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THE
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THE PRESIDENT'S ADDRESS.*

BY JOHN W. COVENTRY,
WINDSOR.

IN meeting you to-day I am brought face to face with a difficulty which all men must feel when they occupy an office by courtesy and not by merit.

Were it not for the twice honored custom of presenting an address I would content myself with bidding you welcome, and wishing you Godspeed.

At a national gathering of this kind you have a right to expect at my hands a resume of the scientific discoveries of this year in all the branches of the profession, and perhaps a brief forecast of the advantages which these inventions and conceptions confer on mankind. Unfortunately my limited opportunities to speak from actual knowledge of these things, bars me from discoursing with

*Delivered at the meeting of the Ontario Medical Association, Toronto, June, 1897.

authority, and my reading has been too meagre to attempt a summary having any pretention to completeness.

You will therefore bear with me if I leave the scientific side of the subject to those who are themselves engaged in original research, and are following closely the avenues opened up by other explorers.

My remarks will be confined to the socioethical domain of medicine—a field which to-day presents enough of unassimilated material to fill a large sized book. While the evolution of time has brought about great changes in the scientific aspect of the profession, a practical and ethical change in its methods is also rapidly taking place.

Where is the family physician of the past? A quarter of a century ago he was as much a social as a professional factor in family life. To-day, except in the country, he exists more as a "holy memory" than as an active and trusted quantity. He may still be retained as an occasional family adviser, in a sort of an abstract way, but his laurels are already on the brow of his juvenile coadjutor—the hustling specialist. This may be for the public weal, or the public woe, but the fact remains that the old and trusted family physician is passing into oblivion, appearing occasionally on the horizon as a mirage reflected by a McLaren when he invokes the shades of Drumtochty. Have any of you considered the cause of this decadence? Is it for want of individuality in the man himself? Want of training? Want of application? Want of skill? Has the adoption of commercial standards, or mercenary methods, on the part of himself or his rivals anything to do with it?

Whatever the causes are, we find him to-day split up into specialities, and the average family has taken on a sort of centrifugal action with respect to their ailments. The Major Domo has had a long standing hæmorrhoidal affection, and a "Rectal Specialist" has him in hand. Madame, in the struggle of maternity, has received injuries which she thinks require the services of a Gynecologist.

The elder son has a pain in his back and is doing his own "doctoring." The patent medicine advertisement is getting its deadly work in on him, and his pocketbook—and his back still aches.

The elder sister has trouble with her eyes, and an alleged oculist is treating them.

Another scion has a "catarrh" so called. He is in the hands of a "Throat and Lung Institute."

Another daughter has a friend who has an unrevealed trouble

and goes twice a week to a doctor (?) who cures *all* his patients with electricity, and the young lady is easily persuaded to *try him* for—constipation.

A younger brother has an unseemly eruption and a “skin specialist,” after exhibiting the pictures and the pickles in his office, promises him a “skin like velvet,” but he will have to take medicine for six months.

But why multiply the evidence, the fact is known to every one of you that united families, so far as a common physician is concerned, is the exception nowadays.

I am not prepared to account for this state of things, but I may be pardoned if I suggest that some of us are largely responsible for it ourselves.

There is a trite saying “that too many men abandon the study of the profession when they begin the practice of it,” and in the busy life a doctor leads, when his rides are long and tiresome, when his sleep is broken up, when he is struggling to build up a practice, and can scarcely make ends meet, it is not to be wondered at if he does not keep abreast of the times with his reading, or, if he is not within reach of the city and its hospital clinics, he is very apt to drop into the rear rank.

A POST GRADUATE COURSE.

I am more than justified in making the suggestion that a few months spent in a post-graduate course every five years would be of incalculable benefit to him, and if Alma Mater, when, with benedictions and a diploma, sends forth her Neophyte to heal the sick, the appellation of “graduate” in its broad sense should be reserved, and the warrant to practise his profession, be made contingent on his return every five years, for revision, instruction, and further promotion.

A short practical course with this object in view could easily be devised and carried out by every Medical teaching body, and the result would be a boon to the profession, a benefit to the public, and the fractional tendency of the age would be greatly reduced.

One of the most easily belittling sins of the physician is to engage in some kind of supplementary occupation. It is natural enough that he does so, because the emoluments of a strictly professional career are not equal to the income of a successful commercial man.

The deflection may be elevating, or it may be debasing in its tendency. Literature and art have their votaries among the profes-

sion. Some are of an inventive turn of mind, and do not always confine their ingenuity to their own art. Joint stock companies generally have a representative physician on their directorates. Some develop a religious tendency, and spend a great deal of time with that and cognate subjects. Politics, however, is the great electric light which attracts the medical moth, and the ground around it is strewn with its victims.

It matters not whether it is the municipal moth, the legislative moth, or the federal moth, which the deluded doctor has in his bonnet, the effect on his scalp is all the same, for in ninety-nine cases out of a hundred he loses it.

To be successful in any of those ventures time and money must be given up freely, because the heaven-born statesman is just as much a *rara avis*, as the celestial advent of a doctor.

The moment he launches his bark on the political sea, that moment his thoughts diverge, and those who have felt the maelstrom of a political vortex, will tell you that the eddies of professional life are dead calms by comparison.

No matter what the fad may be, or what the motive is, just in proportion to the time and thought which is diverted from his professional studies will he fall behind in his standing as a physician, for it is a calling requiring a concentration of all his best faculties to keep up with the advance of modern thought and modern practice.

While these remarks might be more beneficial if directed to a class of students than to the matured savants, who largely compose my audience, yet the warning may not be too late to benefit some who have made the fatal mistake of listening to the Banshee's voice, but who can yet be made to see the error of their way, and can be induced to return to their first love.

I inscribe it in luminous letters on the wall that it is easier to serve God and Mammon than to engage in commerce and politics, and at the same time occupy the front rank as a physician or surgeon.

CONTRACT LODGE WORK.

Did time permit I would like to add my protest against the debasing practice of contract lodge work.

Vampire never bled its prey more mercilessly than the pseudo-benevolent societies have the lodge doctor. While wholly dependent on him for existence the lodge committees have dictated a ridiculous fee for his services, and the plastic physician, by his acceptance of it, has signed an acknowledgement that he has joined the

army of men who are doing business by giving "a quarter off," "tremendous bargains," "slaughter sale," or "cut rate tickets."

Nowhere is the medical profession "on the down grade" so much as in pandering to this influence, and left to their own impulses as they have been in the past, with no authoritative mandate on the subject, a certain class of physicians continue to transgress. The very worst feature of the whole affair is that they are nearly a unit in declaring against the practice, and believing it is subversive of the best interests of the profession, are willing to abandon it, but are deterred from doing so because some of their confreres are only watching the opportunity to slip into their shoes.

The following resolution was submitted to the Association of P. and S., Windsor, but is held in abeyance, pending some uniform action on the part of this association, or of the Medical Council, which will impair the standing and brand the transgressor as an unworthy member of the profession.

"Whereas this society has had under consideration for several months the question of lodge practice, and after considering it carefully, the following conclusion has been arrived at, viz. :

"That lodge practice, where an annual per capita contract is entered into for attendance on members, is subversive of the best interests of the medical profession and calculated to lower its dignity, as well as to deprive it of legitimate fees.

"Throughout the whole discussion on the subject no argument has been adduced to defend the practice, and inasmuch as all medical men in the city are financially victimized by it ;

"It is therefore resolved, that those whose names are under-signed agree, one with the other, to withdraw from lodge practice, and after their present contracts have expired we will not renew them under penalty of expulsion from this society."

Article VII. might be made to cover this point by the addition of a few sentences, and I would like to see a committee appointed before this meeting adjourns to deal with this and other subjects, the outgrowth of changed conditions, since the constitution was framed.

I wish in a few words to put myself on record as a volunteer in any well-considered movement which may be devised to protect the public against the incubus and modern octopus, "the proprietary chemical" manufacturer, *et hoc genus omne*. He has fastened himself on the profession, just as the quack advertisement has wound itself around the public.

The flood of literature poured into the doctor's office, calling attention to this and that "derivative" is appalling, and the prices charged are in many instances equal to the profit of highway robbery.

There are drugs in the market to-day, and reputable physicians are ordering them freely for their patients, on which the profits to the manufacturer are over 2,000 per cent.

Truly the doctor is much more wanton with his patient's purse, and a much more tolerant member of society than the average citizen.

Let a manufacturer of machinery, a railroad company, or one of the so-called combines, charge the public an exorbitant profit like this, and an outraged community would applaud the mob if it battered in the doors and windows of these establishments. All countries are interested alike in this matter. If we cannot reach the extortioners by professional restrictions, legislative measures can be adopted to tax the output at the point of manufacture, on a scale to be determined when the difference between its cost and selling price shall have been ascertained.

Before closing, I ask your undivided attention to a subject which is of paramount importance to the medical profession as individuals, to the profession as a local organization, to the profession as a national entity, and to its relations with other countries which have adopted a curriculum consistent with the scientific discoveries of the age.

A DOMINION STANDARD.

You are all aware of the anomalous condition of the medical profession in the Dominion, inasmuch as a graduate of one province cannot legally practice medicine in any of the others. Each province has closed its doors and erected itself into a close corporation. The individual doctor says, "This territory is mine. I have, at great expense of time and money, conformed to the high standard required by law, and I must be protected against the man who has been 'pitchforked' into the profession." And who is prepared to deny the force of this argument? But, on the other hand, who will deny that if we are to command the respect of our sister provinces, and of the profession outside of them, *we should be as one among ourselves*. The subject has been threshed out pretty thoroughly in the medical journals and by the Medical Council, but as far as I can see there is no earnest effort being put forth to solve the difficulty.

I think I am within the facts when I state that the standard of qualification is higher in Ontario than it is in any other province in Canada, or any State of the Union; and, while we feel justly proud of this eminent position, you have not failed to notice that it

amounts practically to an alienation of our confreres, who are more leniently dealt with in passing the rubicon.

To my mind, the chief cause for this condition of things is that a yeomanry, which has not its peer for intelligence on this continent, has placed educational and university matters in the hands of experienced and talented teachers, and the result is that these educators, keeping pace with advanced thoughts and methods elsewhere, insist on a standard for the Ontario student second to none in any part of the world, if you take the standard as a whole for comparison.

Other provinces are content with a less exacting standard, yet one in which they may be quite within the average gauge in other civilized countries.

Now, while I would not advocate a lower standard for our own university graduates, I would suggest the formation of a Dominion board—this may have been suggested before—whose duty it would be to adopt such a standard of examination as would admit properly authenticated graduates from all the provinces. I would also give it discretionary power to grant certificates to members of the profession, who had been years in practice, if they wished to change their residence from one province to another. The certificate would be conditional upon a good showing as to habit and repute, and, if thought necessary, a lenient oral examination.

This board would take the place of the present Provincial Examining Board, and in a few years the standard of the several provinces would be perfectly assimilated, the present bone of contention removed, and we would then be in a position to ask Great Britain and other countries to grant us registration, which we would reciprocate in kind.

I am not wedded to this or any other method to accomplish a union, but I am intensely impressed with the idea that if we are to be entrusted with the development and destinies of this new country, we must not add a medical barrier to the religious, racial, and other obstructions, having a tendency to prevent and postpone the unity of this country, and of placing its medical profession in the attitude which one scientific man should bear towards another. In dealing with this matter let us eliminate the animosities of the past, if there are any, and with a single eye to the prosperity of the profession, and the resultant advantage to the public, let us lay the foundation stone of the new structure in this Victorian year.

THE PRESENT STATUS OF SERUM THERAPY.*

By R. FERGUSON, M.A., M.D.,

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LONDON, ONT.

THE study of serum therapy is yet in its infancy. The success of the antitoxine treatment of diphtheria has given it a remarkable impetus within the last year or two.

IMMUNITY.

The nature of the power which so many infectious diseases have of conferring immunity from subsequent attacks is not yet understood. The character of the changes effected by a prophylactic agent in the system is likewise still undetermined. The variation in the period of acquired immunity ranging from a few weeks to years or a lifetime has so far received no satisfactory explanation. These are questions of profound interest, but medical science has not yet satisfactorily furnished their solution.

THEORIES OF IMMUNITY.

There are two leading theories on the subject of *natural* immunity, viz., (1) the cellular theory, and (2) the humoral theory. The cellular theory claims that natural immunity depends upon the seizure of invading micro-organisms by amœboid cells, and that these organisms are subsequently destroyed in the interior of the cells. This is the doctrine of phagocytosis as advanced by Metschnikoff, but it has not stood all the tests of experimental criticism. The humoral theory attributes immunity to the germicidal properties of the *serum* of the blood. This view is now accepted by the greater number of investigators of the present day. The last generation of observers was occupied chiefly with the study of cell life and manifestation, but within the last decade a great deal of study has been devoted to the body fluids, and especially the blood. Most careful investigation has been made of the changes wrought in the blood as the result of disease and of therapeutic agents. But, however great

* Read before the London Medical Association May 10th, 1897.

these changes may be, they are the direct and ultimate effects of cell activity, and on this account blood pathology and cellular pathology are inseparably connected. The humoral theorists concede that the germicidal property of serum is derived from the cells, and hence there has recently been a partial reconciliation between the cellular and humoral theories.

ACQUIRED IMMUNITY.

Apart from natural immunity there is an *acquired* immunity, the so-called antitoxic immunity, and it is with this form that serum therapy is chiefly concerned. Natural immunity probably depends upon some inherent property of the fluids or cells of the body. Acquired immunity, according to Behring, is due to some chemical alteration in the quality of the blood. Other investigators hold that the antitoxin acts primarily on the cells of the blood, imparting to them the power in turn of destroying the toxine in the blood. Armand Ruffer points out that the antitoxic effect is not of the nature of a chemical reaction, inasmuch as it is found that while one part of antitoxin neutralizes one part of toxin, yet ten parts of toxin require only two parts of antitoxin. Therefore, the reaction, whatever its character, is not of the nature of a simple chemical equation.

CURATIVE EFFECTS OF IMMUNIZED SERUM.

Blood serum is employed for curative purposes even more extensively than for its prophylactic effects. The difference between the prophylactic and curative effects is probably one of degree rather than of kind. To produce curative results, the antitoxic power of the serum must be augmented by successive injections of increasing amounts of the poisonous toxin into the animal undergoing immunization.

SEPTICÆMIA AND TOXÆMIA.

The action of a serum in combating a general septicæmia and a toxæmia arising from localized infection would appear to be quite distinct and different in character. Septicæmia is a condition in which there is a general distribution of the bacteria throughout the body, as well as at the point of inoculation, as *e.g.* in anthrax. In diphtheria, on the other hand, the blood, tissues, and organs generally are free from bacteria, and these organisms are found only at the seat of the membrane, but the toxins produced at the point of inoculation are absorbed and enter the circulation, thereby producing the condition of toxæmia, or poison in the blood. In both

septicæmia and toxæmia, however, death is produced by the poisonous products resulting from the growth of the infecting bacteria, whether the organisms are distributed throughout the body or remain localized. A serum may either be antitoxic or anti-bacterial, or both : that is the antitoxic substance and the substance immunizing against the living bacilli seem to be distinct, and when the two properties co-exist in the same serum, it has been demonstrated experimentally that they are not formed simultaneously or to the same degree. In toxæmia a neutralizing antitoxine is employed, the active principle of which is possibly a ferment ; in septicæmia a serum is indicated which is not only antitoxic, but which is also immunized against living bacilli. Such a serum is obtained by injecting into the animal, whose blood is to be immunized, gradually increasing doses, not only of the toxin but also of the living bacilli, a serum which prevents fresh inoculation by the organisms, as well as neutralizes the toxin of the disease.

PRACTICAL APPLICATIONS OF SERUM THERAPY.

The disease which has yielded the most brilliant results to this method of treatment is unquestionably *diphtheria*. The triumphs of serum-therapy in this disease are so well authenticated and familiar that I shall not enter into the antitoxin treatment of diphtheria.

PUERPERAL SEPSIS AND ERYSIPELAS.

The close relationship of erysipelas and puerperal fever has been recognized by many authorities, and the impropriety of attending a case of confinement after handling erysipelas is now well understood. Both diseases are caused by the same micro-organism, viz., the streptococcus pyogenes, at all events the weight of evidence is in favor of the identity of the organism common to both. The names of Rogers and of Marmorek, of the Pasteur Institute, Paris, are most prominently identified with the discovery of anti-streptococcus serum, dating from February, 1855, and the serum in common use bears the name of the latter investigator. In forty cases of puerperal fever treated by this method, Marmorek reported 60 per cent. recoveries, and of forty-six cases of erysipelas all recovered. The diverse and less favorable results since obtained by other experimenters with this serum, may be due to various causes, e.g., imperfect technique, mixed infection, and possibly different varieties of the streptococcus being unequally sensitive to the serum. The anti-streptococcus serum is powerless against infection by bacilli coli-communis and staphylococcus infection. It has given the best results in the hands of French clinicians. No bad after-effects from

its use have been reported. The field for its application is extensive. It promises to be useful, not only in the diseases directly due to streptococci, as puerperal fever and erysipelas, but also in streptococcus infection complicating or following other diseases, as in scarlatina, diphtheria, tuberculosis, etc.

ANTI-TUBERCULAR SERUM.

