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# THE CANADIAN PRACTITIONER

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## EDITORS:

A. H. WRIGHT, B.A., M.B., M.R.C.S. England.

J. E. GRAHAM, M.D., L.R.C.P. London.

W. H. B. AIKINS, M.D., L.R.C.P. London.

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## Original Communications.

### THE PUBLIC AND THE DOCTOR IN RELATION TO THE DIPSOMANIAC.

BY DR. DANIEL CLARK,

Medical Superintendent of the Asylum for the Insane, Toronto.

(Read before the Students' Medical Society of the Medical Department of Toronto University.)

The best remedy for alcoholic drunkenness is not under discussion. Moral suasion, total prohibition, local option, and their relative merits towards the suppression of this evil are being discussed by abler pens than mine. All, or any of these remedies, have been, so far, only partially successful. The dire effects of drunkenness are to-day seen on every hand. Drunkards are neither "few nor far between." This unfortunate class has our pity, but mere compassion is of little moment unless it can take a practical shape. Essays on alcohol and on its physiological effects in the human system have little power to reclaim an old toper. Moral tracts on the sin of this excess are mostly thrown away on the confirmed inebriate. Sermons depicting the future fate of such are practically useless. He cares next to nothing for his present or future fate with a burning thirst for spirits upon him. Caricature may do its worst; imitation of his stupid antics and frolics may adorn the speech of the temperance lecturer, and set his audience in a roar of mirth; starvation and rags, filth and physical distress, scorn and ostracism, all have no effect on the

majority of the pitiful victims of alcoholism. Nothing short of a miracle, or a Divine dispensation, can save a vast majority of those from their morbid and debasing appetite, if left to themselves. The few are saved by well-meaning philanthropists, but the many are lost to themselves and society. It is, therefore, a social problem, involving tremendous interests, how to save these weaklings of humanity.

The writer may be permitted to divide the drunkards into four classes.

1st. Those who become drunkards from a habit of tipling.

2nd. Those who become drunkards from drinking to relieve nervous prostration, or to drown sorrow or worry.

3rd. Those who drink to excess because of a hereditary tendency to thirst after some stimulant or sedative, arising from nerve and brain susceptibility or depreciation.

4th. Those who become drunkards because of some injury to the brain, spinal cord, sunstroke, or great nervous shock of any kind. The nature becomes changed as well as the character, because of any of these afflictions. They influence the whole man for evil, and that without a truce.

Those who become drunkards from habitual imbibing are usually of three kinds.

(a) The weak-willed who cannot resist the temptation to imitate others in a drinking bout, or who may think it manly to toss off the glass with boon companions.

(b) The genial, jolly, companionable fellow,

who loves company, and is usually good-hearted, generous and free with his money.

(c) The mean-souled man, who cannot resist the temptation to take a glass or two when others pay for them, or who delights to "sponge" on the goodwill and pockets of his more free-giving neighbors.

Any or all of these varieties begin to imbibe as sober men, but, by repetition, the custom becomes a habit, and at last it degenerates into a vice. Such stimulants are insidious, and often do their stealthy work before the victims are thoroughly aware of the mighty grip these have upon them. They wake up to the fact that they have generated and nursed a craving want which it is misery not to satisfy. Some can by the exercise of great determination refrain from drinking in spite of the quenchless desire, but the many drift down the fatal stream without making one effort to reach the shore of safety.

Those who become drunkards by nightly potations, to relieve mental trouble, are more numerous than is supposed. They are not usually found among the drunk and disorderly in a police court; they may not make exhibitions of themselves in public places; they may even give little trouble to their friends or families, and many are not even suspected of drinking, until a vicious habit has been formed. The drinking is done in secret. The victims pass sleepless nights without partaking of some narcotic, and so drink themselves nightly into profound stupor. It is a drunkenness of which no one may know, because the person has no excited stage, seeing he has at once saturated his brain with an overpowering quantity of the stupefying potion. This demoralizing habit may go on for years without any particular symptoms being seen by others during the daytime, as the nocturnal drunkard will only take a small dose in the morning to enable him to throw off the stupidity of the nightly debauch, and to appear as usual before the public. This truce cannot last, and outraged nature takes the punishment upon itself. Paralysis, or apoplexy, or insanity, may be the result. In many, before these sad inflictions supervene, the nightly soporific is followed by the daily spree. The disguise is thrown off, and there is a full surrender to the

persistent victor. This class usually belongs to our active members of society.

The daily brain work above normal; the worry of competitive business; the humdrum of all work and no relaxation; the fierce battle for life all along the line; the envies and jealousies in the world of fuss and fashion; which end in commercial ruin and disappointed ambition, and a thousand such malign influences cause sleeplessness, mental anguish and general nervousness. Such victims flee for refuge to any temporary relief, and they find it most readily in the oblivion of debauch from the use of alcohol or opium.

It might be mentioned here that such nightly stupefactions are more fatal to mental integrity than is any other form of drinking. In such, the excretories have not time to remove the poison from the system nor the brain to recover its tone from the daily invasion, before they are again called upon to defend the citadel of life. Each assault makes the resistance more feeble, until, at last, there is unconditional surrender. It really means daily drunkenness up to the point of stupor and narcotism. No system can stand this nightly strain and live out all its appointed time.

The third class include all the unfortunate victims of a hereditary tendency. These have bequeathed to them a heritage of woe. "Our fathers have sinned, and we bear their iniquities." It is not to be forgotten that it is not drunkenness which is inherited, but only the nervous bias in that direction. It is a sleeping lion, which is harmless until aroused. It is a magazine of dynamite, which is as inert as a piece of granite until rudely shaken or percussed. It is a battery of electricity, whose latent energy is not known until a condition favorable to its manifestation is created. Under the same law this dangerous element of tendency in a man's nature may remain latent until evoked by alcoholic stimulation. The sleeping demon is then aroused and will-power is tied hand and foot by an infernal tenant, which no exorcism can lay. The paroxysms come on the man thus stricken intermittently, as do the periodic impulses of some forms of insanity. The dipsomaniac has his tidal wave of all-conquering impulse. Occasionally men of giant self-control belonging to

this class can successfully resist the burning desire to quench the insatiable thirst of alcohol. They are the few, and through life have an incessant struggle with the tempter. These are among the heroes of our age. The man who has no taste for spirits can easily avoid this temptation, but the man to whom the whiff of liquor from a bar-room door as he passes, is almost fatal to his integrity of purpose and sobriety has more bravery in him, when he conquers his desire, and more determination of will than has the soldier in a forlorn hope. The hereditary foe is conquered by daily battles, and not by a few isolated repulses or assaults of or against the relentless enemy. This third class is composed of persons in whom is easily discerned constitutional disturbance before the invasion of the periodic outbreaks of dipsomania.

Medical men can easily perceive the unusually nervous condition, the irregular blood circulation, the low nutrition, the morbid fears and forebodings, the unnaturally irritable temper, the lack of resolution and firmness so foreign to the individual in health, and even misconceptions and delusions may supervene when the attack is coming on. The physical and mental conditions show undoubted signs and symptoms of the coming outbreak which the victim cannot resist any more than can the insane maniac. To blame such a man to the same degree as we may those of the other two classes shows ignorance and injustice in respect to these unfortunates of inbred propensity. During these bouts of drinking mania the man is uncontrollable. He has inherited this defective tendency. What in an ordinary man might be very moderate drinking is to him destruction. To even touch the fatal glass is to evoke the hidden energy of incarnate mischief which has come to him as a sad legacy. He is not to be put in the same category as is the man who solely by his own habit puts himself in an irresponsible condition by reason of this drunkenness. Such a person is much to blame for the result of his voluntary acts. He could have avoided been dragged into the frenzy, which often ends in direful acts, perpetrated on himself or others, and so far is without excuse. The person who takes to drinking to excess

by imbibing largely at bedtime, to relieve nervousness and to procure sleep, may scorn the idea of doing so for pleasure, as does the tippler. He usually declares that of two evils he is choosing the least, and treating himself medically. His course of conduct generally ends disastrously to himself, and cannot be excused or palliated. He is responsible for his conduct, as the method adopted of indulging in a nightly debauch is voluntary, and medical experience warns him of its danger. He ought to know what the end must be when he sets out on this evil habit. It is astonishing what credulity these people have in their own will-power. They positively assert that they can stop the habit at any time they choose, yet never make the endeavor. With the most of them this idea of freedom is a delusion and a snare. They boast much of what they can do in throwing off the habit, but their vain-glory is that of a braggart. Seldom is the faith in themselves followed by practical results. So faith without works is dead.

The fourth class is remarkable. A sunstroke, a blow on the head, or a concussion of the brain, or of the whole nervous system often brings about a change of character. The chaste man becomes suddenly licentious in word and action, the taciturn and dignified become garrulous and offensively familiar, the brave become cowards, the honest can no more be trusted; the total abstainer, who never had a desire or taste for stimulants, becomes an inveterate drunkard, not through tipping and confirmed habit, but suddenly after any such nerve injury. The whole nature has undergone a complete revolution, and the morals suffer first. It is not a wickedness, but a physical perversion which has turned into a new channel or modified the moral and intellectual attributes of such a man.

It is singularly paralleled by the magnetic iron, which becomes demagnetized by a blow of a hammer. The shock to the ultimate elements of the iron drives out this subtle agency. The blow changes the nature and quality of each. Experience has shown that many of those who have received a shock or any injury to the nervous system are much more irritable than was formerly natural. As might be expected, such are more easily affected by a powerful

stimulant like alcohol, and its influence is more deleterious than would be under the more healthy conditions. As a rule, the persons in this class are more intractable, excitable, and even maniacal than they would have been had no injury to the nervous system taken place.

It will be seen, then, that we have floating about in our midst, on the stream of life, these hapless slaves to drink. We may eliminate from this vast army of defectives those who could reform if they would only try; yet a large number remain on whom no moral suasion, nor social nor Christian influences have ever had any effect to reform. It makes the heart sad to see the futile efforts of such to escape from this maelstrom of depraved habits, but only finally to be sucked down remorselessly into its ever-devouring vortex.

There is no help for these but enforced restraint. They must be put in custody, where the temptation is beyond their reach. The Insane Asylum is no place for them. They need the same oversight as the insane, but different surroundings and medical treatment suitable to such. To effect a cure, it is necessary to provide them with healthy work, fresh air, various amusements and nourishing food. The buildings should be as homelike as possible; the prison-like should be avoided, as far as practicable. Each case has to be studied separately and treated on individual necessities. The nervous system is starving for its usual stimulant, and this acquired and morbid demand must be met by the administration of natural food and support. Nature seeks healthy highways, if it is only assisted in its heroic efforts to return to the old paths. Were it not for these noble efforts of nature to seek its primal conditions and throw off this man of the sea, woe betide drinking and drunken Christendom.

In the recuperative powers of nature is our great hope in rescuing these perishing. Many of the wealthy go voluntarily to pleasant asylums when remorse is on them after a prolonged debauch. The desire for drink may have left such for a time, then are they in a penitential mood. They readily agree to abide by the advice of the physician. It proves to be only as long as the lull in the brain-storm lasts. The irresistible impulse returns, and

nothing short of personal restraint can then keep the dipsomaniac from his cups. He cares nothing for the conditions of his bond. He defies everyone; he is lost to appeals. He flies from the drunkard's hospital, and quenches his intense thirst in the intoxicating draughts. We casuists and moralists, have not the faintest idea of the agony of such a man, seeking for temporary relief to quiet the raging devil in his surging brain. At these crises he is irresponsible and helpless. Call him a sinner, a depraved man, a vicious citizen as you may, but in the sight of High Heaven he is held guiltless, if no will of his and no moral influence can restrain him. In the first stages of his downward career he may have been to blame, but now he is an object of pity. To hound such a creature in the last stage of his career, because he at first brought it about by voluntary acts is cruel. The man who becomes insane by a sensual life, in which he is the victim of a loathsome syphilis, is none the less an object of pity thereby.

To reform any such drunkard is a difficult work. A refuge must be provided for them with all the stringent rules of a reformatory in active operation. It must be free to "the drunk and disorderly," whose depraved tastes have brought beggary and disgrace on themselves, as well as having an open door to the rich. The notorious and habitual drunkard who has become a pest to himself, his family, and society, should be committed to an inebriate asylum under the same safeguards and stringency as are the insane. It matters not whether the admission is accomplished by voluntary surrender of personal liberty, or by commitment of a magistrate, or by virtue of medical certificates. All or any of these methods should be statutory, and should mean a definite and prolonged term of oversight and submission to prohibitory rules and regulations. The great want in the Province of Ontario is the absence of such an asylum to which poor can go for succor and cure.

All such institutions conducted on the voluntary principle have failed, and must fail to cure chronic drunkards, however well these are conducted. The principle of freedom to come and go at will is practically of no avail to cure.

This system of providing pleasant boarding houses for a few weeks or months away from bosom and boon companions, and without restraints of necessity, cannot be curative establishments. This is their record in Britain and the United States. A step in the right direction has been made in this Province, where a person can voluntarily sign away his liberty to enter a private asylum. This meets the wants of a certain class, but not the most needy. The many will never sign such a surrender, yet are committed daily in shoals from our police courts to consort with criminals of every degree in our gaols, and thus making bad worse. A pauper drunkard has no needy shelter to go to but the prison. The vast majority of drunkards are poor, yet they need to be saved from themselves as well as do the rich. The state has put in their pathway all the conditions necessary to make sots, inebriates and maniacs of the feeble-willed, and it is a burning shame that after the cruel work has been done, there is no haven of refuge and cure for them.

