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The Canada Medical Record.

VOL. XX.

MONTREAL, AUGUST, 1892.

No. 11.

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Original Communications.

ADDRESS IN SURGERY

BY

WM. H. HINGSTON, M.D., LL.D., D.C.L.,
*Surgeon-in-Chief to the Hotel Dieu,
Montreal; Professor of Clinical Surgery
in Laval University.*

*At the Annual Meeting of the British
Medical Association held at Nottingham,
July, 1892.*

ON SYNTHESIS IN SURGERY.

*Surgical Unrest.—Surgical Diseases in
Canada.—Surgery among the Aborigines.
—Hospitals in Canada.—Specialization
and its dangers.—Necessity of Synthesis
as a Corrective.—A Plea for Liberal
Education as a Preliminary to Medical
Study.*

The feelings with which I rise to address so large and so distinguished an audience are a strange alloy of regret that I must needs fall short of my own desires; of confusion at finding that those to whom the same post of honorable duty has been entrusted in past years have left no branch of surgery untouched; and more than all of dread lest my beloved Canada should suffer in your estimation at the hands of one who wants, not the will, but the power to do her justice on this momentous occasion.

Permit me, in my country's name, to thank you in all sincerity for the compliment paid her in inviting one of her children to your shores, and in assigning to him a position of such honor in your deliberations—a position hitherto reserved for the most eminent of your own land—a land teeming with all that is great and noble in our art. Let me assure you that Canada is not unmindful of this fresh token of your

regard. She is, as you well know, most firmly attached to the parent State; she glories in your past, she is deeply interested in your future; your glory is her glory; your future is her future; and she is grateful for any thought of her in your councils, especially where science is concerned, and where the common good of mankind is the object.

It was the desire, on our part, to be in closer touch with you, which made it possible, last year, for that able and indefatigable worker, Mr. Ernest Hart, to successfully establish those more intimate relations which now so happily exist between members of our profession in the parent State and in the Canadian Dominion. Mr. Hart passed quickly from Vancouver to Quebec, and at his touch branches sprang as quickly into existence as beacon fires were once lit on the summits of your Welsh hills.

Coming, as I do, to the very apex of surgical art from the wide circumference of its base beyond the seas; it might appear bold were I to attempt, as we sometimes do in Canada, to pass in review the advances in our art during a certain period. There we are accustomed to glean from the United Kingdom, France, Germany, and other countries, the best fruits of their workers, and to place them before the profession, stamped, for the most part already, with the mark of your and of their approbation. But that would here be dangerous, for an address of that nature, however carefully prepared, nicely adjusted, thoroughly combed down, complete and fashioned in all its parts, when leaving the western hemisphere, might, on its arrival here, be found to be wanting in the most recent of its important features—features with which you, in the meantime, might have become familiar—for the advances in our art excel in speed, sometimes, the swiftness of ocean travel.

It has been found by some of my pre-

decessors in this rostrum that the advances in surgery have been so great and so important, that to follow them at all closely in their many ramifications would be impossible. This difficulty seems to have occurred to my immediate predecessor—the learned Edinburgh surgeon—and, in his admirable address, he turned at once, and for relief as it were, to surgical rest. But the rest, aptly termed surgical, for which Professor Chiene, following Mr. Hilton, had secured so much attention was objective. It seems to me that with this much needed surgical rest there runs *pari passu* a surgical unrest which is subjective, and which will be my text for a moment.

On this the eastern side of the Atlantic, where, in every branch of commerce, in every trade and handicraft, in every liberal art, in every learned profession, the lines which divide the work to be done by each are, for the most part, clearly and distinctly traced, the ceaseless agitation of life is marvelous, and would seem to favor the view long ago expressed by DeQuincey, that solitude was, even in his time, becoming a visionary idea in this country. Yet to me, a visitor, it appears life here is calm, quiet, placid when compared with that on the western continent. Here there is time for easy and familiar intercourse; there it is grudgingly given. Here you leisurely perform the functions necessary for the repair of wasted tissue, and the reception of food, recreation and sleep have each their due time allotted to them; there they are unduly curtailed as things which might be realized and converted into currency. This state of unrest everywhere—but especially in the western world—is not favorable to the surgeon, the full capabilities of whose intellect are not unfolded without sufficient occasional leisure and thought and retirement, all of which are in some measure denied to him in our new and overactive world. With you, as with us—but, as it seems to me, not so much with you as with

us—the average surgeon of to-day is less a man of thought than a man of action. He is constantly liable to disturbance, either from the particular character of his calling, or from the agitation of all around him, of which he soon partakes. He is made to eschew the more meditative habits which would the better fit him to weigh well and to adopt or reject what should be adopted, or rejected, without reference to authority, or without being swayed by the influence, not always safe and reliable, of superiority of position or of condition.

Perhaps, at no time in the history of our art have the facilities been greater everywhere than they are at present of arriving at conclusions which may not be sound, and of being misled by representations which may not be strictly true. In the few intellectual centres, in ancient times, opinion was gradually formed in solitude. It advanced in regular progression, and from mouth to mouth, as it were. To-day, with steam and electricity and the wondrous and unceasing development therefrom of vast physical agencies, men are brought nearer to each other. Truth, to day, travels with the speed of lightning; but error also, and with like rapidity. Opinion, formed in large centres, acts especially on the imagination of those around, and more powerfully still, perhaps, of those at a distance. It does not always convince, but it impresses, and, to quote the words of a classical writer, it has the force of authority rather than of reason; and concurrence in it is not always an intelligent decision, but a more or less blind submission. Our minds are often misled by misrepresentations, and they remain misled till other and truer representations put them right again.

Surgical opinion, in an especial manner, is at first, and for some time, what seems to be thought by everyone in general, and by some one, or perhaps no one in particular. An opinion hurriedly expressed by eminent, or even prominent, or perhaps

only self-beguided authority is adopted; it is propagated; it becomes the opinion of the general body, and although we may have resisted the influence of the individual authority in the first instance, we finally succumb to the voice of that general body of which we are constituents—each part having, without perceiving it, perhaps, done its share in diffusing truth, it may be in extending error.

The views on surgical questions, expressed ere they have been fully considered; hasty reports of surgical cases, and premature records of surgical operations—especially if the operations have been bold and novel—when published within a few days of their performance, are often misleading. Had the publication of so-called successful cases in medical journals for its sole object the elicitation of truth, error in time would be of small moment.

The haste in publishing enables the operator to scatter reports of his "triumphs" broadcast over the land as a bid for further subjects for his skill. Is the journalist quite blameless in facilitating the premature publication of cases which had, it is true, left the hands of the surgeon or the surgical ward of a hospital, but only to terminate fatally in the hands of a medical practitioner, or in a medical ward from the direct, though perhaps not immediate, result of surgical interference? Would that the tutelary deity who is supposed to preside over medical journalism might so ordain that there should be a little less hurry, a little less zeal in taking the public partially into one's confidence, and in publishing successes while they are yet problematical.

In every part of Great Britain error is quickly overtaken and corrected; not so in Canada—a country so vast that portions of it are nearer to Great Britain, and to France, and to Germany than they are to other portions of its own vast Dominion; and whence London or Paris or

Vienna may be reached in less time than Toronto or Montreal. Errors reaching such distant and inaccessible portions of the world survive to do their mischief long after they have ceased to delude the minds of men in the larger centres.

In the steadily-increasing number of medical journals all over the world—some of them established in the interests of the public; some in the interests of the profession; some in the interests of a medical school; and not a few in the interests of some nostrum retailed for profit—in all these kinds and qualities America has her share. The exact number published it is difficult to arrive at.

The medical library in connection with the Surgeon-General's Office at Washington, which, under the able guidance of that marvelous worker, Dr. Billings, is unique in extent and completeness, receives 700 medical journals of all sorts a year. Of these, 30 are devoted to dentistry (15 of them from the United States); 38 to pharmacy (8 of these from the United States); 32 to veterinary medicine (2 from the United States); 22 to homœopathy (14 of these from the United States); 9 are eclectic, and all 9 are from the United States—leaving 121 for regular medicine for the United States. Journals on popular medicine are not included in the foregoing list. Some of the journals referred to are conducted with great ability, while a few reach a high level of excellence. Not infrequently, in articles inelegantly written and quaintly expressed, the mechanical genius of the people is conspicuously shown in a manner to command the attention of those more favorably circumstanced. Readers of the journals of both hemispheres have occasionally noticed in yours a greater precision in reporting cases and in stating facts than is generally met with in the western world. You do not so often indulge in unknown quantities, while dates and other circumstances are stated with greater fullness. I

have noticed the same features in your discussions. An absence of that precision in America must not, however, be allowed to take from the value of a statement or a report. It is due in great measure to the hurry and unrest, the variety of fatiguing work a surgeon is called upon to do, and the difficulty, even in cities, of having properly qualified clinical assistance. Outside of hospitals there are well-qualified nurses for the rich—their services are, beyond the reach of the poor—and they append the temperature and pulse chart, but beyond this there is often no further record till the case is finally summed up by the surgeon, when the details of treatment are added.

Men of action who have left and are leaving the impress of their intellect in the more practical departments of our art are often obliged to search in their visiting list or their day-book, where the more methodical and leisurely arrangement of your work enables you to be more precise.

Sometimes the facts are drawn from memory, and, for all that is essential, correctly drawn, though dates and other precise circumstances are often wanting. It is from this hurried manner of reporting cases that doubt is sometimes felt of their credibility when given without reference to minor parts which are not considered essential to their truth. The older members of this Association can recall how the statement was received from America, some years ago, that a crowbar had been driven through a man's skull without killing him, and how brain matter had been found adherent to the strong bar of iron at a distance of many feet. The number of feet was not given (I cannot give it now), but the statement nevertheless was true, even without the lesser detail of distance.

Some of you will remember how little disposed many were to believe that a sponge probang, charged with a solution of nitrate of silver, could be got beyond that watchful sentinel, the epiglottis, and be

applied to the larynx. Who doubts it now? The same may be said of Sayre's assertion discredited at the time, that after excision of the bones of the hip or knee, the joint could be so arranged that the little patient might be borne from one place to another without discomfort and without injury. Many of you have seen Sayre's work.

