated to bestow.

BI-MONTHLY NOTES ON THERAPEUTICS AND PHARMACOLOGY.

BY R. L. MACDONELL, B.A., M.D., M.R.C.S., ENG.

(Assistant Demonstrator of Anatomy, McGill University, Montreal, Physician to Montreal Dispensary.)

There is no doubt but that the British Pharmacopœia requires revision. Of the remedies composing it, at least two out of three may safely be dropped. The principal change must be the alteration of the doses. Few of us prescribe the quantities therein directed. Most writers too, on therapeutics limit the practitioner to doses wholly insufficient to influence the disease. This is especially true of chorea, of syphilis of the tertiary kind, and of certain neuralgias. A great deal of the success of

specialists is due to the careful administration of maximum doses of remedies known to be of benefit in the disease under treatment. An instructive essay on this subject was read by Dr. Seguin before the Medical Society of the State of New York, Feb. 7th, 1882. Teachers of materia medica and therapeutics are prone to teach dosage on the "*in medio tutissimus ibis*" principle, with an eye to the safe training of students. The druggists too, exert a baneful influence by supplying the practitioner with ready-made compounds, pills and elixirs, so that many, instead of adapting the mixture to the patient, reverse the process, and adapt the patient to the mixture. In first prescribing a potent remedy, take into consideration, age, sex, size, and general condition of the patient. More especially note the condition of the circulatory organs. Begin with "book doses." Feel your way "fearlessly because watchfully." Amongst the remedies Dr. Seguin mentions are the following: *Extractum conii fructus fluidum*, Wood (Therapeutics, 1880, p. 371) puts the dose at ℥i., ℥ii.; Bartholow. (Materia Medica, 1880, p. 409), dose ℥ii., ℥v., ℥xl. Dr. John Harley (The Old Vegetable Neurotics, London, 1867) gave larger doses, using the Succus Conii. He obtained definite physiological and therapeutical results in doses of two drachms to one ounce. In this way he obtained the paresis of the third nerve, arms, and legs, which is the characteristic result of conium action upon the spinal cord. Dr. Seguin uses conium in spasm of paralyzed limbs, in general irritability, and in insomnia.

When the indication is present as in chorea, to obtain muscular relaxation, after a few tentative doses of 20 and 40 minims, he gives at one dose 60, 80, or even 100 minims. These doses cause ptosis and sometimes diplopia and paresis of the arms and legs. He does not repeat the dose until all the effects have passed off—in from 12 to 24 hours. A case of adult chorea of 14 years' standing is cited, which was almost perfectly cured by a teaspoonful of Squibbs' extract of conium given daily for a month or more. Cases of insomnia with wakefulness in the first part of the night, more especially those with fidgets or physical restlessness, are very much benefitted by conium.

Dr. Seguin usually gives 20 minims with 20 grains of bromide of sodium in camphor water, at bedtime, to be repeated if necessary. In some cases (male adults) he gives 50 or 60 minims at one dose in the mixture, not to be repeated. Such a draught has been often returned to him by druggists, because they thought the dose enormous. "To be successful we must be bold, as bold as physiological knowledge can make us, and yet as cautious in the first giving of powerful drugs to a patient as if we had no courage at all."

IODOFORM AS A WOUND DRESSING.—There are many advantages in the use of this powder. The necessary dressings can be carried about, can be applied with little trouble, and left *in situ* a considerable period. It is undoubtedly the best dressing for the country surgeon, and for this last reason I think it wise to devote some space to its consideration.

In whatever way applied, in powder or solution it acts as a local disinfectant, and promotes a healthy action in the healing of wounds.

Its use has been overdone, of course. There is a class of surgeons who overdo everything. Charges of producing serious symptoms are brought against it. But are its toxic effects as often seen as those of carbolic acid? Three surgeons, in the German medical journals, have set forth their experiences. Schede of Hamburg (*Deutsche Med. Zeit.*, Feb. 2, 1882) has seen bad effects. Severe attacks of poisoning set in, in those who, by idiosyncrasy are subject to its noxious effects. Death, without any warning, may occur, even though the administration be immediately suspended. The symptoms produced are mainly as follows: Pyrexia (104 F.); depression of spirits, headache, anorexia, rapid small compressible pulse. Stopping the drug gives relief to these symptoms. A worse stage exists, in which the pulse rises to 150 or 180 or more with high fever, and in this condition the suspension of administration is not followed by reaction, and death follows. Schede also mentions certain forms of cerebral disturbance which either take the form of acute meningitis or of a psychological disease (melancholia, etc.) and lead to a fatal termination. No mention is made, however, of the quantity of iodoform used, or

the size of the wounds to which it was applied. Singularly enough, no *post mortem* records are given.

Küster (*Berliner Klin Wochenschrift*, No. 14, 1882) describes somewhat similar results from its overdoses. He has obtained astonishing successes with iodoform in checking decomposition, and in the treatment of tubercular diseases, against which carbolic acid was powerless, and he is of the decided opinion that resections are now much more successful in his clinic than formerly.

Mundy, of Vienna, in the same periodical, looks upon iodoform as the best form of dressing for the battle field. It requires no water to make solutions, nor clean vessels, and can be immediately applied in the first and second lines, where vessels and water are scarce and there is no time for circumstantial dressing.

Iodoform is applied in far too great a quantity to large surfaces (80 to 300 grammes at once!) On minutely examining the fatal cases of Mikulicz, Schede, König, Heftman, and Czerny, it was found that the *post mortem* records were not satisfactory and that many of the victims were anæmic, either very young or very old, subjects of old standing suppuration, or of organic disease. A small quantity of the powder should be dusted into the wound, and it should be removed only when absolutely necessary. Iodoform is a drug to be very carefully handled, taking into consideration that it contains 96 per cent. of nascent iodine.

PARSLEY AS AN ANTILACTIC.—Dr. Stanislas Martin states that as an external application, parsley acts most efficaciously in dispersing the milk, and that the Roman nations used it for this purpose. The breasts should be covered with freshly-plucked leaves, and these should be renewed several times a day as fast as they begin to fade. Dr. Dujardin-Beaumez confirms Dr. Martin's statement, and adds that in Asia Minor a cataplasm of parsley is used by the women as an ordinary domestic remedy, (*Bulletin de Thérapie*). Parsley is mentioned by Quincy in his "Compleat English Dispensatory, London, 1749," as being used by the common people "in cataplasms, to discuss and resolve, which by its penetrating nitrous salt it is frequently successful in doing."

Nicolas Culpepper in his "London Dispensatory," 1655, describes parsley as a useful poultice for swollen eyes, "doth much help them, if it be used with bread or meal; and being fried with butter and applied to women's breasts that are hard through the curdling of their milk, it abateth the hardness quickly, and also it taketh away black and blue marks coming of bruises or falls."

Phosphorus and Phosphide of Zinc.—The author uses the solution of phosphorus of Dr. Thompson, of which the following is the latest formula: R. Phosphorus, one grain; Absolute Alcohol, five drachms (dissolve with heat); Glycerine, twelve drachms; Alcohol, two drachms; Essence of peppermint, two scruples. Mix the two solutions, which make nearly twenty drachms— Σ = 1.20 gr. This should be given without water.

Dr. Seguin has used this solution with the greatest success in trigeminal neuralgia, and with some success in other neuralgias. He administers one teaspoonful (about 1-18 gr., if we estimate a teaspoonful to be a little over one drachm) every 3 or 4 hours. He has known a case of severe facial neuralgia (not chronic epileptiform neuralgia) cured in two days, and even in 24 hours. This solution of phosphorus has given satisfaction in conditions of nervous prostration, cerebral anæmia, incipient cortical degeneration (dementia), and in melancholia. It should be combined with cod liver oil in the proportions of 1:6 or 1:4, a tablespoonful of the mixture being given after each meal. Or, the following mixture may be extemporaneously compounded, and given two or three times a day: Thompson's solution, 1 teaspoonful; sherry, 2 tablespoonfuls; cod liver oil, from 1 to 2 tablespoonfuls; and the yolk of one egg, thoroughly beaten and mixed, with the addition of a little oil of peppermint. This is well received by most patients, and constitutes a most valuable tonic.

In the treatment of posterior spinal sclerosis, cerebral anæmia, nervous prostration ("neurasthenia"), and of incipient dementia, the phosphide of zinc in doses of $\frac{1}{8}$ to $\frac{1}{4}$ gr., combined with nux vomica or with belladonna, according to indication, has seemed of some efficacy.

Crystallized Nitrate of Silver.—Dr. Seguin

has used nitrate of silver in locomotor ataxy, and is disposed to agree with Erb that "among the internal remedies for tabes, nitrate of silver undoubtedly stands first, as it can show quite undoubted results." The course of the disease has been checked "in quite a number" of his cases, and in many others repeated periods of relief were secured. It is seldom prescribed in doses of less than $\frac{1}{4}$ grain, and usually $\frac{1}{2}$ gr. in pill with extract of taraxacum or with extract of nux vomica. It should be given before meals three times a day, and often at bedtime. A course of silver usually lasts two months. After an interval of two or three months, another shorter course is given. None of his patients have shown any skin discolorations, and gastric irritation has seldom occurred, albuminuria never. This paper would be of far greater benefit to the general practitioner had the author been more precise in the statement of his results. It will be observed that in all these no figures are used. It would be more satisfactory to know the number of cases, for instance, in which the large doses of phosphorus were found to arrest trigeminal neuralgia, and how many times it was given without satisfactory result. In how many cases of tabes dorsalis was the silver treatment of benefit? The account given is vague.

VENESECTION — FOR CONVULSIONS OCCURRING DURING SCARLATINAL DROPSY.

BY R. A. ALEXANDER, M.D., GRIMSBY.

Read before Ontario Medical Association, June, 1882.

On the 21st September, 1879, C. P.—, a boy eight years old, was attacked by scarlet fever which ran a severe course, and was followed in the first week of January, 1880, by general dropsy. Hydragogue purgatives, vapor and hot air baths were used. Urine diminished to one or two ounces in twenty-four hours. Had twitching in arms and legs. Leeches over kidneys, with subsequent application of cupping glasses, followed by warm poultices, did not relieve symptoms. Bled from arm to amount of four to six ounces. Rapid recovery from symptoms of convulsions and urine

secreted freely. A certain amount of ascites and albuminous urine continued for six months. He at the present date enjoys very good health.

II. A girl, twelve years of age, had a moderately severe attack of scarlet fever in December last. Two weeks after disappearance of rash, face and body began to swell. Urine scanty and smoky. Prescribed infus. digitalis. At end of four days patient much worse. Violent headache and unable to retain either food or medicine. Was given vapor baths and purgatives. Had a violent convulsion lasting half an hour, at the end of which she remained quite unconscious. In less than an hour another convulsion came on, and when I first saw her had lasted for an hour. Her face was livid, pupils contracted to a small point, frothing at mouth. Bled her from the arm to amount of eight ounces. The convulsion passed off. Was able to swallow a dose of chloral and potassium bromide. Slept four hours. Awoke quite sensible. Made a rapid recovery.

TRACHELORRHAPHY.

BY T. K. HOLMES, M.D., CHATHAM.

(Read before Ontario Medical Association, June, 1882.)

Emmet's operation for the cure of laceration of the cervix uteri is on its trial before the medical profession at present, and it is desirable that its utility be correctly estimated.

In the hope of eliciting a discussion of the subject I present this paper, and by omitting as far as possible all points discussed in gynecological works and which are either familiar to or within reach of every one. I hope to limit it to a very few pages. In my experience laceration is found in forty per cent. of all uterine affections and is seldom uncomplicated, usually co-existing with areolar hyperplasia, subinvolution, endocervicitis or some form of displacement.

The predisposing causes are :—

- 1st. Rigidity of cervix.
- 2nd. An unhealthy state of cervical tissue.
- 3rd. Abnormal presentations.

4th. Disproportionate size of foetal head.

The proximate causes are :—

- 1st. Violence of uterine contractions.
- 2nd. Maternal efforts at expulsion when the head is about to escape from the os.
- 3rd. Artificial delivery unskillfully performed. The operation of the first-named exciting cause is often due to the injudicious administration of oxytocics, more particularly ergot. There are doubtless other causes but these are the chief ones. Lacerations may be divided into those that heal spontaneously and those that do not, and the latter into those that can be cured by topical applications and those that can only be cured by trachelorrhaphy.

Slight lacerations of recent origin get well quickly under the use of the hot douche, medicated tampons, local depletion, and stimulating applications of iodine, carbolic acid, &c. Nitrate of silver, if used at all, must be applied with the utmost caution as it is otherwise sure to produce contraction which may result in stenosis.

The gravity of the symptoms does not bear a direct relation to the extent of the laceration, but depends upon the condition of the whole organ, and of the pathological state of the torn parts.

