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THE

# CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

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

Business Management, - - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, SEPTEMBER 1, 1891.

## Original Communications.

### DEVIATIONS OF THE NASAL SEPTUM.\*

BY DR. PRICE-BROWN, TORONTO.

Although so little noted, this subject has long attracted the attention of the medical profession. Quelmaz,<sup>1</sup> in the eighteenth century, is said to have written the first monograph upon it. From time to time many able papers afterwards appeared. Latterly, however, there has been a decided interest in this direction, and during the last ten years an enormous amount of literature upon the nasal septum has been thrown upon the professional world. Besides general treatises upon the subject by a dozen standard authors upon "Diseases of the Nose and Throat," no fewer than twenty-five complete monographs upon "Deviations of the Nasal Septum" have been issued by European and American writers; and a score or more other able articles, by equally well-known men, have been written upon the anatomy, etiology, or treatment, of this exceedingly interesting and prevalent malformation.

*Pathological Anatomy.*—It is a well-known fact that deviations of the septum are among the most common of anatomical phenomena; still, the percentages given by different writers differ very materially.

<sup>2</sup> Zuckerkandl found deviations in 37.8 % of 370 cases.
Bryson Delavan - - - 50 % of his cases.
Allen - - - - - 68 % of his cases.

M. Mackenzie - - -	76.9 % of 2152 cases.
Jarvis - - - - -	80 % of 100 cases.
Zedziak - - - - -	83.5 % of 200 cases.
Simanousky - - -	95 % of 974 cases.
Heyman - - - - -	96 % of 250 cases.

While Sheck,<sup>3</sup> one of the most prominent amongst Polish rhinologists, uses the following words: "It can be assumed that hardly a single individual has a perfectly straight nasal septum." Contrary to this, however, Zuckerkandl<sup>4</sup> maintains that asymmetry does not occur prior to the age of seven years; a statement which is not borne out by other writers.

With reference to the influence which sex has upon the frequency of deviation, authorities are not agreed; the majority of physicians, however, believe that it occurs more frequently in the male sex than the female, the reason assigned being the greater exposure of the former to accidents.

Civilization appears to be a very important factor in the production of deviations; for invariably the septa of aboriginal races are more symmetrical than those of their civilized brethren. Among the latter, some affirm, the greater the culture the greater the tendency to asymmetry. Bryson Delavan<sup>5</sup> believes that the Jews and Slavs have an idiosyncrasy in this direction; his statement being supported by Zedziak<sup>6</sup> as well as by Simanousky's tables.

Deviations of the nasal septum occur most

\*A paper read before the Ontario Medical Association, June 4, 1891.  
 1. "Programme de narium earumque septi incurvatione." Lipsiæ, 1750, p. 7.  
 2. *Journal of Laryngology*, March, 1891, p. 86.

3. "Die Krankheiten der Mundhöhle, des Rachens und der Nase," 3rd edition, 1890, p. 240.  
 4. "Anatomie der Nasenhöhle," 1882, p. 45.  
 5. *New York Medical Journal*, 1887.  
 6. *Journal of Laryngology*, March, 1891.

frequently in connection with the anterior or cartilaginous portion, the so-called "cartilago-quadrangularis." In some cases they extend half way back along the junction of the perpendicular plate of the ethmoid with the vomer; but the posterior half of the latter, according to the reports of the best authorities, is never deflected. One happy result of the confinement of these deformities to the anterior portion of the septum is that it renders them accessible to treatment. The subject of classification of deviations is not a satisfactory one, as almost every writer originates one for himself. Lowenberg divides them, according to the situation and direction, into superior, inferior, horizontal, and vertical. Jarvis into osseous, cartilaginous, and osseo-cartilaginous. Zedziak gives two main divisions: (1) Simple deviations to one side or the other. (2) Deviations with partial thickenings. Of course these are both subdivided still further, while combinations of both divisions may be found in the patient. Mackenzie, Ingals, and Rosenthal each have their own special list. Bosworth,<sup>7</sup> on the other hand, as no two cases are alike, discards all classification, treating each distinct case upon its merits.

