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THE

Canadian Medical Review.

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Original Communications.

Introductory Address to the Nurses in Training at the Western Hospital.

By DR. PRICE-BROWN.

President of the Staff; Laryngologist to the Hospital.

[ABSTRACT.]

LADIES,—In delivering to you the opening lecture for the session of 1897-8, I do not think we can better occupy our minds than by considering together a few of the main features of the history of the noble and self-sacrificing profession upon which you have entered. These two terms are not meaningless expressions of eulogy. They are simply words embodying truth in the highest form. What can be more noble than the kind, untiring, and assiduous attention which the true nurse gives to the diseased and dying; what more self-sacrificing than the nightly vigils, spent week in and week out, in alleviating the sufferings and ministering to the wants of men and women racked by pain, and sick both in head and heart? But trained nursing as a profession, with all its far-reaching possibilities, is

only an embodiment of recent years. In 1798, ninety-nine years ago, there was a vigorous attempt made, but it was only a spasmodic one. Dr. Valentine Seaman gave a course of regular instructions to the nurses of New York Hospital; and under his portrait which adorns its walls we find the words: "In 1798 he organized in New York Hospital the first regular training school for nurses, from which other schools have since been established, extending their blessings throughout the community."

Perhaps the most notable effort in the early decades, was that of the young German clergyman, Pastor Fleidner, in the year 1822. The parish to which he was appointed was very poor; and he had only been inducted a few weeks when his church was sold over his head for the debt of one of its members. But his German pluck and energy kept him to the front. He travelled on foot through Belgium, the Rhine provinces and England, to solicit money with which to buy back his church. Not only did he succeed, but he also accomplished another object which was very near to his heart. While on his long journey he made a special study of asylum and prison and hospital management, to carry back to his home at Kaiserworth. When he arrived there he had not only the gold he required to redeem his church, but he brought back also an intimate knowledge of the best methods known up to that date to alleviate human suffering.

In 1833, in a bright little summer-house in his garden, Pastor Fleidner founded the first regular nurses' training-school in the world. Two women at first agreed to devote their lives to the new profession; but the work went on; and in 1836 a new building had to be provided to meet the growing need.

In 1886, when the semi-centennial was celebrated, there were sixty such buildings and six thousand women, owing their allegiance and inspiration to the little school founded fifty years before at Kaiserworth.

Turning to Britain, let us remember that all that has been done, to impress upon the minds of the public the necessity and value of thorough nursing, has been accomplished during the Victorian era. It is only during the reign of our beloved Queen that schools for the education and training of nurses have been established; and it is only during her reign that nursing has been lifted out of the invidious position that it had always occupied, and elevated to the dignity of a true profession.

The origin of the first training school in England is well worthy of remembering; and it will ever be associated with the name of that queen of women, Florence Nightingale.

In 1851, inspired by the desire to do all that she could for the relief of sickness and suffering, she went to Kaiserworth to learn of Parson Fleidner. The sufferings of the soldiers at the Crimea touched her heart. She asked for volunteers to go with her to take care of the sick and wounded ; and a hundred women volunteered. This formed the first corps of nurses ever sent to the battle field to take charge of the sick and wounded. How nobly those women worked, how bravely they endured hardships, and with what self-sacrifice they cared for the wounded and dying soldiers is written on the page of history.

When Florence Nightingale returned from the Crimea, the English people subscribed £50,000 as a testimonial for her benefit. Many of you have, no doubt, read of what she did with it. Instead of devoting the money to her own personal use she founded, in connection with St. Thomas' Hospital, the first training school for nurses in England.

After that the march onward, under the direct inspiration of this talented lady, was rapid. She had many brilliant pupils, and none more so than Mrs. Dacre Craven, who devoted herself largely to ascertaining how far nursing and instruction, in the art of general care for the sick, could be carried out in the homes of the poor. As the result of the investigations of a committee, to which she acted as secretary, the "Metropolitan and National Nursing Association" was formed in 1875. The object aimed at was to provide trained nurses for the poor. The Duke of Westminster was appointed chairman. At the first meeting a very important resolution was adopted—a resolution which has been far reaching in its effects—at least over all English-speaking communities ; this was upon the recommendation of Mrs. Craven herself, namely, *To recruit the nurses entirely from the class known as gentlewomen.*

This looks like an arbitrary regulation ; but when you examine it closely, its reasonableness and wisdom will be apparent to all. The reasons are these :

1. In nursing the poor in their own homes, nurses were placed in positions of greater responsibility in carrying out the doctors' orders than in hospitals.

2. That women of education would be more capable of exercising such responsibility.

3. That the vocation would attract a large number of ladies anxious for some independent employment.

4. That they would naturally have a greater influence over the patients.

5. That their social position would tend to raise the whole body of professional nurses to a higher plane in the consideration of the public.

Turning from Europe to America, it is recorded that in spite of the tremendous necessity for the services of trained nurses during the civil war of the United States, there were at the time practically none to be found in the country. Dr. Worcester, in a lecture to the graduate class at Hartford, 1894, says that it was not until 1872 that the first class in New England was started. Then almost simultaneously in New York, Philadelphia, Boston and other eastern cities training schools for nurses were established. From that time forward the immense improvement in the sanitation, comfort and progress of the patients who were fortunate enough to be guided through attacks of severe and dangerous illness, by the deft hands and trained minds of efficient nurses, was so great, that training schools connected with almost every hospital through the length and breadth of the land were soon established. Now, in the United States and Canada combined, hundred of graduates are turned out every year. From these facts one might imagine that even at the present time there may be danger of over production. But this is not the case, nor is it likely to be for many years to come. Two years ago in the United States there were only 5,000 graduates in nursing—all told—or one to every 15,000 people; and in Canada the proportion would be even less at that time. There is still room and will be; but the graduated nurses, like the graduates in medicine, when the larger centres become occupied, will, no doubt, with becoming grace, betake themselves to newer fields to carry comfort and blessing to the backwoods and prairies and mines of this great country of ours.

With regard to the comparative training afforded by the English and United States schools, it is acknowledged by American writers that in England and some parts of Europe the training on the whole is more advanced. This is largely due to the fact that training in England extends over three years, while in the United States, in most of the hospitals, the period is two years. This term in several of the more important hospitals has recently been extended to three. In Canada the English system is being adopted, and the best hospitals now insist upon a three year's course.

In one other point the English nurse has the advantage, largely owing to old time usages, conservative habits, and greater wealth of the older land. A closer relationship is kept up between the graduate and her *Alma Mater* in after life there than here. When the English nurse tires out and becomes ill she is again cared for, and when worn out by professional work, can avail herself of the Pension Fund for Nurses. In our newer land, with its proverbial push and bustle incidental to our rapid development, radical changes come quickly,

while the conservative forces of our nation are swept aside. Still the time may come, even in these respects, when the trained nurse of Canada or the United States may take the lead of her sister across the seas.

The details of the government of the schools vary very much. In most of the older ones the governments of the hospital and the training school are placed under different organizations. In the more modern ones the school is controlled by the same management as the hospital. The latter method, as you know, is the one established here in our Western Hospital.

At Waltham, Mass., there is a unique training school, and it appears to prove that, altl ough an hospital is exceedingly valuable to a school, yet it is not absolutely essential. This one was founded in 1885, and the training that the nurses receive is from the physicians and head nurse, by the bedsides of poor patients in their own homes. District nursing is done by several schools—there are one or two of them in this city—the nurses being sent out to wait upon the poor, who, for various reasons, are unable to be sent to the hospitals. Not only is this an excellent charity, but it also teaches the poor the principles of cleanliness and ventilation as well as economy.

The Illinois school was about the first in the United States to provide nurses at greatly reduced rates to the outside poor, who were able to pay little or nothing in the way of renumeration. This was done largely through the generosity of one man who provided the means by which this might be accomplished without actual loss.

At Hampton, Virginia, in connection with the Dixie Hospital—an exceedingly appropriate name under the circumstances—a training school for educated colored women has been opened to give them an opportunity to work among their own people in the South.

