Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

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

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

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

CANADA
MEDICAL RECORD

OCTOBER, 1898.

Original Communications.

ACUTE INFECTIVE PYO-NEPHROSIS, COMPLICATING PREGNANCY.

By H. L. REDDY, B.A., M.D., Physician and Accoucheur to the Women's Hospital; Prof. Obstetrics, Bishop's College, Montreal.

Mrs. A. F., age 24, married, Primipara, Canadian, was seen by me on the afternoon of Sept. 10th, 1898, suffering with intense abdominal pain. Temperature 102 3-5. Pulse 120. Was removed at once to the Women's Hospital.

History of present illness :—At 1 a.m. on Sept. 9th, while asleep was awakened with an agonizing pain in the right half of the abdomen and over the right lumbar region, accompanied by head-ache, nausea and vomiting, and pain down the front of the thighs.

On careful examination in the hospital, it was found that there was neither appendicitis, tubal or bladder trouble to account for the condition.

The urine was drawn off and found to be acid. It was filled with pus cells and a few cells apparently from the pelvis of the kidney or ureter.

Diagnosis of probable pyo-nephrosis was made.

Personal history :—Patient a well-nourished young woman. Had always enjoyed the best of health before Sept. 9th. Had the ordinary diseases of childhood. On the left side there is a congenital want of development and flattening of the pelvis, both false and true, and a shortening of the left leg by about two inches.

The menses began at thirteen, were regular, small in quantity and four days in duration, until the 15th of last

March, after which date she ceased to menstruate, so that, at present, she is about six months pregnant.

The respiratory system, circulatory system and general system present nothing note-worthy.

Family history:—Both parents died at an early age. Cause of death unknown.

Sept. 11.—Temperature varied, as per chart, 102 to 103-1-5. Pulse 112 to 130. Tenderness all over abdomen, but especially over both kidney regions. Mustard and linseed poultice was applied over the lumbar regions, followed every four hours by plain linseed.

The quality of the pulse being poor, she was given Liq. Ammon. Acet. and Spts. of Ether Nitrosi one drachm every two hours.

Sept. 12.—Temperature varied, as per chart, to 105. Pulse 130. Bowels were freely moved with Tait's Mixture. Had a chill at 10 a.m.

Urine examination showed as follows:—Urinary sediment contained pus cells, many varieties of cocci and but few bacilli; within the pus cells were found diplococci, which were not the diplococci of Neisser.

Urine acid, and 24 oz. passed in the 24 hours. No albumen or sugar. Urea about normal.

Sept. 13th.—Temperature varied to 102. Pulse 140. Chill at 11.15 p.m.

Sept. 14.—Temperature varied to 103. Pulse to 135. Pulse failing, she was given strychnine 1-60 gr., hypodermically at 7.15 a.m., repeated at 9 a.m., also Spt. Vin. Gallici, half ounce.

In consultation with Drs. England, Burnett and Fisk, it was decided that an accouchement forcé was necessary to save her life.

Pulse was failing, and absorption of pus was going on. Tenderness over the abdomen and right kidney, as well as agonizing pain being constantly present.

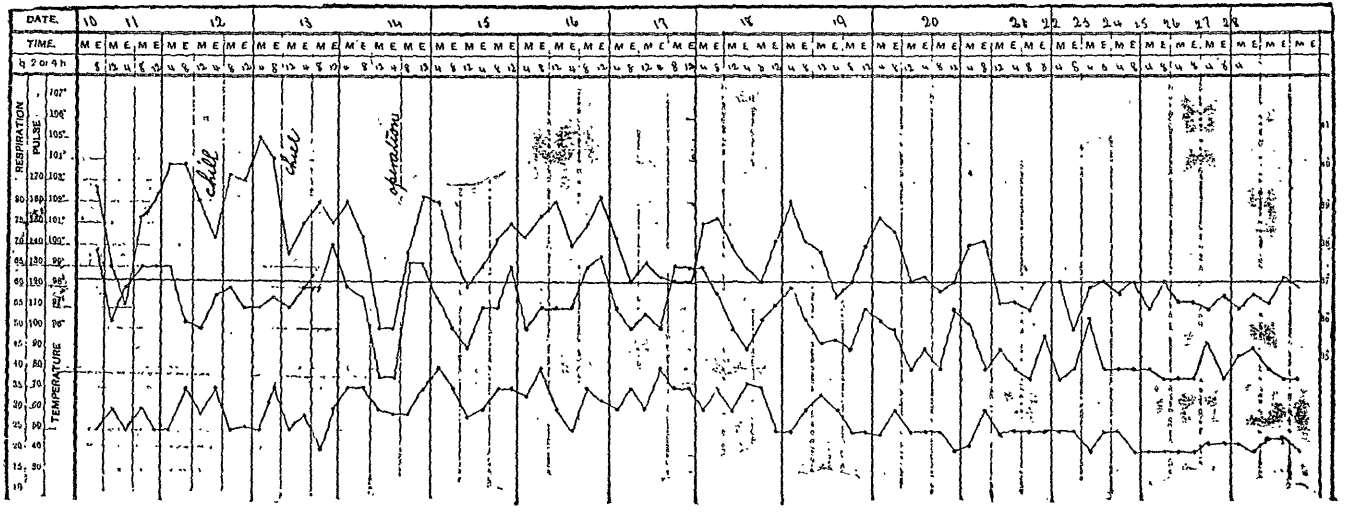
The patient was anæsthetized, and the os, which just admitted the tip of the finger, was dilated with a Goodell's dilator, the cervix being about 1½ in. in length. Dilatation was proceeded with bi-manually, and in 12 minutes sufficient

WOMEN'S HOSPITAL, MONTREAL.

Name *Mrs. A. F.* H. S. *J. Edgar Tanguay*

Date of Delivery *14th.* Physician *Dr. Reddy*

Month *September, 1898* Nurses *Bradshaw & McBride* No. *2088*



dilatation was reached to enable the hand to be introduced and the leg of the child to be seized and delivered. The placenta quickly followed. She was given an injection into the abdominal wall of Aseptic Ergot (P. D. & Co)

Post partum hemorrhage of a severe character set in. The abdominal aorta was compressed, a hot water douche was given, which failing to check the hemorrhage, a douche of Liq. Ferri Perchloridi in hot water was given, which had the effect of contracting the uterus and stopping the hemorrhage.

The child was born alive and kept alive for two hours by artificial respiration. Appearances of child indicated about six months utero-gestation.

Upon the temperature going down to 97½, after operation, hypodermic of strychnine was given. A diet of milk and beef-tea was ordered. Proto-nuclein tablets were given every two hours.

Sept. 15th.—Temperature 100 to 101. Pulse 130. Patient slept well. Pain completely disappeared. Still slight tenderness over the right kidney. Hot water intra-uterine douche was given. A quart of normal saline solution thrown into the rectum. Urine drawn off by catheter. Sediment contained neo-microcytes (in clumps) throwing out processes which coalesce, forming a network, which encapsuled the greater quantity of the diplococci present; while as a rule externally to these clumps were found numberless bacilli. (This action may have possibly been due, at least to a certain extent, to the proto-muclein given.) Red and white corpuscles were visible also. Urea deficient; urine acid. Slight trace of albumen. No sugar. Sp. G. 10.18. Quantity 26 oz. in 24 hours.

Sept. 16th.—Patient feeling well, slept well, hungry, though the temperature and pulse remain high.

Sept. 17th.—Temperature and pulse nearing the normal line. Patient feels comfortable. Bowels freely moved with Tait's Mixture. Urine drawn off. Sediment contains pus cells almost entirely free from micro-organisms. Number of bacilli notably increased and found externally between the pus cells. Diplococci (extra cellular) were to be seen at

rare intervals. Urine acid. No albumen or sugar. Urea increased. 10 grs. of Salol was ordered every six hours, with the hope of removing or diminishing the pus.

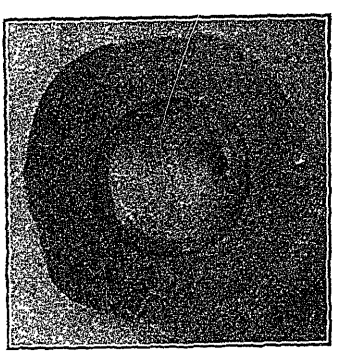
Sept. 18th.—Patient improving. Salol stopped, as the urine has become a vivid grass green, showing the carbolic acid action.

Sept. 20th.—Patient feeling so well, allowed to sit up in bed for a few minutes.

Sept. 23rd.—Patient so well, allowed to get out of bed and sit up for a few minutes. Urine acid. No albumen or sugar. Urea normal; 40 oz. passed in 24 hours. Sediment contained no pus cells, a few leucocytes, a few epithelial cells, a few crystals of the earthy phosphates, bacilli and cocci,—extra cellular,—such as are found in healthy urine, which has stood for some little time.

Sept. 26th.—Patient apparently perfectly recovered.

Sept. 28th.—Patient left hospital. Uterus involuted almost to normal. All tenderness over the abdomen and lumbar regions completely gone.



ACTUAL SIZE

This photograph was taken 12 days after operation, showing that the condition of the os and cervix are almost normal in every respect, there being only a slight laceration on the right side of the os, not extending completely through the cervix.

This case presents, I think, some very interesting features. A healthy woman suddenly seized with such severe pain, nausea and vomiting, with pregnancy complicating it, made the diagnosis doubly difficult. A kidney stone

naturally suggested itself, and was at first difficult to exclude. But I think the urinary analysis and the result of the operation placed beyond doubt the fact that it was not due to stone. If an infective pyo-nephrosis, how was it produced? The only explanation I can offer is that it proceeded from the external genitals through the bladder, affecting it little if at all, and setting up the inflammatory condition in the pelvis of the kidney. According to Klecki, who has made researches in this particular line, he has found that not only is it possible, but very frequently it happens, especially in cases of constipation, for the venous circulation to become infected from the bowel and hence the blood generally. There might be but little systemic disturbance at first until some particular portion proved suitable for the growth of these micro-organisms and their change into virulent forms. This might be an explanation of the infection in this case, although constipation was not at all marked, two days being the longest period. That pregnancy had a great influence on it, I have no doubt, as shown by the prompt relief by the emptying of the uterus. It does not seem probable that pressure directly on the ureters affected it, as the uterus was apparently in the ordinary position, and if the ureter was compressed by the uterus it would probably have been a slow process, if even it were possible, which seems hardly probable, and unlikely to have set in with such severe and sudden symptoms, and I do not, therefore, believe it to have been due to pressure, which could hardly have been exerted.

The effect of pregnancy being to increase, not only the blood pressure, but the actual bulk of almost all the organs, added to the effect of an acute infection of the pelvis, of the kidney and perhaps ureter, and the accompanying tumefaction might have greatly diminished the lumen of the ureter, and by this means have produced some if not all the serious kidney symptoms by pressure, which would no doubt be largely relieved by the interruption of utero-gestation, and the hæmorrhage, which in this case accompanied it, is, no doubt, a possibility.

It was also interesting to notice how rapidly the neo-microcytes were produced and their prompt action in encapsuling the cocci and thereby stopping the infective process.

Whether the proto-nuclein given had any action in producing this effect is hard to say, but it should act in increasing cell proliferation if it has any effect at all. The Salol seemed to act beneficially in diminishing the pus, although 60 grains produced the carbolic action. The general condition of the patient and the failing pulse with chills, continued pains and soreness, in other words, septic symptoms, decided us probably more than anything else in removing the contents of the uterus, the result, I believe, justifying our procedure.

I am indebted to Dr. A. J. Richer for his careful microscopical and bacteriological report of the urine to Drs. England, Burnett and Fisk for their able assistance, and to Dr. Oliver for the photogram.

Montreal, Oct. 19th, 1898.

OXYTUBERCULINE IN THE TREATMENT OF PULMONARY TUBERCULOSIS.

In 1896 Dr. J. O. Hirschfelder, of San Francisco, inspired by the fact that many cases of tubercular peritonitis benefited by cœliotomy, conceived the idea that the benefit was likely obtained through the oxidation of the toxine (eliminated by the micro-organism) into an anti-toxine when air was admitted into the heretofore closed peritoneal cavity. The idea no doubt was a very ingenious one, suggesting the probable benefit which might be derived in treating pulmonary tuberculosis by inoculations of an oxidized tuberculine, *i. e.*, tubercular toxine obtained artificially by culture, extracted by Koch's method and oxidized by means of peroxide of hydrogen at a moderately high temperature. The resulting product, which closely resembles its parent (tuberculine) physically, he calls oxytuberculine, and, as claimed by Dr. Hirschfelder, enjoys perfect inocuity when injected hypodermically, even in large doses into healthy individuals.

My first clinical test of oxytuberculine was commenced on the 11th Dec., 1897.

A young man of 22, with a tubercular family history, was examined early in November, when the left apex showed signs of extensive infiltration, while the left showed signs of rather extensive softening, with here and there over both

lungs some moist râles. As far as could be ascertained, the patient had been coughing for 18 months, but had not been under any lengthy observation, neither had he been seriously treated. At this time dyspnœa was very marked upon the slightest exertion, emaciation advanced, cough troublesome, and expectoration profuse. The sputum showed Koch's bacillus in large numbers, along with streptococci. The tubercle bacilli were here and there slightly granular in appearance, but took the stain well. The pulse on the 15th November was 100 in the evening, and oscillated between 100 and 70, following the temperature curve, which varied from 100° to 97°, with morning remissions. Respirations varied from 18 to 26. There had been no hæmoptysis.

