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Ontario Medical Journal.

SENT TO EVERY MEMBER OF THE PROFESSION IN ONTARIO, BRITISH COLUMBIA,
AND NORTH-WEST TERRITORY.

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All Communications should be addressed to the Editor, 147 Cowan Avenue, Toronto.

VOL. III.]

TORONTO, MAY, 1895.

[No. 10.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations. Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorial Department.

THE ASSESSMENT.

THERE is an old proverb reading, "Fools rush in where angels fear to tread," which is nearly as hackneyed as the subject we are going to venture on. Which category we will be put in for touching one that has been so very well threshed out, principally by the Defence Association, represented by the present three members of the Council, we cannot say, but existing circumstances, in our opinion, warrant a mention.

There used to be an annual assessment, and it existed for many years, whether paid by any, or all, or none of the members of the profession. This assessment is still on the law books, being one of the enactments of the Ontario Medical Act, but since the change made by the Legislature this point has been null and void: remember, not repealed, but simply set aside for the time being, till the new Council, with its seventeen territorial

members, had occasion to deal with it. Virtually, therefore, whether the assessment, whatsoever it may be, is levied or not depends entirely now on the action of the Medical Council, representing the medical profession of Ontario.

As is well known, our views have always been in favor of a certain small sum being paid by each doctor yearly to aid in the carrying out of this government. This fee has been objected to, strongly, indeed, in some cases, and argued against with a good deal of speciousness. Yet with all this, we cannot think it was the size of the sum required that raised the opposition, and with the consent of the profession generally the principle can scarcely be involved in the objection.

Many reasons crop up for its continuance, and will continue to do so as long as the Medical Council requires money to carry on its work. Two

expensive items, one of which is so often objected to, are becoming more expensive with less income, and they are the annual examinations and the work of the Discipline Committee. This spring the number of students was not sufficient, with their fees, to pay the running expenses. This, in itself, is not an unmixed evil, as the fewer the students the better all told, in the long run, for the rest of the profession in its present overcrowded state. With all this, however, it is not the overcrowding that is the deterrent force, but the action of the Council in making a five-years' course and raising the standard of examination in each year. Naturally, with this condition of affairs, the deficit must be made up some way, and what more convenient, easy and practical method than an annual fee paid by the whole profession?

The other item mentioned was that of the work of the Discipline Committee. In passing, we are sure we are voicing the sentiment of most of our circulation when we express the sincere regret we all feel at the loss to Council Dr. Day will be. He is one of the oldest members, is now, and has been for some time, Chairman of the Discipline Committee, a place hard to fill (particularly so after him) and, in most cases, practically the leader of the Council. Dr. Day declared himself out of the field because of his appointment to a Government position which necessitated his withdrawal from active practice. *Verbum sup.*

Pardon the digression, and let us get back to the original subject, the Discipline Committee. The expenses here are large. Money is required for the work and must be used, but the results of the labor invariably, in the long run, pays for the expenditure. We do not mean pecuniarily, but from the point of view of good to the profession and the public. Nothing need be said as to the value of the work done, as this is well appreciated through the Province. Possibly more might be done, as many complaints which cannot be alluded to are made, but this would, if done, only bring the economists in all matters down on the heads of the members.

As we said before, money is required, and what more convenient, easy and practical method than by an annual fee paid by the whole profession.

TORONTO ICE SUPPLY.

Over 95,000 tons of ice is annually consumed in the city of Toronto. Too much care, therefore, cannot be taken to secure pure ice, or, at least, ice free from sewage contamination. Three years ago the local Board of Health prohibited the cutting of ice on sewage polluted waters, except for cooling purposes, and then only under strict supervision and constant inspection.

How far this regulation has been enforced, and what care is taken to guard the ice supply, may be gathered from the following facts taken from the official reports of this year's supply:

Last year there was cut by two leading companies 30,000 tons of ice on Lake Simcoe: this year they cut only 6,500 tons. And these companies have cut on Toronto and Ashbridge's bays this year over 30,000 tons.

Now, from these figures it is reasonable to assume that bay ice is distributed for domestic use in Toronto; in fact, we can state positively it is so delivered.

The words, "Lake Simcoe Ice," appearing on every ice waggon, are simply a blind to cover up what, in some cases, is really frozen sewage, which has been cut under the name of ice for cooling purposes.

From the Health Department we have it stated that over 70,000 tons of ice were harvested last winter from Toronto and Ashbridge's bays. Of this quantity the brewers and meat packers cut 18,000 tons, which is intended strictly for cooling purposes, and which should not be used or permitted to leave the house in which it is stored. Last summer, however, when the ice supply in the large ice companies' storerooms was exhausted, this ice, it is said, was purchased and delivered by them to customers for domestic purposes.

Since bay ice is permitted to be delivered for domestic use, an examination of these waters as a source of ice supply might not be out of place. We have had an analysis made of the waters in Ashbridge's and Toronto bays. The samples were taken from six points in the bays, representing the average condition of the water, and they find an average of 10,329 colonies per c.c. in Ashbridge Bay, and more than double that number, on an average, in Toronto Bay, and these mostly of

the form known as sewage organism. The samples taken in Toronto Bay were obtained south of a line drawn from Hanlan's Point to Gooderham's wh. rf.

Apart from the bacteriological analysis, the abstract question is, Can water in Toronto Bay, into which is flowing daily 10,000,000 gallons of sewage, or in Ashbridge's Bay, into which is flowing—by actual measurements—700,000 gallons daily, be fit water upon which to cut ice for domestic purposes? This is a very important and serious question.

Ice cut from such a source is absolutely dangerous, and should in no wise be allowed by the health authorities. It was undoubtedly prohibited by the ice regulations of 1893.

It is undoubtedly established that the number of micro-organisms found in water diminish by 90 per cent. on freezing, but this fact does not lessen the danger, as the pathogenic organisms are in no way affected by cold. Toronto should have a pure ice supply. This she can never have so long as ice is cut on Toronto or Ashbridge's bays, or, in fact, on any water adjoining Toronto into which sewage flows.

CLERGYMEN OF LETTERS AND WHAT THEY KNOW OF MEDICINE.

In a recent article by Zangwill he relates a fable with a moral: "A pretty grey Mouse was in the habit of sauntering from its hole every evening to pick up the crumbs in the dining-room. 'What a pretty Mouse!' said the Householder, and made more crumbs for Mousie to eat. So great a Banquet was thus spread that the noble-hearted little Mouse cheeped the news to its sisters and its cousin and its aunts, and they all came every evening in the Train of its Tail to regale themselves on the remains of the Repast. 'Dear, dear!' cried the Householder in despair, 'the House is over-run with a plague of vermin!' And he mixed Poison with the crumbs, and the poor little Pioneer Mouse perished in contortions of agony." *Moral:* Don't.

Several Episcopal clergymen, along with some Baptist brethren, a few eminent (?) Methodist divines with *tails* to their names, and a Congregational whose *tail* has not yet sprouted, one day crawled out of their theological hole and partook of

the feast spread for them by a certain patent remedy. And having tasted of this great health-giving restorative, their magnanimous and unctious souls swelled within themselves and they desired to let others know. Some of them with the *tail* Dangling Downward, others with it Drawn Closely Long side of them, and yet others with it Lying Loosely Behind, sauntered forth and proclaimed to the suffering thousands what a healer they had found.

As to this particular instance, we have nothing to say, but how often have we seen the Eminent (?) Divine stand on the public platform and denounce the liquor traffic, the rum-seller, yes, and even the physician who has used, perhaps, the only remedy that will keep life in a dying body. And have we not known him on his way home to call on some convalescent parishioner and advise him to take some *nostrum*:—"It did *me* so much good when I was just like you"—little knowing that its chief and perhaps its only value depends upon the large percentage of alcohol that it contains. *Moral:* Don't.

THE FOOLISH PHYSICIAN.

It would be no easy task to detail the full list of the ways in which the medical men, as a class, allow themselves to be imposed upon, or at least deprived of the full reward of their labors. Whether this arises from their wont of giving their services at every cry for help and leaving the financial return to the good resolutions, if any, of the one aided, or from a proud disdain of allowing the lofty spirited performance of duty to become tainted by the presence of any mercenary feeling in his breast, or simply from a lack of business methods and business enterprise, the fact remains that the physician gives his services unrequited in many instances where there absolutely is no merit in doing so, and the doctor is a fool for his pains. Indeed, he almost approaches in his willing devotion the spirit of self-sacrifice of Mr. Toots, in whose mouth Dickens puts these words in regard to Kate Dombey: "If I could be run over, or—or trampled upon, or thrown off a very high place—or anything of that sort—for Miss Dombey's sake, it would be the most delightful thing that could happen to me." One glaring example of this is in the case where he is kindly requested by some not unwealthy insurance company to give his

opinion whether or not they would be safe in accepting for insurance some applicant whom he has at some time or other attended, and in whose medical application he is referred to as the doctor who was in attendance. He is asked to give the particulars as to duration and severity of the trouble, and what effect it has had on the applicant as a risk. It is the custom to give this opinion gratis, the company usually remembering to furnish an addressed envelope adorned with a postage stamp. Such an opinion is of vastly more value to the company than many postage stamps, and in unfavorable cases may save them thousands of dollars; yet at present, in the absence of any regulation in the matter, the physician feels bound to give the opinion for the sake of the applicant. By no stretch of the imagination could one fancy a member of the legal profession acting so foolishly. There are many cases where to give is twice blest, but giving to corporations is not one of them. A resolution of the Ontario Medical Association would easily make it possible to demand a fee in such cases. If not allowed by the company, no opinion would be given. Better still, the fee—and no paltry one either—should be fixed and placed among the items of the fees' tariff for the guidance of all.

The unauthorized re-filling of prescriptions by the druggist is another universal source of loss to the physician, who receives a dollar or two for the advice in the first place, which then goes about

“doing good” for years, and ever extending in its circle of usefulness, which varies in extent with the needs of the circle of friends of the first *benefactor*, and its original value. The fortunate druggist, in the meantime, reaps the harvest where he has not sown. Whether anything other than a universal revival of the practice of the physician dispensing his own medicines can meet this drain on his rightful profits, is a question that would bear and deserves discussion.

ONTARIO MEDICAL ASSOCIATION.

The programme of the above association, which appears in another column, will be seen to contain the names of many live men throughout the Province. The subjects are live as well, full of scientific interest, and should provoke general interest. While this is the great attraction for thinking and working practitioners, it will not do to forget the social feature of the meeting. Everything will be done by the Committee of Arrangement for the entertainment of the guests and outside members. A large representation from every part of the Province is anticipated. The officers have been indefatigable in their efforts to make this year's meeting a grand success. It now remains for the members to complement these efforts by attendance and a readiness to discuss the various papers.

Cold Bathing During Menstruation.—

Dr. Depasse (*Gazette de Gynécologie*) says cold bathing during menstruation is a beneficial measure, provided women accustom themselves to the treatment by bathing every day for at least eight days before the arrival of the period, when they can continue during the menstrual flow without any danger. In the case of a very anemic girl, in whom this treatment was instituted, it gave most satisfactory results. Houzel, before the recent Boulogne Congress, held that cold salt water baths facilitate the menstrual flow, increase the duration of genital life, and likewise increase fecundity in a remarkable manner.—*Med. and Surg. Reporter.*

A Treatment for Acne of the Face.—In an abstract from the *Bulletin Général de Thérapeutique* which appears in *Lyon Médical*, the writer gives the following formula, which, he says, has often been employed at Saint Louis with success: Fresh lard, 750 grains; sublimed sulphur, 105 grains; beta-naphthol and styrax ointment, each 30 grains. Applications of this mixture should be made with strong friction every night for a week, then interrupted for six days, when they may be repeated if necessary, although it is often useless to do so. If there is an appearance of small acute clusters, which generally show themselves toward the second day, the acne is ordinarily cured or very much ameliorated at the end of a week.—*Med. and Surg. Reporter.*

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. MCGUIGAN, Associate Editor for British Columbia.

BREEDING PLACES OF DISEASE.

THE Orient has been called the *officina gentium*, which may be translated, "The cradle of the nations," for from it have been derived the primitive peoples who figure so largely at periods remotely historic, and whose civilizations in fragmentary forms have descended to us at the present day.

The Assyrians, Babylonians, the Persians, and the Egyptians, are familiar names, but back of these we have no records that are reliable, though the Chinese pretend to antedate them by some thousands of years. Tidal waves of humanity have from time to time swept over Europe, whose origin was Asia, and as it has been with people, so has it been with disease. During the Middle Ages the various epidemics, such as the sweating sickness and the black plague, nearly exterminated the inhabitants of the West. Cholera first originated on the banks of the sacred river of the Hindoos, the Ganges, and crept, step by step, over intervening countries till it reached the Levant; and from that, as a vantage ground, it gradually took possession of the shores of the Mediterranean. The rate which cholera travels, and the path which it pursues in some epidemics (at least it was so in the past) was likened by Eugene Sue, in his great work, the "Wandering Jew," to the distance which an ordinary walker would accomplish in twenty-four hours with all the windings hither and thither which a traveller might make who sauntered carelessly along the way in crossing a country.

In very recent times sanitary science has been extending its boundaries, but the great Chinese Empire is almost, if not as completely isolated and backward, in the modern sense of the term, as it was a thousand years ago. Nothing is known

of what we call the science of public health, and filth diseases are just as prevalent now as they were in the days of the crusades.

In this connection we take much pleasure in laying before the readers of the JOURNAL the report of Dr. Geo. H. Duncan, the energetic Medical Health Officer of Victoria, who recently visited China, and had opportunities of seeing the inner lives of the Chinese population while in Hong-Kong. It is of practical importance to the people in the East, as this is the western gateway into the Dominion. Dr. Duncan attempted to put his views into practical operation on his return home, but on an appeal to the courts it was declared illegal to subject Chinese passengers to any extra quarantine regulation, though those who read his report must come to the conclusion that it is a great mistake to allow them into the country without a very searching disinfection of their clothing and baggage, and such as is not given them in an ordinary examination unless there is actual disease in the shape of a patient on board the vessel.

To His Worship Mayor Teague and Board of Aldermen, Victoria:

GENTLEMEN,—On resuming my duties as Medical Health Officer of the city of Victoria, I tender you my sincere thanks for the opportunity afforded me of visiting Japan and China for the purpose of securing surgical practice possible under the present international conditions in the East. I may say I availed myself of the occasion to acquaint myself as far as possible with the health conditions of the peoples from whom at present British Columbia draws the bulk of her immigration. As is well known the port of Hong-Kong is the one at which:

the Oriental vessels take on their Chinese steerage passengers, and fortunately for myself and the object I had in view I happened to be called upon to act as surgeon on board the Royal Mail steamship *Empress of India*, from Yokohama to Hong Kong and return. On my arrival at Hong-Kong I placed myself in communication with the Imperial and Local Health Officials and by them was afforded exceptional opportunities of acquainting myself with the sanitary conditions affecting Oriental passenger traffic. To Dr. Lawson, acting superintendent of the civil hospital, I am indebted for much valuable information and assistance, he having accompanied me through the native quarters and supplied me with facts as to their conditions of life and the diseases prevalent among them.