We, the people, put by representation the means of his debasement within the drunkards reach, and out taxes should provide means for the cure of this disease which we have fostered and encouraged, and whose blood-money we receive daily into our coffers. We license to sell this insidious and subtle enemy. It is not asking too much that the revenue from this source should be applied to building hospitals and maintaining them for the cure of drunkenness.

Twelve years ago, this Province took steps to provide for the cure of these unfortunates, but this noble intention was abandoned. The people of this Province never has, and never will, complain of any means being taken to relieve or restrain our unfortunate classes.

Except the cost of the erection of buildings little annual outlay would be needed. The expense of maintenance would be small. All the patients should be compelled to work at some useful occupation and earn their own living. Farming, gardening, mechanical and other pursuits, would only be healthful employment. This class is not like the insane, who in many instances are incapacitated to work, yet about sixty per cent. of these are usefully employed in many ways in our asylums. Healthy work

should be one of the remedial agents employed. Idleness should not be tolerated.

The longer a steady drinker of the tipping class is kept from imbibing stimulants, the more easy is it for him to continue a total abstainer. This is true of all our habits for good or evil, hence the importance of endeavoring to undo a habit of excess by introducing in its place a habit of abstinence and industry.

A hospital to cure drunkards should, in its operations, insist upon healthful habits. Its hygiene and sanitation, its necessary discipline, the absence of the usual temptations and associations, the precept and example, the impossibility of indulging the drink craving; the gradual return of nerve strength and self-possession; the power to refrain from seeking this evil, all contribute to the recovery of many who could never be otherwise than chronic drunkards were no restraint put upon their indulgence. Many storm-tossed and pitiable wretches, who are now bringing untold anguish upon themselves and families, and who are a curse to society, as well as an expense to the country in our gaols and reformatories, might in properly-conducted hospitals, reform and become useful citizens.

The experience of centuries has shown that we are "wasting our sweetness on the desert air" to endeavor to reform these who are thus afflicted by any other means than personal restraint. Religious and moral influences are not to be despised, when the despotism of disease has passed away and reason begins to assert its sway. Noble efforts, by means of these agencies, are continually being made. A few reform, who are not too heavily handicapped in their struggle for liberty, but they are only the few of the great army of drunkards. Among this class of reformed drunkards—so-called—a large proportion relapse, unless they are daily kept under the influence which incites to sobriety. With them it is a daily fight for the mastery.

In my official report of 1879, is the following paragraph, bearing on this subject: "Hereditary drunkards must have the curse removed from them or they from it. The former is not likely to be done at present; the latter may be carried out under government supervision. The

reformation of such is not absolutely hopeless, but the chances of recovery are not many; yet it is the duty of the State to aid such in their efforts to reform, and if this be impossible, then it is equally incumbent to prevent them injuring themselves or others. The immediate injury done by such a drunkard to himself is not by any means the worst feature of the case. If a child inherit to a great extent the constitution and individual peculiarities of one parent, who is a drunkard, with no strongly marked traits of the other to counterbalance them, the probabilities are that a tendency to dipsomania will be the lot of some unfortunate member of that family not thus protected, unless moral influence and early habits of abstinence have kept in check the sleeping demon."

In 1871, Mr. Dalrymple, M.P., England, had a select committee of Parliament appointed "to consider the best plan for the control and management of habitual drunkards." A delegation went to the United States, and reported favorable on a scheme which would include enforced supervision. Two well-known experts from the United States gave evidence favorable to such a scheme, based on their own experience. Britain has inaugurated such a system in a tentative form. The English Bill provided for two classes: First, *the civil part*, in which it is defined to include, "When a person, by reason of habitual intemperate drinking of intoxicating liquors, is dangerous to himself or others, or incapable of managing himself or his affairs." Such a person may voluntarily place himself in a hospital, with the sanction of a commissioner or magistrate. He may be placed there without his consent by relatives or friends, after necessary evidence has been given of his habit. One of the witnesses must be a medical man. The accused can demand to have his case heard and determined by a jury in a Court of Justice. Any person of this class cannot be detained longer than a year. This time limitation is doubtless a weak point in the Bill. To many, such a short detention would be of little benefit in the reforming of a vicious habit, or in curing a disease. The *criminal part* of the Bill states that any person who shall "by any court of summary jurisdiction be convicted of being drunk, or drunk and disorderly, or drunk

and incapable, three times within three consecutive calendar months, may be ordered to find security for his good behaviour during any period not exceeding twelve calendar months from the date of his third conviction; and in default of his finding such security, he shall be liable to be convicted and detained in an inebriate reformatory (*not prison*), for any term not less than one calendar month, and not more than twelve calendar months."

This is a crude but earnest attempt at necessary legislation in the direction indicated, and it shows that this question of enforced restraint of drunkards is forcing itself upon the attention of the British public.

The United States have over twenty inebriate hospitals, but none of them can legally enforce necessary detention to effect permanent cure. The silly cry is raised that were the same rules and regulations applied to them which prevail in respect to the custody and care of the insane, personal liberty would be in danger. The same safeguards could apply in both cases, and these would afford ample protection to the public against undue detention.

An inebriate asylum has been established in Adelaide, New South Wales, since 1876, and has been conducted with marked success. The enterprise is a private one. The government gave \$15,000, and subscriptions to a much larger amount were given by private individuals. The question is being agitated in New Zealand and Tasmania on a similar basis to that hinted at in this paper. In Ontario, any properly organized and conducted private asylum can admit the inebriate for medical treatment on a request made by the patient. Such an inmate can, by giving a few days' notice in writing to the superintendent, leave when he may please. This method of leaving the discharge in the hands of a dipsomaniac, as well as the committal, are weak points in well-meant legislation. The same rule which exists in respect to the insane should prevail for the benefit of these sufferers. As medical men it is our privilege and duty to educate the rising generation, our legislators, our ministers of the gospel and our moral reformers, that there is a class of inebriates who border on insanity, and who are objects for medical treatment. Experience

teaches that appeals to their religious instincts are in vain. The moral nature is paralysed and utterly helpless to control conduct. The physical system through which mind operates is out of tune, and nothing but the repair which time and health can bestow, will bring concord and harmony out of the instrument. The experience of medical men is, that nothing short of personal restraint can cure the members of this class, and to whom is given the name of dipsomaniacs. It is as futile to appeal to their manhood, as it would be to reason any other maniac into rectitude of language and conduct. I would to God that we could say this mania was confined to spirit drunkards. Every druggist and every physician can testify to the increased number of opium and chloral consumers. Those who have formed and are forming the habit are daily increasing. Many who have reformed in their spirit-drinking habit, betake themselves to such narcotics. These drugs are stealthily indulged in as substitutes for liquor, and thus while they have driven out one devil they have co-habited with a dozen in his stead. The former punish with rods and the latter with scorpions. This is not reformation, it is only a change of intoxicants to those of a far more deleterious nature. This habit is more prevalent than is dreamed of by social reformers, and a crusade is needed against the indiscriminate sale and consumption of all such intoxicants. In this neuralgic, nervous, sleepless and bustling age, this tendency will increase unless a warning cry is raised by medical men.

### MANAGEMENT OF THE PERINEUM IN LABOR.

BY G. A. TYE, M.D., CHATHAM.

The obstetrician is always gratified to find the perineum intact after parturition. Few lesions occurring in obstetric practice have more far-reaching consequences than laceration of the perineum. The prevention of this accident is creditable to the accoucheur, and is of the greatest importance to the patient. Fortunately many cases recover perfectly without interference of a surgical nature, and the process of immediate repair is easily performed, so that

there are two avenues of escape from this injury. When the parts fail to heal spontaneously a rather serious plastic operation is required to restore the perineum. In the case where immediate suture is made there is risk from septic absorption, so much so that experienced surgeons have called attention to the dangers that may occur after this operation. We must therefore accept the conclusion that the prevention of perineal laceration is far in advance of any result that can be obtained by processes of repair. He who prevents a rupture is a better obstetrician than he who successfully repairs one.

It is true the perineum cannot always be saved, but the exceptions are comparatively rare, and when they take place are often due to some inherent defect in the parts themselves. Although the perineum is sometimes ruptured by the parts following the head, this paper has reference only to delivery of the head which comes to the perineum by the uterine contractions, or by the aid of the forceps. In the first case, when the pains have forced the head well down on the perineum, and towards the vulva, then the head should be retained in that position and not allowed to retire; this is readily accomplished by pressure applied above the uterus with the left hand. The continuous pressure kept up in the intervals between pains exhausts the muscles of the perineum, so that it more readily yields, expansion going on, and steady enlargement of the vulvar orifice taking place. When the pains are forcible, the pressure above the uterus may be relaxed, and the right hand used to support the perineum in the usual manner, that is, keep the head well pressed into the arch of the pubes to prevent an excess of force downwards, and also to allow to proceed slowly so as not to stretch the parts beyond the power of endurance.

Now the condition of the perineum during a pain can only be known accurately by having the parts *in vivo*; this is an essential point in the treatment for the prevention of laceration. Whether the patient be in the lateral or dorsal position, the clothing being slightly raised on one side, permits the necessary observation. The patient is rarely aware that this is done, and if she is, does not object when she knows for what purpose it is done.



Watching the process between pains when extension of the head is advanced, the perineum can be seen slowly yielding. In almost every case by the method just described, the head can be made to pass the vulva *between pains*. The result is that the perineum is seldom torn. It may seem to require more time for delivery by this method, but such is not the case, for the perineal expansion is more rapid than it is when permitted to relax after each pain. The muscles have time to recover themselves and offer resistance, but when kept even moderately tense they soon lose their power. When the head is well down and extension advanced, if the arm is wearied by the pressure employed, one or two fingers may be passed unto the rectum, and extension be kept up by pressure at the mouth or chin. In the case where the forceps is applied, and has brought the head to the perineum, and we will suppose all obstruction to delivery requiring the aid of the forceps to be passed, shall we now remove the blades? Not unless there is some very obvious reason for their removal.

The forceps is the most powerful means we possess for saving the perineum in these cases. A large number of forceps cases are primaparæ. In these cases there are rigorous contractions, which require strong control towards the latter part of extension of the head, a power which the unaided hand does not possess. The forceps is a handle to the head, which gives the operator absolute control.

The objection that the presence of the forceps increases the size of the body to pass the outlet is true, but practically it makes no difference. The perineum is equal to all the demands made upon it, provided it has the time to meet them. Its use in managing the head is most essential. The handles should be grasped near the lock with the left hand of the operator, these parts should then be brought into view. The head should not be allowed to recede during intervals, and while pains exist the head should be restrained within the limits of safety, as manifested to the eye of the accoucheur. In the intervals also, gentle extension can be continually made with the forceps, and the head can, in almost all cases, be delivered between pains; or should it pass the outlet during a

contraction, it may be always so graduated as *never* to rupture the perineum.

In all forceps cases, the retention of the instrument to complete delivery is safe practice, provided it be used to manage the head.

In many cases the forceps may be applied for no other purpose than to control the extension and secure the perineum. These instruments have many invaluable uses, but the method I have described is one of the most important applications. Several years of observation and practice of this use of the forceps, satisfies me that the method is entirely practical and highly advantageous.

Medical gentlemen to whom I described this plan have tried it, and speak favorably of it. To recapitulate:

1. When the proper time arrives keep the head in constant contact with the perineum in the intervals of pain with the hand or the forceps, as the case may be.
2. Keep the parts in view so that the condition may be always known.
3. Whenever possible cause the head to pass the outlet during the intervals between pains.

#### HEREDITARY DEFECT.

BY J. H. BURNS, M.B., TORONTO.

It is remarked in the *British Medical Journal* of 10th December, 1887, that "it is now very generally recognized that a defect from arrest of development in any part is liable to be repeated again and again in succeeding generations, in spite of the introduction of new blood at each marriage," and in illustration of this, Mr. Lucas referred to an observation of his, that among eighty descendants of a woman who had supernumerary digits, thirty per cent. presented a similar deformity. In connection with this subject, I wish to record the transmission of digital defect in a family through five known generations.

The defect in question is the absence of the second phalanges in the second, third, fourth, and fifth fingers and toes, and of the first phalanges in the thumbs and great toes of both hands and feet.

The peculiarity in its transmission is not a

constant one, and the variation is worthy of notice.

Mrs. W's great grandfather, grandfather and every second one of his twelve children had the deformity, also her father and his two children and both her own children. A paternal uncle and every second child of hers are similiarly defective. Her sister's children are free from the deformity.

The fourth and fifth families above-mentioned have been under my own observation. The defect, wherever seen, does not vary.

7 College Avenue.

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### Selections.