On the 11th of December he received his first injection of oxytuberculine, 5 c. c., which was continued daily for 6 days, when the dose was increased to 10 c. c. for about 20 days, with an occasional day upon which no inoculation could be made owing to severe reaction. The temperature curve during the early part of this treatment was increased, as well as the pulse and respiration curves. Usually after a 10 c. c. injection a temperature of 101° would fall to 98°. After the use of the first 100 c. c., the cough and expectoration had diminished, the patient felt stronger, the dyspnœa was less marked. Encouraged by this result the treatment was continued until 400 c. c. of oxytuberculine had been injected hypodermically. The last 200 c.c., however, did not produce the same reaction in bringing down the temperature, even when 15 or 20 c. c. were injected at one time. The treatment was here discontinued. Creasote and Syr. Hypophos. Co. had been given throughout, and were continued without much effect.

After this patient had received his first 100 c. c. of oxytuberculine the bacilli in the sputum showed distinct signs of sporulation, and this sporulation (which may be only a pseudo sporulation for a great number of bacteriologists) persisted for some time after the oxytuberculine injections had been stopped. This may have been only a coincidence, but is worthy of note as it only occurred in this one case of mine, which proved fatal about seven months after the oxytuberculine treatment had been discontinued, the patient

gradually declining, with persistent cough and expectoration, but without hæmoptysis.

Case No. 2.—A man of 45, a mechanic with a good family history, was first seen in March, 1898, after a rather profuse hæmoptysis. The apex of right lung was softened, moist râles being heard back and front; there was some emaciation, loss of appetite, slight dyspnœa on exertion, distressing cough, especially in the morning, with rather profuse expectoration, which was occasionally tinged with blood; night sweats not very marked, yet often present. This patient was given creasote and codeia and Syr. Hypophos. Co. The sputum was examined microscopically and showed numerous Koch's bacilli. Oxytuberculine was injected, beginning with 5 c. c. every second day and gradually increased to 15 c. c. for a final dose, completing the 100 c. c. in about fifteen days. When the sputum was again examined after the 100 c. c. of oxytuberculine had been injected the bacilli had entirely disappeared. Perhaps another coincidence.

The evening temperature, which had occasionally reached 100 deg., was now normal, cough and expectoration much diminished, appetite improved and gain in weight quite appreciable. This patient was under observation and treatment during seven weeks, when he was again allowed to go back to his work, and has since enjoyed excellent health.

Case No. 3.—A young man of 21, an office clerk, first consulted me in March, this year. In this case the family history was not very good. The father died of pulmonary congestion (?), mother living and apparently healthy. The left apex here was involved; a cavity about the size of an American silver dollar could be easily appreciated with moist râles back and front in the upper half of this lung. In the right lung the expiratory sounds were prolonged, accompanied by a few sub-crepitant râles to be heard chiefly in the upper half of this lung.

The evening temperature often reached 101 deg., pulse 110; dyspnœa upon the slightest exertion, chills, loss of appetite, emaciation and night sweats made a rather characteristic clinical picture of the disease, while the cough and expectoration were both troublesome and profuse. The sputum exam-

ined microscopically completed the clinical picture by showieg an abundance of tubercle bacilli. The same treatment as in case No. 2 was here instituted, but although there was marked improvement after the first 100 c. c. of oxytuberculine, yet the bacilli in the sputum persisted though somewhat decreased in numbers.

Not feeling over-confident, especially after the disappointment in the treatment of the first case, I did not persist with the oxytuberculine. This was the middle of April, the weather was quite favorable, so I sent this patient to the Laurentian Mountains, where he lived almost entirely in the open air, braced up by constant stimulation. His medication consisted of Wine of Creasote with Codeia and Emulsion of Petroleum. He made very rapid progress, gaining in weight while losing his cough. He was in my office a few days ago, and I failed at first to recognize him, so fat had he become. I examined his chest again. The left apex still showed the remains of the cavity, but no abnormal breath sounds anywhere. This patient can now walk five miles without dyspnœa or lassitude. I have again examined the sputum, which is now free from tubercle bacilli.

This last case is strong evidence that the only reliable means of treating pulmonary tuberculosis at present at our disposal are overfeeding, rest, open air. This shows how urgently Sanatoria for the treatment of this disease are required. The patients in these Sanatoria are under constant observation and constant tuition, and when well again can utilize the knowledge acquired during the treatment in preventing others afflicted like themselves from being so many sources of infection, spreading the disease broadcast in our crowded cities.

To resume, I may here be allowed to observe that the beneficial effects obtained by cœliotomy in peritoneal tuberculosis, which without doubt is due to the entrance of air into the peritoneal cavity and likely to the oxidation of the toxine of tuberculosis, is not sufficient ground for the adaptation of somewhat similar methods in the treatment of pulmonary tuberculosis, where the development of the tubercle bacilli goes on under aerobic conditions, i. e. in the presence of the oxygen of the air, while in the peritoneal cavity the toxines are secreted under anaerobic conditions.

Now, if Dr. Hirschfelder had oxydised tuberculine obtained by anaerobic cultures, might not the results have been different? Experimentation only can answer this question.

584 Wellington st.,
Sept. 15, 1898.

Progress of Medical Science.

MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine University of Bishop's College; Physician Western Hospital.

THE INFLUENCE OF HEART DISEASE ON LIFE ASSURANCE.

The *Medical Examiner*, July, 1898, contains a paper on this subject, by C. Theodore Williams, M.A., M.D., F.R.C.P., read before the Life Assurance Medical Officers' Association (London). This is a second paper on this subject, the first dealing with the general features of the subject and disease of the pericardium and mitral valve. He first discusses the relative frequency of the different forms of valvular disease. The causes of aortic disease were congenital malformation, endocarditis and degeneration, the latter being the chief cause. Aortic disease was more common among men than women in the ratio of 21 to 5. The great danger of aortic incompetence is the possibility of a systole and sudden death; a diastolic murmur at the aortic cartilage, and the second sound audible in the carotids, indicates only slight incompetence and is only very serious if degeneration is present in the vessels. In aortic stenosis, the prognosis depends on the extent of the lesion, the amount of compensation through hypertrophy of the left ventricle, the absence of complication, the age of the patient, and the cause of the lesion, degeneration being less favourable than when the cause is endocarditic. Stenosis following severe incompetency is conservative and curative. All should be rejected except a few possessing exceptionably favourable features.

Hypertrophy should lead to rejection, where cause is capillary obstruction, high arterial tension, chronic renal disease, valvular disease, or trades where there is excessive strain. More favourable in athletes of middle life who have given up athletics and no valvular disease or degeneration, or in women when hypertrophy is due to frequent pregnan-

cies. Cases of permanent progressive dilatation are outside the pale of life assurance. Fatty degeneration of the heart is the most serious of all the diseases which attack the cardiac walls, owing more especially to its insidious course. No symptoms frequently indicating its presence until the fatal attack supervenes. Angina pectoris renders an applicant ineligible, tachycardia is unfavourable, and a pulse of 40 is unfavourable. The intermittent pulse when no cardiac disease and a loss of beat not more than 1 in 20 or 30 is harmless ; more serious after middle period of life, but good for 12 to 13 years ; sometimes due to tobacco. He gives the following summing up :—

In considering the question of acceptance or rejection of applicants affected with heart disease, due regard must be had to the following points :—

1. *Age*, both present and at time of attack.—Cardiac lesions that appear at twenty are more likely to improve than those coming on after forty, and the greater the age of a candidate the less probability there is of complete compensation.

2. *Sex.*—Women are less liable to aortic valvular disease than men. Men are less subject to mitral valvular disease.

3. *Occupation and Surroundings.*—Whether these are the same as those under which the cardiac disease was contracted, and whether they are likely to be temporary or permanent.

4. *Habits*, such as the presence or absence of alcoholism, excess of tobacco smoking, or the use of certain drugs.

5. *Origin*, of the cardiac disease, whether in endoor or pericarditis, or as the result of degenerative processes.

7. *The Nature* of the lesion, and specially whether it be progressive or stationary.

7. *The Amount of Compensation* established to overcome the difficulties of the circulation.

Careful study of the histories of persons affected by the various heart lesions has shown that a longer life is compatible with the existence of many of them than was formerly held, yet in the absence of large records it is impossible to reduce the probabilities in all cases to definite figures, and the subjoined conclusions can only be regarded as approximations to assist the medical examiner in his work, which must, after all, be directed to the circumstances of the candidate under examination and to his surroundings and outlook.

1. *Cases of adherent pericardium*, provided there are no valvular leisons, that the muscular walls are sound, and that there is no cardiac dilatation ; also that the adhesions are

not to the chest wall itself, may be accepted with a moderate addition of from three to five years.

2. *Mitral regurgitation* cases, where the origin is not degenerative and the compensation good, and where there are no dyspnœa and complications, can be accepted with an addition of from five to ten years, according to the age of the candidate.

3. *Cases of mitral stenosis* are less favorable, being liable to cerebral embolism, and can only be accepted if the disease be not progressive, if there be no accentuation of the second sound, no enlargement of the right side from either dilatation or hypertrophy, and no dyspnœa. They can then be accepted on less favorable terms than cases of mitral regurgitation.

Double mitral lesions, however, can only be considered with very large additions.

4. *Aortic valvular disease*, whether regurgitant or obstructive, cannot, as a rule, be admitted into the category of assurable lives; though favorable instances, where the lesions originate in rheumatic endo-carditis, and the compensation is complete, have been occasionally accepted with large extras.

5. *Cases of cardiac dilatation*, without compensation cannot, as a rule, be accepted at all, except when the dilatation is of a temporary nature, such as may follow over-exertion and over-smoking, but even here the case cannot be considered until all dilatation has subsided.

6. *Cases of cardiac hypertrophy* must be estimated with reference to the modes of causation, and no definite rule can be laid down, though lives where the lesion giving rise to the hypertrophy is not progressive, the muscular wall in a sound condition; the compensation complete and the vessels healthy, may be regarded as within the pale of life assurance as, for instance, athletes who have given up sports, and women whose cardiac hypertrophy originated in frequent pregnancies, but are now past child-bearing. Here the lives may be accepted with an extra, varying with the age.

7. *All forms of degeneration of the cardiac walls*, fibroid and fatty, must be excluded, and vigilant watch kept against their admission.

8. *All forms of cardiac neurosis* are not equally dangerous, but they are too uncertain in their clinical life history to allow of being admitted among the assured.

A system of endowment, making entire payments before a certain age, would probably protect assurance offices, and preclude the necessity of large extras.

THE CURE OF WRITERS' CRAMP AND TELEGRAPHERS' PARALYSIS.

S. H. Monell, M.D., of Brooklyn, N.Y., in the *Medical Record* for July 23, 1898, claims that after four and a-half years of conservative observation of experiment he is now able to state that these affections are curable in all stages and in every uncomplicated case. He succeeded in getting good results only when he applied himself steadfastly to the improvement of nutrition. Rest is not enough in these cases, nor is exercise, and drugs have not cured any cases. Electricity he found, when correctly applied, gave him these brilliant results. The disease is essentially a peripheral degeneration of nerve and muscle nutrition, and cure occurs when this is restored. The arm is first subjected to a gentle warming-up application to quicken the circulation, as the preliminary canter warms up a racehorse before he enters the race. The arm is next subjected to general nutritional muscular contractions, regulated in energy and number by the tolerance of the tissues. Finally the arm is given a refreshing, restful, nutritional application, which leaves it at the close of treatment invigorated, buoyant and elastic. The total treatment requires about ten minutes, and every moment and every detail of each application aims at improving the nutrition of muscle fibres. Cases recover in from two weeks to two months, and the entire general health is built up by the treatment. While benefit may be obtained from all three currents, the best results are obtained by using two currents, the galvanic and static. Dr. Monell speaks enthusiastically of his results in these cases. As he was a sufferer himself, he has given the subject long and careful thought, and the results he claims, are such as will entitle him to the gratitude of the profession and a class of sufferers for which hitherto only palliative measures were available.

OBSERVATIONS ON MORTON'S PAINFUL AFFECTION OF THE FOURTH METATARSO-PHALANGEAL ARTICULATION AND SIMILAR AFFECTIONS OF THE METATARSAL REGION THAT MAY BE INCLUDED WITH IT UNDER THE TERM ANTERIOR METATARSALGIA.

A lengthy paper on the subject is published in the *Medical Record,* Aug. 6, '98, by Royal Whitman, M.D., New York.

This affection was first described by Dr. T. G. Mo rton, of Philadelphia, in 1876, and is characterized by recu rrent

pain about the fourth metatarso-phalangeal articulation, sharp and cramp-like in character. If not checked, it extends to the other joints, to the dorsum of the foot and legs. He supposed it to be due to pinching of the external plantar nerve or its interosseous fibres, by the adjoining fourth and fifth metatarsal bones. The mobility of the fifth and its shortness allowed it to roll above and under the fourth metatarsal bone; the pressure on the nerve caused a neuritis. The chief causes were rupture of the transverse ligament and tight-fitting foot-wear.

The treatment adopted was removal of the head of the fourth metatarsal bone. The history of the cases reported since then is given:

The affection is relatively uncommon in hospital practice; it is more common in females than in males. Of 84 cases collected from the sources mentioned, including 21 of my own, 64 were in females and 20 in males. It is not an affection of early life, the average in 64 cases being 33 years, although in many instances the symptoms had been of long duration. As to the location of the pain, in 60 cases it was referred to the fourth metatarso-phalangeal articulation, in 6 cases to the third and fourth, in 6 to the three middle toes, and in but 6 was the fourth articulation free from pain. Of my own cases, the cramp was felt in both feet in 6, in 9 in the right only, in 6 in the left; in 14 cases the pain was referred to the fourth toe, in 3 cases to the third, in 2 cases to the second, third and fourth, in 1 case to the second, and in 1 case to the third and fourth. In 3 cases there was marked depression of the longitudinal arch, in 3 cases slight weakness of the arch, in 2 cases an exaggerated arch, and in 13 cases the arch was normal. In 3 cases the symptoms were ascribed by the patients to tight shoes, in 3 cases to injury, in 1 case to "nervous prostration," and in 14 cases no cause could be assigned.