Subinvolution, metritis, follicular enlargement, and displacements augmenting the suffering while without any of these the sensitive state of the torn cervix is alone sufficient to greatly impair the health and render medicinal treatment useless. Having had his attention directed to the uterus as the organ diseased in a given case, and having on examination found a laceration, how is the physician to determine as to the advisability or necessity of an operation? This is an important question and requires considerable experience to answer it correctly. If the cervical tissue is soft and the laceration small with little or no eversion of the lips, and there is reason to believe the injury to be of recent origin, the case is one offering a good prospect of perfect cure by topical applications. On the other hand, if the laceration be extensive, the eversion marked or the tissue hard and of a cicatricial character an operation is imperative, be-

cause even if we succeed in accomplishing a healing of the raw granular-looking surface by other means, the eversion will not be cured and the hard, whitish cicatricial cervix will remain and give rise to symptoms of malnutrition and nervous disturbance almost or quite as serious as obtained before. Laceration generally permits eversion of the lips, and when it does an accurate idea of its extent may be obtained by hooking a tenaculum into each of the everted lips, and drawing them together. When this is done the raw surface diminishes as the inversion is accomplished until it nearly or wholly disappears. Sometimes little or no eversion exists until upward pressure on the vaginal walls at the cervical attachment pulls the torn lips apart and discloses the characteristic raw surface. This can be accomplished by using a large Ferguson's speculum and pushing it well up so as to make the desired upward pressure on the vaginal walls. The same may be done by using a Sim's speculum.

The various kinds of laceration are so fully described in works on the subject as to obviate the necessity of speaking of that part of the subject here.

Immediate operation, or that at the time of the injury I have not performed. Dr. Mundé, editor of the *American Journal of Obstetrics*, strongly recommends it, and judging from his results it is worthy of consideration and if union be secured would doubtless lessen the chances of septicæmia, just as immediate closure of lacerated perineum does. If not sewed up immediately it is necessary for involution to be completed before operating. Pelvic cellulitis, or indeed acute inflammation of any of the pelvic organs, contra-indicates an operation and should be overcome before attempting one. In all cases operated on by me I have resorted to a preparatory treatment consisting of the hot douche, tampons saturated with glycerine and tannin, local depletion, and in cases complicated with displacement daily repositions by postural method, aided by gentle pressure per vaginam and maintained by small medicated dossils of cotton batting. The use of the hot douche immediately before operating renders hæmorrhage less troublesome. I have

found the following the most convenient and satisfactory method of operating. The patient properly etherized is placed on a table of convenient height in the lithotomy position and before a clear but not dazzling light. One assistant administers ether while two others support the knees and feet keeping the thighs well flexed. One of these assistants also holds a Sim's speculum under the pubic arch, while the other, if necessary, uses the sponge.

The instruments required are a small vulsellum forceps, a long bistoury, scissors curved on the flat, sponge holders, needle forceps, wire twisting forceps, shield for limiting the twisting of the wires, two Emmet's needles threaded with silk and half-a-dozen No. 28 best silver sutures, sixteen inches long.

Having with the left hand seized the posterior lip of the cervix with the vulsellum forceps so as to have the upper jaw occupy the part that is to form the restored cervical canal the operator steadies the uterus and with a long bistoury divides the tissue on each side of the upper jaw of the forceps, first on the posterior lip then on corresponding parts of the anterior lip leaving a strip nearly half an inch wide in the centre where the forceps hold untouched and which are being brought into apposition from the continuation of the cervical canal. The removal of the tissue can be performed with great facility with the bistoury and in much less time than can be done with scissors, besides the internal boundary of the denuded surface can be more easily and accurately made with the knife. Care must be taken to remove all cicatricial tissue.

After bleeding has been stopped the wires are to be passed in the manner described by Emmet; the wires twisted and sheathed in a piece of rubber drainage tubing. Absolute rest in bed is necessary in some but not in all cases, the condition of the patient being the criterion. Union is often perfect in seven days, but as no harm results from the presence of the silver sutures they may be left in ten or twelve days if union be not complete before that time.

The following table gives a short statement of nine cases upon which I have operated.

No. of Case.	Name.	Age.	No. of Labors.	Duration of Laceration.	Form of Laceration.	COMPLICATIONS.	LEADING SYMPTOMS.	Date of Operation.	RESULTS.
I.	Mrs. R. J.	25	2 One Abortion.	4 years.	Stellate.	Areolar Hyperplasia.	Anemia. Dyspepsia. Great Debility. Leucorrhœa.	January 27, 1880.	Good health.
II.	Mrs. I. T.	34	5 Two Abortions.	6 years.	Transverse.	None.	Menorrhagia. Excessive Anemia.	January 28, 1880.	Steadily improved, and became pregnant in six months after operation. Was delivered at full term, and is now perfectly well.
III.	Mrs. A. K.	26	1	2 years.	Stellate. 3 Fissures.	None.	Debility. Leucorrhœa.	February 16, 1880.	Has remained well to date.
IV.	Mrs. M. R.	34	4 Three Abortions.	5 years.	Lateral.	Retroflexion.	Constipation. Inability to walk or work. Pain in lumbar region.	February 17, 1880.	Became pregnant, and was delivered without injury to cervix. Wears a retroversion pessary, and is much better.
V.	Mrs. J. S.	31	4 One Abortion.	4 years.	Lateral.	None.	Menorrhagia Anemia. Pain in lumbar region. Inability to walk far or do any work.	June 29, 1880.	Has recently been confined. Don't know results.
VI.	Mrs. J. F.	38	3	3 years.	Stellate.	Subinvolution. Prolapsus uteri. Cystocele. Lacerated Perineum.	Anemia. Difficulty in walking. Debility.	Nov. 25, 1880.	Able to perform domestic duties pretty well. Not perfect recovery, but greatly improved.
VII.	Mrs. J. K.	33	4	5 years.	Lateral.	Retroversion.	Inability to work or walk. Hysteria.	Dec. 15, 1881.	Is wearing a retroversion pessary. Not improving very fast. Is very hysterical.
VIII.	Mrs. J. A.	35	2	1½ years.	Lateral.	Retroflexion.	Inability to walk or stand longer than ten minutes. Anemia. Dyspepsia. Debility.	May 1, 1882.	Two weeks after operation walked two miles without fatigue. Is greatly improved.
IX.	Miss B. S.	25	2	3 years.	Lateral.	None.	Great weakness and peculiar bronzed skin.	May 22, 1882.	Union perfect. Too soon to judge of permanent results.

HEART DISEASE IN CONNECTION WITH ACUTE RHEUMATISM.

BY J. FERGUSON, B.A., M.D., L.R.C.P., ASSISTANT
DEMONSTRATOR OF ANATOMY, TORONTO
SCHOOL OF MEDICINE.

Many physicians must have noticed the heart complications occurring during an attack of acute rheumatism, or following it at some considerable time. From careful examination into the facts of such cases, it appears that this additional and serious factor occurs most frequently in the young, and of these in girls oftener than in boys. It has, I fear, been too generally held as an axiom in medicine, that these cases are incurable, and that the patient must progress from bad to worse, till he perishes of a hopelessly disorganized heart, or succumbs to some intercurrent affection that the debilitated system and deranged circulation render him amenable to. It is with the view of trying to combat this opinion, this article is written.

The heart is a powerful muscular, dilatation in the vascular system, with contracting power to force the blood in any direction it is free to flow. In the state of health, the valves prevent the flow backwards; and so the stream must go in one continuous current onwards. This state of things may be changed in various ways. Some of these are not curable, though they may admit of a certain degree of amelioration. While the form of derangement I am going to discuss, does appear both from theoretical and practical grounds, to be of the class that admits of successful treatment.

The openings in the heart are surrounded by fibrous rings, and to these rings are attached the afferent and efferent vessels, the valves and the muscular structure of the organ. The valves sit upon, and are supported by projecting shelves of this fibrous tissue, rather than growing out of, and being mere re-duplications of the lining membrane. The valves in addition to hanging from the surface, are supported upon a base, and it is this base that gives them a great deal of their power in resisting the backward flow of the blood.

The same form of swelling found in the fibrous tissue of the joints, may occur in these fibrous rings in the heart. At this stage, there

is simply swelling in the tissue, but no organic change; and just as the swelling in the joints may disappear, so may the swelling in the fibrous structure of the heart. In order that the valves may close and prevent regurgitation, the base upon which the valves sit requires to be in a normal condition. Now when this part of the heart is swollen, the actual size of the opening is lessened, and may be very nearly closed, so that there is the condition of stenosis. This is not the most important element of the disturbance however. As the fibrous rings and the bases upon which the valves rest become enlarged, the latter are tilted in the opposite direction; and if it be the auriculo-ventricular opening that is affected, the valves are forcibly pushed into the ventricle, and held back towards the side of its walls. From this it is clear that the valves do not fail freely back so as to close the opening, and a regurgitant murmur is heard along with the condition of stenosis just mentioned. So far there may be no lesions, no deposits or fungoid growths on the valves, rings, or cords. So far there may be nothing that is incurable. Simply the function is interfered with from a swelling of the parts.

Now on theoretical grounds, if we can remove this swelling before any growths or deposits take place, then we may feel assured that much good has been accomplished. The chordae tendineæ are greatly enlarged, and as they thicken, they shorten. This fact can be proven on the fresh heart in various ways, which I purpose making known on a future occasion. When the cords are thus shortened, there is a second factor in the prevention of the closure of the valves.

The following cases may bring out the principal points in the treatment of these cases:— Miss G—, aged 13 years, a patient of Dr. Clark's, near Newcastle, England, had a severe attack of acute rheumatism in the middle of January, 1881. About the third week of her illness, she was taken with heart trouble. The patient was under my care. Along with Dr. Clark, I determined to put her to bed, and keep her there for months if needed. Her diet was restricted almost entirely to milk. All exertion was completely interdicted. A mixture of digitalis, potassium iodide, and salicylate

of soda was ordered, and each of these ingredients pushed as far as the patient could bear them. At the end of six weeks all murmurs had ceased; but though the patient was allowed out of bed, the treatment in other respects was continued for about two months longer. I had a letter from the young lady a short time ago, stating that there had been no recurrence of the heart trouble, and that her health was all that could be desired.

The second case, Mary K——, from my own part of Ontario, Huron, was brought to Toronto and put under my care. There was certainly very severe cardiac trouble, a good deal of dyspnœa, a scanty amount of urine secreted, the limbs œdematous, and the abdomen considerably distended. The patient was at once ordered to bed, and put on a milk diet. The same mixture of potassium iodide, salicylate of soda, and digitalis prescribed. To aid in relieving the dropsical state of the body, an incision was made over each internal malleolus about an inch in length, and freely through the subcutaneous tissue. The discharge of fluid was very free for the first three days; but by the seventh, nearly all trace of anasarca had disappeared. The recumbent posture was maintained for nearly two months, and she left the city in a very good state of health, and with the merest trace of the cardiac murmur, so audible at the commencement. She is still taking her mixture, and I am quite confident that in due time the disturbance will have entirely ceased.

I base the treatment upon the following principles: 1st. A milk diet, because it is nutritious and leaves little residue for the digestive system to get rid of; while it favours the action of the kidneys. 2nd. The maintenance of rest, a condition that secures muscular inactivity throughout the body, and gives the heart as much ease as possible. This is very necessary, just as in the treatment of any inflamed organ. 3rd. With regard to the medicinal treatment I need say nothing further than that I am a firm believer in the protracted use of some preparation of salicylic acid after an attack of rheumatism, so as to eliminate from the system as thoroughly as possible the tendency to recurrence, and to remove any complications that may have taken place.

When we find a murmur during or following an attack of rheumatism, I hold that it is impossible to say whether it be due to actual deposits upon, or around the valves, or only to swelling and thickening of these parts. It is, therefore, our duty to follow that line of treatment which will remove the latter condition, or improve the former, if unfortunately it should exist, and thus place our patient in as favourable a condition as possible, for making a good recovery in the least time.

REMOVAL OF A FIBRO-CYSTIC TUMOUR, OF THE UTERUS, WEIGHING TWELVE POUNDS.

BY DRs. STEWART AND HURLBURT, BRUCEFIELD.

Miss W., aged eighteen, when first seen on the first of last June complained of swelling of the abdomen. She first noticed that she was getting larger than usual a little more than two years ago. During the last few months there has been a steady and marked increase in the size of the abdomen with a general loss of flesh and strength.

She always enjoyed good health previous to her present trouble. Family history is good. The catamenia first made their appearance three years ago, and continued at irregular intervals until five months ago, since which they have been very regular.

The abdominal cavity is the seat of a large tumour which can be traced into the pelvis. It can be moved in all directions. It has a semi-solid feel. With the exception of a small line of resonance in the right flank the whole abdomen as high as four inches above the umbilicus is dull. The abdomen is unequally distended. It is nearly two inches further from the umbilicus to the right anterior superior spine of the ilium than it is between the corresponding points on the left side. No fluctuation can be detected in the tumour, neither can any free fluid be made out in the abdominal cavity. The uterus is pushed down and Douglas's pouch is obliterated. The uterus is normal in size.

There is slight œdema of the lower extremities.

Nothing abnormal found on making a physi-

cal examination of the chest. The urine is normal in quantity, colour, reaction, and specific gravity. It is free from albumen.

She has suffered considerably during the last year from sharp attacks of abdominal pain.

The diagnosis arrived at was a *multilocular cyst of left ovary*.

Operation.—Present: Drs. Gillies, McMicking, Taylor, Cassidy, Tamblin, and McDonagh. Dr. McLean administered ether. After opening the peritoneum a trocar was introduced into what was still considered an ovarian cyst. The fluid coming away it was withdrawn. This was followed by copious bleeding from the seat of the puncture which was partly stopped by plugging the cavity with the fingers. Repeated attempts were now made to lessen the size of the tumour by tapping it in various places, but without any success. The hæmorrhage from the puncture being still considerable and even getting alarming we quickly extended the incision both upwards and downwards. It was in all ten inches in length, from the pubes to two inches above the umbilicus. After a little manipulation the tumour was turned out, and the pedicle which was about three inches in length and attached to the upper and left border of the uterus was secured by carbolized silk, the ends cut short and dropped back. The abdomen was now carefully sponged out. There was a good deal of difficulty in doing this owing to the large quantity of blood that escaped from the first tapping and from the presence of the brain-like contents of a cyst which burst during the efforts at extraction.