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*We are indebted to DR. McDONAGH for the translation from the German, and to DR. WISHART for the French.*

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#### PAIN AND ITS CONSEQUENCE.\*

If there be one set of women more liable than another to become victims of morphia or chloral, it is the wives of physicians. Every winter I see four or five, and always it is true that the habit has arisen out of the effort of the husband to attend medically on his wife. Physicians make good husbands, and this is in part due to the fact that their knowledge of the difficulties of feminine life causes them to be more thoughtfully tender, and more charitable as concerns the effects upon women of certain inevitable conditions as to which the laymen is ignorant or indifferent. But the very fulness of the husband's appreciation of a woman's drawbacks and little moral ailments, the outcome of her womanhood, becomes dangerous when he ventures to be her medical caretaker. What he coolly decides in another's case, he cannot in hers. How can he see her suffer and not give her of the abundance of relief in his hands? She is quick to know and to profit by this, and so the worst comes of it.

#### CONVALESCENCE.

To my mind, there is nothing more pleasant than the gradual return to health after some

\* From *Doctor and Patient*. By S. Weir Mitchell, M.D.

revolutionary disease which has removed a goodly portion of the material out of which is formed our bodily frame. Nature does this happy work deftly in most cases, where, at least, no grave organic mischief has been left by the malady; and in the process we get such pleasantness as comes always from the easy exercise of healthy function. The change from good to better day by day is in itself delightful, and if you have been so happy, when well, as to have loved and served many, now is the good time when bun and biscuit come back to you,—shapely loaves of tenderness and gracious service. Flowers and books, and folks good and cheery to talk to, arrive day after day, and have for you a new zest which they had not in fuller health. Old tastes return and mild delights become luxuries, as if the new tissues in nerve and brain were not sated, like those of the older body in which they are taking their places.

When you are actually ill, the doctor is business-like and gravely kind; you want him in a way, are even anxious to see him for the relief he may bring, or the reassurance. But when you begin to feel as if you were a creature re-born, when you are safe and keenly enjoying the return of health, then it is that the morning visit is so delightful. You look for his coming and count on the daily chat. Should he chance to be what many of my medical brothers are,—educated, accomplished, with wide artistic and mental sympathies,—he brings a strong, breezy freshness of the outer world with him into the monastic life of the sick-room. One does not escape from being a patient because of being also a physician, and for my part I am glad to confess my sense of enjoyment in such visits, and how I have longed to keep my doctor at my side and to decoy him into a protracted stay. The convalescence he observes is for him, too, a pleasant thing. He has and should have pride in some distinct rescue, or in the fact that he has been able to stand by, with little interference, and see the disease run its normal course. I once watched a famous surgeon just after he had done a life-saving operation by dim candle light. He stood smiling as the child's breath came back, and kept nodding his head with pleasant sense of his own competence. He was most like a Newfoundland

dog I once had the luck to see pull out a small child from the water and on to a raft. When we came up, the dog was wagging his tail and standing beside the child with sense of self-approval in every hair. The man wagged his head; the dog wagged his tail. Each liked well what he had done.

As a profession, it is my sincere conviction that in our adherence to a high code of moral law, and in the general honesty with which we do our work, no other profession can be compared with ours. Our temptations, small and large, negative and positive, are many and constant, and yet I am quite sure that no like group of men affords as few illustrations of grave moral weaknesses. It is commonplace to say that our lives are one long training in charity, self-abandonment, all forms of self-restraint. The doctor will smile at my thinking it needful to even state the fact. He begins among the poor; all his life, in or out of hospitals, he keeps touch of them always. He sells that which men can neither weigh nor measure, and this sets him over all professions, save one, and far above all forms of mere business. He is bound in honor to profit by no patent, to disclose all he has learned, and to give freely and without reward of his best care to all others of his profession who may be sick. What such a life makes of a man is largely a question of original character, but in no other form of occupation is there such constant food useful to develop all that is best and noblest.

#### SYMPATHY.

We have a certain gentle disrespect among us for the doctor who is described as, oh! so sympathetic,—the man who goes about his work with a pocket-full of banal phrases calculated to soothe and comfort the cravings of the wretched. The sick and feeble take gladly these imitation crumbs cast from the full table of the strong. But sometimes people of firm character revolt at such petty and economical charity. I heard a vigorous old Quaker lady say once, after a consultation, "Thee will do me a kindness not to ask me to see that man again. Thee knows that I don't like my feelings poulticed."

Be sure that the physician cannot be a mere intellectual machine. None know that better

than we. Through all ages we have insisted that he shall feel himself bound by a code of moral law, to which, on the whole, he has held without question, while creeds of more serious nature were shifting and changing. What the Greek fathers of medicine asked of him we still ask of him to-day. He must guard the secrets wrung from you on the rack of disease. He is more often than he, likes a confessor, and while the priest hears, as I have once said, the sins and foibles of to-day, he is as like as not to have to hear the story of a life. He must be what About calls him, "Le tombeau des secrets,"—the grave of secrets. How can he be too prudent or too close-mouthed? Honor you must ask of him, for you must feel free to speak. Charity you should expect from him, for the heart is open to him as it is to no other, and knowledge, large knowledge, is the food which nourishes charity in the tender-hearted. In the tender-hearted? How can he be that? All his days he has walked amidst misery, anguish, bodily and mental suffering.

In times of more serious peril and suffering, be assured that the best sympathy is that which calmly translates itself into the desire to be of practical use, and that the extreme of capacity to feel your woes would be in a measure enfeebling to energetic utility. This it is which makes a man unfit to attend those who are dear to him, or, to emphasize the illustration, to medically treat himself. He goes to extremes, loses judgment, and does too much; fears to hurt, and does too little. I once saw a very young physician burst into tears at sight of a burnt child, a charming little girl. He was practically useless for the time. And I have known men who had to abandon their profession on account of too great sensibility to suffering.

CHLORIDE OF METHYL.—That local anæsthesia by cooling the skin with a spray of chloride of methyl is of value in sciatica has been confirmed by M. Vidal. M. Besnier has employed it to prevent the pain from scarifying lupus. The skin should be blanched before complete anæsthesia sets in. Neuralgia, intestinal and gastric pains, hepatic colic, lead colic, pleuritic stitches, uterine pains, and those from chronic gout, are said to be amenable to its employment.—*Lancet*.

## SOME LABORATORY NOTES ON PAPOID DIGESTION.

BY R. F. RUTTAN, B.A., M.D.,

Lecturer on Chemistry, McGill University, Montreal.

For some time it has been known that the stems, leaves and unripe fruit of a plant called *Carica papaya* contain a ferment capable of digesting proteids. This plant is found in the East and West Indies, and in South America. The natives of many localities where this plant is indigenous making a practice of rolling their fresh meat in caraca leaves to make it tender and easier of digestion. From the juice of this plant Dr. Finkler, of Bonn University, has made an albuminous preparation containing the ferment, which is now attracting much attention under the name of papoid.

Wurtz, however, was the first to isolate the ferment, to which he gave the name of *papain*, and ascribed to it certain definite and characteristic reactions.

About 90 per cent. of commercial papoid is soluble in water; the residue consists chiefly of coagulated albumen. The solution contains globulin, but it is highly probable that the ferment is quite independent of this albuminoid, as the globulin may be precipitated, leaving in the solution a large part, if not all, of the ferment.

As papoid contains the ferment papain and also some albumen on which it may act, care must be taken to keep it dry. The unsatisfactory results obtained by some in its use are no doubt due to previous exposure of the sample to moisture. A solution of papoid will always give the peptone reaction on standing a few hours.

The greatest differences of opinion have been expressed by different experimenters as to the conditions most favorable to the activity of papoid. Albrecht (*Schmidt's Jhrbuch*, Bd. 190) states that papain digestion is hastened by the presence of hydrochloric acid. Wurtz, on the other hand, shows that papain digestion is essentially a neutral one, which is most rapid and thorough at a temperature of about 40°. Rossbach has recorded a few experiments—at variance with most others—in which he claims that this ferment is not more active in a warm

solution than in a cold one. As papain is a vegetable product, this seems highly probable, but the careful experiments of Dr. Sidney Martin fully prove that a modern degree of heat increases the activity of this ferment just as it does that of any other. The fact remains, however, that papain has powerful digesting action at ordinary temperatures—50°–70°F.

Dr. Martin has published at some length a series of carefully made experiments on the nature and action of papain in the *Journal of Physiology*, Vols. V. and VI., and the results of the following experiments, where they run parallel with his, closely correspond with the results obtained by this author:— . . . .

The action of papoid in neutral solution on diphtheritic membrane compared with that of pepsin:

(a) Papoid digested completely .3 gm. of diphtheritic membrane in 20 hours.

Pepsin had only partially dissolved the same weight of membrane at the end of 36 hours.

(b) Papoid dissolved completely .5 gm. of membrane in 23 or 24 hours.

In these experiments a 5 per cent. solution of papoid or of pepsin was added to the undivided membrane, and the whole kept wet during the time specified. The membrane was reduced to a clear fluid jelly by papoid, but only partially attacked by the pepsin under the same conditions.

The conclusions to be drawn from these experiments are obvious. Papoid evidently contains a powerful proteolytic ferment which resembles trypsin both in the conditions under which it is most active and in its mode of digestion. It corrodes the fibrin, dissolving each piece away from the surface to the centre, and does not gelatinize the whole mass like pepsin. Moreover, one can readily obtain leucin in the products of digestion. Tyrosin could not be obtained by the writer, but its presence was determined by Dr. Martin, who worked with larger digestion mixtures.

Papoid is especially useful for removal of diphtheritic membrane. The conditions present in the pharynx are just those which retard the action of pepsin and pancreatin, but do not influence papoid. The medium in which it is

required to act is practically a neutral one and the temperature low, there is present, besides, a large excess of the products of digestion which does not affect papoid—indeed it is most energetic in a concentrated medium. Moreover, papoid has been shown clinically to lessen very greatly the disagreeable foetor of the disease. Painting on a 5 per cent. solution, freshly made, every two or three hours has been found to give the best results: the foetor disappears in a few hours and the membrane in from 12 to 18 hours becomes thin and glairy.

It would seem to be especially indicated in these forms of dyspepsia in which peptic digestion is greatly impaired and where the secretion of gastric juice is very weak.

Papoid, therefore, promises to be a powerful auxiliary in combating those two great diseases—diphtheria and dyspepsia.—*Canada Medical and Surgical Journal.*

#### ON THE TREATMENT OF PSORIASIS BY LARGE DOSES OF THE IODIDE OF POTASSIUM.

In the year 1881 Greves recommended iodide of potassium for psoriasis, regarding it as a drug possessing much greater influence in causing the disappearance of chronic inflammatory products than was generally supposed. He advised beginning a course of treatment with a solution of ten grains of the iodide to three hundred grains of water, of which a dessert-spoonful was to be taken three or four times daily. At each renewal of the prescription the solution is to be made five grains stronger, and thus increased until thirty or forty grains to three hundred of water have been reached. He never prescribed more than one spoonful four times a day, so that the patient never gets more than ten grains daily.

Haslund began his experiments in the manner proposed by Greves, and while the patient supported the drug well, soon increased the dose materially.

The method which Haslund followed was usually to begin with a solution of ten grains of iodide to two hundred grains of water, of which a dessert-spoonful was administered four times daily. Small children began with a solution of

five grains to two hundred of water, but were soon placed upon the stronger solution. After two or three days six doses were given daily, and two days later, eight, and so on, until the patient was taking twelve spoonfuls, or the whole contents of the bottle in the course of the day, two spoonfuls at a time six times daily. If a patient had taken, for two successive days, the whole bottleful, the author every second or third day made the prescription two grains stronger, and ordered a glass of water to be taken after each dose. Some patients went so far as to consume, in the space of two or three months' time, the enormous quantity of from 1,827 to 2,256 grains of the iodide of potassium. The maximal daily dose varied in the rule from twenty to fifty grains.

The result of this method of treatment was in fifty cases as follows: In forty a full recovery was obtained, in four there was decided improvement, and in six no benefit was obtained. The average duration of treatment in the cured cases was a little over seven weeks.

There was considerable variation in the time at which a disappearance of the psoriasis began. In some cases it was noticed as early as the seventh to tenth day, while in others four or five weeks passed before the lesions began to disappear. One patient took as high as thirty-five grains before an effect could be made out.

These large doses of the iodide were well supported. In ten cases there were slight signs of iodism in the first few days, such as headache and coryza, and slight digestive disturbances, with nausea, cardiac oppression, loss of appetite, and diarrhoea. In one case there was a decided salivation produced; but in none of the cases was it necessary to interrupt the course of treatment, but only to increase the dose more slowly.

In seven cases digestive disturbances appeared necessitating the decrease of the dose one-half, and in a few cases was it necessary to stop the drug entirely. In a few cases the patients had headache and dizziness, in one patient the pulse was one day irregular, two developed albumen in the urine, which in one case persisted for eight days, but in the other had disappeared by the next day without the iodide being stopped. The only severe case of iodism occurred in a man of thirty-seven, who, after reaching fifty

grains a day, became dull, confused and unable to collect his thoughts, had headache and roaring in the ears. His conversation was rational, and all the functions in the best of order, and the appetite was good. The face somewhat bloated. The iodide was at once stopped, but during the night palpitation of the heart came on attended with difficult breathing. In two days the symptoms had all subsided. At the completion of the course of treatment most of the patients left the hospital presenting a healthy appearance. In two cases the bodily weight was unchanged; in twenty-eight cases it had increased from three to seven thousand grains, and in some of the cured cases there had been a loss of from a hundred and fifty to five thousand grains. A decrease in fatty and glandular tissues could not be established. In the only female patient subjected to three large doses, there appeared rather to be an increase in the size of the mammæ. The author concludes, from all these observations, that we possess in the iodide of potassium a drug which, if given in large quantities, will cure an outbreak of psoriasis with comparative safety, and that we possess no other drug which will effect a cure in so short a time, arsenic beginning to show its curative effect only after about six weeks.