At the time of my arrival at Hong-Kong, through the exertions of Dr. Lawson and Dr. Ayers, colonial surgeon, the bubonic plague had been about stamped out, only fourteen convalescent patients being under treatment. These were, however, sufficient to enable me, with the assistance of the above-named gentlemen, to acquaint myself with the character of the malady which, being fostered by filth, had its home among the lowest classes of the Chinese population. Moreover, it had been brought into Hong-Kong by the Cantonese, who constitute the greater portion of the Chinese immigration to the Pacific Coast of North America. It is well to state here that, save under the most exceptional circumstances, the white population of Hong Kong and other Chinese ports are not affected by infectious and contagious diseases as are the Chinese, since they live in a section of their own and are under European conditions of life.

My contact with the Chinese in Hong-Kong and Shanghai also clearly satisfied me that their sanitary conditions and habits of life were infinitely worse than those of the Chinese of our city, and hence the greater necessity for safeguarding ourselves against the possible effects of the influx of this class of population.

Although the bubonic plague, to which I have referred, had only been a recent and temporary outbreak, I was informed by Dr. Ayers, her Majesty's colonial surgeon, having charge of the sanitary condition of Hong-Kong, that small-pox is never absent from the Chinese population. He advised me as to the needs of special precautions,

particularly during the winter months, when the Chinese are herded together for warmth, and, being under insanitary conditions, small-pox becomes epidemic.

Canton and Hong-Kong are but a few hours distant from each other, and boats ply daily between them. It will thus be seen that if Canton is, as Dr. Ayers remarked, the filthiest city under the sun, and since the greater number of emigrants come from that quarter, how great are the risks incurred by our community, and how necessary it is to enforce the most stringent sanitary regulations against people coming from that point. Surely past experiences have amply demonstrated how true it is that Chinese emigration is, from the point of view of health, the most dangerous element against which we have to contend.

The white population of Hong-Kong do not live under conditions in any way resembling the Chinese, are a totally distinct community, and when on board ship are divided from them by a "fixed gulf"—the well of the ship. Besides the Chinese on board ship are every day inspected by the surgeon, and are driven on the steerage deck several times a week, during which time their quarters are disinfected. All this serves to show the excellence of the arrangements and accommodation for transportation by the C.P.R. steamers, which renders it unnecessary to treat white passengers on landing the same way as the Orientals, no white passengers being found among the Chinese steerage passengers.

In the affidavit sworn by me in a recent case, I said "That I believed the baggage of the Chinese passengers to be particularly dangerous, coming as it does from quarters which we know not of among the Chinese in a similar way as rags coming from ports at which cholera is prevalent would be particularly liable to contain cholera germs."

I now know from personal experience that this statement is absolutely true, and I can well understand the origin of many isolated cases of small pox which were discovered in Chinatown long after the epidemic of 1892 was "stamped out." I repeat that the baggage of the Chinamen is particularly dangerous. It is exposed to all the conditions of disease before being packed and taken on board, where it does not meet with a temperature destructive of the germs, and it is only when

opened out those germs of disease, bubonic plague, cholera, typhoid fever, etc., have the opportunity of being spread and propagated.

Subjected as they are on board ship to daily exposure to the purifying influences of fresh air, their quarters being daily ventilated and disinfected several times a week, it may be true, and likely is so, that the persons and clothing of the Chinese are free from disease, but as Dr. Lowson counselled me to be absolutely certain that no disease be introduced, the person's clothing and baggage must be disinfected prior to landing.

I am happy to be able to remark, as the result of my inquiries and personal observations, that the opinions expressed and the suggestions made by the Provincial Medical Health Officer, Dr. J. C. Davie, in regard to infectious and contagious diseases at the port of Hong-Kong were absolutely and strictly correct, and that in no way was anything done either by the provincial or the municipal authorities which was not necessitated by the facts of the case. Hong-Kong is emphatically an infected port, and as such must be regarded; indeed, it would be a neglect of duty hardly less than criminal not to fumigate the Chinese baggage, while in my opinion, to reduce the danger of the introduction of disease by such persons to a minimum, we should do as is done in Australian ports, disinfect their persons and clothing.

Having had during the year 1893 to handle 17 isolated cases of small-pox, I can speak feelingly on the subject. There were many obstacles against which the Health Department had to contend. The law or, possibly, its interpretation complicated matters very much, and local appliances and facilities were deficient.

I write and have written strongly on these points; but, as your Medical Health Officer, I do so with the strong conviction of my responsibility in the matter.

We cannot take too many precautions against infectious and contagious diseases, and I trust that the City Council will not only regard the subject as I do, but will adopt all measures that experience and common-sense have shown to be necessary. I have the honor to be, gentlemen,

Your obedient servant,

GEO. H. DUNCAN, M.D.,

Medical Health Officer of Victoria, B.C.

Victoria, B.C., Oct. 20th, 1894.

THE RESPONSIBILITY OF THE MEDICAL ATTENDANT IN MEDICO-LEGAL CASES.

A couple of cases of a medico-legal character have lately come to our notice—one of poisoning and the other a death by violence—both of which were attended by medical practitioners of first-class standing, and certificates given without a word of information having been vouchsafed to the authorities by either of the gentlemen in question. In one—the death by violence—the authorities heard nothing of it till by accident it transpired a few days after the burial; but in the poisoning fatality the coroner, judging by the accounts he read in the public papers, came to the conclusion that it was either a case of suicide or murder, had a consultation with the chief of police, and together they held an informal inquiry, and found, indeed, that the deceased had terminated his existence with a dose of "Rough on Rats." In this case the medical attendant assisted deceased's relatives in concocting a story for the public, and almost succeeded in throwing dust in the eyes of the officers of the law. In both these cases there was not the slightest intention on the part of the medical attendants to do a wrong; in the death from violence the silence proceeded from want of reflection, and no doubt because the victim lived some days after the injuries received; and in the other, from pure sympathy and a desire to prevent annoyance on the part of the friends and relatives. There is this danger, however, in matters of a criminal nature that medical men should take into consideration, and that is while they may be acting from motives of the very best kind in their own estimation, they may be running the risk of aiding in concealing an act of criminal homicide, and while it might not appear *in foro* conscientious to the physician that he was doing any wrong, he might find himself accused of being a *particeps criminis* in a case of wilful murder, and innocently suffer the extreme penalty of the law, as many have done before now under such circumstances.

And even though it did not go that far, there are very many minor inconveniences that might arise in an affair of that nature which a medical man should avoid by immediately reporting to the police all cases of deaths from violence or unfair

means, or by culpable or negligent conduct, either on the part of the deceased or of others, and leaving the question of investigation entirely in the hands of the authorities of the law, whose duty it is to ferret out crime and punish it.

The certificates of death which a medical man, under such conditions, must falsify or couch in such language as to throw the guardians of cemeteries and other officials off the track, would go far to bring home criminal intention on his part, for

the law would look upon such a deliberate act as a writing as a most compromising one, and which he would find it very difficult to palliate and impossible to deny. When a physician does anything wrong to help out those with whom he comes in contact professionally, if he is found out, he will get very little sympathy from the very persons he serves and none at all from the public. Those who expect it when they compromise themselves may live to be sadly disappointed.

Chloroform or Ether? Under this caption, Professor J. Mikulicz, of Breslau, discusses in a very impartial spirit the much-disputed question as to the relative danger as anaesthetics of chloroform and ether. He begins by referring to a paper by Gurlt, read before the German Surgical Society (*Verh. der Deutsch. Ges. Chir.*, 1893, ii. S. 8). In this paper, Gurlt gave statistics in 1893, showing that in 133,729 chloroformizations there occurred 46 deaths, or 1 to 2,907 anaesthetics: whereas in 14,646 etherizations there occurred only 1 death. Gurlt's warning that ether was much the safer anaesthetic naturally led to a much more extended use of it, the statistics in the last report (*ibid.*, 1894, ii. S. 11) showing 1 death in 13,160 etherizations, as against 1 in 2,647 chloroformizations. The statistics seemed so favorable to ether that Mikulicz also began to employ it; but his results, especially after etherization, contraindicated the lauded harmlessness of ether, and he has been induced to return to chloroform. The ether employed was Merck's; it was administered by means of Juillard's mask, and the directions followed were those of Garré. Mikulicz was especially careful in the choice of cases. It was not given to any suffering with serious affection of the air-passages, nor to small children, old, weak persons, nor to those with weak hearts or highly anæmic. After referring to the fact that etherization is disagreeable, he remarks that this is insignificant when the life of the patient is in danger. Mikulicz then reports his unfortunate experiences with ether. The first group of cases is one in which asphyxia occurred during etherization, and includes three cases. The pulse and respiration ceased, but the patients recovered. The second group includes two cases in which collapse occurred after etherization. After artificial respira-

tion and injections of camphor, the patients reacted. The third group includes four cases of acute bronchitis; all recovered. The fourth group includes two cases of pulmonary œdema and pneumonia; one of these proved fatal. The operation had been done for stenosis of the œsophagus; etherization lasted sixty-five minutes, 175 cubic centimetres of ether being consumed. Death occurred on the twelfth day after operation. No autopsy. Mikulicz insists that these cases of bad effects from ether show that it must be given with as much care as chloroform and by a skilled physician. Whether the dangers of late collapse and ether pneumonia are as great as he fears cannot be answered from existing statistics, as deaths occurring late are either not mentioned or only mentioned incidentally. Poppert, however, reports a death occurring two hours after the end of etherization, with symptoms of acute œdema of the lungs. Poppert also collects from the literature seven cases of œdema of the lungs which proved fatal either a short time after etherization or in several hours,—in one case seventeen, and in another thirty-two hours. The same author finds in Gurlt's last report eight cases, as follows: 1, a case of pulmonary œdema (Trendelenburg); 2, two cases of late collapse (Rehn, after thirty hours; Trendelenburg, after two hours); 3, five cases of pneumonia (Bessel-Hagen, one; Czerny and Riedel, each two cases). In addition to these eight cases, a case of late collapse occurred in the Bonn clinic, and nearly ended fatally. It follows, therefore, says Mikulicz, (1) that ether has dangers which have not been considered in the statistics up to the present time, and (2) that the lessened danger of etherization, as compared with chloroformization, has not been proved.—*Therapeutic Gazette.*

Original Communications.

RÉSUMÉ OF RESEARCHES ON THE PATHOGENIC ORGANISM OF MALARIA.

BY HERBERT L. HAMILTON, M.B., L.R.C.P. LOND.

Historical Notes.—CLLUSUS and other ancient writers described the various forms of malaria which at that time, as at the present, were the most common diseases in Greece and Italy. Lancisi was the first to look upon malaria as a noxious effluvium given off by marshes. In 1716 he published his work at Geneva. He thought the disease was produced by small forms of animal life which owed their origin to putrefaction in marshes, were suspended in the air and were capable of penetrating the blood in some unaccountable manner. These ideas were commonly held in Italy at the beginning of the present century. Some observers thought the disease due to infusoria, some to vegetable organisms, and others attributed the phenomena to toxic principles secreted by some of the animals found in marshes, but until 1866 no organism was designated as specific. In that year Salsbury described small vegetable cells of the species of palmella as the cause of paludism. Several forms of bacteria have been credited by various observers with giving rise to this disease, but none are deserving of notice except that described as the *Bacillus Malariae* by Klebs and Tommasi Crudeli, in 1879. They claimed to have succeeded in cultivating these bacilli and to have produced phenomena analogous to those of malaria in animals by injecting liquids inoculated from first cultures. As their cultivations were made from the mud of marshy districts there is reason to doubt their purity, and the so-called pathogenic bacillus could not be said to have differed from other bacilli found in the soil. In 1880, Laveran, trying to account for the pigment in malarial blood, found spherical hyaline bodies without nuclei, and also crescentic bodies. A little later in the same year he discovered on the edge of several of the pigmented spherical bodies, movable flagella. He concluded at once that these parasitic

elements, nearly all pigmented, were the cause of palustral melanaemia, and also of the phenomena of paludism. Laveran's views have been confirmed by Marchiafava, Golgi, Celli, Bignami and others of the Italian school, and also by Manson, Councilman and Osler.

Methods of examination of the blood:

1. Have cover glasses scrupulously clean, drying in alcohol before using.

2. Clean the finger well, brush, wash in water and lastly in alcohol, drying perfectly, for moisture interferes with the shape of the corpuscles.

3. Ligature the finger tightly and prick with a sterilized needle so that a distinct drop of blood stands out prominently on the surface of the skin.

4. It is necessary that the preparation should be as thin as possible in order that the red corpuscles should not be in rouleaux as normally, therefore simply touch the drop of blood with the cover glass, avoiding coming in contact with the skin, for epithelium or foreign matter spoils the specimen. Press the glass well with another cover glass, getting as thin a preparation as possible. Prepare several in the same way, as all may not contain the parasites. If to be examined at once, mount immediately upon perfectly clean dry slides without any mounting medium. The parasites may be detected for three or four hours after the preparation is made in this way. If one wishes to use a very high power or to study the amoeboid movements of the organism, seal and ring with paraffin in order to stop the oscillation of the blood which causes drying up of the corpuscles. To preserve specimens allow the cover glasses to dry, pass through the flame of a spirit lamp, taking care that the side with blood on is not held downwards, or, better still, drop a little of a solution of equal parts of alcohol and ether on the cover glass, allow to dry, mount dry and ring with paraffin. They may

be stained in a concentrated aqueous solution of methylene blue for thirty seconds, wash in distilled water, dry and mount as before; or better, in eosine for thirty seconds, wash in distilled water and then stain in methylene blue. The parasites take a bluish tint, with the staining much paler than the nuclei of leucocytes. The blood corpuscles retain their normal color, except those which contain parasites: these may be some paler. If the patient has malaria and has not been recently treated with quinine, the parasite in some form is almost always found.

Description of the Hæmatozoon.—Laveran found (a) spherical bodies, (b) flagellate organisms, (c) crescentic bodies, (d) rosette-shaped and segmented bodies. Within the corpuscles are found hyaline or very finely granular, spherical, amœboid bodies, pigmented and unpigmented; also vacuoles, some with small and others with large masses of pigment. Rosette-shaped bodies are sometimes found within the shell of the corpuscle, so to speak, or may be free, as are also the crescentic segmented, and flagellate bodies; and some small pigmented spherical bodies which are probably products of segmentation, are also found free. Free flagella have also been seen by Laveran. This observer thinks that there is one polymorphous organism, the unpigmented spherical body being the first stage, and the others more fully developed parasites. The spherical bodies are of various sizes, and there may be one or more in a corpuscle, and with or without pigment. Laveran concluded that they were simply attached to the corpuscles; Marchiafava contends that the parasites are particles of protoplasm which, resembling a small amœba, enter into the blood corpuscles and convert the hæmoglobin into melanin. Notwithstanding the fact that Laveran still claims that they are not endoglobular, every other observer agrees with Marchiafava that they are. Osler has described various changes in the shape arrangement of pigment and position of the endoglobular bodies by observations taken at intervals of a few minutes. The same changes he has found to exist in the shape and position of the hyaline unpigmented bodies. Golgi has traced very accurately the development of rosette forms, and from them the complete segmentation of the intracellular organisms, which enlarge, filling up the corpuscles.