The pain is usually felt only when a shoe is worn; the pain is intense, "like a toothache," "sickening," "like a hot coal." Sometimes the cramp is preceded by a sensation of something slipping or moving in the foot, and in such instances a similar snap also often precedes the relief of the symptoms; removal of the shoe usually relieves the pain. The cases are usually associated with a weakened and depressed anterior metatarsal arch, which condition predisposes to pain on lateral pressure. The varieties of depressed arch are a rigid depression similar to flat-foot. The pain is more or less constant when the foot is used; simple non-rigid depression of the anterior arch; the foot is broadened and relaxed; in typical Morton's neuralgia the foot may appear

perfectly normal, or there may be depression of both longitudinal and anterior arch. Where no deformity exists, abnormal mobility of the fifth metatarsal bone allows it to override the fourth, causing painful pressure when a tight shoe is worn. In walking, elevating the heel increases the lateral pressure, especially going down hill.

Dr. Whitman thinks that it is the dorsal digital nerves that are compressed rather than the plantar. The chief cause being tight shoes, besides injury, strains and over-exertion, the beneficial effects of wide thick-soled shoes is explained. The shoe should have a low heel, a wide thick sole, a well-fitting arch and abundant room for the toes, the main object being to support the anterior arch. Sometimes benefit is obtained by having the inner sole arched upwards to sustain the foot in the normal position, or a pad of sole leather is fixed by adhesive plaster behind the head of the metatarsal bone of the affected joint. A properly fitting metal support, which may sustain the longitudinal arch as well, is best in some cases. Resection he thinks rarely required. The following conclusions are given:—

Morton's painful affection of the foot and the less definite symptoms that may be included under the term anterior metatarsalgia, although not identical, are nearly allied, in that an abnormal relation of the metatarso-phalangeal joints to one another, combined with pressure, is the cause of the symptoms. This abnormal relation is caused by an occasional or habitual depression of the anterior metatarsal arch or of one of the bones of which it is composed. Habitual depressions of this arch is often combined with general weakness of the foot, and much of the discomfort is due to abnormal pressure on the depressed bones from beneath. Occasional and typical Morton's cramp may exist without obvious deformity, and in such instances it is caused by lateral pressure upon an overriding fifth metatarsal bone, due probably to an abnormal laxity of the ligaments. The most constant of the general causes predisposing to weakness of the front of the foot, as well as the most direct cause of the symptoms of discomfort in this region, is the improper shoe.

The cure of the condition may be attained by supporting the anterior arch, by avoiding the exciting causes of the pain, by correcting, if may be, abnormalities of structure or function, by strengthening the weakened foot by exercises, and by affording its mechanism the opportunity for functional activity by the use of a proper shoe.

URTICARIA WITH RECURRENT HEMATEMESIS.

Dr. T. H. Chittenden, in the *British Journal of Dermatology*, gives the history of a case of this interesting disease in a woman aged thirty-three. The patient had various attacks of urticaria, the first of which appeared in April last. The ordinary wheals of this disease appeared over the body generally, especially on the back, thighs, back of hands and face, usually coming out at night and subsiding towards morning. These continued until June, and the symptoms increased in severity, the tongue and lips becoming very swollen. There was sore throat with marked dysphagia. These attacks usually lasted about a week, and after a few days there was a cessation of the severer symptoms. They recurred early in August, when she was seized one morning with great nausea, and vomited large quantities of blood and coffee-ground fluid. She felt better immediately. The urticaria totally disappeared in a day or two, and she was entirely free until early in October, thus enjoying a respite of six weeks. It then returned with all its former severity, and ran a similar course until the middle of November, when she suffered from distressing nausea, vomiting still larger amounts of bloody fluid, with a great sense of relief and the speedy disappearance of the rash.

Concluding his article the author says: "In this, as in the few other recorded cases of recurrent urticaria, the extreme difficulty of entirely excluding the possibility of gastric ulcer somewhat obscures their pathology, as in all of them there has been a certain amount of dyspepsia." We may conclude that hematemesis was the result of hemorrhage from the stomach, due to capillary rupture occurring when the mucous membrane of that organ was in a state analogous to the urticarial conditions of the skin. That it is due to some toxin circulating in the blood there can be no doubt, but the nature or origin of that toxin is not known. That it must be autogenic, and not taken in from without, seems most probable, for it appears to make no difference when the strictest rules of diet are rigidly adhered to.—*Medical Age.*

HEART COMPLICATIONS IN DIPHTHERIA.

Dr. Cleon M. Hibbard has published (*Boston Med. and Surg. Journal*), (*Pacific Medical Journal*), the results of a systematic study of the heart complications in a large number of cases of diphtheria treated in that hospital. The results of the postmortem examinations in the seventy-two

fatal cases which occurred are not given in the report, and these results are largely drawn upon in formulating the following conclusions reached by the author.

1. A rapid pulse rate in diphtheria is to be dreaded. Death usually results when it exceeds 150.

2. A slow pulse—60 in young children—is a sign often of serious heart trouble.

3. Irregularities in the pulse occur in about 10 per cent. of the diphtheria cases, and are generally significant of cardiac complications.

4. A systolic murmur at the apex is heard in about one case in ten, and its prognostic value depends upon the nature of the cause.

5. A *bruit de galop* in diphtheria is a most fatal sign.

6. After four weeks, with no heart symptoms in diphtheria, there is little probability of subsequent cardiac trouble in the convalescence.

7. All diphtheria patients who have tachycardia, bradycardia, irregular or weak pulse, a systolic murmur at the apex, vomiting or any paralysis—especially palatal—should be kept quiet in bed.

8. The most important element in the treatment consists in absolute rest in bed.

9. The vagus nerve in the fatal cases always had some evidence of degenerative changes. The weight of the heart was increased.

10. The cause of death is usually from cardiac thrombi, dilatation or paralysis, produced most probably by the toxin of the diphtheria bacillus.

APPENDICITIS.

The discussion of the papers on this subject in the Surgical Section of the American Medical Association, at Denver, was a telling emphasis to the criticism we made. Careful, clear-thinking, experienced heads insistingly declared for opposing views, while there was the usual corroboration of both sides by the less weighty and less informed. Not a little of the spirit shown was sharp, probably bitter, and possibly at times even personal. We are all somewhat prone to defend our own views, and seek the bubble, reputation, even with our own mouths. It is a question if the discussion did any good; is almost a certainty that it did harm. Radicalism fails to convince the courageous conservative; it leads to danger the incompetent and vacillating; it discourages and routs the expectant and hopeful. In questions which involve not only life and death, but as well

the reputation of the surgeon, the consent of the patient, facilities for success, etc., the theoretical must yield to the practical. Even if we accepted the dictum that a tender appendix should always be excised—though a congested liver, a painful kidney, a swollen spleen, an inflamed intestine may be allowed to declare its course—there must arise the reflection that practically such radicalism can never become popularly accepted; hence, to urge it is to discourage rather than promote concert of action. In principle it is true that an offending appendix is better out, not because it is always a source of danger, but because no judgment can declare when it is not; but in practice it is equally true that the best interest of the patient cannot always be served by radical adhesion to fixed laws.

Here, as elsewhere, the survival of the patient is through the fittest of conditions. These conditions must be controlled by the judgment of the surgeon. To obtain definite data, a point of departure must be agreed upon. It is clear not ten surgeons in this country operate on all cases of appendicitis as soon as the diagnosis is made, however much they may desire to do so. Many of the remainder who follow these in ten in theory are far behind in practice. The immense majority are conservative in practice, whatever may be their theory. The general practitioner is utterly unconvinced. Between these two extremes is fixed the great gulf of death from indecision and neglect.

An eminent operator said in this discussion: "There can be no compromise!" But is it true? Do not arbitration, concession, daily and hourly, in our lives protect and strengthen both our dignity and our security?

Not only is a compromise advisable, but at present it is unavoidable, and is entered into every day by the very radicals who oppose it.

The general practitioner, having arrived at a diagnosis, will rarely willingly call into consultation the surgeon who he knows has already made up his mind; who he knows will not *consult* with him, but will dictate an operation in a lesion he himself admits will recover without it three times out of four. Such uncompromising absolutism not only humiliates the physician, but scares both him and his patient away till the time of safety is past.

Though it is true in skilled hands, under favourable conditions, an operation in all cases at the time of diagnosis will probably secure the highest rate of recovery, yet it is true this course is so impracticable we must seek the most acceptable compromise upon which common ground the best results can be secured.

SURGERY.

IN CHARGE OF

GEORGE FISK, M.D.

Instructor in Surgery University of Bishop's College; Assistant Surgeon Western Hospita.

RECURRENT CARCINOMA OF THE FEMALE BREAST ENTIRELY DISAPPEARING UNDER THE PERSISTENT USE OF THYROID EXTRACT CONTINUED FOR EIGHTEEN MONTHS.*

By FREDERICK PAGE, M.D., Edin., M.R.C.S., Eng.
Surgeon to the Royal Infirmary, Newcastle-upon-Tyne, etc.: and
WILLIAM H. BISHOP, M.B., B.S., Durh.

In December, 1895, Mr. Page was asked by a former house surgeon of his, Dr. Bishop, of Wylam, to see him with a woman, aged 61 years, who was suffering from carcinoma of the left breast of some six months' duration. The general health was very much impaired. The growth was situated in the upper part of the breast, and was of the size of a hen's egg, and both the axillary glands and their lymphatics were affected. On January 7, 1896, the breast was removed, together with the axillary glands and fat, the lymphatics and the pectoral fascia. In April there was a recurrence of the disease in the neighborhood of the cicatrix, and on July 18 several nodules, varying in size from that of a pea to that of a walnut, were removed, A portion of these growths was sent to the Clinical Research Association, and reported on as follows on July 29 :—" Both specimens show a soft carcinomatous growth, with small alveoli and very scanty stroma. At first sight it might be mistaken for sarcoma, but the mode of growth at the edge and the invasion of the fatty tisues is unlike that of sarcoma. In the section of the skin the dense fibrous tissue in the corium prevents any very rapid multiplication of the cancer cells." Three weeks after this second operation other nodules appeared in the scar, and later a group developed below it and in the subcutaneous fat. Further interference was declined, and, indeed, did not seem to be feasible. The nodules steadily increased in size and number. In September, 1896, at the suggestion of Dr. Bishop, thyroid extract was given quite as a forlorn hope. At first three grains were taken daily, and the dose was gradually increased till fifteen grains could be taken daily. During the eighteen months that the treatment was persistently followed,

* *London Lancet.*

it was found necessary occasionally to suspend the use of the drug for some days on account of its toxic effect. The patient is now quite well. She has gained flesh and health to such an extent that it is difficult to believe that she is the same person who was operated upon two years and four months ago. There is no trace of the disease to be discovered.

Remarks by Mr. Page—Such are the facts. It may be that this case is a vagary of recurrent cancer, but taken in conjunction with the cases of recurrent carinoma reported by Dr. G. Beatson, of Glasgow, in all of which thyroid extract was given, I consider it to be one of great importance and interest, so much so that I intend to try the persistent administration of thyroid extract in every case of recurrent or inoperable carcinoma of the female breast coming under my observation. In due course I trust to record the results of the experiment, and, in the meantime, the case is reported in the hope that it may induce others to give the treatment a trial.

Remarks by Dr. Bishop.—I am much indebted to Mr. Page for permission to add the following remarks :—When, despite the completeness of the first operation, the growth returned three months later, and when only three weeks after the second operation it again made its appearance, the case looked hopeless. It was then that in sheer desperation I determined to try thyroid extract, having read Dr. Beatson's papers,* notwithstanding his opinion that it has "little effect when given alone." Mr. Page cordially approved of the experiment. At first it did not seem to have any effect, but it was soon apparent that no increase in size was taking place, and the patient maintained—rightly, I think—that the growths were softer. In the spring of last year, however, about six months after the treatment was commenced, a lump appeared above the operation scar and grew rapidly till it was as large as a walnut, when it seemed to cease growing. I did not examine the breast from Christmas of last year (when, in addition to the growth just mentioned, there was a number of nodules in and about the scar and a group below it in the subcutaneous fat), until April 18 last, when I was amazed to find that every trace of the growths was gone. I at once informed Mr. Page, and he immediately went to see the patient, and confirmed my observation.

It is always dangerous to draw conclusions from a single case, but if thyroid extract had no effect upon the growths, to what is their disappearance due? And if beneficial results from its use are, as Dr. Beatson maintains in his papers, de-

* *The Lancet*, July 11, 1896, p. 104, and July 18, 1896, p. 162.

pendent on a previous oophorectomy, why should it alone not succeed after the menopause has been passed? If it is really, and of itself, of utility in carcinoma of the breast, then it ought also to be of service in carcinoma of other parts of the body, and I suggest its trial in inoperable cases when the growth is situated elsewhere than in the mamma. In this connection, also, it would be interesting to know whether the subjects of thyroidectomy, or those in whom that gland is functionally inactive, are peculiarly liable to carcinomatous growths. I am not aware that such is the case. It would also be interesting to get information as to the condition of the thyroid gland in the subjects of this disease. How the thyroid extract acts it is very difficult to surmise. Whether it alone, or in conjunction with the menopause (either naturally or artifically produced), tends to promote a fatty degeneration of the carcinoma cells, or by stimulating the lymphatics to remove the carcinomatous material (to which theory there would seem to be obvious objections), or by increasing metabolism enables the phagocytes to cope with the disease, or acts in some other way, further data can alone supply facts for a decision.

Not the least puzzling feature of the above case is the development of a growth during the treatment. At the time, however, the patient, was suffering great anxiety, owing to the illness of her husband, and was constantly up at night. The general health suffered much, and it is possible that the thyroid tabloids were neglected. What we learn from this, and I think also from Dr. Beatson's cases, is that to do any good the administration of thyroid gland must be pushed to its full physiological effect and continued over a great length of time. *Gaillard's Medical Journal*, July, '98.

ABRUPT REDUCTION OF POTT'S KYPHOSIS.