Were I disposed to dwell on American surgery I could greatly multiply instances of this kind, but that is not my purpose. I shall merely add that it must be apparent to readers on this side of the Atlantic and to those who have visited the western hemisphere, that the American surgeon arrives, in his own way, and with marvellous celerity, at the chief points in a case—at its gist, its essence so to speak—by a process which may not be strictly logical, but which is rather of the nature of an intuitive intellectual judgment or perception. He seems to recognize truth, or something he takes to be truth, without the necessity of any elaborate process of ratiocination. This marked quality in the American mind renders him prone to eclecticism, not alone in medicine and surgery, but in philosophy, and even sometimes in matters of theology.

Though the principles of our art are independent of nationality, there are conditions peculiar to the different parts of the earth's surface which must be taken into account by surgeons, and which to a greater or less degree modify practice. The relatively greater freedom from death which Valentine Mott, more than half a century ago, claimed for surgical operations performed in New York and Philadelphia, I claim, and more advisedly claim, for operations performed in the larger cities of Canada. The inflammations which sometimes follow surgical procedures with us are indeed accentuated, and are marked by much elevation of temperature; but the character of those inflammatory processes is of a simple sthenic type, and not of that irritable form which so often perplexes

hospital surgeons in the larger centres of Europe.

The climate of Canada has much to do with this. In many parts of Great Britain, mortality, from all causes, increases with the decrease of temperature; with us the reverse is the case. Our winter season, with the temperature of St. Petersburg, is the healthiest; spring and autumn come next in salubrity; while the largest mortality is in July and August, when the temperature is that of the same months in Paris. At certain seasons the atmosphere is so dry that the meat of the buffalo and the red deer, when cut into strips and dried in the open air, may be reduced to powder, forming the pemmican which often alone sustains the aborigine in his wanderings. When you add to this condition of climate the simple frugal habits of the people—well fed, well clothed, well housed—living in a land where, as in Longfellow's Acadie, "the richest are poor, and the poorest live in abundance," you have a sturdy, energetic race displaying much power of resiliency when their injuries demand the intervention of the surgeon.

It is, moreover, a people subject to few ailments, and these are of a sthenic inflammatory type. Thorough acclimatization is found to confer additional immunities. Those who can count the greater number of generations born in Canada are the healthier, while those undergoing the process of acclimatization do not suffer in the progressive state. These remarks do not apply to the descendants of the aborigines who have been allied to the whites. The inflammatory affections met with in the Metis, whether of the French with the Huron or Iroquois, or of the Scotch with the Cree, are for the most part of a strumous type, presenting but few of the characteristics of those affections in either of the unmixed races.

Aneurisms are not common in Canada; chronic rheumatic arthritis is seldom met

with ; rickets, which the Germans still love to call, yet they cannot say why, the "Englische Krankheit," is scarce ; strumous ophthalmia, which is so constantly seen in the hospitals of Vienna, London, and Glasgow, is not frequent ; and in cancer, especially of the breast, the glandular system is not generally primarily affected, affording thereby a fairer chance of freedom from early recurrence of this disease. (I allude to this disease advisedly, as I observe that some of your more distinguished surgeons recommend removal of the axillary glands in all cases of scirrhus of the breast—advice which, from my experience in Canada, I am not disposed to follow.)

There are no surgical diseases in Canada which have not their counterpart in every portion of Europe—two alone excepted. When, in the words of Milton,

the parching air

Burns, frost and cold performs the effect of fire, frostbites are met with (among the non-acclimatized chiefly) ; and when snow covers the land, the *mal de raquette* is complained of by those who suddenly, and without preparation, are called upon to make long and hurried journeys on snowshoes.

It is true that, on the eastern coast of New Brunswick in Canada, a few lepers are met with in the lazaretto there ; but the disease is not indigenous to the soil. Nearly a hundred years ago two shipwrecked sailors were cast ashore at a place called Tracadie. They were the subjects of leprosy. A French-Canadian woman gave them shelter. In washing their linen she contracted that pitiless disease, and transmitted it to her children. These marrying, a small colony of lepers was formed. The number was at one time about seventy, but is now diminished to twenty-two, who are under the care of the sisters of charity from the Hotel Dieu Hospital of Montreal. But outside the walls of the lazaretto there is no disease peculiar to the country.

In connection with this subject I may

perhaps be permitted to quote the words I wrote some years ago, when dealing with this subject,—a work on the climate of Canada : " In considering the few diseases which in Canada afflict humanity, we have reason to be thankful to the All-Powerful Contrôller of the seasons as of our fate, that in separating us from the great branch of the European family, and in placing us where there are indeed no majestic ruins scattered around to prove past greatness or add to present interest, He has prepared for us a land where we may not only live in peace with all men, but in the assurance that no noxious exhalation will imprint its morbid impress on our countenance ; that no pestilential effluvia will enter our nostrils ; that no serpent will instil its fatal poison into our veins ; that with our breath we shall draw no plague into our blood ; and that, though He exposes us to much heat in our short summers and to a temperature in winter which pinches us till we cry out ' This is no flattery,' yet through our intelligence He keeps us in health, comfort, and safety. More than once during my professional career I have endeavored to map out one single disease or form of disease which we might claim as peculiarly our own, but so far I cannot boast of having made the discovery."

As acclimatization effects certain changes it affords also certain immunities from which those not similarly circumstanced cannot expect to benefit. The acclimatized bear injuries well. Living in a simple primitive state, they require only occasional aid from the surgeon, and even less from the physician. Colonists, in thinly settled districts, sometimes send long distances for surgical aid in cases of hernia or dislocation. The *ramacheur*, or *rebouteur*, as he is styled, who is supposed to have an intuitive knowledge of broken bones, and how best to replace them, is often in requisition. In dislocations, however, these irregular practitioners are less fortunate. And al-

though their practice is invariably to find a small bone out of joint, which they incontinently proceed to reduce with an audible snap (of their own hidden thumb and finger, be it added), they do not attempt to reduce dislocations of the larger joints.

I once had a case of dislocation of the hip of fourteen weeks' standing brought to me a distance of fifteen hundred miles. It took six weeks of that time, after the *rebouteur* had done with the sufferer, for the patient to reach Montreal in a box like a closely-fitting coffin. The padding was so perfect that movement of either limb or body was thoroughly prevented during a rough journey.

Domestic surgery in civilized countries might in some things learn a little from the primitive methods of our aborigines. Take as an instance the treatment of the newborn infant. The yielding abdominal walls are never compressed by an unyielding bandage, and the young bird in its nest is not more comfortable than the Indian babe unencumbered by swaddling clothes. As the varied movements of respiration are not impeded, the infant cries but seldom. It never suffers from local troubles as the children of the whites often do. The urine is carried beyond the infant's person, if a male, by an ingenious mechanical support which directs the stream. Feculent matter is received into dry moss, which is to be found in large quantities in every wigwam where there is an infant.

If, in the depths of the forest, an Indian breaks his leg or arm, splints of softest material are at once improvised. Straight branches are cut, of uniform length and thickness. These are lined with down-like moss, or scrapings or shavings of wood; or with fine twigs interlaid with leaves, if in summer; or with the curled-up leaves of the evergreen cedar or hemlock, if in winter; and the whole is surrounded with withes of willow or osier, or young birch. Occasionally it is the soft but sufficiently

unyielding bark of the poplar or the basswood. Sometimes, when near the marshy margin of our lakes or rivers, the wounded limb is afforded support with wild hay, or reeds of uniform length and thickness.

To carry a patient to his wigwam, or to an encampment, a stretcher is quickly made of four young saplings, interwoven at their upper ends, and on this elastic springy couch the injured man is borne away by his companions. When there are but two persons, and an accident happens to one of them, two young trees of birch or beech or hickory are used. Their tops are allowed to remain to aid in diminishing the jolting caused by the inequalities of the ground. No London carriagemaker ever constructed a spring which could better accomplish the purpose. A couple of cross bars preserve the saplings in position, and the bark of the elm or birch cut into broad bands, and joined to either side, forms an even bed. In this way an injured man is brought by his companion to a settlement, and often it has been found, on arrival, that the fractured bones are firmly united, and the limb is whole again. This is effected in less time than with the whites, for the reparative powers of these children of the forest are remarkable. In their plenitude of health, osseous matter is poured out in large quantity, and firm union is soon effected.

[Dr. Hingston here showed the femur of an aborigine in which the osseous matter was so abundant as not only to unite the fracture, but to form a bed on which the tuberosity of the ischium was made to rest.]

The reparative power of the aborigines, when injured, is equalled by the wonderful stoicism with which they bear injuries, and inflict upon themselves severest torture. They are accustomed to cut into abscesses with pointed flint; they light up a fire at a distance from the affected part (our counter-irritation); they amputate limbs with their hunting knives, checking the hæmor-

rhage with heated stones, as surgeons were accustomed to do, in Europe, in the time of Ambroise Paré; and sometimes they amputate their own limbs with more *sang-froid* than many young surgeons will display when operating on others. The stumps of limbs amputated in this primitive manner are well formed, for neatness is the characteristic of all the Indians' handiwork.

The aborigines are familiar with, and practise extensively, the use of warm fomentations. In every tribe, their old women are credited with the possession of a knowledge of local bathing with hot water and of medicated decoctions. The herbs they use are known to a privileged few, and enhance the consideration in which their possessors are held.

The Turkish bath, in a simpler but not less effective form, is well known to them. If one of their tribe suffers from fever, or from the effects of long exposure to cold, a steam bath is readily improvised. The tent of deer skin is tightly closed; the patient is placed in one corner; heated stones are put near him, and on these water is poured till the confined air is saturated with vapor. Any degree of heat and any degree of moisture can be obtained in this way. Europeans often avail themselves of this powerful sudatory when suffering from rheumatism.

The aborigines have their herbs—a few, not many. They have their emetics and laxatives, astringents and emollients—all of which are proffered to the suffering without fee or reward.