In regard to recurrences of psoriasis after the treatment by the iodide of potassium, the author reserves his decision, but it would appear that his method would exercise no great influence. Jarisch in the *Centralblatt für die Gesamte, Therap.—Cutaneous and Genito-Urinary Jour.*

**BENZOL IN WHOOPING COUGH.**—Mr. Charles Macalister has tried the effects of benzol on a great number of cases of whooping cough, some being in the stage of full development and a few on the decline. In many the benzol appeared to be effective, lessening the frequency of the paroxysms, rendering them less distressing, and also, perhaps, hastening recovery. Benzol is insoluble in water, and will not mix with it even with the aid of mucilage; but if a little rectified spirit (in which it is freely soluble) be added to a thin mucilage, together with some syrup and a few minims of compound tincture of chloroform, an excellent mixture is made.—*Lancet.*

## PRURITUS VULVÆ.

BY J. HEITZMANN.

The cause of pruritus vulvæ may be either local or constitutional. As local causes we find thread worms, decomposition of the vulvar secretions with the formation of free fat acids, decomposition of the urine from lack of muscular energy in connection with the urinary secretions, masturbation, catarrh of the vagina, varicose conditions of the vulva, excoriations, fissures, erosions, ulcerations, herpes genitalis, different forms of eczema, cicatrices, also senile changes in the skin about the vulvar, and lastly pruritus is sometimes purely neurotic. Among the constitutional causes we find diabetes mellitus.

The first object of treatment accordingly is to remove the cause, as far as this is possible. Sometimes there exists a considerable enlargement of the nymphæ, in the removal of which we find the only rational indication for an operative procedure against pruritus. First, however, there are other local diseased conditions as catarrh, fissures, etc., to remove. Cauterisation of the clitoris has only a temporary effect. Pruritus, which is the result of a tractoma pudendorum developed from gonorrhœal infection is particularly obstinate. Eczema presents itself in four varieties: the moist, the scaly, the pruriginous and the marginal. The most effectual remedy for the first is a powder of fluors zinci (1-10 amyllum), and afterwards ung. vaselini plumb (diachylon ointment.) In dry scaly eczema, applications of tar are indicated. For eczema pruriginum, tar soap or oleum fagi may be used, and in *E. marginatum*, spts. saponkalin, or green soap, is recommended. The removal of the moss-like vegetation on the inner surface of the labia is usually only temporarily effectual. The application of strong astringents is better; also the removal of keloid cicatrices is of but little use as a rule, because another cicatrix becomes established in the place of the former one. In cases produced by senile changes in the skin, strong solutions of carbolic and salicylic acid, which were formerly highly recommended, are contra-indicated. Pencilling with tinct. rusci or spts. vini gallici has a better effect. The most unfavorable cases for treat-

ment are those of purely neurotic origin without local changes. Cocain answers very well in such cases, and also the application of dry cold.

Diabetes requires treatment directed to the general condition, after which the pruritus disappears of itself without local treatment. Diabetes, however, is rarely a cause of pruritus limited to the vulva alone, but enquiry should always be made with reference to it.—*Centralblatt für Therapie.*

### CONTRIBUTIONS TO THE PATHOLOGY AND TREATMENT OF PERNICIOUS ANÆMIA.

BY DR. PAUL SANDAY.

The writer reported the case of a woman, aged 31 years, who presented the most marked symptoms of pernicious anæmia: intense paleness, intense weakness, irregular temperature, retinal hemorrhages, and disorders of the digestive and circulatory organs.

Bland's pills, pepsin and hydrochloric acid had no effect, and the condition of the patient became worse and worse. The appetite was entirely gone, and the exhaustion had reached an extreme degree, so that the patient could not sit up in bed; she was apathetic and indifferent; scarcely answered a question, and refused all nourishment. The odor from the mouth was most disagreeable, and the œdema at the malleoli had increased. Pulse 120 in the minute. Her condition led one to expect a fatal termination in the near future. Under these circumstances the writer determined to wash out the stomach. At first curdled milk only was removed, but the washing process was continued until the water returned quite clear. Immediately the patient felt easier, and during the day she was able to take a little milk and beef tea. After the first washing out the fever disappeared completely, and never returned. After several washings, the condition was very much improved, and the patient finally left the hospital in the best of health.

These observations led the writer to the following conclusions:—

1st. The disorders of the organs of digestion which are observed in the course of a case of

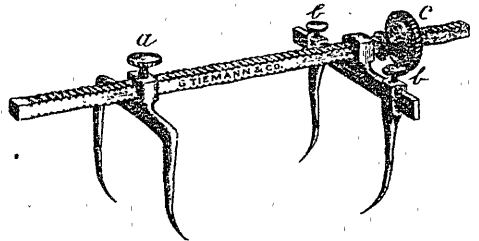
pernicious anæmia, and which have heretofore been regarded as symptoms, appear to be, at least in a certain number of cases, rather the cause of the disease.

2nd. These digestive derangements lead to decomposition and fermentation in the stomach and bowels, the chemical products of which becoming absorbed into the circulation, produce the symptoms of pernicious anæmia.

3rd. The washing out of the stomach, and to a certain extent of the bowels also, is the best treatment for this class of cases.

4th. For cases of pernicious anæmia in which these indications are marked, a more appropriate name would be "anæmia dyspeptica."—*Centralblatt für Therapie.*

A NEW FORM OF HOOKS FOR THE TREATMENT OF SIMPLE FRACTURE OF THE PATELLA—(MODIFIED FROM MALGAIGNE). BY WILLIAM K. OTIS, M.D.—This instrument consists of two light cross-bars, which carry the hooks, and slide easily upon the main or connecting bar, at right angles to it, by means of square slots raised somewhat from the top of each cross-bar. The main bar is a narrow, square rod, smooth



on the sides, but having a screw-thread cut on the corners. One of the cross-bars may be clamped firmly at any point on the main bar by means of a small set-screw (*a*). The other cross-bar is without a set-screw. Behind it is placed a thumb-screw (*c*), running on the screw-thread cut in the corners of the main bar, which serves to push the cross-bar powerfully forward along the main bar. In regard to the hooks themselves—to which a very different curve from those originally used has been given—one pair is solidly fixed to its cross-bar, the other pair being arranged to slide upon the cross-bar and clamp by means of small set-screws (*b, b*), so that the hooks may be brought

near to or away from each other, and thus adjusted to fit any fragment.

The instrument is complete in itself, needing no wrench or key. The connecting-bar is raised a sufficient distance to prevent its touching the integument. It is exceedingly light, and loses in a great measure the forbidding aspect pertaining to the original instrument. The practical working of the mechanism of this instrument has been demonstrated by its application by Professor R. F. Weir in a case in which, owing to the inequality of the fragments, the instrument of Malgaigne was found impracticable.—*N. Y. Medical Journal*.

TREATMENT OF STRANGULATED HERNIA.—Dr. Zeinemann, of Weimar, has added to the list of cases in which the reduction of strangulated hernia has been effected without operation by means of the plan proposed by Finkelstein—viz., the application of ether. One patient was a peasant woman of forty-five, who had an inguinal hernia on the right side. Without any evident cause this became strangulated. Taxis was tried without result. The patient's condition was very low. Dr. Zeinemann laid her on her back with the pelvis raised and the knees flexed, and poured ether over the region of the hernia, a tablespoonful at a time, having taken the precaution of applying oil over the vulva and anus to prevent the severe smarting which ether causes when it comes in contact with mucous membranes. In half an hour the tumor was perceptibly smaller, and a very gentle attempt at taxis was now sufficient to return the gut. The next morning the patient was perfectly well. Dr. Zeinemann recommends that in cases of strangulation much time should not be given up to manipulation, as the earlier ether is used the better. The main effect of the ether is, of course, to cool the hernia and its contents, the gaseous portion of them being in this way greatly diminished in volume. Besides this, the cold sets up active peristaltic action in the gut and renders it more movable. If so much time has elapsed before the commencement of this method of treatment that the muscular coat has become paralyzed, there is less hope of a successful result. Still, the ether treatment may always be tried before resorting

to operative measures, which, in spite of the immense improvement in their results by the introduction of antiseptic surgery, are by no means entirely free from danger.—*Lancet*.

DEATH IN "BLIZZARDS" DUE TO ASPHYXIA.—Markham writes to the *Journal of the American Medical Association* of February 18, 1888, stating that there is an amount of evidence and a combination of circumstances sufficient to show that the greater number of the several hundreds who lost their lives in the recent great "blizzard" of the Northwest perished from asphyxia and not by freezing. Many of the bodies, when found, were in the position of grasping or clutching at their own necks or throats. Indoor witnesses describe the atmosphere as having an appearance of density and darkness, similar to that stated by divers as existing when submerged with their armor in deep water. Many that escaped describe their peril as being from loss of breath or suffocation. The terrific hurricane force of the wind, loaded with falling snow—the latter being by a fall of temperature, whose degree and suddenness have no recorded parallel, converted into dry crystals, and thence by the gale ground to a fine, dry ice-dust—these conditions produced a state of the atmosphere as unfit for respiration and aëration of the blood as is water for warm-blooded animal life.—*Medical News*.

TREATMENT OF PULMONARY PHTHISIS WITH FLUORHYDRIC ACID.—Another antiseptic is added to the already long list of medicines designed to destroy the bacillus of tubercle. A committee of the Paris Academy of Medicine, appointed to report upon this remedy, declare that fluorhydric acid is as powerful an antiseptic as the bichloride of mercury, having a special action upon the tubercle bacillus when inhaled. Its immediate effects are a return of the appetite, moderation of the fever and dyspnoea, and a gradual decrease in the number of the bacilli present in the sputum. M. Garcui reports the following results from its use in 100 cases: thirty-five cured, forty-one improved, fourteen remained stationary, and ten died. The inhalations are attended by no inconvenience.—*L'Union Médical du Canada*.



ANTIPYRIN IN MIGRAINE.—Dr. R. M. King says: "During the last two months I have treated twenty cases of migraine; several of the patients have suffered for over ten years, and, finding all drugs useless, had become reconciled to being periodically prostrated for one or two days. In every case I ordered eight grains or antipyrin, dissolved in water or lemonade, to be repeated each half hour until cured, the patient to remain lying down. Most of the cases were quite cured by two powders, but the most obstinate yielded to three, and in no case did the antipyrin fail. A cup of warm tea sometimes seemed to help, and the only inconvenience due to the treatment was, in a few of the cases, considerable sweating. Many of the patients can hardly credit that, instead of being utterly helpless for twenty-four hours, they can now cut short an attack in one hour. There is another great advantage in using antipyrin, and that is that it prevents as well as cures these attacks. One lady, who cannot remember having fewer attacks than three a month, each lasting about thirty-six hours, has been quite free for eight weeks, and this she attributes solely to the occasional use of an antipyrin powder.—*Medical Review*.

STRANGULATED HERNIA.—Gerster, of New York, says the incision in herniotomy for strangulation should extend well above the inguinal or femoral ring, and should freely expose the place where the hernia escapes from the abdominal wall. By doing this the surgeon will be enabled to divide the constricting band under the guidance of the eye, and without the necessity of inserting the probe-pointed knife into the inguinal or femoral canal, a circumstance that may, even in the hands of a cautious and expert surgeon, lead to cutting or laceration of the intestine, especially if it be very brittle, or necrosed, or adherent. It must be admitted that this often practically converts herniotomy into laprotomy.—*Medical Times*.

SALICYLATE OF BISMUTH IN CHRONIC DIARRHŒA.—In children Solger has found this salt to prove successful in cases of chronic diarrhœa, rebellious to many other kinds of remedies. It is given as a powder in eight-grain and ten-

grain doses three times a day for a child of three years, either fasting or on a full stomach. The efficacy of the drug appears to depend on its disinfecting property, rendering impossible the growth and multiplication of the germs of the intestinal canal. Gutman believes that Gehe's (Dresden) preparation is so good because of the large proportion of bismuth it contains. In some cases of flatulence the salicylate has also proved efficacious.—*Lancet*.

VOMITING OF PREGNANCY.—Prof. Stewart, in the *Philadelphia Medical Times*, says that he has found oxalate of cerium, gr. ij, before meals, to be the best general prescription for the sickness of pregnancy. Where the sickness is alarming he often gets good results from bromide of soda, gr. xxx, every two or three hours. In one of his lectures, Prof. Woodbury said, that often the best way to treat the persistent sickness of pregnancy was to make some application to the *os uteri*, and inform the husband that it was terribly caustic in its action, and the dressings must on no account be disturbed during the continuation of the treatment.—*Archives of Gynecology*.

ERYTHROPHLEINE, A LOCAL ANÆSTHETIC.—This is a chlorohydrate obtained from erythrophlœum, or haya, a plant employed by the natives of the west coast of Africa to poison the heads of their arrows. It has been used recently by Dr. Tunsseau in operation upon the eye, and he reports as follows: The anæsthesia caused by a non-irritant solution of erythrophleine is not produced so quickly, nor is it so complete as that of cocaine, but it lasts a longer period. It has less action upon the conjunctiva than cocaine. In short, erythrophleine will not replace cocaine.—*Journal de Medicine*.