The abdominal wound was then closed. A rubber drainage tube of large size was left in the lower part of the wound.

The whole operation which was conducted with the strictest antiseptic precautions occupied an hour and three quarters in its performance.

When the patient was removed to bed her pulse was 108, two hours after it fell to 100.

Vomiting was a prolonged and troublesome symptom, having lasted about forty-eight hours. The hypodermic injection of morphia appeared to have more influence in checking it than anything else. The highest recorded temperature was 103°, but it only kept at this height for

an hour. The application of cold to the head reducing it to 101°.

At no time during the subsequent history of the case was there any cause for alarm. The drainage tube was removed at the end of the third day. During the first twenty-four hours there was at least a pint of reddish serum discharged. The wound, except where the drainage tube was, was healed on the sixth day. On the ninth day union was complete. The patient was sitting up on the fourteenth day and walking about on the twentieth. It is now seven weeks since the operation and she continues in the best of health.

Remarks.—The error in diagnosis, although it was of no real practical significance might have been avoided if tapping had been resorted to. But as this is a very serious procedure, it is best to operate without it, even if the diagnosis is not certain.

SOME POINTS REGARDING MEASUREMENTS IN SURGICAL PRACTICE.

BY WM. OLDRIGHT, M.A., M.D., TORONTO,

Lecturer on Sanitary Science, Adjunct Lecturer on Medical Jurisprudence and Curator of Museum in the Toronto School of Medicine, Surgeon to News Boys' Lodgings, Chairman of Provincial Board of Health.

Read before the Ontario Medical Association, June, 1882.

Mr. President and Gentlemen of the Ontario Medical Association,—My principal object in this brief paper will be to point out a common source of error in the measurement of the lower extremities, especially during the treatment of fracture of the femur.

Before doing so, however, I may be allowed to ask you to consider the question of the value of measurements in the treatment of fractures and dislocations.

Most of the members of this Association are aware of the view enunciated by Dr. Sayre, (that shortening should not occur with proper surgical treatment), and how this statement was challenged by Prof. Gross, still chafing under the remembrance of a vexatious and unjust suit for malpractice, and also how it has been further combatted by Dr. Frank Hamilton in the last edition of his work on "Frac-

tures and Dislocations." Amongst other arguments, Dr. Hamilton draws attention to the fact that in a very large proportion of persons whose legs have been uninjured one is longer than the other, and that the difference is generally in favor of the left. Upon this fact some practitioners have based an opinion that there is no use in measurements. I have heard one very well read and skilful gentleman, a member of our Association, express this opinion. Now I think it a pity that this opinion should prevail. I consider that in the measurement of limbs we have, to say the very least, what may prove a very valuable corrective in many cases. And on again looking up Hamilton's remarks, I see that he expresses the same view, and thinks that if we abandon measurement we abandon one of the diagnostic means which has led to such vast improvements in the treatment of fracture of the femur.

Believing that every contribution, however slight, to the data of surgical knowledge may be of some service, I measured last week the legs of fourteen boys in the News-boys' Lodging. Of these I found only two deficient, and in one I could only discover about one-sixth of an inch difference, and in the other the difference was half an inch. From neither could I obtain any history of accident.

I believe that in the upper extremities greater differences are often found than in the lower. I have myself noticed this in persons who have been round-arm bowlers in cricket during boyhood and youth.

The errors in measurement to which I have made reference occur from the pelvis being drawn down on one side, and the legs not being placed at the same angle to the outer surface of it. If we look at the skeleton we will observe that two lines, drawn respectively from the anterior superior spinous process of the ilium to the hip joint, and from the hip joint to one of the malleoli will meet at an obtuse angle, and if we now abduct the whole leg we shall find that the angle becomes less obtuse. Hence by a well-known geometrical rule, the subtending line from the anterior superior spinous process to the malleolus will be greater in the former than in the latter case. This will be rendered far more evident if we continue to ab-

duct the leg till the femur is brought close up to the spinous process. It is, of course, impossible to get that degree of abduction in ordinary living men, but this exaggerated form illustrates very forcibly to the eye what takes place to a less extent in life.

Now this tilting down of the pelvis on the affected side is what actually takes place in practice when traction is made by the weight and pulley, especially in young persons, the flexible lumbar spine on which the pelvis is hinged allowing it to be deflected from the right angle which they usually make with each other.

I was very much struck with this in treating a boy some twelve years ago. I had shortening as I supposed—more than half an inch—and I added pound after pound to the heavy weight already on, and continued to do this for three or four days; and without improving the length of the limb, I added very much to his discomfort. At last I began to be suspicious of the reason, and I made a paste-board square of the T form, which I now produce. I applied the ends of the horizontal portion of the T to the spinous processes of the ilium, and found that the leg was abducted to a marked degree. I now drew the other leg out to the same angle, and on measuring could not discover that the affected limb was in the slightest degree shorter than the other. I took off the excess of my weights gradually and got a good result.

Some time afterwards I happened to mention the matter to Dr. Aikins, and found that he had passed through a similar experience. I do not mean to say that he was as long discovering his error.

I have no doubt that many here have noticed similar facts, but as I have never seen the matter referred to in print, I have thought it well to draw attention to it.

The upper arm of the square is made of paste-board or other flexible material, so as to allow of its being bent down over the abdomen on to the spinous processes.

The same error would occur if the one limb were more flexed towards the abdomen than the other; but the malposition is less likely to be overlooked.

I have not adverted to such modes of measurement as taking the symphysis pubis as one of the points, as I hope this mischievous method is not in vogue with any person in this room. I use the word "mischievous" in remembrance of some curious results in Court that have been connected with this mode of measurement.

HOSPITAL NOTES.

BY MR. FRANK KRAUSS.

SCIATIC DISLOCATION OF THE FEMUR WITH FRACTURE OF THE ISCHIUM.

A—C—, age 42, a labourer was admitted April 22nd, for treatment of injuries received by the falling in of a drain. The peculiarities of the case were as follows:—In the recumbent position the signs were evidently those of a sciatic dislocation of the head of the femur; in the erect position an intracapsular fracture of the neck would seem to be indicated; and, to complicate matters, on rotating the limb some crepitus was apparent, seemingly of a cartilaginous character, and proceeding from within the capsule. The case was diagnosed as one of sciatic dislocation and manipulation was resorted to, but without effect, other than that the patient while standing could now place his feet together which he had previously been unable to do. A rectal examination was then made which revealed at once the cause of the crepitus and of the failure to reduce, viz., an ischiatic fracture, extending from the anterior margin of the great sacro-sciatic notch forwards towards the acetabulum, the direction of the plane of the fracture being apparently downwards and outwards, the sharp edge of the lower margin of the fracture being easily detectable projecting in the opposite direction. Further attempts at reduction were now, of course, out of the question. Forty-eight days after the accident, the fracture having apparently united, another effort was made to effect reduction, but without success, the bone returning readily to its place, but refusing to stay in position. Dr. Fenwick, the distinguished surgeon of Montreal, who was present, also kindly attempted the reduction with like

result. At a subsequent consultation it was decided to leave matters as they were and the patient was discharged on the sixtieth day after the accident, able to bear some weight upon the limb, and to go about with crutches.

FURNEAUX JORDAN'S SPONGE DRESSING.

This mode of dressing surgical wounds was adopted with most gratifying results in the case of a female patient, aged 52, after removal of the right breast for scirrhus. The lips of the wound were maintained in apposition by means of sutures and strips of plaster. The whole surface adjacent to the incision was thoroughly washed with dilute carbolic acid (1 in 40), and well disinfected sponges, steeped in a 1 in 20 solution and wrung out as nearly as possible to dryness were placed over the line of incision and kept in position by means of plaster strips. Free drainage was obtained by means of a tube, and the whole was covered with an ordinary roller bandage confining the arm. Every couple of hours the coverings were saturated with a carbolic acid solution and the dressings were renewed daily, for the first few weeks, subsequently every other day. Under this treatment, the wound, which was a very extensive one—the operation having involved the removal of all the axillary glands that could be found, about twelve in number—healed rapidly, union taking place by primary adhesion along its whole length, with the exception of the site of insertion of the drainage tube, and of a small surface the size of a ten cent piece where some deep suppuration had occurred. The amount of pus found on removing the dressings was unusually small, at no time exceeding a teaspoonful. The advantages of this method are various; the sponges afford an equable, elastic pressure, and while almost perfect asepticism is secured the comfort experienced by the patient is very great. This patient suffered no pain from first to last. At the second dressing one large sponge covering the whole breast region was substituted for the two or three smaller ones. Mr. Sampson Gamgee's "Trinity of Healing Graces,"—Rest, Position, and Pressure were hereby well secured; and although the dressings were not dry, they might just as well have been infrequent.

ROTHELN OR GERMAN MEASLES.

BY R. A. ALEXANDER, M.D., GRIMSBY, ONT.

Read before Ontario Medical Association, June, 1882.

In February, 1881, W— F—, aged about 35, after feeling slightly indisposed for a day or two, became covered with an eruption somewhat resembling measles, but without the peculiar odour of that disease. He remembered having had measles some years before. Conjunctivæ intensely congested; throat red and sore, but not swollen; temperature 101°; did not feel sick; would not remain in the house; went about his work the next day with the rash fully out; had no complications nor sequelæ.

This was the first case of an epidemic of Röheln or German measles, which prevailed in this section during the following spring and summer. On the 15th of the same month I vaccinated a boy aged three years with non-humanized vaccine virus from an ivory point. On the 24th, at the height of the vaccinia, he had a convulsion and the same day his face and body became quickly and thickly covered with an elevated eruption somewhat like measles. The eruption consisted of elevated spots or patches, some round, some irregularly shaped, of a bright red colour. The colour, however, varies a great deal in different patients. The day after the convulsion he was able to be up and about the house, and apparently did not feel very sick. The disappearance of the rash was very gradual and it could be seen at the end of two weeks, whenever he became overheated from any cause. There was violent inflammation of an erysipelatous character in the vaccinated arm, with intense induration around the pustules, in fact almost gangrene.

After these two cases the disease spread rapidly through the village, and we were not free from it until the ensuing autumn. This epidemic was marked by symptoms common to both measles and scarlet fever. The premonitory fever was short and seldom as high as 102° Fah., and was relieved by the coming out of the eruption.

Neither measles nor scarlet fever was prevalent at the time.

Many of the children whom I attended dur-

ing this eruptive fever I had previously attended for measles and since for scarlet fever.

My reason for drawing attention to this epidemic is the fact, that in several instances facial erysipelas occurred as a *sequel* within a week after the disappearance of the rash. In five cases of young ladies between the ages of fourteen and thirty years, who, after the disappearance of the eruption and feeling very well and the weather being unusually fine, had gone out walking or driving, erysipelas of the face appeared immediately and was of a severe type. One young lady died suddenly on the eighth day.

In every case the sequel occurred at the beginning of a menstrual period.

Tinctura ferri mur. was badly tolerated in the erysipelas. Quinine acted well.

SEPARATION OF THE OLECRANON EPIPHYSIS.

BY H. T. MACHELL, M.B., L.R.C.S.E.

Surgeon to the Toronto Dispensary, and to the Hospital for Sick Children.

On 5th August last, I was called to see Dolly E., æt. 3½ years, who had received an injury in the neighbourhood of the elbow-joint. About half-an-hour previously she had fallen off a low chair, very little more than a foot high, her arm coming under her. When seen, she was lying on a lounge with the arm extended by her side. There was little or no swelling, but it was so tender, that the slightest touch caused her to scream out and struggle to get away. However, by simply running the finger along the posterior border of the ulna, a transverse groove at the junction of the olecranon with the ulna was readily detected. The pain and tenderness on the least motion were so great, that I asked for professional assistance, and Dr. Cameron saw the case with me. Under chloroform the groove could be easily made out, and the upper fragment pushed down so far as to almost obliterate it. No distinct crepitus was observed, though once it was thought to be felt.

No other injury having been made out, a sole-leather splint extending from the axilla to the hand, covering the anterior and

lateral surfaces of the arm was applied. A good-sized pad of cotton-battling was placed above the olecranon, and, at that point bandaged something after the figure-of-8 style, with a view of dragging down the small fragment.

During the application of the bandage the forearm was rather forcibly extended. The child afterwards went about with the arm hanging by the side.

August 15th.—Splint taken off. No sulcus; on the contrary, considerable thickening could be felt at the point of separation. The exquisite tenderness of ten days ago had disappeared. The splint was reapplied in the same manner as before.

The case is, I think, of sufficient interest and rarity to be reported, as Hamilton mentions only one case, produced by himself in reducing a dislocation of the forearm backwards in a child seven years old. The case above narrated is doubly interesting to Dr. Cameron and myself, and, perhaps, also generally, on account of the fact, that, 5 weeks previously we had to reduce under chloroform the same forearm dislocated (partially) inwards. The limb had been subsequently confined for some time in the flexed position, and passive motions were being regularly practised at the time of this second accident. Perhaps the partial rigidity of the joint was one factor in the determination of the separation of the epiphysis.

