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THE  
CANADIAN JOURNAL  
OF  
MEDICINE AND SURGERY

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF  
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J. J. CASSIDY, M.D., EDITOR.

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TORONTO, JULY, 1897.

NO. 1.

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## Original Contributions.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

### ANTISTREPTICOCIC SERUM.

BY W. J. WILSON, M.D., TORONTO.

SERUM therapy, like any new form of treatment or new remedy, demands a careful scrutiny by the profession before it is finally adopted or relegated to oblivion. As many carefully observed cases should be recorded as possible, so that a fair conclusion may be arrived at. It is with this object in view the writer gives the following history :

G. W., aged twenty-nine, salesman; has been a drinker for the last fifteen years; had right leg amputated above the knee ten years ago for disease of the knee-joint; has had good health since the amputation. May 1st, 1897, received an injury on dorsum of left foot by street-car accident; there was some bruising, and a wound about half an inch by three-quarters of an inch at the base of second toe; this was poulticed, and no medical aid summoned until May 11th, when patient had chills, enlargement of glands in left groin and red streaks at the ankle. The writer was then called in, and removed a crust from the surface of the wound, which had been produced by some burnt alum; this allowed the escape of

some serum. Hydrogen peroxide was applied and the wound cleansed. The temperature at this time was  $102^{\circ}$  and the pulse 98 to 108.

In about two days a small abscess was opened about an inch to the outer side of the wound, and some brown broken down tissue, with pus and soft fat, escaped. In three or four days more the chills redness and glandular swelling had left, and the wounds looked healthy, with very little discharge. Patient ate and slept well.

At this time pain and swelling appeared in left parotid region. This was diagnosed as mumps, as a child in the house had lately suffered from this disease. After four or five days this swelling began to subside, and the right parotid went through a similar, but rather shorter, course; then the right epididymus became swollen and tender, followed by enlargement of the body of the testicle. This subsided and the left epididymus inflamed. During this course of mumps the foot remained stationary in so far as healing was concerned, but when it was over healing began, and progressed very nicely for a few days, when on May 31st the symptoms suddenly became worse. Pulse 120, temperature  $104^{\circ}$  F.

June 1st—Pulse, 120; temperature,  $103\frac{1}{2}^{\circ}$ , at 11 a.m.; gave 10 cc. of P. D. & Co.'s antistreptococic serum; 6 p.m., pulse 112, temperature  $103\frac{1}{4}^{\circ}$ ; had slight chills through the day. 11 p.m., pulse 104, temperature  $103\frac{3}{8}^{\circ}$ ; gave 10 cc. more serum.

June 2nd—9 a.m., pulse 104, temperature  $103\frac{3}{8}^{\circ}$ ; did not sleep well; appetite poor; no chills. 1 p.m., pulse 110, temperature  $104^{\circ}$ ; very drowsy; leg shows red spots about ankle and on calf; these spots are very tender.

June 3rd—11 a.m., pulse 96, temperature  $101\frac{1}{2}^{\circ}$ ; skin moist.

June 4th—Pulse 96, temperature  $100^{\circ}$ ; skin moist; slept well and ate better. 9.30 p.m., pulse 96, temperature  $101^{\circ}$ ; skin feels better, but not sweating. At midnight, pulse 104, temperature normal.

June 5th—Pulse 98, temperature  $102\frac{1}{2}^{\circ}$ , at 10 a.m.; slept well, feels better and had some breakfast. 8 p.m., pulse 110, temperature  $102\frac{1}{2}^{\circ}$ ; slightly delirious and wants to get out of bed; appetite very poor; outer ankle very red.

June 6th—10 a.m., pulse 104, temperature  $102\frac{1}{2}^{\circ}$ ; slept well after midnight and ate a good breakfast; feels better. 9 p.m., pulse 104, temperature  $103^{\circ}$ ; passed a little better day than yesterday; mind clear again.

Dr. H. B. Anderson reports finding a pure culture of streptococcus pyogenes with very long chains. This culture was taken on the 3rd, when the wounds showed well-marked pseudo-membranes covering the raw surfaces. These membranes looked almost identical with those found in diphtheria, and left a bleeding surface on removal.

June 7th—Pulse 100, temperature  $101^{\circ}$ . Dr. Anderson's report of a pure culture induced another trial of the serum, and at 11 a.m. 10 cc. more were given. 4 p.m., chills; pulse 110, temperature  $103\frac{1}{2}^{\circ}$ ; sweating. 11 p.m., pulse 100, temperature  $101\frac{2}{3}$ .

June 8th—8 a.m., pulse 100, temperature  $101\frac{2}{3}^{\circ}$ ; slept well; is drowsy a good deal to-day; an erythematous rash at site of injection (over deltoid) and down the arm; gave 10 cc. more serum. 8.30 p.m., pulse 110, temperature  $104\frac{1}{2}$ ; had chills to-day; appetite better and wounds clean.

June 9th—10 a.m., pulse 104, temperature normal; sweat during the night and complains of pain like muscular rheumatism in right arm. 10 p.m., pulse 100, temperature normal; right arm very stiff and helpless.

June 10th—Pulse 90, temperature normal; mind rather mixed; foot very tremulous. This tremor has existed throughout the illness, but worse now than usual; looks like a marked ankle clonus.

Three small abscesses were opened, one over the great toe-joint, one on the dorsum and one at the ankle, but temperature never showed any marked rise and wounds steadily healed up.

In the way of local treatment the wounds were, after the first few days, when peroxide was used, washed out frequently with carbolic solution, and to the pseudo-membrane pure carbolic acid was applied three or four times. Internally, for the greater part of the time the patient could not be induced to take medicine.

Had the patient been put under the serum treatment from the first, before his powers were reduced and before the attack of mumps, which greatly lowered his vitality, the long course of the disease might perhaps have been avoided.

As regards the source of the infection, the woman who dressed his wound from the first had a "run around" on one of her fingers, and although, unfortunately, no culture was taken from this, it is a probable source of infection.



## CASE OF POISONING BY CORROSIVE SUBLIMATE.

BY A. J. HARRINGTON, M.D., M.R.C.S., ENG.

PATIENT, female, aged twenty-one. May 17th, 1897. Took one of Wyeth's tablets, 7.7 grains of corrosive sublimate by mistake, thinking it was an antikamnia tablet. This occurred at 3.30 p.m. I saw her at 4.15 p.m., and found her suffering from some distress in the stomach. She told me that she had been given a tablet by a friend to keep for her, and that it had blue letters on it; so I immediately concluded that she had taken a bichloride tablet, and acting upon this immediately, I administered an emetic of ten grains of sulphate of copper, which caused emesis in five minutes. I now gave her the whites of two eggs mixed with an equal quantity of water, followed in a few minutes by half a pint of equal parts of milk and water, into which a desertspoonful of flour had been stirred. I now gave her a second dose of sulphate of copper, and by continually suggesting emesis, she vomited very freely in two and a half minutes. In five minutes I gave her the whites of two more eggs, followed in five minutes by another half pint of the milk and water mixture, and suggesting to her that she would vomit. that it was impossible for her to keep it down; she accepted the suggestion, and vomited very freely this last time without an emetic. Now this is not a very good case of the value of suggestion, as I had really given the patient an emetic, but I think that suggestion in this instance produced such an effect upon the sensorium that the act of vomiting was hastened. The first and second emesis gave a decided reaction with kali iodide, and the third a very slight reaction. I ordered her now gruel and milk, equal parts, and white of egg and water, and left her at 6.30. Telephoned for at 8.30, found her in great pain over abdomen, below level of navel; no pain in left hypochondria; had vomited once; pulse, 114; temperature, 100 F.; gave her hypodermic of morphia sulphate, grains,  $\frac{1}{4}$ ; atropia sulphate, grains  $\frac{1}{150}$ ; 11.15 p.m., pain and distress in left lumbar and inguinal regions over course of colon descendans and sigmoid flexure. Constant hæmorrhage with intense rectal tenesmus. Gave similar hypodermic 4.30 a.m. following morning; great pain and bloody flux. Gave another hypodermic; also one at 8.30 a.m., 1.15 p.m., and 6 p.m. At

10.04 p.m. hypodermic of  $\frac{1}{2}$  grain morphia, and atropia  $\frac{1}{75}$  grains. Passed fair night, a few bloody evacuations; gave hypodermic of  $\frac{1}{4}$  grain morphia sulphate at 8 a.m. At 1 p.m. condition fairly comfortable; asked for hypodermic, but did not give it; however, I gave it at 6 p.m., and another at 11.30 p.m.; stools dark and with slight tenesmus; complained of horrid metallic taste; gums swollen and red; would bleed on slightest pressure; saliva profuse; ordered mouth wash of potassium chlorate and *tr. cichona flava*; some tenderness over sigmoid flexure.

On 21st very weak, pale, and complained of mouth; gradually improved, and was allowed to sit up on 24th, and given a change of diet, having been kept in the meantime on milk and gruel, milk barley water, and albumen water.

There are several interesting features in connection with this case. In the first place, the absence of pain in the stomach. This might be accounted for by the slow solubility of the tablets, and the lessened action of it produced by the addition of ammonium chloride, which forms a double salt in solution (*sal alembroth* and an excess of ammonium chloride), as proven by William Murrell in 1870, and the complete evacuation of the stomach by emesis. The pain in the bowels, and especially in the sigmoid flexure, was produced by the part of the drug in solution which had escaped from the stomach. Lastly, I would like to call attention to the effect of suggestion as a therapeutical agent. I do not claim any hypnotic power, nor is it necessary; but I do claim that suggestion is one of the most potent therapeutic agents we have, and although as yet little understood, yet it is bound to have a great future when scientifically used. I have seen the most beneficial results in the administration of chloroform, very little of the anæsthetic being necessary when sleep has been suggested properly to the patients. Instead of suggesting to the patients that they will feel a smothering which will quickly pass off, just tell them that you are going to put them to sleep; that they must close their eyes and think of nothing but sleep—not to speak under any circumstances, and occasionally suggesting sleep, you will see less struggling and have very much less anxiety. Try it and prove it for yourselves.

## ADDRESS IN MEDICINE.

BY PROF. AUSTIN FLINT.

Delivered at the Semi-Centennial of the American Medical Association, Philadelphia, June, 1897.

AFTER opening his address in a very brilliant and masterly way, Dr. Flint went on to say: "Looking far into the future, it seems possible that our successors may fix upon the month of May, 1946, as the true centennial of the American Medical Association, dating the origin of this body from May, 1846, when a convention of representatives of our profession, held in New York, proposed the formation of a national association, which was formerly organized in 1847. If your orator of to-day finds it impossible to do justice to this occasion, how much more difficult will it be to present, in a single address, an adequate picture of a full century of medical progress? The year 1946 will be the centennial of the application of anæsthesia to surgery. It will be the third jubilee of the crowning glory of the eighteenth century, the completion of the discovery of vaccination, when the terrible scourge, small-pox, which had been more destructive to human life than war or famine, was virtually subdued. At the Jenner Centenary, held in Berlin in May, 1894, Virchow stated, as an ethnological fact, that 'all peoples that had not been reached by vaccination, or that had not accepted it had disappeared from the face of the earth, destroyed by small-pox.' Will the orator of 1947 be able to point to a triumph of American medicine equal to the application of anæsthesia a hundred years before or to the beginning of an era in preventive medicine, like 'that inaugurated by the immortal Jenner?' Looking into the future it is possible that in fifty years small-pox will have disappeared from the face of the earth, like the peoples it has destroyed. But who can say, in the light of what has been accomplished within our own recollection, what may not be done within the next half century? In the single line of preventive medicine, is it not possible that we may be able to secure immunity from tuberculosis, typhus and typhoid fevers, scarlatina, diphtheria and other infectious maladies, and that these diseases may disappear? As it is now, even with a not inconsiderable popular prejudice against vaccination, many successive years have passed in the city of New York without a single case of

small-pox, and medical knowledge is becoming daily more progressive and more generally accepted by the laity.