ANOTHER TEST FOR SUGAR.—Mr. Marson recommends sulphate of iron and caustic potash as a test for the presence of sugar in urine. One and a half grains of the pure salt is dissolved in about 120 minims of urine by the aid of warmth, then add five grains of caustic potash and boil. If sugar be present a dark green precipitate will form, the superjacent liquid

being reddish-brown or black, according to the amount of sugar. If no sugar be present the precipitate is greenish-brown in color, and the liquid is colorless.—*Med. Press and Circular.*

### Therapeutical Notes.

CARDIALGIA. (Mussy).—

℞ Trae stramonii .....	1.0
Hydrast. Canad. ....	8.0
Aqu. laurocer .....	40.0

Sig.—A tablespoonful in water every four hours.

AN ANTISEPTIC LOTION FOR THE EYE (Grandmont).—

℞ Chlorali hydrati .....	
Natr. salicyl .....	āā 2.0
Aq. destill .....	15.0

PEDICULI PUBIS.—

℞ Acid salicyl .....	2-3
Vinaigre de toilette .....	25.0
Alcohol .....	75.

—*Centralblatt für Therapie.*

Erb recommends (*Therap. Monatsche*) for paralysis agitans the following:

℞ Hyoscini hydrochlorici ..	0.01-0.02
Aq. dest. ....	70.0
Syr. cort. aurantii .....	30.0

Sig.—A teaspoonful once or twice a day.

Von Martineau (*Rundschau*) recommends in diabetes the following formula for one pill:

℞ Lithii carbon .....	0.10
Natr. arsenicos .....	0.003
Extr. gentian .....	0.05

℞. Dose, two pills daily.

Dr. G. Jovissene avows that he always succeeds in aborting furuncles by inunctions of

Lanolin .....

Red oxide of mercury ....

℞. This to be rubbed in three or four minutes once a day for small furuncles, several times for large ones.—*Wk. Medical Review.*

Syrup Yerba Santa, manufactured by Stuart W. Johnston of this city, completely covers the taste of quinine, ten mm. to each grain of quinine being sufficient.

A REMEDY FOR VESICAL IRRITABILITY.—To allay incessant desire to urinate and irritable bladder, when due to phosphatic deposits in the urine, Dr. W. P. Chunn, of Baltimore, uses the following prescription:

℞ Benzoic acid .....	ʒii.
Borax .....	ʒiii.
Water .....	ʒxii.

Sig.: ʒss.t.d.

This mixture has upon two occasions acted so efficiently in what was thought to be cystitis that cystotomy was dispensed with.—*Maryland Medical Journal.*

PRURITUS SENILIS.—Paræsthesia is a rather frequent concomitant of old age. In a case before his clinic, Shoemaker prescribed:

℞ Plumbi glycerolis .....	
Aq. hamamelis destillatæ. āā part. æq.	

Apply twice a day.

Also:

℞ Sodii arseniatis .....	gr. j
Extracti ignatiæ .....	gr. ij
Quininæ sulphatis .....	gr. lx.

℞ In seventy pills; one to be given twice daily.—*Medical Times.*

Dr. Roberts Bartholow, says that an excellent substitute for milk, when casein disagrees, is barley water, with cream. The barley water should be carefully strained and have the density of skimmed milk, and one-sixth or one-fourth cream added, so that the mixture has the consistency of rich milk.

QUININE IN WHOOPING COUGH.—Bing recommends the salts of quinine, especially the chlorohydrate, in the treatment of whooping cough. In order to obtain the proper effect, it must be given daily in doses of gr. 1½ for every year of the child's age. In order to secure toleration of the drug it should be given in pill or mixture.—*Der Fortschritt, Journal de Médecine.*

**ANTIPYRETIC TREATMENT IN PNEUMONIA.** Dr. N. T. Carswell, the resident physician, has adopted a treatment in cases of pneumonia which has been very successful. A 15 to 20 grain dose of antipyrine is given, and followed in two hours with 20 grains of quinine. The temperature is promptly reduced, and never afterward reaches the original point, say 104° or 105°. The patients seem to progress much faster toward convalescence under this treatment than when the usual method of expectant treatment is employed.—*Medical Times*.

**PHENACETINE—A RECENT ANTIPYRETIC.**—This new drug was first used by Prof. Kast, of Freiburg, and is a derivation of paramidophenol. It occurs in colorless crystals, without odor or taste, hardly soluble in water, more so in glycerine, and very soluble in alcohol. Administered to the healthy individual, in a dose of 50-60 centigrammes, it produces no effect upon the temperature. In elevated temperatures its antifibrile action is certain, while it causes neither vomiting, cyanosis, or collapse, and does not affect the circulation, or produce diuresis, a single dose of 30-70 centigrammes will reduce the temperature 2-2½ degrees, and improve all the symptoms.—*Journal de Médecine*.

**CARBOLIC ACID IN DIPHThERIA.**—Dr. Roulin gives the history of his cases of diphtheria during the last seven years, seventy-nine in number. All were treated by hourly applications of a ten per cent. solution of carbolic acid. Not a single fatal case occurred. After a detailed account of the cases, Dr. Roulin concludes that—

1. However grave the case, and whatever the age of the patient, diphtheria can and ought always to be treated by carbolic acid.
2. With this treatment, the period necessary to effect a cure varies from two to twenty-three days, five being the average.
3. The treatment is applicable in every case in the form of the douche, the gargle, or applied with a brush.
4. It is without danger.—*Journal de Médecine*.

**SEÑOR ABRIL ON LUXATION OF THE HUMERUS.**—In a Spanish medical journal Señor

Fernández Abril describes what he considers an improved method of reducing luxations of the humerus, the principle of which is that, instead of the body being fixed and the limb manipulated till the head of the humerus finds and slips into the socket, the limb is fixed, and the trunk is moved until the glenoid cavity finds and adjusts itself to the head of the humerus. The only instrument required, is a common crutch, which is placed in the axilla, the patient being in a standing posture. The surgeon grasps the hand, making traction downwards, and directs the patient to try to kneel down. This is quite sufficient to return the bone into its place, the crosspiece of the crutch acting as a wedge. The advantages claimed for the plan are simplicity, non-necessity for chloroform, painlessness and rapidity.—*Lancet*.

**TREATMENT OF SYPHILIS BY INTRA-MUSCULAR INJECTIONS OF MERCURY.**—Rosenthal uses for the purposes of injection the following emulsion:

Yellow oxide of mercury . . . . gr. viii

Almond or olive oil . . . . . ʒ iv

An injection every eight days, using ʒ ss. each time, and inserting the needle deeply.

Rosenthal draws the following conclusions concerning this:

1. Mercurial injections form a rational method of treating syphilis.
2. Apart from its equal efficacy, this method is more convenient, less expensive, cleaner, and the dosage more exact than any other treatment.
3. Injections of the soluble salts of mercury are less painful, but also less efficacious than those of soluble salts, because the latter are not so quickly eliminated from the body.
4. Injections are to be made into the buttocks preferentially.
5. Intra-muscular are preferable to sub-cutaneous injections.
7. Abscess will not result if strict antiseptics be secured.
8. This method is to be employed in preference to every other with men, but in women, injections often give trouble. It is only to be employed with children when it is impossible to use calomel internally, or when rapid and energetic treatment is required.—*Journal de Médecine*.

THE  
Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, APRIL, 1888.

We beg leave to call the attention of our readers to the pink slip which will be found enclosed by which our publishers desire to remind those who are in arrears for subscriptions and the duty and benignity of speedy payment. We know that in their own financial affairs physicians are a long-suffering and much suffering race, the accounts of their own patrons are often far in arrears. The sending out of dunning letters, distasteful enough to everyone, is, perhaps, especially so to members of the medical profession. To our publishers also it is a distasteful task; but they feel that if they are to be encouraged to go forward, and have THE CANADIAN PRACTITIONER what they desire—it should be, viz., the best periodical of its kind in America, they ought to be encouraged to the extent, at least, of prompt payment of subscription dues.

PRELIMINARY TRAINING OF  
MEDICAL STUDENTS.

It gives us much pleasure to heartily endorse the praiseworthy efforts of the Ontario Medical Council to raise the standard of medical education in this Province. It is well known that the disgraceful conduct of certain medical corporations in Great Britain in regularly admitting our three years' men to their final examinations sadly crippled the Council for many years. That is now, happily, a thing of the past, and the rigid insistence of attendance at lectures in medical colleges for four full years is already having a very salutary effect.

We have heard much lately about the value

of the examinations for medical matriculation, and we agree with the opinion so generally expressed, that the standard has been too low. For a time the Council was satisfied with the intermediate examination, which meant nothing more than the entrance examination to the High Schools and Collegiate Institutes. This was certainly very unsatisfactory, and not in the interests of medical education. For the last few years the Council has accepted the certificates of having passed the examination for third-class certificates with Latin added. It is generally conceded that this is not sufficient, but up to last year the Council had demanded nothing more.

It gives us great pleasure to state that the standard for matriculation has been materially raised, and that for the future candidates in Medicine will be required to take the second-class non-professional examination, with Latin option compulsory, as conducted by the Education Department. That this is a great step in advance may be inferred from the fact that the requirements for this examination have been assimilated with those of the examination for matriculation in Arts in the University of Toronto.

As many members of our profession have a very vague idea of these requirements we may state that they include the following:—English Grammar; Composition and Prose Literature; Poetical Literature; English, Roman, Greek and Modern History; Physical Geography; Arithmetic; Algebra, to the end of Quadratics; Euclid, three books; Chemistry; Physics; Botany; Latin, Grammar, Composition, and authors prescribed from time to time by the Education Department. The limit of each subject is that prescribed from time to time by the University of Toronto for Matriculation in Arts.

We understand that some members of the Ontario Medical Council, on account of the dissatisfaction in certain quarters with reference to this matter, have been considering the advisability of returning to the old system of having their examinations conducted by their own examiners. We think such a change at the present time would be very unfortunate. It is of the greatest importance that

the Council should keep in sympathy with the general educational system of the Province. It suits the candidates, because the examinations are held in all parts of the Province. It costs the Council nothing. They have simply to accept the certificates and charge the students twenty dollars for registration. The examinations are as fair as they can possibly be under any circumstances. Why should any one wish to go back to a system which involved considerable expense and provoked much hostile, and, as we thought at the time, unjust criticism.

The Minister of Education, in perfecting his scheme for the advancement of the general educational interests of the country, has shown a strong desire to raise the standard in all departments, medical or otherwise. He has endeavored to co-operate with the Council in every way, and placed all the facilities of his general system at their disposal. In the interests of higher medical education it would be a strange time to make a radical change without testing the merits of the new examination with the greatly increased requirements. If the standard under the new *regime* be considered too low, the Education Department can give us an examination which will be equivalent to a second year standing in the University of Toronto. We think that is not necessary at present, and take the liberty of asking the members of the Council to study carefully the present position of affairs in connection with medical matriculation, and give it a fair trial before attempting to inaugurate any radical changes.

#### THE NEW COUNCIL HALL OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

The erection of the very handsome structure on the corner of Bay and Richmond Streets, for the use of the Medical Council, and for the general purposes of the profession, fitly marks an era in the history of medicine in this province, and it will doubtless be generally conceded that after twenty years of, on the whole, very praiseworthy work, the College of Physicians and Surgeons of Ontario deserved to secure for itself a suitable habitation.

For the first three or four years of its life the College transacted its business and held its examinations in such rented halls as could best be obtained, and indeed led somewhat of a migratory existence, until in the year 1879 the site of the present building, then covered by the Presbyterian Church, whose pulpit was so long and well-filled by the late Dr. Jennings, was purchased for the sum of \$13,500, and in that edifice, wretchedly adapted to the purpose, all the work of the council was done until the year 1886, when the property was placed in the market. The price asked was not secured—a very fortunate circumstance—as it led the present able President to suggest that it would be a good speculation to raise such a structure as would not only serve every purpose of the profession, but also ensure a profitable source of income. To anyone conversant with the growth of Toronto, and the easily observed tendency westward, it will be clear that the expectation formed regarding rental from offices in the vicinity of Bay Street is a just one. We learn that the rooms not required for council purposes are already in demand, and we do not hesitate to predict that when the excellent sanitary condition of the building, with its great advantages as regards light, heat and general convenience, are better known, they will rapidly reach a high value.