Koch's tuberculin is not, strictly speaking, a serum, nor is its action that of an antitoxine. It is a poison produced by the tubercle bacillus in its growth, and is supposed to cure by temporarily intensifying the morbid process going on in tubercular disease, thereby exhausting the activity of the infecting agents and permitting the vitality of the tissues to regain their ascendancy over the disease. The unexpected toxic effects produced in the human subject by the use of tuberculin at once limited its use, and brought the remedy into discredit. With antitoxin the harmful effects which the diphtheria poison produces are borne by the animals which are inoculated, and not by human beings which are subjected to the treatment. Prof. Klebs' antiphthisin is a tuberculin with the toxic products eliminated, but retaining the germicidal properties. From its use Klebs reports a fair proportion of favorable results in all stages of human tuberculosis. Last month Koch announced a *new* tuberculin,² prepared through mechanical destruction of the bacilli. The remedy is given in graduated doses in the same way as the old tuberculin, but produces no unpleasant symptoms and no toxic reaction. Koch claims that the tendency of disease is to produce immunity against itself, and as evidence he points to the fact that in acute miliary tuberculosis the bacilli are present at first in great numbers, but gradually disappear with the progress of the disease. This he believes is the result of an acquired immunity induced by the disease, but the immunity in this disease unfortunately comes too late. His theory of treatment is that we must, if possible, imitate what takes place in acute tuberculosis, while avoiding the fatality of this disease, and this he believes he has accomplished in the production of his new tuberculin. The hopes and expectations which were so sorely disappointed in his old tuberculin can only now be rekindled by confirmatory evidence and results which time alone can furnish.

The anti-tubercular serum in current use is the discovery of Maragliano, of Genoa, the product of three years' experimentation and research. It is a serum presumably containing tuberculous antitoxine. Maragliano reports curative results in 16 per cent. of

the animals experimented upon, and amelioration in 48 per cent. additional. In man the serum, it is claimed, has given equally favorable results, but sufficient time has not yet elapsed to determine with certainty its curative value. The discoverer intimates that it can be of curative value only in cases where no destructive foci exist, and depreciates exaggerated expectations in advanced stages of the disease.

ANTI TETANIC SERUM.

Special difficulties operate against the successful use of this anti-toxine. As time elapses after inoculation with the tetanus bacillus, the amount of serum required for curative effects rapidly increases, and before a diagnosis has been made the tetanus poison usually has accumulated in considerable quantity in the system. It has not been proved positively that the serum neutralizes the poison which has been received into the system before the injection of the serum, although it is capable of neutralizing poison formed after its administration. The serum is obtained from the blood of the horse, immunized after the method of Tizzoni and Cattani. In practice it has not yielded all the hopes raised by its advent, yet it is generally admitted to be a useful adjuvant in the treatment of tetanus, if not always a certain antidote.

SERUM-THERAPY IN THE TREATMENT OF INOPERABLE MALIGNANT TUMORS.

Occasional cures in malignant tumors after an intercurrent attack of erysipelas, led investigators to inoculate tumors with erysipelas germs, but the method proved impracticable, on account of the frequently fatal results from the erysipelas. Coley modified the method and got better results from the toxins of erysipelas germs, the germs themselves having been removed. More recently he used a mixture of the toxins of erysipelas and prodigiosus with still more favorable results. Numerous investigators confirm his observations, while other experimenters do not find the claims sustained. This remedy has evidently not yet passed through the tentative and experimental stage".

SERUM DIAGNOSIS OF TYPHOID FEVER.

If the serum obtained from the blood of a typhoid patient be added to a culture of typhoid bacillus, the bacilli cease to move about in the fluid, then they become agglutinated in clumps, and, lastly, some of them become deformed and break down. Here we have the stages of inhibition, agglutination, and destruction of

typhoid bacilli. In marked cases these changes take place almost instantaneously on adding the culture to the serum : in the majority of cases the reaction occurs within fifteen to thirty minutes, and in exceptional cases it may be delayed for several hours. These changes are known as the reaction of Widal, after Dr. Widal, of Paris, who only as late as June of last year¹ first proved the reaction to be of diagnostic value in the early stage of typhoid fever, although Gruber and Durham had some time previously given the first exact description of the phenomena of agglutination. Widal further showed that the reaction was one of infection and not one of immunization. Of 422 suspected cases tested by Widal, Durham, Greene, Wyatt, Johnson, and others, during the latter half of last year, a positive result in accord with the clinical history was obtained in 312 cases. In only 12 cases did the diagnosis subsequently prove apparently misleading. Dr. Park, of the New York Health Department, reports the reaction obtained in 101 out of 130 suspected cases² examined during the same period. At the Congress of American Physicians and Surgeons, held at Philadelphia last month, Dr. Shattuck, of Boston, reported that of 125 cases of typhoid tested at the Boston City Hospital, the reaction was absent in only one case. At the same meeting, Dr. Osler reported that in 44 cases examined at Johns Hopkins the reaction was obtained in every case. Both these observers stated that it was not usually obtained earlier than the end of the first week. Dr. Brannan, of New York, claims that in 95 per cent. of typhoid cases, the reaction is obtainable some time within the first nine days. Unfortunately, the reaction is not as marked in the first two weeks of the disease as in the latter half. Dr. Park obtained it in 75 per cent. of his cases in the first two weeks, and in 92 per cent. in the third and fourth weeks, and in no case with a clear clinical typhoid history had there been throughout the entire course of the disease no reaction at all. In the few cases in which Widal's reaction is obtained in other diseases, there is room for a suspicion of mixed typhoid infection. The reaction diminishes rapidly after the recovery of the patient. Blood drawn six months after recovery seldom gives any reaction.

Sero-therapy has been tried in nearly all known microbic diseases, and also in most of those in which the pathogenic agent has not yet been discovered, although supposed to be of bacterial origin. The limits of this paper will not, however, permit me to go further into the subject. That the serum treatment of all infectious processes may be the treatment of the future is the firm belief of many painstaking students of therapeutics. Whether their expectations

will be realized, time alone must demonstrate. While the outlook seems hopeful, and while the extended applications and generally satisfactory results of this method of treatment are rightly received with much enthusiasm, it must not be hastily accepted as a panacea for the cure of all infectious diseases, and its claims can only be established after it has stood the test of universal clinical experience, as well as extended scientific research.

REFERENCES.

- ¹ *Glasgow Medical Journal*, July, 1875; ² *Deutsche Medicinische Wochenschrift*, April, 1897; ³ Marmorek's anti-streptococcus serum, Maragliano's anti-tubercle serum, and Tizzoni's anti-tetanic serum are all manufactured in the biological laboratory of Parke, Davis & Co.; ⁴ *Semaine Médicale*. 1896, p. 259; ⁵ New York Academy of Medicine, June, 1897.

THE DIAGNOSTIC VALUE OF KNEE JERK.*

BY DR. D. CAMPBELL MEYERS,

TORONTO.

THE importance of the knee jerk in the diagnosis of diseases of the nervous system must be my excuse for taking up a subject with which many of you are already so familiar; but I had hoped that, with the aid of this diagram, a discussion of a few of the points about it might be of interest to some of the members.

The knee jerk is present, with very rare exceptions, in the healthy adult, but is often wanting in old age. The only instance in which I have myself found it lacking in apparent health is in the case of one gentleman of forty years of age, who suffered from syphilis two years ago. There are no other signs of disease whatever, and, as this symptom gave him some anxiety, I gave him a hypodermic of strychnia, but still without result. The knee jerk has been certainly absent for the last year and a half to my knowledge, but whether it may have been absent or not previous to this time I am unable to say, and the fact that it may be congenital must also be considered. The ultimate result is somewhat uncertain, but the entire absence of any other symptoms makes it less likely to be of serious import than it otherwise would be. A few points might here be mentioned in regard to obtaining the knee jerk in doubtful cases, and in these it is certainly well to remove the clothes, in order that the slightest contraction may be seen in the muscle. It is also well to test the reflex by tapping on different parts of the tendon, since a response may be obtained in some parts and not in others, keeping the patient's attention directed elsewhere during the examination, and having the limb placed in a suitable position.

Here a diagram, showing the course of the fibres from the Rolandic area to the peripheral termination of the motor and sensory muscle nerves, was explained. The function of the cells in the Rolandic area was then considered, with their influence over the

* Read before the Toronto Medical Society.

nutrition of the fibres of the cerebro-spinal segment; their relation to secondary degeneration and in inhibitory impulses which are conveyed by the Pyramidal tracts. The reflex arc through the cord was then taken up, also the ganglion cells of the anterior horn with their prolongations as motor nerve fibres to the muscles forming the spino-muscular segment. The origin of the muscle sensory nerves and their connection to form the reflex arc was also discussed.

Having discussed some points about the diagram, I would like, first, to say something about neurasthenia, in which the knee jerks are usually increased. I have never seen any satisfactory explanation given of this symptom, which is generally ascribed to hyper-excitability of the cord. The true reason, to my mind, is that it is due to a weakness of the large cells in the Rolandic area, by which the fibres forming the pyramidal tracts are nourished, and the derangement in these cells leads to a loss of inhibitory power through these fibres by disturbed nutrition. This naturally would be felt first in that portion of the fibre farthest removed from its centre of nutrition, consequently in the termination of the fibre in the gray matter of the anterior horn.

The next trouble of which I would like to speak is multiple neuritis. Here both the motor and sensory nerves are generally affected simultaneously, but in certain circumstances it would appear that either one or the other suffer exclusively or to a preponderating degree. If, as usually happens, the motor nerves are implicated, the loss of the knee jerk is easily accounted for through interruption of the motor part of the reflex arc. If, however, the sensory nerves are exclusively affected, the question of the knee jerk becomes a much more interesting one, particularly since its loss, combined with good muscular power, makes this trouble easily mistaken for locomotor ataxia, an error in diagnosis which I believe frequently takes place, and which would account for the cure of tabes in some apparent cases of it. As you can see at once, an affection of the sensory muscle nerves would lead not only to a loss of the knee jerk, but also to an ataxia, and the mistake in diagnosis would be easily and only provided against by the advent of other symptoms, such as the Argyll-Robertson pupil and the bladder symptoms. A careful consideration of the history would also prevent mistake.

Ascending the sensory nerves to the cord we next come to the consideration of tabes or locomotor ataxia, and here we find the loss of knee jerk due to a lesion of the posterior roots and of the posterior columns, especially of the postero-external columns through

which the root fibres enter the cord. This would indicate quite clearly the seat of the loss of reflex action, one of the earliest signs of this disease. As mentioned above, the accompanying symptoms alone would make a diagnosis between this trouble and one of peripheral neuritis certain.

Passing now forward through the gray matter we come to an affection of the anterior horns, poliomyelitis. In this disease we have an absence of knee jerk from an interruption of the reflex arc at this point, and in consequence of this destruction we have as a natural consequence the wasting of the muscles in the regions supplied by the nerves from the diseased part owing to the degeneration of the fibres, which depend on these cells for nutrition, and in consequence of such degeneration the muscles waste secondarily.

We now come to the consideration of such diseases as implicate the centres above this reflex arc, and here it may be said in general that where the trouble is above the lumbar enlargement the knee jerk is increased; while, if the disease implicates this enlargement, the knee jerk is lost. Take for example a transverse myelitis in its most common seat, the dorsal cord. Here at first the knee jerks are exaggerated owing to the inhibitory influence of the cerebrum being cut off. If, however, the disease descends the cord to the lumbar enlargement then the knee jerks are lost from a direct interruption of the reflex arc. It is found further that pressure on the cord above the lumbar enlargement, as from tumour or bone disease, leads to an excess in the knee jerks, first on the side of the tumour and later on both sides. This is due to pressure interrupting the pyramidal tracts since it is found that the *motor* fibres in the cord, just as in the peripheral nerves, are more easily influenced by pressure than the sensory fibres, a fact which makes the diagnosis between a focal myelitis in the motor parts of the cord and a tumour, inducing pressure, without any deformity, at times extremely difficult.

Among other troubles of the cord I would like to say a word about postero-lateral sclerosis in which there is an excessive knee jerk, although the post-columns are affected. The reason of this in a typical case would appear to be that the lateral columns are first affected, which leads to an excess of the knee jerk and that the posterior columns are only affected later, and then chiefly in their inner parts. At a later stage of the disease if the posterior root zone becomes implicated then the knee jerk is necessarily lost.

A word about the complete division of the cord. When this takes place the knee-jerks are lost if above the lumbar enlargement, and

if the division is permanent the loss is likewise permanent. In an interesting case of pressure on the dorsal region of the cord which was kindly operated on for me by Dr. Primrose, the knee jerks which had been markedly in excess before the operation entirely disappeared after it and remained so for several days when they returned and remained. Any sudden injury of the cord which did not produce permanent results would likely be followed by the same return after a time.

In conclusion let me mention an ordinary result of apoplexy caused by injury in the internal capsule. Here, as a result, we would find an increased knee jerk on the side opposite to the injury, as might be expected. We are not, however, so prepared to find along with this an increase on the same side some time after the attack. On talking the matter over with Prof. Déjérine, of Paris, he said he thought the phenomenon might be accounted for by degeneration of the uncrossed fibres in Turck's column. A more satisfactory explanation to my mind is, that since in normal conditions each half of the brain exercises a control over the same half of the body in proportion as the two sides are used together; hence there must be a degeneration of these fibres from the injured half of the brain, which comes on slowly and leads to the development of this symptom. The exact course of these fibres has not yet been worked out.

Selected Articles.

THE TECHNIQUE OF STAINING BLOOD FOR MICROSCOPICAL EXAMINATION WITH EHRLICH'S TRI-ACID SOLUTION.

BY ARTHUR JORDAN, M.D.,

RICHMOND, VA.,

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ON November 26, 1895, I read a paper before the Richmond Academy of Medicine and Surgery, entitled "The Importance of a Microscopical Examination of the Blood in Disease—with Lobar Pneumonia in Illustration."* Since that time I have steadily urged the many decided advantages to be derived from this means of diagnosis, not so much in the ordinary "blood diseases," although it is very useful here, but more especially in such general diseases as pneumonia, tuberculosis, typhoid fever, malignant growths, etc.

The real worth, apart from its diagnostic value, of this method of investigating the corpuscular elements of a fluid of the body which must necessarily be more or less susceptible to any pathological changes which may be going on in any of the diseased organs, is the ease with which it may be employed by the profession at large, and the decided information that may be gained therefrom as the patient passes through the successive stages of his disease. After all, nothing recommends a technique more favorably than its simplicity and ease of application. This is what I claim for Ehrlich's tri-acid stain, used as I am in the habit of employing it.

Inasmuch as my object in explaining my technique will be to urge the practising physician to use it in his routine work, I shall give the procedure in detail, stating sincerely that if he is not successful it is due to a want of attention to the minutiae. The

*Virginia Medical Monthly, Vol. xxii., No. 10, p. 1,037.

various steps of my technique may be included under the following six headings, viz. :

- First. The cleansing of the cover glass.
- Second. The preparation of the lobe of the ear.
- Third. The securing of the specimen.
- Fourth. Allowing it to dry in the air.
- Fifth. The fixation of the specimen.
- Sixth. The staining of the same.

First, as to the cleansing of the cover glasses. I usually prepare enough to make from fifteen to twenty specimens, *i.e.*, from thirty to forty covers. I wash them first with ether and then with alcohol, using for this purpose an old clean linen handkerchief. After they have been well cleansed in this way they are put upon a clean piece of writing paper or a prescription blank. Care should be taken not to handle them with the fingers after they have been made ready for use. If this precaution is neglected, it will be found that the staining fluid will not spread evenly and uniformly over them.

Second. I usually prefer the lobe of the ear, especially when my patient is a woman. It is less sensitive than are the fingers, its integument is thinner, and the patient is spared the sight. The lobe or lobule is first thoroughly cleaned with ether and then with alcohol. I use considerable friction with the old handkerchief during this process, with the view of causing a local hyperæmia. The lobule is then pricked about its centre, sufficiently deep, with an ordinary pocket lancet, made aseptic by passing it through the flame of a Bunsen burner or that of an alcohol lamp several times, to cause the blood to well up and form a good-sized drop. No pressure should be used to make an increase in the flow of the blood, for such a procedure causes the corpuscles to become irregular in their shape. Of course, the index finger can be prepared in the way I have indicated, and the blood obtained from it, constriction having been applied to its proximal end prior to the puncture.

Now we are ready to secure the specimen of blood. A cover glass is carried from the paper to the lobe of the ear by means of a small pair of tweezers. It is placed lightly upon the drop of blood, and when withdrawn carries with it a considerable portion of the blood. This cover glass is then grasped diagonally on its corners between the thumb and index finger of the operator's left hand, with the drop of blood upward. A second cover glass is then placed upon the first with the tweezers, in such a way that it is square to the thumb and index finger. This arrangement allows them to be

drawn apart easily. They are then pressed together between the thumb and index finger of the operator's right hand. Finally they are to be drawn apart by a rapid sliding motion from left to right, not by raising the upper one from the lower. The other specimens are obtained in like manner. To secure a good specimen by this plan will necessitate both care and practice, but with a little patience any one can secure a fairly good one in a very short time. It is at this point of the process that an artificial poikilocytosis is often produced. This should be borne in mind and taken into consideration in examining the cover. It is not very marked at any time, and the operator will find that it disappears in direct proportion as he gains experience and dexterity in manipulating the covers. The blood-stained sides of the cover glasses are turned up, placed upon the paper, and allowed to dry in the air. The time required for this is not long. By the time that all the covers have been smeared with blood, those made in the beginning will be quite ready for the fixation process. Working moderately fast, no time may be lost from the beginning of securing the specimen until it is ready for the microscope. This part of the technique will have consumed from three to five minutes.