The pigment becomes collected in the centre, the parasite becomes segmented, the shell bursts, and the result is a mass of free pigment and round hyaline bodies. The crescentic bodies are generally free, but sometimes found within the corpuscle. They are hyaline, with pigment either at one end or in the centre of the crescent. The flagellate organisms are spherical or ovoid pigmented bodies with long flagella, which in the fresh state are seen to possess rapid lash-like movements. The flagella free themselves, and are sometimes found among the corpuscles.

Laveran claims that the hæmatozoon of malaria is one polymorphous parasite, and that the nature of the attack of fever depends upon the rapidity with which the organism passes through its evolutionary cycle. Golgi and Canalis have claimed an individual parasite for tertian, quartan and irregular fevers. Golgi also determined that the beginning of a paroxysm was synchronous with the stage of sporulation of the parasite.

Some of the proofs for asserting that the hæmatozoa described are the pathogenic cause of malaria:

1. The hæmatozoa have been found in malaria patients of all countries with the same characteristics, and there is a remarkable agreement between the already numerous descriptions given of them.

2. These hæmatozoa have never been found in non-palustral blood.

3. The development of the hæmatozoa is intimately connected with the appearance of the melanæmia, which is the characteristic lesion found.

4. Quinine causes the hæmatozoa and the fever to disappear at the same time.

5. The disease has been communicated to a non-palustral patient, taken at a time when the parasites were present. The period of incubation is from two to fourteen days or more. The organisms may then be found in the blood of the patient experimented upon.

The form in which the hæmatozoa are found in the external media and mode of infection: It is not to be wondered at, that, even knowing the hæmatozoa as they appear in the blood, we should have difficulty in locating the parasites in the surroundings, because of the conceded fact that they take up the pigment from the red blood corpuscles

and undergo stages of development in the blood. Laveran thinks that probably the hæmatozoon of paludism exists in the palustral media in the state of a parasite on some animal or plant. Parasites resembling very closely the hæmatozoon have been demonstrated in the blood of birds, and it is possible that the hæmatozoon of paludism itself exists in the blood of certain animal species. Some claim to have found an amœboid body in the air and water of malarial districts, and say that pigeons placed for two nights six feet above the ground in a district where these were found, presented crescentic bodies in their blood in nine days, and had these amœboid bodies in their nasal cavities in two days. If the parasites were present in the air in such form, it is hard to understand why attempts to cultivate them from the blood of palustral patients, by placing in air and water under favorable circumstances, should fail. Laveran is of opinion that these organisms exist in the palustral media in the body of some animals or plants. Mosquitoes are abundant in marshy districts, and it has been found that drainage of the ground, which suppresses malaria, also drives away mosquitoes. It is quite possible that these insects play a part in the propagation of malaria, as in filariosis. For a long time the origin of the filariæ was unknown, but because of their size and the comparatively elevated group to which they belong they are more easily studied than the hæmatozoa of paludism. The filariæ of man undergo a phase of their development in the bodies of mosquitoes. These insects, by sucking the blood of patients suffering from filariosis, absorb embryonic filariæ, which develop in their bodies, and when the mosquitoes die they fall into the water. The filariæ escape, and infection takes place through drinking the water. Findlay, of Havana, thinks that mosquitoes are the principal agents of dissemination of yellow fever. Hammond is of the same opinion. We cannot yet make such a statement with regard to the spreading of malaria. It is the common opinion that air is the vehicle of the pathogenic organisms, and some dispute that water has anything to do with conveying the parasites, but the following facts seem to show water also plays a part:

1. In malarial districts it has been found that those drinking water from one source contracted

malaria, and that those who had been drinking water from an entirely different source escaped.

2. Palustral fevers have disappeared from malarial districts where the supply of good drinking water has been provided instead of stagnant water once used.

3. In some localities otherwise healthy people may contract fever whose drinking water comes from malarial localities, and the persons most exposed to the infection in such localities are those who drink most water.

4. Travellers passing through malarial districts often escape by drinking only water that has been boiled, while those who did not take this precaution suffered severely.

In opposition to the water theory it has been contended that the normal digestive secretions destroy the infusoria and amœba, but it must be remembered they do not possess this protective quality when abnormal from any cause, or when diluted by large quantities of water which are so often taken because of the excessive heat in malarial districts. If the form in which the parasite is found in the exterior world, and its method of penetrating the system are not thoroughly understood, at least the causes which favor its development and penetration into the blood are known.

A knowledge of the predisposing causes, such as condition of soil, temperature, altitude, winds, meteoric and telluric conditions, form a basis for prophylaxis.

PUERPERAL FEVER.*

BY G. GILBERT GORDON, B.A., M.D.,
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MR. PRESIDENT AND GENTLEMEN,—I know of no charge entrusted to a physician which he should consider more sacred than the lives of a mother and her child put into his hands at the time when she is to bring forth her first-born.

I know of no illness which will give a physician more anxiety and care, nor a death which will give him, more pain than one from puerperal septicæmia.

This disease is all the more terrible to us because it chooses out generally the young and the strong; it takes the woman who with her husband is beginning her life, her heart light and her hope high; and to us it is still more terrible if we can

* Read before Ontario Medical Association.

see in our management anything we have left undone, or anything we have done, which we may consider the cause of the awful disaster.

I wonder sometimes if we all as physicians thoroughly realize this responsibility, and if we do realize it, have we made ourselves perfectly acquainted with the best means of prevention: or do we ever, through a want of resolution or by carelessness, neglect some routine of duty necessary for perfect protection, and trust to Providence that no harm will come of it.

I am sure, sir, that no apology is necessary for bringing this subject before this society, where we may hope to learn from each other some things that will help us to combat this dread evil.

I feel somewhat diffident in expressing my own views on this subject when I have had but two cases in my own practice: but I noticed these very carefully, and any mistakes I may make in theory or have made in treatment I am sure will be corrected by the members here.

Puerperal fever might be divided into three classes: (1) Puerperal infection: (2) Puerperal septicaemia: (3) Puerperal pyaemia. Under the first division would be placed those classified by Matthew Duncan as *sapremia*: viz, Those where poison has been absorbed, though not of a virulent character: and when this poison is removed and the part made aseptic, all trouble disappears. Under the second division would come those cases where septic matter of some kind is formed and because the surroundings are more suitable for a creation or a cultivation in larger numbers of the germ causing the disease, or for furnishing a larger amount of the *toxine* from these germs, and because the resisting power of the patient is not so great, and because perhaps there are larger absorbing surface, the disease goes on rapidly, and we have the local inflammatory conditions and the accompaniments of a general septicaemia, as pyaemic would be considered, all those cases where poisonous matter was conveyed to different parts of the body immediately, and local inflammations with pus formation follows. We may have none but the first stage; we may have the first and second together, or the third alone, or a combination of the three, or we may have a patient die early of acute septicaemia before any of the local conditions spoken of take place.

This disease, most will agree, is an infectious one, due to the absorption of poison through wounds received during child-birth. This poison in a very large percentage of cases is carried there by the doctor or the nurse, yet in a very few cases I have no doubt these wounds are inoculated by matter which has become poisonous by retention.

It seems to me reasonable to believe that poisons of different kinds may, when introduced into the vaginal or uterine cavities, cause a poisoning to take place, and then is formed by this suitable environment the poison which causes the disease is as yet unknown. That poison, whatever it may be, can hardly be the streptococci, for I do not think that any of the cocci known could live and be virulent, for six months, under a doctor's nails or on the blade of his forceps, as this can be and has been, and I think, too, that exposed to the presence of this germ so much as pregnant women during labor are, the disease would be more prevalent. The poison may come from the streptococci or from some other of the cocci, but must take on some special form.

The presence of the streptococci in the blood after death or even before death does not prove that they cause the disease, for they appear in the blood in other diseases as well, and in many cases streptococci cannot be found by the most careful examination.

The classification into heterogenetic and auto-genetic or exogenetic and endogenetic is of use not for treatment, but for theoretical purposes.

Exogenetic variety.—The poison here comes directly from without, about the time of labor.

Endogenetic.—In this class the poison is not carried directly from without during labor, or during the few days following: it may have come originally from without.

The lochia might become poisonous, should the following conditions exist: A woman is forced to breathe a damp, heavy air, but little excrementitious matter has been eliminated from her body by the bowel, skin or lung: her blood is laden with poison. Why should not the lochia be affected, and why should not the absorption of it set up an inflammation leading to worse? I do not think it unreasonable to believe that different poisons may begin the trouble, and that when the fire is once set going, then a more virulent poison is formed, to

which are due the symptoms of the disease, and which renders it so infectious and sometimes so rapidly fatal. I do not think that the difference in the severity of the disease in its early stages in different cases can be accounted for by the previous condition or the resisting power of the patient. This difference in severity may be accounted for by the fact that in one case there is a more suitable soil for the rapid formation of the specific toxine or germ than in another. It is therefore a perfectly preventable disease; if the patient be perfectly well, and there be no poison introduced, then there should be no fever. Hence from lying-in institutions the disease has almost disappeared, while it is not much less frequently seen in private practice. I should not have said, perhaps, a *perfectly* preventable disease, for where there is so much shock as there is at the time of labor, such a diminished power of elimination, so much tendency to the formation of stagnant blood and absorbing surfaces, it cannot be always certainly prevented.

In this disease a physician reflects more glory upon himself and does more for his patient by preventing its appearance rather than by his skilful management of it. How can this be done?

(1) See that the woman before her labor is in as good condition as it is possible to have her.

(2) See that no poison is introduced in anyway.

To accomplish the first, the patient should, during her pregnancy, be encouraged to keep in the open air as much as possible, to take as much as thought wise of a proper kind of exercise (house-work, for example). She should have frequent bathing. Her diet should be looked after and constipation should be avoided.

To accomplish the second, the most careful anti-septic precautions must be observed as regards the doctor's hands and instruments, the nurse's hands and any diapers or cloths used in washing the parts and in use about the patient. The room should be well lighted and well ventilated; a dark, stuffy room is a suitable hiding-place for germs. The occurrence of this disease is more frequent and the mortality is greater during the months of February, March and April, because during these months fresh air, one of the best antiseptics, is excluded from the room. This is especially the case if people try to save fuel and attempt to

have the room heated by preventing the entrance of any cold fresh air or the exit of any foul warm air. The woman should be instructed to bathe carefully the parts with soap and hot water when she first feels her pains.

I think it would be wise to give in all cases anti-partum, antiseptic vaginal douches. This of course sometimes may be impossible. For example, labor may be too far advanced before the patient is seen. It should be given in the early part of the first stage of labor, for inoculation is very apt to take place during the first stage. If the douche be not given in all cases, it should be given when there are indications. A first labor should always be an indication, as should a short flabby vagina, or a vagina from which has been passing any foul discharge.

A careful examination should be made at the beginning, or when thought necessary, but unnecessary examinations should be avoided. I think it a wise plan to keep beside the bed two basins, one with ordinary hot water, and one with a solution of bichloride of mercury, and after the blood is washed off in the first basin, the hands are soaked in the second, and again rinsed in the same before each examination. Especially is this necessary if any attempt is made to hasten dilatation by the finger.

Should a physician find it necessary to attend a *post-mortem*, or be in the dissecting-room, and then go to a confinement, great care should be used.

Under ordinary circumstances I do not think a vaginal douche is necessary immediately after labor. I do not think there is any danger for the first forty-eight hours, but on the second day I think in all first cases, and in other cases where there are indications, a douche should be given of bichloride of mercury solution, followed, if thought best, by some hot water. This douche would not need to be repeated more than once or twice, unless there should be some reason. No intra-uterine douche should be used except where there is some special cause, e.g., the extraction from the womb of some putrefying substance. With regard to the use of the intra-uterine douche in a later stage in either labor or miscarriage, I will speak shortly. The perineum, if torn, should be carefully stitched up at once. The parts should be thoroughly cleansed. Sometimes a little d.ffi-

culty is found in removing all congealed blood from the hair on the vulva. I have made a practice in such cases of clipping off with my scissors a part of the hair; in this way cleanliness is more easily attained during convalescence. The antiseptic iodoform pad should always be used if there has been any bruising or laceration. I consider a very important part of the prevention treatment is, after seeing that the uterus is thoroughly empty, to see that it is firmly contracted before leaving the house, and on the following three or four days to press gently but firmly the fundus until the uterus contracts, and anything inside is forced out.

The danger of carrying infection from one patient to another under the nails or by instruments, I need not refer to, but there is one source of infection that seems to me may be a fruitful one—that is, the fingers of the physician's gloves, especially if fur gauntlets or lined gloves are worn. In fact, I think doctors should not wear gloves, except when necessary.

The statement made in the early part of this paper that many poisons when introduced are capable of setting up an inflammation, but in the conditions present a specific poison is formed for which are accountable the symptoms and the virulence of the infective matter, is borne out by the result following the infection of a puerperal woman by zymotic poison. Therefore physicians cannot be too careful in preventing infection from this source, and a physician who carelessly goes directly from a scarlet fever or diphtheria patient to a woman either in labor or during the first few days of convalescence should be condemned, by himself at least, as a man-slayer.

I will say but a word or two about the local symptoms of the disease. In a simple *infection* from absorption by abrasions in the vagina, vulva, or perineum, the trouble may be checked early or we may have a vaginitis vulvitis, etc., with the superficial glands in the groin swollen; or when the poison (toxine or germ) spoken of is formed, it is easy to see how the infection is carried from the cervix to the uterus and to the tubes, and then have developing an *endometritis*, a *metritis*, or a *salpingitis*—in fact, in a bad case we can hardly expect to avoid these local conditions, and to have accompanying them a cellulitis and peritonitis.

I will not describe these conditions, for seeing such once is enough to impress them on the mind, and I suppose we have all seen some of these unfortunates. I have never seen a case which was accompanied by such secondary afflictions as metastatic abscesses, or ulcerations of pleura or pericardium, so can say little about them. Nor can I say anything about the formation of those multiple abscesses caused by thrombi becoming septic and conveying the poison to different parts of the body, such as happens in *pyæmia*, and so well described in Dr. Wright's paper a few weeks ago.

I will refer for a moment to the *phlegmasia* following childbirth. Some writers, I think, go too far when they say that all or even the greater number of such cases are the result of septic poisoning. When thrombi form either at the external genitals or at the placental site, and when these thrombi become septic on account of the general condition, or in any way, or where the local inflammation in a septic case extends along the sheaths of the vessels and thrombi are formed as a secondary process, then the phlebitis or cellulitis will be septic, and will take on that form. But where from an enfeeblement or a slowing of the circulation, thrombi are formed even at the placental site, and where the inflammatory process may extend along the pampiniform plexus, the hypogastric and crural veins, or through the spermatics, affecting the vena cava inferior, then the crural, probably that of both sides, one after the other, or together. This might go on, and yet no septicæmia exist. I have had but two cases of this affliction, and in one, at least, I am sure there was no septic poisoning.