Then, in the large centres clubs and associations for nurses have been formed. Those on this side the Atlantic have been copied from sister associations in England. The Guild of St. Barnabas is probably the leading one in the Republic to the south of us. To use its own language, the object of this Guild is "To assist its members in realizing the greatness of their calling, and in maintaining a high standard of Christian life and work." In the larger cities there are branches of this organization, and it numbers now nearly one thousand members. The prototype of this, though on a larger scale, is the Royal British Nurses' Association in England, under the efficient Presidency of Princess Christian of Schleswig-Holstein. It already has over two thousand trained nurses upon its register. The association exercises the disciplinary power of erasing the names of

any who, after registration, may prove to be unworthy by reason of inefficiency or misconduct.

Since the formation of the Royal British Nurses' Association another organization has been formed in affiliation with it. This is a volunteer reserve force of three years' trained nurses for army service in time of war. They receive special instructions in military ambulance work, and stand in readiness for the requirements of State upon seven days' notice. When in active service these nurses receive the same pay and are entitled to the same distinctions as the permanent members of the army nursing department.

Training schools for nurses are practical institutions. There is nothing sentimental about them, except the sentiment that relates to kindness and trustfulness and duty. They aim to receive educated women, who are at least fairly intellectual: and the more they possess of these mental attributes the higher will they be likely to rise in their profession. Nurses should be strong mentally as well as physically; and should morally recognize the sacredness of the work in which they are engaged. All training schools worthy of the name require of their pupils loyalty and obedience to the physician in charge. They must faithfully carry out all directions given to them and, in the absence of the physician, watch over the welfare of the patient. It is the nurse's duty to take the pulse and temperature, and count the respirations, and regulate the sanitary condition of the room, and to report any change of any importance on the earliest opportunity.

By night as well as day must the efficient nurse ever be on the alert. She must have presence of mind to meet emergencies as they arise, she must abound in tact and patience and be unswerving in her efforts for the patient's comfort: and withal, be kind and sympathetic, adapting herself to the varying necessities of the sick room.

These were the preliminary rules laid down by the management of Johns Hopkins Hospital, Baltimore, on the foundation of its school for the training of nurses. And with all the advancement and improvement since then, are equally applicable to-day. Perhaps they are emphasized by the picture of the Ideal Nurse, as sketched by Dr. Frances Stuart, one of the most noted lady physicians of the east:

"1. The ideal nurse magnifies her office. She goes to the sick and suffering to give aid and comfort by ministering. Her training has done more for her than to teach her to take the temperature, count the pulse, and make a record for the doctor. She has learned more than how to make the bed, what to get ready for, and what to do during an operation. She knows more than how to prepare and daintily serve the food. She knows the effect of quietness in the sick-

room. She has a sense of the value of pure air, of cleanliness and of the right adjustment of light in the room. She has learned that perfumes do not make sweetness, that much talk does not make cheerfulness, and that bustle and hurry do not convey the sense of strength and capacity. But over and above these externals, she recognizes that in the field of her work there is the constant need, as well as opportunity, for the exercise of the best qualities of mind and heart and the culture of the finest sensibilities.

"2. The ideal nurse forgets herself as she magnifies her office. She does not think of what she does, except as it contributes to the comfort and welfare of her patient. She never questions whether this or that is part of her duty. All things belong to her office which give comfort, rest or strength to the invalid. No disturbance ever comes to the household machinery by her demands upon others. And as she never thinks of herself, she makes all the members of the household feel that all things must be subordinate to the well-being of the patient.

"3. The ideal nurse is sympathetic. Sympathy is a quality of the heart. It is a feeling, not an expression of words. A look, a turn of the pillow, a hush of speech, convey sympathy to the patient. No word need even be spoken. Often no word ought to be spoken as an expression of sympathy. But the feeble child, tossing uneasily on its pillow, or the once rugged man, will gain comfort and give their confidence to the nurse in whom they instinctively discern the power of sympathy. If one has it ever so little, let it be cultivated. If it is a gift in rich abundance, cherish it, for it is one of the choicest qualities.

"4. The ideal nurse adapts herself to each case she waits upon. No two cases are alike. One household and its atmosphere differs from every other. It is a rare gift for a nurse to be able to go into a house, and so accurately to gauge it that in a few hours she will feel at home in it, and will make others feel that she belongs there. Her ministery to the sick makes all the home circle feel that the loved one is cared for by a skilful, gentle friend. She asks no question that can cast a shadow over any heart because in the home some comfort, some dainty is wanting. The power of adaptation is one of great value. She must make use of what is at hand, and her success in many cases depends upon the completeness with which she can do it.

. The ideal nurse has learned to make use of the simplest means to carry on her work. Some of the greatest surgical operations have been done with the fewest and simplest instruments. The ideal nurse also does her work without a great armamentarium. If she had many tools, which she made much of, the patient and friends would

condemn them because they, and not the patient, engaged her attention; hence she discards many that she once thought necessary. As the saying is—She makes her head save her shoes.

"6. The ideal nurse does not carry into any house her own sorrows or trials, nor those of any one else that her life has made her familiar with. Her temptations to talk are very great. The long hours and weary days drag heavily sometimes; but one thing is sure, our ideal nurse is fixed in her ideas of right and propriety, and she calmly but firmly, as well as successfully, repels the first onset, by saying that she never talks about her patients or her experience. How quickly she advances in esteem in that household. If the secrets of other houses are locked from curious ears, those of our house will be safe in such a repository, is the comforting reflection which such a declaration calls forth."

But there is another side of the question, that of the patient, which we might briefly glance at. Is the trained nurse really an added blessing; or, is she a being to be dreaded in the progress of our rushing civilization? We are all vain fellows anyway! Men are as bad as women; and as I am addressing an audience of ladies tonight, I might say they are even worse. No man likes to look like a scarecrow, with a rough chin, hollow cheek, and haggard face; but while in this condition, he is handed over to the tender mercies of a woman in grey or blue, who, with a quiet smile, but firm lip and silent tongue, tells him by her actions, as she glides about the room, that it is all up with him; and that for the time being she is his master. So far as she is concerned, he is in swaddling clothes again—a great big helpless infant; and what with the baths, and the sponging, and the temperature taking, and the feeding, and the medicine giving, and all the other attentions incidental to wise and judicious nursing—he is ready to cry out in the language of Job of old: "Are not my days few? Let me alone, that I may take comfort a little."

Dr. Osler, in his address to the training school of Johns Hopkins in June last, eloquently described the condition of things from the patient's standpoint. He said that for generations it had been the sick man's privilege, vested in deep-seated animal instinct: "To turn his face to the wall, to sicken in peace; and if he wished, to die unmolested. All this the trained nurse has, alas! made impossible. And more, too, the tender mother, the loving wife, the devoted sister, the faithful friend, and the old servant who ministered to his wants, and carried out the doctor's instructions, so far as they were consistent with the sick man's wishes—all, all are gone, these old familiar faces: and now you reign, and what is worse, have added a domestic

complication of which our fathers knew nothing. You nurses are intruders, innovators, and usurpers, dislocating, as you do, from their tenderest and most loving duties, these mothers, wives and sisters. Seriously, you little reck the pangs which your advent may cause. The handing over to a stranger the care of a life precious beyond all computation may be one of the greatest earthly trials. Not a little of all that is most sacred is sacrificed to your greater skill and methodical ways."

From this you can see how great is the responsibility that is laid upon the shoulders of the nurse, especially in private practice; and what a combination of sympathetic kindness, firmness, and discrimination, as well as professional skill, she requires to perform her duties to her own satisfaction, as well as the satisfaction of those upon whom she waits.

There is an unwritten law among the medical fraternity, based upon part of the Hippocratic oath, enjoining professional secrecy as to all things seen and heard while in attendance upon the sick. By right this is just as binding upon the nurse as upon the physician. In pursuance of this idea Professor Osler would imprint upon the nurses' tablets the two invaluable maxims: First, "I will keep my mouth as with a bridle," and second, "If thou hast heard a word let it die with thee."