The "Indian teas," "Indian balsams," and other Indian "cure-alls"—the virtues of which it sometimes takes columns of the daily journals to chronicle—are not theirs. To the white man is left this species of deception. The necromancing *medicine man* doubtless practises deception, but he is, in turn, impressed by the energy of his own incantations; and failure on his part to cure exposes him to personal

danger. This hurried allusion to the red man seems to me as if chanting his sad funeral dirge. He has been associated with a flora passing,—nay, that has passed away. He represents a race much older than the races which have supplanted him, for did he not occupy this land ages before the Aryan race left its Asiatic home? He has, indeed, been supplanted in Canada, but he has been tenderly dealt with by us as a minor, and with all a minor's rights. Treaties with him have always been honorably adhered to, and we have never qualified him (as he has been qualified by writers south of us) as useless lumber to be got out of the way.

In many parts of Canada, as in other countries not yet wholly covered by the flowing tide of civilization, practitioners have to cope with difficulties unknown to those whose lines are cast in less primitive places. Now and then the surgeon of practical trend of mind has opportunity to turn that quality, essential in a new country, to advantage. I could in illustration relate many instances, but shall confine myself to one or two. My predecessor in the surgical clinic, the late Dr. Munro, an eminently practical surgeon, was travelling in a wild part of the country when he was asked to see a man suffering from retention of urine. Munro had no catheter with him; many miles interposed between him and an instrument, and the roads were well-nigh impassable. He looked around the log cabin for something where-with to enter the bladder, but saw nothing. He noticed, however, that the floor was cleanly swept, and that implied the use of a broom. He asked to see the broom. A corn broom was brought to him, and with it he soon entered the man's bladder. How? some will ask. With the handle? No. With the corn tops? No. He had noticed that the corn tops were bound to the handle with wire; this he quickly unrolled; made a loop at the free end;

and as he unrolled he straightened the wire by putting his foot into the loop ; bent a piece, gave the doubled end a slight curve, and passed it easily into the bladder. The free ends which remained without the body separated somewhat, and the pent up fluid passed between them.

[Dr. Hingston here showed the ingenious contrivance of a country practitioner, near Montreal, for enlarging an opening in the chest wall, which the inventor called a "thoracoretrotome." Both blades cut equally on withdrawing the instrument, yet presented no cutting edge on entering.]

It is not always that the devices which were found to be successful in an emergency are put aside for something which might be better though not so primitive. Some years ago I was present at a meeting of a medical society, not in Canada, it is true, but in one of the more western of the United States. A gentleman from one of the large centres had exhibited an instrument for removing foreign bodies from the nose. He extolled its advantages, was applauded, and everything promised well. I noticed, however, a smile on the faces of many present when a small nervous man advanced somewhat briskly to the platform. I wish I could give you anything like a faithful sketch of his manner. His style was sharp, his language terse, and personal pronouns were used most sparingly. He commenced somewhat in this fashion : " Mr. President,—Much obliged to the gentleman from the city. Long distance for him to come to show us this instrument ; long distance for us out here to send for one. Now, when called to see a child with a cherry or any other kind of stone, or a pea, or a bean, or a bead, or a button in his nose, not going to send all the way to the great city for this instrument, and for Professor to come with it—for that's what it means. Can do without both. Wherever there's a boy with something in his nose

that has no business to be there, there is sure to be a woman in the neighborhood, and wherever there's a woman there's sure to be a hairpin. Now, with the boy and his nose and something in it and the woman and her hairpin and a live doctor and his jack-knife, nothing more is wanted. With the jack-knife half open, bend the double end, coax this bent end along the roof of the nose, raise the wrist a little, and withdraw with the bent end well down, and if one of the child's toys is there it's sure to come. Wouldn't give that instrument (he had made one while addressing us) for the instrument of the gentleman from the great city, and it don't cost as much money. There's not enough of *that* in the backwoods for the Professor. "

To return from this digression. Although allusion has been freely made to the primitive manner in which surgery is sometimes practised in Canada, it would be an error to conclude that such is by any means its general state. In the larger Canadian cities, surgery, in every department, is pretty much what it is in the more favored centres of Europe. There is, with us, as much refinement in diagnosis ; as much dexterity and courage in performing surgical operations ; and as much nicety in the technique. All the cavities of the body—brain, chest, and abdomen—have been explored, and the diseased organs operated upon. Canada follows Europe closely, very closely, in all her work. She has had the boldness—may she be pardoned ! to precede Europe in some departments of surgery. The tongue and lower jaw were first removed together in Canada ; the innominate and the gluteal arteries were first ligatured there ; and the credit of the first nephrectomy, which writers give so generally to Germany, belongs also to that country. But why should Canada be in any way behind ? The better classes of her students, not content with receiving instruction in their own medical

schools, pass one, two, and sometimes many years in Europe before commencing the practice of their profession in Canada. London, Dublin, Edinburgh, Paris, Vienna, Berlin are never without a contingent of young Canadian graduates, and, as you well know, many of our medical practitioners periodically visit Europe to add to their stock of acquirements and to renew the zest and relish of professional labor.

The medical schools of the country are modelled after your own. Their reputation for honest work is not unknown to you. The curriculum of medical studies is uniform and uniformly thorough.

In our universities, while the Chancellor is invested with jurisdiction over the members of the university, he has not the power to confer degrees in course upon anyone whose name is not furnished to him by one of the Faculties. Degrees in medicine are conferred upon certificate of the Dean or Master of the Faculty, stating that the candidate has been examined and found to be qualified.

In this respect our universities—Protestant as well as Catholic—are formed much on the model of the ancient University of Dublin, for which Clement V. gave a brief in the beginning of the fourteenth century. In all our medical schools clinical instruction holds a most important place. Hospitals are numerous, and the material at the disposal of the teacher is abundant.

The erection of hospitals has in later years been, with us, the work of individual effort and of private subscription. Hospitals are met with in all large cities in Canada, and sometimes even in the smaller towns. The last hospital erected in Montreal—the Victoria—is the munificent gift of two of her citizens. The first hospital—the Hotel Dieu—is the outcome of female love and heroism. The history of the latter is so strange, so unique, that I may be pardoned if I allude to it at length. When Jacques Cartier returned to France,

after his discovery of Canada, the news of his exploit travelled over France as quickly as was then possible. A French girl, described as young and beautiful, became impressed with the thought that the newly-found country should be the scene of her labors. She succeeded after a time in fitting out a small barque, with money furnished by a Madame Bullion, and, with twelve sailors, crossed the Atlantic in the spring of 1641. The sea voyage to Quebec occupied three months—it can now be accomplished in one-fifteenth of that time. The journey from Quebec to Montreal by the St. Lawrence, which can now be performed in a night, then occupied eight days. Miss Mance's barque came to anchor at a projecting point off the island of Montreal, then called Hochelaga. Hochelaga was, at that time, the *chef-lieu* of the war-like Hurons. They looked with amazement at the advent of pale-faced men and one pale-faced woman—for she was alone of her sex. They soon recovered from their surprise, however, and it was necessary for the colonists to throw up for their protection, as quickly as possible, wooden palisades on the land or rear approach; the big canoe, as the barque was styled, was a sufficiently imposing defence in front. If a colonist ventured beyond the palisades to gather fruit or berries, or to cut wood, he ran the risk of being pierced with arrows. Half of the first colonists perished in this manner, and Miss Mance was obliged to return to France in 1649, bringing back with her other recruits; and again in 1658, leaving France with twenty male and female recruits, half of whom died on the voyage of a form of plague. In their attacks on this small force some of the red men were wounded in return, and, when deserted by their comrades, they were brought within the palisades to what they and their tribe considered certain death—according to their own custom in warfare. They soon found the hospital to be a place of

woman's tenderest solicitude. When the red man's wounds were healed, a repast of dog's meat was prepared for him, and he was permitted to rejoin his tribe to tell what the pale faced maiden had done for him. It need not surprise us to be told that in the presence of such devotion the warlike Huron soon forgot his ferocity.

A few years later it was necessary for the small colony to move a few hundred yards inland. Word went throughout the Huron camp, and, before the hour of departure the aborigines had strewn the ground with leaves and the branches of trees and with wild flowers, saying the earth was not fit to receive the tread of these women. In this way our first hospital was established, and in this way the light of Christianity was brought to the island of Montreal. Here is how the hospital has been sustained. Miss Mance had obtained from the French king a deed of gift in perpetuity of the small piece of land where she had landed, which, at that time, was valueless. It became, however, in the course of years the centre of the village of Montreal, and eventually the commercial city clustered around it. A century and a third ago, when Canada passed from the rule of France to that of Great Britain, respect was paid by the conqueror to the rights originally conferred by the French king, and the hospital which at first had but the aborigines for inmates continued to receive within its walls, as colonization went on, persons of every succeeding nationality. For upwards of a hundred and fifty years after its foundation it, alone, afforded asylum to the sick and wounded of Montreal and westward. How many from these shores, when sick and disabled, have there received maternal care! How many of your children, in that then far-off land, had the pillow of death smoothed for them there, and without fee or pecuniary reward! And the same continues to this day; for

the property preserved to those religious ladies by a wise conqueror has, without municipal aid or Governmental patronage, but with economy, sufficed for the wants of the institution.

Between the foundation of this, our first, and the Victoria our last, hospitals, other hospitals have been erected—chiefly the Montreal General Hospital, the Western, and the Notre Dame; and all that generosity on the part of the public, and zeal, and ability on the part of the staff, can effect, are prodigally bestowed. Hospitals, some of them on a large scale, are now met with from the city of Quebec, where the oldest in Canada exist, to Manitoba the most recent.

In my desire to place before you—and the occasion is so rare—a sketch of what relates to professional life in your greatest colony, I fear I am being beguiled beyond the reasonable and the considerate. I shall turn, and for a few moments, to that in which you in the Old World, and we in the New, have a common interest—the division of professional work. I should much wish to follow the various workers in their recent labors, and to include in general propositions the special work in which they are severally engaged. But the past few years have been so fruitful in bold and daring enterprise; surgery, both in its conservative and in its operative aspects, has made such amazing strides, that the task would be beyond the powers of anyone, even if time permitted. Yet the crude impressions of one *ultra mare* may, possibly, not be without interest to you.