Treatment.—When we are certain that inoculation has taken place, our next duty is to find out, if possible, the seat of the trouble. If we are dealing with a primipara, and we know that the placenta has come away perfectly, there has been a good deal of bruising of vagina or laceration of perineum, then probably a thorough douching of the vagina, repeated in three hours and accompanied by a good dose of calomel and 10 gr. of quinine, may end the affair. The vagina and vulva also should be examined closely for ulcerative patches, and if any are found they should be carefully touched up.

But if on account of certain conditions already given, such as the want of resisting power of the patient, or the extent of the injury received, or the poison introduced, the inflammatory process still goes on, then the patient must be watched and every symptom treated. The treatment must be directed to the following :

1. Preventing the absorption of more poison.
2. Eliminating as much as possible from the system, consistent with the keeping up of the strength of the patient.
3. Preventing pain and securing rest.
4. Nourishing faithfully.
5. Removing and draining away at once any pus that may form.

We will lessen the amount absorbed by a thorough vaginal douching with a bichloride solution, 1-3000, from two to four times in the twenty-four hours, using hot water afterward if thought best.

There will probably be some difference of opinion as to the advisability of using an intra-uterine douche. I think there is a tendency for men to get off the path of the golden mean and go to extremes. For a time intra-uterine douching was overdone : now I think there is a danger of it being underdone. We must be guided by signs. The sign of foul-smelling discharge is, I think, unreliable, for discharges are often bad-smelling throughout and there follows no harm, and often in the worst cases there is no foul odor. Still this sign will assist, especially if after a douche (vaginal) we pass the finger into the cervix and the smell is bad.

There is a sign which guides me most, and it is this : finding the os soft and dilated so that the finger or the double-channelled cannula can be passed in easily ; that is, I think, one of the most valuable of Nature's guides. If there be much in the uterus which should be expelled, she will not close up its mouth. Of course, this is of use only after the contents become bad ; and if we are sure at the first that there is something that should come away, we should remove it at once. Should we find the condition as indicated above, we should not hesitate to explore with the finger, under chloroform if necessary, and scrape away with the finger anything that should come away, and then wash out thoroughly the uterus, passing the cannula through the internal os, but not up to the fundus.

This might be repeated once, or even twice, in the twenty-four hours, this depending on circumstances.

Elimination.—Here, also, there may be some difference of opinion. After the bowels have been once thoroughly emptied by a good dose of calomel with salts, enemata only should be used as long as we are satisfied that the bowel is not overloaded. An enema of linseed tea, or turpentine and castor oil, or a mixture of these, will probably accomplish what we desire without repeated purging with Epsom salts.

I think there is especial danger in this last kind of treatment if there is any tendency to peritonitis, as there is apt to be. I think, also, it tends to exhaust the patient as well as worry her by a frequent use of the bed-pan.

I learned to trust, in my cases, to elimination by causing free perspiration by the use of dry heat, followed by a warm sponge bath. This is done by surrounding the patient with a hot blanket, then with hot bottles, etc., till she perspires freely. I have found this soothing to her and followed by good results otherwise, such as a lowering of the temperature, less irritability, and a tendency to restful sleep.

The preventing of pain should be accomplished by the use of morphia, given frequently enough to keep the patient comparatively easy. She should be nourished and stimulated as in any other fever.

If there be any sign of an abscess, pointing either internally or externally, it should be opened immediately and drained. With regard to the treatment of puerperal pyæmia I have had no experience, though I should think early operation wise.

While writing this paper, I was inquiring at the General Hospital for material to use in a way that might be of interest to us. I was very glad to find that a patient who had died there two weeks ago had been examined by Dr. John Caven, and specimens taken by him have been kindly furnished to us for this evening. After the most careful search by Dr. Caven, both in the blood and at the seat of injury, no trace of any streptococci were found, nor in fact any other cocci. Dr. Caven first found what he thought to be a diplococcus, but this afterward turned out to be a bacillus which had

taken on paler staining. This condition of things in this case I consider extremely interesting, because the patient died within a few hours after the disease set in. Now, I think that points to the fact that this bacillus was the cause of the trouble, in this case at least. Had the patient lived a little longer, I have no doubt streptococci would have been found, because they come where suppuration exists. Perhaps, too, if this examination had been made a few days later, this bacillus would not have been found: the dead bodies of the bacilli used for furnishing the antidote might not have been recognized.

However that may be, it is not impossible that there are a number of germs that play a part in this dread work; perhaps a different one when pyæmia is the result, or that existing in the septicæmic variety; but that the streptococci can be held responsible for the originating of the trouble I do not think.

We have all seen cases of this kind—a woman about to give birth to her first child, with copious purulent discharge from the uterus, or with a chronic endometritis, and the birth accompanied by bruising and tearing, yet not a bad sign following. My conclusions, therefore, with regard to the etiology of the disease are as follows:

The streptococci are found here as in other disease only accompanying suppuration.

The specific poison, perhaps a transformed germ, is formed as a secondary process in the suitable surroundings furnished by the puerperal woman, and this poison can be transmitted to another, when the disease is generally more rapidly developed and more severe.

Some septic conditions following labor (pyæmic or septicæmic) may not be due to the specific germ, but during their existence the specific poison, whatever this may be, is liable to be formed and may be transmitted. And I think I may ask the question, Is this the bacillus found in Dr. Caven's case? or is it one of a family of many others?

CLINICAL NOTES.—SCALY ERUPTION.

BY G. B. SMITH, M.D., TORONTO.

Myles Sweeney, aged 34; occupation, laborer.

Family history.—Father died twenty-three years ago, aged 60, of old age. Mother died sixteen years

ago of apoplexy. Her father died of same trouble. Family consisted of six brothers—four dead. Three died young—disease not known; the other died of what the patient calls inflammation of the lungs, due to a neglected cold.

Was sick six months, and during that time became much emaciated. The patient's surviving brother is healthy, twenty-seven years of age; at present in East Indies. Uncles and aunts on father's side died of old age. On mother's side all are living so far as the patient knows. Patient has four children living—three dead.

Personal history.—The patient was born in Killylarney, Ireland, where he lived until six years ago. Was apprenticed to a baker previous to twenty-one years of age. Enjoyed good health during youth. When about eighteen years, had a chancre, which he cured by the application of black-wash. Never has had any sore throat or tongue or general rash upon the body. When twenty years of age had an affection of left lung, due to exposure, following hard drinking. Has had good general health ever since. Formerly was a hard drinker, but has been an abstainer since last June. Has been married ten years. Wife has had no miscarriages.

Present trouble.—Began in infancy. He first remembers an itchy dry spot between folds of nates, about the size of a ten-cent piece. It seemed gradually to get larger. At the age of fifteen, the sore discharged purulent matter, and then seemed better for a time, but again steadily increased in size. At twenty-one years it was one-third its present size, since when it has been extending slowly. Often gets very itchy, causing the patient to scratch the surface till bleeding occurs. Certain points of the surface exposed most to irritation became inflamed and purulent. The diseased surface now covers upper part of left thigh and portion of buttock. Has never given it any treatment, and says he suffers little inconvenience.

Present condition of patient.—(1) Alimentary tract in good condition. Excellent appetite and perfect digestion. Has been troubled slightly with internal piles. (2) Circulatory—Heart: no lesion apparent; pulse full and strong. (3) Nervous—No lesions apparent. (4) Osseous System—Had a broken tibia less than a year ago. (5) Genito-urinary—Sometimes troubled with a venereal sore, which he treats with black-wash. Has had kidney trouble,

due to hard drinking. Was cured at the City Dispensary. (6) Respiratory Has had hæmoptysis, and been troubled occasionally with a slight cough. (7) Cutaneous No other lesion except the scaly, inflamed eruption upon the buttock and thigh.

CLINICAL NOTES.

A case of cancer of the lung was under treatment in hospital last month. The patient, a woman of 35, had been complaining of what she thought was a bad cold since last fall, with some pain in the right side and shortness of breath. On admission, her face had a dusky, congested look. She had a good deal of dyspnoea, some cough, but little or no expectoration, small and frequent pulse, but no elevation of temperature. There were a number of glands on the right side of the neck as large as hazel nuts. The physical signs, with the exception of marked dulness over the whole of the lower part of the right lung, were *nil*—exaggerated breathing and some bronchial sounds were all that could be made out. The dyspnoea increased, cough increased with some bloody expectoration, the finger nails were quite blue, and the right hand and arm showed a more feeble circulation than the left. There was dysphagia. Intra-thoracic pressure, and possibly malignant disease, was diagnosed, and the *post-mortem* proved this to be correct.

PORNOGRAPHIC LITERATURE.

The Maryland *Medical Journal* reprints a part of an article entitled "Pornographic Literature" which appeared in the *Western Reserve Medical Journal*. It goes on to say that the literature that comes to the office of a medical journal is very suggestive in its range, morally as well as intellectually. The fact that advertising pays subjects the medical editor to temptation as much as, probably, is the case with the newspaper men. The business management of the large Eastern journals is entirely separate from the work of the editorial staff, and the ethics of the advertising columns are apt to be somewhat lower than are those of the editorial pages. Leading articles in those journals do not, as a rule, cater to the trade. Publications in smaller towns are usually managed by the editors, and as human nature is weak and profits in legitimate journalism small, advertisements are apt to creep in disguised as original

Cancer of the lung is a comparatively rare disease, but said to be more common in men than women. The greater part of the right lung was involved.

Abnormalities of the genital organs are, fortunately, not common. A well-marked case of epispadia was admitted for repairs the other day, and a modification of Duplay's operation, by Dr. Powell, promises a good result.

Among the common things in the present day are troubles of the tubes and ovaries in females; but the varieties met with are as numerous as the cases. A case under observation for about a fortnight was operated on by Dr. Powell a few days ago. A probable salpingitis was diagnosed—apparently connected with an old-time gonorrhoeal infection. The symptoms, though not acute on admission, became suddenly markedly so, and called for interference. A coeliotomy was performed, and though nothing could be removed on account of the complete matting together of the parts, over a pint of fetid pus was got rid of, free douching with Thiersch resorted to, and with drainage, etc., the patient's condition is now very favorable. (T. 99.)

C. J. CHAPMAN.

Ottawa, May, 1895.

papers, even into the pages of legitimate journals. Others there are, sown broadcast over the land, which are simply advertising sheets, and from them private formulas and special remedies loom out from every page. No doubt the profits of such advertising are large, and there is no law of the land to prevent it. But there is a limit beyond which this thing should not go, and it is to this that we wish to call attention. Many of these sheets resort to medical quips and jokes of, to say the least, doubtful propriety. This has been carried so far that in a recent sample just received there appeared a number of half-tones, artistically excellent, but essentially lewd, and evidently there to attract attention for that very quality. Low-class journalism can go no further than this.

[When one remembers the fact that Canada is thus *blessed* with some "simply advertising sheets," it is a sort of comfort to know that other countries are likewise afflicted.—ED.]

Abstracts from Original Articles.

THE MEDICAL TREATMENT OF APPENDICITIS.

THOMAS BROOKS, A.M., M.D., of Dearborn, Mo., in the *Medical Bulletin*, says: "My experience in the treatment of four or five cases of appendicitis has been that by the judicious administration of the proper medicament we may induce recovery, and led me to the belief that a resort to surgical procedure is in most cases unnecessary. In a case occurring in a boy eight years of age I found, upon examination, a fluctuating tumor in the right inguinal region, and localized peritonitis. The tumor was about the size of an ordinary coffee cup, and extremely sensitive to the touch, while the whole region was very tender and the right thigh was flexed upon the abdomen. Diarrhœa had existed until several days before my first visit; during this time oil and purgatives were given, but without result. Temperature was 101½ F. Vigorous treatment was at once begun, and in three or four days the patient was better; in twelve days more he was out of bed, and almost well enough to be with his playmates.

"Let us briefly enter into the causes and frequency of this much exaggerated malady. The operation for appendicitis has been performed in all classes and nationalities, rich or poor, and from nineteen months to extreme old age. The causes are: formation of concretions in the sac, extensive inflammation or suppuration of surrounding tissues, or the invasion by foreign bodies--the first being the most common, I believe.

"How long will the concretion remain before inflammation is excited? I believe the time is indefinite, from a few hours to many years, and even a lifetime; and again, if an autopsy were held on all dying after forty years of age, we would, I think, find a foreign body in the appendix of the majority. This granted, I do not believe it is rational to operate as a preventive measure.

"Some may claim that my calculations are too high concerning the frequency of these concretions

or foreign bodies in the appendix. Let us reflect simply that this opening at the ileo-cæcal valve is ready to receive any intruder that may come along, and that it even has the force of gravity in its favor. Now, then, can a day pass without something falling into this trap? May not, then, this small appendage prevent many cases of violent intussusception or even of less degree?

"I trust that, with time and opportunity we may be able to gather some statistics on these important relations. Let us now consider the indications for operative interference. We should remove the appendix (*a*) when, in the course of another operation, we find it liable to inflammation; (*b*) when appendicitis has existed a sufficient length of time and general peritonitis may supervene; (*c*) when the appendicitis is due to surrounding suppuration or to traumatism; (*d*) when there has been a recurrence, three or four times, of severe inflammation; (*e*) the appendix. The last I consider the most important indication for surgical interference.

"I shall now endeavor to describe the treatment which has been of such signal service in the limited number of cases that have come under my observation. It has been simply magnesium sulphate, externally hot turpentine stupes, and acetanilid in ½-grain doses, repeated for its antipyretic effect. I have found this the least depressant of the coal-tar products.

"In my hands, magnesium sulphate (commonly known as Epsom salts) has proven a most active hydragogue cathartic, bringing away large, watery evacuations, with no irritation of the bowels and little griping. Its action is due to the increase of intestinal fluids by exosmosis, not to the peristaltic action of the bowel, thus allaying inflammation. It is best given in 1-drachm doses in one-fourth tumbler of warm water every two or three hours, according to the action of the bowels."

PREPARATION OF CATGUT.

Dr. R. H. Cunningham, in a recent issue of the *New York Medical Journal*, describes a method for the preparation of aseptic catgut by means of formalin. It has been demonstrated that a solution of formalin of 1 to 5,000 parts was capable of preventing the growth of micro-organisms in meat-juice.

Formalin possesses the property of uniting with gelatin and with albumin to form insoluble compounds. Thus if a film of gelatin, such as one gets on a photographic gelatin dry plate, is immersed in a solution of formalin for some hours it is impossible to dissolve the now changed film, even with prolonged boiling in water.

If commercial surgical catgut is wound not too tightly on a glass spool and soaked for two days in a mixture of absolute alcohol and ether (equal parts of each) to thoroughly remove the grease, then rinsed in alcohol for a few moments, and from this removed to a small jar that has a tightly-fitting cover, and which contains enough of a mixture of equal parts of formalin and alcohol to well submerge the catgut, after several days the catgut may be removed and the formalin washed out by soaking it several times in fresh alcohol: or, what I consider more preferable, it may be transferred to normal saline solution and *boiled* for half an hour or more, and then be transferred to alcohol and preserved therein, as is usually done.