The specimen may be fixed in either of two ways, both of which have given me uniformly good results. First, by equal parts of ether and alcohol. If the operator has the time and can wait on this method, I believe that it will give as good results as that obtained by heat. I allow the specimens to remain in this mixture of alcohol and ether from twenty to thirty minutes. This length of time I have found to be quite sufficient. However, some authors advise that they be left in the mixture for two hours and upward. I have never found it necessary to take so long a time, and I am of the opinion that a half-hour is enough for all practical purposes. It might be well to add that, the limits of time having been given as a guide, the operator may investigate the matter for himself. The second method is that by heat. This method has rapidity to recommend it, and indeed the material difference between the two methods, as I have come to observe, is a question of time, the former requiring more than the latter. I generally use a small oven about six inches square. It is very simple in structure and can be easily and cheaply made. It is made of copper and has a central shelf in its interior, upon which are placed the covers. At the back there is attached a metal ring, fitted with a thumb screw, which, sliding upon a rod, intended to support the oven, enables the operator to secure any desired distance from the flame. The thermome-

ter is attached to the top. The door may be either sliding or hinged. The heat may be furnished by an alcohol lamp or by a Bunsen burner. The heat is gradually increased until the temperature reaches 120° C. (248° F.) and remains there for a few moments. The temperature must not pass beyond 120° C. After allowing the ether-and-alcohol mixture to evaporate from the covers or letting them gradually cool, according to which method has been used, they are then ready to be stained. Ehrlich's tri-acid staining fluid may be prepared according to the following formulæ :

Saturated watery solution of orange G.....	125
Concentrated watery solution of acid fuchsin, containing a twenty per cent. solution of alcohol	125
These are mixed and then is added :	
Absolute alcohol.....	75
Saturated watery solution of methyl green...	125

Or,

Saturated solution of orange G.....	50 cm.
Saturated solution of acid fuchsin ..	60 "
Saturated solution of methyl green.....	75 "
Distilled water.....	100 "
Absolute alcohol.....	50 "
Glycerin	15 "

These several ingredients are to be thoroughly mixed and allowed to stand fourteen days before using. A thick sediment forms at the bottom of the bottle, which should not be disturbed or shaken.

A few words about making the saturated solutions of the three coloring materials are necessary. I prefer using Grubler's stains, for they give me better results. Three four-ounce bottles are filled with distilled water and a small quantity of orange G. is put in bottle No. 1, a small quantity of acid fuchsin in No. 2, and a small quantity of methyl green in No. 3. As soon as the water has taken up the stain, an additional quantity of staining material is added, and this process is continued until a deposit begins to form upon the bottom of the bottles, indicating that the solution has become saturated. After they have become saturated they are allowed to stand for four days, and the solutions are not to be filtered. When the tri-acid solution is to be made, care must be used not to shake bottles Nos. 1, 2, and 3. Close attention to small details will be properly rewarded.

When used, this preparation stains the hæmoglobin yellow, the nuclei green, the eosinophile granulations deep dark gray, the neutrophile granulations intense violet. The hæmoglobin is colored by the orange G., the acidophile granulations by the acid fuchsin, the nuclei by the methyl green, and the neutrophile granulations by the acid fuchsin and methyl green. From this it may be seen that if any particular part of the cell is not stained sufficiently that special stain can be increased. The quantity of staining fluid made by the last formula will last an ordinary lifetime, for it does not become impaired by age.

The covers are stained with this fluid by passing over them a glass rod which has been previously passed into the centre of the bottle. After allowing them to dry they may be examined either dry or mounted in balsam. I prefer the former method, but believe that the beginner will secure better results by mounting in balsam. I have used this method of staining for two years, and find that it gives better results than any other which I have tried. From the time that the first specimen is begun, until it is ready for the microscope, fixation by heat will require from ten to fifteen minutes.

In concluding it may be well to observe that blood mounted in this way may be sent by mail or express to a hæmatologist for examination under the microscope, without injuring the cells.

Progress of Medicine.

PÆDIATRICS

IN CHARGE OF

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AND

W. J. GREIG, B.A., M.D.

ARTHRITIS DEFORMANS.

A case of this disease was presented before the Pædiatrical Society by William Stowell, M.D. (*Archives of Pædiatrics*, October, 1896). The patient, a little girl of nine years, suffered from a marked degree of arthritis deformans. She was first seen in 1895, but the disease had been then in existence for two years. At that time she was in a very helpless condition, being unable to sleep except in a sitting position. The shoulder and elbow joints were painful and more or less ankylosed, and the head was immovably flexed almost upon the chest. She had been given the usual tonics and internal remedies, but had received benefit chiefly from the persistent use of massage. As a result of this treatment, she was now very much better, and could even assist in dressing herself.

RELAPSE IN SCARLET FEVER.

The subject of relapse in scarlet fever is discussed by Crozer Griffith in an article in *The Quarterly Medical Journal*, Montreal, (1896, Vol. XXV., No. 2). In 2,000 cases admitted to the Bagthorpe fever hospital, fourteen suffered from second attacks whilst actually under observation. In these cases the second attacks were marked by a rash lasting from one to four days, and by sore throat and fever.

In estimating the frequency of relapse several sources of error are present. An erythematous rash is common in such complications as nephritis or tonsillitis. Rendu interprets the rash as a streptococcus manifestation, and states that a pultaceous angina is always present, proving a source of secondary infection. Such erythemas, however, pass off rapidly, and may be excluded in the cases observed by Griffith.

The question as to whether the second attack is an auto-infection or due to a second infection from neighboring cases is referred to. If the latter supposition is correct, it would be an argument against placing large numbers of cases in a ward.

CASE TREATED BY ANTISTREPTOCOCCIC SERUM.

M. Gamgee read notes before the Birmingham Pathological and Clinical Society (*British Medical Journal*, March 3, 1897) of a case of acute infective epiphysitis of the upper end of the femur, in a boy aged 8 years, healed by incision and by injection of antistreptococcic serum. The symptoms commenced on November 11, 1896. On November 14 the temperature was 105.2° , and on the 15th. 102° . The incision was made on the 15th, when about an ounce of pus was let out. The first injection of serum (3 c.cm.) was made on November 17, and during the eight hours following the temperature fell from 103° to 100° . The injection was repeated every twelve hours, and almost invariably had the effect of reducing the temperature. After injection of one dose of 5 c.cm. the temperature fell from 103° to 99° in seven hours. The patient recovered. It was impossible to say how much of the improvement was due to the serum and how much to the incision.

PSYCHIATRY AND NEUROLOGY

IN CHARGE OF

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IN WHAT CASES OF INSANITY IS THYROID EXTRACT USEFUL?

Dr. C. L. Dana reported at a meeting of the Practitioners' Society, New York, a case of insanity cured by thyroid extract. The patient, a young lady, unmarried, twenty-eight years of age, with no especial neuropathic taint in the ancestry. One older brother had Basedow's disease, from the age of thirty-five to thirty-nine, when he was cured, and has remained so. One younger sister had hystero-epilepsy; a second brother is of a nervous temperament, and suffers from insomnia; and another sister has attacks of migraine. The duration of her mental trouble, which commenced with a mild form of confusional insanity, was two years. On account of the steadily progressive character of the trouble and the apparent evidence of serious degenerative changes coming on in the brain the question finally arose whether an operation for the removal of the ovaries should not be attempted as an experiment, although the pelvic organs had been carefully examined and found perfectly normal. Dr. Dana advised that before attempting any such operation the patient be placed upon the thyroid extract, and to push the drug to the point of tolerance. She had been previously treated with the thyroid extract but without any results. Treatment was commenced by administering five-grain thyroid tablets beginning with fifteen grains a day and gradually increasing the doses until she was taking sixty grains a day. At the end of two weeks symptoms of improvement appeared and at the end of three months she has become thoroughly sane. She talks intelligently and coherently, has no delusions and writes a sensible and well-worded letter. The improvement has been so striking and progressive, and so definitely associated with the use of the thyroid, that there can be no doubt as to its being the cause of the change.

The fact that a brother suffered from Basedow's disease in a very typical way is a curious illustration of what might be called a thyro-pathic tendency in the family. He thought the cases of insanity in which the thyroid extract proved beneficial probably were cases in which there was some derangement of the thyroid gland.

In the discussion which followed Dr. F. P. Kinnicutt said he believed the treatment of insanity with thyroid extract had not been very encouraging, and therefore, the case reported was the more interesting. He thought the very fact that in a large majority of cases the treatment was without effect, while now and then it was so strikingly successful, would indicate that in the latter the trouble was probably connected with diminished or perverted secretion or function of the thyroid gland. It was known that there might be interference with the function of the gland and that structural change might even exist without any anatomical signs being detected during life. He repeated that it seemed fair to assume that in the cases of insanity in which the extract was of benefit there was destruction or perversion of function in the thyroid gland.

LARYNGOLOGY AND RHINOLOGY.

IN CHARGE OF

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SPONTANEOUS REDUCTION OF SEPTAL DEVIATION BY REMOVAL OF OBSTRUCTIONS IN THE OPPOSITE NOSTRIL.

Dr. P. Lacroix (*Arch. Internat. de Laryn., Otol. Rhinol.*) gives the history of two cases of double nasal stenosis, arising from obstructive lesions. In each case the removal of spur, hypertrophy of turbinated, polypus, etc., from the one side was followed by shrinkage of the spur or thickening of the septum on the other, obviating the necessity of further operative interference.

EXOSTOSIS OF SEPTUM AS A CAUSE OF CHRONIC NASO-PHARYNGITIS.

C. H. Knight, of New York (*Laryngoscope*), speaks of chronic naso-pharyngitis as one of the most obstinate and annoying disorders of the upper air tract. Its most prominent symptom is the sensation of the presence of mucus behind the soft palate, together with a frequent desire to remove it by hawking. Although there are many causes which might induce this pathological condition, exostosis is the one most likely, on a cursory examination, to be overlooked. It occurs on the deeper portion of the septum, beyond the triangular cartilage, and may extend backwards as a ridge on the side of the vomer and parallel to the floor of the inferior meatus. Sometimes the exostosis may extend across the fossa, and even unite with the corresponding inferior or middle turbinated bone. All this may be hidden from view, either by thickening of the anterior end of the inferior turbinated, or by a curve of the cartilaginous septum. The application of a solution of cocaine will render the true condition apparent.

Behind such an obstruction there is always more or less hyperæmia, owing to the rarefaction of the air during inspiration; con-

sequently, the parts are more susceptible to the influences which produce acute catarrhal conditions. The projection likewise offers a site for the lodgment and retention of the nasal secretions, which, as they decompose, become a further source of irritation.

Knight desires to impress upon the minds of his readers the fact that he is directly opposed to all unnecessary intra-nasal surgery. But in these cases he thinks it imperative to remove the obstruction, so as to produce an even surface, thus putting an end to posterior rarefaction and also septal accumulations. By this means free drainage is secured, a most essential factor in the relief of post-nasal catarrh. The removal of these bony growths is usually best accomplished by the use of the saw.

INHALATION OF FORMALIN IN CATARRH AND OTHER DISEASES OF THE RESPIRATORY TRACT.

J. Lardner Green (*Brit. Med. Jour.*), after accepting the theory of the presence of micrococci in all catarrhal affections, advocates as the most rational treatment the use of germicidal remedies; and as the most direct method, the careful inhalation of these remedies, either in the form of gas or vapor. He says the best results have been from the vapor of formalin, one or two drops being placed inside a Jeffery's respirator. If the disease is in the acute stage, one drop will suffice at a time. He strongly advises a trial of formalin in the early stages of tuberculosis of the lungs. It will usually be found under the microscope that the number of both the micrococcus pneumoniæ and also of the bacillus tuberculosis which is constantly to be found in the sputum will be rapidly lessened. Of course every subsidiary aid, in the way of tonic medicines, judicious diet, and hygiene, require to be carefully attended to.

ADENOIDS AS THE CAUSE OF DEAF-MUTISM.

Sendziak, of Warsaw (*Journal of Laryngology*), has an interesting article upon this subject. He quotes from many authors, besides giving his own experience. The number of deaf mutes affected by adenoids, reported by these observers, runs from fifty-eight to seventy-four per cent. of the total number affected. Wilhelm Meyer, the discoverer of naso-pharyngeal adenoids, gives the rate at 74.8 per cent.

In striking contrast to this condition is the comparative immunity of healthy children from adenoid enlargement. Meyer himself says that only one per cent. of otherwise perfectly healthy children

have adenoids, while other reliable authorities gradually ascend the scale, the highest being only thirteen per cent. The immense difference between the two conditions cannot be merely a coincidence.

The cause of the deafness in most cases is the closure of the eustachian tube, produced by the pressure of the adenoid growth, the result being absorption of the air within the middle ear, and the consequent collapse of the drum membrane upon the ossicles. In other instances, the results of the obstruction are directly inflammatory, commencing in the eustachian tube and extending to the middle ear.

In regard to treatment, as many cases have been recorded where ablation of the adenoids has cured the deafness, and been followed by the acquirement of speech, the importance of radical treatment in all cases is insisted upon. The method of operation must be decided by the operator himself. Sendziak uses Jurasz forceps; Gottstein curettes, and the finger nail, singly or combined as required, disinfection being considered an essential factor. As a preventative measure, wherever adenoids exist to an extent sufficient to interfere with normal nasal respiration, they should be removed. Early age and delicate health are neither of them contra indications.

Gourc (*Thèse de Paris, No. 175*) in an article upon adenoid vegetations and their bacilli, makes the statement that "Operations for their removal should be complete, as remnants left do not atrophy."

HYPERTROPHY OF THE GUMS.

Christopher Heath (*Brit. Med. Jour.*) gives an outline of the history of several cases of this unusual disease. The first occurred thirty years ago in a child two and one-half years old. It originally appeared when the child was seven months old. Mr. Erichsen freely excised the exuberant growth, and then cauterized the gums with the actual cautery. Although the child improved very much, the cure was not permanent. Two other children in the same family were slightly affected. They were considered to be cases of *molluscum fibrosum*.

The next case was ten years later, in a child aged four and one half years. Mr. Heath removed each hypertrophied gum in one piece. The recovery was complete.

The last case was that of a young man aged twenty-six. The hypertrophied gums were excised very freely. This was followed by the application of Paquelin's cautery. A perfect recovery resulted.

IN CLEFT OF HARD PALATE ATTENDED BY GREAT HYPERTROPHY
OF INFERIOR TURBINATEDS, IS OPERATION FOR THE
CLEFT ADVISABLE?

At a recent meeting of the Laryngological Society of London this question was discussed on the presentation of two cases by Edward Law. The ages were respectively sixteen and twenty-two years. In both the inferior turbinateds were very large, pressing on the septum and partially filling up the cleft. Some of the Fellows were in favor of reducing the turbinateds and closing the fissures. As, however, the turbinateds acted in some measure as an obturator, while the patients only complained of indistinctness of speech, the removal of which could not be guaranteed by operation, the rest of the speakers urged non-interference, save by the use of dentist's plate. Dr. Law himself was of the same opinion.

FIBROMA OF THE PALATE.

At the last meeting of the British Lar. Rhin. and Otol. Assoc., Lennox Browne gave the history of three cases of fibroma of the palate, all successfully treated by electrolysis. In one, a professor of music, aged forty-three years, after an interval of nine years, there had been no return. In another, a lady aged seventy-five years, death did not occur until three years afterwards, when she died of another disease. The third case was that of a clergyman aged fifty-five years. He was always able to perform his clerical duties as chaplain, although it required from ten to twenty treatments by electrolysis per annum to keep the growth under control. Lennox Browne thought that in each case there was an element of sarcoma in the fibromatous tissue.

THE LINGUAL TONSIL.

Brady, of Sidney, New South Wales (*Journal of Laryngology*) describes this body as a true adenoid overgrowth, and not a mass of dilated blood vessels, as it is sometimes described to be. It is situated at the base of the tongue, and is divided into two lobes by the medial line. When large enough to require operation, instead of removing it by galvano-cautery—the plan usually adopted—he advocates the use of a tonsillotome made specially for the purpose. He reports having used the instrument successfully in thirty-four cases in private practice. Perhaps the southern cross has some special influence in developing lingual adenitis!

DR. LACK'S METHOD OF EXAMINING THE LARYNX IN INFANTS.

Placing the child in the usual position, the index finger of left hand is passed well into the mouth, and hooked round the hyoid bone, which is pulled forward. The rest of the finger acts as a tongue depressor, and the knuckle as a gag. A small mirror, passed in the ordinary way, gives a good view of the larynx. He says the method causes no pain.

REMOVAL OF FOREIGN BODIES FROM THE ŒSOPHAGUS BY AID OF THE X RAYS.

An article in (*Bulletin de l'Acad. de Med.*) draws attention to the use of X rays in locating coins, etc., in the œsophagus. They are usually arrested in the narrowest part. Radiography shows the exact location. An incision down to the spot, without penetrating the gullet itself, will then allow the foreign body to be pressed up and out through the mouth.

A recent issue of (*Harper's Hospital Magazine*) gives an illustration of a copper lodged in the œsophagus of a child opposite the second rib. It was located by the X rays; and removed by direct incision. The child, aged about six years, made a good recovery.

NEW INSTRUMENTS.