#### MARKED AN ERA.

"It is not too much to say that the convention of May, 1846, marked an era in the history of medical organization in the United States. It had become necessary that the medical profession should be unified and separated from those practising under sectarian designations, particularly as at least one sect was beginning to secure the confidence of men otherwise intelligent, and assumed to practise medicine on a scientific basis. Nearly coincident with the organization of this association was the discovery to which I have already alluded, which marked a grand epoch in the history of American medicine. On October 17th, 1846, practically the first surgical operation was performed under the influence of an anæsthetic administered by inhalation. Its semi-centennial has recently been most impressively celebrated at the Massachusetts General Hospital, in Boston. There are few who remember the horrors of severe surgical operations and the agonies of difficult childbirth before anæsthesia, as there are few remaining who participated in the convention which organized what is now the American Medical Association; but all can realize what surgery would be without artificial insensibility to pain, and what the medical profession would be without a national association.

The status of medicine forty years ago is quite within my recollection. Medicine is not, never was, and never will be an exact science; but it always has been progressive, and never more so than at the present time. Fifty years ago perhaps medicine merited the reproach of being the least exact of all sciences; but its progress within the last fifteen years has been so prodigious that it is now in advance of them all. The Abbe illuminating apparatus made the study of bacteria possible; and this, with the wonderful apochromatic lenses, as it now appears to us, have rendered nearly perfect our technical means of histological and bacteriological research. We no longer differentiate and separate structures by the coarse methods of actual dissection alone, but with the delicate and precise instruments used in cutting thin sections and by staining, we have come to an exact knowledge of physiological and pathological histology, which, fifty years ago, seemed unattainable. Without staining fluids, the physiological and pathological histology of the present day would be impossible.

Fifty years ago skill in the diagnosis of certain diseases was acquired only by long practice and large experience. With our present methods, properly employed, it is impossible to make an error in the diagnosis of many of the diseases which formerly presented difficulties, such as typhoid fever, tuberculosis, diphtheria, cholera, and most of the neoplasms. To say that pathology has been revolutionized within the last ten or fifteen years is not enough—a new pathology has been created, and with it have come an intelligent hygiene, prevention, and therapeutics, based upon exact scientific knowledge.

#### MEDICINE OF THE FUTURE.

“Eleven years ago the great physician whose name I bear, and who still lives in the memory of this association, wrote an address which was to have been delivered before the British Medical Association, entitled, ‘Medicine of the Future.’ This classic legacy to the profession he so loved and adorned, embodied recollections of a half-century of medical observation, with a prophetic view of the possibilities of medicine within the succeeding half-century. It was difficult for this wise physician to restrain his predictions within the bounds of reasonable enthusiasm. The epoch-making discovery of the bacillus tuberculosis, announced by Koch in 1882, and graphically described and illustrated by Dr. Belfield before this association, at the meeting of 1883, made a most profound impression upon his mind and imagination, which found expression in an elaborate paper on the subject read in January, 1884. His predictions of possibilities in medicine before 1936 are now more than verified. It was predicted ‘that before the lapse of another half-century there will be another era in organic chemistry, and that light will penetrate dark recesses which histology cannot reach.’ If ‘light’ be taken in its literal sense, is not this more than realized by Roentgen’s marvelous discovery, in which a hitherto unknown light is made to penetrate opaque matter and disclose the invisible? In 1886 he wrote: ‘Moreover, there are present intimations of important discoveries respecting inoculation with attenuated viruses and contagia in order to forestall the development of infectious diseases. Here open up to the imagination that future triumphs of preventive medicine in respect to all classes of disease.’ Now, little more than ten years later, serum therapy has taken a permanent place in practice, and we stand on the threshold of a full knowledge of immunity, natural and acquired.

"As no human imagination fifty years ago could have pictured the condition of the medicine of to-day, so it to-day seems impossible to imagine the progress of another half-century. Never since medicine became a science has medical history been made so fast as now. Between the time of writing and delivering this address scientific labor may give birth to a discovery destined to revolutionize some department of medicine, as Pasteur, Koch, and their followers have revolutionized their therapeutics, and as Lister has created a new surgery.

"The reasonable limits of an anniversary address do not permit even an enumeration of the greatest of the advances in the science of medicine since the organization of this association, much less their discussion. Your orator on surgery will find it impossible adequately to describe the progress of the last half-century in a single address; your orator on State medicine can hardly compass the wonderful advances made even in the single line of prevention of disease; and I certainly cannot hope to be more successful.

#### A MATTER OF CONGRATULATION.

"It is a matter of congratulation that the name of this body was early changed from National to 'American Medical Association.' We have good reason to be proud of American medicine, and our great representative association may properly claim a distinctive title. When one is able to call up at random the discoveries in gastric digestion, anæsthesia in surgery and obstetrics, the successful deligation of the arteria innominata, the operation for vesico-vaginal fistula, ovariectomy and intestinal anastomosis, to say nothing of minor advances in medicine and surgery, can we not claim a distinctive place for American medicine? It is in the United States that advances in the science of medicine find the most ready acceptance and appreciation. The American physician is the most intelligent and judicious therapist, and in the United States are the best and safest surgery and gynecology.

"I hope to see, beginning with the second half century of the American Medical Association, a more complete unity of the profession through its authority and influence. In the matter of general professional welfare, there seems to me nothing more important than uniformity in medical legislation, and, so far as possible, in educational requirements preliminary to the study of medicine and for license to practice after graduation. Admitting the proposition that the profession is crowded, it is evident that

this condition is most serious in the large cities; but overcrowding cannot be prevented by legislative enactment, except in so far as unqualified men are excluded. Uniformity of legal qualifications to practice medicine in the different States can best be secured by making every State society actually, as well as nominally, a branch of the American Medical Association with permanent committees from each State organization together to constitute a central legislative body. The object of this central body should be to secure uniform medical laws in all the States, making any State license valid for all, and a matriculation certificate for one State good for matriculation in all schools represented in the Association of American Medical Colleges. A certain kind of medical instruction must be concentrated in large cities, where clinical material is abundant; and absolute uniformity of curriculum cannot exist in all colleges; but certainly the legal requirements for practice, as determined by examination by State boards, can be made practically identical for all the States. While this would not prevent ambitious young men from trying their fortunes in large cities, it would distribute well-qualified physicians more equally in the country at large and tend to raise the standard of qualifications and usefulness of the average country doctor."

[We regret very much that, owing to lack of space, we have not sufficient room for Dr. Flint's paper in full.]

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DR. G. R. McDONAGH has returned from England.

DR. RUSSELL has removed from Spadina Avenue to 172 Simcoe Street.

DR. E. ADAMS, Homeopathist, has removed from 36 Carleton Street to 557 Yonge Street.

DR. SCHOMBERG ELLIOTT has resigned his connection with Deer Park Sanitarium and intends opening up an Inebriate Home on Walmer Road.

DR. W. B. THISTLE leaves for England this month, and intends returning via Montreal in time to attend the British Medical Association in that city, on September 1st.

DR. D. C. MEYERS has taken entire management of the Sanitarium in Deer Park and has refurnished it from top to bottom. The doctor intends conducting it as a private hospital for neurotic cases.

## Orthopedic Surgery.

### THE CAUSE OF METATARSALGIA (MORTON'S DISEASE).

In a paper entitled "Plantar Neuralgia," published in the Liverpool *Medico-Chirurgical Journal*, January, 1897, Robert Jones, F.R.C.S.E, takes exception to the generally accepted theory of the cause of this condition, viz., that it is due to compression or pinching of the plantar digital nerves between adjoining metatarsophalangeal articulations. He summarizes his reasons for dissenting from Morton's theory of causation as follows :

1. The plantar digital nerves, instead of passing between the heads, lie on the transverse metatarsal ligaments, and when the foot is pressed upon are pushed away from, not between, the toes.

2. It is not proved that the anatomical position of the heads of the third, fourth and fifth metatarsals is favorable to a nipping of the nerve on lateral pressure; on the contrary, there would be less escape were the metatarsal heads in absolute line.

3. That in the majority of cases a painful spot can be found and made intensely sensitive by pinching with the thumb on the dorsal, and the forefinger on the plantar, surfaces. That such spot is usually quite local, and would not respond to such pressure if, as asserted, the pinched and sensitive nerve were placed between the bones.

4. That in most cases a broadened foot, due to collapse of the anterior arch, accompanies the affection, rendering the digital nerves less liable to compression. This fact, in conjunction with another, viz., that a broad-soled boot hardly gives any relief in the third degree of plantar neuralgia, is strongly at variance with Morton's theory.

5. That in a large number of cases, grasping the foot round the metatarsal heads, thus approximating them, relieves the spasm.

6. That frequent flexing of the toes is an instinctive method of relieving spasm, the flexing of the toes being accompanied by slight approximation of metatarsal heads.

7. That manipulations of the foot by the surgeon, other than applying direct local pressure, rarely produces the pain.

He then gives his own opinion in the following words: "I believe that clinical observations accord much better with a theory of *treading upon*, rather than of *pinching*, a nerve, and am fortified in this opinion by three anatomical facts: (a) The proximity



to the painful area of the communicating fourth branch of the superficial division of the external plantar. (b) The collapse of the anterior arch in most cases. (c) The bulk of superincumbent bodyweight in walking on the toes is borne on the first and fourth joints. He regards the existence of corns over the painful area, as described by Tubby, as simply denoting pressure spots, and that they point to pressure of the nerve between the corn and the articulation, thus supporting his theory of pressure in contradistinction to the nipping of the nerve between bones. He believes that in some cases there is an actual neuritis of the plantar nerves involved.

H. P. H. G.

### ABSCESS IN HIGH DORSAL CARIES.

IN Vol. IX., "Transactions of American Orthopedic Association, Bradford reports a case of high dorsal caries in a girl of five, who entered the hospital, paralyzed in her lower extremities, and who died apparently of suffocation.

She had been suffering two years. Treatment at the hospital was by recumbency, fixation and head traction, and she improved so as to be able to move the legs. Any attempt to raise her up, even when aided by an appliance to support the head, was accompanied by dyspnoea and cyanosis. After a time, attacks of dyspnoea came on even when the child was lying down, and these increasing resulted in death.

At the post-mortem an abscess was found pressing on the trachea, and partially occluding it, situated in front of the spinal column, but extending to each side, especially to the right. The cord was normal, but a local meningitis had developed. Relation of abscess to recurrent laryngeal nerve not noted.

Costo-transversectomy is recommended, cutting away transverse process of one vertebra, and a portion of the adjoining rib. The exploring finger may then be carried in to reach the anterior surface of the spinal column in children, passing between the bone and the thickened pleura, where the abscess will be found.

The writer reports a case of successful drainage of an abscess in mid-dorsal caries, by costo-transversectomy.

Some difficulty is met in recognizing the existence of an abscess in the cervical and high dorsal region when situated anterior to the spine; but when detected, or where alarming dyspnoea leads to a strong suspicion of its existence, it may be reached and drained by operation.

B. E. M.

## Surgical Pathology.

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### THE PROSTATIC PLEXUS OF VEINS.

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MR. A. GUIPIN, calls attention to the peculiarity of the arrangement of the veins in the prostate, and the importance of their consideration in many pathological conditions here (*La France Med.*, 15th Jan., 1897.) After many autopsies, he was convinced that the usual description of the prostatic plexus by Zappey, Charpy and Fort, was not the correct one, in many instances.

The author shows that the only way which permits of a proper study of these vessels, is by injections; when it will be at once evident that they are in intimate relation with vessels of the vesical base and neck, the seminal vesicles and urethral embouchures. He shows that the vesico-prostatic plexus is in close relation with Sartorini's plexus and the hæmorrhoidal, though it is not in direct communication with them. The principal and most important of the venous leaches lie posterior to the prostatic body within the capsule; the minor may lie anterior and laterally. The dorsal veins of the penis descend directly into the larger intralobulæ of the prostate, near a point where we have a confluence of the hypogastric and pudic.