There was a time, not yet in the far past, when the human body, in its entirety, came within the scope and purview of the medical practitioner. As the knowledge of cause and effect in medicine became more fully understood; as facts were multiplied and methodically arranged; as the art of healing became so fully devel-

oped as almost to permit it to substitute its precepts, and rules, and directions for those principles which are fundamental, and which belong alone to science; and especially, when morbid anatomy opened a new and practically inexhaustible field of inquiry, many men gave themselves up, almost exclusively, to a particular branch or section of medical knowledge, and pursued it with such zeal and ardor—not always, perhaps for the sake of knowledge, but sometimes (let us hope not often) for the sake of its productive application—that to synthesize and unite again under a common head parts which had been segregated now seems to be almost impossible, even were it advisable, and for two chief reasons:—

1. When, in our profession, men of energy devote themselves to any branch of knowledge, and apply their minds thereto with continued attention, they cease to realize that, beyond and around them, there are other branches of our art which are of the same origin, which partake of the same nature, and which cannot be divorced from each other without mutual injury.

2. Although reputed pre-eminence in one department of surgery is admittedly a hindrance to advancement in any other department of the same art; and although pre-eminence narrows the horizon around the worker, and limits the scope and extent of his work; the one so cribbed and confined within those narrow limits, and who obtains pre-eminence within those limits, was distinction and success more surely and more easily than one not so restricted. "The very narrowness of a man's claims," says a classical writer, "by making them definite and appreciable, is an advantage. The advantage lies in doing a thing which has a name, an appreciable name, and the narrower is the art the more appreciable are the degrees of merit in that art." One so restricted, pro-

vided he excel in his narrow sphere, "will find himself a privileged man in comparison with the philosopher, or the very largest and amplest intellect that ever nature endowed or education expanded."

Now-a-days it is difficult for men, even of superior intellect and of liberal knowledge, to avoid being drifted away into one or other of the narrow rivulets leading from or flowing out of the general mainstream of surgery, and becoming so absorbed in the pursuit of partial truth as not to perceive that it is wanting in many parts; that it is incomplete, unfinished and defective, and can only obtain wholeness when facts are arranged, and when phenomena, however distinct they may appear to be, are brought under a common law. No separate department of surgery, when isolated from its surroundings for the purpose of inquiry, can of itself become an art. I cannot emphasize this too strongly. It is only when the mode of reticulation of a part with parts around it is understood, that any particular or special object of pursuit in surgery can hope to be dignified with that name. Each part, each division, each subdivision—in a word, each specialty—is as the separate clauses in a sentence, which are essentially "architectural parts, aiding, relieving, supporting each other." As an illustration, let me take, for a moment, the real or fancied disturbances of the functions of certain organs often considered to be the most important of all the organs, compared to which, in the minds of some, the rest of the body (female, I mean) is a mere appendage. In many places men have been bold, and in some places—notably in America—even reckless, in taking liberties with them, removing them, sometimes, as if they were of themselves particular or distinct entities, unconnected with, or uncontrolled by, and having little relation to, a thinking faculty of mind which readily receives impressions, which is easily affect-

ed by sensations, and which is quickly disturbed by emotions and passions. Has not quackery gained, has not poor woman lost, and has not our profession suffered in honor and dignity, by the refusal or neglect of the surgeon to seek for parallelisms and comparisons in other departments of the art? or perhaps, as it sometimes happens with uninformed minds, by the inability to consider any question by a process of mental abstraction, without which science—that is to say, knowledge of laws and principles and the interdependence of truths—does not exist.

Is it not the tendency of many other departments or segments of our art to take a part for the whole, and to give to that part a width, an extent, to dwarf into littleness the limit or exterior line of all other departments? Gentlemen: The exclusion of what is cognate diminishes the value of what is accepted in direct ratio to the value of what is excluded. As the process of analysis has gone on till we can scarcely expect to see it greatly extended, it may occur, it has occurred, to many to ask: Is it not time to hark back upon our course, and to see if—in the interest of the public as well as of our art—a more general synthetizing is not desirable, when the approximation of parts which have been divided, and which have been recently kept so much asunder, should not be aimed at?

As long ago as the second decade of the present century, honest John Abernethy, in his remarkably practical essay on the Constitutional Origin and Treatment of Local Diseases, said an evil seemed to him to have arisen from the artificial division of the healing art into the medical and surgical departments. "This division," says he, "has caused the attention of the physician and the surgeon to be too exclusively directed to these diseases, which custom has arbitrarily allotted to their care." But medicine, then, was one, and

surgery was one. What would Abernethy say to-day, when each section of the human body is apportioned and allotted, and when, paradoxical as it may seem, each part is considered to be greater than the whole?

Whether such specialization is a mixed or an unmixed good—and I shall not stop to discuss the question—it is the fact that the art of surgery is becoming more and still more divided into an ever-increasing number of special or particular branches of study or pursuit, each branch having its respective province or domain, which, it cannot be denied, is sometimes kept more distinct by an exaggerated estimate of its importance. Yet each must ever remain cognate to, and in close relationship with, every other department of the art, for there are no limits or boundaries to those various departments, and a seemingly intimate acquaintance with one, and a total nescience of others, are crass ignorance of all, for "all are but parts of one stupendous whole," as the poet puts it.

I hope this will not be understood, by anyone, as an expression of a desire to interfere with the pursuit of any particular course, however narrow it may appear to some, however vast to others. My desire is to *extend* the horizon of each, not to narrow it, by showing that all branches of our art are cognate to each other. So long as there is division of labor, there must, indeed, be division of thought; but the narrow limits and boundaries which it is sought to establish must ever be prejudicial. Part is intimately connected with part, and a full knowledge of the functions of any part, and of its derangements, can be had only by those who have a general knowledge of the disposition and arrangement of other parts, and their countless and never-ending relations to one another in that wonderfully-constructed whole—this body which we inhabit.

In view of what has been said, I am im-

pelled to ask: Has the candidate for admission to the study of surgery that mental outfit which would enable him to weigh well the facts and circumstances as they will be presented to him in professional life? Or is it not too frequently the case that his memory has been loaded—overloaded—with material for the most part ill-digested, but with a minimum of knowledge worthy to be called liberal; and perhaps, withal, with an almost total lack of the power of logical inference which is, as it were, the compass which guides the reason amid the treacherous currents of error to the truth? Memory, however retentive, and stored with facts however great in number, never, alone, in our profession raised its possessor above mediocrity and maintained him there, save when the science of causes and principles was understood, and when philosophy could be invoked wherewith to analyse facts and to place them in relation to other facts which an irrational eye could not see, and which the unphilosophic mind could not understand. Of course I speak not, here, of genius, which is trammelled by no law save that which belongs to genius.

Never, perhaps, in the history of surgery has the necessity been greater than it is at present to furnish those who are to devote themselves to a cultivation of the art with an adequate mental outfit, to enable them to decide what surgical ailments are from their relations to other phenomena, and to recognize the “consent of the whole constitution with its parts and parts with other parts which may appear to be remote, but which can never be considered quite separately and without reference to an unfailling sympathy—continuous, contiguous, or remote.” Accompanying each part or section of the art in its remotest, most intimate penetration, the facts there gathered, the phenomena there observed, are but segments or fragments of greater parts—of larger phenomena—which the logical mind

alone can fairly interpret; for it, alone, can apprehend those facts and phenomena in their various bearings and relations, in their “strong connections, nice dependencies.”

It is urged by those who know not, or who value but little, the advantages which a liberal education confers on its possessor, that it is remote from the use and tenor—the needs and occupations of life—and can be well dispensed with; that its utility is not apparent; that its profitableness is questionable. Looking at the question from a mere financial aspect—and that aspect obtrudes itself nowadays into every question—it may be admitted that a liberal education may be fruitless in money-getting; it may be inconvenient at times, when men wish to be untrammelled in their interpretation of the duties of life, or may wish to act without reference to any standard of efficiency, or even of dignity. Such, however, can never be the point of view of the members of a profession which, though perhaps somewhat fallen from its high estate in these days of tradesmanlike arts, still claims to be considered “liberal.”

Physicians and surgeons have, in every country and in every age, been amongst the most learned and the best informed. To-day the difficulty of preserving that distinction is greater than it formerly was. Education, at one time the privilege of the few, is now the possession of the many; and while the separation of professions and the division of labor tend to the perfection of art, according to Dr. Copleston, the same learned authority adds: “But, although the art itself is advanced by this concentration of mind in its service, the individual who is confined to it goes back.” Is not the conviction sometimes forced upon us that he was right?

It may seem strange to some of you that, coming from a country where schools are thought to be sparsely established and

schoolmasters not always easily procured, I should not wish to have the status of classical education lowered. On the contrary, we in Canada would say to you in Europe: Elevate the standard of classical attainments, and we raise it with you. Require from aspirants to professional honors that most extensive and varied knowledge which, for want of a better term we call liberal, and we, too, shall demand it. (And here, let me say, I mean by the term liberal knowledge, not classical alone, but something more than classical, though never without it.) Acting independently, every few years, as circumstances permit, we demand more and more of candidates who desire admission to the study of medicine. Within the last two months the Legislature of the Province of Quebec has, to English, French, Latin, geography, history, arithmetic, algebra, geometry, *belles lettres*, and physics, added philosophy, which, with us, always embraces logic and mental or moral ethics. This is a step in advance of many countries. As that science of sciences "includes, locates and connects, and uses all kinds and modes of knowledge," it will do much to hold together and keep under control every branch of our noble profession, whose members have, in every age, been amongst the most cultivated, and whose social influence—used commonly for good—it is beyond the power of man to measure.

Correspondence.

DEAR EDITOR,

I thought the following cases might be of sufficient interest to put a place in you valued journal.

Mr. S., aged 59, unmarried; weight about 165 lbs., with large frame; occupation, farmer. Two weeks before being called, or before being taken down seriously, he began having peculiar sharp pains running all through the body, finally directing towards the head. At times, during these two weeks, he would be seized with aphasia, a partial loss of speech, etc., also attacks

of dizziness and blindness. His diary, which he always kept, was very interesting. As his complaint grew worse, he got so that he could not make a single letter, only a continuation of dashes, crosses, etc.