Jonnesco, of Bucharest (*Arch. de Sci. Méd.*, 1898 (III.), 1-2, p. 1), reports thirteen cases of this operation, illustrated with nine photographs. He believes that it is an excellent operatory procedure, specially adapted to young subjects and recent cases. It should always be associated with extension and counter-extension, but no accessory cutting operation should be undertaken. Manual traction should not be used, but, instead thereof, mechanical traction, applied only at the head and pelvis, the force exerted being an average of 45 to 50 kilogrammes. Only in old ankylosed cases is the employment of force up to 80 kilogrammes permissible. Chloroform should be sparingly given, enough only being used to carry patients through the operation proper.—*Medical Review of Reviews.*

PARTIALLY UNITED FRACTURES OF THE TIBIA.

Müller (*Centralblatt für Chirurgie*, June 5th, 1898) has repeatedly noticed that after apparently good union, with good callus formation and absence of pain, patients complain that the affected limb will not support their weight. In such cases skiagraphy reveals the fact that the broken ends of the bone are partially dislocated laterally. While by manipulation there is observed an abnormal elasticity of the shaft of the tibia, the sensation of non-support is largely psychical. Müller puts these cases upon a supporting splint-dressing, which enables them to walk.—*Medical Review of Reviews.*

APPENDICITIS—A POSSIBLE CAUSE—THE USE OF THE LIGATURE—IS IT NESSARY ?

In a paper read before the Richmond Academy of Medicine and Surgery by Wm. T. Oppenheimer, M.D., President of City Board of Health, Richmond, Va., he says (*North Carolina Med. Jour.*), July 5th, 1898 :

" The question is asked : Why do we hear more of appendictis now than formerly ? I would aneswer that the disease was not so well known, and that possibly as much existed then as now, but under different names—*e. g.*, many cases formerly diagnosed as peritonitis were fulminant appendicitis. But, nevertheless, I claim the disease is more frequent now. Possibly the cause may lie in improper food. Bread is the most common food, and the common baking powder used has caused more and different varieties of indigestion than formerly, probably affecting the digestive juices. I bring this out, although I have no statistics to prove it, for I believe that appendicitis is nothing more than indigestion in the appendix. Authorities on the subject refer to the blood vessels, sex, etc., when naming the causes. The point I wish to make is that it is the result always of an accumulation of gas, never of plugging of the artery or sloughing. I believe that the capillaries are so numerous that even with blocking of the artery collateral circulation is soon established.

" In every case of appendicitis the patient is more or less dyspeptic. It may even be his first attack. The resulting gas accumulating in the cecum, the appendix becomes blown up and its orifice is blocked. In recurrent cases the orifice may be more and more narrowed with each succeeding attack, until it is finally occluded ; the circulation is cut off entirely if the distance is great, and sloughing results.

" In forcing gas into the cecum the appendix in more distended at its apex than elsewhere, and least at its orifice,

because of the presence of circular muscular fibers. Constant pumping in of gas may result in partial closure only, and adhesions may form; but when there is complete closure the fulminant variety is produced, and, going on, protective abscesses. This statement regarding closure in the fulminating form must be so, because where the appendix is filled with pus, if it were not entirely sealed, there would be drainage into the cecum, and it would be recurrent. To attest my belief in it I have operated for appendicitis without using the ligature. Of course, in the recurrent form, where the operation is done between the attacks, the ligature should always be applied. The danger from it is that it might not be applied near enough to the cecum, leaving pus which may result in septicemia, peritonitis, etc. In safe hands the operation is less dangerous without than with the ligature.

"The points brought out have great bearing on the treatment, namely, food. Indigestion of all forms have the closest attention, for the first seizure may bring on an attack of appendicitis."—*Medical Review of Reviews*, August 25, 1898.

WHAT PRODUCES ANKYLOSIS OF JOINTS?

Dr. O. W. Phelps, Britt, Iowa, in a paper appearing in the *Railway Surgeon*, July 26th, cites a number of interesting experiments made by him in order to determine this question, after a review of which he says:

"The conclusion in my mind is clear—1. That motion is not necessary to preserve the normal functions of a joint. 2. A normal joint will not become ankylosed by simply immobilizing it for three or four months. 3. Atrophy of the muscles of the limb will follow prolonged immobilization of a joint. 4. These experiments have demonstrated to me conclusively that prolonged fixation will not produce ankylosis of a normal joint, and that motion is not essential for the preservation of normal functions.

"Then the cause of ankylosis must depend upon pathological conditions, and not upon fixation.

"The question of ankylosis, in my mind, is determined by the severity of the inflammation, the duration of intra-articular pressure, and destruction of periosteum. I believe that the motion of an inflamed joint interferes with the process of repair and hastens ankylosis, and to prevent this calamity it is the duty of the surgeon to put the limb at absolute rest and relieve intra-articular pressure by extension and immobilization. Inflamed joints treated by absolute rest will furnish far fewer cases of ankylosis, better motion and less deformity."—*Medical Review of Reviews*, August 25, 1898.

STRICTURE WITH EXTRAVASATION IN WHICH SUPPURATION OCCURRED BEHIND THE PUBES.

Bruce Clark reports a case of stricture (*Med. Press and Circ.*, No. 3075) through which no instrument could be passed. A rectal examination revealed the fact that there was a great deal of thickening about the region of the prostate and vesiculæ seminales, as well as in the region of the triangular ligaments, probably a tuberculous complication. The stricture was relieved by a Wheelhouse's operation. A week later the temperature gradually rose, the patient developing some tenderness below the pubes. On further examination by means of a probe passed in from the seat of the wound, pus was found. An incision was made above the pubes, and a counter-opening down to the side of the rectum so as to drain the pelvis, which proved to be full of pus. The pus having also found its way up behind the peritoneum into the lumbar region, another counter-opening was made just below the last rib. The whole cavity was well irrigated with izal (1-200), drainage-tubes being inserted. The author points out that the thickening which had originally been felt round the prostate was undoubtedly the beginning of an extravasation backward round the base of the bladder, a rare complication of stricture, and one which is generally regarded as an almost certainly fatal one. The draining of the bladder by the first operation had not availed to prevent the onset of suppuration, owing to the slow infiltration of the cellular tissue round the bladder, which had taken place before the patient had presented himself for treatment. It was the only case he had seen in which such extensive suppuration had resulted from such a cause. The patient recovered, convalescing gradually.—*American Medico-Surgical Bulletin*, August 25, 1898.

DIAGNOSIS OF RENAL PERMEABILITY BY METHYLENE BLUE.

Castaigne (*Gaz. des Hopitaux*, June 14th, 1898), one of the pioneers in the study of this subject, sums up all that is known about it to date. He says that the possibilities in this direction have long been apparent, because of the impermeability of diseased kidneys to many medicinal substances. The difficulty has always been in the choice of a drug adapted to practical needs. In methylene blue we have an ideal substance. Its subcutaneous injection is not attended with pain or danger; in its passage through the body it is not subjected to any essential decomposition; its

color is readily appreciable and cannot be mistaken for anything else; and, finally, its use is not incompatible with the administration of other drugs for medicinal purposes. The practical worth of the test has been proved by the numerous articles which continue to appear upon the subject. Surgeons resort to its use before giving chloroform, and even use it in conjunction with catheterism of the ureters to determine the permeability of either kidney. Obstetricians use it to determine the likelihood of eclampsia. It is frequently resorted to in the hope of determining the presence of hepatic insufficiency.

The technique is very simple. One c.c. of a five per cent. solution is injected under the skin, and the urine is voided. All subsequent urinations are performed methodically, at regular intervals, in separate vessels, and each specimen is at once examined, the first appearance and persistence of the blue being carefully noted. In healthy subjects the blue begins to appear within a half hour. The maximum is attained by the third or fouth hour, and all traces vanish in from thirty to forty hours.

In acute and chronic nephritis the permeability is sometimes normal, or even increased, In other cases the blue goes through the kidney in the form of chromogene, which is colorless, but readily found by the beautiful green color which forms after boiling the urine with acetic acid. In atrophic nephritis the blue does not appear until the third or fourth hour, and may persist for a week. In the cardiac kidney permeability is normal as long as mere congestion is present, but after degenerative changes occur, the appearance of the blue is delayed to two or three hours. In intermittent albuminuria the blue appears at normal time, but is eliminated in a peculiar intermittent manner. In diabetes elimination is either normal or delayed. In hepatic subjects there is an intermittent rhythmic elimination, a fact of great physiological interest. In the various forms of surgical kidney, if the blue appears by the end of first honr, one kidney is believed to be sound. By catheterizing the ureters much may be learned at times. Permeability is normal in pregnancy, and even during eclampsia.

Castaigne gives a brief summary of the four types of results:

1. Intermittance, as in hepatic diseases.

2. Dissociation—the presence of chromogene means impermeability.

3. Prolonged elimination means organic disease.

4. Delayed appearance means impermeability.—*Medical Review of Reviews*, Aug. 25, 1891.

Medical Society Proceedings.

COLLEGE OF PHYSICIANS AND SURGEONS, PROVINCE OF QUEBEC.

The regular September meeting of the College of Physicians and Surgeons was held on the 28th, at Quebec, in the Hall of the Faculty of Medicine of Laval University.

Present:—Doctors E. P. Lachapelle, President; Robt. Craik. Laurent Catellier, Vice-Presidents; A. R. Marsolais, Registrar; A, Jobin, Treasurer; J. P. Boulet, J. A. Macdonald, Secretaries; and the following Governors:—J. E. Baril, S. Bolduc, M. S. Boulet, T. L. Brown, M., Brophy, F. W. Campbell, L. J. V. Cléroux, J. Constantin, C. L. Cotton, T. Cypihot, A. Demers, J. L. Desroches, F. X. J. Dorion, Hon. R. Fiset, T. Fortier, Chas. E. Gingras, S. Girard, P. E. Grandbois, J. A. Ladriere, H. Lafleur, J. B. McConnell, Hon. D. Marcil, Chas. Marshall, L. P. Normand, E. F. Panneton, P. Pelletier, E. H. Provost, E. L. Quirk, L. J. A. Simard, L. J. O. Sirois, Eug. Turcot, A. Vallée, A. N. Worthington.

The meeting was opened at 10.15, Dr. E. P. Lachapelle, President, in the chair.

Dr. J. P. Boulet acted as Secretary.

The minutes of the regular meeting of the 6th July and special meeting of July 13th were read and confirmed.

The Treasurer presented his report, which was adopted. A summary follows:

Financial statement of College of Physicians and Surgeons, P.Q., on Sept. 28th, 1898.

12th July, '98 (after auditing), balance in bank	$7,732 49
July 13 to 14, '98, paid by Dr. L. Larue (ex-Treasurer)	270 44
Balance.....	$7,462 05

RECEIPTS.

August 4, 1898.

Received from Dr. L. Larue (balance in Banque Nationale)	$7,462 05
License fees.....	1,100 00
Preliminary Examinations.....	970 00
Annual fees.....	66 00
Balance received from Dr. A. T. Brosseau.....	136 00
Received from Dr. Austin.....	50 00
Interest on deposit.....	6 76
	$9,790 81

EXPENSES.

Governors' fees	$ 60 00
Assessors' fees	190 00
A. Déom, agent, and Mr. Girouard, salary and commission	225 00
Notices and printing	554 72
Books and binding	65 10
Returns	200 00
Examiners' fees and expenses	386 00
Dr. A. T. Brossure, Secretary's salary to July, '98	250 00
Guarantee insurance, 4 officers	80 00
Stationery	12 50
Miscellaneous	11 00
	$2,034 32
Total Receipts	$9,790 81
Total expenses	2,034 32

Balance in bank $7,756 49, besides 5 shares of Bank of Montreal Stock, market price $488 00 each.

(Signed), ALBERT JOBIN,
Treas. Coll. P. & S., P.Q.

Dr. L. J. A. Simard moved, seconded by Dr. M. S. Boulet and Dr. F. W. Campbell:

"That the members of the College have heard, with very great pleasure, that the French Government has conferred on Dr. E. P. Lachapelle the title of Chevalier de la Legion d'Homeur, and that they take advantage of this occasion to tender him their most sincere congratulations."

Carried unanimously.

The President, in a few words, thanked the members.

Moved by Dr. F. W. Campbell, seconded by Dr. J. A. MacDonald:

"That the President is hereby authorized to place on the frame of the portrait of S. Arnoldi—the first President of this College—now in Laval University, in Quebec, but the property of the College, his name, date of death and the fact of his being our first President.—Carried.

Moved by Dr. M. Brophy, seconded by Dr. Panneton:

"That the President and Vice-Presidents, each in his district, be authorized to administer the oath and deliver the license to those entitled to it after the adoption of the report of the Committee on Credentials."—Carried.

Hon. Dr. Marsil, seconded by Dr. L. J. Desroches, gives notice that at next meeting he will move that in future candidates presenting themselves before the Examining Board be obliged to pass examinations in Clinical Medicine and Clinical Surgery.

Report of Credential Committee read and adopted.

Those present at meeting of Credential Committee, held on 26th inst., were Doctors E. P. Lachapelle, President; L. Catellier, Vice-President; L. J. A. Simard, ex-President; A. R. Marsolais, Registrar; Albert Jobin, Treasurer; J. P. Boulet and J. A. Mac-

Donald, Secretaries ; F. W. Campbell and H. Lafleur, the last named representing McGill University in the place of Dr. R. Craik.

The following graduates possessed diplomas, certificates of preliminary examination and other qualifications conforming to the rules of the College, and were entitled to the license:

Archambault, Euclide ; Beaumier, Jos. Zephirin ; Bégin, Wilfrid ; Boisvert, Chas. E.; Boulanger, Théophile D.; Byers, Gordon ; Carron, Frederick Burke ; Chrétien, Jean Rémi ; Cook, Edouard ; Dion, Jules Alphonse ; Finnie, John H.; Forbes, A. MacKenzie ; Geoffrion, Louis ; Lavoie, Jos. Ernest ; Leclerc, Louis ; Lemieux, J. P. Cyrinus ; Maranda, Herménégilde ; Pelletier, Frs. Moise ; Taschereau, Gustave Arthur ; Warren, David.