HERNIA OF THE OVARY.

BY R. BARRINGTON NEVITT, B.A., M.D.,

Surgeon to the House of Providence, Hospital for Sick Children, and Toronto Dispensary.

C. J.—, æt 25, was confined of a male child, still-born, August, 1879. She suffered from general weakness and there was manifestly some subinvolution of the uterus. The menses did not recur until December or January, and were accompanied by a great deal of pain. At this time the right ovary could be felt plainly enlarged in the right iliac fossa. In February, while carrying a pail of water, she slipped, but by a great effort prevented herself from falling. She felt something give way in the right groin, and was much overcome by a feeling of nausea and weakness. She recovered from this, and, in a few days, when

her courses came on, noticed a lump on the anterior and internal face of the thigh, about four fingers' breadth below Poupart's ligament. It was as large as a hen's egg, tense and tender, with pain radiating down the thigh and across the abdomen and towards the sacrum. Pressure aggravated the pain, and squeezing produced a sickening sensation with severe pain. After the flow ceased, the pain and swelling subsided. The lump was more or less ovoid in shape, and flattened, and had a prolongation towards the inguinal canal. There was no resonance, but an impulse on coughing. It had a firm glandular feel, and on pinching gave rise to the peculiar pain spoken of above. All attempts at reduction were fruitless. At each month the tumour enlarged and became exquisitely tender, and there was great dysmenorrhœa, the menses recurring more frequently than natural. A last attempt at reduction after raising the hips, lowering the shoulders, and flexing the thighs upon the abdomen, by the use of continued rather forcible pressure in the direction of the inguinal canal, caused the tumour to disappear with a sudden slip, but no gurgle accompanied the return. There was a quick subsidence of the sharp lancinating pains, and she was able to walk without the agony she had experienced previously. After walking a short distance the hernia recurred and was easily replaced. The failure of my first attempt at the taxis may have been due to the fact that I mistook the tumour for an epiplocele through the femoral canal, and the force applied was misdirected. Afterwards, when I discovered the cordlike prolongation toward the inguinal canal, the attempt was successful. The tumour was at all times movable.

A CASE OF RAILWAY INJURY WITH LOSS OF BRAIN SUBSTANCE.

BY A. M'PHEDRAN, M.B.

Surgeon to Toronto Dispensary.

The following case is sufficiently interesting to be placed on record:—W—, a girl aged 9, was struck by a train as it was entering Oshawa station, June 17th, 1876. Through the kindness of Dr. Rae, to whom I am indebted for these notes, I saw the child with him shortly

afterwards. She was comatose. The scalp was cut in several places. Blood flowed freely from the mouth, nose, and ears; and there was subconjunctival extravasation. Two pieces of brain substance, each as large as a bean, escaped from the left ear with the blood. The left humerus and clavicle were broken, and the arms and legs much cut and bruised. Coma continued for several days. The bleeding from the ears, which persisted for some time, was followed by a serous flow. Consciousness gradually returned, and she slowly improved till complete recovery took place. Her hearing was deficient before the accident, caused by an attack of scarlet fever; the deafness is considerably more marked now, though not complete.

Selections: Medicine.

PROGNOSTIC SIGNIFICANCE OF THE TEMPERATURE IN VARIOUS AFFECTIONS OF THE CENTRAL NERVOUS SYSTEM.

BY OBERSTEINER.

In apoplexy the temperature is first lowered and for some hours, then for many is maintained between $37^{\circ}.5$ and $38^{\circ}.5$ (C). $99^{\circ}.5$ and $101^{\circ}.3$ F.

The fall is considerable in cases rapidly mortal (as far as 35°). (95° F.) It persists or is followed by a quick and considerable ascent.

In embolism the initial fall is wanting or insignificant generally there is a rapid ascension, then return to the normal and notable oscillations. When the issue is going to be fatal we observe a slow ascension which, however, does not attain the high degrees of fatal apoplexy.

In epileptic attacks, the temperature rises to $38^{\circ}.5$ (C). $101^{\circ}.3$ F.

A quarter of an hour to a half hour after the end of the attack defervescence begins, which is completed only at the end of ten hours. Subinfrant attacks cause the temperature to rise to 40° and 41° . (C). 104° and $105^{\circ}.8$ F.

In uræmic attacks the schema is very nearly that of apoplexy: fall at the beginning

then hyperthermy and oscillations above 37° (C). ($98^{\circ}.6$): Return to the normal.

The attacks of divers nature (epileptic, cataleptic, apoplectic, &c., that are met with in the course of general paralysis, would be announced two or three days in advance by a lowering of the temperature, one might then administer in time chloral, which, according to König, is capable of calming the convulsive crisis. During the attacks the progressive fall of the high temperature of the beginning is a good prognostic. A persistent exacerbation should make us suspect a fatal issue.—*L'Union Medical*.

HEITLER ON ACUTE DILATATION OF THE HEART.—After noticing the cardiac dilatation which gradually occurs when the compensation by hypertrophy for valvular disease ceases to be sufficient, Dr. Heitler says, that he has also, in many cases been able to diagnose an acute dilatation of the heart occurring suddenly and disappearing as suddenly. (*Wien. Med. Woch.*, 1882, No. 23.) This acute dilatation he says can be diagnosed only by prolonged and careful examination. It may affect all the cavities or only one, the left ventricle, or the left auricle alone, or only the right side of the heart. He records a case in which, from the physical signs, there was evidently dilatation of the right side of the heart, with great palpitation, anxiety, and cyanosis; the heart beating violently 200 times per minute, but giving a very weak pulse. Within five minutes, when he wished to demonstrate this condition it had disappeared along with the symptoms. The patient had mitral insufficiency with stenosis, and suffered frequently from such attacks. Dr. Heitler believes, that acute dilatation frequently occurs in the early stages of fevers, in endocarditis, anæmia, and Bright's disease.—*London Med. Record*.

Dr. Lambert Ott in the *Philadelphia Medical Times*, tabulates as a sign of tubercular meningitis extreme tenderness elicited on pressing the femur. He discovered this incidentally in one case and confirmed it in a second case, pressure upon other portions of the extremities causing no distress whatever.

BIZZOZERO ON THE DIAGNOSTIC SIGNIFICATION OF THE ALVEOLAR EPITHELIUM OF THE LUNG IN SPUTUM.—The large granular epithelium that appears in sputum, the writer considers undoubtedly proceeds from the alveoli. He recalls the fact, that, in the alveoli there are two distinct kinds of epithelium, viz.: broad, squamal, and smaller, but thicker, and more granular cells. It is the latter class which undergoes rapid proliferation in inflammation, the other remaining unaltered. And it is the latter class that appears in the sputum. When present in large quantity, in abundant sputum they form a bad symptom, as indicating a general catarrh of the alveoli; but if in small quantity, they have no significance.—*Lond. Med. Record.*

LEAD COLIC.—M. Bernutz has been experimenting at La Charité with Malherbe's method of treating lead colic, a mode of treatment resuscitated by Picot, of Bordeaux.

Thirty years ago Malherbe basing his opinion upon a long series of cases, advocated the use of belladonna in massive doses in the treatment of lead colic. He found that the tolerance for this drug was in direct proportion to the intensity of the lead poisoning. Malherbe's plan was to give five centigrammes of extract belladonnæ every half hour until 20 or 25 centigrammes had been given. Concurrently he gave a purgative, as two drops of croton oil.

In M. Picot's observations the cure has been prompt, the constipation being overcome after the first day and the colic immediately calmed.

M. Bernutz has had to wait longer and in some cases was obliged the next day to recommence the treatment and in some cases with slight signs of atropinism.—*Gaz. des Hôp.*

PROGRESSIVE PERNICIOUS ANÆMIA.—Heitler, in *Wien. Med. Woch.*, gives two examples of progressive pernicious anæmia, in men respectively of 43 and 51 years. The only lesion found on careful *post-mortem* examination was an atrophied condition of the stomach walls, with hard contracted bands passing in various directions, and bounding the degenerated portions. This makes it an atrophic dyspepsia.

DEUKER'S TREATMENT OF DIPHThERIA.—In 24 years' experience in the Children's Hospital in St. Petersburg, Dr. Deuker has treated, says the *Medical Press*, upward of 2,000 cases of diphtheria, and having tried all remedies, internal and external, has preferred the following for the last ten years:—As soon as the white spots appear he gives a laxative mainly composed of senna which produces an abundant evacuation. After its effect has ceased, he gives cold drinks acidulated with hydrochloric acid, and every two hours a gargle composed of lime-water and hot milk in equal parts. When commenced early it is generally and rapidly successful.

THE CHLORATE AND THE CHLORIDE OF POTASSIUM.—The editor of the *Phila. Med. and Surg. Reporter* suggests that the discrepancy in the results of the use of this potash salt, here and on the Continent of Europe, as a gargle and mouth wash, especially in mercurial stomatitis, is due to the fact that we use the chlorate (K Cl. O₃) while there the chloride (K Cl.) is employed. Prof. Wertheim says the former in concentrated solution is poisonous, while the latter is innocuous, an analogue of common salt, a specific in sore throat, and especially in mercurial sore mouth.

INGWORM OF THE SCALP.—Dr. John Cavafy in *British Medical Journal*, recommends the employment of a solution of boracic acid, 20 grains in an ounce of spirit, to which a drachm of ether has been added. This lotion is to be forcibly rubbed into affected parts of scalp, with a rag, or moderately stiff brush, three times daily; the whole head being ordered to be washed every morning with plenty of hot-water and soap. Like all other parasiticide applications, this must be continued long after all signs of the disease have disappeared.

M. Baibier finds powdered-roasted coffee an excellent deodorizer and disinfectant. The coffee is simply scattered over and about the place or thing requiring disinfection. He has used it in autopsies and on bodies a stinking mass of putrefaction, also as a dressing to foul virulent ulcers.—*France Méd.*

Surgery.

COMPLETE LATERAL DISLOCATION OF THE ELBOW-JOINT.—Dr. Oscar Leedun records in *Phila. Med. and Surg. Reporter*, an unique case of complete outward dislocation of both bones of the forearm produced by a fall from a cart in which the left arm was caught in the wheel. The olecranon was twisted around nearly in front of the joint, passing completely over the external condyle, while the head of the radius was dislocated forward and inward. Reduction was successfully accomplished; some stiffness of the joint remaining.

In the *Medical News* for 19th August, Dr. John A. Sieber, of Ferdinand, Ind., records a case of complete outward dislocation of the radius and ulna. He says that French authors record eleven such cases. The patient in this case was a little girl, nine years old, who had fallen about two feet from a log crossing a brook.

To determine during an operation the direction of an exposed loop of bowel, it suffices to apply to the serous surface for a couple of moments a soda salt; according to Nothnagel, a contraction will be produced which will invariably extend in a direction upwards, towards the pylorus. The contact of a potash salt will likewise determine a contraction of the muscular coat, but it is less marked, is localized, and does not extend in either direction.

GONORRHEA.—Dr. D. W. C. Wade, in the *Transactions of the Michigan State Medical Society*, recommends: Take iodoform, pulverised, two drachms; subnitrate of bismuth, two drachms; chloral hydrate, fifteen grains; morphine, five grains; oil of rose geranium, twenty drops; cacao butter, one ounce. Mix, and make twenty-four suppositories $\frac{1}{2}$ of an inch in diameter. Write: One suppository to be pushed into the urethra three times daily.

NEW METHOD OF TREATING SALIVARY FISTULE.—At the meeting of the Société de Chirurgie, held July 5th, M. Delens read a report on a work of M. Richelot on this subject.

His method consists in forming an internal orifice to the fistula by tying the thickness of the cheek in the grasp of an elastic ligature; after the ligature has cut through, the external orifice closes of itself while the other remains open.—*Le Progres Médical, Medical News.*

NERVE STRETCHING IN SCIATICA.—In the *Northwestern Lancet*, for 1st August, Dr. Albert E. Senkler, of St. Paul, Minn., (formerly of Toronto) reports a case of inveterate and disabling sciatica in which all remedies, including the galvanic current, had failed to afford relief, and in which immediate improvement followed stretching of the nerve after exposure by dissection, succeeded after the lapse of a week by forced flexion of the thigh on the trunk, the leg being extended.

OPTIC NERVE STRETCHING.—Drs. Wecker and Kummel have both had cases of stretching the optic nerve. The patient is deeply narcotized, and a cut made in the conjunctiva from the insertion of the ext. rect. to the inferior rect, a short distance from the cornea. The conjunctiva is then separated from the eye and a strabismus hook passed round the nerve, which is powerfully stretched. These operations were performed for amaurotic states of the eye. Before the operations, the hand could be dimly seen at $1\frac{1}{2}$ feet. Two months after, the fingers at 7 feet.—*Wien. Med. Woch.*

LIGATURE OF THE INNOMINATE.—The case on which Mr. Wm. Thomson, of Dublin, performed this operation in June last succumbed on the forty-second day thereafter. There had been secondary hæmorrhage, but none after the thirty-ninth day. The external wound had healed, all but a very small sinus, which was found to terminate in an ulcer involving the anterior wall of the junction of subclavian, carotid and innominate arteries. The two last named vessels were filled with clot, and the subclavian was occluded to the extent of $\frac{1}{2}$ an inch. The ulcer was on the distal side of the ligature; and the hæmorrhage had apparently come from the innominate, there being a recent blood stain on the cardiac side of the clot. None of the vessels was pervious to

water forcibly injected. Aorta atheromatous. Tumour undergoing satisfactory consolidation. Out of sixteen cases now recorded but one (Smith's, of New Orleans) has survived the operation. Graefe's case lived sixty-seven days; Thomson's, forty-two days; Cooper's, thirty-four days.