For first few days he was able to write pretty well, perhaps only leaving out a few letters and small words, characterized by crosses, dashes, etc.

Next few days, grew worse, so that large words would be left out, and letters, etc., characterized the same until he could not make a single letter.

This, I may say, with previous symptoms also I did not know until after his recovery.

I was then called, and found my patient rational, pulse normal; but slight fever, temperature 100, and complained of headache, but not severe, also slight aphasia symptoms present; but, knowing him, I thought nothing of that.

I prescribed a mild cathartic, a stomach tonic, and relieved the headache with bromidia, and went home. Next day, I found him somewhat better, continued same treatment. Next day I was called to find him with the hiccoughs. I laid him on his back and pressed clavicle, and they stopped at once. I did not think much of them, and went home; but was called in again at night to find him with them again. I gave him a whiff of chloroform, which stopped them instantly.

They remained quiet until next day, and began again; I then tried the chloroform, but of no use. I then gave valerianate of ammonia, which worked charmingly. It stopped them a couple of times during next twenty-four hours. During this time I was trying to find out the cause of the trouble. I placed a seton on back of neck and gave a good dose of elaterium, suspecting brain difficulty; but, to my sorrow, on returning next day, found him worse—hiccoughs had returned to stay, and assumed a low muttering sound and rather stupid; could not articulate very plainly. In the meantime, he had had a slight shock of hemiplegia, but not natural; next day was better of it.

Not being of a bilious temperament it did not seem possible that it was his liver. Pulse now was about 90.

I noticed his breath was very offensive; but thought perhaps the valerian had a good deal to do with that. I noticed that he was voiding a large quantity of urine.

I then prescribed antifebrin 2 to 3 gr. every two hours to control heart and relieve fever, etc., and arsenite of copper every half hour for four hours, then every two hours for stomach and uræmic difficulty. In four hours the hiccoughs had ceased, heart quieter, and in twenty-four hours a marked improvement, which continued; so I continued the pepsin and bismuth powders right through, but could not see any

results from it. He recovered nicely; but in one month after, he came to me and complained of quite similar stomach trouble and the peculiar feelings coming on again. I prescribed the arsenite of copper again, and he came right up, and has been all right ever since, now over a year.

I might say, prior to this attack, about a month, he was gored by a bull, breaking a couple of ribs and tearing the scrotum open up to Poupart's ligament on left side. It healed very nicely. I left him to remove one stitch himself, which was a silver wire, and he had considerable difficulty in removing it, setting up an irritation, and sharp pains at times for a few days. And then he was seized with a mild attack of traumatic tetanus, which left him with peculiar pains and feelings for a time, then all passed away.

CASE 2.—HEPATIC CALCULI.

Mrs. S., aged 49, invalid seven years, at varied intervals confined to bed. Saw her first about three months ago. Terribly emaciated, temperature $103\frac{1}{2}$, very sallow or jaundiced, and could not retain anything on stomach, with constant fainting attacks.

Her countenance directed me at once to liver. I found it quite normal in size, but gall stones were quite readily detected.

I ordered cracked ice and pepsin and bismuth powders every four hours or oftener, also $\frac{1}{4}$ gr. morphine tablets for paroxysms of pain, if necessary. Next day was able to retain small quantities of a peptonized food and chicken broth. This treatment she pursued for four days and then I prescribed:

Phosphate of soda and liq. arsenicalis every four hours, and a combination of

R Cascar sagrada \mathfrak{z} ij

Glycerinae \mathfrak{z} j

Spts. menth. pip. \mathfrak{z} ss.

Syr. simple ad. \mathfrak{z} iv

Sig. A teaspoonful or more at bed time to move bowels.

These worked charmingly. I continued the pepsin and bismuth powders also. In twelve days she passed fourteen stones, and no track was kept after this. I think they gradually all worked off. She now does her housework, visits, etc. Using her own words, she says she "is as well as any one." I continued this treatment for about three or four weeks.

This was a case where the olive oil could not be used, but my treatment was very simple and quite effective.

H. MALCOLM BUCHANAN, M.D.,
Saint Lawrence, N.J.

An Ontario physician writes to us as follows:—

DEAR DOCTOR LAPHORN SMITH,—If I would not be intruding too much on your valuable time

I would like a few words of advice from you. My position is this: About twenty-four years ago I devoted a good deal of study to medical electricity, in the hope of using it therapeutically. I procured a Kidder faradic battery and a Stohrer galvanic battery of sixteen cells. But I accomplished little or nothing, and had entirely abandoned their use, till I read your paper and that of Dr. Martin, of Chicago, read at the Washington Congress, and published in the Transactions of that body. I procured a Bailey rheostat and milliampere metre, and went to work again, but without much success. In May, 1891, I procured thirty-six Law battery cells, and had previously procured a battery (faradic) from the Galvano-Faradic Manufacturing Company. I also got and studied Dr. Massey's book, second edition. Last summer I failed to relieve two cases of uterine hemorrhage, in one of which a moderate sized tumor was present in the lower and posterior part of the uterus, just above the internal os. I have since read Dr. Wellington Adams' two volumes, and later, Dr. Goelet's new book in two volumes, besides numerous articles in the "Annals of Gynecology," and elsewhere. I now think my failure in the two cases was owing to the smallness of my intra-uterine platinum electrode—this was an inch long and about the size of a No. 10 or 11 catheter—two-thirds size of an ordinary lead pencil. Since learning Dr. Goelet's peculiar views as to the faradic current, I have been looking about for an improved faradic battery, made according to Dr. Goelet's suggestions at a meeting of the American Electro-Therapeutic Association last September, and also in his new book recently published.

I have just received a letter from Waite & Bartlett, of New York, in reply to a letter of enquiry from me, and they offer to make me a coil, without a box or generating cells, after the pattern of the Du Bois Reymond Coil, of No. 36 wire and 6,000 (?) feet long, with fine and slow interruption.

I also had recently a letter from the Chloride of Silver Battery Company, of Baltimore, who manufacture a battery highly spoken of by Dr. Goelet, and illustrated in his book—the one at page 67, vol. 1, and not the cut at page 72—which is an older style of apparatus. They say they were on the point of submitting a new model to Dr. Goelet, and, if approved by him, they would be able to supply it in a few weeks.

Now, I would like to ask you if all this peculiarity of construction is really necessary in a faradic coil. I notice that Massey and Goelet differ *very materially* in regard to the utility and range of the faradic current. I also notice that whereas a year or two ago, writers on this subject laid a good deal of stress on the necessity of having a secondary coil at first withdrawn from the primary and *very gradu-*

ally pushed over it; but now, I understand Dr. Goelet to teach that the *best* effects of the secondary coil can only be obtained when the primary coil is completely covered by the secondary coil. If so, ought not a *stationary* secondary coil do just as well as a movable one, provided a rheostat is used to ensure a gradual increase and diminution of the current?

I have several times perused your little brochure, "A year's experience," etc., and it appeared to me singular that after the eulogiums you had passed on the faradic current as a tonic to uterine muscular tissue, etc., you said *not a word* about the faradic current in this summary of a year's experience. I was on the point of referring to this in a letter to you at the time; but I did not wish to be troublesome, and so put it off. However, if information is to be got it must be sought for, and this is why I am now intruding on you at such length.

I would like to know: Do you still value the faradic current as highly as in the fall of 1887? From your experience, who is right, Massey or Goelet; and what kind of faradic apparatus would you advise me to buy? Believe me, I am writing to you in good faith, and your reply, if you so favor me, is for myself alone, and for my own guidance in a matter I find a difficulty in deciding for myself. Trusting you will pardon this liberty. Yours truly &c.

Answer.—This letter was not intended for publication, but I have obtained permission from the writer to publish it. As I receive a great many letters asking for similar information, I will in future answer them through the columns of this Journal where all letters on medical topics from our subscribers or readers will always be welcome. My correspondent, rightly I think, attributes his failure in the above cases to arrest hemorrhage to the small size and consequent small strength of current that the patient could endure. He does not state what current strength he employed, but I have never failed to arrest hemorrhage when I was able to employ a strength of 150 milliamperes. A few times I have had to give a little anæsthetic in order to make it endurable. If the intolerance depends on the burning of the skin of the abdomen, the abdominal electrode must also be made larger. Where the presence of a polypus is suspected, it is much easier to dilate the os with Goodell's Rapid Dilator, under antiseptic precautions, and explore with the finger, and if a polypus be found, to remove it with the scissors or écraseur wire. I have recently removed several in this way, with the result of immediately arresting the hemorrhage.

With regard to his second question as to a good faradic apparatus, see answer to Dr. Darragh below. The Galvanic Battery Co. of Toronto supplies a good enough fine wire for the general practitioner for \$15.00. Mr. Chapman, of Montreal, supplies one of Garffe's for

about \$25.00, which is a little better. But the longer the fine wire coil the better the results in curing pain. Even with Gaiffe's fine wire coils of 600 yards, I have cured many cases of pain in the pelvis, which had been condemned to the knife. Only specialists would be warranted in purchasing any more powerful pain-killing faradic machine than Gaiffe. The Bell Telephone Co. of Montreal has made one for me with 4,500 feet of No. 36 wire, costing \$50.00. In reply to the next question, concerning Dr. Goelet's views as to the rheostat for the faradic apparatus, I can assure our correspondent that it is not necessary. I purchased one and find it very useful, as by means of it I can give very bad cases enormous doses of fine wire faradism. I have connected six Law cells in series of tension, then weakened the current down with Goelet's faradic rheostat, so that it would barely run the machine. Then I introduced the vaginal bipolar electrode, and gradually pushed on the secondary coil until it was all on; then I have turned on the rheostat until the whole six cells were on, and by that time the pelvis was completely anæsthetized, so that I could have cut into it by the vagina, without the patient feeling it. The anæsthesia lasts from 4 to 24 or 48 hours, and longer after each application. But during four years I got along very well without Goelet's valuable improvement, and my correspondent would do the same. This brings me to the fourth question: "Why did I say nothing about fine wire faradism in my paper, 'A Year's Experience with Apostoli's Method?'" Simply because Apostoli's method only includes, properly speaking, the continuous current applied in exact doses to the inside of the uterus. In another article entitled, "Fine wire Faradism in Gynæcology," read before the New York Academy of Medicine, and published in the *Philadelphia Medical News*, 25th January, 1890, I went into the merits of bipolar faradism very fully. I am still using the faradic current and value it more highly than ever.—EDITOR CANADA MEDICAL RECORD.