Pathological changes in these vessels, from trauma, infection or senile influences often mark the beginning of functional and organic defects in the rectal, the vesical or prostatic structures.

T. H. M.

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### "SURPRISES AND MISTAKES."

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SIR,—In relation to the valuable and instructive address by Mr. William Thomson, delivered at the Surgical Section of the Royal Academy of Medicine in Ireland under the above heading, and published in the *British Medical Journal* of November 28th, 1896, the following case will prove of interest. It certainly was one which "according to all rule ought not" to have lived, and shows equally "what Nature may do unaided by the surgeon's skill."

The case occurred in my father's practice (Mr. Nowell Stowers), and the following is his record:

"On August 13th, 1858, I was called to see F. G., aged 18 years,

and found him suffering intense pain in the abdomen, great tenderness in the right inguinal region, hot skin, rapid pulse, and furred tongue, but no vomiting. The history obtained was that his bowels had been constipated for some days, that he had taken two doses of castor oil without effect, that he then obtained two calomel and colocynth pills, and that these latter had acted very violently previously to my seeing him. I prescribed leeches, to be followed by hot poultices to the abdomen, calomel and opium internally, and rest in bed. The inflammation subsided in a few days, but tenderness about, and a circumscribed fulness in, the region of the ileo-cæcal valve continued. At the end of the month, after further treatment, but little tenderness remained, and the bowels acted freely. On September 2nd the nurse drew my attention to an unusual substance which had passed *per anum*, which on examination I found to be about twelve inches of small intestine, together with a large quantity of dark liquid, probably an admixture of fluid fæces and blood. After further treatment, together with absolute rest in the recumbent position, the patient convalesced satisfactorily, and was able to leave London for change of air on October 18th. The only inconvenience which followed was a somewhat relaxed condition of the bowels, and he is now in the enjoyment of perfect health. The portion of intestine passed (which had undergone considerable structural change) was kindly examined by my friend Mr. Paget, and consisted of a portion of the ileum (about twelve inches in length), together with the ileo-cæcal valve and appendix.

I have in my possession the letter written by Mr. (now Sir James) Paget, dated September 24th, 1858, congratulating my father on "the very rare and favorable result" of his case, and asking him to send the specimen, together with its history, to the museum of St. Bartholomew's Hospital, and to publish the latter.

I will only add my unbounded pleasure and thankfulness that my father, Sir James Paget, and the patient are all three living at the present time, and able to confirm this report nearly thirty-nine years after the occurrence.—I am, etc.,

J. H. STOWERS.

*British Medical Journal*, March 20th, 1897.

NOTE.—My old friend, Professor Waterman, of this city, some time since presented me with the following notes, on another of the "surprises" or wonders recorded by J. H. Stowers:

“Annie Bush, forty years old, came from New York to Sharon Springs to do kitchen work. She was perfectly well until the 10th of July, 1876, when she fell down four or five stairs, striking her left side against a box. From the day she fell she lost control of her bowels, and was obliged to wear cloths or napkins. Besides she had severe pains in abdomen, with vomiting. But she continued at her work until July 25th, when she was obliged to take the bed. I now saw her. She was then passing blood and mucus, with much tenesmus and signs of acute enteritis. I treated her in the usual manner, with bismuth, brandy, etc., besides opiate injections. She continued in this condition until August 5th, when I was hastily summoned by a messenger. When I arrived I found that she was much relieved, and had passed a little more than a yard of her small intestine. This was examined, both by Drs. Waterman and Folkstone. August 7th she passed another piece of intestine, about a half a yard long. Since this she has had perfect control of her bowels, and rapidly recovered.

Respectfully yours,

JOHN MINCHEN, M.D.

There are but very few similar cases recorded in medical literature, and so far as I can find no one has attempted an explanation of their pathology. The human intestine, in many particulars, is an extraordinary structure, all the functions of which are by no means yet understood.

It has long been known that sutures imbedded in the uterine walls, instruments, sponges and gauze left in the peritoneal cavity, often safely enter through the walls of the intestine and make their way out *per anum*. But how a detached loop of intestine could make its way through and a spontaneous anastomosis take place, is quite wholly inexplicable.

THOMAS H. MANLEY, M.D.

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### Sodium Bisulphate in the Treatment of Hay Fever.

The *Journal des Praticiens* credits the *Pharmaceutische Zeitung* with the following formula:

R. Sodium bisulphate . . . . . 1 part.  
 Distilled water . . . . . 500 parts.

M. To be used as a lotion for the nasal passages.

## Pediatrics.

### A CASE OF ANTITOXIN POISONING.

BY L. ROSENBERG, M.D., NEW YORK.

LUCILLE J—, aged four—previous history good, the child having been free from all illness up to the appearance of the present trouble—was taken sick on Sunday, July 5th, with sore throat and rise of temperature to 101.5° F., per rectum. The heart, lungs and kidneys were perfectly normal, and the little patient was well nourished and well developed for her years. On the 6th, the appearance of a small membrane on each tonsil warranted a clinical diagnosis of diphtheria (subsequently verified by culture), and she was given one injection of two thousand units of antitoxin. This was about 1.30 p.m. She slumbered quietly for an hour, when the mother (an unusually observant and intelligent woman) noticed that the child appeared to become cyanosed. She awoke, complaining of cold, and was taken with a severe prolonged chill; lapsed into unconsciousness and collapse. Physicians were hastily summoned, and Dr. Whitman H. White responded. He found the child, as he believed, in extremis. The temperature per rectum was 109° F., verified by myself when I arrived twenty minutes later. However, he gave the child one-one-hundredth grain of strychnine hypodermatically, and also two minims of digitalis fluid extract in ether. The pulse was scarcely perceptible when I took charge of the case. The patient was rigid, icily cold; the pupils were dilated to their utmost; a profuse perspiration appeared all over the body; a large quantity of coal-black feces was involuntarily expelled, resembling meconium, but of darker hue, and staining everything with which it came in contact. I concluded to supplement the other stimulants with nitroglycerine, one-fiftieth grain of which was injected under the skin. It was found necessary to repeat this in twenty minutes. The pulse rallied nicely from this, but the condition was extremely menacing. There was more or less rigidity, notable of the muscles of the neck; there was partial opisthotonos; the surface temperature continued frigid and the skin clammy. Hot-water bottles were placed all about the child. Four ounces of strong coffee, with two ounces of cognac were

thrown into the rectum, hot, and were retained. This was repeated in an hour. The nitroglycerine had to be exhibited freely and frequently, the heart action being extremely feeble and irregular. In all, the little patient received one-eighth grain between 3 and 8.30 p.m., when she began to rally. Although still unconscious, her pulse was slower, full, and regular; the normal bodily temperature obtained, the pupils were less widely dilated, the temperature was 103° F. per rectum. Nourishment could not be given; an enema of whiskey, milk and egg was not retained.

This condition continued as described until midnight, when she came out of the stupor. Attempts were then made to nourish her with small doses of champagne and an infant food, but the stomach rejected everything. The vomit was fluid and inodorous, but contained the same dark coloring matter as the stool before described. The rigidity gave way to extreme restlessness, the patient writhing about in the bed, with very short intervals, during which opisthotonos would recur. Ten grains of sodium bromide were given per rectum, without benefit. The extreme nervous perturbation continued.

At 11 a.m., Tuesday, the temperature was 101° F.; the stomach was still rebellious. The child was fully conscious, but complained of nothing; the restlessness was unabated. A second rectal injection was given, containing ten grains each of sodium bromide and chloral hydrate, and two drachms of whiskey. The stomach was quieted by one-twelfth grain of morphine, given hypodermatically. From now on the condition became more tranquil, the child slumbering, though fitfully. The stomach retained small doses of fluid nourishment; the temperature fluctuated between 101° and 102° F. during the day.

Wednesday morning the temperature, pulse, and general condition were as nearly normal as could be expected under the circumstances. The membrane had entirely disappeared. The first urine obtained (twenty hours after the onset of the collapse) was foul smelling and strongly alkaline, but free from albumin or blood. The subsequent history was uneventful, and at this writing the child is as well as ever. The small quantity of iron which the child received before the antitoxin was resorted to was insufficient to give the stool the deep black color it presented. The dark color of the vomit is also unexplainable. The condition of the digestive tract had been normal prior to the illness. Elsie, an elder sister, had been given three hundred units of antitoxin from

the same source, without any untoward symptoms developing. The injections were made by one of the most experienced physicians on the staff of the Health Board.—*Medical Record.*

A. S. G.

### The Cause of Sudden Death after Antitoxin Injections.

Drs. A. Seibert and F. Schwyzer (*Medical Journal*) published the following conclusions: 1. Antitoxic serum does not seem to be capable of causing threatening symptoms and speedy death, even when brought quickly into the blood current in very large doses. 2. The carbolic acid used in preserving the antidiphtheritic serum must be in such a weak solution as to be entirely unable to cause the characteristic carbolic convulsions produced in every one of our second series of experiments. The absence of these convulsions in patients in the cases of sudden death, the entirely different group of symptoms reported in them, and the fact that guinea-pigs and rabbits will survive even very large and concentrated doses of carbolic acid injected into a vein, lead us to discard the possibility of this drug having caused the reported deaths. 3. Even very small quantities of air will cause severe disturbances and ultimate cessation of breathing in every animal experimented upon. These disturbances are entirely analogous to the symptoms reported as preceding the sudden deaths after antitoxin injections. Air is found alongside of the fluid in every syringe used for hypodermatic injections, and being pressed under the skin with the fluid may readily come in contact with a punctured cutaneous vein, and so may enter the blood-vessel and the right heart, even before the serum has been absorbed. In view of these facts, and of our experiments, we here express our firm opinion that the sudden deaths reported after antitoxin injections were caused by injected air and not by the antidiphtheritic serum.

A. S. G.

### Nervine Tonic and Sedative.

R. Asafœtidæ.....	ʒ i.
Acidi arseniosi .....	gr. ss.
Strychninæ sulph.....	gr. ss.
Ext. sumbul .....	ʒ iss.
Ferri subcarb .....	ʒ ij.
Quininæ valerian.....	ʒ i.

M. Make capsules No. xxiv. S. One capsule after each meal.

—DR. BROWN, *Va. Med. Semi-Monthly.*

## Pharmacology and Therapeutics.

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### SOME WATER USES WELL TO REMEMBER.

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THE *Phrenological Journal* gives the following useful hints on the applications of water in severe attacks of illness. The adult members of the family should keep them in mind for an emergency.

A strip of red flannel or a soft napkin, folded lengthwise and dipped in hot water and wrung out, and then applied around the neck of a child that has the croup, will usually bring relief in a few minutes.

A proper towel folded several times, and dipped in hot water, quickly wrung and applied over the site of toothache or neuralgia, will generally afford prompt relief.

This treatment for colic has been found to work like magic.

Nothing so promptly cuts short a congestion of the lungs, sore throat, or rheumatism as hot water, when applied early in the case and thoroughly.

Hot water taken freely half an hour before bedtime is an excellent cathartic in the case of constipation, while it has a soothing effect upon the stomach and bowels.

This treatment, continued a few months, with the addition of a cup of hot water slowly sipped half an hour before each meal, with proper attention to diet, will cure most cases of dyspepsia.

Ordinary headaches almost always yield to the simultaneous application of hot water to the feet and back of the neck.

A. J. H.

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### PICRIC ACID TREATMENT FOR BURNS.

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THE solution is made by dissolving a drachm and a half of picric acid in three ounces of alcohol, which is then diluted with two ounces of distilled water, or, more accurately: Picric acid, 5 grammes; alcohol, 80 grammes; dissolve; add 1000 grammes distilled water. This is a saturated solution of picric acid.