SUB-PERIOSTEAL AMPUTATIONS.—M. Henriet has recently devoted some attention to this old subject. The operation consists in dividing the periosteum at a lower point than that at which the bone is to be sawn, and then stripping it up to this point, so that after section of the bone, a cuff of periosteum projects beyond it. In a patient of M. Meaise, autopsy showed the periosteum completely covering in the cut surface of the bone, and finally adherent to it, thus closing the medullary cavity, and probably preventing the usual hæmorrhage therefrom. "The periosteum of the adult (*N. Y. Med. Record*), which has completed its task of bone formation, lacks the qualities suited for the purpose, and is thin as compared with the same membrane in its active period of development or about an inflamed joint. M. Ollier, however, believes, that it is an operation admitting of generalization, the dangers being on the side of excessive bone formation. Thus, in young children he has found the periosteum produce osteophytes to the damage of the stump." M. Henriet also cautions us that we do not need too much; and says, that absolute integrity of the periosteal flap is not indispensable, and perhaps not even desirable.—*Lond. Med. Record*.

SCIATICA—In a clinical lecture on Sciatica, Mr. Jonathan Hutchinson (*Medical Times and Gazette*) says, "In nineteen cases out of twenty in which the diagnosis of sciatica is suggested, there is no affection of the sciatic nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms,—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called 'sciatica.' Our workhouse infirmaries are full of chronic cases under that name, and I speak advisedly when I say I feel sure that they are

almost all examples of *morbus coxæ senilis*. Of the cases of 'Sciatica' which are not hip joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting, or may radiate, but it does not pass down the nerve tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of the nerve, and involving a considerable part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty.—*Philadelphia Medical Times*.

Midwifery.

In the Obstetrical Society of Edinburgh, a case of pregnancy at 49 (a primipara), one of a "maiden," at 50, and a third at 62 were reported.

VAGINITIS.—R. Acid. tannic..... ʒ xss ;
Amyli ʒ iv-ʒ iij ;
Ung. petrolci... ʒ iv-ʒ iij.

M. Sig. Use from one to two drachms on absorbent cotton as a tampon.—*Med. Surg. Reporter*.

SORE NIPPLES.—Cold applications—tannin and glycerine, slight touching with nitrate of silver or Peruvian bark 4, to 8 of almond oil, 6 of mucilage of gum Arabic, and 35 of rose-water, applied every hour, will heal sore nipples in a few days.—*Rudolf Tauszky, Medical News*.

ACCIDENTAL REMOVAL OF UTERUS; RECOVERY.—Mr. Hopkins Walter (Reading) exhibited a uterus with one ovary and Fallopian tube, and a piece of omentum, that had been torn away by a midwife in the attempt to remove an adherent placenta. The patient made an excellent recovery. He hoped at a future meeting to communicate a full account of the case.

OPHTHALMIA NEONATORUM.—Dr. Credé says that he has treated over three hundred new-born children in the following way:—Immediately after the first washing, the eyes are dried with a clean rag, and one drop of a 2 per cent. solution of nitrate of silver put into each, with a small glass tube. Not one of these children became affected with ophthalmia, notwithstanding that many were born in unfavourable conditions. He shows that nitrate of silver is the best preventive remedy, and praises it warmly.—*Wien. Med. Woch.*

Prof. Spaeth, of Vienna, performed Cæsarean section and sewed up the uterine wound with five deep and four superficial catgut stitches, largest size of Lister's antiseptic chromic acid ligature. The woman died forty-eight hours after of peritonitis. The autopsy was surprising in its revelations. Every catgut suture in the uterine tissue was found untied and straightened out while the wound was open and gaping, the lochial discharges having escaped into the peritoneal cavity. The original knots in the catgut had been tied with especial care by Prof. Weinlechner.—*Philadelphia Medical Times.*

Dr. T. Halbertsma, "On the Etiology of Puerperal Eclampsia," in *Wien. Med. Woch.*, says that all previous observations on the cause of eclampsia are giving way, and seeks for a new clear foundation. He has now for an entire year declared that puerperal eclampsia might be caused by the pressure which the ureters receive from the side of the extending uterus. This hypothesis then met with contradiction; this could not be the exciting cause, as we do not meet with eclampsia in ovarian tumours. Whereupon he attempts to establish afresh his hypothesis. 1. The ureters pass round the uterus from above and behind, to before and below, and can very easily be compressed. This relation does not exist in the case of the ovaries. 2. By experiment it is clear that the secretion pressure in the kidneys is always very slight, therefore, if both ureters are compressed, the flow of urine can easily be stopped. 3. Clinical observation teaches that a small evacuation of urine is one of the strongest forerunning symptoms of eclampsia, and that this retention can almost invariably be traced to compression of the ureters.

RUSANOVSKY ON LE BON'S METHOD FOR THE TREATMENT OF STILL-BORN INFANTS.—Dr. Rusanovsky (*Vratch*, 1882, No. 1) relates a very interesting and instructive case of asphyxia neonatorum, in which, after entirely unsuccessful application of the usual methods (including Schultze's), he resolved, *in extremis*, to try hot-water treatment, lately recommended for still-birth by Dr. Le Bon. As there was no bath at hand, the author took a common iron pail, filled it with very hot water, and at once immersed the infant (who was pulseless and cold), leaving free the head alone. One minute afterwards—eighty-seven minutes after birth—the first inspiration was made, and the child's life was saved. The author points out that Le Bon's method is exceedingly simple, easy, conveniently practicable under all circumstances, and does not fatigue the obstetrician. As to the *rationale* of the method, the author is of opinion that the first inspiratory movement results from the powerful exciting influence produced by hot water upon the peripheral nerves of the skin, and from the subsequent reflex action of the respiratory centre in the medulla oblongata.—*London Med. Record.*

THE UNIVERSITY OF VIRGINIA.—A correspondent of the *New Orleans Medical and Surgical Journal* writes as follows of the University of Virginia: "Had our Southern neighbours no other boast, they might well be proud of that University. Let us see what percentage of each class is graduated there. I have accurate data for two years only. In 1878-79 there were 53 men in the medical class; 48 of these applied for graduation, and 21 alone were successful. In 1879-80 there were 46 in the class; 31 applied and 10 only graduated. I had almost as soon be one of those 10 as a survivor of the 600 at Balaklava. Can we wonder at the small classes there? But the men of that faculty prefer a small class to a large one, where the pen which titles a fool tells a lie at every stroke."

A hospital nurse on being asked which was the most dangerous case in the ward, pointed to the surgeon's instrument case.—*Mich. Med. News.*

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

CLINICAL EXAMINATIONS.

SIR,—The importance of thoroughly testing the *practical* knowledge of candidates is now universally recognized, and every year the clinical part of the final examination takes a more prominent place. A man may cram enough to enable him to pass a good written and oral examination, and at the same time be utterly unfit to practice medicine. Let me give an instance. A few years ago I happened to be present at the oral examination of candidate A, who had already been rejected once. The subject was practice of medicine, and he made a *first-class* examination, so much so that another gentleman who was present expressed no little astonishment at the fluency and excellence of the answers. His written paper was of the same character. The clinical examination showed that this man was hopelessly ignorant in the practical application of his knowledge. I was permitted afterwards to see the written report on a case for which he had an hour. It was simply atrocious, and displayed ignorance of the first principles of diagnosis. The clinical examination was the cause of his rejection. But what of that! He did not care, as he got a license to practise in a short time from a Board without clinical examinations.

No better plan can be followed than that adopted by the London Board—the student is sent to the Hospital, and has an hour or an hour and a-half with the Medical Examiner, and the same time with the Surgical one. He prepares a report on a case; sees one or two other patients; examines secretions chemically and microscopically, and has questions upon them. To conduct such examinations properly, ample time must be given, as not more than eight or ten men could be examined in a single day.

I have the honor to remain,

Yours, &c.,

PRACTITIONER.

Bodies used for anatomical purposes in Paris, are henceforth to be cremated.

THE CANADIAN

Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,
and News.

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial medical associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, SEPTEMBER, 1882.

MEETING OF THE CANADA MEDICAL ASSOCIATION.

This year's meeting of this Association will be opened on Wednesday morning, September 6th, in the City Council Chamber, which is situated south of the St. Lawrence market, Toronto; the President, Dr. Fenwick, of Montreal, occupying the chair. It has been decided by the Committee of Arrangements to have the meeting last three days instead of two, i.e., through Wednesday, Thursday, and Friday.

As we stated in our last issue, Dr. Daniel Clark, Superintendent of the Toronto Asylum for Insane, will entertain the members at luncheon, probably on Thursday. The reception by the profession of Toronto to those coming from a distance will be given on Thursday evening in the Normal School buildings, and will take the form of a *conversazione*. The Chairman of the Committee of Arrangements, Dr. Canniff, will occupy the chair on that occasion, and it is expected that our distinguished veteran, Dr. Workman, will deliver an address of welcome to the outsiders, to which Dr. Fenwick will probably respond. During the rest of the evening the guests (including ladies) will, it is expected, enjoy themselves by listening to the music which will be provided, promenading through the spacious and handsome buildings in free and unconventional conversation, partaking of refreshments to be provided in the shape of a substantial supper, &c.

The Directors of the Industrial Association kindly invited the members to attend the formal opening of the Exhibition, which is to

take place on Wednesday afternoon, but as this would interfere with one of the most important sessions of the meeting, the Committee was unable to accept the invitation.

We learn from the General Secretary, Dr. Osler, of Montreal, that several who have signified their intention to read papers have not yet officially notified him. Such parties are requested to do so at once. Arrangements have been made with the different Railway and Steamboat Companies for reduced rates, and the necessary certificates may be obtained from the General Secretary, or any of the local Secretaries, Dr. A. H. Wright, Toronto; Dr. Belleau, Quebec; Dr. Rigby, Halifax; Dr. C. Holden, St. John.

We hope members of the Profession will remember that the museum will be one of the most important features of this meeting, and will endeavour to gather together a collection of specimens, including those pathological and physiological, as well as all kinds of appliances, surgical and otherwise, which will be alike creditable and instructive.

The following papers are among those promised :

(1) Dr. Goodwillie, New York, "New Operation for Closure of Hare Lip, and the Hard Palate Immediately after Birth;" (2) Dr. Walker, Detroit, "Stone in the Bladder;" (3) Dr. A. A. Browne, "Some points in Forceps Application;" (4) Dr. Buller, "The Electro-Magnet in Ophthalmic Practice;" (5) Dr. Sutherland, "Exhibition of a Series of Specimens Illustrating the Modes of Termination of Aneurism;" (6) Dr. J. C. Cameron, "Axis Traction;" (7) Dr. F. J. Shepherd, "On Cervical Ribs;" (8) Dr. F. J. Shepherd, "Note on the Treatment of Mammary Abscess;" (9) Dr. Alloway, "Exhibition of (1) a Model of a Gynæcological Couch, (2) of a New Speculum, (3) of an Ether Inhaler;" (10) Dr. Gardner, "Rare Form of Uterine Tumour;" (11) Dr. Hingston, "On Certain Obstructions in the Air Passages;" (12) Dr. Osler, "On Echinococcus, Disease in America;" (13) Drs. Osler and Oakley, "Demonstration of Tubercle Bacilli;" (14) Dr. Harrison, Selkirk, "A Peculiar Form of Fever;" (15) Dr. Ferguson, "Parasitic Diseases of the Ear;" (16) Dr. Ferguson, "Report of Three Cases of Eczema." (17) Dr. Fulton, "Polypoid Fibroma of the Bladder."

PERCENTAGE ON PRESCRIPTIONS.

There has been a good deal of discussion in the lay press on the subject of the receipt of a percentage on prescriptions by physicians from druggists. One of the Toronto papers especially which has generally been very fair in its reference to the medical profession has had a good deal to say on the subject on various occasions, and has frequently made the very serious statement that such a practice is quite common among the physicians of Toronto. We would like to think that the practice is not common here, but regret exceedingly that we are unable to say that such is the case. There is no doubt that a number of physicians do take the percentage, and in fact make quite a revenue from it.

To any fair-minded man, be he professional or otherwise, there can scarcely be two opinions on the subject. The practice is most reprehensible in every respect, and we can only wonder why it has ever received any countenance. It is neither dignified from a professional point of view, nor straightforward in a business aspect. It is a mean petty way for the physician to make a few cents extra on a consultation, while at the same time an injustice is being done to the public, because, argue as you will, the percentage comes out of the patients' pockets, and that too without their knowledge, if we except the few who have become initiated.

We have no intention, however, of discussing the matter in detail, but simply allude to it at the present time with the hope that members of the profession, or at least those opposed to the practice, will do all in their power to stamp out the pernicious custom.

CLINICAL EXAMINATIONS.