For practical purposes, Zedziak's division would seem to cover the ground. (1) Deviations without thickening. They may be to the right or left, a mere bending of the cartilage, with a concavity on the opposite side of each convexity. Sometimes the curvatures are sigmoid, having two curves in opposite directions in the one septum, or they may be irregular without well-defined form. This class are by far the most numerous, covering the vast majority of all human septa; and where no impediment to nasal respiration is produced, surgical interference is uncalled for. Zedziak's second group consists of deviations produced by partial thickenings, in the form of spinæ or cristæ. These are comparatively frequent, and in the majority of cases occur where asymmetry exists, though perfectly straight septa are not always free from them. The spinæ are real spurs, and may be either rounded or sharp pointed. They are usually situated at the anterior part of the cartilaginous septum, near the entrance of the nasal cavities, and opposite the inferior turbinated bone. Sometimes they arise further back-

wards, and, in rare instances, from the suture of the plane of the ethmoid with the vomer. Cristæ or ridges are like spinæ with an elongated origin, extending perpendicularly or laterally; in some cases completely occluding the passage.

According to Woakes,<sup>8</sup> both varieties of thickening are produced by a slow inflammatory process, resulting in the formation of a buttress of hypertrophied cartilage or bone. That the deformities are in some measure the result of inflammatory action is proved by the histological investigations of Miot and Duret, who found these prominences to consist of plastic infiltration, establishing the fact that they were the result of true perichondritis.

*Etiology.* The causes of deviation of the nasal septum, particularly when unattended by thickening, are often very obscure, and, consequently, many theories have been advanced upon the subject by experienced rhinologists. Jarvis and Gleitsmann supposed them to be hereditary. Duplay, Woakes, and Stoker regard deviations as congenital. Morgagni and Chassaing<sup>9</sup> believe them to arise from excessive development of the vomer. Trendelenberg<sup>10</sup> suggested the idea that the septum was forced out of place by a highly-arched palate. While Zuckerkandl apparently unimpressed by theories of heredity or development, affirms that deviations of the septum never occur until after the seventh year. Bosworth, after an exceedingly large clinical experience, expresses the view that traumatism is by far the most frequent cause of all varieties of septal deformity. He says that even in those cases in which direct injury cannot be verified, it is safe to assume that injury has occurred, although so slight as to escape notice until the subsequent more serious results have become manifest.

Injury to the nose, insufficient to produce fracture, is not always followed immediately by deformity. It may, however, set up a low grade of morbid action, lasting for years, and in the end producing more or less stenosis upon the affected side. In early childhood, owing to the softness of the parts, falls on the face are especially liable to produce sutural injury, followed by slow inflammatory hypertrophy, and the formation in course of time of

8. *Journal of Laryngology*, October, 1890.

9. "Bulletin de la Société de Chirurgie," 1851-2.

10. Cited by Schaus, loc. cit.

7. "Diseases of Nose and Throat," 1839, p. 283.

spurs or crests. Two points are worthy of notice here: (1) That the morbid lesion is produced by a process of cartilaginous development. (2) That the chronic catarrh, so frequently following such cases, does not usually occur until long after the date of primary injury. This, of course, refers to cases of minor degree.

Of the severer cases of deformity, traumatism of a direct nature is usually the cause. By a fall or blow upon the nose the cartilago-quadrangularis is fractured or dislocated, forcing it directly into one or other rhinal cavity, and exhibiting, when first discovered, a projecting crest, impinging in many instances upon the corresponding lower turbinated bone, and producing stenosis. In deviations of an idiopathic origin, a frequent cause would be enlargements of the spongy bones, the presence of neoplasms or exostoses, etc., the septum in these cases yielding and projecting into the opposite rhinal cavity. The columnar cartilage, owing to its situation at the very entrance of the nostrils, is sometimes displaced by the habit of pressing the nose to one side in using the handkerchief.

*Symptomatology. Objectively.*—Septal deformity may be recognized in many cases. Sometimes the tip of the nose is directed to one side, while the bones are directed to the other; in others, the whole organ is thrown to one side; while in a third series want of symmetry in the nostrils indicates displacement of the cartilaginous septum or the columnar cartilage.