The post-nasal lymphatome, designed by Jacob E. Schadle, St. Paul, (*Laryngoscope*) is made on the same principle as the Mathieu tonsillotome, but possessing a curve and angle to suit the outline of the region to which it is to be applied. The advantage claimed for it is that in removing adenoids by it, injury to normal tissue becomes impossible.

A. M. C. Geddes (*Brit. Med. Jour.*) gives the description of a curved tracheal forceps, which may not only be used for removing foreign bodies from the larynx, but also from the ear, nose, and throat.

ORTHOPÆDIC SURGERY.

IN CHARGE OF

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LOOSE CARTILAGES IN JOINTS.

There are apparently two classes of so-called loose cartilages or loose bodies usually found in joints. The large ones, varying in size from a large pea to a horse-chestnut, are found most commonly singly, and are, according to Senn, usually traumatic in origin. That they are often caused by the splitting off of a portion of the articular surface is beyond question, as numerous cases are on record of the removal of loose bodies shortly after a fall or wrench of the joint.

Mr. Howard Marsh records several such cases, notably one where three weeks after a wrench of the knee a loose body was removed which was pronounced to be a piece of the articular surface.

The smaller bodies often found in joints are to us much more interesting for purposes of study, as there is still some uncertainty as to their etiology and pathology. These are found fairly uniform in size, having much the appearance of a melon seed or small bean, and are usually multiple.

Mr. Thomas Smith, of St. Bartholomew's Hospital, London, removed over four hundred from one joint. (Howard Marsh, "Diseases of Joints")

Dennis ("System of Surgery") thinks these are enchondromata which become detached from the articular cartilages or from a fringe of the synovial membrane.

Lovett, of Boston, says "these seem at times to be the remains of a blood clot from a preceding acute synovitis, or the consolidated residue of an effusion very rich in fibrin."

Senn ("Tuberculosis of Bones and Joints") says "the so-called *rice bodies* are now known to be of a tuberculous nature, resulting from a formation of new tissue on the surface of the synovial mem-

brane," and although bacilli have not been found in these bodies, yet their tubercular nature has been verified by successful implantation experiments. To Reidel ("Zur Aetiologie der Fibrinösen Fremdkörper im Knie") belongs the credit of having first pointed out and accurately described the minute structure and tubercular character of these bodies.

As to treatment, all are agreed that, when these bodies are located and can be fastened by means of a pin before operation, their removal is called for. In cases, on the other hand, where the bodies cannot be located at time of operation, there is a difference of opinion as to the advisability of opening the joint. Mr. Frederick Treves says a joint should not be opened unless the body can be located and fastened before operation.

Generally it may be stated that where the loose body gives but little inconvenience, and can be kept from passing between the ends of the bones by means of a knee cap or adhesive strapping, an operation is not advisable. On the other hand, since this condition occurs most frequently in young and otherwise healthy adults, an operation which does not entail too much risk is advisable.

Before the introduction of antiseptic surgery Larrey reported before the Society of Surgeons in Paris, 131 cases with 28 deaths; 21.3 per cent. Over against this we place the report of Woodward's (*Boston Med. and Surg. Journal*, April, 1889), 105 cases with only one death, and in that one some doubt could be attached to the asepsis of the operation.

HYGIENE AND PUBLIC HEALTH

IN CHARGE OF

WILLIAM OLDRIGHT, M.A., M.D. Tor.,

Professor of Hygiene in the University of Toronto ; Surgeon to St. Michael's Hospital

ASSISTED BY

J. W. SMUCK, M.D.

REPORT OF PROVINCIAL BOARD OF HEALTH.

Monthly report issued by the Provincial Board of Health, showing the deaths from contagious diseases in the province as reported to the Registrar-General by the division registrars throughout the province for the month of April, 1897.

The Act relating to the Registration of Births, Marriages, and Deaths requires that monthly returns of contagious diseases be made by the division registrars on or before the fifth day of every month. The returns for April have been received by the Department up to the 15th, before tabulation, in order to have them as complete as possible.

Total number of municipalities in the province, 745.

Number making returns to May 15th, 348.

Table showing total deaths returned from the several contagious diseases for a population of 1,119,397, which were caused as follows :

	Population	Number of deaths from and rate per 100.						Total and Rates per 1000 pop.
		Scarlatina.	Diphtheria.	Measles.	Whooping Cough.	Typhoid Fever.	Tuberculosis.	
Cities.....	377,349	14 (0.4)	24 (0.7)	1 (0.03)	0 (0.00)	2 (0.06)	65 (2.0)	106 (3.19)
Towns and vil- lages reporting.	212,416	5 (0.3)	6 (0.3)	3 (0.1)	1 (0.06)	3 (0.1)	16 (0.9)	34 (1.76)
Townships re- porting.....	529,632	3 (0.07)	14 (0.3)	2 (0.04)	4 (0.09)	3 (0.07)	45 (1.0)	71 (1.57)
	1,119,397	22 (0.2)	44 (0.4)	6 (0.06)	5 (0.05)	8 (0.08)	126 (1.3)	211 (2.1)

TUBERCULOSIS.

Before the Committee of Agriculture at Ottawa recently, Dr. McEachran, V.S., Chief Veterinary Inspector of the Department of Agriculture "advised the expenditure of \$100,000 this year as a compensation to get rid of the disease by applying the tuberculine test, and slaughtering animals in all herds found to be affected, and disinfecting the premises." Hon. Mr. Fisher did not agree with the scheme, and was supported by Hon. Mr. Dryden, who was present. It seems to be the idea of these gentlemen that to properly carry out the work would require millions, and then they are not sure that it would lessen the ravages of so fell a destroyer as tuberculosis. The results of attempting such work have not been very successful in the United States where it has been tried. No doubt great good can be accomplished by educating the owners, urging care in isolation, disinfection, etc., but for any one to think there is no special need for alarm is wide of the mark indeed. While the disease is not a new one by any means, every step which tends to lessen its ravages is destined to make the work much easier in the future. Care and consideration should be exercised, but the Government can be easily penny-wise and pound-foolish. It is expected that the Royal Commission of the British Government will throw new light upon the subject, and our farmers and stock-raisers will do well to be ready to receive the suggestions which will be made. In our large cities the food supply is dependent upon this class of the country, therefore our city population have a right to demand proper care in the raising and supplying the market with healthy animals and animal products.

In the same connection might be noted the opinion of Prof. James Law, head of the Agricultural Department, Cornell University, as given to the Central New York Farmers' Club in response to a resolution of the club asking for the same.

Professor Law briefly states the position of the state commission to date, and shows the futility of undertaking systematic work without co-operation of the owners, and a sufficient grant to carry on the work. In the discussion which followed by the club one speaker said: "Tuberculosis in the human family is said by some to exist only through infection from the bovine family, therefore the question is of vital importance to all users of milk and other dairy products."

Dr. Huff, Inspector of Animals and Dairies of the Board of Health of Rome N.Y. gave some thoughts upon the pollutions of

milk which it would be well for our people to consider. Consumers sometimes asked the cause of the peculiar odor characteristic of new milk. He found that the filthy conditions of the stables were responsible for nine-tenths of the "animal odor" of new milk. Another cause was the lack of sufficient water of good quality. The cows were huddled together too closely in stables poorly drained. All the talk of milk containing the germs of disease seems to be of easy explanation when these things are considered. The surest guide to health is cleanliness in the production and handling of milk, etc.; the dairyman is a citizen, and our interests are his interests, so we would not profit anything by harsh methods.

When all these things are carefully considered the action of the Hon. Mr. Fisher might be modified as well as the recommendation of Dr. McEacheran.

RACIAL DETERIORATION: THE RELATION BETWEEN PHTHISIS AND INSANITY.

In a paper bearing the above title, read before the American Public Health Association at Buffalo, N.Y., September, 1896, by Lawrence Irwell, he points out the distinctive characteristics of the consumptive diathesis as peculiarities of complexion, hair, and eyes, often accompanied by very white teeth, which generally decay in early life, and perhaps more frequently accompanied by a "phthisical mania." From 35 per cent. to 50 per cent. of the idiotic are due to scrofula.

The apparent frequency with which tuberculous mothers transmit pulmonary phthisis to their offspring is explained by the proximity of the infant to the female parent for a long time after its birth.

It is well known that individuals of the phthisical type are alarmingly prolific. Sir Francis Galton says: "They (phthisical persons) certainly marry earlier, as a rule, than others, one cause of which lies in their frequent great attractiveness; and, again, when they marry they produce children more quickly than others."

Although the men and women who suffer from "consumptivity" are exceptionally fertile, large numbers of their children are carried off during infancy, and hardly any reach old age. If this were not so, racial deterioration would be very rapid.

"In some families even in the highest ranks of society," writes Dr. Strahan, "the susceptibility to tubercle bacillus becomes so great that, despite all that modern science, backed by wealth, can

do, the children die one after another in infancy, or succumb on the approach of adolescence. In other cases the degeneration from intermarriage or some other cause becomes more or less mixed in character, and while some of the children succumb to tubercular disease in infancy; or, later in life, idiocy, suicide, epilepsy, etc., will appear in others."

Then, with regard to the relation between phthisis and insanity, it is said "that the phthisical and insane diatheses are interchangeable, is proved to the asylum physician every day."

The sufferers from congenital consumptivity are usually precocious. They are liable to "colds," however, and break down under strains that would not trouble ordinary children. As time goes on the sensitive nature displays itself, and they become unstable and erratic.

The marriage of a man of the tuberculous type with a woman of the same type is an injury to the community and a violation of the rights of unborn children. The marriage of an individual of the tuberculous type with a spouse in whose family there is a tendency towards insanity is equally reprehensible.

Physicians must recognize these facts and warn parents.

The writer claims to prove by this that it is not reasonable to suppose that any process, other than artificial selection in reference to marriage, will tend towards the extinction of the tuberculous type.

On the relation existing between consumption and insanity he quotes Dr. Clouston: "It is surprising how often both diseases occur in different members of the same family. No physician in extensive practice but has met with many such families."

Next criminality is dealt with, and he shows that a great many hereditary criminals show the consumptive diathesis. He closes the paper by saying: "If our race is to prosper the degenerated types of humanity, whose lives are prolonged by the scientific modification of the cosmic process, must make a sacrifice in the interest of the community at large by refraining from the reproduction of the species, so that man's forethought will act in the civilized world in identically the same manner as the laws of nature acted prior to the dawn of civilization.—*The Sanitarian*."

Editorials.

THE MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

THE seventeenth annual meeting of this association was held in the Normal School building, Toronto, June 2 and 3, 1897. It was not the largest meeting since the society was organized, but it was one of the best. The supply of papers was so large that only a limited time was allowed to each reader, and discussions in many instances were cut short; and, although no time was wasted, the programme was not completed, many papers being taken "as read." Some think that the number of papers should be reduced, and longer discussions encouraged. This is probably correct, but how can we prevent a large number of contributions? The committee on papers and business has a very difficult task to accomplish. It may ask for papers, but it can scarcely limit the numbers. As a matter of fact, it is better to have too many than a very small number, inasmuch as the latter generally means a small attendance at the meeting. Probably the best solution of the difficulties would be to extend the time of meeting, making it three days instead of two. We think it was generally conceded that Dr. Britton and the rest of his committee on papers did good work before and during the meeting.

The duties devolving on the Committee of Arrangements, with Dr. Machell as chairman, were performed in a very satisfactory manner. The entertainment given to the visiting members by the residents of Toronto at the Royal Canadian Yacht Club was largely attended, and thoroughly enjoyed by those present. It was probably the best of the sort we have had in Toronto. The after-speeches were short and good; but it might be well to slightly shorten this part of the programme. Dr. Ross entertained very generously on the beautiful yacht *Cleopatra*. The interesting professional reminiscences of Coventry, Samson, O'Reilly, and others

furnished an intellectual treat that was highly appreciated by those assembled in the cabin. The Toronto Street Railway Company very kindly gave the members a trip from the Esplanade to the General Hospital, where a few patients were presented.

The president occupied the chair at all the general meetings, and made an admirable presiding officer. The profession of Toronto have a warm feeling in their hearts for Dr. Coventry, and will always extend a cordial welcome during his future visits, which, we hope, will be frequent. We have much pleasure in publishing in this issue his presidential address, in which are discussed many matters of great interest to the general profession. In choosing a President for next meeting it was generally conceded that it should be a Toronto man. We don't understand why this city should be thus honored every second year, but we appreciate the kindness of non-residents in accepting the unwritten rule which appears to have prevailed for many years. The names mentioned at the recent meeting were Drs. Britton, Burns, Macdonald, and Ryerson. The general feeling was that any one of these would be acceptable; but only one could be elected, and all are satisfied, so far as we know, that Britton well deserves the honor which was conferred upon him. Toronto was chosen as the next place of meeting. There seems to be a general consensus of feeling that the majority, if not all, the meetings should be held in this city, because it is central, and attracts larger numbers than other cities or towns. However, the physicians of Toronto, and others who attended the meeting in Windsor, think that an occasional change is desirable.

BRITISH MEDICAL ASSOCIATION.

MONTREAL MEETING, 1897.

SINCE our last notice of what is being done in regard to the approaching meeting, considerable progress has been made towards the completion of the arrangements, more especially in the work of the excursion, printing and publishing, museum, and local entertainment sub-committees. The preliminary programme has been printed and distributed, some 16,000 copies having been sent to members of the association. It appears in the shape of a pamphlet of some fifty pages, neatly printed on heavy paper, with an artistic cover in colors. It is plentifully illustrated with lithographs and wood-cuts representing some of the chief points of inter-

est in Montreal, Toronto, and Quebec, more especially the university and hospital buildings.

Reference is made to the hotels and lodging accommodation in Montreal, and some useful hints to travellers are given in regard to securing berths, luggage, clothing, United States and Canadian money, etc. The excursions arranged for are described and their attractions set forth in a way which must arouse the liveliest anticipation among those whose privilege it will be to take advantage of the low fare, and enjoy the grand scenery of the St. Lawrence, the Saguenay, Lake St. John, or the grandeur of the Rockies. The local guide, which is in active preparation, will be on a more elaborate scale, and will form a volume of over two hundred pages. It will be distributed at the meeting.

Professor Adams left on the 22nd of May for England, and will be absent some six weeks. He has been delegated by the Executive Committee to visit the various branches of the British Medical Association in England, Scotland, and those in Dublin and Belfast, advising with them and giving all instructions required to facilitate arrangements for the journey, and at the same time to endeavor to secure as large a contingent from across the Atlantic as possible. He will also confer with and assist the English secretaries in regard to securing papers for the meeting, and members to take part in the discussions. The president-elect, Dr. T. G. Roddick, M.P., has visited Ottawa, Toronto, and London, with a view of furthering matters connected with the branches of the association there. The Montreal branch has made remarkable strides in its membership during the past year, the number having increased from 70 to 243. The transportation difficulties, which at one time threatened to prevent a number from coming, are being gradually overcome.

The Local Entertainment Committee will have a full and attractive list of entertainments provided for the guests, details of which we will give later. A committee of ladies is being organized to assist the sub-committee. The Golf Club has arranged for a series of matches to be held at their magnificent new grounds at Dixie, to take place on Thursday, September 2nd, and a cricket match is being arranged for among the Montreal clubs. Dr. Roddick has written to all the branches of the Association, both English and colonial, requesting them to send delegates. Answers have already been received from a number, most of them stating that the matter will be placed before the next meeting of their councils.

A DOMINION STANDARD.

DR. COVENTRY, in his presidential address, referred to the anomalous condition of the medical profession in Canada on account of the wall which has been thrown around each province in connection with licensing powers. According to existing regulations no legally qualified practitioner can go outside his own province to practice medicine without passing a special examination. The doctor suggested as a remedy for this condition of things, which nearly all physicians in Canada think unfortunate, that a Dominion Board should be established with power to adopt a certain standard for British North America.

The subject is, of course, anything but new, but is surrounded by so many difficulties that all efforts to provide a remedy have up to the present time been unsuccessful. However, it will be remembered that a special committee of the Canadian Medical Association have been considering the subject for the last three years, and brought in a somewhat extended report at the last meeting, which was held in Montreal in August, 1896. They recommended that there should be a common standard of medical requirements for the whole Dominion, with the hope that each of the provinces would accept such standard, and that thereafter inter-provincial registration should be allowed.

The committee recommended certain requirements for: (1) Matriculation, (2) Professional Education, (3) Examination. Of these the most important was the following with reference to medical education: "The curriculum of professional studies shall begin after the passing of the matriculation examination, and shall comprise a graded course in the regular branches of four yearly sessions of not less than eight months of actual attendance on lectures in each year." The subjects to be included were then named. Dr. Thornburn, of Toronto, at the same meeting referred to the subject in his presidential address. He said: "The want of uniformity of registration in the different provinces is not only detrimental to our common progress and national unity, but has a tendency to drive away many good and valuable men from our land." He then went on to suggest that throughout the Dominion there should be a four years' course of eight or nine months each, and expressed the belief that such a course would be superior to one of five years of six months each, with one summer session of three months.

We refer somewhat in detail to certain views that have been expressed in this important question with a desire to keep it before

the profession. The anomalous condition of things, as Dr. Coventry expresses it, is a great misfortune for this country. It is not at all in consonance with the spirit of confederation or imperial unity. We only hope that the corporations of the different provinces will consider the matter in all its aspects, and not be fettered by any narrow provincialism.