We do not intend to enter into a detailed description of the edifice which will very soon be completed throughout, (about the middle of June,) but we may say that it contains, inclusive of the basement, five flats of available space. The basement, with the exception of that portion required for the steam-heating apartment, will be rented for offices, as will also the ground-floor, a portion of which has been already secured for offices of *THE CANADIAN PRACTITIONER*. The first story will contain the Registrar's offices, Council Chamber, and a room wisely and generously set apart by the council for the Medical Library Association. We have in a former issue alluded to the Library, and intend referring to this important subject at a future time. The second story will be entirely devoted to offices, and as the rooms are for the most part *en suite* it will be a very desirable position for some of our large legal firms, affording them

ample accommodation, and being very convenient to the proposed new Court House and Osgoode Hall. The third story will contain the examination hall, candidates' waiting room and caretaker's apartments. The examination hall is a spacious room, its dimensions being nearly 100 by 45 feet. Every office is provided with an extra large fire-proof vault, is well lighted and ventilated to the main smoke shaft, which will be always kept hot to ensure a sufficient draught, both summer and winter. The whole is heated throughout by steam, and in nearly every room is an open fire place. Each room is connected by a speaking tube to the hall-way on the ground floor. In addition to the light obtained through the windows, provision is made for lighting the halls, from the roof to the basement, through glass floors. Ample accommodation respecting lavatories, etc., has been provided, and the plumbing throughout is in accordance with the latest modern sanitary improvements. The different flats will be reached by easy flights of stairs and an elevator. Apparently nothing has been neglected on the part of the architect, Mr. E. J. Lennox, acting under the instruction of the building committee to render the structure perfect in all respects. When finished, it will be an ornament to the city and a credit to the progressive spirit actuating its founders. We learn that the cost of the building will be about \$68,000, from which an annual rental of about \$7,000 is expected.

Too much praise cannot be given the Building Committee, which is composed of Drs. Henderson, Bray, Day and Cranston, and all the members of the Council resident in Toronto, who have been presided over by Dr. H. H. Wright, and ably assisted by the Treasurer and Registrar of the Council. We tender these gentlemen our congratulations upon the result of their labors, and bespeak for the Council in its new home the confidence of the profession, who may feel justly pleased in securing an appropriate rallying point for all matters pertaining to the advancement of Medical and Surgical science in Ontario.

The report of Toronto Medical Society, and other matter, has been held over for our next issue.

## UNIVERSITY POWERS FOR MEDICAL COLLEGES.

We publish in this issue of the PRACTITIONER a letter from Dr. Geikie with reference to the amendment to the Act incorporating what is now known as the "Trinity Medical College." We have pleasure in saying that we agree with most of the statements made in the letter. The examinations held in this college have been creditable in every way, and we see no reason why it should not give to its deserving students any certificates it chooses. It fortunately happens that the high standing of the school must command respect from the profession and the public. While we cheerfully acknowledge these facts, we must adhere to our opinion that the principle involved in the proposed amendment, of giving by Act of Parliament the power to confer such certificates of qualification to all who may apply, is a very serious one.

It matters little what we call them, whether certificates or degrees—it makes little difference whether they be M.B., M.D., F.R.C.S., Eng. (Fellow of the Royal College of Surgeons, England), or F.T.M.C., (Fellow of Trinity Medical College). The designation of fellowship or membership of a medical corporation is generally used by its recipients just as any honorary degree is used. In the letter we are told that the certificate carries no license to practise. That is true to the same extent that the M.B. or M.D. of any university gives no license to practise in Ontario; but such certificates or degrees do give a license to practise in certain parts of this continent. The members of the general profession, and especially the Medical Council of Ontario, have good reasons to know the evils which have arisen from giving too much power to medical corporations in Scotland and Ireland.

The effect would be, in the long run, to place the certificates of qualification and degrees on the same plane, and we must insist that our contention that such an Act of Parliament would be equivalent to granting to this school university powers is absolutely correct. We infer from the words of the Dean of Trinity Medical College, that he and his colleagues were actuated by the purest motives, and intended to be very careful as to their methods of granting their certificates;

and we regret under these considerations that the medical men referred to, who are anxious to go up for this examination, will not be allowed to get the Trinity certificate. While the friends of this excellent institution have every confidence in the integrity and ability of the present staff, there will remain in the minds of all a grave fear of possible contingencies in the future. Such powers have been abused in the past, and there is always a serious danger that history will repeat itself in this respect.

We are glad to know that the profession are generally agreed on this question, and will always offer the strongest opposition to the conferring of such powers on any purely teaching body. We have much pleasure in agreeing with Dr. Geikie as to the desirability of retaining the cordial relations which have existed between the Toronto medical colleges for a long time, and on that account hope that such expressions as "very ill-judged and very petty jealousy" will not be used in the future in discussing this important question. We have to congratulate the Faculty of Trinity Medical College upon the judgment displayed in withdrawing the objectionable clause without asking for a vote. The position of the college is so strong, the ability and energy of its teaching staff are so thoroughly recognized, that its continued success is assured without any such extraneous aids as might accrue from the passage of the proposed amendment.

#### UNIVERSITY SENATE ELECTION.

The next election of the Senate of the University of Toronto will take place in May. The retiring members are Dr. Richardson, of Toronto, Col. Gibson, of Hamilton, and Mr. Macbeth of London. Dr. Richardson wished to withdraw, and thus give place to a younger man; but it was thought that he could not be spared at present, and as a consequence of the strong solicitations of many prominent graduates, he consented to leave himself in the hands of his friends. His great ability, influence, experience and loyalty to the University of Toronto will assure his election; and his presence in the Senate is of such paramount importance in the interests of the new medical faculty that we

trust there will be no opposition from any medical graduates.

Col. Gibson, of Hamilton, has consented to be a candidate, and his claims on the graduates are so strong, and his influence so great for the best interests of the University, that we hope he will get the votes of all the faculties.

Prof. Baker, who was so long the Registrar of the University, has such an intimate knowledge of University affairs in all its departments, that his presence in the Senate would be invaluable. We are more than pleased with the fact that he has consented to be a candidate, and feel certain that he will be elected. It gives us great pleasure to ask the medical graduates to vote for this excellent trio:—Prof. Richardson, Col. Gibson, and Prof. Alfred Baker. Don't neglect to send in your voting papers at the proper time.

#### THE NEW SCIENCE HALL FOR THE UNIVERSITY OF TORONTO.

The plans for the new Science Hall are now complete, and arrangements have been made to commence building at once. It will be situated near Moss Hall (the old Medical School). A description of the building appeared in the *Toronto World*, from which we extract the following: The new college will be of stone, very simple in character, of Romanesque or Norman architecture. The greatest length will be 120 feet and the greatest breadth 73 feet. There will be a tower on one corner. The front elevation faces the east. The main entrance is a little south of the middle of the building, and there is another entrance under the tower. A corridor extends from the main entrance back to the end of the building. On the left hand of the corridor are the following rooms: Professors' room, small library, preparatory room, large lecture room for 250 students. The latter has seats arranged on a plan known as the isacoustic curve. On the south side of the corridor are a laboratory for physical physiology, a room for chemical physiology, and a small room for a Fellow. The next floor contains laboratory for vegetable physiology, a morphological laboratory and a room for photography, a work-

ing room, laboratory for histology and elementary biology. The top floor extends only over the southern half of the building. It contains a glass forcing house for raising plants for experimental purposes, and a room for keeping live animal specimens. In the basement are the heating apparatus (steam), aquarium, lavatories, etc. The building has been so laid out that it can be conveniently enlarged when it is found necessary.

### THE GAMBLE CASE.

The letter from Dr. Powell, which appears in this issue of THE PRACTITIONER, contains a very fair statement of facts connected with the inquest on the body of the late Lizzie Bray from his standpoint. While we may differ from the coroner on certain points, we are pleased to acknowledge that his tone is courteous and dignified, and his opinions, which are ably expressed, are entitled to due respect.

We do not think it advisable to discuss again the various questions which arose in connection with the trials, but simply assert our belief that our opinion formerly expressed, that the prisoner was condemned to death on insufficient medical evidence, is correct. As far as we understood the reports in the daily papers, the verdict was as much a surprise to the learned Judge who presided as to ourselves.

It is quite unnecessary to say much about the unpleasant personal aspects of the case. If the coroner was rather severe (as we think he was) in his comments on the actions of a brother practitioner, his explanations are couched in such kind and considerate language, that we think all may well be forgotten in that connection.

### NOTES.

The third Congress of French Surgeons was held in Paris, March 12-17.

The transactions of the Ninth International Medical Congress will shortly appear.

The Loomis Laboratory of the University of New York has been opened for inspection.

The Province of Ontario has at the present time one insane person to each 615 of inhabitants.

Prof. Virchow has left Berlin for Egypt with Dr. Schliemann, the celebrated archæologist.

The Cartwright lectures are to be delivered by Professor Welch, of Johns Hopkins University.

Professor Virchow has demonstrated that laryngeal phthisis may undergo spontaneous cure.

Vienna University has 1560 medical students; while 6650 are engaged in the study of medicine at the German Universities.

Two hundred and ten deaths occurred in Victoria, British Columbia, last year; the death rate was  $17\frac{1}{2}$  per 1000.

The Seventeenth Congress of the German Surgical Society will be held in Berlin, from the 4th to the 7th of April.

The trustees of the London City Hospital have asked the city council for \$1000 per month towards the maintenance of the institution.

A Royal Commission has been appointed to inquire into the questions of degrees for London medical students.

Dr. Richard Wagner (Rundschau), recommends electricity in the treatment of spermatorrhœa, especially when due to sexual excesses.

Dr. Mills (*Edinburgh Medical Journal*) details a case of hydrophobia occurring one year and nine months after the bite of a monkey.

The Alumni of Bellevue Hospital Medical College have erected a tablet in the Carnegie Laboratory to the memory of the late Austin Flint, M.D.

A Sanitary Convention, under the auspices of the Michigan State Board of Health, will be held at Manister, Tuesday and Wednesday, June 6th and 7th.



The International Congress of Ophthalmic Medicine and Surgery will hold its seventh meeting at Heidelberg, from Aug. 9th to 12th next.

The medical friends of Dr. D. Hayes Agnew will celebrate the fiftieth anniversary of his entrance into the profession by entertaining him at dinner on April 6th.

The preliminary programme of the First Congress of American Physicians and Surgeons has just been issued. The Congress will be held in Washington on the evenings of September 18th, 19th, and 20th of this year.

Creolin has rapidly won its way to favor in Germany. It is particularly recommended because it is cheap, non-poisonous and non-corrosive, while a few drops are considered sufficient to give with six or seven ounces of water a solution of very high antiseptic powers.

FRENCH PHYSICIANS.—According to the latest statistics, the number of physicians in France is 11,997. Of these about one-fifth practise the new dosimetric method of treatment, one-tenth are homœopathists, and about one-twentieth hydropathists.

The *Quarterly Review of Narcotic Inebriety*, edited by I. A. Loveland, M.D., is among our new exchanges. It will discuss the etiology, prevention, symptomatology, pathology, prognosis and treatment of narcotic inebriety in all its varied forms. It is published at Gilsum, N. H.

The annual meeting of the Ontario Medical Association will be held in this city early in June. Too much cannot be said of the value of attending such important medical gatherings and of contributing to the interest of the sessions by the reading of papers and the presentation of cases.

Dr. Knorr, a German chemist, has the monopoly for the manufacture and sale of antipyrin, it is the same as dimethyloxiquinisin, which was known in France since 1884, and the Paris Medical Society adopted the conclusion that it

is open to pharmacists to dispense the latter prepared in France when antipyrin is ordered.

Profesor Unna, of Hamburg, announces the opening of a half-yearly course on the histology bacteriology, diagnosis, and therapeutics of diseases of the skin. The course opens on the first of this month. Correspondence may be addressed to Dr. P. G. Unna, Dammthorstr 15. I. Hamburg.

NOTIFICATION OF DISEASE.—The authorities of Buda-Pesth require that all medical practitioners report all cases of abortion at any period of pregnancy. The fœtus and parts belonging to it are to be preserved for the inspection of the coroner. The *Medical Press* facetiously remarks that the British may yet have to report all cases of syphilis and gonorrhœa, and produce "the parts for the inspection of the coroner."

Signor Succi, the well-known fasting man, has arrived in Florence, and presented himself to the Medico Physical Academy (*Lancet*) to undergo a series of tests as to how long he can with impunity subsist without food. The experiment will be conducted under the superintendence of the Professor of Physiology in the institute, and a report will be made as to the result of the fast.

Mr. Christopher Heath (*Medical Press*), thinks that the tendency at the present time is too strongly in favor of slow surgery, free from the agonized cries and struggles of the unhappy patient, who now lies quiescent while his intestines are being manipulated, or his kidney removed, the surgeon takes his time and often, we are told, without sufficient regard to the injury inflicted on the patient by exposure and loss of blood.

The following is taken from a statute in force in Michigan: "No person duly authorized to practise physic and surgery shall be allowed to disclose any information which he may have acquired in attending any patient in his professional character, and which information was necessary to enable him to prescribe for such patient as a physician, or to do any act for him as a surgeon."

Mr. Henry Bergh, of New York, President of the American Society for the prevention of cruelty to animals, is dead. The *Journal of the American Medical Association* thus speaks: "Scientific men, cannot of course, look upon his attempts to abolish experiments on animals as other than the results of his honest, though misguided, zeal, the results of trying to fight an imaginary evil, a practice in which he could see nothing good."

The Harvard Physician and Surgeon's Chair, is, without exception, the most perfect of the kind manufactured, and we have pleasure in testifying to its superior qualities. It is simple in construction, noiseless in its operations, capable of all the positions and movements required, being perfectly balanced, is operated with ease, and as it is also highly ornamental, (with frame of antique oak and upholstered in embossed leather,) it is an elegant piece of office furniture.