The clothing over the injured part should be gently removed, and the burned or scalded portion cleaned as thoroughly as pos-



sible with a piece of absorbent cotton wool soaked in the lotion. Blisters should be pricked, and the serum allowed to escape, care being taken not to destroy the epithelial surfaces. Strips of sterilized gauze are then soaked in the solution of picric acid, and are so applied as to cover the whole of the injured surface. A thin layer of absorbent cotton wool is put over the gauze, and the dressing is kept in place by a light linen bandage. The moist dressing soon dries, and may be left in place for three or four days; it must then be changed, the gauze being thoroughly well moistened with the picric acid solution, for it adheres very closely to the skin. The second dressing is left on for a week.

The advantages of this method of treatment are: first, that the picric acid seems to deaden the sense of pain; and secondly, that it limits the tendency to suppuration, for it coagulates the albuminous exudations, and healing takes place under a scab consisting of epithelial cells hardened by picric acid. A smooth and supple cicatrix remains, which is as much superior to the ordinary scar from a burn as our present surgical scar is superior to that obtained by our predecessors who allowed their wounds to granulate.

The writer has used this method for more than a year in hospital practice, both among out-patients and in-patients, and has every reason to be thoroughly satisfied with the results obtained. It is not an ideal method, for it stains the clothes and discolors the hands of the surgeon, but it is a great improvement upon anything else he knows of.

A. J. H.

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#### NEGLECTED DRUGS.

ON the analysis of 27,000 prescriptions recently made by Professor Patch, President of the American Pharmaceutical Association, it was shown that the pharmacopœia was sadly neglected by physicians. Only seventeen vegetable drugs were prescribed, and more than one hundred drugs of vegetable origin neglected. Ten metals were honored, but more than ten were left out in the cold. In the study of 217,000 prescriptions from nineteen drug stores distributed in Chicago, Philadelphia, Bayonne, New York, Boston, Washington, Baltimore, Denver, San Francisco, New Orleans, Cincinnati, and St. Louis, 11.25 per cent. were proprietary articles, not including many elixirs, pills, tablets, fluid extracts, etc., which were of specified manufacture.—*Sci. Am.*

## Pathology.

### OBSERVATIONS UPON THE RELATION BETWEEN LEUKÆMIA AND PSEUDO-LEUKÆMIA.

BY C. F. MARTIN, B.A., M.D.,

Lecturer on Pathology, McGill University; Assistant Physician to the Royal  
Victoria Hospital, Montreal.

AND

G. H. MATHEWSON, B.A., M.D.

*(Continued from March issue.)*

ANOTHER work of importance in this regard is that of Dr. G. L. Gulland<sup>17</sup> on the granular leucocytes, in which he has been able to show from a study of the various forms of cells, and of their staining reactions, that we are after all quite unprepared as yet to make any arbitrary classification of the white cells of the blood from the results of our staining methods alone. He considers that the shape of the nucleus has no relation to the presence or absence of granules; that all varieties of leucocytes are merely stages of development; that, further, while they may be divided for convenience into hyaline, acidophile and basophile, yet all forms are derivatives of lymphocytes. It is further impossible to say from the kind of cell in excess in the blood as to what organ is affected. To say that a nucleus is characteristically trilobed, as do Kanthack and Hardy, seems to him unjustifiable, the shape of the nucleus being a characteristic feature.

If, then, we are to take cognizance of this work of Dr. Gulland's, we are obliged to confess that we are still far from attaining to a satisfactory basis of diagnosis through means of our staining reactions, by which we endeavor to differentiate the various types of leucocyte and to base thereon a definite standard of classification in disease. But these views of Saxer and Gulland cannot yet be accepted in their entirety, for both of these authors appear blind to the fact that leucocytes or wandering cells can, under certain conditions, originate from fixed connective tissue, muscle, and endothelial cells, as has been amply proved by Ranvier, Metchnikoff and Joseph Griffiths. We certainly cannot state that all leucocytes and all forms of leucocytes have a similar origin. Recognizing, too, as we are compelled, that the results obtained from the various

stains differ greatly according as there are slight variations in their constituent elements, the question of microchemical reactions remains still, to a certain extent, an unsatisfactory problem.

Of all the forms of leukæmia, that which is most akin to Hodgkin's disease is, of course, the lymphatic form, and as exemplifying this the following case is appended, having come to our notice during the past year. The clinical history of our case is briefly as follows, and we are indebted for our abstract from the notes to Dr. Robertson, the resident physician of the hospital:

A French Canadian, aged 18 years, entered Professor James Stewart's wards, November 24th, 1895, complaining of cough and headache, "lumps" over his body, and painful swelling of the left arm. He had been ill for only five weeks, excepting for a temporary swelling of the lip, resulting, he supposed, from using a borrowed flageolet. This had resulted in painful intermittent swellings of the lips for a few days previously, but had quite subsided a day or two before his general illness. The earliest manifestations of disease were glandular enlargements beneath the chin and the angle of the jaw, which in two or three days had so progressed as to involve also the glands beneath the auricle, and those in the posterior triangles of the neck. Before the end of the first week another lump was seen on the forehead, small in size and beneath the skin. Likewise the glands in the groin became involved, and there was pain over the region of the anterior crural nerves of both sides. There was otherwise no distress at the time, but early in the second week of his illness there had ensued great pallor with weakness and dyspnoea, and the patient's symptoms became alarming. He was confined to bed but slept poorly, suffering for the most part from orthopnoea. Epistaxis commenced about the same time and has frequently since recurred. Deafness seemed to have occurred simultaneously, while, on the night before admission, painful swelling of the left arm ensued. Dr. Vipond, who kindly asked one of us to see the case with him, permitted his removal to the hospital, where he was admitted on the following morning.

His personal history is of interest mainly in that when aged 4 years he suffered from some disease whereby his eyesight was almost permanently lost, leaving his vision up to the present day greatly impaired. The history of this illness is unsatisfactory. His habits were good, his occupation light, and he had otherwise been well up to his present illness. There was no venereal history.

The family history manifested no evidence of tuberculosis nor other hereditary taint.

*Condition on Admission.*—The patient is a young man, markedly anæmic, unable to lie down on account of cough and dyspnœa. He is somewhat deaf and apathetic, but intelligence seems good; he is rather somnolent, though on account of the dyspnœa he does not sleep well; he has headache, pain in the left elbow and arm. Temperature  $101\frac{1}{2}^{\circ}$ ; pulse 136; respirations 32.

*Lymphatic System.*—The lymphatic glands all over the body, so far as can be determined, are enlarged and firm. They are all more or less movable, quite painless, and not tender. There is no evidence of suppuration nor even of acute inflammation or involvement of the skin. This applies to the glands beneath the jaw, in the triangles of the neck, in both axillæ and the inguinal regions, the epitrochlear glands, the occipital glands, and those behind the episternal notch; there is distinct dulness over the manubrium sterni, evidently from involvement of the retrosternal glands.

*Locomotor System.*—The muscles are fairly well developed; the left arm from wrist to shoulder is much swollen and œdematous. There is universal anasarca, and the skin generally has a rather oily look. There are numerous purpuric spots about the right elbow, and a few upon the back. On the forehead there is a subcutaneous nodule 2 inches in diameter, which is slightly tender and moderately firm. There is slight tenderness on percussion over the long bones and the sternum.

*Circulatory System.*—The pulse is rapid, fairly full and regular. The apex of the heart beats in the fifth space in the nipple line, to which point the left transverse dulness extends; vertically the dulness begins at the third space above. There is a fairly loud systolic murmur at the apex, transmitted into the axilla and to the back. There is no accentuation of either basal second sound.

*Respiratory System.*—There is dyspnœa with rapid shallow respirations, frequent cough, and some slight mucoid expectoration occasionally tinged with blood. An examination of the chest reveals a few dry rales, but otherwise no abnormality beyond the dulness over the sternum previously mentioned.

*Digestive System.*—The lips are dry, the tongue very pale and thinly coated. The teeth are very irregular and covered with sordes. Both tonsils are distinctly swollen, very pale, and on the right side there are a few submucous hæmorrhages. The appetite is fair and the bowels regular. The abdomen is not distended nor

tender. The liver dulness extends in the right mammillary line from the fifth space downward  $2\frac{1}{2}$  inches. The organ is not palpable. Splenic dulness extends from the eighth to the eleventh space, but the viscus cannot be felt. There is no ascites.

*Genito-Urinary System.*—There is no priapism. The testicles appear normal. The urine is straw-colored, clear, with a creamy, yellowish white sediment and a few grains of uric acid. The urine is acid, specific gravity 1020, free from albumin and sugar; microscopically a large abundance of urates and uric acid crystals. No casts can be detected.

*The Blood.*—There is a tendency to hæmorrhage both from the nose and in the expectoration. The blood which flows from the finger on puncture is very pale, and the bleeding is stopped with great difficulty; the red cells 1,310,000, white cells 24,000, hæmoglobin 21 per cent. Stained slides show a very marked lymphocytosis, with an abundance of transitional forms. There is likewise a large number of polynuclear neutrophiles, many of which show undoubted evidence of mitosis. There is some irregularity in the size and shape of the red cells, and many of them are nucleated, in some cases their nuclei showing a breaking up into two, three, or more parts.

*The Nervous System.*—Apparently normal; special senses. *Eyes:* So far as can be ascertained the patient seems quite blind to any test; the pupils are widely dilated; there is a constant, rather coarse lateral nystagmus. Dr. Buller, on examination of the fundus, reported a double retinitis pigmentosa of unusual type, the pigment not showing the usual stellate arrangement following the vessels. The discs show indistinct borders, somewhat red, and with a few recent changes due to the present disease, and probably a few hæmorrhages.

*Diary of Case.*—The treatment adopted consisted in the first place of hypodermic injections of liquor sodii arsenitis, 5 minims daily, progressively increasing the doses by 1 minim every alternate day. Restricted diet was further advised, and some alcoholic stimulants recommended; apart from this the various symptoms were treated as they arose. A few days after admission severe and prolonged epistaxis ensued, necessitating plugging of the posterior nares, which after some time controlled the bleeding. Another examination of the blood, made a few days later, showed 580,000 red cells, 60,000 white, mainly lymphocytes; hæmoglobin 15 per cent. On December 2nd, a little more than one week after

admission, the patient appeared much better, and a more accurate examination of the blood revealed the following results: On a large number of slides 1,500 leucocytes were noted, and the percentages of the different varieties were found to be as follows: Lymphocytes, 76 per cent.; polynuclear neutrophiles, 19.5 per cent.; large mononuclears, 1.8 per cent.; transitional forms, 2.3 per cent.; eosinophiles, 0.35 per cent. Considerable difficulty was experienced in making an accurate estimate, inasmuch as very many small, dark, round bodies presented, resembling both in size and staining reactions the nuclei of red cells, free in the circulation; and, on the other hand, while the majority of lymphocytes would show a small zone of protoplasm around their nucleus; in others, again, while the nucleus itself was less deeply stained than that of the red cells, there was yet no evidence of a cell body. All such which were in any way dubious as being either lymphocytes or escaped nuclei were not taken into consideration in the estimate.

Many nucleated red cells were seen, mostly normoblasts, with a few megaloblasts. There was a marked poikilocytosis. The general blood count gave the following result: Red cells, 1,595,000; white cells, 17,300; that is to say, a ratio of 1 white to 94 cells. For several days subsequently there was marked general improvement, and the blood count showed 2,030,000 red cells, 34,000 leucocytes, hæmoglobin 42 per cent. On December 20th, the patient, who had for the previous couple of days seemed weaker, manifested some new symptoms. Two rapidly growing subcutaneous nodules appeared on the forehead, one of them being distinctly tender, and bleeding from the nose again ensued, necessitating plugging.