When catgut has been treated with this alcohol-formalin mixture a very peculiar change as regards some of its properties will be found to have occurred. It does not become stiff or brittle, and even after boiling in water for some hours it loses practically none of its former strength, nor does it disintegrate in boiling water, as is the case with catgut prepared by the methods generally in vogue. The fact that it can be boiled without destroying it is very important for a number of reasons, but the three given below will suffice for present purposes:

It facilitates the complete removal of the irritating formalin from the catgut, as both formalin and alcohol are readily soluble in water.

Secondly, a more aseptic state of the gut is produced by the antiseptic properties of the formalin.

Lastly, it becomes still more surely aseptic as

well as non-irritating from boiling in normal saline solution, into which the spool of catgut can be put just at the beginning of a surgical operation, and in this way avoid bringing alcohol, oil of juniper, etc., in contact with delicate membranes and other tissues.

HYSTERICAL DEAFNESS.

Dr. Hector Mackenzie (*Brit. Med. Jour.*) relates the case of a girl, aged 16, who suffered from sore-throat in November, 1891, during an epidemic of diphtheria. In January, 1892, she had a slight attack of influenza. Following this attack she suffered from earache, for which she was politized. This caused some pain, and she became suddenly deaf, a greenish fluid coming from the left ear for some days.

A week later, a specialist who saw her said he could see the scar of a perforation of the tympanum and ordered local galvanism and strychnine internally. Later she developed numbness in the limbs, which became general except over the head and neck. The anesthesia and loss of muscular power was complete in the limbs. After six months' treatment with massage and electricity she gradually recovered sensation and muscular power, but continued deaf, and was unable to raise herself or stand without help.

In March, 1893, in this condition, she was admitted to St. Thomas' Hospital, and put under a course of Weir-Mitchell treatment for ten weeks. She gained twenty-two pounds in weight, but there was no improvement in hearing or in the paresis. After a process of training she learned to use her limbs and regained some strength in her back. In October, an attack of scarlet fever interrupted the progress. At this time there was total deafness in the right ear, and very little could be heard with the left. Bone conduction was absent on the right side and nearly so on the left. The deafness which had been of two years' standing was now treated in the manner suggested by Dr. Gillies in the *Marseille Medical*. The patient was made to listen to and try to count a ticking clock at increasing distances. In other words, there was a re-education of the sense of hearing. At first she could not hear the ticks even when close to the ear. In ten days she could carry on an ordinary conversation, and in another week could hear

as acutely as ever before. Her general health and mental condition continued to improve as the hearing became better, and she has remained perfectly well ever since, now more than a year since recovery.

THE PRODUCTION OF DUODENAL ULCERS.

Dr. W. J. Greig, in *Canadian Practitioner*, says: "In the production of duodenal ulceration, the same causes operate as in gastric. They are peptic in origin: that is to say, they are produced by the action of the gastric juice on the mucus membrane. The proof of this lies in the fact that these ulcers are not found in the duodenum lower than the biliary papilla, where the alkaline bile flowing into the bowel neutralizes the acid secretion of the stomach."

If this is so, why is not the healthy stomach digested? The only answer that can be given to this question is, that the stomach is protected by the healthy action of the living cell. Pavy and afterwards Cohnheim asserted that the stomach was protected by the alkalinity of the blood. The inconsistency of this doctrine is shown, because an acid juice impinging on an alkaline mucus membrane would either become alkaline itself, and thus lose its digestive power, or render the mucus membrane acid, in which case the theory would not hold.

It is evident, then, that other factors are necessary in the production of gastric ulceration. The question of traumatism is then considered, and numerous instances are given which show that a healthy stomach in a healthy individual will withstand most violent assaults. Ulceration is easily produced, but heals just as easily. Daettwyl, however, has shown in his experiments on animals that, where they are rendered anæmic by repeated venesections, injuries to the mucus membrane of the stomach do not heal up so readily. In fact, the condition of chronic ulceration is produced. Briefly, the course

of these gastric and duodenal ulcers occurring in anæmic individuals may be described as follows: An injury to the mucus membrane (possibly nothing more than swallowing hot food) followed by a follicular hæmorrhage into the stomach wall, which prevents proper nutrition of that spot. The gastric juice, acting on this, produces an ulcer which does not heal owing to the defective nourishment supplied by the anæmic blood.

Virchow sought to explain these ulcers by embolism. But, as Welch points out, a convincing instance of an ulcer produced by embolism has never been published. Again, a gastric or duodenal ulcer has never been found associated with a source of embolism, or with embolism in other organs.

Numerous cases of thrombosis, associated with more especially duodenal ulceration, have been reported, and in this fact must be found the cause of these cases occurring in elderly people, such as the case reported at the beginning of the paper. Thrombosis prevents nutrition of a limited portion of the mucus membrane, which, being acted on by the gastric juice, an ulcer is produced. The cause of the thrombosis may be found in the atheromatous condition of the blood vessels.

An interesting question is the association of duodenal ulceration with burns of the skin. Two recent writers (Drs. Perry and Shaw) have pointed out that they are probably septic in origin. They have collected eighteen cases in which a source of septic poisoning is connected with duodenal ulceration. Of these eighteen cases, in ten there was sloughing of the skin, the others were cases of otitis media, empyema, perinephritic abscess, hip-joint disease, etc.

Septic conditions are followed by congestion with petechiæ of the mucus membrane of the alimentary canal. Such petechial points as occur between the pylorus and the biliary papilla are acted on by the gastric juice, and ulcers are formed. Why the mucus surface of the stomach is exempt is not shown.

Meetings of Medical Societies.

LONDON MEDICAL SOCIETY.

THE regular monthly meeting was held April 8th, the president, Dr. J. B. Campbell in the chair.

A full and animated discussion in regard to publishing reports of meetings in the medical journals, and settling the question as to ownership of papers read at the society meetings, took up most of the evening, and brought out many interesting arguments. It was decided that the papers did *not* become the property of the society.

Dr. J. H. Gardiner presented a rare case of "Dermatitis Repens," which was critically inspected while the doctor outlined its history.

Dr. Balfour read notes of a case of "Placenta Previa," with treatment. The chief points in the case were the early diagnosis, the early hæmorrhage and the inefficiency of *any* treatment except emptying the uterus. This was done under an anæsthetic, and the patient made an uneventful recovery. In discussion, the dangers of vaginal plugging, and the unsuccessful results following that procedure were fully brought out by Drs. Meek, Hodge, Campbell, Wishart and others.

W. J. WEEKES, *Cor. Sec.*

WATERLOO-WELLINGTON MEDICAL ASSOCIATION FORMED.

The third annual meeting of the Waterloo County Medical Association was held in the Council Chambers, Berlin, 3rd May, with Dr. H. G. Lackner, President, in the chair.

The medical profession of Wellington have been in correspondence for some time to effect a union if possible, and form a conjoint association comprising the two counties. A strong deputation from Guelph was present, and the proposition was very carefully considered. It was finally adjusted, and hereafter the society will be known as the Waterloo and Wellington Medical Association.

The President then retired, and the following

officers were elected for the ensuing year: President, Dr. D. S. Bowlby, Berlin; 1st Vice-President, Dr. A. McKinnon, Guelph; 2nd Vice-President, Dr. Webb, Waterloo; 3rd Vice-President, Dr. Cameron, Galt; Treasurer, Dr. Howitt, Guelph; Corresponding Secretary, Dr. G. H. Bowlby, Berlin; Recording Secretary, Dr. Lindsay, Guelph; Committee—Dr. Lundy, Preston; Dr. Brock and Dr. Lett, Guelph.

Dr. Charles Trow, of Toronto, then read an instructive and interesting paper on "Middle Ear Inflammations," which subsequently called forth considerable discussion.

The next regular meeting of the Waterloo and Wellington Medical Association will be held in Guelph, the first Friday in July, at which Dr. A. McKinnon has kindly promised to furnish a paper.

After a vote of thanks to Dr. Trow, the meeting adjourned.

ONTARIO MEDICAL ASSOCIATION.

The following is the provisional list of papers to be presented at the fifteenth annual meeting of the Ontario Medical Association, which convenes in the Council Buildings, Toronto, June 5th and 6th:

DISCUSSIONS AND PAPERS.

The President's Address, R. W. Bruce Smith, Hamilton. Papers by Guests: "Intestinal Complications in Gynecic Surgery," J. B. Murphy, Chicago; "Embryonic Remains in Cases of Eczema of the Navel," Robert T. Morris, New York; "Operative Treatment for Brønchocele," Francis J. Shepherd, Montreal; "Laryngeal and Tracheal Tuberculosis—the Importance of their Early Recognition and Treatment," F. W. Chappell, New York. Discussion in Medicine—"Diphtheria," W. J. Wilson, Richmond Hill, followed by G. M. Aylesworth, Collingwood, and J. T.

Fotheringham, Toronto. Discussion in Surgery-- "Delayed Union in Fractures," Geo. A. Peters, Toronto, followed by I. H. Cameron, Toronto, and A. McKinnon, Guelph. Discussion in Therapeutics--"The Physiological and Therapeutic Action of Iron, with a discussion of its newer Pharmaceutical Compounds," H. A. McCallum, London, followed by J. H. Sangster, Port Perry, and A. T. Rice, Woodstock. Discussion in Obstetrics-- "The Primary Repair of Genital Lesions of Childbirth," K. N. Fenwick, Kingston, followed by H. Meek, London, and H. T. Machell, Toronto. "The Present Position of Antitoxine in the Treatment of Diphtheria," Charles Sheard, Toronto. "Antitoxine in the Treatment of Diphtheria--with clinical notes of cases," J. D. Edgar, Hamilton. "Calomel Fumigation in the Treatment of Diphtheria," T. F. McMahon, Toronto. "Phlegmasia Dolens--report of cases," J. Campbell, Seaforth. "Treatment of Pulmonary Tuberculosis," D. Marr, Ridgetown. "A Few Remarks on Home and Foreign Climate in Consumption," E. Playter, Ottawa. "Science in Medicine," F. Oakley, Toronto. "Hydrotherapy in the Treatment of Exanthematous Fevers," A. K. Sturgeon, Petrolia. "Some Forms of Corneal Ulcers and their Treatment," G. S. Ryerson, Toronto. "Cataract," R. A. Reeve, Toronto. "A Case of Pneumo-Peritoneum," C. J. Hastings, Toronto. "Puerperal Insanity," N. H. Beemer, Mimico. "Narcotic Addiction," S. Lett, Guelph. "Notes on Paresis," Ezra H. Stafford, Toronto. "Use of the Stomach Tube," G. Hodge, London. "A Case of Scurvy in a Child," H. T. Machell, Toronto. "A Case of Progressive Unilateral Facial Atrophy," T. F. McMahon, Toronto. "A Case of Morphœa," A. McPhedran, Toronto. "Notes on an Epidemic of Herpetic Tonsillitis," J. R. Hamilton, Port Dover. "The Antiseptic and Eliminative Treatment in Typhoid Fever," W. B. Thistle, Toronto. "Traumatic Neurasthenia," D. C. Meyers, Toronto. "Currents and Counter Currents in Therapeutics or a Plea for Rationalism in the Treatment of Disease," J. H. Sangster, Port Perry. "Intelligent Use of Rectal Injections, with Improvement of Ordinary Enema Syringe," R. P. Burrows, Lindsay. "Some Remarks on Pneumonia with report of an interesting case," R. V. Bray, Chatham. "Metallic Sutures in Fracture of the Patella," J. J.

Cassidy, Toronto. "Cases of Post Pharyngeal Abscess, Double Cephalhematoma, Leucoma, Colitis," etc., G. Acheson, Galt. "Traumatic Septicæmia," J. C. Mitchell, Enniskillen. "An Operative Procedure for Spina Bifida," H. Howitt, Guelph. "Intestinal Anastomosis with Murphy's Button," J. L. Davison and L. Teskey, Toronto. "A Case of Anterior Abdominal Nephrectomy for Calculus--with patient," L. MacFarlane, Toronto. "An Operation for Hare-lip," A. Groves, Fergus. (a) "A Case of Ectopic Gestation--4 mos. Operation and Recovery;" (b) "A Case of Mental Aberration Following Removal of an Ovarian Cyst," W. J. Gibson, Belleville; "Tumors of the Bladder--report of cases," F. LeM. Grasset, Toronto. "Seminal Vesiculitis," E. E. King, Toronto. "Foreign Bodies in the Knee Joint," G. Bingham, Toronto. "Modern Experimental Surgery on Man and Woman--a criticism of operations done and the results obtained," J. F. W. Ross, Toronto. "The Use of Ichthyol in Gynecology," L. Sweetnam, Toronto. "Use of the Projection Microscope in the Teaching of Anatomy," A. Primrose, Toronto. "Display of Bacteria," J. Caven and F. N. G. Starr, Toronto. "Notes on Carcinoma," H. B. Anderson, Toronto. "Remarks on Appendicitis--with report of a case of recovery after rupture of abscess into the general peritoneal cavity--exhibition of specimen," T. K. Holmes, Chatham. "Some Remarks on the Operation for Cleft Palate," G. McDonagh, Toronto.

Papers will not necessarily be read in the above order.

A lime-light exhibition of photographic specimens will be given. Members having slides are requested to bring them. Any member having negatives, may have slides prepared therefrom by forwarding to the chairman of Committee on Papers.

Never before in the history of the association has there been so generous a response to the invitation for papers, and the committee have already as many papers as can possibly be read in the time allotted for papers. A time limit of ten minutes, and ten only, will be allowed for each paper, excepting those from guests and leaders in discussion.

A luncheon at the new Yacht Club (city) will

be tendered by the city members of the association to all members present at this meeting, on Thursday, June 6th, at 1 p.m. A yacht trip will follow the luncheon.

N. A. POWELL,

Chairman Com. on Papers and Business.

SPRING EXAMINATIONS, 1895.