"THE CANADIAN PRACTITIONER, which is one of the brightest and best of the journals which come to us from over the border, has donned an entirely new suit, including a cover of new and pleasing design. We are glad to note these signs of prosperity in our contemporary and all the more so as it is entirely deserved, which is not always the case in this wicked and unregenerated world." Thanks, Dear Friend.—*From the Saint Louis Medical and Surgical Journal.*

TOUTING FOR PRACTICE.—A Toronto physician, (M.C.P. & S. Ont.), with a specialty of diseases of throat, lungs, and heart, announces on hand-bills, that he has resumed practice, that calls are punctually attended to at all hours, that electricity is administered after the most approved method; that consumptives are treated by "gaseous injections," the most successful treatment yet discovered; and concludes: "Don't forget the address—Spadina Avenue." All comment on the above atrocity is unnecessary.

The next annual meeting of the American Humane Association will be held in this city,

September 19th, 20th and 21st. While in some departments the association may be doing excellent work, there are connected with it certain fanatics who step across the line of their limited knowledge, and are lost in statements which do not contain even the essentials of truth. From the eleventh annual report of this association, we pick out the following sentences: "Vivisection is useless to mankind. No animal parallels man in anatomical structure, in physiological action, nor in mode or object of life. Vivisection is essentially and unavoidably cruel. The experimentalist argues from false premises, his deductions are wrong, and his applications to the treatment of disease is illogical." What twaddle! and written by a doctor too.

That most reliable firm, John Wyeth & Brother, of Philadelphia—(Davis & Lawrence Co., Montreal), announce to the profession that recent contributions to practical therapeutics, of remedies having remarkable powers, have decided them to prepare a series of compressed pellets, for their more ready and accurate administration. They have collected the most reliable information as to their actions and uses.

The remedies are *Iodol*, a substitute for iodoform; *Salol*, a combination of salicylic and carbolic acids—a salicylate of phenol—which possesses remedial virtues not pertaining to either of its constituents; *Antipyrine*, *Acetanilide* or *Antifebrin*, also, a new remedy similar to antipyrine, and having analgesic property; and *Thalline*, the newest product of chemical art as applied to pharmacology, having similar if not the same powers as it cogeners of the same group of chinoline derivatives.

Dr. William Osler, at Philadelphia Medical Society, said, in reference to the development of pulmonary tuberculosis: "We know but very little yet of the conditions which determine the development of tuberculosis. In part, at least, it is like the old parable of the seed and the sower; the nature of the soil will favor, retard, or prevent the growth. That the bacillus of tubercle will not grow in every soil is demonstrated by autopsies in large general hospitals.

At Blockley, we will find in every hundred sections, say, fifteen or twenty cases with the usual lesions of phthisis; in fifteen or twenty there are no excavations, the lung not extensively tuberculous, but at the apices are small areas of induration, caseous nodules, and a few peripheral miliary nodules. The soil has not been congenial, and the development of the bacillus was restricted. Without bacillus, no tuberculosis; and that opinion is shared by ninety-nine out of every hundred clinicians of day.

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### Correspondence.

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#### THE GAMBLE CASE.

A REPLY FROM DR. POWELL.

To the Editors of THE CANADIAN PRACTITIONER.

DEAR SIRS,—An editorial in your issue for March subjects me to some decidedly ungentle criticism. From the Bray inquest, which you seem to think should never have been held, to the verdict in the Assize Court, all was wrong, and for all you make me responsible. This is the first occasion in a dozen years' experience in the holding of inquests upon which any action of mine taken in connection therewith has been publicly called in question. Your article contains sufficient internal evidence to show that your knowledge of the case under discussion came from two sources—the reports of the newspapers and the statement of the gentleman you were defending. With an all-around knowledge of the facts you could not possibly have reached such conclusions as those to which you gave expression. Permit me to show you that, viewed from another standpoint, this case presents a very different aspect. It is quite true that the evidence *as published in the papers* would not warrant any such charge as *in them* I am reported to have made. Missing the pivotal points, both of the evidence and the charge, these reports conveyed impressions which were unfair to Dr. Ferguson and to myself. The public were led to misjudge him, and the profession to think my words unduly severe. This is well illustrated in the few lines you reproduce from a newspaper, and which you take to repre-

sent what I said regarding a burial certificate. It is composed of sentences picked out here and there from others that modified their meaning. The separation of text from context makes the portion given wholly misleading. It is my belief that you wrote from a sense of duty as a public journalist, from a desire to defend one who had been hardly used, and from no unfriendly spirit toward myself personally. If I may judge from my own feeling when the duty of commenting otherwise than favorably upon a brother practitioner was, by circumstances presently to be spoken of, forced upon me, you may have found your incidental criticism of myself no pleasant task. Will you do me the justice of believing that for the physician last in attendance upon the late Elizabeth Bray I have never had an unkindly thought. We have been associated in many ways, and I deeply regret the annoyance that this case has caused him. My duty would have been performed in exactly the same way had any other physician in the land occupied his position. It was the sending of an unsigned letter to the Chief of Police that led to inquiry into the circumstances which attended the death of Miss Bray; but for it there would have been no inquest. Evidence warranting the holding of an inquest was so promptly forthcoming when I looked for it, that I am unable to understand why you say on this point that "the physician in attendance could get no information to confirm his suspicions." At the first hearing of evidence it became manifest that Dr. Ferguson was being held responsible by many for the making of an attempt to prevent the holding of an inquest. It was current report, not taken in evidence, that Gamble, on the day following the death, had boasted that he was all right, the doctor had fixed it so that there would be no inquest and the certificate would give peritonitis as the cause of death. It was also informally stated in my presence that the friends of the deceased had refused to give the name of the doctor to those who asked for it. Profiting by the delay in his arrest which the granting of the certificate had occasioned, Gamble had arranged for the destruction of certain evidences of his guilt, and was known to have left the city.

In giving testimony regarding the death of

her niece, Mrs. Parsons swore that "Dr. Ferguson said she must have taken something or there must have been interference in some way.

... On account of her sister we did not want to have anything come out, but had we known *who* was to blame we would have been anxious for an investigation. I heard she got some medicine to take from Mr. Gamble." The fair and obvious meaning of this seemed to be that though an abortion had, in the opinion of the attending physician, been procured and death had followed, there was to be no investigation because it was not clear who was to blame in the matter. This evidence made a decided impression on the jury, a specially intelligent one selected with care in view of the serious nature of the case. Thereafter every witness who could be expected to throw light on the question of the certificate was sharply interrogated by its foreman or its members. An impression that there had been collusion to prevent inquiry was evidently present, as remarks to that effect reached me. I mention this simply to explain later events. Of course I did not believe one word of all that was being said in this way, but hoped to have it made clear by the doctor's own evidence, that he had simply overlooked or had been kept in ignorance of the suspicious circumstances. I would have so charged had he not sworn, "I told Mrs. Parsons I felt confident that there had been interference, by drugs or instruments, with the progress of the pregnancy. The rapid development of the collapse and high temperature so few hours after delivery led me to think this. During the illness Mrs. Parsons told me of her suspicions of Gamble."

In conversation with Dr. Ferguson since the inquest, I understand him to think that he included accidental causes with the others mentioned in this connection. The difference would have been material. I did not so hear or record him, nor did the jury or the gentlemen present, whom I have spoken to on the subject, so understand him. In no newspaper report can I find such additional words. Vindication of my course at the expense of an injustice to another would not be worth having. If that was his meaning, it is most unfortunate for all of us that it was not made distinct. Following the above statement, the foreman asked if it

was usual for medical men to give burial certificates, knowing what he had just sworn to. The reply was: "I suspected the interference, but gave the certificate on account of Mrs. Parsons' position, thinking it not likely that anything could be proved with regard to the cause of the abortion." Subsequently the other two medical witnesses were asked about the certificate, and neither one would directly justify its being granted. In summing up since, in view of all the evidence, I could not say that the decision to have no investigation was right, there was left me a choice between passing the subject in silence, and trying to present it in its true light to the jury. To have taken the first and easiest plan would have been a shirking of duty, and would have led to the certain condemnation of the doctor. Questions put by the foreman, the jurors, and the acting C. C. Attorney showed how serious a view was being taken of this matter. Deciding to consider the certificate-giving as a mistake, I charged that there was absolutely no evidence of intentional wrongdoing on the part of the doctor; that while the giving of the certificate was a most regrettable mistake, it was one which any medical man might have made; that we were no more infallible than other men, and that the doctor, more than any one else, would regret having written it, since it had given time for a man guilty of an awful crime to escape arrest. It was through a kindly wish to spare the feelings of the friends of the deceased that it had been given. If into the lives of any of them there had come the bitterness of such a family disgrace as this, they would understand how strong was the desire to avoid publicity and how great the temptation for the doctor to yield to the wishes of the friends. While there had been a want of care in this case, there was no wrong intent. The medical treatment had been entirely correct." The newspapers skipped all this, but put in all, and more than all, that I said reflecting upon the physician in attendance.

It was my expectation that at the most there would have been only a reference to the need for great care in connection with the giving of burial certificates. With the rider attached to the verdict I have never agreed. It was

a hard judgment, not warranted by the evidence listened to, or my explanation of the responsibility for the action taken. Mentioning this, and having in mind the asking for a recommendation of the rider, I was told that I "had tried to let the doctor down easy." The reporters did not make it look like that in the papers next morning.

It is easy to see now that an infinite amount of trouble would have been saved had a coroner been asked to look, with the medical attendant, into the circumstances which surrounded the death. Unnecessary inquests are seldom held in Ontario. There need be neither expense nor publicity; and I am in a position to know that this, rather than the course you mention, is the one usually followed after suspicious deaths.

In reply to the rest of your editorial, permit me to point out that coroners' juries neither try nor pass sentence upon criminals. It was the clear duty of this one to present Gamble for the murder of Elizabeth Bray, and my duty to send him on to a court which could and did give him a fair trial. Though circumstantial largely, the evidence against him had all the elements of reliability. There was the motive for the deed, the means, the opportunity, the declared intent, and then the confession of the attempt. If there had been any undue desire to convict, I should not have kept back evidence of the most direct kind as to Gamble's previous experience in relieving a victim of his lust of the products of conception. This was not admitted, since it would have created unfair prejudice against him. With a true bill from the Grand Jury, a unanimous verdict of murder from the jury that tried him, and a life-sentence from the Minister of Justice, who decided with all the evidence before him, my action in charging that there was sufficient evidence to connect Gamble with the abortion and death of Elizabeth Bray was sustained. I do not claim that the medical evidence against him was unclouded by doubt. There was room for doubt, and of this doubt he should have had the benefit at his final trial. Upon equally strong evidence I shall charge against the next abortionist whose connection with a death I am called upon to investigate; and in doing so I shall count upon the influential support of THE

PRACTITIONER. With or without that support, when the line of duty lies as clearly before me as it did in this case, I shall take it and take the consequences.

Yours respectfully,

N. A. POWELL.

### TRINITY MEDICAL COLLEGE.

To the Editors of THE CANADIAN PRACTITIONER.

GENTLEMEN,—In an editorial article on the Bill recently passed by the Legislature of Ontario, to amend the Act incorporating Trinity Medical School, you made a statement which I desire to correct. You speak of a clause having been added to the bill during its progress through the House, giving the school power to grant "*Degrees*, not only to its own students, but also to students or graduates of other schools or universities." You further say, "This simply means granting to this school University powers." . . . Now what is the fact? Trinity Medical School, ever since its incorporation, has held annual examinations and given a certificate of qualification to those who passed the severe ordeal to which they were subjected, for the examinations held were as thorough as they could be made. The standard was purposely made very high from the first, so as to guarantee that students passing it, should take a high position before the Medical Council, and other examining or graduating bodies whose license or degrees they might desire to obtain.

Occasionally during the past few years application has been made by medical men, sometimes long in practice, or who had just finished their studies, and who had not attended Trinity School as students, for permission to go up for this examination. These have been refused without exception. But as to refuse so simple and reasonable a request seemed hard and arbitrary, it was thought desirable, by the addition of the words "or others" to one of the sections of the Act of Incorporation, to be able hereafter, to admit such applicants to the same examinations which Trinity students undergo. Be it remembered the certificate awarded to successful candidates carries no *license to practise* with it. Nor do we ever desire to see the *licensing power* given either to ourselves, or to

any other Medical School or University. The interests of the medical profession imperatively demand that the power *to license* shall remain in the hands of the *Medical Council*, before whose Board every man, wherever educated, must go before being legally, a practitioner in this Province.

It is difficult to see how the conferring of our own certificate, which is the mere *imprimatur* of our Faculty, upon an occasional candidate anxious to obtain it, can be tortured into *full University powers*. As a matter of fact, it is perfectly incorrect to make such a statement. We desire no University powers nor to infringe in the slightest degree upon the privileges of any of our Universities. We do hold, however, that to say to any young or older man, who wishes to earn by examination a certificate from any medical teaching body, which confers no license on its holder, "*you won't be allowed to get it*," appears singular in a free country, and under a Liberal Government like that of Ontario.

The School, now "Trinity Medical College," cares extremely little about the matter, so little indeed, that so soon as it was known that the entirely erroneous view of the proposed change above alluded to, was being sedulously spread by some rival teachers, and even by a very high University of Toronto dignitary in the Legislature, the clause was withdrawn by the gentleman in charge of the bill at Trinity School's special request. The School regarded the proposed modification as *too small a matter* to deserve the name even of a privilege; and wondered at its being made the excuse for an exhibition on the part of rivals, of what can hardly be regarded by those who know the facts, as other than very ill judged, and very petty jealousy. There is one thing to be much regretted in connection with any manifestation of this sort of feeling; that it is calculated to create more or less unpleasantness between the respective faculties and students of the medical colleges in Toronto, and thus to some extent, unfortunately lessen the cordial relations which have happily prevailed between them for a long time, after years of effort to bring about a state of harmony so desirable and so mutually advantageous.