Doctors Ed. W. Archbald, Wm. Delaney and E. Turgeon have complied with all rules, and are entitled to the license, but have not received it. It will be delivered to them.

The following must submit to a professional examination:—Drs. R. Beauchesne, J. N. Boivin, N. Boucher, E. R. Brown, E. S. Harding, Thos. Lovitt, C. B. Rouleau.

The following gentlemen have sworn to their diplomas, and are entitled to certificates of preliminary examination:—M. Roméo Beauchesne, B.L.; Jos. E. Bibaud, B.L.; Jos. Dominique Achille Chouinard, B.L.; Wm. LeMesurier Carter, B.A.; Désiré Houde, B.L.; Wilfrid Laberge, B.L.; J. Albert Paquet, B.A.; J. W. Leopold Ricard, B.L.; J. Omer Royer, B.L.; L. Dubois, B.L.; Paul Emile Rochon, B.A.; Edouard Verdon, B.A.; Gabriel Brisset, B.A.; Joseph Ayotte, B.L.; Antonio Gauthier, B.L.; Hubert Martel, B.L.; Arsène Christin, B.L.; Azarie Turcotte, B.L.; Armand Beuuséjour, B.A.; Ernest Gagnon, B.L.; Jos. L. L. Gagnon, B.L.; Jos. Wilfrid Collerette, B.L.; Hormisdas Ethier, B.A.; Ernest Rudolf Brown, B.A; Ernest Stanley Harding, B.A.; Wilfrid Comtois, B.L.; D. Omer Chequette, B.L.; Geo. Thibault, B.L.; Olivier Demers, B.L.

Thirteen candidates went up for the preliminary examination, of whom four were passed:—Messrs. Jos. Dobbin, J. A. Pilon, V. H. Cullen, V. Painchaud.

Several candidates having paid the fees, either for preliminary examination or for license and not having appeared, the committee recommends the adoption of the following resolution:

Resolved—That the President be authorized to submit to the decision of the legal adviser of the College the following question:

When a candidate for preliminary, or professional examination, or for license, neglects to pass such examination or receive such license, has he a right to the return of the whole of the fee or only to one-half as in case of failure?

"The President to be guided by the opinion of the Legal adviser to the College."—Carried.

The Report of Committee on professional examination was then read and adopted.

The examiners appointed by the President were:

Hon. Dr. D. Marsil in Operative Surgery and Gynecology.
Dr. H. Lafleur in Pathology and Chemistry.
Dr. McConnell in Physiology and Histology.
Dr. A. Demers in Medicine.
Dr. L. J. A. Simard in Opthalmalogy, Otology and Laryngology.

Dr. L. Catellier in Surgery.
Dr. A. Vallée in Mental and Nervous Diseases, Medical Jurisprudence and Toxicology.
Dr. C. C. Sewell in Obstetrics.
Dr. L. J. Desroches in Hygiene.
Dr. L. J. O. Sirois in Diseases of Children.
Dr. L. J. V. Cleroux in Materia Medica and Therapeutics.
Dr. Cotton in Anatomy and Bacteriology.

In absence of Dr. Sewell, Dr. F. W. Campbell was asked to examine in Obstetrics.

Seven candidates took the examination of 27th inst.

One only, Dr. E. S. Harding, passed satisfactorily, and is entitled to the license.

The following letter was read from President of Pharmaceutical Association of Province of Quebec :

QUEBEC, SEPT. 28, 1898.

To the Governors of the College of P. and S., of P. Q.

GENTLEMEN :—As the sale and use of medicines of unknown formula is increasing year by year, and, in many cases, these articles are dangerous, it is of greatest importance that the sale of these preparations should be controlled by the Government more strictly than at present.

We therefore request the College of Physicians and Surgeons to appoint a committee to study this matter and report at next meeting.

The Pharmacists will be glad to assist this committee, and hope to receive the moral support of the Physicians in preventing any legislation tending to change the present law concerning the sale of drugs, etc., at least before the committee which you may name has reported.

A delegation from Pharmaceutical Association is in waiting should you wish to hear it.

Yours truly,

(Signed), R. W. WILLIAMS,

Pres. Pharmaceutical Assoc. of Prov. of Que.

The deputation sent by Pharmaceutical Association was thereupon admitted.

The President informed the deputation that it was the intention of the College to appoint a Committee to study such questions, and that a common plan of action might be decided on if deemed advisable.

Dr. Baril gave notice that at next meeting of Provincial College he would move "That this College should have introduced a bill asking the Federal Government to enact a law as follows :

1. To abolish the right to manufacture, import and sell in the whole Dominion any form of secret remedy.

2. To revise the list of poisons and substances acting as poisons in certain circumstances.

3. To oblige the holder of any trade mark, etc., allowing sale of a remedy containing one or more toxic substances, to specify on the label or wrapper the name and quantity of each ingredient ;

the sale of such a preparation being subject to rules established by a medical commission appointed for the purpose by Provincial Goverment.

At 1 p.m., on motion of Drs. D. Marsil and Desroches, the meeting adjourned till 2 p.m.

AFTERNOON SESSION.

At 2.15 p.m. the meeting resumed.

Dr. Marsolais read the following:

Report on projected auditing of the Books of former Board.

I regret that on account of not having all documents relating to finances of old Board, I am unable to present you to-day the report of the auditors appointed on 13th July last.

I may, however, say that the work preparatory to the auditing to be done by chartered accountants is well advanced—some parts, such as collection of annual fees, which is not the least important, being almost finished.

Only one ex-officer has formerly refused to deliver his books, except the list of receipts for annual fees which he has delivered to us. Dr. J. M. Beausoleil, the Registrar of the old Board, claims that these books and vouchers up to date of last auditing accepted by the then Board are his private property, and that he need not deliver them up to the new Board. He evidently forgets that these books form a part of the archives of the College whose property they are, and that, in consequence, the College has a right to claim them.

This refusal renders all the more difficult the revision and classification of the documents now in our possession, in that the ex-registrar, like others of the former officers, besides the duties pertaining to his office, often did the work of the Treasurer for which reason we are deprived of a number of documents necessary to the examination and the auditing of the affairs of the College.

As to the other officers, we have reason to believe that they will willingly deliver to us any papers which may still be in their hands. We intend to take the steps necessary to obtain these, and believe we have lately received all the documents held by one of them.

I am convinced that, as soon as the present Board has obtained possession of all necessary books and vouchers, the auditors appointed will be able to begin their work, and, making use of the preparatory work of compilation and classification already done, to promptly complete the auditing of the finances of the College from 1889 to 1898. They will then be enabled to submit a report which will allow you to judge of the situation and take what steps you may consider necessary.

(Signed), A. R. MARSOLAIS, M.D.,
Registrar Coll. P. and S., P. Q.

Sept. 28, 1898.

The report was adopted.

Moved by Dr. L. A. Demers, seconded by J. P. Boulet:

Whereas, the books and documents relative to the administra-

tion of the funds of the College of P. and S. of the Province of Quebec are incomplete and do not show, for the last ten years, all the receipts and expenses of the College, and

Whereas, the late Registrar, Dr. J. M. Beansoleil, has detained several of the account books, bank books and vouchers necessary to a complete auditing of the books of the College, and has illegally retained possession notably of the book showing receipts day by day and item by item handed to him, and

Whereas, Dr. Beausoleil has not furnished according to law a report of the disposition he has made of the funds of the College during his term of office as Registrar;

Resolved.—That the President be authorized to have instituted, in the name of the College, against the said Registrar or any other officer, any action at law to oblige him or them to deliver up the books of the said College and render a just and true account of the disposition he has made of the funds of the College during his term of office as Registrar; and that the President be authorized, in the name of the College, to defend any action which may follow, and that he be authorized in the name of the College to plead in all these actions, whether as plaintiff or defendant.—Carried.

The President read the opinion of Mr. Gervais, advocate, in reference to the right the College may have of founding and maintaining a library for the use of its members, as follows:

RAINVILLE ARCHAMBAULT & GERVAIS, Advocates.

MONTREAL, 23rd August, 1898.

Having been consulted by the Board of Governors of the College of Physicians and Surgeons of the Province of Quebec, upon the following question:

Is the College of Physicians and Surgeons of the Province of Quebec bound to respect the lease passed on the 13th July, 1898, before Labadie, N. P., between the Board of Governors of the College and one, Minier, for the establishment of a library of medical works.

I reply as follows:

The solution of this question depends upon the solution of this other question:—Has the College of Physicians and Surgeons of the Province of Quebec the right to teach medicine, surgery and the obstretrical art in this Province?

The College may acquire and alienate moveable and immoveable property for the following purposes:

1. To regulate the duration and nature of the curriculum of medical studies;

2. To superintend medical studies in the schools established for this purpose;

3. To control the examination required to obtain medical degrees in the Universities;

4. To hold the examinations required to obtain licenses for admission to study or practice of those who have not obtained the degree of Bachelor of Arts or Licentiate of Medicine;

5. To keep the register of all the physicians and surgeons having the right to practice surgery and the obstretrical art in the Province.

These powers are more specially defined by articles 3969, 3982 and 3983 of the Revised Statutes of the Province of Quebec. Beyond them the College of Physicians and Surgeons has no power.

It is true that they would have the right to purchase medical works for the use of the assessors. But this construction extends the interpretation and the effect of the legislative powers concerning the college as far as it is possible to do so.

The assessors are presumed to know the science upon which the candidates for practice are examined.

They have no right to expect that they will be supplied by the College with the works required to learn the science of medicine, surgery and the obstretrical art.

The College couid merely buy for the use of the Assessors Vade-Mecums or Compendiums for the speedy verification of the answers of the students.

Beyond that, the buying power of the College does not extend.

Between this limited power of buying books and the desire to establish a public library, with or without the circulation of books, there is an immense difference.

The establishment of a library implies the power to teach medicine, which of itself implies the further power of incurring large expenses for that purpose.

These two powers are not conferred, either expressly or implicitly, by the law concerning the College of Physicians of the Province of Quebec.

We know, nevertheless, that public bodies, the local agents of the central or sovereign power, merely exercise the powers which are expressly conferred upon them by the laws governing them.

The College of Physicians and Surgeons has the power of controlling and superintending schools of medicine and the practice of medecine in lieu and place of inspectors who would be appointed either by the Legislature or the Executive Council of the Province.

The College of Physicians, like other bodies of professional men, was created about the period during which municipal corporations were created, with the same view of permitting any group of the nation to govern itself as far as possible.

The College of Physicians has neither the mission nor the right to establish a public library such as is referred to in Minier's lease, passed before Labadie, N. P., and bearing date July 13, 1898.

The late Board of Governors, in adopting the resolution authorizing the passing of this lease on the 8th July, 1898, have therefore acted *ultra vires*.

(Signed), HONORE GERVAIS.

I concur,
(Signed,) EUG. LAFONTAINE.

Moved by Dr. Cleroux, seconded by Dr. Desroches, and carried:—

Whereas the College of P. & S. of Prov. Que. has not the right to spend money to maintain a medical library, and especially to carry out the lease passed with Mr. Minier.

Resolved that the President be authorized to repudiate said lease between the College and Minier by notarial notice or

otherwise, the College retiring from such lease, not intending to resume it, and refusing to pay the stipulated rent, not having benefited and not wishing to benefit by it.

Moved by Dr. Desroches, seconded by Dr. Cleroux :

"That the situation of the library of the College be not changed from now to 1st May next, provided it cost the College nothing, and that, in case of Mr. Déom refusing to keep it until that date in his store, the President be authorized to place it elsewhere, free."—Carried.

Dr. Catellier moved, seconded by Dr. Cleroux :

"That the Council of Discipline be composed as follows :—The President and the Secretary of the district in which the sitting is held, who are ex-officio members, and Doctors R. Craik, D. Marsil, A. Vallee, C. C. Sewell."

Moved by Dr. Desroches, seconded by Dr. M. S. Boulet :

"That a Committee composed of Drs. Lachapelle, Marsil, Craik, Campbell, Catellier, Pelletier, Cleroux and the mover and seconder, be named to change the method of voting at the election of Governors, and to establish election by districts and by means of ballot."—Adopted.

Moved by Dr. M. S. Boulet, seconded by Dr. J. L. Desroches, and carried :

"That the Secretary of the Board be instructed to write to all the advocates who have been retained by the Board that their services will no longer be required, provided the President be allowed to make an arrangement with these gentlemen, if necessary, but only after having this resolution communicated to them."

Moved by Dr. Sirois, seconded by Dr. Marsil, and carried :

"That Mr. Honore Gervais be named Counsel for the College in all actions or suits in which the College may be interested."

Moved br Dr. Cotton, seconded by Dr. L. A. Demers, and carried :

"That the Registrar be instructed to notify each member of the College, at least a month before the 1st of July of every year, of the amount he may owe as annual dues."

Moved by Dr. Marsolais, seconded by Dr Lafleur, "That a Committee composed of the President, the Vice-President for Montreal and the Registrar be appointed to settle the question of the library, the salary of the Agent of the College, or any other urgent matter, with instructions to report at next meeting of the Board."—Carried on division.

Moved by Dr. Lafleur, seconded by Dr. Pelletier, and carried :

"That Mr. Siméon Moudon, of Montreal, be named Agent of the College in place of Mr. Avila Déom, with the understanding that his salary be left to the discretion of the committee provided for in previous motion."

A letter was read from Dr. Bouillon, of Matane, suggesting amendments to the law respecting Charlatans.

Moved by Dr. Baril, seconded by Dr. Panneton :—

1. That a committee, composed of Dr. S. Lachapelle, Brophy, Campbell, Desroches and Baril, be appointed to consider the question of the sae of secret preparations, whether under trademark or not, and to invite the Medical Boards of other Provinces

and the various Pharmaceutical Associations to assist in this undertaking if deemed advisable, and to report at next meeting of the Board.