The following candidates have passed the Final Examination of the College of Physicians and Surgeons of Ontario, 1895 :

W. L. T. Addison, Toronto; A. W. Aiken, Orangeville; Mary E. Allen, Fordwich; N. J. Anyot, St. Thomas; Geo. W. Brown, Aylmer West; Sidney B. Bean, Bright; James Becket, Thamesville; J. W. Brien, Essex Centre; G. W. Badgerow, Eglinton; J. H. Cormack, Kingston; Jas. G. Caven, Toronto; M. Currie, Picton; J. A. Cowper, Welland; R. A. Craft, Chisholm; C. D. Chapin, Brantford; W. J. Chapman, Toronto; W. Douglas, Chatham; C. A. Drummond, Meaford; R. A. Downey, Toronto; Jeanie I. Dow, Fergus; F. C. Delahey, Pembroke; Geo. Elliott, Toronto; A. S. Elliott, Scotch Block; W. A. Feader, Iroquois; J. H. Ferguson, Toronto; T. H. Farrell, Kingston; H. M. Featherstone, Nelson; S. E. Fleming, Millbank; T. F. Flaherty, Thorndale; J. F. Gibson, Kingston; A. Gibson, Orton; C. W. F. Gorrell, Brockville; F. C. Hagar, Kingston; F. C. Harris, Tuscarora; J. C. Hutchison, Fordwich; T. B. Hewson, Port Hope; Jennie Hill, Bond Head; G. W. Hall, Little Britain; J. N. Hutchison, London; W. Hird, Uxbridge; A. J. Hunter, Toronto; J. F. James, Strathroy; C. G. Johnston, Athens; C. J. Kelley, West Flamboro'; E. T. Kellam, Seaforth; W. D. Keith, Toronto; M. O. Klotz, Ottawa; J. R. Lancaster, Culloden; A. C. Lambert, Toronto; A. S. Langrill, Ohswegen; J. G. Lamont, Ripley; W. C. Laidlaw, Toronto; E. H. Marselis, Bouck's Hill; A. K. Merritt, Scotland; A. A. Milligan, Toronto; J. D. Monteith, Stratford; Daisy M. Macklin, Stratford; W. McDonald, Galt; T. McCrae, Guelph; F. McLennan, Lockalsh; W. B. McKechnie, Aberdour; Annie B. McCallum, Gananoque; H. S. McDonald, Kingston; J. A. McBroom, Washburn; J. A. McNiven, Dorchester; M. McPhail, Sonya; T. W. G. McKay,

Toronto; W. T. McArthur, Moorefield; A. E. Northwood, Chatham; J. I. Pratt, Heathcote; Rose Pringle, Fergus; F. Parker, Stratford; H. G. Pickard, Glamis; H. M. Paterson, Rodney; J. H. Ratz, Elmira; E. K. Richardson, Flesherton; F. S. Ronthwaite, Collingwood; H. A. Stevenson, London; J. Sheahan, Newark; A. A. Small, Toronto; D. W. Shier, Cannington; Maggie Symington, Brighton; D. R. Simpson, Hamilton; T. H. Sneath, Midhurst; E. Seaborn, London; J. G. M. Sloane, Annan; H. E. Tremayne, Mimico; F. L. Vaux, Brockville; R. J. Walker, Strathroy; W. C. Whitecker, North Williamsburg; F. G. Wallbridge, Belleville; G. S. Young, Stouffville; J. M. Zumstein, Elecho.

The following candidates passed the primary examination of the College of Physicians and Surgeons of Ontario, 1895 :

Passed with honors.—J. S. McEachern, Cashtown.

Pass.—W. R. Alway, Vittoria; A. H. Addy, Tapleystown; J. H. Allin, Orono; T. H. Bell, Peterboro'; J. W. Brien, Essex Centre; H. O. Boyd, Toronto; A. I. Brown, Beachville; G. H. Brereton, Schomberg; G. W. Badgerow, Eglinton; J. A. Bell, Strathroy; Hattie Cockburn, Beaverton; P. M. Campbell, Adamston; J. H. Cormack, Kingston; Jas. G. Caven, Toronto; C. J. Copp, Toronto; A. M. Campbell, Iona; Geo. I. Campbell, Belwood; J. A. Cummings, Bondhead; Geo. Cairnes, Berlin; C. A. Campbell, Toronto; E. A. Crosskerry, Perth; F. A. Dales, Toronto; C. B. Dyde, Kingston; J. J. Downing, Kingston; James Davis, London; A. T. Embury, Belleville; J. H. Elliott, Hampton; W. A. Feader, Iroquois; P. J. R. Forster, Palmerston; J. M. H. Gillies, Teeswater; W. E. Graham, Smith's Falls; J. C. Gibson, Kingston; J. F. Gibson, Kingston; A. G. Hodgins, Lucan; E. M. Hooper, Toronto; C. J. Kelley, West Flamboro'; A. Ludwig, Sebringville; J. P. Lee, Toronto; W. C. Laidlaw, Toronto; E. H. Marselis, Bouck's Hill; S. Moore, Rosemont; W. P. Maybury, Parkhill; J. A. Morgan, Walkerton; J. H. Mullin, Hamilton; J. M. MacDonald, Toronto; J. P. Morton, Hamilton; G. B. Mills, Fergus; G. W. Mylks, Glenore; F. P. McNulty, St. Catharines; D. McGillivray, Uxbridge; E. C. D. McCallum,

Maxville: D. C. McKenzie, Durham: A. T. McNamara, Toronto Junction: M. McGregor, Kingtail: R. Nicholl, Listowel: W. T. Pallister, Guelph: R. M. Perry, Kirkfield: E. G. Quesnel, Alfred: A. F. Reynar, Bolton: S. W. Radcliffe, St. Mary's: G. Royce, Davenport: C. H. Sills, Picton: J. Shultis, Rockwood: F. C. Steele, Orillia: H. A. Stevenson, London: F. A. Scott, Clinton: D. S. Sager, Brantford: N. J. Tait, St. Thomas: J. B. Thompson, Ostrander: W. H. Taylor, Toronto: W. J. Wesley, Newmarket: F. W. E. Wilson, London: Jennie M. Willson, Toronto: G. H. Wade, Wooler: A. Webb, Kettleby: W. L. Yeomans, Mount Forest.

THE WESTERN UNIVERSITY.

RESULT OF THE EXAMINATIONS IN THE MEDICAL DEPARTMENT.

PRIZE WINNERS.

Gold medalist—T. F. Flaherty, Thorndale.
 Third year scholarship—E. C. Weekes, City.
 Second year scholarship—F. W. E. Wilson, City.
 First year scholarship—W. J. Tillman, L. West.

HONORS.

First year—Tillman, Campbell, Ardiel, Woodburn, Chappell.
 Second year—Wilson, Hackney, Stewart, Bell, Campbell, Davis.
 Third year—Weekes, Stevenson.
 Fourth year—Seaborn, Flaherty, Wiley, James, Francis.

FOURTH YEAR.

Clinical Medicine: Honors—(Francis, Seaborn, Flaherty), (Wiley, James). Pass—Kingsmill, Sharpe, Wood.

Surgery: Honors—Flaherty, Seaborn, Wiley, James. Pass—Francis, Kingsmill, Thorpe, Wood.

Clinical Surgery: Honors—James, Seaborn, Flaherty, Wiley, Francis. Pass—(Kingsmill, Thorpe, Wood.)

Gynecology: Honors—Seaborn, Flaherty, Francis. Pass—Wiley, James, Kingsmill, Wood, Sharpe.

Obstetrics: Honors—(Flaherty, Seaborn), Wiley. Pass—James, Sharpe, Kingsmill, Wood.

Medicine: Honors—(Wiley, Seaborn), (James, Francis), Flaherty. Pass—Sharpe, Kingsmill, Wood, Willians, Deviney.

THIRD YEAR.

Jurisprudence: Honors—Weekes, Stevenson. Pass—Windsor, Smith, Morris.

Surg. Anatomy: Honors—Smith. Pass—Morris, Sharpe, Weekes, Windsor, Stevenson.

Sanitary Science: Honors—Stevenson, Weekes. Pass—Smith, Morris, Sharpe, Windsor.

Pathology: Honors—Stevenson, Windsor, Weekes, Smith, Morris.

Therapeutics: Honors—Weekes, Windsor, Stevenson. Pass—Morris, Smith.

Clinical Medicine: Honors—Weekes, Stevenson, Windsor. Pass—Smith, Morris.

Clinical Surgery: Honors—Weekes. Pass—Windsor, Stevenson, Morris, Smith.

SECOND YEAR.

Anatomy: Honors—Morgan (King, McGregor, Orme), (Hackney, Campbell, Gray, Stewart, Bell) Davis, (Wilson, Caesar). Pass—Kelly, Hyndman, Tanner, Fitzgeald.

Pract. Anatomy: Honors—King, Bell, Wilson, Hackney, Stewart, Davis, McGregor, Campbell. Pass—Orme, Morgan, Gray, Caesar, Fitzgerald, Kelly, Hyndman.

Physiology: Honors—Wilson, Hackney, Bell, Campbell. Pass—King, Stewart, Caesar, McGregor, Orme, Kelly, Davis, Gray, Fitzgerald. Morgan

Histology: Honors—Wilson, Hackney, Stewart, McGregor, King, Orme, Morgan, Caesar, Kelly, Campbell, Davis, Bell. Pass—Fitzgerald, Gray, Tanner, Hyndman.

Chemistry: Honors—Wilson, Davis, Hackney. Pass—Stewart, Campbell, Bell, Caesar, Kelly, King, Orme, Gray, Morgan, Fitzgerald, McGregor.

Pract. Chemistry: Honors—Bell, Wilson, Davis, Campbell, (Gray, Stewart), Fitzgerald. Pass—Caesar, Hackney, King, Orme, Morgan, McGregor, Kelly.

Toxicology: Honors—Campbell, Bell, Davis, Hackney. Pass—Caesar, Morgan, Wilson, Orme, Kelly, Stewart, King, Gray, Fitzgerald, Tanner, McGregor.

Mat. Medica: Honors—Stewart, Morgan, Bell, Wilson, Hackney, Campbell, Davis. Pass—Kelly, Caesar, McGregor, Orme, King, Fitzgerald, Gray.

FIRST YEAR.

Botany: Honors—(Campbell, Hanna), Ardiel, Tillman, Woodburne. Pass—Alexander, Orme, Chappel, O'Brien, Smith, Kalbfleisch, Egbert,

Elliott, McLean, J. T. Wood, McLennan, Henderson, Fletcher, Hopper, Waters, Ellis, Crawford, Hambly.

Physiology: Honors—(Ardiel, Tillman), Campbell, Woodburne, McLennan. Pass—Kalbfleisch, O'Brien, Egbert, Elliott, Fletcher, Orme, Crawford, Alexander, McLean, Ellis, Chappell, Henderson, McGregor, Smith, Waters, Hanna, Hyndman, Hopper, Hambly, J. T. Woods.

Chemistry: Honors—Tillman, O'Brien, Campbell. Pass—Chappell, Ardiel, Hanna, McLennan, Henderson, Fletcher, Woodburne, McLean, Orme, Egbert, Elliott, Smith, Kalbfleisch, Alexander, Hopper, J. T. Woods, Crawford, Ellis.

Materia Medica: Honors—Campbell, Hanna, Henderson, Chappell, McLean, Tillman, Ardiel,

Orme, Ellis, Kalbfleisch, Woodburne, Smith, Fletcher, Egbert, Alexander, McLennan, O'Brien. Pass—Crawford, Elliot, J. T. Woods, Waters, Hambly, Hopper.

Practical Anatomy. Honors—Ardiel, Tillman, Smith, Woodburne, (Campbell, Chappell, McLennan) Pass—Kalbfleisch, McLean, Henderson, Orme, Elliott, O'Brien, Egbert, Crawford, Hanna, Fletcher, Alexander, Waters, J. T. Woods, Ellis, Hopper, Hambly.

Anatomy: Honors—(Hanna, Woodburne), Chappell, (Campbell, Hambly), Ardiel, (Tillman, Smith), O'Brien, Fletcher, Ellis. Pass—Elliott, Kalbfleisch, J. T. Woods, McLennan, McLean, Henderson, Hopper, Orme, Waters, Alexander, Egbert, Crawford.

Appendicitis. J. W. White (reprint from the *Therapeutic Gazette*), in an address delivered before the Surgical Section of the College of Physicians of Philadelphia, reported seventeen cases of appendicitis, and in his comments on these expressed the following views: (1) The great frequency of this affection is due to the fact that the appendix is a functionless structure of low vitality, removed from the direct fecal current: it has a scanty mesentery so attached to both cæcum and ileum that it is easily stretched or twisted when these portions of intestine become distended: it is supplied by a single blood vessel, the calibre of which is seriously interfered with or altogether occluded by anything which causes dragging upon the mesentery. Moreover, there is almost always present a micro-organism—the bacterium coli commune—capable of great virulence when there is constriction of the appendix or lesions of its mucous or other coats. (2) The symptoms in a case of mild catarrhal appendicitis cannot at present with any certainty be distinguished from those marking the onset of a case of the gravest type. (3) It remains to be determined by future experience whether or not operative treatment in every case of appendicitis, as soon as the diagnosis is made, would be attended with a lower mortality than expectant treatment until definite and severe symptoms are present. At present operative interference is indicated in every case in which the onset is sudden and the symptoms decidedly acute and severe, and in every mild case

in which the symptoms are unrelieved at the end of forty-eight hours, or if at that time they are getting worse. (4) It is still doubtful whether cases seen from the third to the sixth day, which present indications of commencing circumscription of the disease by adhesions, and which tend to the formation of localized suppuration, will do better with immediate operation with the risk of infecting the general peritoneal cavity, or with later operations when the circumscribing wall is stronger and less likely to be broken through. An operation is certainly indicated, the author holds, whenever a firm, slowly-forming and well-defined mass is to be felt in the right iliac fossa, or, on the other hand, when a sudden increase in the sharpness and diffusion of the pain points to perforation of the appendix or breaking down of the limiting adhesions. (5) Operative interference offers some hope of success in the beginning of general suppurative peritonitis, but is useless in the presence of general peritonitis with septic paresis of the intestines. (6) Several attacks of recurrent appendicitis of a mild type may be followed by complete and permanent recovery, but it is at present impossible to distinguish these cases from those in which the appendicitis does not tend to spontaneous cure. Operation is indicated when the attacks are very frequent. (7) Chronic relapsing appendicitis is characterized by the persistence of local symptoms during the intervals and by more or less failure of the general health. It usually indicates operation. —*British Medical Journal*.

Correspondence.

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

ADVICE TO THE NEW COUNCIL.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—In the following observations submitted for insertion in your JOURNAL, I cannot promise its readers anything either particularly striking or new, but if, by calling the attention of the profession to some things which to me seem worthy of special consideration, I can throw any new light upon them, I shall not consider it labor in vain. I need hardly inform you that a new Council has been elected, or that it will shortly meet both for organization and business. With respect to the composition of this body, it is, as far as one may judge, of a high order, and reflects credit upon the medical electorate. I by no means think it a misfortune that a certain representation of the so-called Medical Defence Association has been chosen. These gentlemen, who have for some years wearied all mankind with their long-winded complaints, will now have an opportunity of showing to the country what manner of men they really are. In political matters it has been found expedient to sometimes put egotistical and over-confident agitators into office, in order that its responsibilities may teach them both wisdom and discretion—let us hope that in the Medical Council the same advantages may result to the members connected with the Medical Defence Association. Now, with respect to the Council, it surely needs no argument to convince anyone that it ought not to be judged before it has had an opportunity of propounding its policy. It would, however, appear that the interminable controversy of the past three years is about to be set upon its feet again, and all the old and oft-refuted arguments are to be resurrected in new forms. We certainly thought the Defence Association had finished its labors and betaken itself to a final rest, but such is not the case. We are not of those who think that it accomplished no useful purpose, for it undoubtedly

brought about some needed reforms, but, notwithstanding this, we are quite sure that its usefulness is past, and that any further agitation is both mischievous and unwise. We have now obtained all the legislation we can expect; if any evils existed they have been remedied. A new Council has been elected, and is entitled to our best support. I need hardly say much about the recent attempt of the Patrons to destroy the Medical Council. The leader of that party is a man capable of enjoying a little cheap notoriety, and my opinion is that he be allowed to sink peaceably into the obscurity from which he ought never to have emerged. To Sir Oliver Mowat we owe a debt of gratitude, because, at a critical moment, he did not fear to defend the cause of right against quackery and misrepresentation regardless of consequences. I must also confess to a sincere liking for Dr. Ryerson, whose watchful care marshalled the strength of the profession against the political demagogues who hardly comprehend what they are asking for. The profession requires at the present time, above all other things, to be united. It has shown itself to be strong, and must not grow weak by internal dissension. I should like to quote a celebrated maxim with the change of a single word, "The price of safety is eternal vigilance."