THE VICTORIAN ORDER OF NURSES FOR CANADA.

IT may seem ungracious to criticize adversely the establishment of a new body of nurses in Canada, as recommended by Vice-Royalty and many prominent citizens, whom we so highly respect; but we have to recognize the fact that there is a very general, and a very decided feeling of opposition to the scheme in various sections of the Dominion. The discussion at the recent meeting of the Ontario Medical Association showed very plainly the opinions held by the mass of our profession in this province. One of the speakers said he considered the scheme crude and impracticable. Another thought it was quite unnecessary, to say the least about it, to insinuate that Canada needed more Dr. Maclures, because this sort of attack was irritating and unjust. We are inclined to believe that this is putting the matter too strongly, as we can hardly think that any of the promoters desired to be in any sense *offensive*; but we must submit that the following sentence (page 8, announcement published by committee) makes rather unpleasant reading: "In the sparsely settled parts of Canada what is needed now more than ever before is the presence in scores of localities of skilled physicians who have forgotten the meaning of personal ease—Dr. Maclures in Canada—men who believe that the nobility of living is to help others and not to roll up riches."

What kind of nurses will be produced under the new system? It is well known by all who have had any practical experience that it is an exceedingly difficult matter to instruct nurses so that they may be legitimately considered skilled. By a process of evolution, and through the untiring exertions of a large number of individuals in various cities of Canada, and various hospitals, public and private, we have now a body of nurses which is quite large enough (in fact, more than large enough) to satisfy all demands. The public can have but little conception of the enormous difficulties that have been overcome in reaching the present excellent standards in our "Training Schools for Nurses." This new order, which is

positively not required, is likely to do a gross injustice to our nurse graduates, and demoralize our existing standards. In the long run the public will suffer from such changes. The promoters of the new scheme have not shown any feasible plan by which they can produce a set of nurses as efficient as those now available.

It is stated in the "announcement" that one of the objects is to train nurses who will attend the sick poor in cities in their own homes; but, as was pointed out by one of the members in the Ontario Medical Association, this sort of work is now carried on successfully by various organizations, such as "nursing at home missions" in different parts of Canada. Without referring in detail to the many other arguments for and against the new order, we have to say that there is a general conviction in the minds of physicians, in this part of Canada at least, that the scheme is "crude and impracticable," and likely, if carried out, to do more harm than good.

Meetings of Medical Societies.

ONTARIO MEDICAL ASSOCIATION.

THE seventeenth annual meeting of the Ontario Medical Association was held in the Normal School, Toronto, on Wednesday and Thursday, June 2nd and 3rd, 1897, the president, Dr. John Coventry, of Windsor, in the chair.

The secretary, Dr. J. N. E. Brown, of Toronto, read the minutes of the last meeting. Dr. W. Britton, of Toronto, chairman of the Committee on Papers and Arrangements, announced the programme of papers and the amusement which will be offered.

After the reception of guests and delegates, Dr. J. L. Davidson, of Toronto, and Dr. T. F. McMahon, of Toronto, opened the discussion in medicine on

SERUM THERAPY.

The preparation of the antitoxin serum from the horse was very carefully explained and the statistics of results fully given. Very favorable was the opinion of the speaker towards its use.

The antistreptococcic serum was explained, and special reference made to its use in puerperal fever.

The results obtained by Kitasato in the bubonic plague were mentioned, and it was thought that a serum had been found to stay its ravages. Passing reference was made to the work which was being done on the other infectious diseases as smallpox, scarlet fever, measles, etc.

Dr. T. F. McMahon, of Toronto, followed with the clinical results which he had received from the use of antitoxin in both private and hospital practice. He was very outspoken in his praise of the remedy in the disease, but pointed out that it must be used early to have the most beneficent action. He thought that antitoxin should be used in all public institutions that had charge of these specially infectious diseases.

Then followed a paper on

REMARKS ON MODERN THERAPEUTICS,

by Dr. J. T. Fotheringham, of Toronto.

The paper dealt more particularly with the various new remedies which had been introduced of late years, especially the various coal-tar products and serum-therapy.

The writer deplored the fact that too many of our physicians gave what might be termed "shot-gun" prescriptions, *i.e.*, if one remedy failed another might cure. It was always better to prescribe a single remedy or such simple combinations as would give a definite action upon the system.

Dr. J. A. Williams, of Ingersoll, recited a case of INERTIA OF THE UTERUS FOLLOWING THE USE OF CHLOROFORM. He had seen the case in consultation. It was one of those in which there was great difficulty encountered in extracting a very large child, fourteen pounds. The labor was prolonged to about eighteen hours. After delivery the uterus appeared to contract for a short time and then relax. There was a great deal of hæmorrhage. The hypodermatic use of Ergot, F. E., together with friction within the uterus and upon the abdomen, at the same time making use of injections of very hot water brought on the contractions, and a favorable result ensued. The writer discussed the various causes given by writers for this trouble, and said he was at a loss to know just what caused the inertia in this case. He advised the use of chloroform, but would limit the amount to the least possible. He thought the hot water, together with the friction, brought about the best results. We should never conduct a case without making provision for a plentiful supply of hot water.

Dr. J. A. Gemple, of Toronto, thought probably the length of the labor was the cause in this case. He advised the use of whiskey or brandy as an intrauterine douche to stimulate contractions, never failing to use sufficient quantity.

The president, Dr. John Coventry, then read his annual address. (See page 391.)

Dr. T. S. Harrison, of Selkirk, moved, seconded by Dr. R. W. Bruce Smith, of Hamilton, that this association express its hearty thanks to Dr. Coventry for the excellent address which he had just given us. Carried.

The association then divided in sections.

MEDICAL SECTION.

Dr. T. S. Harrison, of Selkirk, was elected chairman, and Dr. J. W. Smuck, of Toronto, secretary of the section.

Dr. W. J. Wilson, of Toronto, presented a paper on

“ PUERPERAL ECLAMPSIA.”

The paper should have been called “ the treatment of puerperal eclampsia.” The treatment should be both prophylactic and active. If the indications were severe, pregnancy should be terminated when the child was not viable or approaching viability. If the child were viable it was probably better to temporize.

Such active measures as would eliminate the poison from the system should be used. It was not well to trust too implicitly in one remedy.

Dr. James Samson, of Windsor, said he had bled for eclampsia with excellent results, and commended that part of the paper which advised bleeding in suitable cases. He had grown less frightened of this disease than formerly. He had seen cases, he was certain, where there was nothing whatever wrong with the kidneys.

Dr. A. H. Wright, of Toronto, said he thought too much attention had been paid to the kidneys, as they were only attacked secondarily. The liver was attacked first, then the blood, nerves and kidneys. The poison collected in the bowel, and he had found nothing better than old-fashioned Epsom salts.

For the active treatment of the convulsions morphia was our best remedy in proper cases. This should be followed by chloral to prevent a recurrence.

Dr. C. J. Hastings, of Toronto, said distinction should be made between the cases due to toxæmia and the neurotic form. Bleeding was referred to, and the washing of the blood with artificial serum suggested.

The chairman said that in country practice there was a great difficulty in having patients treated before actively in labor. The doing away with bleeding was not an unmitigated blessing. The doing away with the abuses of bleeding was a good thing.

Dr. J. S. Hart, of Toronto, read a paper entitled

ABSCESS OF THE LUNG.

The diagnosis in this case was obscure and two or three mistakes were made, then the true nature of the trouble was made apparent. The condition was never serious, and there was no operation. The patient made a good recovery.

Dr. A. McPhedran said that drainage might have done better in this case.

Dr. A. McPhedran, of Toronto, read a paper on

CEREBRAL SYPHILIS.

This was the record of two cases which he had recently treated. The treatment should be thorough and continued. The prognosis varies with length of the incubation period. The longer the incubation the worse the prognosis. Tabetic cases are the most unfavorable. The more general the symptoms the better the prognosis.

For treatment we should never leave anything undone. The iodide of potash in large doses would show improvement even when small doses fail to benefit. After giving iodide for a time it is better to change off to mercurials. The future of these cases should be kept in view and occasional periods of treatment taken. Prophylaxis was touched upon. In the early lesions of syphilis, mercurials should be given, but later iodides was the best treatment.

Dr. Harold C. Parsons, of Toronto, presented a paper on the

STUDY OF DRIED AND STAINED PREPARATIONS OF THE BLOOD.

The method of preparing the specimens of blood was carefully gone into and explained. The results of faulty technique and how to avoid these dwelt upon. The staining methods of Ehrlich and the various pathological changes found in different diseases minutely given.

Dr. James Samson, of Windsor, read a paper entitled

TWO UNNAMED DISEASES.

The title was correct as far as the association was concerned, yet with regard to the second part of the paper it was not. The speaker recited the history of some twenty-five or thirty cases of a disease which had occurred in his practice. The symptoms pointed somewhat to the "milk sickness" of the Southwestern States. They all occurred in one section of the country. There was nausea, fever, diarrhoea, etc., which pointed to poisoning, and in one or two cases which had recently occurred, there were strong suspicions placed. The results he had obtained were very good as compared with the few cases which he believed surrounding physicians had seen. There had only been one post mortem, and that imperfect. If any members had had a similar experience he would like to hear from them.

The second part of the paper dealt with the relation between idiopathic peritonitis and appendicitis. He said some cases appeared to be of rheumatic origin.

Dr. W. J. Wilson said he had seen cases of rheumatic peritonitis

where the points of tenderness had moved. These cases had got well under anti-rheumatic treatment.

Dr. H. C. Parsons asked if the first series of cases were not typhoid.

Dr. Samson said there was nothing to make him think there was typhoid.

Dr. G. Gordon said there must have been some gastro-intestinal poison.

Dr. H. B. Anderson said there were cases of peritonitis due to the infection by bacteria. With regard to rheumatic peritonitis the term must necessarily be indefinite until we know the cause of rheumatism.

Dr. J. S. Hart said he had had a series of seven cases of peritonitis at one time, whether merely a coincidence or due to infection.

Dr. W. Oldright said that influenza had sometimes taken a peritonitic form.

SURGICAL SECTION.

Dr. L. Teskey, of Toronto, read a paper on

A CASE OF GANGRENE OF THE RECTUM.

The case presented very unusual features in the beginning, until at last an inguinal colotomy had been performed with very marked relief.

Dr. G. A. Peters, of Toronto, presented a paper entitled

TRAUMATIC LESIONS OF THE SPINAL CORD,*

and showed specimens.

A paper on

CASES OF MELANCHOLIA CURED BY REMOVAL OF INTERSTITIAL FIBROMATA OF THE CERVIX UTERI

was read by Dr. T. K. Holmes, Chatham. The writer mentioned a series of twenty-five cases of puerperal mania occurring in his practice which were cured by a correction of the condition of the cervix, and three cases of melancholia where had been found a fibroma of the cervix.

No doubt when a specialist in gynæcology is appointed to every asylum many more cures would result. In the first two cases, which occurred in the same patient some years apart, melancholia was very marked, and an examination revealed the presence of a fibroma in the wall of the cervix. When the second attack occurred

*To appear in THE PRACTITIONER.

the enucleation of a fibroma, near the site of the old tumor, was not followed by as good a result as was desirable, and a second examination revealed another in the uterine wall, which, when removed, gave a very rapid recovery.

In case III. a rapid recovery also followed the removal of a fibroma of the cervix.

Affections of the cervix and lower segment of the uterus, being more abundantly supplied with sympathetic nerves than the rest of the generative system, produce a more marked effect on the nervous and mental condition of women. Next comes the vagina.

Fibroids of the fundus, even projecting through the os, do not have the same effect as when attached to the cervical tissue.

A paper and watercolor drawing of

“EXTENSIVE SLOUGHING FOLLOWING THE USE OF ‘X’ RAYS.”

by Dr. W. H. Harris, of Toronto, came next. This was a case where very great loss of tissue had occurred, apparently from the use of the “X” rays. Discussed by Drs. G. A. Peters, B. Spencer, H. P. H. Galloway.

A PLEA FOR THE RADICAL OPERATION FOR HERNIA AMONG THE
INSANE.*

was the title of a paper read by Dr. A. T. Hobbs, of London, and discussed by Drs. E. H. Stafford and T. K. Holmes.

THE VALUE OF ASEPTIC METHODS IN THE TREATMENT OF PUS
CAVITIES,

by Dr. A. Primrose, of Toronto, was a paper dealing with various forms of infection which might occur from without, and showed the advantages to be derived by strict adherence to antiseptic rules. Thoroughly cleanse the cavity, and then allow no infection to take place. Discussed by Drs. H. P. H. Galloway, Sylvester, J. Wishart, Goldsmith, Starr, and Holmes.

EVENING SESSION.

The discussion in surgery was the next on the programme, and Dr. George Bingham, of Toronto, opened with a paper dealing especially with the various operations for inguinal hernia. The merits and demerits of McEwen's, McBurney's, Halsted's, and Bassini's operation were explained, and shown by lantern slides on a large screen. As in the experience of every operator, children gave

*To appear in THE PRACTITIONER.

the best results, and the larger number, relatively operated upon, the less the percentage of deaths. In any event the percentage of deaths should be less than one. As to recurrences such are sure to take place, and a radical cure should never be claimed until at least one year had gone by. Femoral, umbilical, and ventral hernia were touched upon.

Dr. J. Wishart, of London, followed, and said he had been operating for some years. He began with the McBurney, but was led to abandon this on account of the large percentage of recurrences, 25 per cent. to 30 per cent. No operation seemed at the present time to be the ideal one, but Bassini's seemed to give the best results. Every operator would find, however, that cases were to be judged on their merits, and the various operations modified as the operator chose. As to sutures, silk was by no means a good material for buried sutures. Kangaroo tendon gave the best results with the speaker.

Dr. A. Primrose, of Toronto, said it was not safe to take the statistics of any one man, and very unsafe to be carried away in enthusiasm for a particular form of operation. Every specialist had good figures to show.

Dr. Bingham closed the discussion.

The order of business was then suspended to elect a Nomination Committee, so that a report could be had before adjournment.

Dr. N. A. Powell, of Toronto, spoke on

THE COTTAGE SANITARIUM TREATMENT OF PULMONARY PHTHISIS.

Experience proved beyond doubt that this plan of treatment was the best we have at the present time. The results obtained at Saranac Lake by Dr. Trudeau, where about 30 per cent. of permanent cures, and 75 per cent. materially benefited, could not be equalled by any other plan of treatment at the present time. Several lantern slides were shown of the cottages at Saranac Lake, and of the sanitarium near Gravenhurst, which will be opened in about two months. The speaker hoped the profession of Ontario would heartily support the work, and not get the mistaken notion that it was a place for our consumptives to go to die.

Dr. R. G. Rudolph, of Toronto, then read a paper on

THE EFFECT OF GRAVITY UPON THE CIRCULATION.*

Dr. E. E. King, of Toronto, gave a lantern exhibition of skiagraphic pictures, which were very much enjoyed by the members.

* This paper will appear in THE PRACTITIONER.

The scrutineers appointed to take the ballot for the Nominating Committee brought in their report as follows: Dr. A. H. Wright, Toronto; Dr. J. E. Graham, Toronto; Dr. A. McPhedran, Toronto; Dr. J. Bray, Chatham; Dr. A. Primrose, Toronto; Dr. T. S. Harrison, Selkirk; Dr. R. W. Bruce Smith, Hamilton; Dr. C. A. Macdonald, Toronto; Dr. T. K. Holmes, Chatham; Dr. W. Britton, Toronto; Dr. J. Mitchell, Enniskillen.

The association then adjourned until to-morrow.

SECOND DAY—THURSDAY, JUNE 3RD.

The second day opened with the usual routine business being gone through with.

Dr. W. Oldright, of Toronto, showed some pathological specimens which he had successfully removed. One of the most interesting was a dermoid cyst of the ovary.

The discussion in obstetrics brought forth a very able paper from Dr. Gilbert Gordon, of Toronto, on

ALBUMINURIA OF PREGNANCY.

The various causes of albuminuria were touched upon and treated from the standpoint of causation. Inasmuch as one attack of eclampsia seemed to render the person to some extent immune, is it not possible that some toxine is the cause? While not taking up the treatment particularly, the writer believed that better results could be obtained by paying strict attention to diet. Keep the bowels open and the skin acting freely.

Dr. W. Oldright, of Toronto, said the proper management of albuminuria depended upon the cause, and every case needed to be studied with care. It was highly important that frequent examinations of the urine should be made.

Dr. Bray, of Chatham, said albumen was not always found in the urine of eclamptic cases; it was very frequently there. It might not be found in particular instances, or at some examinations, but if frequent examinations were made it would be found in a majority of cases. Two propositions seemed to the speaker to be important: (1) All primiparæ should consult the physician at least three months before delivery; (2) frequent examinations of the urine should be made. One attack has not necessarily given immunity, although the cause may be a toxine.

Dr. H. P. Wright, of Ottawa, said he regretted not being present when the paper was read and in the earlier part of the discussion, and was therefore afraid of going over well-trodden ground. How-

ever, he had treated three cases of eclampsia within the past year, with two recoveries. He had bled freely in both cases. Morphia and atropia had been used, and he considered that probably no better drug was available than morphia in properly selected cases. This must, of course, be followed by sedatives, as chloral. Attention must be paid to excretory functions.