We publish in this issue a letter from "Practitioner," to which we direct the attention of Dr. Burns, and other members of the Medical Council who take an especial interest in the subject of Clinical Examinations. As the writer of the letter is one of the ablest Clinical teachers we have in the country, his opinions are well worth careful consideration, and we cordially endorse the views he expresses, and the plan he proposes, *i. e.*, the one adopted by some of the examining bodies in England.

DOCTORS' SIGNS.

We believe it is frequently remarked by strangers visiting Toronto, that the Doctors' signs in this city are the most extensive and gorgeous now known in the world. It is but a few years since the modest and old-fashioned door-plate, with "Mr. Smith, Surgeon," or "Dr. Jones" sufficed. Suddenly, however, an enterprising medico exhibited a fan-light, adorned with his name, over his door, much to the horror of the numerous conservative members of the profession. This was but the beginning, and they soon became generally used, the patterns and embellishments being numerous and varied. At first simply the name appeared, and perhaps street number; now we have "office hours," covering immense spaces, beautifully coloured, in some cases; in others a good portion of the alphabet, in capital letters, after the name. Sometimes tin plates adorn various parts of the Doctor's abode, being especially profuse about the corners of the house and fences. Enterprise, has not, however, stopped here, and we have occasionally added a street lamp, or a huge grey stone slab, fashioned after the model of a modern tombstone, and decorated with the Doctor's name.

We don't know that there is any written law on this subject, and it is generally considered simply a matter of taste, but, perhaps, it is well to "draw the line somewhere," and we venture to hope that the *line* has been reached, if not passed, in Toronto, and that no further *improvements* will be attempted.

ST. THOMAS SANITARY CONVENTION.

We direct the attention of our readers to the announcement in our advertising columns of this first Sanitary Convention in Ontario under the auspices of the newly created Provincial Board of Health. The meeting is to be held on the 19th, and 20th inst., in St. Thomas, and it is clearly the duty of all members of the profession in whose power it may lie, to strengthen and assist the Provincial Board in its laudable efforts at the popularization and diffusion of sanitary knowledge, by adding alike their presence and their strenuous personal endeavours to secure the success of this inaugural convention. *Dimidium facti habet qui bene cepit.*

THE F. R. C. P., LONDON.

That it is not altogether an Utopian expectation for a Canadian practitioner to aspire to such proud eminence is fully demonstrated by the recent election of Dr. J. A. Grant, of Ottawa, to this honourable distinction. At the same meeting at which Dr. Grant's election was made, a resolution was passed reiterating an affirmation of 40 years ago, to the effect, "That the system of extensively advertising medical works and the custom of giving, whether for publication or not, laudatory certificates of medicinal or other preparations, or of medical or surgical appliances is misleading to the public, derogatory to the dignity of the profession, and contrary to the traditions and resolutions of the Royal College of Physicians." In felicitating our fellow countryman on his attainment to this enviable distinction, we cannot refrain from expressing the hope that he may be, on all occasions and in all places, foremost in enunciating and exemplifying the words and spirit of this resolution of his college; for in this benighted province where the lamp of ethics is sometimes threatened with obscurity from the shadow of utility and gain, and there is good cause for "grieving that our greatest are so small," we have sore need of the clarifying influence of a bright and eminent example.

CHLOROFORM INHALATION.

There is scarcely any doubt as to the fact that chloroform is more prompt in its action, and more agreeable to inhale than any anæsthetic known, and it is, therefore, very important to ascertain, as far as possible, the sources of danger connected with its use. In a recent article on the subject in the *Medical and Surgical Reporter*, reference is made to the experiments of Dr. Theo. Clemens, which show that chloroform is more safe when recently prepared, and if it has not been exposed to light. Its dangers lie in the act of self-decomposition, which is more apt to take place in old chloroform which has been exposed to sunlight. Clemens states that the danger of such self-decomposition is removed by the addition of five per cent. of alcohol to the chloroform.

JUBILEE OF THE BRITISH MEDICAL ASSOCIATION.

The fiftieth Annual Meeting of this Association which was held at Worcester, England, appears to have been unusually interesting and successful. It was a happy thought to hold its jubilee in the place of its birth, 50 years ago. The reminiscences connected with the first meeting held in this old town, so beautifully situated among the great "Midland Hills," and which have now become matters of history, (the attendants of the inaugural meeting having all passed away), were exceedingly interesting although in some respects, of necessity, sad. While this year, those present had to mourn the loss of those noble men who founded the Association, they could at the same time look back with pride upon the history of the 50 years of vigorous existence of the grandest Medical Society the world has ever seen. Canada, fortunately, had two worthy representatives present, Drs. W. T. Aikins, and J. E. Graham, of Toronto, to the latter of whom we are indebted for the able and interesting report which we are pleased to be able to give in this issue.

THE CANADA MEDICAL AND SURGICAL JOURNAL.—Our esteemed Montreal contemporary has suffered a change in the editorial department—Dr. Molson retiring on account of other engagements. Dr. Molson was a general favourite, and his loss will be much regretted; but the editorial lacuna has been promptly and ably filled by Dr. T. G. Roddick, Professor of Clinical Surgery in McGill University. We trust that the Journal will continue to improve, and make as much progress under the new régime, as it did under the late one, which is now the old.

DISINFECTION OF URINE.—Dr. E. C. Curtis, in the *Medical Annals*, says, that 5 grains of chloral to the ounce of urine preserves it perfectly for microscopic purposes for months. This is a matter of importance in cases where specimens of urine have to be transmitted to a distance for examination.

PERSONAL.

Mr. Spencer Wells is this year President of the Royal College of Surgeons, of England.

Drs. Rosebrugh and Reeve will return from the North-West, about September 1st.

Huge posters on the fences again announce a removal to Spadina Avenue.

Dr. Graham, of Toronto, sailed for home on the 18th of August, and resumes his practice the 1st of September.

Dr. T. G. Holmes, formerly of Brussels, Dr. Rutherford, of Chatham, and Dr. Burritt, of Peterboro', have moved to Toronto.

Dr. D. Clark, Superintendent of the Toronto Asylum for Insane, went to Winnipeg with the "Press" excursionists.

John G. Kittson, M.D., McGill, formerly Surgeon to the North-West Mounted Police, has settled, in practice, in St. Paul, Minn.

R. J. B. Howard, B.A., M.D., McGill, L.R.C.P., London, was admitted M.R.C.S., England, on 31st July.

Von Bergmann of Würzburg has succeeded Laugenbeck in the Chair of Surgery at Berlin. Volkman, of Halle, like Bilroth, declined it.

Dr. Aikins, after attending the meeting of the British Medical Association at Worcester, went to the Continent.

Dr. John Chiene has been appointed to the chair of surgery in Edinburgh, in succession to the late Prof. Spence.

Mr. W. F. Teevan, of London, has been obliged to relinquish the practice of his profession, on account of serious cardiac disease.

Amedée Latour, former Editor-in-Chief of *L'Union Médicale*, died at his residence, Châtillon, on the 28th of June.

We are glad to be able to announce that Dr. James Ross, sen., who has been confined to the house with peritonitis (localized) is again able to be about on active duty.

Dr. G. B. Loring, of Massachusetts, a graduate of Harvard in Arts, 1838, in Medicine, 1842, has entered the U.S. Government as Commissioner in Agriculture.

Dr. Andrew Buchanan, late Professor of Physiology in the University of Glasgow, died on July 2nd, aged 84. His name is inseparably associated with the rectangular staff for lithotomy which he invented.

Dr. James Alex. Grant, of Ottawa, was elected F. R. C. P., on 27th July. H. H. Chown, M.D., Kingston; and H. W. Thornton, M. D. McGill, and R. J. Bliss Howard, B. A., M. D., McGill, were admitted L. R. C. P., London, on 27th July.

The Professorship of Anatomy at Harvard, was established in 1782, its first occupant being Dr. John Warren, who was succeeded by his son, Dr. John Collins Warren, and he in turn in 1847, by Dr. Oliver Wendell Holmes, the present incumbent. Thus in one hundred years three men alone have filled that chair.

Mr. Frank Maitland Balfour, lately elected Professor of Animal Morphology at Cambridge, and a distinguished labourer in the field of Embryology, was recently found dead, along with his Swiss guide, on the Italian side of Mont Blanc. He was only a little over the age of 30 years.

OBITUARY.

Alexander Greenlees, M.B., one of the most respected, busy, and promising of the younger generation of practitioners in this city, passed peacefully away on the 10th of August, amidst the pinewoods of Muskoka, whither he had gone, as he had so often done in summer time before, to seek surcease of the harrassing and distressing symptoms of pulmonary phthisis, whose attack he had for several years manfully combatted, and whose victory he accepted with Christian fortitude and resignation. Medicine was not his first vocation; but when, as an after-thought, he determined on that course, he pursued it so successfully that, despite the disadvantage of having had no academic training, he carried off the scholarship in every year of the curriculum except the first, and graduated in the Faculty of Medicine in the University of Toronto as gold medallist and Starr silver-medallist in 1870. A man of the highest probity, his straightforward manner impressed one favourably from the first; and being gifted with much assiduity in business, together with sound judgment and "saving common sense" he soon acquired a large and appreciative *clientèle*. Indeed the writer can aver that it falls to the lot of few practitioners

to enjoy the esteem and confidence of their patients in such a high degree as Alexander Greenlees did. Soon after graduating he became first tutor in chemistry, and afterwards Lecturer on Practical Chemistry in the Toronto School of Medicine, of which he was an alumnus. At the time of his death he was only 39 years of age, but, as Cicero has said, *omni etate mors est communis*; and although he was not spared to reap the full fruition of his early hopes and just expectations, yet in his day and generation he served his fellow-man faithfully and well, and thus inherited the promise. *Dignum laude virum Musa vetat mori*, Horace has truly said, and daily experience certifies us of the fact that in the recollection of his works and words the just man lives again, "the good man never dies."

Book Notices.

Announcement of the College of Physicians and Surgeons of Ontario, for the Academic Year 1882-83.

Second Annual Announcement of the Collegiate Department of the Minnesota College Hospital, Minneapolis, Minn.

Transactions of the Michigan State Medical Society for the year 1882. This Society seems to have a membership of close upon 250; and an active and painstaking Secretary, Dr. Geo. E. Ranney, of Lansing. The transactions are carefully and promptly issued in good and pleasing form, but, this year, are somewhat disappointing in subject matter.

Transactions of the Medical and Chirurgical Faculty of the State of Maryland.—84th Annual Session. The transactions of the 84th annual meeting of this association held in Baltimore, Md., in April last, are now before us. The volume is well got up and nicely printed as befits the venerable age of the society. Some of the reports and papers are highly interesting, and especially those contributed by the Johns-Hopkins men.

Atlas of Gynecology and Obstetrics. Edited by Dr. A. MARTIN. Supplemented by numerous illustrations from J. P. Maygrier's *Nouvelles Demonstrations D'Accouchements*. Cincinnati: A. E. Wilde & Co.

We are in receipt of Part V. which was omitted in forwarding this valuable work in parts, the satisfactory completion of which we noticed in our last. This part covers a large number of pathological conditions, and presents the same excellence of execution to which we have borne testimony in previous notices.

What to do in Cases of Poisoning. By WM. MURRELL, M.D., M.R.C.P. Second edition. Detroit: G. S. Davis, 1882.

This valuable little compend of Murrell's, containing plain, straightforward, excellent directions for the prompt treatment of cases of poisoning, arranged alphabetically, according to name of poison, thus made easy of reference, and quite intelligible, even for laymen, is published by Davis, of Detroit, in that compact, little form well suited for the vest pocket, $4 \times 3 \times \frac{1}{4}$ inches. Every student should carry one with him, and so should every practitioner until long experience has made him *semper paratus* in emergencies.

The Change of Life in Health and Disease. By EDWARD JOHN TILT, M.D., Past President of the Obstetrical Society of London. Philadelphia: P. Blakiston, Son & Co.

Speaking, generally, there is no doubt our knowledge of the great importance of the changes which take place during the climacteric period are vague and incomplete. Medical men, along with *wise old women*, are in the habit of attributing various ills to the "change of life;" but, frequently, in a very indefinite and unscientific way. This work, which is undoubtedly the best written on the subject, will be warmly welcomed by the general practitioner. The author has adopted the right course by giving, first a chapter on the physiology of the menopause, then the pathology, and, after thus establishing a satisfactory basis, goes on to describe the diseases of the various systems and organs of the body which may arise. Remember the important fact that the price is only 75 cents for the book, in paper; and \$1.25 in cloth binding.

The Illustrated Quarterly of Medicine and Surgery. Edited by Drs. GEO. HENRY FOX, and FREDERICK R. STURGIS, with the co-operation of Profs. Willard Parker, A. C. Post, W. H. Van Buren, J. L. Little, T. G. Thomas, A. L. Loomis, F. Delafield, D. B. St John Roosa, C. R. Agnew, & Austin Flint, New York: E. B. Treat, No. 757 Broadway.

We are in receipt of No. 3, (July) of vol. I., of this valuable publication. Its contents are: Duodenal Ulcer, by F. W. Campbell, Montreal (1 illustration); A New Method of Closing Urethral Fistula, by Chas. McBurney, (14 illustrations); A Case of Congenital Keratoma, by G. G. Wheelock, (2 illustrations); Papilloma of Pharynx Removed and Cured by John O. Roe, (1 illustration); Gummous Iritis, two cases, by F. R. Sturgis (2 illustrations); Therapeutic Uses of Rubber Tubing, by W. M. Chamberlain, (6 illustrations); and Elastic Tension in the Treatment of Pott's Disease, by M. J. Roberts (8 illustrations). Subjects 2, 6, and 7 are especially noteworthy by the general practitioner; and, although 6 contains nothing really new, yet the hints for utilization of rubber tubing are good, and it well establishes, not only the priority, but the superiority of its use over Leiter's metal tubes which have lately attracted so much trans-atlantic notice.