2. That the Legislature of this Province be specially requested by this Board not to legislate in the matter of the sale of patent medicines before the Federal Parliament shall have considered the question."

It is to be understood that the members of this committee are not to expect any enumeration for this work.—Carried.

Moved by Dr. Marsolais, seconded by Dr. Simard, and carried :

" That the following gentlemen be those from among whom are to be chosen, according to law, the assessors for the examinations in the Universities of Montreal during the next three years :—

M.les docteurs Hon. D. Marsil, Rodolphe Boulet, E. P. Benoit, Triganne (de Somerset), Gauthier, E. Turcot, Joyal, Dubé, J. O. Beaudry, Lalonde, Provost (Sorel), Cléroux, Cotton, Worthington, Quirk, Brown, Prendergast *et* J. H. Bell.

Moved by Dr. Brophy, seconded by Dr. Bolduc, and carried :—

" That Drs. C. R. Paquin and F. J. Langlais be named Assessors for Laval University, in Quebec, jointly with those already named at the last meeting, and that the officers for Quebec be instructed to assign them to duty as needed.*

Dr. Simard raised the question of Mme. Guertin, to whom a midwife's license was refused on July 6th last because of certain accusations made against her. The two sides of the question having been considered, Dr. Cotton moved, seconded by Dr. Simard, that a midwife's license be granted to Mme. Guertin.—Carried.

A communication from Dr. F. J. Bedard, of Weldon, County of Wolfe, alleged :

1. That, immediately after passing his professional examinations at Laval University in 1893, he removed to the United States, and did not return to Canada until last autumn, after the meeting of the Board.

2. That several times, notably in February last, he voluntarily offered, without having been requested, to pay the fee for the license.

3. That not having obtained the license, he counted on the tolerance usually practiced towards young physicians until the next meeting of the Board.

4. That meanwhile he was sued and condemned to pay $50 fine and $49.42 costs, which to him was a large sum.

In consequence he appeals to the indulgence of the Board and asks to have the fine remitted.

His request is supported by several physicians.

After discussion and without establishing a precedent, it was resolved on motion of Dr. Pelletier, seconded by Dr. Catellier, that the Treasurer be authorized to return to Dr. Bedard the sum of $50.

The Credential Committee, as nominated by the President, was confirmed in its powers for the next three years.

The Secretary was authorized to have the minutes of that

*Since the meeting Dr. C. R. Paquin and Dr. P. Faucher signified their inability to accept the position of Assessor.

meeting typewritten for transmission to and publication in the Medical Journals in this Province, and to have them translated and printed in both languages and distributed to each member of the College.

On motion of Dr. Provost, seconded by Dr. Turcot, a vote of thanks is passed to Laval University for the free use of its hall.

Dr. Cotton then moved, seconded by Dr. Worthington, that thanks be voted to the President for the able and impartial manner in which he had conducted the meeting.—Carried.

There being no further business to be brought up, the meeting adjourned at 4.45 p.m.

THE CAUSE OF LAUGHTER.

Bain suggests the explanation that laughter is provoked by what he calls a degradation, meaning that we laugh when we all at once perceive something degrading, a trickery, a weakness, or a pettiness in some person or object which we respect; as when the infirmities of human nature disclose themselves in a person of importance, or when some trivial affair occurs in a solemn ceremony to drag us down, or when the wrong side of some great thing or some great man is exposed. "The occasion of the laughter is the degradation of a dignified person or interest, under circumstances that do not excite a stronger emotion. In all theories of laughter the more or less important fact is marked . . . that the feeling of the ludicrous arises when something which we respected before is presented in a mean light; for we have no disposition to laugh when something that we already regarded as such is depicted as tricky and vile."—*From The Psychology of Laughter, by* CAMILLE MELLINAND, *in Appletons' Popular Science Monthly for July.*

THE

CANADA MEDICAL RECORD

PUBLISHED MONTHLY.

Subscription Price, $1.00 *per annum in advance. Single Copies*, 10 *cents.*

Make all Cheques or P.O. Money Orders for subscription, *or advertising*, payable to JOHN LOVELL & SON, 23 St. Nicholas Street, Montreal, to whom all business communications should be addressed.

All communications for the Journal, books for review, and exchanges, should be addressed to the Editor, Box 2174, Post Office, Montreal.

Editorial.

HYGIENE IN SHAVING AND HAIR-DRESSING PARLORS.

The Board of Health of the Province of Quebec has issued a circular, and caused it to be published in the newspapers (a copy of which we give below), which in a commendable manner aims at mitigating a well-recognized source of danger in regard to the spread of infectious diseases. The dangers to which persons are exposed in the manner indicated by the circular are not appreciated by people generally, and a single publication in the daily papers is hardly sufficient to educate the ordinary mind to the real danger incurred by their barber using the same instruments promiscuously without proper cleansing. It will only be when the public demand the changes indicated, that barbers will take the necessary precautions and carry out the directions so scientifically tabulated in the circular. A properly-educated public will go farther than the barber shop. They will enquire whether the restaurant-keepers disinfect the eating utensils which are used several times daily by different people. Whether dentists render aseptic the instruments which enter a dozen or more mouths each day. Danger on these lines lurks on all *sides*; even the sacred book in our Court-houses may be the medium of conveying disease from one mouth to another, and the parched wayfarer who may

quench his thirst at a public fountain may, unconsciously, with the refreshing waters imbibe specific contagion from the drinking cup. We heartily endorse the action of the Board in sounding this warning note, and hope they will not cease their agitations with the present efforts, but will continue to rouse the community in regard to the great dangers that insidiously lurk and claim victims who are unconscious of the existing perils.

Beyond all doubt, anyone who patronizes a barber or hair-dresser, whose establishment is open to all comers, runs great risk of becoming infected with disease, from the razor, shaving-brush, scissors, clipper, comb or hair brush having been previously used on a sick person or even on a corpse.

That the chance of contagion is much less when the establishment is well kept, we most willingly admit; that the danger of infection is minimized in first-class establishments, we also concede, but the truth, nevertheless, obliges us to declare this :—

At the present moment, in the whole Province of Quebec, there is not a single barber or hairdresser who can honestly say that his instruments are absolutely, completely and scientifically safe in regard to the possibility of conveying infection.

Should a barber or hair-dresser recognizing the danger of transmitting, by the use of his instruments, certain infectious or parasitic diseases, amongst which may be mentioned that most terrible, and at the same time, perhaps, most frequently met with disease : Syphilis, be willing to take the necessary antiseptic measures and to offer to his customers a guarantee of the most minute cleanliness conscientiously carried out, he may rest assured of an immense increase of his clientele, as the people of this province are now thoroughly aroused to the necessity of taking preventive measures against contagious disease in all forms.

What then should be done to put hair-dressing parlors in a desirable hygenic condition ?

The Board of Health of the Province of Quebec which has the supervision and care of the public health in this province thinks it opportune to make public the conclusions of a report, duly approved by it, which prescribes the best means of avoiding the dangers which necessarily arise from the use in common of the razor, shaving-brush, scissors, clipper, comb and hair-brush.

Instructions approved by the Board of Health of the Province of Quebec at its meeting of the 17th June 1898.

Whereas syphilis, and other diseases of the skin and scalp, may be propagated by the instruments and hands of barbers and hair-dressers, the Board, after having carefully examined into the various suggestions made to date to prevent such danger and also into the discussion which has followed their publication, recommends the following measures :

I.—To ENCOURAGE CUSTOMERS to have each *his own instruments* (razors, soaps, brushes, etc.) and to make it obligatory in the

case of sick customers. It is also advisable, in the interest of the barber himself, to attend sick customers at their own homes.

II.— DISINFECTION OF RAZORS, COMBS AND CLIPPERS.—(As the processes of disinfection hereafter described may sometimes spoil tortoise-shell, celluloid, horn combs or razor-handles, metallic combs and razor handles should be used in preference.)

Immersion, immediately after use, in an enamelled or galvanized sheet-iron dish containing, *either :*

1° A solution of carbonate of potash (one per cent.) which does not spoil the edge of razors, *or ;*

2° Soapy-water (soapy-water preserves steel instruments from rust, provided, however, they be completely covered by the water).

Boil the solution of carbonate of potash or the soapy-water in which the instruments have been placed for 15 minutes, by putting a jet of gas or a coal oil lamp under the dish.

It must not be forgotten that, by disjointing the scissors and clippers, their disinfection and cleansing is better effected. Scissors which are very easily taken to pieces are found on the market ; and with regard to clippers, the preference should be given to models which can be easily taken apart.

Dipping instruments in alcohol, followed by ignition (instantaneous process) and the immersion in solutions of corrosive sublimate or carbolic acid, which processes have been recommended, are now abandoned as they are apt to spoil the instruments.

III.—DISINFECTION OF BRUSHES.—Deposit brushes on gratings in a small closet or case which closes hermetically and in which is kept a saucer constantly filled with a solution of *formaline* (one ounce for every cubic foot of the closet.) The brushes are disinfected after two hours' exposure to the fumes of formaline, but they may without inconvenience be left in the closet all the time they are not in use. They should be cleaned every evening with bran, clay, etc.

The way to obviate the necessity of disinfecting brushes is to dispense with their use. Even when the brush is perfectly disinfected, a great number of customers would prefer the hair-dresser not to use it at all, or at least that he should use it only after consent has been given by the customer.

IV.—PURIFICATION OF THE SHAVING BRUSH.—The shaving-brush can be also dispensed with, as instead one can use a ball of cotton-wool which is thrown away immediately after using. In any case, the shaving-brush should never be used before the bristles have been immersed for a few minutes in *boiling* water.

V.—PURIFICATION OF THE HANDS.—Before passing from one cusomer to another, the barber or hair-dresser must wash his hands, *using soap and nail-brush ;* carbolic soap to be preferred.

VI.—THE POWDER-PUFF will be replaced by a ball of wadding, thrown away immediately after being used, or still better by a powder-blower.

VII.—THE ALUM STICK frequently used to stop the flow of blood will be reduced to small pieces, so that each piece be used for one customer only. Calcined alum, a powder which can be applied on cotton-wool, which should be thrown away immediately afterwards, is much preferred by most people.

VIII.—LINEN.—Only strictly clean linen (towels, wrappers [*peignoirs*], etc.), will be used for each customer. If a freshly laundried wrapper cannot be supplied for each customer, discard it and use simply a clean towel. The customer will prefer having his own hair fall on his clothes than to have around his neck a wrapper which has only been shaken since the last customer had it on.

IX.—CLEANING THE HEAD AFTER CUTTING THE HAIR.—If the scalp is not washed, use only the comb to clean the head. The use of a stiff brush to clean the roots of the hair followed by the use of a soft brush or duster on the scalp and face is to say the least very disagreeable to most customers.

X.—Immediately after cutting the hair, SPRINKLE THE FLOOR with wet saw-dust and use a mechanical broom, the receptacle of which should be emptied into a covered bucket. The contents of the bucket should be burnt every evening.

XI.—RAZOR STRAPS.—The only way to disinfect them would be to expose them to the fumes of Formaldehyde (Formaline); but, as this is not a very convenient method, one must avoid contaminating them. To this end they should only be used for razors which have been previously disinfected, and, therefore, the barber should never stop shaving a customer to strap the razor he is actually using.

XII.—THE USE IN COMMON OF THE SAME VASELINE POT should also be avoided. It is better not to use any vaseline, unless the hair-dresser is prepared to use a spatula to take the vaseline out of the pot or bottle, being careful not to apply directly said spatula to his contaminated hands.

XIII.—Finally, SPONGES should never be seen in shaving or hair-dressing parlors. Although they may be disinfected in a solution of bichloride of mercury (a 1000th solution), they will always be looked upon as suspicious and disagreeable by refined customers.

BRITISH PHARMACOPŒIA.

RESOLUTION :—Whereas a revised edition of the British Pharmacopœia has been issued containing numerous and important changes, and, whereas, uncertainty exists as to the date under the British Pharmacopœia, 1898, is to be considered in force.

RESOLVED :—That the Canadian Medical Association in annual meeting assembled recommends that October 1st, 1893, be taken as the date on and after which, in the absence of instructions otherwise, physician's prescriptions should be compounded with the preparations of the British Pharmacopœia of 1898.

Correspondence.

To the Editor of THE CANADA MEDICAL RECORD :—

Sir,—Now that the governing body of the College of Physicians and Surgeons of Quebec has been resuscitated, and let us hope had a new and proper energy imparted to it, I may be permitted to say a word with regard to the *Medical Register*. I have no hesitation in remarking that the two editions of the *Register* issued by the College—I have seen two only—are a delusion, to use a mild term, to any business institution. They are full of errors, incompleteness and emptiness. I speak feelingly for I have to refer to one almost daily, and it is a source of constant disappointment to me. I trust if a new one be issued, greater care than has been used hitherto will be exercised in its compilation.

T. SIMPSON.

I fully endorse the comments of Dr. Simpson, who is Medical Referee for the Equitable Life. As Medical Referee for the New York Life, it seldom gives me the information I seek and which it ought to give.

F. W. C.,
Asst. Editor, C. M. R.

Book Reviews.

A Clinical Text-Book of Medical Diagnosis for Physicians and Students, based on the Most Recent Methods of Examination. By Oswald Vierordt, M.D., Prof. Medicine University of Heidelberg, formerly Privat-Docent at the University of Leipzig, late Professor of Medicine and Director of the Medical Polyclinic at the University of Jena. Authorized translation with additions by Francis H. Stuartt, A.M., M.D., ex-President Brooklyn Pathological Society. Fourth American edition from the fifth German, revised and enlarged, with one hundred and ninety-four illustrations. Price, cloth $4, sheep or half morocco $5. W. B. Saunders, 925 Walnut st., Philadelphia, 1898. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

The former edition of this work has held a high place in the estimation of clinical teachers and students. Its appreciation is evidenced by the fact that five editions have appeared within nine years from its first publication. The present edition has been

thoroughly revised by the author and brought quite up to date by its translator.