Dr. T. K. Holmes, of Chatham, said Bouchard found several toxins in the blood, and our treatment should be directed against the particular toxin which the symptoms of the attack pointed to. Immunity may occur in some cases, but he did not think his experience warranted that conclusion. After all, treatment was the most important. In suspected cases the urine should be examined every two or three days. Would not use morphia in all cases. Diaphoresis, a very important factor, must be attended to. Careful diet; milk diet if a severe case. Two years ago the speaker reported forty-three cases, in nine of which he had induced labor with excellent results.

Dr. Barrick, of Toronto, said in his student days he had been taught to examine the urine, and his experience had taught him that when the percentage of albumen increased gradually, to never hesitate to empty the uterus, especially if the percentage gets at all high. He could endorse what Dr. Oldright had said with regard to heart failure being sometimes seen.

Dr. Gordon closed the discussion.

The association then divided into sections.

MEDICAL SECTION.

Dr. E. E. Harvey, of Norwich, read a paper on

SOME CONSIDERATIONS ON THE MANAGEMENT OF PREGNANCY.*

HYDROTHERAPY OF THE SKIN IN EARLY PHTHISIS,

was a paper read by Dr. Edward Playter, of Ottawa. The writer made a plea for the systematic attention to the function of the skin, and said the water was often neglected in this connection.

A paper on

THE TREATMENT OF GASTRO-INTESTINAL CATARRH IN INFANTS,*

by Dr. H. D. Livingston, of Rockwood, was next read.

A paper on

PNEUMOCOCCUS INFECTION

was read by Dr. H. B. Anderson, of Toronto. A case was reported where the lesion was found in the appendix and in the heart. The

* Will appear in the CANADIAN PRACTITIONER.

mode of entrance was frequently through the intestinal canal, and the virulence seemed to depend largely upon the resistance of the individual. The germ should not be called the pneumococcus, as the lesion was not always that of pneumonia, as the name would lead one to believe.

A paper was read by Dr. H. J. Hamilton, of Toronto, on

HYPERCHLORHYDRIA,*

and another by Dr. Price-Brown, of Toronto, on

INTRA-LARYNGEAL MYCOSIS.

The following papers were read by title: "The Treatment of Puerperal Eclampsia," by Dr. A. R. Hawks, of Blenheim.

"Tuberculosis of the Liver," by Dr. R. W. Whiteman, of Shakespeare.

"The Injurious Effects of our Overwrought School System on the Health of Public and High School Pupils," by Dr. R. Ferguson, of London.

"Septicæmia a Preventable Complication of Labor," by Dr. Charles J. C. O. Hastings, of Toronto.

"Pain and Some of its Aspects," by Dr. Campbell Meyers, of Toronto.

"Hæmorrhagic Pancreatitis," by Dr. E. B. Shuttleworth, of Toronto.

SURGICAL SECTION.

A paper on

NOTES OF SOME PECULIAR PHASES OF APPENDICITIS,*

was read by Dr. J. F. W. Ross, of Toronto, and was followed by

CYSTIC TUMORS OF THE OVARY COMPLICATING PREGNANCY
AND THE PUERPERAL STATE,

by Dr. H. Meek, of London.

Case I. Was the history of a patient seen in Mr. Lawson Tait's Hospital in Birmingham, where a suppurating dermoid cyst had interfered with labor, and in about three months removed. Patient died in thirty-six hours.

Case II. The pregnancy and labor had been normal for the first child, but eight months previous to operation second pregnancy had been attended with difficulty, and the attending physician had aspirated a fluctuating mass which retarded the descent of the head. Recovery was very slow: patient able to get up after a time; she had to

* Will appear in THE PRACTITIONER.

go to bed again. At the time of operating a large mass with very little fluctuation was felt behind the uterus. This was opened and cleared of pus, fecal in character, and of light-colored hairs. It was curretted and thoroughly cleansed; swabbed with iodine, and drained. Under this treatment the cavity gradually contracted and the patient improved nicely.

Case III. was that of an unmarried woman, who presented a double tumor, one in the right side, which appeared to be ovarian, and the two month pregnant uterus in the left. Operation revealed this to be the case, and the tumor was removed through the abdomen without interrupting the pregnancy.

Contrast is made between the cases not seen until labor occurred and where seen early in pregnancy. The cause of the trouble was removed and allowed an uneventful recovery. Every pregnant woman should be carefully examined, so as to be certain no unfavorable condition was present which would interfere with labor.

THE LUNCHEON.

The association adjourned to the R.C.Y.C.'s comfortable club house for luncheon, which the Toronto members served to the visiting members. After the usual toasts were responded to, and everyone seemed to feel the hospitality had been ample, Mr. A. E. Gooderham's steam yacht *Cleopatra* was in waiting, and members enjoyed an hour's sail on Lake Ontario. The Toronto street railway supplied cars to convey us to the General Hospital, where Dr. O'Reilly showed the visitors more especially, the various appliances, the wards, etc., of the hospital.

Dr. J. E. Graham showed an interesting case of Hodgkin's disease.

Dr. I. H. Cameron showed a case which he had operated on for abscess of the lung.

Dr. L. Teskey showed a boy upon whom he had operated for, 1st, abscess of the liver; 2nd, inguinal hernia; 3rd, phimosis.

Dr. G. A. Peters showed a case of suppuration of the knee-joint upon which he had operated.

Dr. A. McPhedran showed a case of abscess of the lung which had been drained.

Dr. A. Primrose showed a case of skin-grafting after the Thiersch method.

EVENING SESSION.

At the evening session on Thursday the business of the association was concluded. The Committee on Nominations brought in their

report, which was as follows : For president, Dr. W. Britton, Toronto ; first vice-president, Dr. Jas. Samson, Windsor ; second vice-president, Dr. H. P. Wright, Ottawa ; third vice-president, Dr. J. Wishart, London ; fourth vice-president, Dr. J. Mitchell, Enniskillen ; general secretary, Dr. J. N. E. Brown, Toronto ; assistant secretary, Dr. E. H. Stafford, Toronto ; treasurer, Dr. Geo. H. Carveth Toronto.

Dr. Barrick, of Toronto, presented the report of the Committee on Legislation, in which it was urged that :

(1) The Legislature appoint a committee to supervise the publication of the various quack remedies so widely advertised in our secular press.

(2) That county health officers be appointed instead of the township officers as now in vogue.

In moving the adoption of the report, Dr. Barrick said that it was a shame poor *sick* people were allowed to be so gulled by the various nostrum vendors, by their lying advertisements. People who were well and able to properly take care of themselves were guarded by health officers at almost every point, but as soon as he took sick and thereby unable to properly weigh the evidence produced, he was left to be preyed upon by every quack who could write a plausible advertisement.

In the second part of the report he thought the committee was justified in bringing it in for the reason that the Provincial Board of Health were moving in that direction, and much more efficient work could be done.

Dr. N. A. Powell thought no demand had arisen for county health officers, and hasty action might prove detrimental. The present system gave a medical man at the very beck of any township council for advice, etc. It would entail hardship if a distance had to be travelled, and prompt action could not as readily be taken.

Dr. J. W. Smuck said that as a township health officer he found great difficulty in doing any efficient work. General practice was our daily duty. There was not sufficient remuneration given for the work, and most people thought it was paying \$15 or \$20 per annum for nothing. County officers who could devote their whole time to the work could give laboratory facilities, a depot for antitoxin, etc., and would collect valuable data in time with regard to morbidity and morbility, the supply of water, disposal of drainage, etc., and the effect of soil, elevation, on the health of the community, and so on, which would be very valuable.

The president said, speaking as one who knew the mind of the Provincial Board of Health, he could say they were nearly a unit in supporting the scheme. Township officers might recommend suitable plans for drainage, etc., but they could not be carried out for no good would accrue unless adjoining townships co-operated. The report was then adopted.

The Committee on Necrology had to report the death of the following members: Dr. D. Bergin, M.P., of Cornwall; Dr. F. Rae, of Oshawa; Dr. W. T. Aikins, of Toronto; Dr. W. T. Harris, of Brantford; Dr. J. W. Roseburgh, of Hamilton; Dr. J. B. Baldwin, of Toronto; Dr. M. J. Donovan, of Toronto; Dr. Ridley, of Hamilton; Dr. McCargow, of Hamilton; Dr. R. Gowland, of Hamilton.

The auditors' and treasurer's reports were adopted.

Dr. Machell, of Toronto, introduced the question of the establishment of the

VICTORIAN ORDER OF NURSES.

by the following resolution: "That in the opinion of the Ontario Medical Association the proposal to found a Victorian Order of Nurses is an unnecessary and impracticable scheme."

A discussion on this scheme, which was inaugurated by Lady Aberdeen, was at once begun. Every member of the association who spoke made it clear that, in his opinion, the motives which had suggested the proposal were most admirable, but the opinion was freely expressed, that the whole scheme was utterly impracticable.

Dr. Machell said that it would be the means of doing untold harm to the people of Ontario—in fact, to the whole Canadian public. He argued that if half-trained nurses, such as he implied would be employed, were sent out into the sparsely-settled districts there would be a vast increase of deaths from various illnesses. He especially instanced the evils which would follow from the attendance of such nurses on cases of child-birth. He pointed out that the medical statistics of England showed that the rate of death in midwifery was doubled through the employment of incompetent nurses, and he predicted that the same results would follow here on the establishment of an order of nurses such as the one proposed, where every particular in connection with the scheme was so crude and ill-digested.

Dr. Fotheringham pointed out, that certain clauses of the official pamphlet advocating the scheme were a direct insult to the medical profession in that they intimated that the rural doctors of this province were derelict in their duty, and that more men of the Dr. McClure stamp were needed. He considered that the rural physicians

were intensely solicitous in the discharge of their duties, and the expressions used were most gratuitously insulting to this branch of the profession. He quoted from the pamphlet to show the leading features of the proposed scheme.

Dr. Mitchell asserted that to his knowledge no physician had ever refused to attend a patient—especially a midwifery patient—when called upon, and intimated that the expressions employed in the circular were an outrage on the profession.

It was suggested that the association, in giving expression to its views on this matter, should do so in a very deliberate manner, and give reasons for opposing the scheme for the founding of an order on the lines laid down in the pamphlet.

This was agreed to, and a committee, consisting of Drs. Machell, Fotheringham, Mitchell, McPhedran, and C. J. Hastings, appointed which brought in the following resolution: "After careful consideration of the scheme for the founding of a Victorian Order of Nurses so far as its details have been made public, the Ontario Medical Association desires to express its full appreciation of the kindly motives which have prompted the movement, but feels that it would be neglecting a serious public duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established."

The resolution was unanimously carried.

Votes of thanks were then passed to the officers of last year, and to various institutions for courtesy shown to the association.

The next meeting will be held in Toronto.

J. W. S.

TORONTO MEDICAL SOCIETY.

THE regular meeting of the society was held on the 13th May, 1897, in the council building. Dr. W. J. Wilson occupied the chair.

Dr. McMahon gave notes of a case in practice. On the 16th of April he was called to see a child a year and a half old. The patient was dull and sleepy, complained of no pain, and had a temperature of 103.2. There was slight enlargement of the glands of the neck. The throat was congested and slightly ulcerated. The temperature was 104.2 the next day. There was a slight rash on parts of the body. Scarlet fever was suspected. Next day the temperature was 105.2. There was slight tenderness over the

mastoid cells on the right side. Next morning the temperature was 105. Tenderness in the right mastoid area was marked. Poultices were ordered and the injections of warm water. The following day a slight discharge appeared with improvement of symptoms. In a short time the child was able to run around, although the ear was still discharging. In the meantime the ear was being cleansed and insufflated with dry boracic acid. Some days after the Dr. was hastily summoned to see the child. It was suffering from convulsions. These were controlled by chloroform, bromide and chloral. The left leg and arm were paralyzed; but the convulsions seemed to affect the right side. The eyes were turned to the right; the pupils were about equal in size but did not respond to light. There was distinct swelling over the mastoid process on the right side. Dr. Reeve, who was called in, made an incision over the tumor and evacuated some pus. From this time there was no further running from the ear. The case, the speaker said, impressed on one the necessity of looking after these cases of otitis very closely. And one should always be on the look-out for ear trouble where there was a somnolent condition of the patient and a high temperature with absence of other symptoms.

In reply to question he said that the convulsions were not spastic.

Dr. Peters said that it was often difficult to tell what the condition was in these cases of convulsions. It would appear that the case reported was not one of purulent meningitis or it would not have recovered. However, some of the symptoms pointed to that condition. In these cases it was important to note which part of the body was affected first. If the convulsive movements began in the leg and spread to the arm and face the indication was that there was an abscess of the temporo-sphenoidal lobe pressing against the internal capsule. There could hardly have been in the case reported thrombosis of the lateral sinus; for there would have been more permanent symptoms. In young children it had been observed that abscess of the brain had drained itself through the tegmen tympani. An unusual phenomenon was the occurrence of the convulsions on the left side and paralysis on the right; but it was known how readily in children affections of one part of the brain spread to the other. In a case he had seen in an adult man there was great pain preceding the discharge from the ear. The patient became delirious and had a good deal of stupor. There was much rigidity of the muscles. The condition simulated opisthotonos. An opening was made in the usual site behind the ear

and pus exuded in large quantities. It was seen at the post-mortem that the abscess had ruptured into the sylvian fissure, and there was a purulent condition of the meninges over that portion of the brain. There was also disintegration of the brain in the neighborhood of the abscess.

Dr. H. B. Anderson said that his observation of certain post-mortem cases agreed with Dr. MacMahon's contention that medical men should be most careful in examining for middle ear trouble, not only in young children but in adults as well. Dr. Anderson reported a number of cases. He had found abscess of the cerebellum, abscess in the temporo-sphenoidal lobe, thrombosis of the lateral sinus, and meningitis with general septicæmia, and other serious brain lesions connected with middle ear disease.

Dr. R. A. Reeve said that cerebral abscess occurred rarely in acute otitis. It was not considered to be present in the case he had seen with the essayist. There had been an acute otitis with a certain amount of discharge. The pus seemed to have forced its way through the dehiscence in the roof of the tympanum, and formed an extradural abscess. This would cause a certain amount of pressure. Cutting through the periosteum over the mastoid antrum gave vent to the pus. It was quite true what one observer had said of otitis when it once becomes established, that one can never tell when, where, and how it will end.

Dr. J. Hunter expressed opinion that some of the convulsive and paralytic symptoms may have arisen from the toxic condition.

Dr. N. A. Powell spoke of the value of infiltration anæsthesia. He then presented some pathological specimens. The first was a penis he had removed for carcinomatous disease. The organ was surrounded by a large ulcerating mass, which had been treated by a physician for two years. He described the technique of the operation. The second was a growth he had removed from the vagina. In situ it appeared to be lipomatous, but examination after removal led him to think it was fibromatous. A microscopical section had not been made yet. He also presented a number of glands he had removed from the neck of a girl aged fifteen. They had shelled out quite easily. He took them to be tuberculous, as the patient had evidences of tuberculous change going on in the lungs.

Dr. Peters, Dr. Primrose, and Dr. Briton discussed the case.

Dr. Stark gave the history of a case of tubercular meningitis. D. H. B. Anderson gave the post-mortem report and presented the brain for examination, which showed well-marked miliary deposits. The primary disease was in the tracheal lymphatic glands. There

was also a caseous focus in the upper lobe of the right lung. He was also able to demonstrate the vessel into which this caseous mass had ruptured, producing the general distribution of the bacilli.

Dr. H. H. Oldright presented a tape worm showing the head. It had been evacuated after the administration of male fern.

The society then adjourned.

PATHOLOGICAL SOCIETY.

REGULAR meeting was held in the Biological Building at 8.30 p.m., April 24, 1897. President in the chair.

Members present, J. Caven, H. B. Anderson, R. B. Nevitt, W. Oldright, H. H. Oldright, J. J. McKenzie, F. N. G. Starr.

H. C. Parsons and L. M. Sweetnam, candidates for membership. Visitors—W. Goldie, C. L. Starr, McCrae.

H. C. Parsons read a paper on leucocytosis.

L. M. Sweetnam read a paper on parovarian cysts.

J. Caven presented hearts and kidneys prepared by Kaiserling's method.

F. N. G. Starr presented specimens of lung, heart, and liver of monkeys prepared by Fore's method.

H. H. Oldright showed concretions from the ear and disorganized finger-joint.

Candidates were nominated for the several offices:

The annual meeting was held in the Biological Building at 8.30 p.m., May 29, 1897, the president in the chair.

Members present, J. Caven, H. B. Anderson, J. E. Graham, J. J. McKenzie, J. T. Fotheringham, F. N. G. Starr, and H. J. Hamilton.

Minutes of last meeting read and adopted.

Proposed for membership, Dr. W. J. McCollum, proposed by H. B. Anderson and J. E. Graham.

J. T. Fotheringham presented a case of

MALIGNANT PLEURISY, GROSS AND MICROSCOPICAL SPECIMENS.