Meetings of Medical Societies.

MEETING OF THE BRITISH MEDICAL ASSOCIATION, AUGUST, 1882.

The British Medical Association held this year its jubilee meeting in the place of its birth, the "faithful city" of Worcester. Fifty years ago the foundation stone of the Association was laid by Charles Hastings, and a small but devoted band of fellow-workers. Sir Charles Hastings appears to have been a man of unusual ability and industry. Besides being a very successful practitioner of this city, he was also an excellent physiologist, sanitarian, and geologist. He was as well a very prominent member of the Association for the Advancement of Science. A touching tribute to his memory was given by his son, Mr. G. W. Hastings, M.P., at one of the entertainments.

Your correspondent, in company with Dr. Aikins, President of the Toronto School of

Medicine, had the pleasure of attending the meetings, and of being made members by invitation.

There were between four and five hundred in attendance. The first day, Tuesday, August 8th, was taken up largely by business meetings. In the afternoon there was a special service at the Cathedral, and a sermon preached by Lord Alwyne, Dean of Worcester. In the evening, Dr. Strange, of this city, the President, gave the annual address. In speaking of the foundation of the Society in 1832 he said:

"Both at home and on the continent of Europe that decade was distinguished by a galaxy of names the like of which, at one period of time, the world has rarely, if ever, seen. There were, indeed, giants in those days. Recall to your minds the names of Wilson Phillip, who once lived here in Worcester; of Lawrence, of Abernethy, and of Cooper, all of whom, however, were already passing away; and then of Copeland, of Latham, of Marshall Hall, of Brodie, and of Watson, in England; of Barclay, and Gregory, the Munroes and the Thompsons, of Knox, Alison, Bell, and Christison, in Scotland; of Graves, and Stokes, and Colles, and many others, in Ireland. Nor was the Continent in any way behind us. I myself had the pleasure and advantage of hearing Louis expound Laennec, and of literally sitting at the feet of Andral, Chomel, Magendie, Roux, and Milne Edwards; whilst Rokitanski, Skoda, Liebig, and, later, Virchow, were raising the German School of Medical Philosophy from out of its backward, or at least, little known, condition, towards the pitch of eminence to which it has since attained."

The President went on to compare the condition of the profession, and more especially of the provincial medical men, with that of the physicians of the present time, and concluded an admirable address by advising a closer union between the different branches of the Association.

On Wednesday morning, Dr. W. F. Wade, of Birmingham, delivered an address on medicine, before the general assembly in the large hall. He spoke of the progressive character of

medicine, and of the manner in which it overcame the difficulties and short-comings of the past, stating in his remarks, that "in 1820 a physician of Nottingham, Marshall Hall, opened the first parallel of the siege which eventuated in razing the stronghold of blood-letting."

In the afternoon the sectional meetings were held. The Association was divided into eight sections, Medicine, Surgery, Obstetric Medicine, Public Medicine, Anatomy and Physiology, Pathology, Ophthalmology, and Otology. In the medical section a very interesting paper was read by Dr. Playfair, on "the Systematic Treatment of Aggravated Hysteria and Allied Forms of Neurasthenic Disease." He strongly advised Weir Mitchell's treatment for these cases, giving a number in which he himself had been successful. He placed great stress on the importance of having a thoroughly capable nurse. In the discussion which followed there was a universal endorsement of the "massage" for appropriate cases, care being taken that a correct diagnosis is made. Where organic disease is present this method of treatment is likely to do harm rather than good. There was some difference of opinion as to the extent to which uterine disease produced these hysterical conditions, the gynecologists taking one side, and the neurologists the other. The former, however, were free to admit that often the nervous state remained after the uterine cause had been removed.

In the obstetric section a paper was read by Dr. Bantock, of London, on "hysterectomy." He reported twenty-one cases, in most of which he had removed the uterus on account of fibroids. Of the twenty-one six died. In three of the latter the cause of death had been hæmorrhage.

The reader strongly advised the use of a peculiar form of clamp of great power, which he exhibited, and recommended that the pedicle be allowed to remain in the wound. He considers the greatest danger to be from hæmorrhage, and thinks he can in almost all cases control it by the clamp he now uses. In the discussion which followed some of the members were of opinion that operations were too frequently performed for fibroids. Many of the

cases could be cured by the internal administration of medicine, and in many the presence of the tumour did not have any very deleterious effect. They all agreed, however, that cases did occur in which the operation was necessary and justifiable. Dr. Bantock does not use the antiseptic treatment. His great reliance is on absolute cleanliness.

In the pathological section a paper was read on the Pathology of Diabetes, and one on "Changes which take place in the Great Sympathetic in Chronic Bright's Disease." The latter was illustrated by microscopical sections showing degeneration of the nerve cells in the semilunar ganglia. Specimens were also exhibited of diseases of the spinal cord, more particularly the degenerations.

On Thursday morning Professor Stokes, of Dublin, gave the address on surgery. He, in the first place, briefly reviewed many of the more important discoveries made in surgical science during the last half century, i.e., during the existence of the Association. He afterwards selected three which he considered by far the most important, viz., (1) Anæsthetics, (2) Listerism, and (3) Resection of Joints and Osteotomy. He is an ardent follower of Lister, and set forth in a masterly way, the great success brought about in surgery by that mode of treatment. As a most striking instance he gave the hospital to which he himself belonged. The building was an old one not originally intended for a hospital, and without the modern improvements in ventilation, &c. It was also situated in a very unhealthy neighbourhood. Formerly pyæmia, erysipelas, and hospital gangrene were not at all uncommon, but since the adoption of the antiseptic treatment not a single patient, who had been accurately treated, had suffered from these diseases. He concluded a most eloquent address by an earnest appeal on behalf of vivisection, as a means for the advancement of surgical science. The speaker is a worthy son of a worthy sire. His father was the celebrated Dr. Stokes, of Dublin. It is quite impossible to give any idea of the thrilling eloquence and great beauty of many parts of the address. Your correspondent can only say that such eloquence and such beauty of diction he has never before heard

from any member of the profession, nor, in fact, from any one else.

The sectional meetings took place during the afternoon. In the pathological section, Mr. Jonathan Hutchinson read an excellent paper on the etiology of cancer, using that term in its broadest sense as synonymous with malignant disease. He gave three causes: (1) Local irritation, (2) Senility, (3) Hereditary transmission. Of the three he considered the first as by far the most important. He said that he had come to the conclusion that all cancers were at first local in their origin, and that they might afterwards become hereditary in character. He inculcated strongly the doctrine of a pre-cancerous stage, saying that many cases came to him when they were beyond hope. He is of opinion that cancers of the lips and tongue are, in nineteen out of twenty cases, the result of smoking. He gave this as the reason for the rarity of the disease in these situations in women. He also stated that the clinical character of a cancer depended largely on the tissue from which it originates. In this way he accounted for the difference in character between rodent ulcer and epithelioma of the lip, as one originated in different elements of the skin from that of the other.

Sir James Paget opened the discussion. He was inclined to give more importance to constitutional predisposition than Mr. Hutchinson. Mr. Thin followed, giving his opinion from the standpoint of the pathological histologist. He agreed in the main with Mr. Hutchinson. A number of microscopical specimens were exhibited, sections of granulation in sponge grafting were shown; also sections of some of the rarer forms of malignant growths.

In the medical section, Dr. Austin Flint, of New York, read a paper on the self-limited duration of pulmonary disease. He reported a number of cases of phthisis which had been restored to health without special treatment.

Dr. Williams read a paper on the contagion of phthisis, in which he opposed the general adoption of that theory. An exceedingly interesting discussion followed, in which Drs. Bennet, Balfour, and Clifford Albutt, took part. Most of the speakers attested to the

genuineness of the bacillus of Koch, and of its being peculiar to tuberculosis, but there was an unwillingness on the part of many to consider these bacteria as the real cause of the disease.

Dr. A. J. Harrison then read a paper on primary endocarditis. He thinks that both endo and pericarditis often exist as primary diseases without being diagnosed. Dr. Clifford Albutt agreed with Dr. Harrison in this particular.

To-morrow (Friday) sectional meetings will be held in the morning, and the business of the Association will close.

The social element of the meeting has been very prominent. An elaborate programme has been so far carried out with entire satisfaction to all. No doubt the entertainments yet to come will be quite as delightful as those already over. On Wednesday afternoon a luncheon was given in the Shire Hall, at which the bust of Sir Charles Hastings, the founder of the Association, was presented to the Mayor and Corporation of Worcester. On the evening of the same day the sacred oratorio, "The Creation," was given in the Cathedral. I might here state that the Cathedral which has but recently been restored is a noble structure. The screen and choir together with the pulpit, are perfect gems of art. On this (Thursday) evening the annual dinner took place. To-morrow a garden party will be given by the Earl and Countess Beauchamp, at Malvern. On Saturday arrangements have been made for several excursions; one to Stratford-on-Avon, Warwick, and Kenilworth, and another to Tintern Abbey.

In one of the business meetings there was a lively discussion concerning the Medical Council. The latter body appears to have almost as hard a time as its analogue in our country. Dissatisfaction was evinced, with regard to its constitution, and, of course, with regard to the examiners appointed. Discrimination was said to have been shown against certain schools. Perhaps we had best be contented with our Council in its present state, and be thankful that it is no worse.

Worcester, August 18, 1882.

Punch's Medical Student.—"What would you do, sir," asks *Punch*, "if you were called to see a man who had hung himself?" "I would cut him down." "Then what would you do?" "I would cut him up."

TORONTO MEDICAL SOCIETY.

STATED MEETING, JUNE 15, 1882.

A. H. Wright, B.A., M.B., Vice-President, in the chair. Dr. Bray, President of the Medical Council, and Drs. Rosebrugh, Day, and McCargow, members of the Council, being present, were cordially welcomed by the Vice-President.

Dr. Zimmerman showed a young girl suffering from psoriasis guttata and nummularis. It was eight weeks since the disease began.

Dr. Oldright gave the following facts in connection with a case under his care: A lad, aged 18, rather overgrown, complained of pains of a rheumatic character; after ten days had an attack of pneumonia, and a few days later an acute pleuritis on left side. Shortly afterwards an endocardial murmur of a peculiar hissing character developed. The feet became œdematous, pulse irregular, and temperature varying from 100° to 103°. Urine gave reaction indicating coloring matter of bile. All these symptoms improved, but he has become sullen, listless, not answering when spoken to. Refuses food, so that recourse was had to the stomach pump.

Dr. Cameron thought two explanations might be offered for the nervous symptoms, either œdema of the brain or embolism of the terminal arteries of the brain.

Dr. Oldright thought œdema would cause dilated pupils and some apoplectic symptoms.

Dr. Cameron reported a case of popliteal aneurysm in a man aged 50, under his care at the Toronto General Hospital. The tumor was first noticed last December. Has increased in size steadily since; impulse and bruit distinct. During the last week treatment by flexion and instrumental compression alternately as they could be borne, has been tried, but with only partial success. Dr. C. had proposed applying an Esmarch bandage up to the hip, omitting the tumor, but a systolic cardiac murmur contraindicated the use of an anæsthetic. A second aneurysm was discovered in the lower part of the epigastric region. The increased blood pressure resulting from bandaging as proposed would affect this abdominal aneurysm injuriously. There were, therefore,

but two alternatives remaining, viz.: digital compression and ligation of the femoral artery.

Dr. McCargow suggested the use of the galvanic needle.

Dr. Macdonald advocated Iodide of potassium and rest.

Dr. Oldright deprecated such serious means as ligation until digital compression had been fairly tested, and related a case under his own care some years ago, of aneurysm of the lower part of the femoral cured by digital compression continued for eighteen hours by relays of students.

Dr. Zimmerman suggested passing a small trocar through the tumor, and through this introducing a horse hair to be left *in situ*.

Dr. Cameron then showed a cysto sarcoma of the testicle taken from a man aged 60. The tumor was fluctuating, though not transparent. On tapping, a quantity of hydrocele fluid, laden with cholesterine crystals, was removed, which became solid on boiling. The glands in both groins were enlarged. The testicle was removed some days ago; it was adherent to the tunica vaginalis at many points. The disease extended so far up the cord that it was thought best to ligate it *en masse* in order to remove as much as possible of it. The vessels were also torsioned separately.

Dr. Rosebrugh, Hamilton, gave a short account of several ovariotomy cases he had in his practice lately.

The Society then adjourned.

STATED MEETING, JUNE 29, 1882.

Dr. George Wright, President, in the chair.

Dr. Cameron showed a tumor taken from the side of the neck of a woman aged 70. Three years ago it was as large as a hen's egg, hard and freely movable, and was thought to be enchondromatous. She refused to have it removed. It subsequently became cystic, and as the cysts ruptured from time to time, considerable haemorrhage occurred.