There is one other point that I have not as yet touched upon, but which it is important that you should know, and of which it is only right that I should speak, and that is the disappointments which you may naturally meet with in pursuing your professional career. When a young graduate in medicine—and you know that they appear above the horizon by hundreds—first commences to look for a practice, he does not know where in the world to find it. Every city and town in the country seems to be fully occupied, and even in the back country districts it is difficult for him to obtain a substantial footing. It is not so bad with the nurses numerically, but it affects them as much, perhaps, but in a different way. People have been accustomed all their lives to employ a doctor when needed, but not so with a trained nurse. This is an added expenditure, and the people require to be educated up to it, particularly when their circumstances are poor. The full impression which the nurse can make upon the community can only be accomplished by slow degrees. She must have patience, and when opportunity offers do her work well, no matter what untoward circumstances may surround it. She will soon gain appreciation. One case will secure another, and by and by her career will be established. Another thing, I do not think it a wise policy for

graduates in nursing, any more than graduates in medicine, to stick rigidly to the cities. There is just as good work to be found in our towns, and probably better opportunities for speedy success. The fees may not be quite so large, but the expenses will be lower, and the healthy atmosphere of the urban or rural life is worth something in itself.

One other thought: I do not know what special or binding regulations nurses make among themselves, but it seems to me it would redound to their credit and raise them inestimably in the estimation of thoughtful people, if they followed from choice the plan that the young doctors throughout the country do, from necessity: and the old doctors, too, perhaps from kindness of heart. I mean that when occasions arise, and humanity demands it, they would attend the deserving poor without hope of fee or reward. It would be better to do it from unselfish motives; but even if for selfish, and heaven forbid that I should call our nurses selfish people, it would pay you in the end. The poor tell the rich, and the bread cast upon the waters will be sure to return.

I hope I have not, in my necessarily discursive remarks, presented too dark a picture or discouraged any of you in your ardor for your high profession. It is in truth one of the noblest, and is entered into heart and soul by many of the brightest and best women in all civilized lands. The amount of benefit you can bestow upon others is untold. The seeds of human kindness which draw all hearts together you may throw broadcast on every hand, and numbers of men and women, as the years go by, may rise from their sick beds, filled with gratitude for what you have done for them.

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Toronto, October 14th, 1897.

Notes on Methods and Results in the Burnside Lying-in Hospital, Connected with the Toronto General Hospital, Toronto.*

By Dr. Adam H. Wright.

The Burnside Lying-in Hospital was amalgamated with the Toronto General Hospital in 1877. The new building erected on the grounds of the General Hospital is entirely isolated, and was opened for the reception of patients October 1st, 1878. It contains twenty-two "public" and four "private" beds. In addition there are rooms for medical assistants, nurses, servants, a waiting room for students, sitting rooms, dining rooms, kitchen and pantries, store rooms etc., all under one roof. The mortality rate was high before the amalgamation took place and became considerably less after the erection of the new building.

In giving some notes as to results I will deal with the records of the last eight and a half years, and in the first place will refer especially to septicæmia. Since October 1st, 1888, we have had 1,250 deliveries, with five deaths from septicæmia; that is, 4 per cent. I do not consider this satisfactory, but I am glad to be able to say that our results are improving, practically, from year to year. The Burnside is a part of the General Hospital, and there is to some extent constant intercommunication between the lying-in department and other portions of the hospital. The head nurse resides in the Burnside, and has sole charge as far as the nursing is concerned. Miss MacKellar has been the head nurse or matron during the period referred to, and her intelligent appreciation and conception of the virtues of practical asepsis and anti-sepsis have had much to do with the good features of our results. Our nurses are trained in the Hospital Training School, under the superintendence of Miss M. A. Snively, who is well known as one of the best superintendents of training schools on this continent. The nurses, after they come into the Burnside, are under the control of the matron, who is the most skilful midwife and the best teacher of aseptic and anti-septic nursing in midwifry that I have ever met. I consider that our nurses and our nursing are as nearly perfect as possible.

We have, however, one weak spot in our system. The resident assistants have charge of all normal deliveries. Of these there are

* Read at a meeting of the British Medical Association, and published October 23rd.

eight appointed annually to the General Hospital, and each of these takes his turn at the Burnside for the short term of six weeks. They are carefully chosen by the hospital authorities, who consult the professors of the two medical colleges, and are generally the best men in our graduating classes. As a general rule they give eminent satisfaction in the lying-in department; but occasionally we get a bumptious or careless assistant who causes trouble. The doubtful methods of such a one sometimes causes great anxiety to the matron and the members of our staff. In all our efforts to keep things right we have the active co-operation of our able and energetic superintendent of the General Hospital, Dr. Charles O'Reilly. When anything abnormal arises before, during, or after labor, a member of the visiting staff is summoned.

I will divide the eight and a half years (which I have taken because they include Miss MacKellar's term of residence, and the period I know most about in the history of the institution) into three portions, and will give the general result as follows:

		Mortality.		Per cent.	
Years.	Deliveries.	Total.	From sepsis.	Total.	From sepsis.
1888 to 1891	519	5	3	0.96	0.58
1891 to 1893	240	3	2	1.25	0.83
1893 to 1897	500	0	0	0	0
Total.....	1,259	8	5	0.74	0.47

Without going too much into details, I may say that during this whole period we have adopted the ordinary precautions as to cleanliness, and have depended chiefly on the bichloride of mercury as an antiseptic. In 1891 we were not satisfied with our results, and considered it advisable to formulate certain rules, which were placed on the walls of the labor and wash-rooms. These rules were taken largely from those of Leopold and certain obstetricians in Great Britain and the United States, and are as follows:

Before vaginal examination.—Wash hands four minutes in hot water, using soap and nail brush; clean nails with a penknife; wash hands two minutes in hot bichloride solution, 1 in 2,000, using nail brush; immerse hands in hot bichloride solution, 1 in 1,000, immediately before making an examination; use carbolized vaseline for lubricant when required (generally not used).

We use an ordinary minute-glass, such as is found in a kitchen for cooking eggs. Our glass is attached to the wall near the delivery bed. It is reversible, and takes six minutes to empty from one side to the

other. There are on the glass notches to indicate three and four minutes. At the same time the accoucheur has taken off his ordinary coat and put on a clean white apron. Our best apron is one that goes around the body, with sleeves which goes to the elbows. Both hands and forearms are bare.

Instruments.—Forceps, etc. Keep in boiling solution of carbonate of soda, 1 per cent., for ten minutes before and after using. Glass or rubber catheter: Pass half a pint of water solution of carbonate of soda through the catheter after using, and then place it in a bichloride solution, 1.1000.

Vulva.—After labor wash the vulva with warm soda solution, then use a bichloride solution; then apply freely a powder composed of boric acid and acetanilid; then cover vulva with a thin layer of absorbent cotton which has been taken from the bichloride solution, and place over this a sterilized absorbent pad.

The patient has been prepared for the delivery table by the matron or nurse, in accordance with the fixed rules, which, however, are not printed. During labor the vulva is covered with a bichloride pad.

The printed rules and the homely cooking minute-glass were not popular at first. The resident assistants sometimes ignored them, or obeyed the directions in a half-hearted way. I consider the two years, from 1891 to 1893, as the transitional period during which the rules did little or no good. The results were certainly discouraging, as we had a death from septicæmia in each of those years. Since November, 1893, our results have been better, as we have had five hundred deliveries without a death from any cause. Excepting in two cases, to which I will refer again, the patients have gone out well, so far as they can be at that time. In no single instance since November, 1893, has a patient, transferred to another part of the hospital, died from pneumonia or any such disease. It happens that most of those women who died during the nine years were transferred to the General Hospital during illness, but these deaths are included in this record.

Before giving any further particulars as to mortality or morbidity I desire to refer to certain details relating to matters which have given us much anxious thought. In my private practice I have not used the vaginal douche either before, during, or after labor, as routine practice for fifteen years. When I first commenced work at the Burnside eleven years ago, I found certain members of our staff using the vaginal or uterine douche to a considerable extent. This has gradually become less common until it has almost gone out of fashion.

For some time a vaginal douche was given immediately before and after labor, and an intrauterine douche was given when the temperature went up. During the last two years no douche has been given either before or after labor unless there seemed to be some special indication for it. When there is evidence of a foul condition of the interior of the uterus causing sapræmia, or something worse, the intrauterine douche is sometimes used. The "rinsing" curette with the douche is employed occasionally. My own preference is to have the patient anæsthetized, introduce my hand into the vagina, clean out the interior of the uterus with my finger tips, and then wash out with a 1 per cent. solution of creolin.