Clinical Notes.—A.M., æt. 56, admitted to St. Michael's Hospital end of October last, and inmate till death five months later. During first third of that time case looked like an ordinary case of chronic pleurisy with effusion. The right chest cavity was distended, and the walls bulging and motionless. Aspiration was neces-

sary three times for relief of dyspnoea, first time one week after admission, 56 ounces; then in two weeks again, 80 ounces; and again in six days, 81 ounces, with fine stream still running. Fluid faintly ruddy, straw-colored, translucent, fibrinous, very little blood in it. From this time the clinical aspect of case quite changed, and from being the full bulging chest of effusion it became the contracting, collapsed chest of fibroid phthisis—the removal of the effusion scarcely improved the position of the heart at all, which was very much misplaced, apex lying almost in left anterior axillary line, and about one inch too low. Coincidentally with the beginning of the general change in the aspect of the case, there came at the site of the punctures in the right axilla a small nodule which appeared about two weeks after the last aspiration. This grew to the size of a large walnut before death, and caused a rapid enlargement of the anterior chain of axillary glands, as well as an infection across the base of the axilla, of a few glands in the ninth intercostal space below angle of scapula. Death was due to asthenia, and was preceded by a little mild delirium, though he died sitting in his chair. There was no pain in the thorax throughout his illness. Temperature ran an average course of 99.2° F. or so, never over 100° F., and seldom up to that. Pulse 75 to 100. Respiration 20 to 38.

Post Mortem Findings.—Apart from the discovery of an unsuspected calculus in one kidney and the displacement of the liver, the only findings of interest were in the thorax.

The liver was found displaced downwards three and a-half inches, and to the left so as to touch ribs of left side; the left lobe could be felt during life, but the right lobe could not be found to be displaced at all, which was a very puzzling matter, but was fully explained by the discovery that the transverse colon lay between the liver and the abdominal wall, forming a well-marked groove in the anterior surface of the right lobe and discoloring it to a dark bluish green.

On the upper surface of the liver, to the right of the suspensory ligament, was a chain of about twenty nodules, under Glisson's capsule, whitish, shape and size of a split pea, corresponding to a similar but more extensive nodulation of the dome of the diaphragm which was adherent to the new growth in the thorax. This is interesting as an example of the contagiousness of malignant growths without the intervention of adhesions.

The left lung was large, voluminous, overlapping the normal area of heart dullness almost entirely.

The right lung was compressed to about a quarter its normal

size, deeply pigmented, stained, and carnified. It was incased in a cuirass of tough tuberculated whitish thickened pleura, the seat of the malignant growth. The parietal pleura was nearly normal, through dense adhesion had occurred between the visceral pleura, and the site of puncture with its nodule already mentioned. The specimen shows (1) the sixth and seventh ribs, (2) the nodule to the outer side, (3) and the adherent pleura, new growth and compressed lung, to the inner side. There was no evidence of mediastinal growth, no enlarged glands there, and the whole of the evidence is in favor of the diagnosis of primary endothelioma of the pleura. The microscopic sections show a greatly thickened pleura, mainly fibrous, or scirrhous, with here and there, especially in the outer layers, a long slit-like lymph space filled with the new growth, the cells of which cannot be distinguished from those of an ordinary carcinoma. In the deeper layers the cell masses are more circular, and more numerous, while in many of these groups the cells are very much larger. This, I think, may be taken to show the direction of the growth, malignancy increasing inwards instead of outwards, which, I think, is what one would expect from a primary endothelioma of the lymph spaces of the pleura.

This condition is rare. The bibliography of it is, I think, limited. In Ziemssen's *Clycopædia* the article on disease of the pleura is by Fraentzel, who says, under the head of malignant new growths in the pleura, that "sarcomas, or cancers of the pleura, are never primary," but due to extension from neighboring organs. This view is certainly not now held. Delafield and Prudden say that while carcinomata, sarcomata, and lymphomata in the pleura are usually secondary, a peculiar form of primary new growth has been described, and they mention the names of Fraenkel, Thierfelden, E. Wagner, and others in support of their view. Delafield then gives short notes of two cases he had himself seen and studied, corresponding very closely to this case of mine. His description of the microscopic findings might apply almost without change to this case, and he goes on to say that "it is very difficult to class these tumors; whether to call them by the name of carcinoma, sarcoma, or epithelioma it is not easy to say." Elsewhere, however, he uses the terms endothelioma and endothelial sarcoma as convertible, and this would appear at first sight to be a surrender of the old distinction that sarcomata are always connective tissue or mesoblastic in origin, and carcinomata epi, or hypoblastic. One would need at this juncture to furbish up his embryology. The most recent view, so far as I am aware, is that while the endothelium of the blood

and lymph vessels is mesoblastic, that of the three great body cavities, pleural, pericardial, and peritoneal, though structurally similar, is genetically distinct, and is of hypo-blastic origin. The older view that the primitive body cavity is at first a lymph space in the layers of the mesoblast is not now universally held, as some say that it is originally an outgrowth from the alimentary canal and therefore hypo-blastic. This would mean of course that a new growth primary in any one of these three membranes would be epithelial, or carcinomatous, if it originated on the surface of the membrane, while if it began on the deeper lymph spaces of the membrane it might possibly still be correct to call it a sarcoma.

J. Caven presented several hearts, two of general hypertrophy, and one of malignant endocarditis.

H. B. Anderson presented (1) intracapsular fracture of the femur, and the bladder, with enlarged prostate from the same case; (2) a heart, which was of special interest (will be reported at a later date).

The election of officers was then proceeded with, and resulted as follows: President, H. B. Anderson; vice-president, A. Primrose. Councillors—J. Amyot, J. J. McKenzie, H. C. Parsons.

Meeting then adjourned.

TORONTO CLINICAL SOCIETY.

THE regular meeting of the Clinical Society was held on the 12th May. President Allen Baines occupied the chair. Dr. Harold Parsons was elected a member of the society.

PRIMARY CARCINOMA OF THE GALL-BLADDER.

A specimen of cancer of the gall-bladder was presented. Dr. J. A. Temple gave a brief clinical history of the case. The patient was a woman, aged 65, who had always been healthy. Four of her immediate relatives had died of cancer. The tumor was found on the right side, a little below the liver. It was freely movable and smooth in outline. There was no history of gallstones nor jaundice. The tumor could be pushed back into the line of the kidney, and there was a clear marked line of tympany separating it from the liver. So it was thought to be a tumor connected with the kidney. Dr. Cameron, who saw the case, had concurred with this diagnosis. Cœliotomy revealed the true nature of the case—a

cancer of the gall-bladder. The patient lived twelve days after the operation, simply sinking from rapid growth of the disease.

Dr. H. B. Anderson reported on the principal post-mortem features of the disease. A large mass was found over the right of the gall-bladder. It was soft, almost brain-like in consistence. In the centre of the mass was a large number of gallstones. There were several secondary growths throughout the liver; these would break down on the slightest pressure. The growth had all the characteristics of an encephaloid cancer. Cases of primary cancer of the gall-bladder were nearly always associated with gallstones.

In reply to question, Dr. Temple said the history of the case only extended over six weeks.

Dr. Strange thought the cancer was responsible for the gallstones, instead of *vice versa*.

HÆMORRHAGIC PANCREATITIS.

Dr. E. B. Shuttleworth reported on a post-mortem he had made in a case of the above disease. The patient was a very fat man, weighing probably 250 pounds, who had taken ill three weeks before his death with symptoms of diarrhœa and vomiting. He became delirious. He thought people were persecuting him. A doctor was called, who ordered a sedative mixture. The patient died very suddenly from symptoms of collapse. The most noticeable thing on opening the peritoneal cavity was that the fat was studded with small white growths. The spleen was congested. The pancreas was enlarged and dark in color, almost black.

Dr. Anderson said that the specimen shewn showed a typical case of hæmorrhagic pancreatitis with disseminated fat necrosis. In cases of pancreatitis fat necrosis was a common accompaniment. One observer had attributed fat necrosis to disturbance in the normal secretion of the pancreas. Hildebrand to ascertain the relation between these two conditions had put a ligature around the splenic end of the pancreas to prevent the escape of the secretion, and found disseminated fat necrosis followed. Afterward he not only put a ligature around the pancreas, but also around the vessels so as to prevent the return of the secretion; disseminated fat necrosis followed. Another investigator had injected pancreatin into the peritoneal cavity of animals, and found that fat necrosis followed. Hildebrand had sutured a piece of pancreas to the omentum of a cat, and got a similar result. He injected trypsin into the peritoneal cavity, but found that it did not produce the necrosis, so he had concluded that the necrosis was not the result of the action of the ordinary

digestive ferments of the pancreas. Stockton had reported two cases in which there was marked disseminated fat necrosis, where the affection of the pancreas was slight. This observer thought the condition of the pancreas was secondary to the fat necrosis. Osler says that such cases usually occur in alcoholics, and that there is no necessary relationship between the two conditions. One case he had reported had been operated on for intestinal obstruction. The patient afterward recovered. The youngest patient in whom this condition had been found was one under the care of Dr. McPhedran, a boy aged nine months, who had died from the disease. The patient had had symptoms of intussusception, and had been operated on for its relief. Post-mortem, the pancreatic disease had been noted. Constipation was usually a marked symptom.

Dr. Peters, who had operated on the case last referred to, said he was under the impression diarrhoea was one of the prominent symptoms. The child had suffered intense pain. There was no tumor.

TUBERCULAR KIDNEY.

Dr. F. Strange reported the history of a case. The patient was a woman aged thirty, with a good family history. She had always been in good health, except that for the past three or four years she had suffered from muscular rheumatism to some extent. The only symptom she had was a constant and distressing desire to urinate. The urine showed the presence of a few pus cells and a corresponding amount of albumen. She failed rapidly. After some weeks an enlargement was noticed in the right renal region. On consultation it was decided to remove the kidney. It was removed in the ordinary way by the lumbar incision. The patient died a few hours after the operation from shock.

Dr. Primrose gave the post-mortem report.

The kidney was very friable. The tubercles could be plainly seen on the surface. On section of the kidney one could see in the cortex and along the line of the tubules the tubercular process going on. The ureter was markedly fibrotic.

Dr. Bingham said that he had found the presence of blood in the urine a common symptom in these cases.

Dr. Garratt reported a case in which mental excitement would produce hæmorrhages from the kidney. Dr. Anderson had discovered the bacilli in the urine. Dr. Loomis, who had seen the case in 1892, had made a diagnosis of sub-acute Bright's disease.

Dr. Peters said that the thickened ureter reminded one of the thickened vas in tubercular disease of the testis. Dr. Beck had

called attention to the symptom of frequent micturition as a marked symptom in tubercular disease of the kidney. An interesting feature in the case reported was the complete absence of any hereditary taint. This went to prove the infectiousness of the disease.

Dr. A. A. Macdonald reported a case in which the only sign was enlargement of the kidney. There was neither blood nor pus in the urine at first. After patient had been examined under chloroform the presence of both was detected. In this case there were no bladder symptoms. Subsequently the kidney was removed. There was no thickening of the ureter. A good recovery followed. In a few cases he had followed there was no hereditary tendency. The cystoscope was useful in enabling one to exclude disease of the bladder. The ureteral catheter might be of service in ascertaining the condition of the kidney.

Dr. Primrose spoke of the importance of using the guaiacum and ether test to ascertain if there was blood in the urine.

ENDOCARDITIS AND APPENDICITIS.

Dr. G. Bingham reported the case of a man, aged 37, who was taken suddenly ill after he had partaken of a hearty meal. He suffered great pain in the abdominal region. This was relieved by hot applications. When the patient presented himself to the doctor the temperature was 102, pulse 120. The general appearance was bad. The man was ordered to bed. An endocardial murmur could be heard. He suffered from nausea and was very restless. Dr. Graham, who was called in consultation, advised that cultures be made of the blood. Before report was made death took place. The pneumococcus was found in large numbers in the blood. On opening the abdomen the appendix was found containing a small amount of pus. Its wall was not thickened, nor was it surrounded by any inflammatory adhesions. A nodule was found on the aortic valve.

Dr. Baines introduced Dr. A. A. Macdonald, the president elect, who thanked the society for appointing him as president for the coming year.

The society then adjourned.

THIRTY-SEVENTH ANNUAL MEDICAL REPORT OF THE BOYS' HOME, TORONTO.

BY JAMES THORBURN, M.D., CONSULTING PHYSICIAN.

During the past year the home has been visited by no fewer than three epidemics. The first was scarlet fever, which broke out among the inmates early in October. Thirty-one boys were attacked by this disease, of whom twenty-one were sent to the Isolation Hospital, and ten cared for by ourselves. The second epidemic, mumps, appeared in December, attacking twenty-four boys. These boys were kept at home. The third epidemic was chicken pox, which appeared early in January, attacking some ten boys, who were also sent to the Infirmary. It affords me much pleasure to say that there were no deaths among these boys. Early in the season one little boy succumbed to disease of the heart, this being the only case of death recorded during the year.

I think it might be of interest to give a *resumé* of the history of the institution in regard to diseases since its establishment in 1859. Since then 2,338 boys have been admitted. In 1862 we had epidemics of whooping-cough, scarlet fever, and measles, and two deaths occurred; in 1867 we had one death from consumption; in each of the years 1868, 1869, and 1870, we had one death; in 1871 we had epidemics of measles and typhoid fever, and lost one boy; in 1872 measles and scarlet fever prevailed, and in that year we lost one boy from tuberculosis; in 1880 quite a number of boys were attacked with croup and ulcerated throat, and one died. In 1881 there was a great deal of illness—principally measles and whooping-cough; we escaped, however, without any deaths; in 1882 we had measles, whooping-cough, and mumps; in 1883 one death occurred, and in that year we had mumps and inflammation of the respiratory tract, accompanied by a contagious ophthalmia; in 1886 some thirty-five boys suffered from enuresis, and there were two deaths that year; in 1887 a very troublesome scalp disease (*tinea tonsurans*) spread among the boys; in 1888 la grippe and

measles prevailed, and in that year the home met with a loss which we all very much felt, namely, the death of Mrs. Munro, our excellent matron ; in 1889 we had one death, and in that year we had also measles, mumps, and la grippe, and two cases of diphtheria ; in 1890 we had measles and catarrh, with one death ; in 1893 we had one death ; in 1895 measles, chicken-pox, and ringworm were prevalent, and one death occurred.

You will remember I stated at the beginning of this report that since its founding no fewer than 2,338 boys have received the care and protection of this home. This alone should be a source of much gratification ; but the fact that out of that large number—many of them poor and wretched, pale and emaciated, half-starved and vicious in habits, and dirty in body when admitted—we have had no more than nineteen deaths should be still more gratifying, and is truly a remarkable experience.

I regret to say that on Thanksgiving Day our attending physician, Dr. Elliott, received an injury by falling from his horse, so that since then I have had the whole attendance.

You will pardon me if I allude to a personal matter—I still have the greatest regard for the home and all connected with it, and feel the same interest that I did when I first became an official of it at its inception in 1859. I feel, however, that I cannot devote that close attention to it that I formerly did. Increasing years makes it a matter of anxious labor, and I think it would be advisable that a second acting-physician be appointed, especially one residing near the institution, who might be able to act in case from any cause the ordinary physician could not be procured, and I would suggest the name of Dr. Wm. J. McCollum, 166 Jarvis street, for that position.

Book Reviews.

TRANSACTIONS OF THE CANADIAN MEDICAL ASSOCIATION. Twenty-ninth Annual Meeting held at Montreal, August 26th, 27th, 28th, 1896. The *Gazette* Printing Company, Montreal.

At the last meeting of the Canadian Medical Association, it was decided to publish the transactions, and the work was left in the hands of the publishing committee. While we are glad to congratulate the committee on the results of their efforts we desire to refer especially to the untiring zeal of Dr. Blackader, who did the lion's share of the work in producing this volume. It is only fair to state that he received much assistance from the secretary, Dr. Starr.

LECTURES ON THE TREATMENT OF FIBROID TUMORS OF THE UTERUS, MEDICAL, ELECTRICAL, AND SURGICAL. By Franklin H. Martin, M.D., Professor of Gynæcology Post-Graduate Medical School of Chicago, etc. 174 pages. The W. T. Keener Co., publishers, Chicago, Ill., 1897.

As the author states in his preface the object of the work is to place in permanent shape the outcome of the past decade of work along these lines. The work consists of the reports of ten lectures delivered at the Chicago Post-Graduate Medical College.

In the first chapters the author deals with the causation, frequency, and diagnosis of the condition, but as the purport of the work is more especially treatment this part is not elaborated.

In discussing the treatment he divides it into three parts, medical, electrical, and surgical; and in studying the various treatments given, I would think that the work was intended more especially for the general practitioner, who is forced to do a great deal of work along this line before the gynæcologist first sees the sufferer. Although this may be true, the field of the specialist is not left untouched. It seems to me that too many of the writers on special subjects devote their energies to a compilation of the work of others and leave too little impress of their individuality on their work; but in the work before us Dr. Martin has taken care to give the results of his own experience particularly, while not neglecting to notice the work of others.

Taken altogether, the work will, no doubt, fill the place intended for it.

DISORDERS OF DIGESTION IN INFANCY AND CHILDHOOD. By W. Salton Fenwick, M.D., B.S., London, member of the Royal College of Physicians, physician to out-patients at the Evelina Hospital for Sick Children : H. K. Lewis, London. Pp. 377, demy 8 vo. 6s.

There is no lack of text-books on diseases of children, and in all much attention is paid to the subject of infant feeding and to the derangements of digestion, which are of so frequent occurrence during the infant period. The volume before us is devoted entirely to the consideration of these subjects and, as might be expected, they are more elaborately treated than in the general works on diseases of children.

The author has had wide experience, having studied 5,000 cases of dyspepsia in children at the Evelina Hospital. This work was supplemented by pathological work in the laboratories of the Royal College of Physicians and Surgeons.