Also uterus and ovaries from a young girl who died from puerperal fever in the Lying-in-Hospital four days after delivery. The labor was natural, pulse and temperature normal. A few hours afterwards she had a severe chill, and temperature rose rapidly to 105°. Quinine

and morphia were given, but temperature could only be reduced to 103°. She sank rapidly. There was great abdominal distension, but no tenderness. Necropsy showed well-marked evidence of peritoneal inflammation, there being a considerable quantity of sero-purulent fluid in the abdominal cavity. The ovaries were much enlarged and suppurating, and the tubes blocked with pus—the left being more so than the right.

Dr. Oldright reported that the boy whose case he had brought before the Society at last meeting, began to take food a few days afterwards, spoke a little, but gradually sank and died. No *post-mortem*.

Dr. King reported a case of pernicious anæmia in a woman who died four months after the symptoms first appeared. She complained of nothing but debility. The pulse was usually under 100, and temperature somewhat elevated, 102½° being the highest recorded. He thought that the number of red corpuscles was decreased, but had made no proper examination of the blood.

Dr. Cameron drew attention to the statement of Dr. Fenwick, of London, that in many of these cases there was degeneration of the glands of the pyloric end of the stomach; in other cases disease, usually tubercular or cancerous, of the suprarenal capsules, or Bright's disease.

A general conversation on the treatment of anæmia, and the relative merits of the various preparations of iron in these cases, followed.

Dr. Riddel reported two cases of death from coma. In one there was pus in the descending horn of the lateral ventricle, and in the other a small clot in the right parietal region.

The Society then adjourned.

STATED MEETING JULY 13, 1882.

Dr. George Wright, President, in the chair.

Dr. Macdonald, in the absence of Dr. Temple, showed a uterus in which rupture had occurred during labor. The woman was a primipara, unmarried, aged 26, healthy. The labor began at 2 p.m. Saturday, July 8th. She was at once removed to the Hospital. The membranes were ruptured on her arrival. The pains were of moderate strength, and at 5 p.m., during a

somewhat more severe pain than those preceding, she felt something give way. The pains ceased, and some hemorrhage followed, with tenderness over the uterine tumor. Collapse gradually developed, and was marked at 10.30 p.m., when Dr. Temple, who was then summoned, arrived. Hemorrhage was now profuse. On examination a rent was found in the anterior wall of the uterus through which the hand passed easily into the abdominal cavity. Ergot and ether were given hypodermatically, and the long forceps applied, but they slipped. Ether was then administered and delivery effected by turning, with some difficulty. The uterus responded but slightly to the stimuli used. The child was dead. The mother rallied somewhat after the effect of the anæsthetic passed off, but she soon began to sink, and died the following Monday morning, 37 hours after the rupture took place. A large quantity of the ergot (Fl. Ext.), \bar{v} . of ether sulph. and brandy were given by hypodermic injection, as well as a large quantity of brandy by the mouth. The necropsy showed a ragged rent in the anterior wall of the uterus 7 inches long, extending from the juncture of the cervix with body on the left side downwards, and to the right to the os uteri.

Dr. Oldright showed a large fatty tumor removed from the forehead of a woman aged 65. Also a small fibroid polypus removed from the uterus on account of profuse persistent hæmorrhage.

Dr. McPhedran reported a case of railway accident.

Dr. Macdonald then read a long and interesting paper on menorrhagia and metrorrhagia, dealing with many of the causes and treatment.

A general discussion followed, in which all present took part.

After some general business the Society adjourned, not to meet again till the last Thursday in August.

NEW VACCINE ESTABLISHMENT.—Dr. E. L. Griffin, of Fond du Lac, Wisconsin, has removed his vaccine business to Chicago, Ill., (125 State St.) and a company has been formed to carry it on under the name of the NATIONAL UNION VACCINE Co.

HURON MEDICAL ASSOCIATION.

The last regular quarterly meeting of the Huron Medical Association was held in Clinton, on Tuesday, July 18th, Dr. W. J. R. Holmes of Brussels, president, in the chair.

The following members were present: Drs. Holmes, Worthington, McLean, Taylor, Hyndman, Young, Sloan, Graham, Williams, Bethune, and Stewart.

Dr. Young, of Londsboro, showed a man, aged 51, who has a malignant stricture of the rectum.

Dr. Taylor presented a man, age 55, who has milial stenosis with commencing degeneration of the heart. The organic heart changes in this case appear to have followed a pneumonia from which he suffered about nine months ago; at least there was no physical evidence of any valvular or mural changes during the progress of his pneumonia.

Dr. Stewart exhibited a man, age 35, who has well marked atrophy of the left scapular muscles. The case is one of *progressive muscular atrophy* commencing in the muscles of the left shoulder. The supra and infraspinati seem almost entirely gone. The deltoid is slightly affected. The disease is of two years standing. Lately he has had considerable pain about the right shoulder, but up to the present there is no wasting of any of the muscles in its neighborhood. The atrophied muscles, and in fact nearly all the voluntary muscles, and both upper and lower extremities are the seat of fibrillary twitchings when percussed.

The treatment pursued in this case is the use of the Faradic current directly to the atrophied muscles. It has not as yet been used sufficiently long to say whether it is going to do any good or not.

Dr. Graham, of Brussels, related the particulars of a remarkable case which he recently saw. The patient is a girl aged 12. During her waking hours she only breathes six or seven times a minute. With each inspiration the epigastrium sinks in, and the shoulders are drawn upwards and forwards very forcibly. She has been breathing in this manner for six months. Sometime previously she was said to have had inflammation of the lungs. She is said to breathe naturally during sleep. She is otherwise perfectly healthy.

Miscellaneous.

SIMPLE METHOD OF COUNTING RAPID PULSE.

—Dr. A. W. Abbott, of Minneapolis, advises in the *New York Medical Record* the following simple method of counting a pulse too rapid to be taken in the ordinary way: "During a definite part of a minute, one-fourth usually, with a common lead pencil dots are made upon a sheet of paper *synchronous with the heart beats*, as heard over the cardiac region. The dots are then counted, and the number calculated for the whole minute."

DIAGNOSIS OF UTERINE DISEASE BY THE LARYNGOSCOPE.

—Dr. Seiler was consulted by a young girl with general relaxation of the mucous membrane of the throat, which he concluded to be due to uterine disease, for which he advised her to put herself under the treatment of her family physician, as local treatment of the throat would be of no use to her. Her reply was: "Doctor, if I had known that you could see all the way down I would not have come to you."—*Maryland Med. Jour.*

TO TEST FOR IODINE IN THE URINE.

—After dressing wounds freely with iodoform, iodine frequently appears in the urine. The *Bulletin Générale de Thérapeutique* gives the following simple test: A little chloroform is added to the suspected urine in a test tube. One or two drops of nitric acid are added and the mixture shaken. Iodine will be set free, and dissolve in the chloroform, and be found in the bottom of the test tube, presenting a beautiful violet colour.—*N. Carolina Med. Jour.*

POMADE IN COMEDO.

—*Unna.*—Kaolin, four parts; glycerine, three parts; acetic acid, two parts. Mix with or without a small quantity of etherized oil—apply the ointment every evening, and even during the day, keeping the eyes closed during the inunction. In a few days the comedones will be easily expelled, most of them by simple soap and pumice stone frictions. The same results may be obtained by long-continued paintings with vinegar, lemon juice, or dilute hydrochloric acid.—*L'Union Med.*

INTESTINAL OBSTRUCTION RELIEVED BY MASSAGE.—Dr. Bitterlin reports a case of intestinal occlusion accompanied with much pain, vomiting of fecaloid matter, hiccough continuing in spite of treatment for eight days, finally relieved by kneading and malaxation of the belly. The manipulation was very painful. Some instants after, violent colic came on and gurglings, the bowels shortly afterwards moved and the patient recovered. Dr. Bitterlin mentions a second case in which he was called in consultation, where the same treatment was followed by the same happy results.—*L'Union Medical.*

M. Littré found rest, of a sort, in Comtism; Charles Darwin found rest in the faith of nature's God; not the inner, reflected, receipt of the Deity, which M. Pasteur described as the "enthusiasm"—or God within,—but the Unknown, because undiscovered, God the cause and Creator, which the temple of Nature, as Darwin saw and worshipped in it, denotes and requires, wherein the innermost and most mysterious chamber is filled with a cloud that veils and yet reveals the Presence towards which the human consciousness in its abiding sense of incompleteness yearns. No more wonderful and inexplicable fact has challenged the scrutiny of thoughtful minds during the last twenty years than the failure to recognize that the postulate of evolution is creation. *Ex nihilo nihil fit*, or if any one regards that as a mere platitude, he cannot deny that to evolve any organism, however simple, from matter which has not previously been organized, is impossible. The primæval germ of nature is a necessity of the hypothesis of evolution. Charles Darwin felt this to be the fact, and he was not an Atheist, a Materialist, or an Unbeliever.—*London Lancet.*

A SHORT time ago Miss Frances Power Cobbe, who has so identified herself with the cause of anti-vivisection, called on a distinguished man of science in London to endeavor by persuasive speech and viva voce argument to gain him over to her cause. Three points were observable in Miss Cobbe's outward presentment, namely, she had an ostrich feather in her bonnet, a bird of paradise on or

near her muff, and she carried an ivory handled umbrella. Consequently the distinguished man of science replied as follows: "Madam, charity begins at home. When you have given up wearing ostrich feathers, which are plucked from the living bird, causing the most exquisite pain; and birds of paradise, which, in order to enhance their beauty and lustre, are skinned alive; when you have abjured the use of ivory, because you know that the tusks are cut out of the dying elephant's jaw—then, and then only, come and upbraid me with the cruelty of my operations. The difference between us is, madam, that I inflict pain in the pursuit of knowledge and for the ultimate benefit of my fellow creatures, you cause cruelty to be inflicted merely for your personal adornment."—*American Medical Weekly*.

THE USE OF NARCOTICS AND THE QUESTION OF RESPONSIBILITY.

The miserable but just fate of Lamson will not be altogether without its use if it convinces people who play with narcotics, whether alcohol or morphia, that they do so on their own responsibility. We may acknowledge the kindness of those who sought to found an argument for change of sentence on the abuse of morphia, but we cannot admire their wisdom. Where is such a doctrine to end? If it is to be accepted the law must take immediate charge of the thousands of people who are muddling their heads all day long with one poison or another—cocculus indicus, alcohol, morphia, bromides, chloral, and absinthe. The State will not at present forcibly compel the most incorrigible drunkard to abstain. Even some bishops prefer freedom to sobriety—if one can speak soberly of the freedom of an habitual drunkard. The clear doctrine for the present is—first, that men who use such things are responsible for using them, and for all that follows on their use; and, secondly, that in using them, the most predominant quality manifested is that of selfishness—a determination to have their sensations gratified, or their miseries drowned by what they know injures and impoverishes them, and all belonging to them.—*London Lancet*.

RIPE AND HEALTHY OLD AGE.—*Gaillard's Medical Journal*: A. Bronson Alcott has written all his poems since his eightieth birthday. Von Ranke, now eighty-six years of age, is writing his "History of the World." Whittier, over seventy, writes most of the morning, walks most of the afternoon, and often goes to a party in the evening. Longfellow, over seventy-five, read diligently, and collected material for future works! Oliver Wendell Holmes, over sixty, is bright, cheery, physically active, and mentally as strong and sprightly as ever. Walt Whitman, nearly sixty-four, the carpenter, printer and poet, the author of *The Leaves of Grass*, *Drum Taps*, and *The Two Rivulets*, is hard at work. Humboldt commenced the study of Hebrew at eighty. Victor Hugo, over eighty, is actively at work. Velpeau, clinician, teacher, practitioner, pathologist, working ten hours daily, made the time wherein to write and publish over eighty works, and died in harness. Von Graefe, whose clinic always lasted most of the day and on his practice far into the night, recorded his work every day. Sir James Y. Simpson, from whose doors the carriages of the nobility were turned away frequently, after vainly waiting to bring their occupants to the Doctor's door, wrote voluminously, held a daily Hospital Clinic, and lectured for an hour, three times weekly, etc., etc., and died in the midst of such labors, and yet many physicians, but little over fifty, say that they are too old to write, and are getting too old even to read. And many young men are too busy to write!!

Births, Marriages, and Deaths.

MARRIED.

On Saturday, the 19th inst., at 169 Jarvis Street, by the Rev. A. H. Baldwin, Henry Going, M.D., to Frances Mary, daughter of the late Rev. D. E. Blake, rector of Thornhill.

On the 9th August, at the Central Presbyterian Church, Galt, by the Rev. J. A. R. Dixon, J. H. Radford, M.D., C.M., of Galt, to Mary, eldest daughter of the late J. R. Philip, M.D., M.R. C.S., England.

At Glencairn, Queenston, on the 9th August, by the Rev. Stewart Houston, R. J. Trimble, Esq., M.D., L. R. C. P., M. R. C. S. Ed., &c., to Maude Stuart, fifth daughter of the late W. A. Thomson, Esq.

At All Saints' Church, Whitby, on August 17th, by the Rev. — Fiddler, Dr. P. H. Bryce, M.A., L.R.C.P. and S., Edinburgh, Secretary of the Provincial Board of Health, Toronto, to Kate Lynde, second daughter of William Pardon, Esq., Whitby. No cards.

At the residence of the bride's father, 339 Church Street, Toronto, by the Rev. John M. King, M.A., D.D., John Ferguson, M.A., M.D., L.R.C.P.S., Edin., to Sarah Helen, eldest daughter of William M. Baird, Esq. All of Toronto.