WHAT KIND OF BATTERY TO PURCHASE.

DR. R. J. DARRAGH, of Portsmouth, Ont., writes as follows:—"What kind or make of electric battery would you recommend a beginner, who has no practical knowledge of electricity, to purchase to use in the practice of medicine? I have read of so many cases being benefited by it, that I am anxious to try it on some cases I now have, among others one of prolapsus uteri, who, I think, would be benefited by it. Do you think a novice would be able to use it, or would it be necessary that I should have instruction first? Any information or advice would be gratefully received."

Answer.—The Galvanic Battery Works, 145 Wellington street East, Toronto, manufactures a faradic battery for fifteen dollars which is specially suitable for the general practitioner. It can be run in the office with two Leclanche cells, and at the bedside with a small French cell, in which bisulphate of mercury furnishes the acid. The secondary coil is reversible, so that you can make it either a coarse or a fine wire current. The coarse wire current with slow interruptions is useful in every disease characterized by atony or want of tone, or deficient contractility of muscle; while the fine wire coil is valuable as a sedative to irritable or painful nerves. Thus constipation and all kinds of displacement, as well as subinvolution of the uterus are benefited by the tonic coarse wire current, while ovarian neuralgia and congestion, and even salpingitis are immediately relieved by the fine wire current. A novice could soon learn to use it by studying some work on the subject, such as Goelet's book on "Electricity in Gynæcology," published by Davis, of Detroit, for fifty cents; or various monographs by Dr. Laphorn Smith, which have appeared on the subject in the *American Journal of Obstetrics*, and the *Philadelphia Medical News*. We might add that the fine wire current affords immediate relief, not cure, to the pains of acute or chronic rheumatism.—EDITOR C.M.R.

Progress of Science.

BENZOSOL AS A SUBSTITUTE FOR CREOSOTE.

To some tuberculous patients the odor and taste of creosote are extremely unpleasant, and in some the administration of the remedy in suitable doses gives rise to impairment of appetite and derangement of digestion. Guaiacol, the active constituent of creosote, is open to similar objections. The most recent substitute proposed consists of a combination of guaiacol and benzoic acid (the proportions are not stated), designated benzosol. Hughes (*Deutsche med. Wochenschr.*, 1891, No. 53, p. 1435) has employed benzosol in a series of twenty cases of pulmonary tuberculosis, with highly gratifying results. Appetite returned, cough diminished, the subjective condition improved, and there was increase in weight. Benzosol is a white powder that may be administered thrice daily, after meals, in doses of three grains, made into troches, with the addition of a twelfth of a minim or more of oil peppermint. For a week, three troches may be given daily; then for three weeks, six troches daily; for the next week, three troches daily; in the sixth week the administration is intermitted, to be recommenced in the seventh.—*Med. and Sur. Reporter*.

LAMB'S SERUM IN SYPHILIS.

TOMMASOLI has conceived the idea of treating cases of syphilis in its secondary stage by intra muscular injections of lamb's serum (*Gazz. d. Osp.*, March 5th, 1892). The serum was separated simply by allowing the blood to stand for twenty-four hours on ice, the amount used for each injection being not less than 2 c.c., and not more than 8 c.c. The treatment was applied in six cases, five of which presented various cutaneous manifestations, and the sixth had in addition a periostitis of the left external malleolus. The number of injections was in all sixty-four, each receiving at least three, and one thirteen injections. The operation was followed by a slight rise of temperature, and a circumscribed painful induration at the point of injection. The amount and duration of this local inconvenience varied in different patients, but was only in one case (the sixth) so severe as to preclude further treatment. As the apparent result, the author states that the secondary eruptions rapidly and completely disappeared. He is continuing his observations, and promises a further communication on the subject, sufficient time not having yet elapsed to show whether the cures are real or apparent. *British Medical Journal*.

ATTENUATION OF THE TUBERCLE BACILLUS.

GRAMATSCHIKOFF (*Centralbl. f. allgem Pathologie*, Band ii, No. 25) describes a new method by which the tubercle bacillus may be attenuated. Having inoculated 33 fowls with human tubercle bacilli without any positive results, clinical or pathological—at the most only local tuberculosis occurred—he next sought to ascertain what alterations these bacilli undergo and how long their virulence is retained in the organism of the fowl. With this object pure cultivations, enclosed in parchment, animal membranes, and glass tubes closed by permeable membranes were introduced into the peritoneal cavities of fowls. After periods varying in duration, the inoculated material was withdrawn, sown upon glycerine agar, and also placed within the eyes of rabbits. In this way bacilli of diminished virulence were obtained, the degree of diminution being dependent upon the length of stay in the fowl's body. Some were still capable of producing general tuberculosis; the course of the disease, however, was slow in comparison with that observed in control animals, in which the tuberculosis had resulted from inoculation with bacilli of the same generation as those attenuated in virulence. These latter, in others instances, produced only local disease, which healed of itself. *British Medical Journal*.

THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

*Subscription Price, \$2.00 per annum in advance. Single Copies, 20 cts.***EDITORS :****A. LAPHORN SMITH, B.A., M.D., M.R.C.S., Eng., F.O.S.,**
London.**F. WAYLAND CAMPBELL, M.A., M.D., L.R.C.P.,** London.**ASSISTANT EDITOR****ROLLO CAMPBELL, C.M., M.D.**

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Writers of original communications desiring reprints can have them at a trifling cost, by notifying JOHN LOVELL & SON, immediately on the acceptance of their article by the Editor.

MONTREAL, AUGUST, 1892.**THE DOCTOR'S HOLIDAY.**

We are glad to see that many of our subscribers have already taken more or less of a holiday. We can almost recognize in the city those who have and those who have not, as we pass them on the street, by the bright and eager expression of those who have had a brief rest from the mental fatigue of the doctor's anxious life. In the case of the doctor perhaps more than of the members of any other profession, the time-worn adage "All work and no play makes Jack a dull boy" holds true. The doctor's brain, including the machinery for feeding it and carrying it about, is his only capital, and it behooves him as well as any other wise man not to impair it in any way. Unless he takes a holiday, the busy doctor has to work at high pressure for three hundred and sixty-five days in a year; he has no Sabbath day of rest; and he seldom can obtain a regular allowance of eight or nine hours of undisturbed sleep. What wonder, therefore, that so few doctors reach the allotted life of three-score years and ten. Every now and then one of the most brilliant stars of the profession is extinguished in the very zenith

of his fame and usefulness, while others are lost to the profession and to suffering humanity by failure of the mind or body necessitating their confinement to the mad house or to a bed of sickness. To a certain extent, the experienced physician or surgeon belongs to the profession and the public, and he has no right to die early even if he wanted to do so. His experience has been purchased at the price of many a human life, and should be carefully preserved so as to be available for the saving of human life and suffering. So that the busier and more experienced the physician becomes the less right has he to risk his own life and intellect by denying himself a holiday. There are two degrees of holiday taking: the partial and the complete. The first consists in giving up or laying aside for a time the personal responsibility of attending his own patients, and in visiting other cities and other doctors, and in observing how the latter treat their cases. The partial holiday also includes attending meetings of provincial, state or national medical societies, and in reading papers and taking part in discussions at them. This kind of holiday is of some value, because there is a change of scene, and the responsibility of diagnosis and treatment does not rest on the writer's shoulders. At the same time his stock of knowledge is considerably added to by watching the progress of the science developed by other men in other lands. But the value of this kind of holiday is not to be compared with that of a complete holiday, which consists in forgetting for the time that one is a doctor and of course that one has left a lot of patients behind him. To derive the full benefit of a holiday, there must be a complete change of occupation, mental as well as physical. Camping out, tramping through the woods, or rowing over the lakes and streams, fishing and shooting, especially in the company of laymen in preference to that of medical

men, are the most beneficial methods of investing in a holiday. "Talking shop" must be rigorously tabooed. From a month of such a holiday, one returns to work with a clear and active brain and a strong and healthy body. To those of our readers who have been busy during the past year, and we know that most of them have been so, we cannot too strongly say, be sure to take a holiday. Even if a few of your patients go to some one else in your absence, you are pretty sure to get them back when you return, for they will soon cease consulting the man who did not take a holiday, and who will consequently be too tired to listen to his patient's wearying tales of woe. The only doctors who can be excused for taking a holiday are the young ones who have not been long enough in practice to have as yet had any work to do.

BOOK NOTICES.

THE DISEASES OF THE STOMACH, by Dr. C. A. Ewald; extraordinary professor of Medicine at the University of Berlin, Director of the Augusta hospital, etc.; authorized translation from the second German Edition, with special additions by the author; By Morris Manges, A.M., M.D.; attending physician to Outdoor Department, Mount Sinai Hospital, New York city, etc.; with thirty illustrations; New York, D. Appleton & Company, 1892; Canada, G. N. Morang, 170 Yonge, Toronto.

This elegant volume of five hundred pages fully maintains the high standard of the book maker's art always maintained by the Appletons. They never publish anything that is not well worth publishing, and when they undertake a work their name is a guarantee that it will be a luxury to read it. Among the finest chapters are the ones on ulcer of the stomach and on cancer of the stomach. The chapter on examination of the stomach and on nervous disorders of the stomach are also very fine. In fact, we do not remember ever having seen a more complete work on the single subject of disorders of the stomach; Professor Ewald is certainly a master of the subject. Great praise is also due to the translator for his easy and polished rendering of the author's German. Disorders of digestion are so common in Canada that it would be well worth while for those

of our readers who have many such cases to make a special study of them by the aid of the special volume. Looking at the book from a practical standpoint, however, we must confess that we are greatly disappointed to find in the index at least no reference to tea, tobacco and icewater among the causes of disorders of digestion. Our own experience tells us most emphatically that these are very important factors in causing dyspepsia, and that dyspepsia is a common cause of gastric ulcer, and that gastric ulcer sometimes terminates in epithelioma. On the other hand, we are pleased to see that the author attaches very little importance to heredity as cause of cancer of the stomach. A better idea of the contents may be obtained by glancing at the following table of subjects.