The introductory chapters give instruction for the examination of a patient in order to make a diagnosis. While not minimizing the great advantages of chemical and microscopical tests, he warns against too much dependence being placed npon them to the exclusion of a more purely clinical examination in which the individual as a whole is closely studied. Directions are given for getting the anamnesis or previous history of the patient and of the present disease.

The author makes a strong appeal in behalf of case taking, and quotes Coupland, who says, "Who can estimate how much we have lost from the fact that generations of men gifted with powers of acute and shrewd observation have passed away without leaving one record behind them? Memory should not be trusted to, the observation should be faithfully recorded. It forms habits of thoroughness in examining cases, the examination being more systematic. Memory which depends on attention and repetition is strengthened and the mind is developed and both knowledge and intellectual cultivation are acquired and clearness and power of thought are increased, and the material for the ascertainment of broad facts and generalizations, and by which one can make contributions to general medical literature, is thus stored for future assimilation." An excellent table is given as a guide for taking the anamnesis, examining the patient and for special examination, general examination of the patient in regard to the physical condition, position in bed, attitude and position, general structure of body and nutrition, skin and subcutaneous cellular tissues and the temperature and pulse.

Then follows chapters on the special diagnosis of the whole body, beginning with the respiratory apparatus. All the usual methods of physical examination are clearly and minutely described and illustrated, and in regard to aspirated fluid in pleurisy, its chemical examination is described, and in regard to sputum, the revelations of the microscope as an aid in diagnosis are given and freely illustrated by coloured plates and cuts. The examination of the urine chemically and microscopically is clearly described, the illustrations are not so good as others we have seen and that of the gonococcus in pus from the urethra is not sufficiently characteristic of the invasion of the leucocytes by the coccus. The section on the examination of the nervous system is very complete, and its careful mastery cannot fail to make the recognition of this interesting class of affections free from difficulty. The translator gives a resumé of Widal's method of diagnosing typhoid fever by Johnson's modification. The illustrations of the malarial parasite are much inferior to much that is extant. Although we do not see many marked changes from the last editions, the book is a conservative representative of the best and most modern methods of diagnosis.

A Clinical Manual of Skin Diseases—with special reference to Diagnosis and Treatment, for the use of Students and General Practitioners. By W. A. Hardaway, A.M., M.D., Pro-

fessor of Diseases of the Skin and Syphilis in the Missouri Medical College, St. Louis ; Physician for Diseases of the Skin to the Martha Parsons Hospital for Children, and to St. John's Hospital ; ex-President of the Dermatological Association. Second edition, revised and enlarged, with 42 engravings and 2 plates. Lea Brothers & Co., Philadelphia and New York. In one handsome 12mo. volume, 1898. Cloth $2.25.

This is a manual of 550 pages, neatly printed on good paper and well bound. The symptomatology, causes and diagnosis are first considered, in which are many useful points, such as the examining of a patient in a warm room with good daylight; the history of the case, occupation, not to neglect general symptoms ; the use of the thermometer and chemical analysis of urine, and the microscope's aid in detecting parasites, feigned diseases, etc. A short chapter on the local distribution of skin diseases is worth committing to memory. Treatment and classification are then considered. They are considered under the heads of Inflammations, Hæmorrhages, Hypertrophies, Atrophies, New Growths, Neuroses, Disease of the Appendages of the Skin and Parasitic Diseases. The articles are terse and contain the essential points in symptomatology and diagnosis, and practical directions are given in treatment, representing the latest views in this regard. Numerous formulæ appear which are of exceeding value to the student and beginner as well as the busy practitioner.

An American Text-Book of the Diseases of Children, Including special chapters on essential surgical subjects :— Orthopædics, Diseases of the Eye, Ear, Nose and Throat, Diseases of the Skin, and on the Diet, Hygiene and General Management of Children by American teachers. Edited by Louis Starr, M.D., Consulting Pædiatrist to the Maternity Hospital, Philadelphia; late Clinical Professor of Diseases of Children, in the Hospital of the University of Pennsylvania, etc., assisted by Thompson S. Wescott, M.D., Instructor in Diseases of Children, University of Pennslylvania ; Visiting Physician to the Methodist Episcopal Hospital ; Physician to the Dispensary of the Children's Hospital, etc. Second Edition revised. W. B. Saunders, 925 Walnut st., Philadelphia. Price, cloth, $.800 ; sheep or half morocco, $9.00. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

Few books in Pædiatrics have received such favour as was accorded the first edition of the American Text Book. It has been a guide and consultant to both general practitioner and specialist, and thoroughly fulfilled the object given by its publishers in being a working text book, closely limited to, but completely covering the field of Pædiatrics. In this edition there are over twelve hundred pages, some fifty more than in the first. There are sixty-five authors, each of whom contributes one to several articles, each being an authority on the subject allotted to him. Among these are such well-known names as Samuel S. Adams, A.M., M.D. ; John Ashurst, jun., M.D. ; Chas. M. Burr, M.D. ; Henry Dwight Chapin, M.D. ; Floyd M. Crandall, M.D. ; J. M. Dacosta, M.D., LL.D. ; Geo. E. DeSchweinitz, M.D. ; William A. Hardaway, A.M., M.D. ; Chas.

K. Mills, M.D. ; John H. Musser ; Wm. Pepper, M.D., LL.D. ; Frederick C. Shattuck, M.D. ; J. Lewis Smith, M.D. ; M. Allen Starr, Louis Starr, M.D. ; James Lyon, M.D. ; J. William White, M.D. ; James C. Wilson, M.D. ; and Wm. Osler, M.D. In regard to the changes from the first edition, the whole subject matter has been carefully revised, new articles have been added and a number entirely rewritten. The new articles include Modified Milk and Percentage Milk Mixtures, Lithæmia and a section on Orthopædics. Those re-written are Typhoid Fever, Rubella, Chicken-pox, Tuberculosis, Meningitis, Hydrocephalus and Scurvy, and extensive revision has been made in the chapter on Infant Feeding, Measles, Diphtheria and Cretinism. The work is very freely illustrated with colored plates, photogravures and wood-cuts. In the introduction, the clinical investigation of disease and the general management of children is taken up, and the subject of feeding, bathing, clothing and sleep. The chemistry of milk and of artificial foods for children, modified milk, sea air and bathing in convalescence ; then injuries incident to birth and diseases of the new-born, diathetic diseases, infectious diseases, diseases of the blood, digestive organs, nervous system, respiratory system, heart, genito-urinary system, orthopædics, diseases of the skin, ear and eye. All these subjects are written by specialists, and give us the modern and most recent information bearing on these affections. In those of the skin, beautifully colored plates help to make the text understood, and assist greatly in enabling the student to diagnose these affections.

In intubation of the larynx, besides the lucid explanation, cuts of each instrument are shown and the method of using them and introducing the intubation tube shown. The articles on the various diseases of the nervous system are written by a number of specialists in the department, and give a full and lucid presentation of this affection. Scorbutus is brought up to date, not only are patent foods condemned, but condensed milk, the writer thinks, should be classed with the other proprietary foods, no cause has yet been discovered. There is deprivation of something not yet known, but contained in fresh milk and fresh fruit juice. Cuts showing the subperiosteal hæmorrhage and the characteristic attitude of the legs are given. These series of massive and comprehensive text books are the finest ever issued by any publishing house, and in the new editions of Gynæcology and the present work just published (and this will probably soon extend to the entire series), with the additions and revision, we have the latest and most complete representations of the various subjects of medical study included in those branches.

Elements of Histology. By E. Klein, M.D., F.R.S., Lecturer on General Anatomy and Physiology, and J. S. Edkins, M.A., M.B., Joint Lecturer and Demonstrator of Physiology in the Medical School of St. Bartholomew's Hospital, London. With 296 illustrations. Revised and enlarged edition, cloth, $2.00. Lea Bros. & Co., Philadelphia and New York.

The last edition of this work was published in 1889. Much has been learned since then, more especially in regard to the cell and the nervous system. And while all parts of the book have been revised and had incorporated the advances made, the chapters on

the nervous system show the greatest change, and occupy some one hundred and thirty-four pages out of the total of four hundred and eighty-eight.

The book is very freely illustrated with a very superior quality of wood cuts and photograms. The text is entirely descriptive, no histological methods are included; but as a compact convenient book for student and practitioner in regard to the minute structure of the human body, it meets every requirement, and represents the most recent additions to this branch of study.

Guide to the Clinical Examination and Treatment of Sick Children. By John Thompson, M.D., F.R.C.P., Edin., Extra Physician to the Royal Hospital for Sick Children and Lecturer on the Diseases of Children in the School of Medicine of the Royal College, Edinburgh. With fifty-four illustrations. Lea Bros. & Co., Philadelphia and New York.

Dr. Thompson has in this little volume of some 324 pages presented us with a practical *résumé* of the methods of treating diseases peculiar to children. Diseases of children he thinks should not be studied until familiarity with the same affections in adults is gained. It is only through the field of clinical medicine that this subject can be reached and understood. It is in diseases of children that the physician's services are most frequently required, disease is then seen in its most frank and least complicated forms. Their affections are more completely under control, and the largest number of therapeutic successes are obtained. To be successful, the physician must possess a thorough grasp of the ordinary clinical methods.

Tact is necessary; this is sometimes instinctive, may be acquired, or may not come to those who do not like children, and he must be familiar with the chief anatomical and physiological peculiarities of childhood and have some knowledge of the nature and causes of the diseases commonest among children.

This information is given in the pages which follow. There are sixteen chapters.

The first one on growth and development is very interesting; reference is made to growth in weight and length, the development of the various glandular organs, and of the senses and their testing for clinical purposes, development of the voluntary motor functions, sleep, and, if sick, teeth.

Then on general clinical examination, clinical history and physiognomical diagnosis. Others follow on the examination of the head, neck, abdomen, fæces, back and limbs, skin, urinary system, heart, lungs and nervous system, mouth and throat.

The final chapters treat of infant feeding, nursery hygiene, therapeutics and food disorders. The volume is replete with practical information respecting the essential points in the management of the diseases of children, and contains about all that is required when associated with the ordinary text book of medicine.

In most of the text books on pediatrics much is found which is a repetition of what is found in one's books on the Practice of Medicine.

A Text-Book of Practical Therapeutics: With especial Reference to the Application of Remedial Measures to Disease and their Employment upon a Rational Basis. By Hobart Amory Hare, M.D., Professor of Therapeutics and Materia Medica in the Jefferson Medical College of Philadelphia. With special chapters by Drs. G. E. DeSchweinitz, Edward Martin and Barton C. Hirst. New (seventh) edition. In one octavo volume of 770 pages, illustrated. Cloth, $3.75; leather, $4.50 net. Lea Brothers & Co., Philadelphia and New York.

Few books have met with such phenomenal success as Professor Hare's text-book of Practical Therapeutics. Seven editions have appeared since its first issue in 1891, the last one (6th) being entirely exhausted in nine months. In the present edition the author has endeavoured, as in each of the others, to bring the subject matter in line with the advancement which is continually being made. The original object of his book, he states, was to present the physician and student with a well-digested and concise, yet practically careful statement of the best methods of treating disease. The book is divided into two parts. In the first remedies are discussed, and in the second diseases and their treatment. Some instructive general therapeutic considerations are taken up in the beginning, such as the modes of action of drugs and their administration; dosage; absorption of drugs; combinations for joint effects, idiosyncracy, indications and contra-indications and definitions, incompatibilities. A table of the classifications of drugs contains some twenty-eight groups, in which the remedies in each class are placed in their order of potency, the strongest being first. The different remedies are then taken up in alphabetical order, the author deeming this arrangement better owing to the present unsettled state of pharmacology which prevents a true classification, and also to afford the reader a ready reference book. In discussing a remedy, the chemistry or method of making or procuring it is not given. Its character is briefly described, then its physiological action—poisoning, therapeutics, contra-indications, untoward effects and administration. The preparation of both United States and British pharmacopœias are given.

In the next part remedial measures other than drugs are described, and foods for the sick, such as acupuncture, antitoxine, climatic treatment, cold as a remedy, counter irritation, disinfection, entero-clysis. Heat—in this chapter the hot foot-bath and Sitz bath are described and their uses pointed out. The Russian and Turkish bath and hot pack and the bronchitis heat and localized dry heat are all fully explained. Then, hypodermoclysis, intravenous injection, kataphoresis, lavage, leeching, rest cure, mineral springs and climate, suspension, transfusion and venesection.

A useful chapter is given on foods for the sick. In the final part diseases are taken up alphabetically and their treatment given, and from Dr. Hare's well-recognized standing as one of our leading authorities in this department of medicine one is not disappointed in finding this part giving only what is practical, all useless methods being eliminated. Numerous formulæ and terse directions characterize each article. The book entirely fulfils the aims of its author to be a practical guide in the treatment of disease.