Forceps.—We discourage the use of the forceps. No resident assistant is allowed to apply the forceps without permission of the medical superintendent or a member of the visiting staff. We have a forceps delivery about once in twenty cases. The patient is generally placed on her back and delivery accomplished by the resident assistant. The forceps used is either the Elliott or the Simpson axis traction Chloroform or ether is sometimes administered.

Catheter.—Catheterisation is considered an evil. The nurse is expected to get along without it. We want no catheter epidemics. We have had no cases of cystitis due to the use of the catheter in 1,250 cases recorded. The catheter is used about once in fifty cases (not including catheterising before operative procedures or in cases of eclampsia). The bed pan is in certain cases placed under the patient and left there for some time, the nurse going to another part of the ward. It frequently happens that the patient is unable to micturate while the nurse is watching her, but does so after she is left alone. The last resource is to administer a copious enema, after which the urine generally comes while the bowels are being evacuated.

Third step of labor.—The placenta is generally expressed by the modified Credé, or what is commonly known here as the Dublin method. The uterus is watched for fifteen minutes with the left hand over the fundus. Efforts are then made to squeeze the placenta out by grasping the fundus with thumb and fingers of one hand, or sometimes with two hands. This, I think, can generally be better accomplished with the patient on her back. If the placenta cannot be expelled in thirty to forty-five minutes the hand is introduced into the vagina or uterus and the placenta is extracted. The operator is again expected to thoroughly cleanse his hand before such introduction. In the cases under my care a douche is not administered after such procedure unless some bad symptoms appear.

Care of the breasts.—In the whole number of cases reported we

have had only one instance of mastitis with suppuration; and in this patient it was thought that mastitis existed before labor. The nipples are carefully watched, and if they become sore are washed after the child nurses with a carbolic solution, 1-30, after which the following is applied, as recommended first, I think, by Hirst, of Philadelphia: Castor oil and bismuth subnitrate, equal parts. If the breasts become uncomfortable or painful from distention a binder is carefully applied. We use what is generally known in New York as the "Murphy binder," or the Snively modification of the same. We are now introducing the Y-bandage (Boston Lying-in Hospital), which I have found in private practice to answer very well in certain cases. Where we wish to prevent the secretion of milk, as, for instance, when the babe is still-born, we depend entirely on the Murphy binder, which is applied rather tightly, generally the day following labor.

We are pleased with our record of the last 500 deliveries without a death (the exact number at the time of writing is 505), but not altogether satisfied. We had among these six patients that "went wrong." Five had probably septicæmia. Of these one had a severe attack of phlegmasia alba dolens; another had pneumonia followed by phlegmasia dolens; two had mild attacks of phlegmasia dolens; one had ordinary septicæmia, which was not sufficiently severe at any time to cause much anxiety; the sixth patient had high temperature and rapid pulse, commencing the fourth day and lasting about four days, when somewhat suddenly the temperature and pulse became normal, and the patient went out well in fourteen days after labor. The case caused great alarm, and the rapid change for the better was to us as unexpected as it was satisfactory. Four of these patients were quite well when they left the Burnside; two of those who had phlegmasia dolens were to some extent crippled when they left us. These are the two to whom I have previously referred.

We have adopted the rule observed by others of calling all cases normal when the temperature does not exceed 100°—that is, we consider a case abnormal when the temperature has once reached 100.1°, although it has been quite right in all other respects. Our results from this point of view are not altogether satisfactory. The following table will show the proportion of normal and abnormal cases in the last 500 cases:

1893-4.—Normal, 65 per cent.; abnormal, 35 per cent.

1894-5.—Normal, 69 per cent.; abnormal, 31 per cent.

1895-6.—Normal, 75 per cent.; abnormal, 25 per cent.

1896-7 (portion of year).—Normal, 73 per cent; abnormal, 27 per cent.

In the last portion of a year we had chiefly the winter months, November to May. This will probably account for the slightly increased morbidity in 1896-7 as compared with 1895-6. The relation between winter and summer is about 30 to 20 per cent. in morbidity rate. Our best results thus far have been 20 per cent. abnormal cases in the summer months. In view of the fact that a morbidity of only 6 per cent. has been reported by Merriman, our showing is in this respect not satisfactory. We find that very trifling causes will produce in certain cases elevations of temperature, which are generally only temporary, and not followed by any bad results.

Apart from septicæmia and some slight ailments, the chief abnormal condition have been albuminuria and eclampsia. In patients waiting for labor the urine is examined regularly at certain intervals, but especially if symptoms appear, such as headache, dropsy, etc. When albumen is found the nurse at once places the patient under our routine treatment. Epsom salts is given every hour, a tablespoonful for three or four doses, and then a dessert-spoonful until the bowels are freely moved, and thereafter the administration of the salts is continued in quantities sufficient to produce from four to twelve watery motions in twenty-four hours. In making further remarks on the treatment of albuminuria and eclampsia I will have to speak for myself alone, because I am not sure that my colleagues will agree with all my views. It also happens that I have had charge of all the cases of this class for the last nine years.

I do not believe, with Charpentier and a number of others, that an "exclusive milk diet is the preventive treatment *par excellence* of eclampsia," nor do I think that tincture of perchloride of iron is a good medicine in the majority of such cases. A modified milk diet, such as I have prescribed for several years, includes the following: Milk, buttermilk, koumiss, plain water in abundance, white fish, bread and butter, rice, tapioca, and the like: greens, such as lettuce, watercress, etc.: limited amounts of fruit, such as oranges and bananas. My preventive treatment may be described in a few words: Epsom salts administered as I have indicated, modified milk diet, plenty of water, sometimes injections of saline solutions, occasional hot-water baths. The history of the following case will show my general plan of treatment:

April 14th, 1897.—Burnside. I. S., aged eighteen. Primipara, seven months pregnant. Headache in afternoon. Urine heavily loaded with albumen, became nearly solid on heating. Epsom salts and enema administered.

April 15th.—Convulsion in morning. Morph. sulph. gr. ½ admin-

istered hypodermically. Convulsions every hour during day. After second convulsion (11 am.), morph. sulph. gr. ¼, and tinct. verat. virid. ℥ xx (*B.P.*) injected. At 2 p.m. morph. gr. ¼ and verat. virid. ℥xv injected. Pulse still rapid. 2.45 p.m.—Venesection by Dr. Graef, the resident physician, 15 oz. 4.50 p.m.—Saline enema, 1 pint, high up. A few doses of Epsom salts during day, but could not swallow after 5 p.m. 6.30 p.m.—Morph. gr. ¼ and verat. virid. ℥x injected. 8 p.m.—Morph. gr. ¼ injected. 9.30 p.m.—Os commencing to dilate. 9.30 p.m.—Cervix partially dilated with fingers, version performed, leg brought down, child dead, watched during night.

April 16th.—9 a.m., body delivered. After some delay the after-coming head was delivered with forceps. No convulsion after 9 p.m. April 15th. Unconscious two days, involuntary evacuations from bowels during April 16th and 17th. After version on night of 15th chloral hydrate gr. 45 administered *per rectum* every six hours for two days. Also occasional saline enemata.

April 18th.—Became conscious and able to swallow. Recovered. Left Burnside May 17th.

Urine.—For three days after convulsions commenced did not collect any. We thought a good deal came away with the involuntary evacuations of the bowels. When we could collect it we found albumen, about 50 per cent. at first. It disappeared somewhat rapidly. The albuminous precipitate was composed almost entirely of paraglobulin, with only a small proportion of serum albumen (sometimes apparently none). Amount of urea excreted reduced at one time to nearly one-half the normal amount.

In considering the nature of puerperal eclampsia, I accept the opinion that it is simply a symptom of systemic toxæmia, due to the entrance into the blood from the intestinal tract of a certain poison, the nature of which is somewhat obscure. Whether this poison be carbamic acid, or leucomaines, or some other substance which may be more definitely separated and examined in the future, I know not; but I think it speedily affects the nerve centres and certain organs, such as the liver and kidneys. With these opinions as to causation I think that washing out the intestinal canal is "the preventive treatment *par excellence* of eclampsia." To accomplish this I have found nothing so effective as the administration of Epsom salts in fairly large quantities for several days, and sometimes weeks. In addition, a few doses of calomel will occasionally assist in getting rid of the poison.