I hope that I am not in danger of violating any statute or committing a breach of good manners in the following suggestions which I respectfully offer to the members of the new Council:

1. A uniform medical examination for the whole Dominion which would necessarily bring about interprovincial registration. I cannot pretend to lay down the course to be pursued in this matter, but leave it to the wisdom of the Council to take the proper steps.

2. Reciprocity between Canada and the Mother

Country in medical degrees whereby our graduates should be able to practice in Britain and *vice versa*.

3. No territorial division fees, but a uniform fee fixed by the Council for the whole Province, together with a stated remuneration for all expert evidence.

4. Some means adopted to abolish lodge practice. This I consider to be by far the worst evil under which we are suffering. The Council ought to be able to find a remedy. Could it not exact a pledge from all its new graduates not to engage in any lodge or contract practice? I am, however, again compelled to trust to the wisdom of the new Council for a remedy.

5. One, and only one, annual examination.

6. Some scheme to be devised for lessening the

overcrowding of the medical profession. I am afraid the excessive number of our medical schools is a great cause of this increasing evil.

I will not further trespass upon your time by speaking about other matters, such as an annual tax, improving the curriculum, etc. The Council is much better able than myself to attend to these matters. I must, however, say that I highly appreciate the *ONTARIO MEDICAL JOURNAL*, which has regularly come to hand the past year, and hope that the new Council will make a permanent arrangement for its continuance.

Yours truly,

JOSEPH CARBERT.

Mono Road, May 15th, 1895.

Puerperal Eclampsia.—I wish to present a case of puerperal eclampsia which, to me, is of extraordinary interest, not from the fact alone of its fatal termination, but it is the first of the kind coming under my observation, having been engaged in the practice of medicine less than two years. And right here it might be well to observe that the ordinary country doctor, doing a general practitioners business, as I do, may expect a case of this kind more frequently than one would suppose, and it is opportune that he should have its management well in mind. Mrs. J., aet. 17, wife of a farmer, first pregnancy. The husband came to me on September 27, 1894, to obtain medicine for his wife's headache. Upon inquiry I learned that the woman was dropsical in the lower and upper limbs and face; had been having agonizing headache for twelve hours. Period of gestation was thought to be nearing its completion. I told him I thought her condition serious, and, while not wishing to alarm him, yet I informed him that convulsions were liable to occur at any time, and they might terminate fatally. I prescribed for the woman according to these indications, but the man had not left my presence when a messenger came hurriedly with the information that she was then having "fits," as he termed it. I hastened to the patient, three miles distant, and found her in horrible convulsions. Temperature $104\frac{1}{2}^{\circ}$, pulse 140,

respiration stertorous and jerky. The convulsions were of a clonic nature, followed by a tonic contraction, lasting but a few seconds. The periods of repose did not exceed thirty seconds. She had been having these eclamptic seizures for two hours before I got there, and at no time was there any period of consciousness. I gave her a hypodermic of morphine and atropine; also two drops of croton oil upon the tongue. I also administered chloral, potassium bromide, veratrum viride—all of which were apparently swallowed with good effect, for I was rewarded in thirty minutes with seeing her perfectly quiet, except the stertor, which never relaxed. Pulmonary œdema seemed to be present from the very start. I was informed that her bowels and kidneys had been acting very freely. However, I catheterized the woman and obtained about two ounces of urine, but had no means at hand of examining it. I used enemata of tepid water, and also put her in a hot pack. In one hour her temperature had dropped to 99° , pulse 84. The os had not commenced to dilate to any considerable extent until the convulsions had ceased. I encouraged dilation, but before it was sufficient to admit the forceps to the head, the woman died. I had medical advice from the beginning, and we gave it as our opinion that the woman would not live.—R. E. CHAFFIN, M.D., in *Tri-State Medical Journal*.

Book Notices.

Manual of General Medicinal Technology, including Prescription Writing. By EDWARD CURTIS, A.M., M.D., Emeritus Professor of Materia Medica and Therapeutics, College of Physicians and Surgeons, Medical Department of Columbia College, in the city of New York. Third Edition, conforming to the U.S. Pharmacopœia of 1890. Pocket size (Wood's Pocket Manual Series), 245 pages. Price, \$1.00.

Dr. Curtis in this, the third edition, makes the text conform to the U.S. Pharmacopœia. It deals with both medicines and "medicating," to use their own word, and contains, besides, a full description of the metric system, a valuable table of solubilities. It certainly is a very handy little volume for students.

The Treatment of Wounds, Ulcers and Abscesses. By W. WATSON CHEYNE, M.B., F.R.S., F.R.C.S., Professor of Surgery in King's College, London, Surgeon to King's College Hospital, etc. In one 12mo volume of 207 pages. Cloth, \$1.25. Philadelphia: Lea Brothers & Co. 1895.

As the title would indicate, Mr. Cheyne has divided this small work into three distinct parts.

1. Wounds which are divided into classes, their description and the best line of treatment being given. Two items of considerable interest are laid down. The first, that suppuration in a wound made in unbroken skin is the fault of the surgeon, and that iodoform of itself is not an antiseptic in the ordinary acceptance of the term: that is to say, it neither kills bacteria, nor does it even interfere with their growth. Yet it does break up the products of the bacteria themselves, and thus, by the free iodine liberated, exercises a certain inhibitory power on the growth. Consequently, he does not approve of the use of this drug on clean, new wounds, where it is necessary to keep out the germs, dust being oftentimes mixed in. "To be used in recent wounds it itself should be disinfected," says the author. With regard to lotions, a decided veto is put on the use of strong antiseptic ones for disinfecting wounds, irritation being the

principal consequence, and hence greater facility for propagation of the bacteria. Skin grafting is recommended for large surfaces, but strict injunctions are given for absolute antisepticism before anything is done.

2 and 3. Ulcers and abscesses get quite as extended and exhaustive descriptions. On the whole, the work is a practical one, by a practical man, for not only general practitioners, but also specialists in surgery. It should commend itself highly to the profession.

Diseases of Personality. By TH. RIBOT. Pp 164. Cloth, 75 cents; paper 25 cents. Chicago: The Open Court Publishing Company.

The publishers have just issued a second edition of their authorized translation of this work, the first having been exhausted in three years. The popularity of Professor Ribot's works is certainly deserved, as they form delightful introductions to the study of psychology and are remarkable specimens of economy and lucidity of exposition. No other author displays such originality in placing under lucid points of view the disordered mass of data gathered by the psychological specialists. The present translation has been revised throughout, and embodies all the corrections and additions of the new fourth French edition. The bibliographical references have been verified, and an analytical index made, which will much enhance the usefulness of the book.

The Year-Book of Treatment for 1895. A Comprehensive and Critical Review for Practitioners of Medicine and Surgery. In one 12mo volume of 501 pages. Cloth, \$1.50. Philadelphia: Lea Brothers & Co. 1895.

This—the eleventh issue of this excellent epitome of medical work for the year—makes its appearance with only a few changes from the staff of 1894. Dr. Coupland replaces J. Mitchell Bruce on diseases of heart and circulation, Wm. Rose replaces Stanley Boyd on general surgery and

Dr. White-liffe replaces Prof. W. H. Corfield on public health and hygiene. It is a great pity that such a circumstance should have arisen that would leave out the chapter on bacteriology, as this science is becoming more important daily both in the departments of medicine and surgery. The method of compilation of this work is strong evidence of its value, the index giving a clue to the newest thought on almost any conceivable subject, medical or surgical. Most decidedly the new additions have not deteriorated in their work from their distinguished predecessors.

Medical Gynecology. A Treatise on the Diseases of Women from the Standpoint of the Physician. By ALEXANDER J. C. SKENE, M.D., Professor of Gynecology in the Long Island College Hospital, Brooklyn, N.Y., etc. With illustrations. New York: D. Appleton & Co., Publishers. 1895.

For a number of years past much attention has been paid to woman in her various walks in life. Some have discussed her place in nature: some have proved conclusively that she is not fit to enter the learned professions, and others, with equal definiteness, have placed her upon an equal footing with man. Recently, it is said that a woman returned home after her last year's work in an American college, carrying in one arm a diploma qualifying her to practice medicine, and in the other a week-old baby. There was some doubt as to whether this should be given as a reason why she should not enter the professions, or as an example of the versatility of her genius. Side by side with the advances made toward a solution of the problem as to her proper place, there has been a rapid increase in the knowledge of the diseases peculiar to her sex. To our American cousins much credit is due, for they certainly stand in the front rank of gynecologists, and in the work before us Dr. Skene has started out with the laudable purpose of bringing to the notice of the general practitioner certain things that, in the rush for an understanding of surgical gynecology, have been kept more or less in the background.

The book is divided into three parts. Part I. deals with the period of life up to and including puberty. Part II. takes up the active period of life, characteristics and diseases. Part III. con-

siders the period of transition from middle life to old age, and the diseases of that period.

In the early part of the work he compares the demands of science and of the social state—the one requiring that only the healthy should have offspring, the other ignoring this requirement altogether.

As to the feeding of young girls, he says that the "quantity of food given should be limited only by the wants of the child." The whole article on diet is well worth reading. Then clothing comes in for a share of criticism. The author thinks, owing to the fact that the "corset has been so long worn that there is a demand established for it, and the mammary glands of civilized women require support, because the deep fascia, the natural support of these glands, is imperfectly developed," etc. In passing, it might be mentioned that it is the superficial fascia that is the natural support of the mammary gland. The proper kind of boots is also discussed, and the way to take exercise.

We cannot follow the learned doctor in all his statements. For example, speaking of the onset of puberty, he says: "Much of the information regarding what they are to expect and how to protect themselves, then, must come from the mother or a cultivated woman. . . . Up to the time preceding the first menstruation a girl should be left in ignorance of her sexual organs and all that pertains to them." In another place he says: "To teach anatomy and physiology to young girls is baneful. What a mistaken idea to direct children's attention to the structure of their bodies and to the functions of organs." How is a child to know how to take care of herself at the onset of menstruation unless some wise counsellor advises her? If she is left to learn these things for herself the chances are ten to one that she will learn them in a disgusting way from some older companions, and will be warned not to tell her mother for fear of punishment.

The author is apparently a strong advocate of gymnastics, and he sounds a timely note of warning against the practice of having all types of girlhood take the same kind of physical culture.

Chapter III. deals with menstruation, and the next chapter discusses the derangements of menstruation. This part of the work will be found very interesting, for there is much placed before us

in a readable form about which we know just enough not to know anything.

He commences the second part of the book with a description of sexual characteristics, discussing first of all her functions, and afterward the differences in construction of the various parts.

In Chapter X. general therapeutic agents are discussed under the heads: "Hydrotherapy," "The Turkish Bath," etc. The next chapter considers electricity in a general sense. Chapter XII. is, perhaps, the most useful in the work. It takes up "Muscular Exercise," "Massage," and "Diet in Disease." The author quotes from Dr. Savage, and gives a number of cuts showing a method of carrying out muscular exercise while a patient is still unable to leave her bed.

"Mental Therapeutics," etc., "Methods of Examining Patients," "Certain Derangements of Menstruation," and "Derangements of the Sexual Function" are next discussed. Under this last head one could tell that the author is a fully naturalized American, for he says, speaking of continence: "The most distressing cases are found among unfortunate women who marry men who have been rendered incompetent. . . . All the laws of Nature say that such women should be liberated—the State and the Church laws to the contrary." Is it not better that more wisdom should be used and such unions prevented, rather than encourage indiscriminate marriage and divorce?

Chapter XVII. takes up the acute, and Chapter XVIII. the chronic pelvic inflammations, together with suitable treatment in each of the cases. Chapter XX. considers "Displacements," and Chapter XXII. "Diseases of the External Genitals." Speaking of the prepuce, he says: "It is as often adherent in girls as in boys, and the evil effects as pronounced in the one case as in the other." The remaining chapters in this part discuss "Hysteria," "Neurasthenia," "Sexual Relations to Insanity," "Affections of the Mammary Gland," "Derangements of the Urinary Organs," etc.

Part III. opens with a chapter on that much abused state known as "The Menopause," and in the subsequent chapters we have "The Diseases of Old Age" discussed.

The work is a valuable addition to medical literature. It is written in a very attractive style,

and by an author in whom everyone has unlimited confidence.

The book is prepared in the usual excellent fashion in which D. Appleton & Co. place all their books upon the market.

Personals.

L. F. Barker, M.B. (Toronto University, etc.), Associate in Anatomy at Johns Hopkins, is spending the summer in Leipsic.

Dr. Small, of Ottawa, Examiner in Materia Medica for the College of Physicians and Surgeons of Ontario, was in Toronto last month.

Sir James Grant, M.D., M.P. for Ottawa, and representative of Ottawa College in the Council, is attending to his parliamentary duties at present.

Dr. J. MacCallum, Professor of Therapeutics in Toronto University, has again taken his departure for England, where he intends to spend the next five or six months in study at the Moorefield's Eye and Central London Throat Hospital.

Obituary.

DR. GEORGE DEANE MORTON

Was born August 31st, 1822, in the County of Carlow, Ireland. He was the second son of a family of ten children—five sons and five daughters seven of whom are still living. His father, Mr. Francis Morton, of Woodmount, in the County of Wicklow, was the only son of Capt. James Morton, of the Tuckahly Infantry, who distinguished himself in suppressing the Irish Rebellion of '13 by his gallantry and bravery. (See "History of the Irish Insurrection of 1798," by Edw. Hay. Boston: Patrick Donahoe. Page 308.)

About the year 1849 the subject of this sketch left Ireland to seek his fortune in Canada. During the voyage, there being a violent outbreak of cholera on board the ship, he perseveringly assisted the surgeon in helping and attending the afflicted, but nearly a hundred of the emigrant portion of the passengers succumbed to the disease. Arriving in Quebec, he immediately proceeded to Brockville, where his cousin, Dr. Thos. Mercer Morton, was enjoying a large practice, and with whom he stayed some months. From Brockville he went to

Barrie to accept an invitation from his kinsman, Judge (now Senator) Gowan, to stay some months with him; but being of an active and enterprising nature, he soon settled to practise medicine at Holland Landing, where he succeeded the late Dr. J. Russell Ardagh, and where he continued in active and lucrative practice until he moved to Bradford in 1857, then a new and fast-rising village, and where he carried on one of the most extensive medical practices in Canada. His professional duties did not, however, prevent his taking an active part in politics, municipal affairs, agriculture, etc. He sat as reeve for the village of Bradford for many years, and regularly attended the sittings of the County Council at Barrie; was President of the West Gwillimbury Agricultural Society almost continuously during his residence in Bradford; was a director of the Standard Bank from its initiation until the time of his death.