For the next three days the patient became distinctly worse; severe epistaxis continued, which was barely controlled with the greatest difficulty. The dulness over the sternum increased in size and intensity, larger nodules could be felt in the region of the retroperitoneal glands about the abdominal aorta, and in general the patient's whole condition was that of one moribund. Cultures from the blood were taken, but remained sterile. Examination of the blood on this, the last day of his life, showed a very much more marked leucocytosis, the lymphocytes being almost in excess of the red blood cells. Throughout the whole course of his stay in the hospital, the temperature had assumed an irregular intermittent type. The patient died on December 23rd, less than nine weeks from the onset of his illness.

Since presenting the above paper before the Canada Medical Association, one of us (C. F. M.) had the opportunity of observing and treating a patient in whom the symptoms were so suggestive of the intimate relationship between leukæmia and pseudo-leukæmia, that it seemed to us well worthy of mention in this article. A full report of the case has recently been published in the *Montreal Medical Journal* by Drs. Robins and Argue, resident physicians of the Royal Victoria Hospital.

The patient was a young Canadian, aged 19, and was sent to the Royal Victoria Hospital on August 6th, by Dr. A. E. Vipond. For two weeks previously he had been suffering periodically from epistaxis, high irregular fever, progressive asthenia and pallor. There was general glandular enlargement, and his blood condition remained normal, so far as the leucocytes were concerned; in other words, the symptoms pointed definitely to acute Hodgkin's disease.

The blood examination on his admission revealed 3,166,000 red cells, 8,000 white, and 42 per cent. of hæmoglobin. For the first two weeks after his sojourn in the hospital his general condition improved, the leucocytes were not markedly increased at any time, nor were there any other notable changes. Suddenly, however, on the fifteenth day after entry, there was a marked change, with increased fever, recurrent hæmorrhages from the nose, and the blood examination within two days showed over 60,000 white cells to the c.mm. This leucocytosis persisted for a week, his condition otherwise getting progressively and rapidly worse. Life was prolonged for but one week more, and during that period the leucocytes again diminished in number, returning in about two days to normal, and on the day previous to death an estimate showed merely 14,000 to the c.mm. It was observed, too, that the uric acid increase in the urine was coincident with the subsiding leucocytosis.

#### NOTE.

The interesting cases related above go to show the great difficulty there is in making a distinct diagnosis between leucocythæmia and acute Hodgkin's disease. In Case 1 we have a leucocytosis which varies from a proportion of 1 to 75 up to 120, with a hyperplasia of the lymphatic glands coming on early and following an affection of the alimentary tract, hæmorrhages, etc. This train of symptoms and signs are more often seen in the lymphatic type of leucocythæmia, but occasionally we find the blood in Hodgkin's disease showing this condition also, the leucocytosis being of the lymphocytic variety.

Case 2. At certain periods the signs were typical of leukæmia, while on other occasions the examination showed the usual symptoms of acute Hodgkin's disease only. Nor was this merely a sequence of a leukæmia following upon that of Hodgkin's disease, for later the symptoms of Hodgkin's alone appeared.

From the above histories, and from other cases where careful examinations have shown a similar combination of symptoms and signs, I think we are only justified in classing Hodgkin's disease as one of the varieties of leukæmia.

BIBLIOGRAPHY.—17, *Journal of Physiology*, May, 1896.

W. H. P.

DR. SLOANE of Parkdale has been appointed physician of the Central Prison in succession to the late Dr. W. T. Aikins.

DR. DON ARMOUR, late of Toronto General Hospital, has been appointed House Surgeon to the Royal Hospital for Nervous Diseases in Bloomsbury, London.

DRS. S. M. HAY, J. E. Forfar, of Toronto, and Dr. Perfect, of Toronto Junction, returned on the 10th of last month after attending the American Medical Association of Philadelphia. We are indebted to Dr. Hay for furnishing us with some of his notes on the meeting for this issue of the JOURNAL.

DR. G. STERLING RYERSON has been notified that he has been selected for admission to the grade of Esquire of the Order of the Hospital of St. John of Jerusalem, and that his selection has received the sanction of Her Gracious Majesty the Queen, the sovereign head of the Order. Dr. Ryerson was appointed an Honorary Associate in 1892, and his splendid services in connection with St. John's Ambulance Association in Canada have been thus recognized on the occasion of Her Majesty's birthday.

DR. ANNA M. MCFEE and Dr. Jean Willson, both graduates of the class of '97, Women's Medical College, Toronto, have received hospital appointments south of the line. Dr. Willson now holds a house surgeonship in the New England Hospital for Women, Boston, and is a daughter of Mr. C. Willson of the firm of McDonald & Willson of this city. Dr. McFee, by competitive examination, is the first woman to secure interne position at Randall's Island (N.Y.) Hospital for Sick Children. She is well known in New York and Toronto, and is a sister of Mrs. H. K. S. Hemming of this city.



## Public Health and Hygiene.

### MONTHLY REPORT OF CONTAGIOUS DISEASES IN ONTARIO FOR MAY, 1897.

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

Total number of municipalities in the Province ..... 745  
Number which made returns for May ..... 540

The distribution of the returns is as follows :

Total cities, .....	13.	Total returns, .....	10.	Per cent. of whole, .....	77.
" towns and villages .....	236.	" .....	164.	" .....	69.
" townships .....	496.	" .....	366.	" .....	73.

London, Chatham and Belleville made no returns to the Department.

The total deaths returned from the several contagious diseases for a population of 1,471,365 were 243, or at the following rate per 1,000 for municipalities which made returns, calculated on a per annum basis :

#### TOTAL DEATHS.

Scarlatina .....	17.	Rate per 1,000 .....	0.1.
Diphtheria .....	39.	" .....	0.3.
Measles .....	1.	" .....	0.008.
Whooping cough .....	4.	" .....	0.03.
Typhoid .....	9.	" .....	0.07.
Tuberculosis .....	173.	" .....	1.4.

The returns for cities, calculated on a per annum basis, are as follows :

Scarlatina .....	11	Rate per 1,000 .....	0.3.
Diphtheria .....	23.	" .....	0.7.
Measles .....	..	" .....	..
Whooping cough .....	1.	" .....	0.03.
Typhoid .....	7.	" .....	0.2.
Tuberculosis .....	64.	" .....	2.0.

Of the ten cities making returns, Stratford returned no deaths from contagious diseases.

The returns for towns and villages reporting, calculated on a per annum basis, are as follows :

Scarlatina .....	4.	Rate per 1,000 .....	0.1.
Diphtheria .....	7.	" .....	0.3.
Measles .....	..	" .....	..
Whooping cough .....	..	" .....	..
Typhoid .....	1.	" .....	0.04.
Tuberculosis .....	37.	" .....	1.6.

The returns for townships reporting, calculated on a per annum basis, are as follows :

Scarlatina .....	2.	Rate per 1,000 .....	0.03.
Diphtheria .....	9.	" .....	0.1.
Measles .....	1.	" .....	0.01.
Whooping cough .....	3.	" .....	0.04.
Typhoid .....	1.	" .....	0.01.
Tuberculosis .....	72.	" .....	1.1.

P. H. B.

# The Canadian Journal of Medicine and Surgery

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Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the fifteenth of the preceding month.

VOL. II.

TORONTO, JULY, 1897.

NO. I.

## Editorials.

### THE BRITISH MEDICAL ASSOCIATION.

THE meeting of the greatest Medical Association of the empire, at Montreal, will be easily the most striking event in the course of the current, Canadian, medical year. Some of us may regret, that the reunion is not to take place at Toronto. This year, however, whatever the future may hold in store, it is the good fortune of Montreal to have the preference.

Contributions towards the objects of the meeting, aggregating \$10,000, have been granted by the Federal Government, the Provincial Government of Quebec, and the Montreal City Council. A Guarantee Fund is also being obtained from the Montreal physicians. The social features of the meeting will be of a very pleasing character, while, from a scientific standpoint the meeting of 1897 is expected to equal the best of preceding years. Ontario physicians desirous of being present at the meeting, should correspond with Dr. Machell, Bellevue Avenue, Toronto, who, in the absence in England of Dr. W. B. Thistle, the Secretary of the Local Branch, will give all required information, and receive applications and subscriptions.

According to the constitution of the Association, only those who are members and invited guests may take part in the meeting. It will, therefore, be necessary for those who purpose attending to become members. This can be conveniently done through the Toronto Branch. For the remainder of the year, the subscription fee will be \$2.75, which will secure membership and the *British Medical Journal*, until January, 1898.

The following is the provisional programme of the meeting:

**TUESDAY, AUGUST 31ST.**—Service in the English Cathedral, 12 a.m.; Windsor Hall: Opening ceremonies and addresses of welcome, 2.30 p.m.; Address by the President-elect, T. G. Roddick, M.D., M.P., 3 p.m.; Garden parties, excursions, around the mountain, etc., 4 p.m.; soiree at Laval University, 9 p.m.

**WEDNESDAY, SEPTEMBER 1ST.**—McGill University: Opening of sections, 10 a.m.; Windsor Hall: Address in medicine, by Dr. Wm. Osler, 3 p.m.; Excursion down the St. Lawrence, etc., 4 p.m.; reception by the Hon. Sir Donald A. Smith, K.C.M.G., etc., 9 p.m.

**THURSDAY, SEPTEMBER 2ND.**—McGill University: Sectional Meetings, 9.30 a.m.; lunch on the mountain, 1.30 p.m.; Windsor Hall: Address in surgery, by Mr. T. Mitchell Banks, 3.30 p.m.; excursion across the island, etc., 4.30 p.m.; annual dinner of the Association, Windsor Hall, 7.45 p.m.

**FRIDAY, SEPTEMBER 3RD.**—McGill University: Sectional meetings, 9.30 a.m.; Windsor Hall: Address in public medicine, by Dr. Herman M. Biggs, N.J., and concluding general meeting, 3 p.m.; excursion to St. Anne's and down the Lachine Rapids, 4.15 p.m.; soiree at McGill University, 9 p.m.

**SATURDAY, SEPTEMBER 4TH.**—Excursions to Ottawa, Quebec, Kingston, Lake Memphremagog, etc.

J. J. C.

THE BRITISH ASSOCIATION FOR THE ADVANCEMENT  
OF SCIENCE.

THE meeting of the British Association for 1897 takes place this year in Toronto, opens on August 18th and closes on August 25th. This will be the second meeting held outside the British Isles, the first having taken place in Montreal, in 1884. The meetings of the various sections of the Association will be held in the lecture room and laboratories of the University of Toronto and of the School of Practical Science. The president's address and the evening lectures will be delivered in Massey Hall.

Only those who are members can attend the meetings of the Association. There are three classes of membership in the Association: (a) life; (b) annual; (c) associate. The fee for life membership is £10 (\$50.00); that for the first year of annual membership, £2 (\$10.00), and subsequently £1 (\$5.00); associates pay, on admission, £1 (\$5.00).

Associates are not eligible to serve on committees or to hold office in the Association, nor do they receive the reports of the Association, except on payment of an additional sum.

The fellows and members of chartered literary and philosophical societies publishing transactions, in the British Empire, are entitled to become members of the Association on payment of the required fees, and upon subscribing to an obligation to conform to its rules.

The officers and members of the councils, or managing committees, of philosophical institutions are entitled, in like manner, to become members of the Association.

All members of a philosophical institution recommended by its council or managing committee are entitled, in like manner, to become members of the Association.

Persons not belonging to such institutions may be elected to membership, in the Association by the general committee or council of the Association, subject to the approval of a general meeting of the Association.

Ladies may become members or associates on the same terms as gentlemen, and ladies' tickets (*transferable to ladies only*) may be obtained on payment of £1 (\$5.00).

Owing to the special circumstances of the meeting for this year, the local executive committee will elect persons members of the Association, subject to the approval of the general meeting of the Association, who send, with their application for membership, the

required fee, to Mr. James Bain, jun., British Association office, Toronto.