Treatment of convulsions.—In my experience I have found that

morphine administered hypodermically subdues most quickly the excitability of the nerve centres.

I think that chloral hydrate is the best remedy to prevent recurrence of convulsions after they are to some extent brought under control. It is also sometimes useful as a preventive remedy when the symptoms of toxæmia are severe and convulsive seizures are feared, but have not yet appeared. I sometimes combine the two remedies for severe convulsions, giving the morphine hypodermically and the chloral by enema.

Chloroform sometimes has a good effect on the convulsions, but its administration has frequently disappointed me.

I have no doubt that bleeding in properly selected cases has a good effect. Do we neglect it too much in these modern days ?

I have had but little experience with veratrum viride, and where I have seen it administered have not been favorably impressed with the results. I will only mention pilocarpin to give it an unqualified condemnation, as I consider it both uncertain and dangerous.

I have not space to discuss the important subject of the induction of abortion or premature labor. I object strongly to the former (except in extreme cases), and I do not hurriedly resort to the latter.

In the five hundred patients to which I have specially referred we had twenty-one cases of toxæmia, with five of eclampsia. We induced premature labor twice, and assisted labor by digital dilatation of the cervix and the use of forceps in three instances.

THE COUNTRY DOCTOR.—Whoever imagines the rural practitioner is necessarily an old fogy, or ignorant of the devices which the hospital-trained city resident has at his command, and acts accordingly, is more than likely to be undeceived in short order. If the country doctor seems a little behind the times in some things, the lack, if such there be, will generally be compensated for by the greater thoroughness with which his knowledge has been digested and assimilated. During the long rides over roads often devoid of anything new to attract attention, he has opportunities for thought which are unrivalled, and he turns a subject over and over, viewing its every aspect in a calm, deliberative spirit day after day, until the facts connected with and bearing upon it are classified, labelled and pigeon-holed, so to speak, accurately, carefully and intelligently put where they may be found at any moment in a condition ready for immediate use.—*Western Medical Review.*

Society Reports.

Toronto Medical Society.

THE opening meeting of the year was held in the Medical Library, Medical Council Buildings, on Thursday, October 7th, Dr. McMahon in the chair.

Nomination of Members.—Dr. David King Smith, 311 Jarvis St.: Dr. Herbert Bruce, 16 Carlton St.

Eczema.—The cases expected for presentation to the meeting did not appear. Dr. Chambers, however, gave a short history of one of them, a child with marked cornification of the palms of hands and soles of feet. The condition was at first thought to be keratosis, a rare disease. The patient has, however, recovered so far under treatment that it seemed probable that it was a result of eczema and not a keratosis.

Trauma of Urethra.—Dr. Wilson spoke of a man under his care with a history or syphilis two years ago, and of recent connections, wearing, however, a safe. During the act the penis was forcibly twisted, resulting in a deformity in the organ which is still present. About one inch behind the glans there is a distinct bend with drooping down of the glans. Two days' after the injury a urethral discharge appeared. Examination of the pus failed to show gonococci.

Dr. Carveth.—Had he had gonorrhœa previously?

Dr. Wilson.—No.

Dr. McMahon.—Possibly a traumatism urethritis.

Dr. J. F. W. Ross spoke of trauma to the urethra. He cited the case of a boy who fell astride of a wooden box. A small amount of effusion resulted at the seat of injury, and there was retention of urine, catheterization being necessary. Dr. Ross thought this the common condition in these cases, but a discharge from the urethra was not usual.

Syphilis.—Speaking of syphilis, Dr. Chambers gave a case in practice—a man who, two months after infection, presented an erythema of the penis, the rest of the body being clear. Two chancres were present, and later all secondary signs were characteristic. The throat was typical. He thought local treatment with mercury was better for skin lesions than constitutional treatment as given by mouth.

In a case with an erythema of the forehead, inunctions of mercury

dispersed it rapidly, while mercury by mouth seemed to have little effect. In general rashes the rash disappears first from the part where the application is made.

Dr. McMahon upheld the treatment by inunction.

Dr. Rudolph said that it was the routine treatment at Aix la Chapelle.

Dr. Smith spoke of the mouth lesions and their difficulty of treatment locally.

Dr. Chambers thought bichloride of mercury, 1-5000 solu., the best mouth wash in such cases.

Dr. H. H. Oldright—Case—Child six months of age. Second child in the family. Father gives history of syphilis ten years ago. The first child died soon after birth. The present child has had snuffles, yellow skin, and an erythematous rash. Now there is tenderness over one mastoid process. Applications of the biniodide of mercury are being made. Authorities say that ear trouble in syphilis is usually periostial, not tympanic.

At birth two central incisors were already cut. These soon decayed and fell out. Two months later two more appeared; these have also dried up and fallen out. The temperature is now 103°. It is a question as to whether there is not some pus present.

Dr. Wilson suggested incision over the mastoid.

Dr. Oldright.—I have not tried anything as yet. There has been some intestinal trouble which may possibly account for the rise of temperature.

Dr. Parsons—Speaking of multiple primary lesions in syphilis.—I have a case under my care at present which presented two distinct chancres. When first seen there were four excoriations, one large, one the size of one's thumb nail, on the dorsum of the glans and at the junction of the prepuce with the glans, one on either side; and a third below at the junction of the frænum. As the case progressed, that on the left side and that on the glans became characteristically indurated, and the secondary signs are now present. The matter of multiple lesions is of interest, because men are taught by most text books that it is rare.

Another point was recently brought to my notice. In the clinic of Mr. Jonathan Hutchinson, jun., in London, I saw a man whose last exposure was on May 10th. On May 18th the patient was sent to one of the fever hospitals with scarlet fever, where he remained for two and a half or three months. After discharge from the hospital there was no further exposure, and three and a half months after the last coitus, the initial lesion first appeared and the case has gone

through a typical course. This has been noted also after two cases of typhoid fever. French literature contains several such instances.

Dr. McMahon did not think multiple lesions very common. He had seen three cases—one, a girl presented a chancre of the lip and vulva at the same time, perhaps the infection occurred at the same time. Another, a man with four chancres under the foreskin. There was some doubt as to their nature, but later there were rash and other signs. The third was in a man who had a chancre surrounded by three papules. The chancre was on the lower side of the penis, but later another appeared on the dorsum similar to the former.

Dr. Rudolph had seen a case of acute rheumatism, giving a history of syphilis one year ago. The heart was in a very bad condition, dyspnœa marked. With the development of the rheumatism the sores on the penis had broken out again. The sores are indurated.

Dr. Chambers.—Is there any general rash? May not the arthritis be syphilitic?

Anæsthesia.—Dr. J. F. W. Ross then brought up the subject of anæsthesia. He referred to the manner in which ether was being extolled in these days and chloroform denounced. Chloroform, he said, killed on the table, a very distressing thing to happen, and was always open to legal enquiry and coroner's jury, but he preferred it to the way to which ether did its work, by its after effects. The speaker had had an unfortunate experience with ether during the past week. He had removed a cyst of the ovary. It was a very simple operation and of short duration, The patient had taken ether before, and taken it well, so no urinary analysis was made. Squibb's ether was given in a good inhaler and by a competent anæsthetist. After the operation the first voiding of urine amounted to ten ounces, the next eight ounces, and for forty-eight hours all was well. The speaker saw her on third day, then noticed a peculiar appearance of the patient, but the abdomen was flat and wound in good condition. He was summoned to her again within one hour after last visit, as she had taken a bad turn. Dr. McMahon found the heart and lungs negative. The abdomen was also negative. A catheter was passed, and about ℥j. of urine was withdrawn. This became almost solid on heating and adding nitric acid. No urine had been voided for twenty-fours honrs previous to this. The patient was treated vigorously with hot packs, etc., and kept sweating freely. No urine for three days. At the end of three days a little urine was obtained, loaded with albumen. The pulse dropped to sixty or seventy, but there was great weakness, and patient was somnolent and delirious. She died rather suddenly. There were no convulsions.

Dr. Ross said that he had had two deaths on the table from chloroform, and two from suppression of urine after ether.

There was also the chance of bronchitis and broncho-pneumonia after ether.

Dr. Oakley.—Is not the same to be said of chloroform? There are similar cases of suppression of urine after its administration.