LECTURE I. METHODS OF EXAMINATION. Determination of the Acidity and Acids of the Contents of the Stomach.

LECTURE II. METHODS OF EXAMINATION (*continued*). Determination of the Digestion of Albumen and Starch. Absorption and Motility. The Technique of the Examination of the Stomach.

LECTURE III. The Stenoses and Strictures of the Cardiac Orifice of the Stomach.

LECTURE IV. THE STENOSES AND STRICTURES OF THE PYLORUS. Megastria and Gastrectasia. Dilatation of the Stomach.

LECTURE V. CANCER OF THE STOMACH.

LECTURE VI. ULCER OF THE STOMACH. Ulcus Pepticum seu Rodens.

LECTURE VII. THE INFLAMMATION OF THE COATS OF THE STOMACH. Gastritis Glandularis Acuta, Idiopathica et Sympathica. Gastritis Phlegmonosa, Purulenta—Gastritis Toxicæ.

LECTURE VIII. GASTRITIS GLANDULARIS CHRONICA. Chronic Catarrh of Stomach. Atrophy of the Stomach.

LECTURE IX. THE NEUROSES OF THE STOMACH. The Physiological Relations of the Stomach.

LECTURE X. THE NEUROSES OF THE STOMACH (*continued*).

LECTURE XI. THE NEUROSES OF THE STOMACH (*continued*).

LECTURE XII. THE CORRELATION OF THE DISEASES OF THE STOMACH TO THOSE OF OTHER ORGANS. The Practical Value of the Modern Chemical Tests.

A NEW PRONOUNCING DICTIONARY OF MEDICINE. Being a voluminous and exhaustive Hand-Book of medical and scientific terminology, with phonetic pronunciation, accentuation, etymology, etc., by John M. Keating, M.D., LL.D., Fellow of the College of Physicians of Philadelphia; Vice-President of the American Pædiatric So-

ciety; ex-President of the Association of Life-Insurance Medical Directors; formerly visiting obstetrician to the Philadelphia Hospital (Blockley), and lecturer on the diseases of women and children; consulting physician for the diseases of women, St. Agnes' Hospital, Philadelphia; gynecologist to St. Joseph's Hospital, Philadelphia; editor "Cyclopædia of the Diseases of Children," etc.; and Henry Hamilton, author of "A New Translation of Virgil's Æneid into English Rhyme;" co-author of "Saunders' Medical Lexicon," etc. With the collaboration of J. Chalmers Dacosta, M.D., and Frederick A. Packard, M.D. With an appendix containing important tables of bacilli, micrococci, leucomaines, ptomaines; drugs and materials used in antiseptic surgery; poisons and their antidotes; weights and measures; thermometric scales; new officinal and unofficinal drugs, etc., etc. Philadelphia: W. B. Saunders, 913 Walnut Street. 1892. Price: \$5.00 Cloth, \$6.00 Sheep, *net*.

It is now nearly ten years since the publication of Quain's classical medical dictionary. Many of these new words are quite familiar to the specialists in the particular department in which they are used, but are naturally incomprehensible to the practitioner, who in the course of his general reading meets with them for the first time. A modern dictionary thoroughly up to date is therefore a very necessary addition to the medical library. We have no hesitation in recommending Keatings for the purpose. We have tested it by taking a number of the latest medical technical terms at random, and without once being disappointed in finding the word in its proper place. The strong points of excellence, however, are the pronunciation and the derivation of each word. At the end of the volume there is an excellent appendix by Dr. Packard of Philadelphia, giving a complete list of bacteria, new drugs, poisons, antidotes, incompatibles, test and preserving fluids, etc.

We might also call especial attention to the clear readable type and fine quality of the paper, as well as the handsome binding.

GUIDE PRATIQUE pour le traitement des maladies de l'oreille, par le Dr. J. Baratoux, Professeur libre d'otologie, de rhinologie et de laryngologie, Paris. Société d'Éditions Scientifiques, Place de l'École-de-Médecine, 4, Rue Antoine-Dubois, 4; 1892.

This book is a handy little volume of 130 pages, written for the purpose of popularizing the more important notions concerning the care of this delicate organ, and of correcting many serious popular errors concerning its disorders. It is sufficiently explicit, however, to be of use to the student and even to the general practitioner.

BRAITHWAITE'S RETROSPECT OF PRACTICAL MEDICINE AND SURGERY, New York, G. P. Putnam's Sons, 27 West 23rd Street. Price \$2.50 a year in advance.

As this is the one hundred and fifth volume of this standard publication it is unnecessary to say very much in its praise. It is published half-yearly in Jan. and July, and contains the principal articles which have appeared in England and America on the various branches of medicine and surgery. It is divided into two parts: one giving articles by such men as Hutchison, Duckworth, Samson, Lucas, etc., in full; and the second part giving a great many synopses of other articles, which deserve notice but which are too long to print in full. Anyone who has once taken Braithwaite is generally unwilling to do without it. It may be ordered from Dawson Bros., Montreal.

LE BACTERIUM COLI COMMUNE SON ROLE DANS LA PATHOLOGIE PAR LE DR. MAXIME MACAIGNE. From the researches of Escherich, Baginsky, de Larnelle, Roux and others it is known that the Bacterium Coli is not only a saprophyte, but that it is also capable of acquiring, under certain circumstances, pathogenic properties. When first described by Escherich, it was considered a saprophyte and nothing more, and it was not until 1889, after the publication of the researches of Zuel, de Larnelle and Roux that bacteriologists came to regard the organism as being concerned in the causation of certain pathological lesions. We now know that it is a factor in causing enteritis, peritonitis, suppurative cholangitis meningitis and other lesions. The part played by the Bacterium Coli is therefore an important one, all the more important when one considers how widely distributed it is.

The book before us is an able monograph on the facts hitherto published concerning this interesting micro-organism. But Dr. Macaigne's work is not a mere essay. His original researches have enabled him to confirm or refute the views advanced by other writers on the subject. Thus he differs from Escherich in thinking that the Bacterium Coli from a normal intestine and in the absence of diarrhoea is non-pathogenic, and considers it a simple saprophyte. But the author does not attempt to explain why diarrhoea, even when induced by a purgative, causes the Bacterium Coli, an organism which he thinks normally in offensive, to acquire virulent properties.

The chapter on the morphology of the Bacterium Coli is well written and up to date. Allusion is made here to the presence of cilia recently (1892) demonstrated by Klemensievics, and to the contractions of which the mobility of the organism is probably due.

The bacteriological diagnosis of the Bacte-

rium Coli from some of the organisms allied to it is ably dealt with, and special attention is paid to the distinctive features of the Bacterium Coli and the Typhoid Bacillus. We know that in spite of the many analogies between the Bacterium Coli and the Typhoid Bacillus, the fact that the latter does not cause milk sugar to ferment, whereas the former does, is a sure means of enabling one to distinguish between them.

Dr. Macaigne considers at some length the lesions caused by the Bacterium Coli Commune and what he says on the subject is worthy of careful perusal.

A. A. B.

BACTERIOLOGICAL DIAGNOSIS. BY JAMES EISENBERG, M.D., Vienna. Translated by Norval H Peirce, M.D., Chicago. F. A. Davis, 1231 Filbert St, Phila., Pa. V mo. \$1.50 nett.

This is a book of 180 pages, giving tabulated descriptions of 138 of the best differentiated bacteria and fungi, each page being devoted to one organism, the characteristic points of which are noted in a table which is more or less uniformly adopted throughout, and is intended to aid the investigator in the laboratory in this diagnosis. The classification adopted is a purely arbitrary one, being based upon the physiological and pathological action without reference to form. The arrangement comes far short of a key such as we have to aid us in classifying a member of the phænogamous group of the vegetable kingdom. After deciding whether the unknown organism is pathogenic or non-pathogenic, and whether it liquifies gelatine or not in the latter, and from outside the body in the former case, each member of the few groups indicated having a similar form to the organism we are endeavoring to place, would have to be scanned over until we found a description to correspond. We think it would have improved the arrangement if in those groups organisms having similar anatomical appearance had been placed together instead of being mixed up promiscuously.

It is, however, the best book for ready reference yet published, and will doubtless be appreciated by workers in this vast field as a valuable aid in facilitating their investigations. A slight drawback to the translation is the fact that it is not from the last Austrian edition, but from the second or previous one.

A TREATISE ON BRIGHT'S DISEASE OF THE KIDNEYS, its Pathology, Diagnosis and Treatment, with chapters on the anatomy of the kidney, albuminuria and the urinary secretion. By Henry B. Millard, M.A., M.D., Fellow of the Academy of Medicine of

New York, and of the American Academy of Medicine; foreign corresponding member of the Academy of Medicine of Paris; of the Royal Academy of Medicine of Rome; of the Verein Deutscher Aerzte of Prague; of the Société d'Hydrologie Médicale of Paris; honorary member of the Société Anatomique of Paris, etc., etc. With numerous original illustrations. Third Edition, revised and enlarged. New York, William Wood & Company, 1892.

In the preface to the third edition the author says: "The second edition of this work has been exhausted for two years and a half, and I have not found time until now to prepare a third. Since the appearance of the second edition, I have devoted much time to retracing former experiences and adding new, and as a result of prolonged new observation and investigations I have changed many of my former opinions and conclusions, especially with reference to the existence of what is known as 'physiological' or 'normal' albuminuria. Chapter VIII., which treats of this important subject, is entirely re-written.

"Much of this work has been written anew, notably the chapter on tests for albumen, and a great deal of new matter has been added, especially upon the albuminuria of pregnancy, the ocular lesions and mental disturbances attendant upon Bright's disease, the use of anæsthetics in nephritis, the malarial and bacterial origin of nephritis; its curability; upon the dietary, and the use of mineral waters, and the treatment. With reference to the treatment, I believe there is but very little that has been found of use which is not incorporated in this volume. Certain remedies given in the other editions I have omitted, their value not having been shown by my larger experience with them."