On election, each member will be furnished with a ticket, without which no one will be admitted to the meetings.

Members of the American Association for the Advancement of Science are entitled, by the resolution of the Association (Liverpool Meeting, 1896), to be enrolled as members of the Association for the year 1897, on the payment of \$5.00 to the local treasurers.

The following is the provisional daily programme:

**WEDNESDAY, AUGUST 18TH.**—Reception room open 8 a.m. to 6 p.m.; meeting of Council at 10 a.m.; meeting of general committees at 3 p.m.; address of the president, Sir John Evans, in Massey Hall at 8 p.m.

**THURSDAY, AUGUST 19TH.**—Sectional meetings in most cases 10 a.m. to 3.30 p.m.; garden party 4.30 to 6.30 p.m.; reception by His Excellency the Governor-General and the Countess of Aberdeen, in the Legislative buildings at 8.30 to 11.30 p.m.

**FRIDAY, AUGUST 20TH.**—Sectional meetings in most cases, 11 a.m. to 3.30 p.m.; garden party 4 to 6.30 p.m.; lecture by Professor W. C. Roberts-Austen, C.B., F.R.S., in Massey Hall at 8.30 p.m.

**SATURDAY, AUGUST 21ST.**—Sectional meetings, 10 a.m. to 1 p.m.; excursion of members of Section G (Mechanical Science) to Niagara, 9 a.m. to 6 p.m.; excursions to Hamilton and neighborhood, Niagara Falls and Muskoka lake region, returning on Monday morning. Lecture to workingmen by \_\_\_\_\_ on \_\_\_\_\_ in the Pavilion, Horticultural Gardens.

**MONDAY, AUGUST 23RD.**—Sectional meetings in most cases, 10 a.m. to 4 p.m.; excursion of members of Section C (Geology) to Scarboro' Heights, 1 to 6 p.m.; garden parties 4 to 6.30 p.m.; lecture by Professor J. Milne, F.R.S., on "Earthquakes," in Massey Hall, at 8.30 p.m.

**TUESDAY, AUGUST 24TH.**—Sectional meetings in most cases, 10 a.m. to 3 p.m.; garden party, 4 to 6.30 p.m.; garden party at Trinity College, 4 to 6.30 p.m.; conversazione in the University building, 8.30 to 11.30 p.m.

**WEDNESDAY, AUGUST 25TH.**—Some sectional meetings, 10 a.m. to 1 p.m.; concluding general meeting, 2.30 p.m.; garden parties, 4 to 6.30 p.m.; banquet in honor of Lord Kelvin, Lord Lister and Sir John Evans, 8 p.m.

**THURSDAY, AUGUST 26TH.**—Excursions to Niagara Peninsula, Thousand Islands, Ottawa, Montreal, Upper Lakes, Manitoba and British Columbia. (See Excursion Guide). J. J. C.

### MEDICAL HEALTH OFFICERS OF ONTARIO.

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THE annual meeting of this Association will take place this year at Toronto, on Monday, August 16th, and the following day. The list of papers, etc., will appear in our next issue. We understand Dr. Sheard and the other members of the Executive Committee intend to provide an interesting and enjoyable programme for members and visiting friends. Our readers will observe that the meeting is timed so as to enable members to attend the sessions of the British Association for the Advancement of Science, which begins on August 18th.

J. J. C.

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### JUBILEE MEETING OF THE AMERICAN MEDICAL ASSOCIATION.

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THE fiftieth annual meeting of the American Medical Association, held at Philadelphia during the first week in June, as might have been expected, was made very pleasing to physicians in various ways. The places of interest were thrown open to the members of the Association and its visitors, and a very generous hospitality was also exercised by the citizens of Philadelphia, more especially the physicians. It was very gratifying, however, to visitors to observe the practical way in which the business of the sections was conducted, pleasure-seeking being looked upon as a secondary consideration. While occasionally, as in the section of gynæcology, the discussion became warm generally, to the credit of the Association, the earnest words of President Senn, in his opening address, bore fruit in the temperate and equable tone of the debates. In a subsequent issue we hope to present an abstract of Dr. Keen's able address on "Surgery." At page 6 of this issue we reproduce the address on "Medicine," which was delivered by Dr. Austin Flint, of New York.

The eloquent tribute paid to the memory of Dr. Benjamin Rush by Dr. Gihon, chairman of the Rush Monument Fund, had quite an electric effect on the Association. His appeal for funds to complete the memorial resulted in pledges of money aggregating over \$12,000, in addition to several personal subscriptions of \$100 each from individual members of the Association. It was finally decided to raise \$100,000 for the Rush Monument.

The presence of the founder of the Association, Dr. N. S. Davis, of Chicago, was an inspiring sight to young and old alike. To Dr. Davis himself it must have brought a thrill of legitimate pride to see over two thousand physicians, assembled together to do him honor.

We are sure that we voice the feelings of the physicians of Ontario, when we wish long life and prosperity to the American Medical Association. Neither governments nor politics can divide the sons of Æsculapius, and we know that some of the brightest men in the American Medical Association were born and bred in this "Canada of ours." We, therefore, earnestly hope that this great association of physicians, the greatest in numbers and influence in America, may continue to grow with the growth of the Republic, and by the words and deeds of its many distinguished members still further ennoble the profession of which they are the bright exemplars.

J. J. C.

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#### THE TEMPERATURE OF MILK GIVEN TO NURSLINGS.

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WHEN asked by a mother what should be the temperature of milk given to an infant, a physician usually advises, that it be given lukewarm. The answer is really meaningless, as it does not indicate any precise temperature. If one thinks for a moment on this subject, it seems that the temperature of the milk, fed to an infant from its mother's breast, should be the natural guide, when seeking for the proper temperature of milk given in an artificial manner.

Dr. Smester, a French physician, who has investigated this question, has, by an ingenious contrivance, measured the temperature of a woman's milk when it leaves the breast. He finds, that milk in the breast of a nursing woman has a temperature close to that of the exterior of the body; that is to say,  $97\frac{2}{3}$  to  $98\frac{2}{3}$  F.

This physiological truth has its practical side, which physicians should not be slow to utilize. Mothers should be advised to give milk to their babies at  $98\frac{2}{3}$ , or, better still,  $97\frac{2}{3}$  degrees, approaching thus as near as possible to the temperature of mother's milk. They should be cautioned against heating the baby's drink too much; on the contrary, they should be advised to lower its temperature to  $96\frac{2}{3}$ , or even 95 degrees, and even still lower. It is generally observed, that most babies refuse to take milk that has been warmed to a temperature over  $98\frac{2}{3}$  degrees.

J. J. C.

THE POEM OF THE POPE ON "DIET."

"THE Pope's poem in praise of frugality is on the model of the Epistles of Horace. From the reference to coffee, he seems to have modern manners in his mind, but the 'banquet of greed' reflects the intemperance of ancient Rome. The translation is necessarily in the manner of the eighteenth century." ANDREW LANG.

SHUN GREED;

BE CONTENT WITH SPARSE AND FRUGAL FARE :

*An Epistle to Fabricius Rufus.*

I.

What diet lends the strength to life and frees  
The flower of health from each malign disease  
The good Ofellus,\* pupil from of old  
And follower of Hippocrates, has told.  
Rating base gluttony with anxious air,  
He thus laid down the laws of frugal fare :

II.

Neatness comes first. Be thy spare table bright  
With shining dishes and with napkins white.  
Be thy Chianti unadulterate,  
To cheer the heart and raise the spirit's weight.  
Yet trust not much the rosy god ; in fine,  
Be sure that you put water to your wine.  
Picked be thy grain and pure thy home-made bread.  
Thy meats be delicate and dairy fed.  
Tender nor highly spiced thy food ; nor tease  
Thy taste with sauces from Ægean seas.  
Fresh be thine eggs—hard boiled or nearly raw,  
Or deftly poached or simply served au plat.  
"There's wit in poaching eggs," the proverb says,  
And you may do them in a hundred ways.

III.

Nor shun the bowl of foaming milk that feeds  
The infant and may serve the senior's needs.  
Next on the board be Heaven's gift, honey, placed,  
And sparing of Hyblæan nectar taste.  
Pulses and salads on thy guests bestow—  
Even in suburban gardens salads grow.  
Add chosen fruits—whate'er the times afford ;  
Let rose-red apples crown the rustic board.

\* Horace, Book II., Satire II., verse 53rd.



Last comes the beverage of the Orient shore—  
 Mocha, far off, the fragrant berries bore.  
 Taste the dark fluid with a dainty lip ;  
 Digestion waits on pleasure as you sip.

## IV.

Such are my precepts for a diet sage  
 That leads thee safely to a green old age.  
 But wise Ofellus still would sagely say,  
 The path of greed lies quite the other way.  
 That cruel, shameless siren only cares  
 To trap men's feet and spread her shining snares.  
 These are her arts : to bid the table shine  
 With varied ornament and purple fine.  
 Embroidered napkins impudently glow ;  
 The cups are ordered in a gleaming row ;  
 Goblets and beakers, bronze, and silver plate,  
 And fragrant flowers the table decorate.  
 With these and seeming hospitable word  
 She draws her guests incautious to the board ;  
 On couches bids the languid limbs recline,  
 And brings forth beakers of her choicest wine.  
 What Chian vineyards or Falernian yield,  
 And juices of the Amyclæan field,  
 With such liqueurs as anxious art distils ;  
 From various juices dainty cups she fills.  
 Rivals in greed devour the juicy cates,  
 And guest with guest in drinking emulates.  
 In oil and spice a boar Lucanian swims ;\*  
 Geese lend their livers, hares their tender limbs.  
 'Midst ortolans and doves as white as snow,  
 Flesh mixed with fish and clams with oysters show.  
 The mighty plate a huge murena fills,†  
 Swimming, attended by a shoal of squills.  
 The gaping guests adore and, feeding fine,  
 Feast to disgust and soak themselves in wine.  
 Then, blown with wine and food and angry, all  
 Arise and fight like furies in the hall.  
 Of fisticuffs they take their eager fill ;  
 At last, with wine and meat o'ercome, are still.

## V.

Greed laughs triumphant in her cruel glee  
 And drowns her guests like sailors in the sea ;  
 Fell indigestion now her work begins ;  
 The liver finds the sinners in their sins ;

---

† Compare with these two passages their related passages in the second of Horace's second book of Satires and in his Epistles.

Languid, perspiring, tortured, tumid, they  
 With limbs that totter take their devious way,  
 With tongues that stammer and with faces pale.  
 But greed would yet more potently prevail ;  
 The broken, battered body is her own—  
 What if the soul herself were overthrown,  
 And bound to earth in greed's unholy snare !  
 That we inherit of diviner air.  
 Then, if it might, the flood of greed would roll  
 E'en o'er the members of the immortal soul !

In these *fin de siècle* days, and even in this New World, the epicure still lives to eat. Luxury is queen at every feast, and even grim necessity at the poor man's board has decked herself out lavishly and temptingly.

The great world certainly uses its thinking power and expends much of its strength in solving the problem "Upon what shall I dine?" As something absurdly "New under the sun," the old nursery rhyme, "Four-and-twenty blackbirds baked in pie," was taken out of rhymeland and made into a fact, in the history of Gotham a few months ago.

Leo XIII., looking backward from the threshold of his 90th milestone, deems time none too precious to outline a *menu carte* for the younger world to study; his long life a good criterion of the results of "plain living" and "high thinking." We have reprinted this poem of the Pope as translated by Andrew Lang, thinking it might prove of passing interest to those of our readers who have not already seen it, knowing that the subject of dietetics, be it "served up" in poetry or prose, is of concern to the modern physician.