Dr. G. B. Smith advised every man to follow his own experience. He had used both ether and chloroform many times. He recommended chloroform apart from the facts of its easier administration and greater pleasantness for the patient.

Dr. Hastings spoke of the careful examination of the urine before either chloroform or ether. He had had an unfortunate experience once with chloroform—a case of acetonæmia. The urine had a specific gravity of 10.20, so he examined for albumen only, afterwards he found a distinct reaction for sugar in the same specimen of urine. Chloroform is bad in such cases, as acetone is found in the urine after the administration of chloroform.

Dr. Ross, replying to Dr. Oakley, said he had had two cases of death from chloroform on the table, but he had never seen any unpleasant after effects as seen in cases after ether.

Dr. Oakley cited a severe case of pneumonia after ether. He had heard of suppression of urine after chloroform.

Dr. McMahon then delivered the Presidential address.

Huron Medical Association.

THE Huron Medical Association met in its regular quarterly meeting in Clinton, October 13th, when the following programme was gone through with:

1. An address on "Nervous Diseases," by Dr. Gunn.
2. The following cases were presented to illustrate the address:
   - (*a*) Locomotor Ataxia, two cases, exhibited by Dr. Shaw.
   - (*b*) Amyotrophic Lateral Sclerosis—Dr. Amos.
   - (*c*) Compression Myelitis (cervical region)—Dr. Gunn.
   - (*d*) Brachial Neuritis—Dr. Case.
   - (*e*) Anterior Polio Myelitis—Dr. Mackay.
   - (*f*) Paraplegia (lumbar region)—Dr. Turnbull.
   - (*g*) Spastic Paraplegia—(primary, secondary, infantile)—Drs. Gunn and McKenzie.
   - (*h*) Raynaud's Disease—Dr. Wood.
   - (*i*) Paralysis Agitans—Dr. Kennedy.
   - (*j*) Chorea (Huntington)—Dr. Taylor.

Lambton Medical Association.

THE Lambton Medical Association meeting was held in Sarnia on the 13th of October. Dr. James Newell, of Watford, presided.

The Surgical Treatment of Obstruction of the Bowels.—Dr. Hal C. Wyman, of Detroit, read a paper on this subject.

Diphtheria and its Treatment.—Dr. J. P. Chalmers, Oil Springs, took up the above subject.

Hysteria, Its Cause and Treatment.—Dr. J. Dunfield, Petrolea, read a paper on this subject.

Undue Nervous Sensibility.—The President dealt with this topic.

APPALLING STATISTICS OF FREE MEDICAL TREATMENT.—We glean from our exchanges that the average income of New York physicians is only $1,500 per year. Considering the fact that many physicians in New York have an income of over $10,000 and others averaging between $25,000 and $100,000 a year, there must be a preciously little average left to the large majority. There are 114 dispensaries and 26 hospitals in New York County. In the 26 hospitals in the year 1895, 75,368 patients received free treatment, and in the dispensaries 661,803, making a total of 737,171, nearly 40 per cent. of the whole population, which is 1,851,000. There have been 92,529 free visits of patients to hospitals, and 1,387,170 free visits of patients to dispensaries. In attendance upon the 114 dispensaries in 1895 were 949 physicians, or 27 per cent. of all physicians in the city, numbering 3,430. More than 1,500,000 free visits were made and more than 1,000,000 prescriptions written free of charge. More than one-quarter of all the physicians in New York are engaged in treating the population gratis in *quasi* charity institutions. The heart aches of genteel poverty among many of those engaged in such medical charity practice, so called, it is almost superfluous to mention. The intensified injury done by dispensary abuses in all large cities to those physicians who prefer to do charity in private practice, unostentatiously and honestly, and without resorting to the method of seeking an appointment on the medical staff of some free clinic or hospital, has justly created in medical circles a roaring storm of indignation from the Atlantic to the Pacific Coast.—*Medical Review.*

Editorials.

The Feeding of Diabetic Patients.

EVERY one who has had the task laid upon him of regulating the diet of an unfortunate diabetic will at once admit that his skill and tact were taxed to the utmost. What may seem right on scientific grounds is often very difficult to carry out in actual practice. Such, indeed, is the key-note of the address of Dr. Saundby at the British Medical Association, and of the eminent gentlemen who took part in its discussion, such as Drs. Sydney Coupland, Sherrington Smith, E. Duncan, Tyson, Jacobi, Lindsay and Stephen McKenzie.

Dr. Saundby dealt with the notion, far too prevalent, that sugar can be eliminated from the urine by the removal of carbohydrates from the diet. Both on physiological and clinical grounds this view is erroneous. The conversion of albumen into urea yields carbohydrates in considerable quantity. It is thus a folly to restrict the patient to a meat diet.

There is also much that is wrong in the usual diabetic dietaries. Many articles are forbidden that would do less harm than those that are freely allowed. For example, the potato is put under bans, while gluten bread is allowed without stint.

The first point is to watch closely the weight of the patient, which should be tested once a week. If the weight is maintained or increased, we have the best evidence that the diet is well selected, even though the sugar should continue in considerable quantity in the urine, or show a moderate increase.

Begin by a rather severely restricted diet, as it is easier to make concessions than to impose restrictions. At the first there is often polyuria and great thirst. These symptoms can best be restrained by a strict diet. Along with this a grain or two of the extract of opium should be given at night. By a strict diet is meant one from which starch and sugar are eliminated as far as possible. In place of gluten bread, allow the starchless brown loaf or biscuit. The breakfast is made of fat bacon and eggs, with cabbage and the above bread or biscuits. He is allowed other green vegetables, any animal food, tea and coffee, and two ounces of sugar-free alcohol.

After a week or so of this diet has been determined, a gradual increase in diet may be permitted. Six ounces of potato and a pint

of milk may be added to the daily diet. If this does not increase the glycosuria, then add four or five ounces of dry toast, and a bottle of light wine, such as Bordeaux, or Moselle If under such a diet there be no return of symptoms, the bread may be doubled.

In those cases where the first restriction of diet did not remove the sugar, but only reduced it from 10,000 or 12,000 grains daily to 2,000 or 3,000 grains, the same routine should be followed by adding the potatoes and milk, and then the other articles, according to the symptoms. If the patient is comfortable and gains in weight, even though there be a slight increase in the sugar, the steps need not be retraced. In such cases it is safer to increase the amount of potato than to allow bread, and many cases of this class have to do without bread altogether.

Too restricted a diet must be guarded against, and especially if there be any albuminuria. There is great danger of inducing acetonæmia on too impoverished a diet. The main feature in the dietetic treatment of diabetes is to begin with a very strict diet, and from time to time make concessions as the condition of the patient will justify. This plan acts better on the disease, is easier on the patient, and calls for fewer compromises on the part of the doctor than any other plan.

Prof. J. H. Richardson's Retirement.

THOSE who had the pleasure of sitting under Dr. Richardson's instructions on Anatomy in the old Toronto School of Medicine will recall with great pleasure the lucid manner in which he made plain the many intricacies of anatomy, both descriptive and surgical.

To a later generation of students he became familiar as the Professor of Anatomy in the Medical Faculty of the University of Toronto, a post which he has continuously filled since 1887, the date when the confederation took place between the University of Toronto and the Toronto School of Medicine.

The readers of the REVIEW will agree with it in making the statement that Prof. Richardson stands alone as an anatomist. His knowledge of the subject, human and comparative, is phenomenal. Never was he known to make a mistake; and in innumerable instances he pointed out to his classes the errors to be found in the best texts of the day upon the subject of anatomy.

But his distinction did not rest with his knowledge of the subject. He was a most agreeable and attractive teacher—always ready to

assist an enquirer and make the difficult task easy. His work, as a scholar and teacher in his subject, cannot be spoken of in any other words than "It was brilliant."

It is a great loss to the University to have him retire while he has still, to all appearance, many years of capacity for work. Those who made a national reputation for the Toronto School of Medicine are fast passing from the scene of action. There are those now on the staff whose resignation would be much more acceptable than that of Dr. Richardson's.

The REVIEW hopes that Prof. Richardson may have many years of health and happiness.