The only fault that we can find with this work is that such delicate tests are given for finding albumen that we fear it may be detected in healthy urine. The work is certainly exhaustive on the subject.

DISEASES OF WOMEN. A Manual of Non-Surgical Gynæcology designed especially for the use of students and general practitioners. By F. H. Davenport, M.D., Instructor in Gynæcology Harvard Medical School. Second Edition, revised and enlarged. Duodecimo, 314 pages, 107 illustrations. Cloth, \$1.75. Philadelphia, Lea Brothers & Co., 1892.

Many admirable volumes already exist on the surgical aspects of gynæcology, but scant attention has been paid to the non-surgical treatment of women's diseases, a realm of almost equal extent and importance. Comparatively few practitioners are prepared to perform the

graver gynæcological operations, but all are compelled to deal with the multitudinous ailments of women, and in many instances non-surgical measures are preferable, though neglected by those whose special skill has enlarged the field of operative interference. The present volume deals with nothing which has not stored the actual test of experience, and being concisely and clearly written it conveys a great amount of information in a convenient space. The demand for two editions in less than three years confirms its usefulness.

GUIDE PRATIQUE pour l'Examen des Maladies du Larynx, du Nez et des Oreilles. Par le Dr. J. Baratoux (avec gravures dans le texte et un atlas de 186 figures), Paris. Société d'Éditions Scientifiques, Place de l'École-de-Médecine, 4 Rue Antoine-Dubois, 1892.

This manual has been written for the use of students and practitioners who desire to study diseases of the nose, ears, throat and larynx. It comprises the methods of examination most useful in diagnosing these diseases, and the principal means of treatment employed at the present time in their different branches of medicine. The work is specially rich in drawings, which are freely scattered throughout the text, besides which there is at the end of the volume an atlas of instruments and apparatus recommended in the treatment of these diseases by the leading specialists throughout the world. The type and paper are especially good, and we can altogether recommend the compact manual to those of our readers, of whom there are many, who understand the French language.

DES DIFFÉRENTS TYPES DE MÉTRITES, LEUR TRAITEMENT PAR LE DR. F. JOUIN, Ancien Interne des Hôpitaux de Paris; Secrétaire Annuel de la Société Obstétricale et Gynécologique de Paris, avec une préface de M. Péan, membre de l'Académie de Médecine; Chirurgien de l'Hôpital St-Louis. Paris. Société d'Éditions Scientifiques, Place de l'École-de-Médecine, 4 Rue Antoine-Dubois, 1892.

In the preface by Péan, this distinguished teacher gives great praise to the author for the impartial manner in which he has treated the subject of both diseases of the appendages and diseases of the uterus. While metritis may remain circumscribed and limited for a time, especially in traumatic cases, such as lacerated cervix, it is none the less the result of a microbe, as the author proves it is in gonorrhœal puerperal metritis, and as it probably is in every form of inflammation. Starting with this microbe theory, M. Jouin is naturally led to admit that inflammation of the uterus has a great tendency to spread to the appendages, which

in fact it nearly always does. The practical deduction of this view is that we must hasten to treat inflammation of the uterus from the very beginning if we wish to prevent the disease from spreading to the appendages. We must early repair the perineum and cervix, disinfect gonorrhœal cases, scrape out and wash and drain the uterus. The author then points out how to deal with such cases which have gone too far to be cured by such means, and which must be treated by abdominal section. The work is interesting to specialists as well as to the general practitioner who has much of this kind of work to do, and to them we can recommend it. The article on artificial impregnation, however, we cannot well endorse.

BOOK ON THE PHYSICIAN HIMSELF, and Things That Concern His Reputation and Success. By D. W. Cathell, M.D. New Tenth Edition (Author's Last Revision). Thoroughly revised, enlarged, and rewritten. In one handsome Royal 8vo volume. 348 pages. Bound in Extra Cloth. Price, post-paid, \$2.00, net. Philadelphia: The F. A. Davis Co., Publishers, 1231 Filbert Street.

We have already had the pleasure of reviewing this work by Dr. Cathell in the highest terms. We cannot too strongly commend it to the attention of every young doctor. Many a lesson is pleasantly and gently taught in its pages which cannot otherwise be learned unless by bitter experience. The young practitioner, although thoroughly conversant with all theologies which he has studied during a four years course possesses generally but a very slight knowledge of human nature. This he only acquires as a rule late in life, sometimes never, after stumbling through a thousand mistakes. A careful study of Dr. Cathell's book will save him from making the most of these, and so prevent him from marring his reputation and success. Practitioners, both young and old, would do well to follow his suggestions concerning their business methods, for by doing so they may save in a year many hundred times the price of the volume.

PAMPHLETS RECEIVED.

THE VERTIGO OF ARTERIO SCLEROSIS. By Archibald Church, M.D., Professor of Neurology, Chicago Polyclinic; Lecturer on Insanity, etc., Chicago Medical College. From the *Medical News*, June 25, 1892.

THE ANNIVERSARY ADDRESS.—The Public Health and Some of the Relative Inconsistencies of the National Government: A Plea for the Establishment of a National Health Service. By A. Walter Suiter, M.D., Herkimer, N.Y. Reprinted from *Transactions*, 1892.

THE INAUGURAL ADDRESS before the Medical Society of the State of New York. By A. Walter Suiter, M.D., Herkimer, N. Y. Reprinted from Transactions, 1892.

AN EPITOMIZED REVIEW of the Principles and Practice of Maritime Sanitation, by Joseph Holt, M.D., Former President of the Louisiana State Board of Health, 1884-1888. New Orleans, L. Graham & Son, Printers, 44 and 46 Baronne Street, 1892.

PORRO'S OPERATION, with case, Successful Result for Mother and Child; by J. F. Black, M.D., Professor of Surgery, Halifax Medical College; Attending Surgeon Victoria General Hospital; Consulting Surgeon, Halifax Dispensary. Read before Maritime Medical Association, at Halifax, N.S., July 6th, 1892.

SALOPHEN IN ACUTE RHEUMATISM, by William H. Flint, M.D., Attending Physician at the Presbyterian Hospital. Reprint from *New York Medical Journal*, July 30, 1892.

HEPATIC ABSCESS; Report of a Case, with Remarks upon the Amoeba Coli; by William A. Edwards, M.D., and James Sears Waterman, M.D., San Diego, California. Reprinted from *Pacific Medical Journal*, March, 1892.

PORRO'S OPERATION: with Case; Successful Result for Mother and Child; by J. F. Black, M.D., Professor of Surgery, Halifax Medical College; Attending Surgeon, Victoria General Hospital; Consulting Surgeon, Halifax Dispensary. Read before Maritime Medical Association, at Halifax, N.S., July 6th, 1892.

ANNOUNCEMENT.

CANADIAN MEDICAL ASSOCIATION.

Twenty-fifth Annual Meeting, Sept. 21st, 22nd and 23rd, 1892.

The twenty-fifth Annual Meeting of the Canadian Medical Association will be held in Ottawa, on Wednesday, Thursday and Friday, 21st, 22nd and 23rd September, 1892.

Members desirous of reading papers or presenting cases will kindly communicate with Secretary as to the title of paper or nature of case, as early as possible. Arrangements have been made with the Grand Trunk and Canadian Pacific Railways whereby Members and Delegates may obtain return tickets for one fare and one-third.

Members and Delegates will please bear in mind that, certificates entitling them to reduced rates are to be obtained from the Station Agent at the place of departure; one full fare is to be paid, and upon presentation of the Certificate

on the return journey a ticket will be issued at one-third of full fare.

H. S. BIRKETT, General Secretary,
123 Stanley Street, Montreal.

JOHN L. BRAY, President,
Chatham, Ont.

MILITIA SURGEONS.

It is stated on the authority of Surgeon-General Bergin, that it is probable the Government will, in the near future, require a certificate of attendance at a short course of lectures on "Military Surgery and Medicine" from candidates for appointment to positions in the Medical Service of the Militia. Trinity Medical College of Toronto has appointed a lecturer on these subjects already.

THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

A very full programme is announced for the coming meeting of the American Electro-Therapeutic Association, which is to be held in New York, at the Academy of Medicine, 17 West 43rd Street, October 4th, 5th and 6th.

There will be two interesting discussions: one upon "The Relative Fœticial Value of the Different Currents and their Application to Ectopic Gestation," to be discussed by many prominent Gynæcologists and Electricians; and another upon "Cataphoresis and its Practical Application as a Therapeutic Measure."

Papers are announced by Drs. Geo. J. Engleman, Wellington Adams, and Geo. F. Hulbert, of St. Louis; Wm. F. Hutchinson, of Providence, R. I.; Franklin H. Martin, of Chicago, Ill.; A. Laphorn Smith, of Montreal, Canada; R. J. Nunn, of Savannah, Ga.; Thomas W. Poole, of Lindsay, Ontario; C. Eugene Riggs, of St. Paul; W. J. Herdman, of Ann Arbor, Mich.; D. S. Campbell, of Detroit, Mich.; G. Betton Massey, of Philadelphia; Henry D. Fry, of Washington, D. C.; H. E. Hayd, of Buffalo, N. Y.; J. H. Kellogg, of Battle Creek, Mich.; C. G. Cannady, of Roanoke, Va.; Ernest Wende, of Buffalo, N. Y.; and Wm. J. Morton, Augustin H. Goelet, A. D. Rockwell, Landon Carter Gray, Robert Newman, Ephraim Cutter, Frederick Peterson, G. M. Hammond, F. Van Raitz, of New York, and many others. Dr. J. Mount Bleyer, will give an instructive lecture with demonstrations, entitled, "The Phonograph and Microphonograph, the Principles underlying them and their Uses in the Sciences."

In connection with the meeting, there will be an exhibition of Modern Medical Electrical Apparatus, all the prominent manufacturers being represented.

The social part of the programme includes many pleasant surprises.