W. A. Y.

#### ACCESSIONS TO OUR STAFF.

THE Department of Surgery in this journal, which was under the charge of our lamented colleague, the late Dr. Strange, will in future be conducted by Dr. Bruce L. Riordan, and associated with him will be Dr. F. N. G. Starr. The trustees of Toronto General Hospital have selected Dr. Riordan to fill the vacant place of Dr. Strange, as surgeon on the visiting staff of that institution.

Dr. George McKeough, of Chatham, Ont., already favorably known to our readers, has consented to connect himself with the Department of Gynæcology and Obstetrics, along with Dr. J. H. Lowe, of this city.

J. J. C.

### ACETONÆMIA IN THE MOTHER AS A CERTAIN TEST OF THE DEATH OF THE FŒTUS.

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SOMETIMES it is very difficult to diagnosticate the death of the fœtus. The greater number of the signs relied upon by physicians, (absence of active movements of the fœtus, sinking of the abdomen, sinking and softening of the womb, escape of milk from the breasts, disappearance of the sympathetic phenomena of pregnancy, etc.), are uncertain, and even the absence of the sounds of the fœtal heart, observed on different occasions, may sometimes leave the practitioner in doubt.

Dr. Knapp contends, that the appearance of acetone in the maternal urine is a certain sign of the death of the fœtus. In ten cases, taken at random, in which all the symptoms pointed to the death of the fœtus, tests of the mother's urine, made on several occasions before the expulsion of a more or less macerated fœtus, always indicated the presence of a marked quantity of acetone.

Chautard's solution of fuchsine, (5 centigrammes of fuchsine to .100 grammes of water and decolorized by sulphurous acid) is recommended for the test.

To make the test, pour into a test-tube containing 15 or 20 cc. of the urine, a few drops of the reagent. If acetone is present, the urine instantly turns of a violet color, the depth of the shade varying with the quantity of acetone present in the urine.

This simple test for acetone may prove useful to the practitioner in, enabling him to diagnosticate the death of the fœtus, when even the assemblage of the ordinary symptoms would still leave some doubts in his mind.

J. J. C.

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### INDIVIDUAL COMMUNION CUPS.

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THOUGH, perhaps, it may be somewhat unusual for a medical journal to interfere with or even dare to dictate to the clergy, yet we must express an opinion on the outcome of the debate which took place recently at the Annual Conference of the Methodist Church, which convened in this city, on the adoption by that body of the use of individual cups at the celebration of the Sacrament of the Lord's Supper. Leaving out of the question entirely the religious aspect of this matter, we are strongly of the opinion that

a very grave error has been made in allowing the decision of this important item in Church government to be waived for another year, as in these days of rapid advancement in every aspect of life, be it social or otherwise, when it has been long ere this indisputably established that disease is communicable through germ life, surely it is only a matter of cleanliness, if nothing else, that each communicant should be supplied with a separate wine cup. Unfortunately lack of space prevents our going more fully into this subject, so it must suffice to say, that we cannot but think that a series of lectures on hygiene should be introduced into the final year course at all the divinity colleges, so as, by that means, to infuse into the noodles of the preachers who think differently some common sense on hygienic lines, thereby benefiting both themselves and indirectly their congregations.

W. A. Y.

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### THE ADVANCE OF MEDICAL SCIENCE DURING THE PAST SIXTY YEARS.

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FEW practitioners are living to-day who graduated in medicine the same year in which Victoria ascended the throne. To a man sixty years in practice, what a vast field of thought there must be in reviewing the discoveries and inventions wrought in the science of medicine and surgery. We are indebted to T. Arnold Haultain, M.A., for a tabulated synopsis of the distinctive features of the Victorian era. As it may prove of interest to spend a moment "looking backward," we will simply name some of those events relating to medicine and surgery: The introduction of laparotomy; antiseptis in surgery; operations on the intestinal canal; localization of brain centres; serum therapy; disinfection; immunization (Pasteur's methods), antitoxine, etc.; Koch's lymph; electro-therapeutics, galvanic cautery, electricity as applied to uterine diseases, etc.; chloroform, first regularly introduced by Sir Jas. Simpson; sulphuric ether, first used by Morton, of Boston, 1846; the use of nitrous oxide gas and hydrochlorate of cocaine as anaesthetics; the compilation of the Pharmacopeia; the manufacture of drugs in different forms, e.g., triturates, peptones, pilules, peptonoids, tablets, etc.; the introduction of nursing ("Florence Nightingale," the Crimea, 1856); first training school for nurses in London, St. Thomas' Hospital; Queen's Jubilee Nursing Fund

of £70,000, 1887; the introduction of an almost unlimited number of new drugs; and most recently of all, the application of the cathode rays to surgery—such are some of the advancements made in medicine and surgery during the magnificent sixty years' reign of Queen Victoria.

W. A. Y.

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### TO WOMEN PRACTITIONERS.

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As medical women in Canada are of comparatively recent origin and as yet possess no official journal of their own, it has been decided by the management of this magazine to devote a portion of its space each month to women practitioners.

In the practice of all physicians there are many cases not only of interest but actual practical value, which, through apathetic indifference, pressure of work, or because one is not in sympathetic connection with any particular journal, are never reported, the same being to the detriment of the whole profession, and no class has been more derelict in this respect than women.

It is our intention to remedy this deficiency, at least as far as we can in the limited amount of space allotted for this work, having a special department devoted to the interest of women practitioners. We hope, therefore, that women physicians will avail themselves of this opportunity and evince their interest actively by contributing original articles—or reporting instructive cases—which will assist in making this department of practical value to all. The co-operation of our sisters in the profession is most earnestly solicited.

AUGUSTA STOWE GULLEN.

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### RECENT ADDITIONS TO TORONTO UNIVERSITY MEDICAL FACULTY.

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IN order to avoid any misunderstanding, we wish to say that, as through a typographical error, no initials were appended to an editorial on this subject in last month's issue of the *JOURNAL*, the same initials should have followed the article on this subject as appeared after the editorial both previous and subsequent to the one referred to.

W. A. Y.

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DR. W. P. CAVEN has given up active connection with *The Canadian Practitioner*.

# Index Medicus.

## SOME OF LAST MONTH'S LEADING ARTICLES.

*The name of the journal in which the article appears is indicated by a number in parentheses, and will be found in the "Key" on page 230.*

- Appendicitis Complicating Extra-Uterine Pregnancy. C. E. Black, M.D. (58)
- Albinism. W. H. Dalpé, B.A. (11)
- Anæsthetic, A Safe and Complete Local. M. H. Williams, M.D. (13)
- Affinity between Physical, Mental and Moral Training. Anon. (43)
- Apiolin in Neurotic Dysmenorrhœa. D. S. Maddox, M.D. (14) June 5th.
- Acute Cæcæ in a Woman of Thirty-Eight. A. F. Witmer, M.D. (12) June 12th.
- Accidents to Summer Tourists. J. E. Pilcher, M.D. (1) June 12th.
- Alcoholism, Some Thoughts Upon. G. H. McMichael, M.D. (1) June 12th.
- A Peculiarity of Scratches Sustained by Falling from a Bicycle. J. F. Binnie, M.B. (50)
- An Improved Intubator for the Relief of Laryngeal Stenosis. L. Fischer, M.D. (1) June 19th.
- A Further Contribution to Our Knowledge of Isochymia. Max Einhorn, M.D. (1) June 19th.
- Antitoxin Treatment of Diphtheria at St. George's Hospital. C. Stater, M.B. (2) June 12th.
- Bacteriology and Treatment of Catarrhal Ophthalmia. S. Stephenson, M.D. (2) June 5th.
- Broncho-Biliary Fistula. J. E. Graham, M.D. (57) June 5th.
- Cat-gut Ligatures in Abdominal Operations. H. I. Ostrom, M.D. (46)
- Clinical Lecture on Bleeding in Pregnancy and Labor. A. H. F. Barbour, M.D. (7)
- Consumption, Comforting Facts About. C. W. Dulles, M.D. (21)
- City Noises *versus* Health and Longevity. W. F. McNutt, M.D. (26)
- Continuous Administration of Nitrous Oxide Gas and Oxygen during Minor Surgical Operations. H. B. Gardner, M.D. (2) June 12th.
- Clinical Value of the Culture Products of the Bacillus of Tuberculosis. K. Von Ruck, M.D. (24)
- Diagnosis of Typhoid Fever by the Blood Test. F. W. Wynekoop, M.D. (45)
- Diphtheria. J. Herald, M.D. (57) June 5th.
- Economics of State Care of the Dependent Insane. G. H. Rohé, M.D. (5) June 5th.
- Enterocolitis of Infancy. M. A. Clarke, M.D. (4)
- Extra-Uterine Fœtation. M. O. Klotz, M.D. (11)
- Ectopic Gestation in a Few of Its Aspects. A. F. Currier, M.D. (13)
- Ergot in Obstetrics. T. M. Madden, M.D. (37) June 2nd.
- Experimental Research on the Properties of Antipyrine. A. Halliday, M.B. (28)
- Fractures, Treatment of. W. L. Estes, M.D. (13)
- Friedreich's Disease. G. Hodge, M.D. (57) June 5th.
- Fractures of the Humerus. G. A. Peters, M.D. (57) June 5th.
- Functional Nervous Affections Due to Trauma. J. Panton, M.D. (9)
- Four Cases of Ruptured Tubal Pregnancy. T. A. Helme, M.D. (57) June 12th.
- Four Cases of Intra-Uterine Death; Spontaneous Expulsion of the Ovum long after Its Death. J. Oliver, M.D. (57) June 12th.
- Four Successful Cases of Transfusion of Saline Fluid. N. Raw, M.D. (2) June 12th.
- Fibroid Myoma of the Uterus. F. B. Jessett, M.D. (37) June 9th.
- Heredity *versus* Reincarnation. D. A. Gordon, M.D. (46)
- Homicidal Insanity. J. Rorie, M.D. (7)
- Inversion of the Uterus. D. W. Lynch, M.D. (40)
- Improvement in the Irrigation Treatment of Gonorrhœa. F. C. Valentine, M.D. (1) June 5th.
- Intubation of the Larynx in Diphtheria. P. T. Hughes, M.B. (7)
- Iodoform Dermatitis Caused by Iodoform Gauze. M. Savage, M.D. (5) June 12th.
- Intubation in Diphtheria before and since the Use of Antitoxin. T. H. Halsted, M.D. (4) June 12th.
- Joint Diseases as the Sequel to Other Diseases. E. J. Farnum, M.D. (55)
- Mental Phenomena following Surgical Operations. H. N. Moyer, M.D. (17)
- Multiple Symmetrical Lipomata. A. J. Ochsner, M.D. (17)
- Modern Treatment of Sprains of the Ankle Joint. G. G. Gottam, M.D. (9) June 1st.