OVER-CROWDING IN THE MEDICAL PROFESSION.—The following remarks taken from the *British Medical Journal* of 9th October, and delivered in Birmingham by Sir Walter Foster, M.P., are of much importance, as they apply so fully to this country: "He was shocked to see the amount of trouble, sorrow, and difficulty, and to a very great extent, poverty, which oppressed many of those in their ranks. He had never known the profession of medicine so over-crowded, the competition so severe, and he had never known so many men of good reputation and good medical acquirements having a desperate struggle to make a livelihood. He wanted to see if they could not find some means of lessening the unfair competition with which they were confronted in the excessive number of patients treated at hospitals—some with their midwifery departments—the competition of medical aid associations, and other forms of competition which threatened their legitimate interests. In this connection he advocated the raising of the standard of requirements for the preliminary examinations, so that unsuitable men should be prevented over-crowding the profession, and the suppression of various forms of quackery, which not only injured their profession, but were a serious imposition on the public."

IT IS SAID.—Saint-Just, in the *Brief*, gives some very interesting statistics among which as follows: The Medical Association of the Austrian Capital has adopted recently a tariff as follows: Day visit, three gulden or about $1.20. Evening visit, four gulden or about $1.60. Night visit (without carriage) six gulden or about $2.40. Visit at the hour selected by patient, five gulden or about $2.00. For each extra patient in the same family, one gulden or about forty cents. The visits are to be paid spot cash. If this last regulation can be enforced, the Austrian physicians are certainly very fortunate.—*Med. Fortnightly.*

Book Notices.

The Eye as an Aid in General Diagnosis. A hand-book for the Use of Students and General Practitioners. By E. H. LINNELL, M.D., Philadelphia. The Edwards and Docker Co., 1897.

This somewhat unique little work emphasizes such symptoms as are of direct importance in diagnosis of general diseases. Its facts have been culled from many sources, and will be of use to the careful diagnostician.

Text-Book of Medical and Surgical Gynæcology: For the Use of Students and Practitioners. By R. W. Garrett, M.A., M.D., Professor of Obstetrics and Gynæcology in the Medical Faculty, Queen's University, Kingston; Gynæcologist of the Kingston General Hospital. Containing over one hundred illustrations. Kingston, Ont., 1897. J. A. Carveth & Co., Medical Publishers, Toronto, Canada.

This book of 400 pages is a careful compilation of facts bearing upon the important subject of diseases of women, and is such a work as will at once commend itself to teachers for use in their class. It is by no means elementary; on the contrary, it gives the latest and most approved operative procedure, adopted in difficult situations connected with the organs of the female pelvis. We congratulate the author upon his production, and heartily recommend to the profession of Canada a book written by one of ourselves. The style is simple and easy. The publishers have done their part excellently.

International Clinics. A Quarterly of Clinical Lectures. Vol. II. Seventh series. 1897. Philadelphia: J. B. Lippincott Co.

This volume contains about forty clinical lectures upon varied subjects. It is quite up to its predecessors in excellence. Among so many good articles it is difficult to particularise, but we might mention the following lectures as being well worthy of perusal: "Practical Application of Hydrotherapy," by Simon Baruch. This contains many valuable and original hints upon this subject. "Rodent Ulcer," by Norman Walker. "Intra-ocular Hæmorrhage," by Collins. "Mastoid Operations," by Seth Bishop; besides many others of equal value and interest. In a lecture by Ernest Hermann, of London, on "Puerperal Eclampsia," we cannot agree with his definition. He says: "Eclampsia is convulsions in a pregnant, parturient, or puerperal woman whose

urine is solid with albumen." A great number of observers have noticed that eclampsia may exist without any albumen, and quite a number of such cases have come under our own observation. Again he says: "I know of no reason for thinking that purgation does any good in eclampsia: I think it more likely to do harm." This is at variance with the accepted opinions of the day, and is certainly not borne out by experience. Although the etiology is not established beyond doubt, still the evidence tends towards the theory of the absorption of toxins, and very probably from the fœtus; and we know of no better or more efficient method of elimination at present than through the bowels—a course which has been often adopted with undoubted beneficial results.

About Children: Six Lectures given to the Nurses in the Training School of the Cleveland General Hospital in February, 1896. By Samuel W. Kelley, M.D., Professor of Diseases of Children in the Cleveland College of Physicians and Surgeons (Med. Dept. Ohio Wesleyan Univ.); Pediatrist to the Cleveland General Hospital; Consulting Physician to the Cleveland City Hospital; President, 1896 and 1897, Ohio State Pediatric Society; Editor Cleveland *Medical Gazette*. 180 pages. Price, in buckram, postpaid, $1.25 net. Cleveland: The *Medical Gazette* Publishing Company, 1897.

In the above we have a very useful book. It is not of the usual stereotyped kind, and therefore is all the more interesting. The six lectures making up this little work were delivered to nurses; but they clearly come from the pen of one who has read much and seen more, and would certainly make profitable reading to many a physician. It would be quite impossible to attempt a digest of the lectures in the short space of a review. If physicians would read more on the broad principles of the healing art and less on diseases, it would have a good effect. This book deals with principles. We recommend it highly.

A WELL-EQUIPPED MEDICAL SCHOOL.—Among the million or more medical colleges in this great country, there is one with thirty-eight professors, twenty-three assistant professors and instructors, and fifty-one students. This gives one professor, assistant professor, or instructor, to each student, with ten left over. It is suggested that a new medical journal be started, to give the idle ten something to do.—*Medical Record.*

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

The Charity Abuse.

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—The *Medical Record* of October 16th has a very timely and able editorial upon the above subject. I am glad to notice that the *Medical Record* so boldly announces itself as opposed to the indiscriminate granting of charity. So far as I know, the MEDICAL REVIEW has always espoused the same opinions.

The *Record* says: "With the commencement of the college terms and with the necessarily more active clinical work in the metropolitan hospitals the struggle for clinical material will be proportionately manifest. Thus it is to be reasonably expected that the old abuse of medical charity will boom along as destructively to the higher interests of the profession as ever, and will revive the old complaint against the atrocious unfairness of the whole system."

With the above opinion every practitioner who has paid any attention to the abuses of our charity system will agree. The medical colleges are deeply interested in procuring an abundance of material for their classes. To accomplish this the wards of the hospitals are opened to those who could well afford to pay; or the city or some wealthy person comes to the aid of the colleges, and make grants so as to enable these institutions to house and treat such as should pay a fee for their attendance.

But the teachers are interested in all this. What they lose by fees from patients is more than made up by fees from students and the reputation of being a college and hospital physician or surgeon, hoping to climb over the shoulders of the general practitioner into a consultation practice. It does not follow because a certain person is on a college staff he is thereby endowed with special learning or ability. It is often too true that he secures his appointment through the influence of some strong friends. There are some instances of this in Toronto.

With the cry raised on every side that the profession is over-crowded and sadly underpaid something must be done to lessen the volume of charity work on the one hand, and to reduce the numbers entering the medical profession. *The British Medical Journal*, for October

2nd, in an editorial on "General Practice: Its Financial Aspects," deals vigorously with the over-crowded condition of the medical profession: "For a much larger number at the other end of the social scale the outlook is not roseate. In fact, unless possessing private means, many, after spending hundreds of pounds on their professional education, will, when they become practitioners, have to use the strictest economy to pay their way, and some will always be within the borderland of poverty. Such statements about the neediness of the profession may come as a surprise, but their correctness cannot be doubted."

I do not find such wholesome truth told in the opening address at our many colleges, nor in their Announcements for the session of 1897-8. In none of these do I find that only a small percentage are destined to attain to any degree of financial comfort or easy circumstances.

Victor Horseley stated that it required about 1,200 of a population to yield an income to a practitioner. In Canada we would think ourselves in clover on this basis. There is in Ontario about one physician to every 600 persons. In the face of this the Schools go on as medical mills, and the hospitals and charity houses to those who could pay, but for the necessity to obtain clinical material.

Yours, etc.,

ONLOOKER.

Toronto, October 25th, 1897.

"Medical Doctor."