The opening chapters deal with the anatomy and physiology of the stomach in the young infant. The author points out that in the first six months the solitary glands in the stomach are small and ill-defined. After this period, however, they undergo rapid development, until about the age of ten years five or six are found in every sq. centimeter. After this they gradually lessen, so that after forty years they are almost gone. Another anatomical fact made prominent is that the muscular tone of the stomach does not attain its full degree of development until about the tenth month.

The physiology of stomach digestion in the infant has been carefully studied. It was found that in infants fed on farinaceous foods the total acidity is invariably diminished to as much as one-half. The same children, when fed with milk exhibited the normal hydrochloric acid secretion. Objection is taken to the statement that the stomach in the infant is merely a reservoir. Excess of free hydrochloric acid is seldom observed, and as a result bacteria are more likely to flourish. This probably explains the extreme frequency of gastro-intestinal infection in the young.

Concerning micro-organisms the author quotes Van Puteren, who found that in artificially fed infants there were about twenty times as many bacteria as in breast-fed children.

Chapter II. is devoted to diet. Breast-feeding is first considered ; variations in quality and quantity of the mother's milk are described. Many conditions affect harmfully the mammary secretion. Most complete rules for nursing are given and the importance of feeding at regular intervals is urged. The author opposes strongly the adoption of artificial food, and would exhaust every expedient to adapt the milk to the child's digestion before making a change.

Artificial feeding follows next, and here the author is quite in harmony with Rotch, Holt, and other authorities on the subject, in ignoring completely the many patent foods in favor of cow's milk received while fresh and modified so that it closely resembles the mother's milk. The care of the animals, cleanliness, and attention to sanitation, which is seen

in dairies where milk is specially prepared for infants in some parts of the continent, and America is highly commended.

Complete directions are given for the preparation of the child's milk, also rules for feeding. Chapter III. deals with the dyspeptic conditions of infancy, *e.g.*, vomiting, simple diarrhœa, colic, etc. In one hundred consecutive cases of dyspepsia in infants under twelve months, nine only were fed exclusively upon the breast. The great cause of dyspepsia in young infants is the use of farinaceous foods, or of improperly prepared or objectionable cow's milk.

In the following chapter acute gastric catarrh is discussed under three headings—inflammatory diarrhœa, zymotic diarrhœa, and cholera infantum. Regarding causation the author has nothing new to offer. In treatment, recognizing the bacterial and irritant factors in production of the disease, purgatives and antiseptics are recommended. The author has a good word to say for lavage and irrigation.

The fifth chapter, of more than one hundred pages, is devoted to chronic gastro-intestinal catarrh. The subject is divided into chronic vomiting, infantile marasmus, atrophy, athrepsia.

The remaining chapters are given to "Ulceration of the Stomach," "Weak Digestion," and "Paroxysmal Attacks of Hyperacidity, with Headache and Vomiting."

While there may not be much that is novel in the book, yet it is in accord with the latest physiology and clinical teaching, and cannot fail to give much satisfaction to seekers for information concerning the many derangements which the author has included under the comprehensive title of "Disorders of Digestion in Infancy and Childhood."

The following book has been received for review :

MANUAL OF STATIC ELECTRICITY IN X-RAY AND THERAPEUTIC USES. By S. H. Monell, M.D., founder and chief instructor of the Brooklyn Post-Graduate School of Clinical Electro-Therapeutics and Roentgen Photography; Fellow of the New York Academy of Medicine. 614 pages, octavo, cloth, gilt. Price, \$5 net; postage, 35 cents. Now ready for delivery. New York: William Beverley Harison, publisher, 3 and 5 W. 18th street.

Medical Items.

DR. C. R. DICKSON has removed to 343 Sherbourne Street, Toronto.

DRS. G. STERLING RYERSON and GEORGE BINGHAM, of Toronto, have gone to England for the jubilee season.

DR. J. T. DUNCAN has returned to London, England, for the summer, to continue his studies of the eye, at the Royal Ophthalmic Hospital, Moorfields.

THE INTERNATIONAL ASSOCIATION OF RAILWAY SURGEONS.—At the recent meeting of what was formerly known as the National Association of Railway Surgeons, held in Chicago, May 5th and 6th, the name was changed, as a compliment to the membership of Canada and Mexico, to the International Association of Railway Surgeons. The next meeting will be held in Toronto in May, 1898. Dr. George Ross, of Virginia, was elected president; Dr. Hutchinson, of Montreal, first vice-president; and Dr. Bruce Riordan, of Toronto, chairman of the committee of arrangements.

ANECDOTE REGARDING LORD LISTER.—While going round his wards in the Glasgow Royal Infirmary one day, Sir Joseph, then plain Mr. Lister, came to the bedside of a patient whose arm had been severely crushed without the skin having received any injury. Turning to the assembled students, he said: "Gentlemen, I have frequently noticed that when severe injuries are received without the skin being broken, the cases nearly always recover. On the other hand, trouble is always apt to follow, even in trivial injuries, when a wound in the skin is present. How is this? I can not help thinking that the man who is able to explain this problem will be one who will gain for himself undying fame." Lord Lister himself has proved the truth of his prophecy.—*London Daily News.*

The semi-centennial jubilee meeting of the American Medical Association, just closed in Philadelphia, marks one of the most successful meetings, both from the scientific point of view, and in attendance, in the fifty years of its history. The presence in Philadelphia of the President of the United States, who made an address before the Association, lent additional interest to the occasion. The physicians and citizens of Philadelphia vied with each other in catering to the enjoyment

of the visitors. The officers elected for the ensuing year are : George M. Sternberg, D.C., president ; J. M. Matthews, Kentucky, first vice-president ; W. H. Thompson, Indiana, second vice-president. Dr. W. B. Atkinson, Philadelphia, was retained as permanent secretary. After a spirited discussion, the committee on place of meeting selected Denver, Colorado, for the session of 1898. A more extended report will appear in a later issue.

THE bubonic plague at Bombay is reported to be rapidly waning. At the end of December it reached its climax with 1,400 or more deaths a week. It has now fallen to less than one-third of that mortality. The city of Bombay is undergoing a thorough sanitary renovation ; 130,000 dwelling-houses were condemned, 109 ordered rebuilt, tiles removed from 1,027, floors dug up in 492, several hundred were lime-washed, 299 ordered vacated, and three destroyed by fire. Indeed, the infected quarter is being dealt with in a fashion beyond the criticism of the most advanced sanitarian. It is doubtful if a more satisfactory sanitary achievement has ever been made before, and it reflects the highest credit on the administrators of sanitary law in that plague-stricken city. —*Buffalo Medical Journal*.

SIR JOHN ERICHSEN'S WILL.—The will of Sir John Erichsen, the terms of which have just been made public, contains many details of interest. In the first place, considerable surprise has been expressed that the sum bequeathed to University College Hospital was no more than £2,000, which, by the way, is exclusively left to the rebuilding fund, and not for the purposes of maintenance. By many persons interested in the charity it was thought that Sir John Erichsen would have conferred a handsome endowment upon the hospital, reaching many thousands of pounds. Mr. Christopher Heath and Mr. W. A. Meredith are bequeathed the moiety of the copyright, in equal shares, of the testator's well-known work, "The Art and Science of Surgery," exclusive however, of the profits on the tenth, or present, edition. The Royal College of Surgeons receives Sir John's bust, in marble, by Thorneycroft. A great-niece is the chief legatee ; she is left £20,000, and takes the half-share of the residuary estate, with her father. The value of the personal estate was £88,619. It was reported in the newspapers that Mr. Heath and Mr. Meredith had each received a legacy of £5,000, but this statement was incorrect.

HE OBSERVED TOO MUCH.—Papa : Don't you think he is very large for his age?—only fourteen months. Friend : Ye-es. Do you know, I've observed that most babies are large for their age.—*Puck*.

IT MADE HIM STUTTER.—First Deaf-Mute (speaking by fingers) : What makes you stutter so? Second Deaf-Mute (speaking ditto) : I can't help it. I fell off my bicycle yesterday and sprained my first finger.—*Judge*.

HENRY SHOEBOTHAM, M.D.—Dr. Shoebotham practised for many years in the western part of Ontario, but for the last few years resided in Toronto. He died at his late residence, 597 Markham Street, May 26, 1897, aged 66.

WILLIAM MCCARGOW, M.D.—Dr. McCargow died at his home in Hamilton on Friday, April 16, 1897. He at one time practised in Caledonia, but many years ago went to Hamilton. He was a member of the Ontario Medical Council from 1880 to 1885.

WILLIAM KEMPT, M.D.—Dr. Kempt was for many years a well known practitioner in Lindsay, but over a year ago he was compelled to give up active work, and removed with his family to Peterboro'. He enjoyed fairly good health lately, until April 18, when he became suddenly ill and died in a few minutes. A widow, two sons, and four daughters survive.

DAVID BELL RUTHERFORD, M.D.—A telegraphic despatch was received in Belleville, May 11, stating that Dr. D. B. Rutherford had died in California. Dr. Rutherford spent his boyhood in Belleville, and received his medical education in Kingston, graduating in 1882. After practising for several years in Morrisburg, his health failed, and he went to California. His friends hoped that he would there be restored to health, but, to their sorrow, the telegram referred to tells a different story.

JAMES BUCHANAN BALDWIN, M.D.—Dr. James B. Baldwin, of Toronto, died at his late residence, 46 Avenue Road, May 30, after a short illness of two days. He was 58 years of age, and, as he had always enjoyed fairly good health up to the time of his last illness, the announcement of his death was altogether a sad surprise to his many friends. He had not been in active practice for years, but had spent his time and energies chiefly in connection with military matters. He had been for some years major in the Governor-General's Body Guard.

THOMAS MILLER, B.A., M.D.—Dr. Thomas Miller, of Hamilton, had been in poor health for three or four years. In 1895, he went to England, with the hope that a change of climate would be beneficial. While in England he consulted certain physicians, and put himself on a certain course of treatment. After his return to Canada, he seemed for a time to be better, but soon took a change for the worse. After a long and painful illness he died, June 15th, aged 60.

Dr Miller took the Art's Course in Queen's University, Kingston, and was made B.A., in 1854. He afterwards attended the Toronto School of Medicine, and graduated in the University of Toronto, from which he received the degree of M.B., in 1858, and also M.D. in 1859. For a time after graduating he practised in Flamboro, County of Wentworth, but removed to Hamilton in 1877, where he soon acquired a large practice. He took a prominent part in politics, and twice contested the riding of North Wentworth as a Conservative candidate, but was defeated in each contest. He was a member of the Ontario Medical Council, from 1891 to 1895.

GEORGE WILLIAM WOOD, M.D. — Dr. G. W. Wood, of Delhi, Ontario, died suddenly from apoplexy, May 31st. He graduated in the University of Pennsylvania in 1865, and commenced practice in Delhi in 1866. He remained there until 1873, when he removed to Sparta, Elgin county. In 1877 he returned to Delhi, where he had since remained in active practice. Like many other doctors throughout Canada, he took great interest in politics, and was a prominent member of the Reform party.

SURGEON LIEUT.-COLONEL FREDERICK WM. STRANGE. — Dr. Frederick W. Strange, the well-known surgeon, of Toronto, died at his late residence on Saturday, June 5th, 1897, aged fifty-three. The cause of his death was apoplexy. He appeared to be in good health up to seven o'clock of the morning of that day. He got up at six o'clock to get together his baggage which he intended to ship to the military camp at Niagara. At seven he became dizzy, and had severe pain in his head, but was, for a time, conscious, and refused to allow his house-keeper to send for a physician. His symptoms became rapidly worse, unconsciousness ensued, and he died before the arrival of Dr. Leslie, at nine a.m. He was buried with military honors on Monday afternoon, June 7th.

Dr. Strange was born in England, received his medical education in Liverpool, and at University College, London, and became M.R.C.S., England, in 1866. He acted for a time as assistant surgeon in the London Surgical Home, and the Hospital for Women. He then engaged in practice, but in 1869 came to Canada, to take Dr. W. B. Geikie's place in Aurora. He lived in that town for about seven years, and secured a very large practice. Since 1876 he has lived and practised in Toronto. His success here was phenomenal. Within a year he reached the zenith of his career as a surgeon, a family, and consulting physician. In 1878 he was elected as member for the Dominion Parliament, and retained his seat until the following election in 1882, when he decided, for professional reasons, not to allow his name to go in for nomination. During his military career he had been a captain in the 12th York Battalion, captain in the Queen's Own Rifles, and surgeon of "C" Company Infantry School, Toronto. He also acted as surgeon-general in the Northwest rebellion. In private life his experience was varied; his domestic relations were, for years, sadly unfortunate, and his methods of living, unorthodox. During the later years of his life he gave up family practice to a large extent, and confined himself largely to military matters and consulting work.

He was a cultured, polished, English gentleman, with a commanding presence, a charming and kindly manner, and a marvellous personal magnetism. He acquired respect, confidence, and love, in a sick room more readily and more certainly than any physician the writer has ever seen. One of his most striking characteristics was his exceeding fondness for young children. He was bold as a surgeon, generous towards

his friends, self-reliant in dealing with the world, defiant towards his enemies, and yet gentle as a woman in handling and treating the sick and afflicted. In the large army of friends he has left are to be found the high and the low, the strong and the weak, the rich and the poor, the old and the young—"all sorts and conditions of men."

The funeral service was very impressive. We take the following from the *Toronto Mail and Empire* :

At about half-past three the lid of the casket was closed, and the assembled troops of the various regiments formed into two long lines from the casket to the west end of the hall. The officers were grouped between the lines, and the general public crowded the galleries and the remaining space on the main floor. Rev. Mr. Williams mounted the rostrum in the midst of the flowers and palms, and a great hush fell on the assembly. It was a strange and impressive sight. The rain outside poured down pitilessly, and the sky was so darkened as to make but a soft and subdued grey light in the vast hall. With serious faces and bowed uncovered heads the crowd listened to the beautiful words of the Church of England service for the dead, as they fell in measured tones from the lips of the venerable white-haired chaplain. It was a moment not quickly to be forgotten, and it was plainly noticeable that the most of those present felt the serious solemnity of the occasion.

WILLIAM THOMAS AIKINS, M.D., LL.D.—This country has lost one of her great men through the death of Dr. W. T. Aikins, of Toronto, which occurred on the evening of May 24th. We in the medical profession are chiefly interested in his work as a surgeon, and a teacher of surgery, for a long term of years. He received his preliminary education at Jefferson Medical College, Philadelphia, from which he received his degree of M.D. in 1850. In the same year he commenced practice in Toronto, and very soon achieved success. From 1850 to 1856 he was intimately associated with the late Dr. Rolph, and was a teacher in Rolph's School of Medicine. In 1856 he was appointed Lecturer in Surgery in the Toronto School of Medicine, and acted in that capacity until 1887, when the Toronto school ceased to be a teaching body on account of the reorganization of the Medical Faculty of the University of Toronto. He had been, for many years, president of the corporation of the Toronto School. He was one of the most active promoters of the re-establishment of the Medical Faculty of the University, in which he was appointed Professor of Surgery. He was also Dean of the Faculty from 1887 to 1893.

Dr. Aikins was for many years the best surgeon in Ontario, in the opinion of a large number of practitioners, and certainly had the largest practice. He received many inspirations in various directions while studying in Philadelphia, and, as a result, made many improvements in the methods then in vogue for the treatment of fractures and dislocations, and also in other subjects connected with surgery. He possessed good judgment in things surgical, and was skillful and careful as an

operator. He was essentially practical at all times, and was especially careful about carrying out all the details which are necessary to make an operation successful. He took great interest in Listerism, and went to Great Britain in 1880 largely to see and study Lister's methods. He was naturally conservative, but was always willing to accept and adopt new procedures which appeared to him good. He did an enormous amount of work in his professional lifetime, and was always extremely charitable and kind to the sick poor.

He was, for a long time, one of the most admirable teachers of surgery on this continent. His great aim was to teach—not to lecture—and his methods of illustration were especially good. He held the opinion that, in teaching students, it was always important to show them something while talking to them. He wished to attract the eyes as well as the ears. When the writer was a medical student he spent a portion of a year, in 1872, in the hospitals in New York, and saw something of all the surgeons in that city, but came back to Toronto firmly convinced that he had seen no better teacher of surgery than Dr. Aikins.

In his connection with medical schools he did much to advance the standard of medical education. He was one of the most active promoters of the Ontario Medical Council. Among those who worked with him in this direction were Drs. H. H. Wright and James Thorburn, of Toronto, and Dr. Dickson, of Kingston. The desire of these men was chiefly to establish a central examining board. While their efforts were successful, their powers as "school men" were curtailed, at least from a money-making point of view, because the licensing power was taken from the schools and universities. We think, therefore, their motives were good and unselfish, and deserve commendation rather than denunciation.

Apart from matters purely medical, he was a broad-minded citizen, and took an active interest in all educational questions. He belonged to the Reform party in politics, and was once a candidate in Toronto for the Parliament of Canada. He was a prominent member of the Methodist church, and one of the most generous contributors towards various organizations and churches in that denomination. He was in all respects a good and lovable man. He suffered much, during the last few years of his life, from many worries connected with "school" matters, business and other troubles, but was always patient and uncomplaining. He was seriously ill for about two years, and for many months his relatives were impressed with the sad fact that he must soon depart. Notwithstanding such warnings, the announcement of his death caused considerable shock and profound grief among the vast host of friends and admirers who will ever remember the kindness, and goodness, and greatness of him who has gone.