A Text-Book of Materia Medica, Therapeutics and Pharmacology. By George Franklin Butler, Ph.G., M.D., Prof. Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Medical Department of the University of Illinois; Professor of General Medicine and Diseases of the Digestive System, Chicago Clinical School; Attending Physician Cooke's County Hospital, etc. Second edition revised. W. B. Saunders, 925 Walnut street, Philadelphia. Price, cloth, $4.00; sheep or half morocco, $5.00. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

This is an up to-date text book of some 860 pages, containing the most recent representation of all that is usually taught in a course on Materia Medica and Therapeutics. We still see that objectionable word Pharmacology in use, with a slightly modified definition as to what it means. Some other word should be coined to indicate the physiological action of drugs on the system. A very useful chapter on the untoward effects of drugs is given, and a lengthy table of the untoward effects of various drugs on lungs and heart, brain and cord, eye, ear and throat, skin and liver, kidneys and bladder. The subject of weights and measures is fully considered. Then a list of the various pharmaceutical preparations, extractions, preparations, and solid mixtures for internal use, and the various preparations for external use. The various remedies are considered in groups according to their physiological and therapeutic action. Under Organotherapy is an account of the action and uses of spermini hydrochloras, thyroid extract, and nuclein as well as bone marrow, brain, pancreas, and other extracts. While some of these are powerful remedies, others are of doubtful effect, but the field is one in which therapeutics may achieve victories and where much is yet to be done. The suggestion to use nuclein, which increases the leucocytes within a few hours in typhoid fever, when leucytoses is defective, is a reasonable one. In the second division the word "specific" is made to do duty for that indefinite one, "alterative," which is an improvement, but is still defined as a remedy which acts in some unknown way, acting on the disease itself rather than on symptoms, and only give curative effects when they remove the cause of the disease. If they produce their characteristic poisonous action on the system, it is an indication that they they are contra-indicated, or have been given for too long a time. Mercury, arsenic and iodine are types. At the conclusion of the consideration of remedies, a very complete and useful chapter is given on prescriptions and the method of writing them, so that their effect will be *curare cito tuto et jucunde*, is minutely pointed out. A list of incompatibilities is given; how to estimate the amounts in a prescription, metric equivalents, number of drops in a fluid dram of various remedies. The portion on the language and grammatical construction of prescriptions is worth close study, and we agree with the author that, no matter how able a diagnostician, pathologist, or bacteriologist the young graduate may be, if some of his first prescriptions be illegible, poor Latin, or a hopelessly incompatible mixture, the druggist will measure him accordingly, and his judgment may not rest with him, but go forth and prove a drawback to his success, difficult to overcome.

We consider this a reliable and complete text-book for the student and a most useful addition to the library shelf of the practising physician, as the articles are terse and comprehensive, and but a few moments are required to brush up on any remedy and its uses, and be informed of the most recent estimate of qualified authorities as to its value in therapeutics.

A Manual of Otology. By Garham Bacon, A. B., M. D., Professor of Otology in Cornell University Medical College, New York; Aural Surgeon, New York Eye and Ear Infirmary; with an introductory chapter by Clarence John Blake, M.D., Professor of Otology in Harvard University; with 110 illustrations and a colored plate. Lea Brothers & Co., New York and Philadelphia, 1898.

This is an epitomized edition of diseases of the ear, adapted to the use of students and the general practitioner. It is designed as a practical guide in the study of the affections and their appropriate treatment most commonly met with.

In the introduction Dr. Blake points out the limitations which exist in teaching otology in a practical manner to other than small classes, owing to the difficulty in demonstrating diseases of the deeper portions of the ear. The short courses taken in post-graduate clinics usually only give a superficial knowledge, and not all realize that it is only after long and earnest study that proficiency is gained.

He urges the mastery by reading and study of sections made by the student of the intricate structures in the temporal bone, as well as a thorough knowledge of acoustics, and, lastly, he impresses the importance of accurate and repeated observation. In the opening chapters the anatomy and physiology of the ear and the methods of examination are described. Besides diseases of auricle, external auditory canal, drumhead and middle ear, adenoid growths, enlarged tonsils, and diseases of the nasal passages are considered and their treatment described. Diseases of the mastoid process is given special attention, as it deserves. The indications for operation are given, and a minute description of the technique of the operation. Then follows an interesting chapter on the intracranial complications, such as brain abscess, thrombosis of the sigmoid and other sinuses, and leptomeningitis. The last chapters consider diseases of the sound-perceiving apparatus and deaf mutism. The book is well illustrated and thoroughly practical in its treatment of the various affections, and will prove a convenient reference work for those who wish to become familiar with the most modern methods employed in caring for diseases of the ear.

A Text-Book upon the Pathogenic Bacteria—For students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Medico-Chirurgical Hospital, and to the Rush Hospital for Consumption and Allied Diseases. With 134 illustrations. Second Edition, revised and enlarged. W. B. Saunders, 925 Walnut st., Philadelphia, 1898. J. A. Carveth & Co., Canadian agents, Toronto, Ont.

In this edition all the most recent work in Bacteriology has been incorporated. New chapters have been added on Whooping Cough, Mumps, Yellow Fever, Hog Cholera, Swine Plague, descriptions of the Bacillus, Ærogenes Capsulatus and the Proteus Vulgaris, and the method of determining the value of antiseptics and germicides, and of determining the thermal death point.

The book describes only the Pathogenic Bacteria, but it is an exhaustive *rèsumé* of all pertaining to them. In the introduction a brief history is given of discoveries in bacteriology, from those of Leeuwenhoek in 1675 to that of Yersin and Kitasato, who in 1894 independently isolated the bacillus of bubonic plague. The first two chapters consider Bacteria and their biology; their character, varieties, and classification are given; conditions influencing their growth, results of vital activity in bacteria, in fermentation and the production of disease, etc., are fully discussed. The article on immunity and susceptibility is one of great interest, describing natural and acquired immunity and the various theories as to its occurrence. The next chapters on the method of observing bacteria sterilization and disinfection, the cultivation of bacteria, are complete and full in the description of technique, and freely illustrated with cuts showing the different kinds of apparatus employed and their application in the study of these micro-organisms.

The various infectious diseases in which bacteria have been found and proved to be the cause are then taken up, and the micro-organism described; photograms of each kind are given and the method of cultivating and examining it. It is interesting to note the gradually lessening number of infectious diseases in which we are not able to isolate the cause. Last year, Koplik and Czaplewski and Hensel found a bacterium which they consider the cause of whooping cough and sanarellia bacillus constant in yellow fever. In 1892, measles and influenza, and in 1894, bubonic plague have had their specific cause isolated. Dr. McFarland has given us in this edition an exceedingly interesting up-to-date book, which should be read by every practitioner who desires to keep abreast of our knowledge of these widespread causes of disease, and it is a thorough working guide for those engaged in laboratory investigation.

Manual of Chemistry:—A Guide to Lectures and Laboratory work for beginners in Chemistry. A Text-book specially adapted for Students of Pharmacy and Medicine. By W. Simon, Ph. D., M. D., Professor of Chemistry and Toxicology, College of Physicians and Surgeons, Baltimore; Professor of Chemistry in the Maryland College of Pharmacy. New (Sixth) edition. In one 8vo. volume of 532 pages, with 46 engravings and 8 colored plates illustrating 64 of the most important chemical tests. Price, Cloth, $3.00 *net*. Lea Brothers & Co., Publishers, Phildelphia and New York.

In this work it has been the aim to incorporate in one volume all the chemistry necessary for a student of Medicine, Pharmacy, or Dentistry. Many facts pertaining to the subject and of direct interest to the physician, pharmacist, and dentist have been given special notice, while many of restricted interest have been treated very shortly or altogether excluded.

The book is divided into seven parts. The first part treats briefly of the fundamental properties of matter—Extension, Divisibility, Gravitation, and Porosity.

The second part discusses the various chemical laws and hypotheses, and devotes a chapter to general remarks regarding the elements.

The third and fourth parts take up the metallic and non-metallic elements and their compounds, and avoiding those whose study is of absolutely of no interest to medical men. All chemicals mentioned in the last revision of the United States Pharmacopeia are treated of, and those of great interest are considered very fully. The fifth part is devoted to analytical chemistry, being intended for a guide in laboratory work, including among others chapters on methods for the detection of acids, methods for quantitative determinations, detection of impurities in official inorganic chemical preparations.

The sixth part gives a very interesting and concise treatment of the subject of organic chemistry.

The seventh part was prepared principally for the use of medical students, and considers in particular physiological chemistry. The most modern methods for chemical examination in clinical diagnosis are detailed.

In all weights and measures the author has strictly adhered to the decimal system.

In the physiological part a very interesting chapter is given on milk, and a very thorough one on urine.

Altogether the aim of the author has been well attained, and it is difficult to conceive of a more interesting and useful work on chemistry for student or practitioner.

An American Text-Book of Gynæcology, Medical and Surgical, for Practitioners and Students. By Henry T. Byford, M.D.; J. W. Baldy, M.D.; Edwin B. Cragin, M.D.; J. H. Etheridge, M.D.; William Goodell, M.D., Howard A. Kelly, M. D.; Florian Krug, M. D.; E. E. Montgomery, M. D.; William R. Pryor, M. D.; George M. Tuttle, M.D. Edited by J. M. Baldy, M.D. Second edition revised with 341 illustrations in the text, and 38 colored and half-tone plates. J. A. Carveth & Co., Toronto, Ont. For sale by subscription at $7.00 cloth; $8.00 sheep or half *morocco.*

The first edition of this standard text-book appeared four years ago, when it met with a very favorable reception. That edition having been exhausted, the publishers, Messrs. Saunders, of Philadelphia, wisely decided to bring out a second edition, and as great strides have been made in this department of medicine, even in that short time, many changes have been necessitated both in the illustrations and the text, no less than forty of the former having been replaced by new ones. The chapters on the urethra, bladder and ureters have been rewritten, and those on plastic operations have been entirely altered. The chapter on vaginal and abdominal hysterectomy has been greatly improved and more fully illustrated. We have carefully gone over this book, and, as we might expect from the pens of such writers as the above, we have found it

thoroughly up to date, and even if we were inclined to be captious, it would be difficult to find anything to criticize. On the contrary, every page contains something that we would like to emphasize. For instance, on page 461 it says: "Every woman suffering with the lesions of a pelvic inflammation is liable from time to time to have the inflammation recur. Frequently the inflammation never leaves the part, but remains as a low grade chronic disease, ready to relight into an acute exacerbation on the slightest pretext. In other women it subsides entirely and the parts become quite free from pain. In such a case there is less likelihood of recurring acute attacks, but yet they do occur. A woman carrying diseased tubes and ovaries, due to pelvic inflammation, may be confined to her bed as often as three or four times a year for from two to eight weeks at each attack."

Again, on page 516, the author says: "The changes which take place in a woman following the removal of both uterine appendages are the same as follows the natural change of life, none other, none less. The woman is sterile; she was usually sterile at the time of the operation, and would never have been anything else. Often the sexual appetite is increased; rarely diminished, as is commonly supposed. The increase is simply the return of the woman's natural condition. Her pain and suffering and ill-health had prohibited the sexual appetite; their being removed, the appetite returns in full force. This is entirely in accord with the experience of all our cases.

"Another point well taken is that we should not lead these cases to expect too much. It is better to tell them that they will eventually have tolerable health, but not even that in much less than a year."

At times, he says, they are so badly wrecked that recovery is a matter of years.

After describing a neglected case of pelvic peritonitis, due to pus tubes, he says: "These cases invariably die if left alone, and each one cured is a life snatched from the grave; the sooner the general profession becomes thoroughly imbued with the vast importance of the whole subject of pelvic inflammation, and act intelligently upon the principles here laid down, the sooner will we have to face a lesser number of such terrible examples of neglect and ignorance."

The article on ectopic gestation is also well written and well illustrated. We would have liked to see Kollisher's or Nitze's cystoscope mentioned in the chapter on examination of the bladder, and catheterizing the ureters, as with these instruments it is so much easier to perform this otherwise difficult manipulation. On the whole, we have only words of praise for this excellent work, and congratulate all concerned in its production—Editor, contributors and publishers—on the success of their great undertaking.

PUBLISHERS DEPARTMENT.

ACUTE INFLAMMATION OF THE PROSTATE GLAND.

The Journal of the American Medical Association for August 20th contains a report on inflammation of the prostate gland, which was presented to The Section on Surgery and Anatomy at the Forty-ninth Annual Meeting of the American Medical Association, held at Denver, Colo., June 7-10, 1898, by Liston Homer Montgomery, M.D., of Chicago, Ills. His plan of treatment in acute inflammation of the prostate gland is to wash out the abscess cavity with hydrogen peroxid, give copious hot water enema and hot hip baths frequently, avoid morphine internally and advise care lest the patient strain at stool or during micturition. On the theory that toxins are retained in the circulation and within the gland, and to prevent degeneration in the gland substance, he administers triticum repens or fluid extract tritipalm freely, combined with gum arabic or flaxseed infusion. Along with these remedies the mineral waters, particularly vichy with citrate of potash, go well together. Hydrate of chloral or this salt combined with antikamnia are the very best anodyne remedies to control pain and spasms of the neck of the bladder. These pharmacologic or medicinal remedies are the most logical to use in his judgment, while externally, applications of an inunction of 10 or 20 per cent iodoform, lanoline, as well as of mercury, are also of value.

SANMETTO IN URETHRITIS, CYSTITIS, PROSTATIC ENLARGEMENT AND ENURESIS.

I gladly write my opinion of Sanmetto. For two years it has given results which are perfectly satisfactory. Have had equal success with it in urethritis, cystitis and prostatic enlargement, and phenomenal success when using it for incontinence of urine, both in children and old people. If in medicines we have specifics, then Sanmetto I regard as one in enuresis.

C. M. HARRIS, M.D.

BOURBON, IND.

MAGAZINE NOTES.

Many readers of Mrs. Humphrey Ward's latest story "Helbeck of Bannisdale" must have wondered what opinion an intelligent Catholic reader would be likely to have of it as a portraiture of English Catholics. The question is answered very interestingly in a caustic review of the story by an English Jesuit, which *The Living Age* for October 15 reprints from The Ninteenth Century.

The Living Age for October 22 translates from the leading Italian review, *Nuova Antologia*, a striking article on the Present Condition of Italy, which gives a vivid but despondent presentation of the social and political problems with which Italy is at this moment confronted.

M. Réné Doumic's "Modernity" which *The Living Age* for October 29 translates from the *Revue des Deux Mondes*, is a clever essay, in which a shaft is aimed at modern impressionists.

Americans will gain a new estimate of the progress which the United States is making in the appreciation and the cultivation of art from reading Mr. William Sharp's description of *The Art Treasures of America*, reprinted from The Nineteenth Century in *The Living Age* for October 29.