To the Editor of the CANADIAN MEDICAL REVIEW:

SIR,—In the *Evening Star* of October 1st, I noticed a paragraph stating that Hon. Mr. Harcourt has in contemplation a bill to compel the medical men to spell out the words "Medical Doctor" after their names. Surely this idea is not a probability. Why should the old and original M.D. have to write "Medical Doctor?" Why not those usurpers—who copy a long way off—to be sure. Doctor is taken from the Latin *doctus*, learned. The affix should then convey this meaning, and be confined to such classes as are really learned and those known as the learned professions. If the name has been degraded, who is to blame? Certainly not those who held the original right; rather an elevation of the masses and the granting by the Government charters to colleges to give veterinarians and dentists the right to be called

"Doctors": and, if so, why punish those who are not to blame? Every corner is covered with dental signs, Drs. So-and-so; registrations in hotels and advertisements in the newspapers, Dr. So-and-so; and, in the majority of cases, Who are they! Would the affix, doctor, be deserved? Is it decent, considering the root from which the term is derived? Would the Hon. the Provincial Secretary make it compulsory for the medical men of this Province to register at the hotels of the United States and Europe as "Medical Doctors?" Would he outrage social custom and good taste in this manner? If a change is to be made and a penalty attached, let those who are most deserving pay it; let those who use the term more by courtesy than right bear it. I do not take Mr. Harcourt to be wanting in common-sense; and I do think, the statement of the *Star* to the contrary, that he will prove to have more intelligence than to make so egregious a mistake.

Yours Truly,

P. PALMER BURROWS, M.D.

Lindsay, Oct. 26th, 1897.

Selections.

AN APPLICATION FOR PIGMENTARY BLEMISHES OF THE SKIN.—The *Journal de Médecine de Paris* for September 26th, gives the following formula:

℞	Corrosive sublimate	7½	grains;
	White sugar	225	"
	The white of one egg:		
	Lemon juice, about	450	"
	Distilled water	3,750	"

M. S.: To be applied every morning and allowed to dry on.—*N. Y. Med. Jour.*

BALSAMICS IN THE TREATMENT OF BRONCHIECTASIS IN CHILDREN.—Molle d'Aubernas (*Loire Médicale*) recommends the following:

℞	Eucalyptol	10	parts;
	Creosote	25	"
	Tincture of benzoin	50	"
	Balsam of copaiba	80	"
	Oil of sweet almonds	200	"

M. To begin with, an enema of thirty drops of this mixture, in a little milk, may be given, and the dose may be increased gradually to two teaspoonfuls. In a few days the patient gets used to the burning sensation that follows the injection.—*New York Medical Journal.*

In view of the growing favor of subcutaneous injections for syphilis, we give the following formula of Sacaze:

R	Metallic mercury	20	(℥v.)
	Lanoline	5	(℥jss.)
	Liquid vaseline	35	(℥j. ¼)

Inject subcutaneously from five to seven centigrammes (gr. ¾). Repeat every fifteen days.—*Medical Review of Reviews.*

Methyl Salicylate in the Treatment of Gonorrhœa.—By reason of the great power possessed by methyl salicylate of penetrating investing membranes, M. Duquaire (cited in the *Journal des Practiciens*) has conceived the idea that it will reach the gonococci even when they are seated in the deepest layers of the mucous membrane. He reports a case in which its employment cured the disease in five days, but he does not generalize from that one case. He uses the following solution:

R	Methyl salicylate	1 part.
	Bismuth subnitrate	20 parts.
	Liquid vaseline	100 parts.

M. These injections are to be given daily. The patient should urinate, then take the injection, and hold it in the urethra as long as possible. The injections are not painful.—*N. Y. Med. Jour.*

For Tubercular Cystitis.—General treatment should always be instituted, the indications are to improve nutrition, avoiding drugs which upset the appetite. Climate and salt baths may prove of assistance. Banzet advises against large doses of creosote, smaller dosage and persistent exhibition being better. Guyon's favorite formula for giving it is:

R	Creosote	gr. .05.
	Iodoform	gr. .01.
	Sod. arseniat	gr. .001.
	Cynoglosi	gr. .05.

Pulv. benzoin, q. s. to make one pill.

M. Sig. Two pills twice daily at meal times.

General treatment may in some few instances prove even curative. Instances are cited from the practice of Guyon which go to show in a positive manner the efficacy of general treatment. Banzet warns against putting such cases on a low diet because of a slight albuminuria, a treatment capable of rendering this class of patients much worse.—*Journal Cutaneous and Genito-Urinary Diseases.*

AN INTESTINAL ANTISEPTIC MIXTURE.—According to the *Indépendance Médicale* for September 29th, the following formula is advised by de Maximovitch:

℞	Naphthol	45 grains;
	Chloroform	15 drops;
	Castor oil	1,500 grains;
	Essence of pepperment	5 drops.

M. Dose, a tablespoonful (for children, a teaspoonful) in port wine, beer, or hot and sweetened black coffee.—*N. Y. Med. Jour.*

COUGH MIXTURES.—Dr. James K. Crook says that the following formula have been thoroughly tested in both hospital and private practice and render good service in suitable cases. For irritative coughs:

℞	Phenacetin	gr. xx.-xl.
	Ext. glycyrrhizæ	gr. xx.
	Sacch. albi	ʒ ij.

Fiat pulvis, in chartulas 20 dividendus. S.: One to be taken at one, two, or three hour intervals.—*Medical Record.*

IT HAD BEEN TAKEN OUT.—The following from Boston is on the authority of that bright and witty editor, Rev. Dr. Dunning. A well-known business man of the Hub was discovered by a friend to have his underwear inscribed with the legend, "I have had my vermiform appendix removed." Questioned as to his motive, he replied, "These are the palmy days of surgery. If a man faints on the street, or falls in a fit, he is rushed off to an hospital and his appendix taken out before he can recover consciousness. I have this notice conspicuously displayed, as I have been through the operation once."—*Medical Herald.*

PUERPERAL NEURITIS.—Dr. George Koster (*Munchener Medicinische Wochenschrift*), relates the case of a woman who, on the fourteenth day after a normal confinement, the puerperium being perfectly natural, rather suddenly felt a weakness of her left arm. On examination, it was found that the upper arm was diminished in size, with lowered power and sensation in the radial and musculo-cutaneous nerves, sensory disturbances in the areas of distribution of the axillary and lateral cutaneous nerves, and the reaction of degeneration in the deltoid and biceps muscles. The symptoms gradually increased in intensity, and finally the brachialis internus was affected. In the course of eight months the reaction of degeneration was observed in all the muscles mentioned.—*New York Medical Journal.*

Miscellaneous.

SANMETTO IN INFLAMMATION OF BLADDER, OVARIES OR UTERUS.—Sanmetto is an excellent remedy for all bladder troubles caused by inflammation. I find it acts nicely with tinct. opii to allay pain and inflammation, especially when the ovaries or uterus are affected. The physicians generally, about here, prescribe Sanmetto.

LORENZO SARGENT, M.D.

Bradford, Mass.

IN Mr. Hall Caine's last novel, "The Christian," some comical perversions of medical knowledge occur. For example, the weak-minded, but beautiful Polly Love, is killed off by a dose of "half a grain of liquor strychnine." This is, perhaps, not quite in accordance with modern pharmacology, but Mr. Caine, unfortunately, omits to mention anything about the chemist who weighed out the half-grain of the fluid poison. In a medico-legal matter, again, Mr. Caine has established a record, and it is evident that we are quite wrong as to the definition of a still-born child, if this record is to be maintained. In "The Christian" the author describes a still-born child as "one that has breathed but never cried."—*Medical Press and Circular.*

WE are pleased to bring again to the attention of our readers a strictly pharmaceutical preparation which is really what its name implies, "A Liquid Malt Extract," manufactured by Messrs. John Wyeth & Bro. chemists, whose reputation amongst the physicians is of the very highest as manufacturers of fine pharmaceutical articles. Their malt extract has been, and is, prescribed for many years by us, and we have perfect confidence in it. One of the features of it is that it contains only sufficient amount of alcohol (less than 3) to keep and preserve it, and as the quantity is so small we are able to prescribe it freely to weak and delicate children and nursing mothers, without danger of their getting too much stimulant. We would, however, caution those who wish to prescribe it in their practice to be careful and specify "Wyeth's," as we know that there are a great many so-called malt extracts in the drug stores which contain so large a proportion of alcohol that it is not safe to leave it to our patient's choice, as they might be persuaded to buy something that would be absolutely injurious, because a little cheaper in price, or upon which the druggist would make a little more profit.