- Mycosis Fungoides. G. W. Wende, M.D. (22)
- Mouths of our School Children. T. Gramm, M.D. (39)
- Nephritis, Pathology and Treatment of. D. C. Black, M.D. (7)
- New Methods of Reuscitating Still-born and Feeble-born Infants. B. Brown, M.D. (24)
- Ocular Therapeutics. G. Hartridge, F.R.C.S. (38)
- Operation for Biliary Calculi and Removal of 110 Gall-stones. G. G. Hopkins, M.D. (18)
- Ovariectomy, Deaths after, etc. W. A. Meredith, M.D. (2) June 5th.
- Over-Fatness, A Reliable and Harmless Way to Diminish and Cure It. W. T. Cathell, M.D. (5) June 19th.
- One Hundred Perineal Operations by the Tait Flap Method. R. Robinson, M.D. (50)
- Puerperal Eclampsia. C. H. Johnston, M.D. (58)
- Praxia. H. N. Hoople, M.D. (30)
- Physician, The, in the Forum. M. H. Cazier, A. & C. (40)
- Pemphigus, A Rapid Method of Curing. A. H. Ohmann-Dumesnil, M.D. (35)
- Pulmonary Infarction Complicating Delivery. J. H. Barry, M.D. (3) June 12th.
- Rhus Poisoning. J. H. Hunt, M.D. (30)
- Respiratory Tract as an Avenue for Infection. J. H. Hollister, M.D. (34)
- Röntgen Rays, The Value of, in Cardiac Diagnosis. A. Abrams, M.D. (3) June 12th.
- Sunstroke, A Method of Treating. G. F. Chandler, M.D. (3) June 5th.
- Surgical Melange. M. Ricketts, M.D. (39)
- Several Cases of Lichen Planus. J. A. Cantrell, M.D. (12) June 19th.
- Tetanus and Its Treatment. A. Lambert, M.D. (3) June 5th.
- Traumatic Tetanus Treated Successfully with Antitoxin. A. J. Chalmers (2) June 5th.
- Tuberculosis and Climate. T. A. Campbell, M.D. (1) June 12th.
- Three Cases of Otitis Media with Brain Abscess. G. Barling, M.B. (57) June 12th.
- Veneral Diseases. J. Cooper, M.D. (15)
- Warm Weather Dietetics. L. E. Hogan, M.D. (43)

W. A. Y.

## KEY TO MEDICAL PUBLICATIONS.

1. Medical Record, N.Y.
2. The Lancet, London, Eng.
3. New York Medical Journal.
4. Atlanta Medical and Surgical Journal.
5. Maryland Medical Journal, Baltimore.
6. Medical Summary, Philadelphia.
7. Scottish Medical and Surgical Journal, Edin.
8. Journal of Medicine and Science, Portl., Me.
9. The Railway Surgeon, Chicago.
10. Archives of Pediatrics, N.Y.
11. Montreal Medical Journal.
12. Philadelphia Polyclinic.
13. International Journal of Surgery, N.Y.
14. Medical and Surgical Reporter, Philadelphia.
15. American Medical Journal (Eclectic), St. Louis, Mo.
16. Medical Bulletin, Philadelphia.
17. Medicine, Detroit.
18. New England Medical Monthly and The Prescription, Danbury, Conn.
19. Canadian Medical Review, Toronto.
20. The Laryngoscope, St. Louis.
21. The Medical Age, Detroit.
22. Buffalo Medical Journal.
23. Cleveland Medical Journal.
24. The Therapeutic Gazette, Detroit.
25. Langdale's Lancet, Kansas City.
26. Pacific Medical Journal, San Francisco, Cal.
27. American Journal of Medical Science, Phila.
28. The Maritime Medical News, Halifax.
29. The State Hospitals' Bulletin, Utica, N.Y.
30. Brooklyn Medical Journal, N.Y.
31. Pediatrics, N.Y.
32. Bulletin of Pharmacy, Detroit.
33. Magazine of Medicine, Atlanta, Ga.
34. North American Practitioner, Chicago.
35. St. Louis Medical and Surgical Journal.
36. Chicago Medical Recorder.
37. Medical Press and Circular, London, Eng.
38. Medical Brief, St. Louis.
39. Columbus Medical Journal, Columbus, O.
40. Chicago Clinical Review, Chicago.
41. The American Therapist, New York.
42. The Pacific Health Journal, Oakland, Cal.
43. The Dietetic and Hygienic Gazette, N.Y.
44. La France Medicale, Paris.
45. Medical Standard, Chicago.
46. The Medical Times, New York.
47. La Presse Medicale, Paris.
48. Le Progres Medical, Paris.
49. Quarterly Journal of Inebriety, Hartford, Conn.
50. American Journal of Surgery and Gynecology, St. Louis.
51. The Homoeopathic Physician, Philadelphia.
52. Matthews' Quarterly Journal of Rectal and Gastro Intestinal Diseases, Louisville, Ky.
53. California Medical Journal (Eclectic), San Francisco, Cal.
54. Journal of Eye, Ear and Throat Diseases, Baltimore, Md.
55. Chicago Medical Times.
56. The Indian Lancet, Calcutta, India.
57. The British Medical Journal, London; Eng.
58. Annals of Gynecology and Pediatrics, Boston.
59. The American Gynecological and Obstetrical Journal, New York.
60. American Practitioner and News, Louisville, Ky.
61. The Medical Examiner, New York.
62. The Birmingham Medical Review.
63. The Alienist and Neurologist (Quarterly), St. Louis, Mo.
64. The Woman's Medical Journal, Toledo, O.

## The Physician's Library.

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*Aphasia and the Cerebral Speech Mechanism.* By WM. ELDER, M.D., F.R.C.P., Edin., Physician to Leith Hospital. With Illustrations. London: H. K. Lewis, 136 Gower Street, W.C. 1897.

This short work consists, to a large extent, of the author's Edinburgh University M.D. Thesis. Dr. Elder has in a very lucid manner transformed what is usually looked upon as a difficult subject into a most interesting one, and once the reader gets over the preliminary chapters, will find the book anything but dry. The book does not aim at a description of all the disorders of speech, its scope being confined to the central mechanism concerned in speech—written and spoken, the disturbances of that mechanism and the localization of the lesions which produce those disturbances. Special attention has been devoted to the differential diagnosis of the clinical varieties of aphasia, illustrated by cases which have come under the author's observation.

*Diseases of the Ear, Nose and Throat and their Accessory Cavities.* A condensed text-book by SETH SCOTT BISHOP, M.D., LL.D., Professor in the Chicago Post Graduate Medical School and Hospital; Surgeon to the Illinois Charitable Eye and Ear Infirmary, etc., etc. Illustrated with one hundred colored lithographs, and one hundred and sixty-eight additional illustrations. Philadelphia, New York, Chicago: F. A. Davis Co., Publishers. 1897. Toronto: A. P. Watts & Co., College Street.

This work is eminently suited not only to help students in preparing for their degree, and for those progressive practitioners who wish to acquire the proficiency necessary to properly treat those of their patients who are unable to visit specialists, but more especially for those who are gradually exchanging their general practice for special work in these branches. The work is written in a manner to at once interest the reader, some of the illustrations, however, being almost too highly colored. We are sure the book will meet with a very large sale.

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MESSRS. W. B. SAUNDERS & Co., publishers, Philadelphia, Pa., have in preparation for early publication the following works:

*Penrose's Gynecology* will be ready in about two months.

*An American Text-Book of Genito-Urinary and Skin Diseases.* Edited by L. Bolton Bangs, M.D., late Professor of Genito-Urinary and Venereal Diseases, New York Post-Graduate Medical School and Hospital, and William A. Hardaway, M.D., Professor of Diseases of the Skin, Missouri Medical College.

*An American Text-Book of Diseases of the Eye, Ear, Nose and Throat.* Edited by G. E. de Schweinitz, M.D., Professor of Ophthalmology in the Jefferson Medical College, and B. Alexander Randall, M.D., Professor of Diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

*Macdonald's Surgical Diagnosis and Treatment.* Surgical Diagnosis and Treatment. By J. W. Macdonald, M.D., Graduate of Medicine of the University of Edinburgh; Licentiate of the Royal College of Surgeons, Edinburgh;



Professor of the Practice of Surgery and of Clinical Surgery, Minneapolis College of Physicians and Surgeons.

*Anders' Theory and Practice of Medicine.* A Text-Book of the Theory and Practice of Medicine. By James M. Anders, M.D., Ph.D., LL.D., Professor of the Theory and Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia.

*Senn's Genito-Urinary Tuberculosis.* Tuberculosis of the Genito-Urinary Apparatus, Male and Female. By Nicholas Senn, M.D., Ph.D., LL.D., Professor of the Practice of Surgery and of Clinical Surgery, Rush Medical College, Chicago.

*Penrose's Gynecology.* A Text-Book of Gynecology. By Chas. B. Penrose, M.D., Professor of Gynecology, University of Pennsylvania.

*Hirst's Obstetrics.* A Text-Book of Obstetrics. By Barton Cooke Hirst, M.D., Professor of Obstetrics, University of Pennsylvania.

*Moore's Orthopedic Surgery.* A Manual of Orthopedic Surgery. By James E. Moore, M.D., Professor of Orthopedics and Adjunct Professor of Clinical Surgery, University of Minnesota, College of Medicine and Surgery.

*Heister's Embryology.* A Text-Book of Embryology. By John C. Heister, M.D., Professor of Anatomy, Medical Department of the University Pennsylvania.

*Mallory and Wright's Pathological Technique.* Pathological Technique. By Frank B. Mallory, A.M., M.D., Assistant Professor of Pathology, Harvard Medical School; Assistant Pathologist to the Boston City Hospital; and James H. Wright, A.M., M.D., Instructor in Pathology, Harvard Medical School; Pathologist to the Massachusetts General Hospital.

*Sutton and Giles' Diseases of Women.* Diseases of Women. By J. Bland Sutton, F.R.C.S., Asst. Surgeon to Middlesex Hospital, and Surgeon to Chelsea Hospital, London; and Arthur E. Giles, M.D., B.Sc.Lond., F.R.C.S.Edin., Asst. Surgeon, Chelsea Hospital London.

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THE twenty-third Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending June 30th, 1895. Henry B. Barber, M.D., Lansing, Michigan.

*The Laryngoscope*, published in St. Louis, has been selected as the official organ, for the year 1897, of the Laryngological Section of the New York Academy of Medicine. This selection, and the great probability of the same journal being chosen by other Laryngological, Rhinological and Otological Societies as their official organ, would indicate that *The Laryngoscope* has become what its proprietors stated they intended to make it, i.e., The American Journal of Record for the specialties represented.

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THE following physicians will form the medical and surgical staff at Toronto General Hospital for the ensuing year: Drs. J. S. McEachren, F. A. Scott, R. W. Large, R. W. Perry, R. Nichol, J. S. Mullen, G. Royce, W. F. Mayburry.

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## Commercial Department.

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THE Montague Private Hospital, WHICH MOVED RECENTLY FROM MONTAGUE PLACE TO 159 BLOOR STREET EAST, is now one of the best appointed private hospitals in Canada. The building on Bloor Street is most admirably adapted to the purpose, the operating room being exceptionally well lighted and fitted up. The entire house has been newly papered and painted throughout, each room being as cheerful as it is possible to make it. Dr. Lowe keeps a most efficient staff of trained nurses, Miss Dover being the lady superintendent. Physicians will find that their cases will receive the greatest of attention.

WHILE the "flexible capsules" of Messrs. Duncan, Flockhart & Company have been very generally adopted by the profession, their use has been somewhat restricted by reason of their being somewhat higher in price than pills of same formulæ. While we have always felt that (efficiency considered) difference in price was more apparent than real, we are very much pleased to announce that this bar to their general adoption has been removed, as we are now advised that—through concession by manufacturers coincident with reduction in duty—the capsules will now be supplied at prices which place them easily within the reach of all patients. As will be seen by advertisement on front cover, Messrs. Duncan, Flockhart & Company have arranged that every physician making application for such shall have "working sample" of any capsule he may desire to test—and we trust our brethren will show their appreciation of so striking an offer by piling in "postals" on friend Gibson.

DR. ROBERT H. BABCOCK, of Chicago, has been using maltine with coca wine, and says he is convinced of its great service when it is desirable to check undue waste, or to enable a patient for a time to endure unusual demands upon his strength. He recently prescribed it for a female patient with tubercular induration of one apex. The tendency was to fibroid transformation rather than caseation, but for some reason she had come to a standstill, and his efforts to improve her condition seemed futile. Her chief complaint was a feeling of weakness. After using maltine with coca wine for a week she reported herself as feeling better, and certainly appeared stronger and more cheerful. She continued the preparation for a month, and decided improvement in her condition dated from that time. Malto-yerbine is, in his opinion, a good stimulating expectorant, and in one case of broncho-pneumonia contributed much to the patient's recovery. He also considers it a good vehicle for administration of other expectorants in case of children.

—*Maryland Medical Journal.*