WALTER B. GEIKIE.

Toronto, March, 1888.

## Book Notices.

*Clinical Analysis of Healthy and Diseased Urine, Qualitative and Quantitative.* By T. C. VANNUYS, Professor of Chemistry, Indiana University. With 39 wood engravings. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street, 1888. Toronto: Williamson & Co.

*Du Catarrhe Chronique, Hypertrophique et Atrophique des Fosses nasales. De l'ozène, obstruction catarrhale des trompes d'eustache, végétations adénoïdes du pharynx. Traitement par la galvano-caustique chimique.* Par Le Dr. Garrigon-Desarènes, Professeur libre d'Otologie et de Rhinologie. Avec 34 figures intercalées dans le texte. Paris: Adrien Delahaye et Emile Legrosnier, 1888.

*Doctor and Patient.* By S. WEIR MITCHELL, M.D., LL.D., Harv. Philadelphia: J. B. Lippincott Company, 1888. Price \$1.50.

This small volume is made up largely of a number of essays which are intended to interest and instruct the laity rather than the medical attendant. It is so readable and refreshing that we can commend it to all. Its general character may be readily gauged from the extracts which appear elsewhere in this number.

*No. 1. Healthy homes and foods for the working classes; No. 2. The sanitary conditions and necessities of school-houses and school-life; No. 3. Disinfection and individual prophylaxis against infectious diseases; No. 4. The preventable causes of disease, injury and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them.* The Lomb Prize Essays. By Drs. V. C. VAUGHAN, D. F. LINCOLN, GEORGE M. STERNBERG, and Mr. G. H. IRELAND. Published by the American Health Association.

*Sexual Impotence in the Male and Female.* By WM. A. HAMMOND, M.D., of New York. Detroit: George S. Davis.

It is unfortunate that so noted a neurologist and gifted a writer as the author of a "Treatise on Diseases of the Nervous System" and of "Lal," should give his time to compiling a series of cases, the reading of which is neither elevating nor instructive. It contains ample food for a sexually morbid mind. The book is well printed and attractively bound.

*Nasal Polypus; with Neuralgia, Hay-fever, and Asthma in its relation to Ethmoiditis.* By EDWARD WOAKES, M.D. Lond. London: H. K. LEWIS. 136 Gower St., W. C., 1887.

A perusal of this work impresses one with the idea that the title—especially that on the back of the book—is deceiving. It is not so much to nasal polypus that the author's attention is given, but rather to an exhaustive account of inflammation of the ethmoid bone, or more particularly that portion of it known as the middle turbinated bone. To a certain process of necrosis which takes place in the bone and the formation of minute spiculæ which cause irritation, the author attributes the subsequent hypertrophy of the mucous membrane, and also the pathological origin of the mucous polypus. Further, the pressure caused by the hypertrophic enlargement of the middle turbinated bone on nerves of the septum—especially on the nerve of cotunnus—give raise by reflex action through the sympathetic system to various forms of neuralgia, to the symptoms of hay-fever and nasal asthma, as well as paroxysmal sneezing and coughing. The subject is argued out most thoroughly, and is no doubt highly scientific. The work ought certainly to be carefully read by all those who are desirous of an intimate knowledge of the pathology of some important diseases of the nasal cavities.

*Operative Surgery on the Cadaver.* By JASPER JEWETT GARMANY, A.M., M.D., F.R.C.S. New York: D. Appleton & Co., 1887.

Given a cadaver and the opportunity of using it, what manipulations and what operations can be practised upon it to the greatest advantage? This seems to have been the question which Dr. Garmany in the volume before us has tried to answer. His answer is, in many respects, a satisfactory one. Regarding certain operations—ovariotomy for example—very little can be learned by operating upon "subjects." But the list of operations which can be helpfully practised on the cadaver is a long one, and the value of such practice is being more and more appreciated. Diligence in reading without practical training will no more make a surgeon, than will the study of colors make an artist without experience in the use of the brush or pencil. Valentine Mott,

who is said to have performed more operations than any other surgeon living or dead, used to practise over and over again upon dead bodies the operations which he proposed to do upon living ones. When the Ontario Medical Council, which has done so much for medical education, adds to its other requirements for license to practice here, the proof of a practical acquaintance with art of surgery, books of this kind will be more in demand. Until then, its sale here will probably be a limited one. No words are wasted in the instructions given, nor is clearness sacrificed to brevity.

Being based largely upon Stephen Smith's "Operative Surgery," we may feel assured that the methods advised in this book are the best now known to the profession.

The mechanical execution of the work is up to the Appleton standard. Saying this, what more need be said? Who has seen, in recent years at least, a badly issued medical work, bearing the imprint of this firm.

*Transactions of the American Gynecological Society, Vol. 2, for the year 1886.* New York: D. Appleton & Co.

This is a very valuable publication. It should be read by every medical practitioner who is engaged in the treatment of uterine maladies, or who desires to obtain a better knowledge of this important branch of medical art. The book contains 516 pages; the paper is excellent and the typography is faultless.

The papers are unusually able and instructive; some are longer than, perhaps, the audience may have desired, and others are shorter than their merits should have demanded. That of Dr. Engelmann, on "Electricity in Gynecology," does not belong to the latter category; it covers 150 pages, but considering the great importance of the subject, and the high role which this therapeutic agent is destined to assume, in the treatment of numerous morbid conditions that have heretofore perplexed or utterly defied the ablest practitioners, it cannot be charged against Dr. Engelmann that he has written too much. An accurate knowledge of the most improved system of manipulation in electrolytic practice is not less important than diagnostic exactitude, and the readers of Dr.

Englemann's paper will find that he has not been at all niggardly in this relation.

Of the numerous other papers in the book it is impossible to speak at such length, or in such terms of commendation, as their importance should claim. When we say that among the contributors and speakers are to be found the names of Thomas Addis Emmit, Fordeyer Busker, John Goodman, Robert Batty, M. D. Mann, W. H. Baker, and last, but by no means least, that of our own townsman, *James B. Hunter*, we think no further guarantee will be looked for by any Canadian practitioner who has given his attention to the literature of modern gynecology. Apropos of our friend Dr. Hunter, it is most gratifying to all who knew him here, and have watched his career, to see that he has already attained a very respectable position in his profession; and those who were cognizant of his superior talents, his moral worth, and his untiring industry, all look forward with high expectations and the kindest wishes for his future well-being and honorable success. Finally, we venture to say that Dr. Hunter's paper on "*Persistent pain after abdominal section*," is a most sensible and instructive production, and in these days of electric velocity, it is well-timed.

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### Personal.

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Dr. Barton has removed to College Street.

Dr. G. S. Ryerson leaves for Europe in May.

Dr. McKid, of Seaforth, is now in Vienna, Austria.

Dr. W. P. Caven, Toronto, has received the L.R.C.P. London.

Drs. Platt and Roome have been re-elected to the House of Commons.

Dr. Sweetnam expects to return to Toronto about the middle of April.

Dr. G. A. Peters has been appointed examiner in chemistry for the Council.

Dr. J. E. Elliott has been appointed Surgeon to the Toronto Field Battery.

Dr. H. C. Wood has resigned from the staff of the Pennsylvania Hospital.

Dr. and Mrs. Arnott, of London, have gone to California for a holiday trip.

Dr. Adam Thomson has commenced the practice of his profession in Galt.

Dr. Pepler has returned from England, and commenced practice on College Street.

Dr. Kidd, formerly of Wellington, Prince Edward County, has located in Picton.

Dr. Campbell, of Newbury, has recovered from his severe illness and resumed practice.

Drs. Grasset and Teskey were appointed to the staff of examiners for Victoria University.

Dr. Sam. Cummings, Toronto, has received an appointment to Bellevue Hospital, New York.

Dr. A. H. Ferguson has been elected professor of surgery in Manitoba College, in place of Dr. Kerr.

We regret to learn Dr. J. D. Wilson, of London, has left that city for California, owing to failing health.

Dr. James Kerr, late of Winnipeg, has been appointed to the medical staff of the Garfield Memorial Hospital, Washington.

Dr. W. T. Councilman, Associate Professor in Pathology in the Johns-Hopkins University, has been elected to the chair of anatomy. Four of the chairs are now filled: anatomy, pathology, chemistry and physiology.

At the Annual Meeting of the Association of Executive Health Officers of Ontario, the following were elected to the various offices: President, Dr. P. P. Burrows, Lindsay; 1st Vice-President, Dr. E. Griffin, Brantford; 2nd Vice-President, Dr. C. McLellan, Trenton; Secretary-Treasurer, Dr. P. H. Bryce, Toronto. Members of Council were afterwards balloted for, the following being elected: Dr. Tracy, Belleville; Dr. Sweetland, Ottawa; Dr. Lundy, Preston; Dr. Cassidy, Toronto; and Col. Deacon, Lindsay.

The Medical Society of Toronto University will be officered by these gentlemen this year: President, Dr. A. H. Wright; 1st Vice-President, H. A. Yeomans; 2nd Vice-President, Geo. Shannon; Recording Secretary, W. C. Morrison; Corresponding Secretary, T. S. Webster; Treasurer, J. R. Arthurs; Curator, J. C. Smith; Councillors, H. A. M. Coll, C. F. McGillivray, G. L. McBride, T. E. Bennett, F. Sandison.



## Miscellaneous.

CHRISTIAN SCIENTIST.—“Have you ever tried the faith cure for your rheumatism?”  
 PATIENT.—“Yes, I’m trying it now. I’ve got in my pocket the left hind foot of a graveyard rabbit that was killed in the dark of the moon, and I’m blamed if I don’t think it’s helping me.”  
*New York Sun.*

THE DOCTOR’S CARRIAGE.—The late Dr. Biddle, of Philadelphia, is alleged to have held peculiar views on the question of the doctor and his carriage. He did his work (and he had a great deal of it to do) entirely on foot. The driving of one horse, he held, is evidence of physical weakness, and the driving of two horses is an indication of mental weakness.—*Med. Age.*

PRACTICAL ANATOMY.—They had asked Dr. Sandblast, the eminent surgeon, to carve the festal fowl, and he stood over it with the carving knife delicately held in the first position. “The incision, you will observe, gentlemen,” he began dreamily, “commences a little to the left of the median line, and—oh, excuse me, Mrs. Parmalee—I thought I was in the—*may* I help you to a little of the femur?”—*Puck.*

VIENNA.—My stay in Vienna is fast drawing to a close, and I shall leave it with many regrets. Added to its almost perfect opportunities, the city affords many attractions. The Viennese themselves are courteous and agreeable, and one soon excuses the Bohemian whose egotism and rudeness come from ignorance. It must be confessed that the Russian element is not an agreeable one to deal with. They are the personification of greediness and aggressiveness, and if one may judge of the nation as a whole from its medical students, who throng here, posterity will, perhaps, find it possessing the earth, with ultimate designs upon heaven. This, however, does not interfere with the study of medicine here, and to all who contemplate a foreign trip for this purpose Vienna can be confidently recommended as a centre where a maximum amount of work can be done with a minimum waste of time.—*Correspondent of Med. Press, Western New York.*

Professor Samuel D. Gross says in his autobiography: “To accomplish great ends demands patience, perseverance, unswerving application, order and system, and a definite aim—in a word talent rather than genius. The only genius I possess is the genius of industry; if I have any other I have not been able to discover it. The position which I have attained in my profession has been achieved by hard blows, by no special intellectual endowment, by no special gifts from God, by no special favor from man, but by my own unaided efforts, continued steadily and perseveringly through a long series of years, during which a kind Providence afforded me sound health, lofty ambition and unflinching fidelity to my profession. I never spoke ill of a professional brother, or did anything directly or indirectly to undermine his standing with his patients, the profession or the public. On the contrary, I have often gone out of my way to sustain and defend him; sometimes, I fear, when silence might have been the correct course.”

## Births, Marriages, and Deaths.

### BIRTHS.

WATSON.—On Saturday, March 10th, at 10 Euclid Avenue, the wife of A. D. Watson, M.D., of a son.

### MARRIAGES.

FREEBORN-GARDNER.—On the 21st of Feb., by the Rev. J. T. Smith, assisted by the Rev. J. Galloway, at the residence of the bride’s mother, Greenbank Cottage, Invermay, James S. Freeborn, M.D., of Markdale, to Mariette Elizabeth, youngest daughter of the late Luke Gardner, Esq.

### DEATHS.

WOODILL.—On the 3rd March, in Halifax, N.S., William N. Woodill, M.D., in the 38th year of his age.

GAHERTY.—On March 12th, in Montreal, Emma L. Guy, wife of D. D. Gaherty, M.D., aged 37 years.

GAIRDNER.—On March 22nd, at Bayfield, Ontario, Robert Hutchison Gairdner, M.D., L.R.C.S. Edinburgh.

BARRICK.—On Saturday, 17th March, of convulsions, Gladys Edith, youngest daughter of Dr. E. J. Barrick, aged 6 months and 17 days.