Dr. Morton was an ardent admirer of the thoroughbred and trotting horse, and did much towards improving the saddle and driving classes of horses, having imported in 1860 the thoroughbred stallion "Antonio" from England, and, later, the stallions

"Harper" and "Extra," and many a medical practitioner has had the satisfaction, when "going his rounds," either driving behind or being carried by the descendants of these stallions, of experiencing the benefits Dr. Morton has conferred thereby on the fraternity.

Since his removal to Toronto, in 1884, to enjoy a well-earned repose and ample means, he had given up active practice, except occasionally to gratify the wishes of his dearest friends and old patients at Bradford and elsewhere, who when in danger never felt so satisfied as when they could see their old doctor's face at their bedside.

Having left no children of his own, and his wife's death having occurred about two years before his own, the most of his fortune has been bequeathed to his brothers and sisters and their children, but his kind thoughtfulness has also conferred comforts in many needy and deserving cases.

His brother, Dr. Morton, of Barrie, attended him in his last illness, with Drs. Atherton and Graham, of Toronto, and remained with him to the last.

AS A FOOD

and Stimulant in Wasting Diseases and in the Later Stages of Consumption

WYETH'S LIQUID MALT EXTRACT

IS PARTICULARLY USEFUL.

It has that liveliness and freshness of taste, which continues it grateful to the feelings of the patient, so that it does not pall on the appetite, and is ever taken with a sense of satisfaction.

AS AN AID TO DIGESTION

Dr. C., of Ottawa, writes: "It is an excellent assistant to digestion and an important nutritive tonic."

Dr. D., of Chatham, writes: "It is a most valuable aid and stimulant to the digestive processes."

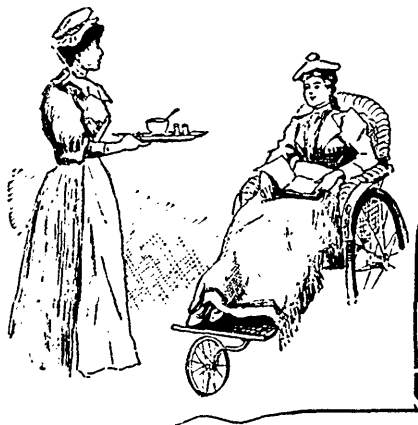
For Mothers Nursing, Physicians will find

WYETH'S LIQUID MALT EXTRACT

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The large amount of nutritious matter renders it the most desirable preparation for Nursing Women. In the usual dose of a wineglassful three or four times daily, it excites a copious flow of milk, and supplies strength to meet the great drain upon the system experienced during lactation, nourishing the infant and sustaining the mother at the same time.

SOLD EVERYWHERE, 40c. PER BOTTLE; \$4.00 PER DOZEN.



J. BARKER PETERS, M.B.

It is with a feeling of sadness that I undertake to write a brief account of my young friend, Barker Peters. Well do I remember the time—it seems but yesterday—that he came to the General Hospital to look about him, with an idea, hardly matured, that he might study medicine. Subsequently he commenced the course in the Medical Faculty of Toronto University, and with a disposition like his—ever ready to overlook an injury and always hard-working—it was not long until he was one of the most popular boys in his year. Always faithful and plodding, he also became a favorite with his teachers. College days pass quickly, and ere long (May, '03) he donned the blue silk and white ermine hood, graduating with honors. During his last year he was house surgeon at the Victoria Hospital for Sick Children, and after graduation he was appointed resident physician at the Toronto General Hospital. Here his geniality, combined with his capacity for work

and his thoroughness, soon earned for him the respect of all with whom he came in contact.

At the expiration of his year in the General Hospital, he was appointed to the post of assistant, and subsequently to that of superintendent of the hospital in Medicine Hat, N.W.T., having gone there less than a year ago.

Recently he contracted typhoid fever, but was making a good recovery, having become convalescent early in May. On May 8th word came to his brother, Dr. Geo. A. Peters, of College Street, Toronto, that he was not as well, and later in the day another message came, summoning the doctor to his brother's bedside. Barker died on the evening of Saturday, May 11th, twenty-four hours before Dr. Peters could possibly reach Medicine Hat. The thought of death always fills one with sadness, but the thought of our young friend dying so far from home and relatives is doubly sad. I am sure that when I say that Dr. George Peters, as well as the other relatives and friends, has



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my deepest sympathy, that I am only voicing the sentiments of many others.

“ In ripples fan my brow, and blow

“ The fever from my cheek, and sigh
The full new life, that feeds thy breath,
Throughout my frame, till Donut and Death,
Ill brethren, let the fancy fly,

“ From belt to belt of crimson seas,
On leagues of odor steaming far,
To where in yonder Orient star
A hundred spirits whisper ‘Peace.’ ”

—F. G.

CHRONIC ECZEMA OF THE FACE.—A prescription emanating from Hebra is :

- R Acidi salicylici 5.
- Ichthyol 10.
- Glycerini 10.
- Sp. menth. pip. 20.
- Sp. lavand. 20.
- Sp. vini rect. 60.

M. Sig. : Apply with a brush several times a day. —*Pacific Medical Journal.*

INTESTINAL ANTISEPSIS.—Prof. H. Huchard recommends the following powder :

- R Benzo-naphthol. ʒvj.
- Powdered charcoal ʒiv.
- Pancreatin ʒiʒ.

M. Sig. : Sufficient for 50 powders : 4 to 6 a day.—*Medical and Surgical Reporter.*

GONORRHOEA.—Dr. J. W. Price, of Marlinton, W. Va., gives the Medical Summary the following prescription :

- R Pulv. gum guaiac gr. vj.
- Pulv. gum opium gr. iv.
- Zinc sulph. gr. vj.
- Aqua ʒviij.

M. Sig. : Use as an injection.

Dr. R. J. Mackham, for the relief of painful micturition, praises the following :

- R Sodii salicylate ʒij.
- Tr. belladonna ʒij.
- Tr. aurantii ʒij.
- Aq. dest. ad ʒvj.

M. Sig. : One tablespoonful every third hour.—*Med. Bulletin.*

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THE above Company make a specialty of this ice for domestic use by cleansing it from all impurities before being stored. We have harvested nearly twice as much as all the other dealers combined, thus enabling us to claim to be the only Company who can supply you with ice, the season, through, absolutely free from all impurities.

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Miscellaneous.

STRYCHNINE DELIRIUM.--Those members of the medical profession who have employed caffeine very largely in the treatment of cardiac and renal disease have recognized that large doses of this drug, continuously administered for a considerable period, developed in certain individuals what has been properly called "caffeine craziness." In other words, the full medicinal doses required by the condition of the heart or kidneys have also been sufficiently large not only to produce an increased activity of the brain, such as is seen when coffee is taken in large amounts, but also have gone farther than this, and by the very cerebral stimulation produced temporary insanity. Within the last few years the medical profession has been employing in certain states what may be considered a massive doses of strychnine in the treatment of failing respiration or circulation, and

has obtained therefrom very good results. It having been found that these full doses of strychnine acted favorably, when given in an emergency, we have been tempted to continue their administration where the symptoms were relieved but temporarily, and, as a result, have oftentimes been pleased with their effect. On the other hand, a sufficient number of cases have been seen in which cerebral disturbance has followed these large doses to put us continually on the lookout for such untoward symptoms. As a rule, he who administers large doses of strychnine in an emergency is on the *qui vive* for some twitching of the muscles of the forearm or other portion of the body as an evidence of the physiological action of the drug. While we believe that these symptoms are commonly produced by a single administration of the remedy, we are also confident that its con-

ROTHERHAM HOUSE.

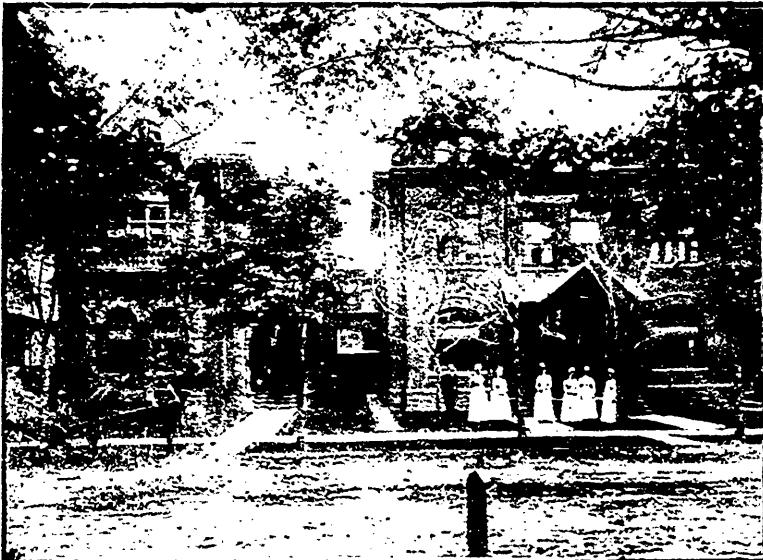
HOLFORD WALKER, M.D.

WILLIAM NATTRESS, M.D.

A Private Hospital for Diseases of the Nervous System (both sexes), Surgical and other diseases of women, Rheumatism, Incipient Phthisis, etc.

The institution comprises three buildings, thus securing perfect quiet when desired.

The flat roof has been converted into a large promenade deck, securing a cool breeze at all times in summer.



The Hospital is situated in the most healthy locality in Toronto, on the height of land, and, being only a few yards from the Yonge and Church Street motors, is within ten minutes to centre of city, station or wharfs.



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in its various forms is resorted to in all suitable cases.

Trained Nurses for General Nursing, or Masseuses for Massage, can be obtained on application. Also a *Masseur for the administration of Massage to men.

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tinued administration in full doses frequently fails to produce these evidences of heightened reflex activity, and in their place causes a more or less active delirium, in which the patient frequently refuses to take his medicine, or develops the delusion that his attendants are conspiring to poison him or do him some other injury.—*Therapeutic Gazette.*

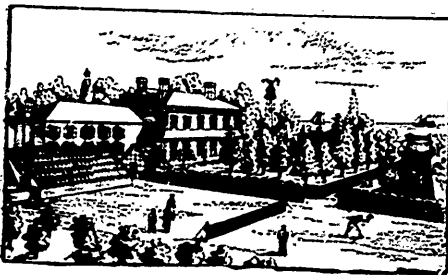
MALARIAL CONDITIONS.—For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of the malarial poison. All such conditions are greatly benefited by the use of antikamnia and quinine. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon this cachec.

tic condition, the regular administration of this combination will produce the most happy results. In cases of malarial fever it should be given as a prophylactic and cure. "Antikamnia and Quinine" are put up in tablet form, each tablet containing two and one-half grains of antikamnia and two and one-half grains of quinine, and is the most satisfactory mode of exhibition.—*E.v.*

The grand decoration bestowed upon William R. Warner & Co. by the Belgian Government has just been received by that firm. It is an additional tribute for the excellence and superiority of the firm's ready-coated pills and other pharmaceutical products, for which the house has a great name. The decoration is of the most beautiful, in gold and white enamel, taking the form of a Maltese cross, on the centre of which on a blue ground is the inscription. A wreath in blue and gold surmounts the cross, the whole being topped by ribbon, tied in a bow, of the national colors. The design is very pretty, and the recipients are, of course, delighted over the award and the form it has taken.—*Philadelphia Inquirer.*

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FOR THE TREATMENT OF

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(Habitual and Periodical.)

MORPHINE, and other

DRUG HABITS and

NERVOUS DISEASES

PHYSICIANS generally now concede that these diseases cannot be treated with entire success except under the conditions afforded by some **FIRST-CLASS SANITARIUM.** Such an institution should be a valuable auxiliary to the practice of every physician who may have patients suffering from any form of these complaints, who are seeking not relief merely, but entire restoration to health. The treatment at **LAKEHURST SANITARIUM** rarely fails to produce the most gratifying results, being scientific, invigorating, thorough, productive of no after ill-effects, and pleasant to the patient. The usual time required to effect a complete cure is four to six weeks.

LAKEHURST PARK is a well-wooded expanse of several acres extent, overlooking Lake Ontario affording the utmost privacy if desired, and the surroundings are of the most picturesque description. The Sanitarium is fully equipped with every necessary appliance for the care, comfort, convenience and recreation of patients. Terms upon application to

C. A. MCBRIDE, M.D., MEDICAL SUPERINTENDENT

OAKVILLE.

MEDICAL ETIQUETTE AMONG THE ANCIENTS.—In an old Latin poem, the manuscript of which has been found in the National Library at Paris, occur some interesting pages, in which the author, whose name is unknown, explains the proper conduct of a physician. "On approaching the patient you should assume a calm expression and avoid any gesture of greed or vanity: greet those who salute you with a humble voice, and sit down when they do. Then, turning to the sick person, ask him how he is, and examine his pulse and his urine. To the patient you promise cure, but immediately on leaving the room you say to the relatives that the disease is grave. The result will be that, if you cure him, your merit is greater, and you will receive the greater praise and fee: while, if he dies, they will say that you had no hope from the first." This counsel has been well followed by some physicians to the present day. The directions for table manners are equally amusing: "When those who preside over the house ask you to a table, conduct yourself in a seemly manner. Each time that a new dish is brought on, do not fail to ask for the condition of the patient. This

will give him great confidence in you, as he sees that in the midst of the variety of the repast you do not forget him. On leaving the table, return to the patient, and tell him that you have dined most excellently and that everything was served to perfection. The sick person, who was anxious about these points, will rejoice at your words."—*Æt.*

—
CYSTITIS OF PREGNANCY.—Professor Tarnier makes use of:

R Camphor 0.10 gm.

Opium 0.01 gm.

M. To make 1 pill. Sig.: Give 5 or 6 daily.

If cystitis is purulent, use boric-acid injections, 2 to 100.—*St. Louis Clinique.*

—
NERVOUS DYSPEPSIA. Dr. Griffith has often succeeded with such a formula as the following:

R Potassium cyanide gr. j.

Extract of valerian gr. xxxvj.

Mix and divide into 12 equal parts. Dispense in capsules. Dose: One capsule thrice daily after food.—*Philadelphia Polyclinic.*

INTEGRITY

Physicians are called upon almost daily to test the integrity of medicines. Their prescriptions call for combinations that test the intelligence and integrity of the druggist. New preparations are presented for their judgment, and there is constant vigilance on the part of the doctor needed to maintain the high standard of even the remedies they prescribe.

We believe that the integrity of Scott's Emulsion of Cod-liver Oil and Hypophosphites is never doubted. We ourselves know that the high standard of our preparation is always maintained, and we believe it justifies the confidence of physicians. There is no substitute for Scott's Emulsion in cases where Cod-liver Oil is indicated.

Physicians in their practice will find Scott's Emulsion always the same. It does not separate or become rancid. The ideal combination, i. e. the finest Norway Cod-liver Oil, Hypophosphites and Glycerine is found in no other remedy, and the way children take it shows its palatability.

Physicians know better than we when Scott's Emulsion is needed. We merely claim to know better than anybody else how to make a perfect mechanical emulsion of Cod-liver Oil, and we have the best means for making such.

We hope physicians will pardon a word of caution when we call their attention to the growing evil of substitution. If Scott's Emulsion is prescribed, Scott's Emulsion, and not an inferior substitute, should be taken by the patient.

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