*Subjectively.*—The symptoms are widely different, according to the degree of stenosis produced. In very many cases, where the deviations are simple and unaccompanied by spine or cristæ, symptoms are entirely absent.

In others of a somewhat severer character, the ear or throat are chiefly complained of, while the nose remains unnoticed. Usually, however, the primary symptom is that of nasal obstruction. Nasal breathing on the side affected becomes impaired, followed by a series of changes in the mucous membrane, which in the end produce chronic naso-pharyngeal catarrh. The symptoms may be divided into two principal groups, the mechanical and the nervous. Within the former may be placed everything occurring directly from the narrowing of the cavity at the point of deviation. Thus, inspiration through the obstructed channel produces rarefaction of the air

immediately behind it, with diminution of atmospheric pressure, followed by congestion and swelling of the mucous membrane and hypertrophy of the turbinates. When the deviation is extreme, particularly when large cristæ are present, the stenosis on the affected side may be complete, compelling the other nostril to do the whole work of respiration. This extra duty not only causes hypertrophic rhinitis, but also mouth breathing, from deficient nasal capacity, with dryness of throat, pharyngitis sicca, as well as all the distressing symptoms of chronic nasal catarrh. More remote symptoms are produced in the lower throat and larynx. When the air is breathed *per vias naturales* over the healthy turbinated tissues, it acquires before reaching the larynx the proper temperature and saturation from the serous discharges from these bodies. When, however, it is deprived of this heat and moisture by mouth breathing, the raw air comes directly in contact with the larynx, producing chronic laryngitis, and in some cases even papilloma. Anosmia and Eustachian disease, with deafness, are also among the ultimate results which not infrequently occur. When the stenosis is near the nostril, a sinking or flapping of the ala is sometimes present during inspiration. This was particularly marked in a patient I had under treatment a few months ago. Epistaxis, according to Bosworth, owes its origin more frequently to deviation of the nasal septum than to anything else. The outstanding prominences of mucous membrane allow hard particles of dust to impinge directly against them, causing erosions of the capillary walls and consequent hemorrhage. The voice is often affected by deviations, becoming thick and nasal in character. Among the nervous symptoms are sneezing, spasmodic irritation of the eyes, pain at the base of the nose, frontal pain, asthma, hay fever, etc.

*Diagnosis.*—This is based entirely upon anterior rhinoscopical examination, and, with the application of cocaine, can be arrived at without difficulty. As Zedziak says, "The time is passed for deviations of the nasal septum ever to be taken for polypi or fibroma." Growths of this nature are always movable, while the septum, whether deviated or not, continues rigid. Although exostoses and enchondromata may likewise be hard, they stand out distinctly from the septum and are thus distinguished from devia-

tions. Malignant disease would have its own peculiar history. Syphilitic perichondritis of the septum has a bright red color, with soft touch, quite foreign to simple deviations.

Prognosis is generally favorable. Removal of the stenosis by surgical operation is usually followed by normal nasal breathing, relief of the catarrhal symptoms, and restoration of the natural voice. Of course subsequent treatment until complete healing is also required. Where asthma or hay fever is the result of deviation, the removal of the latter always favorably modifies the neurotic disease.

*Treatment.*—Happily the great majority of cases of deviation of the nasal septum do not call for treatment. Where the deformity is merely a flexion, whether unilateral or sigmoid, without producing sufficient stenosis to obstruct nasal breathing, surgical interference is not required. A large number of persons carry septal deformities from childhood to old age without ever becoming sensible of their presence, either from nasal stenosis or resultant catarrhal symptoms. Again, a large number of cases of spineæ occur which never produce sufficient respiratory or catarrhal difficulty to render their removal advisable. The essential feature which demands treatment is presence of stenosis, which, as a rule, is traumatic in its origin, and rarely comes into the hands of the specialist for treatment until long after the disorganization has become permanent and solidified.

If, immediately after injury, the surgeon in charge, instead of contenting himself with obtaining for the patient an æsthetically presentable nose, were also to apply a solution of cocaine to the fractured septum, and then press it into place by means of instruments always at his command—retaining it in situ by a tampon of antiseptic absorbent cotton or sponge tent—many of these deviations, with all their attendant evils, might be avoided. Three cases of this nature, which might have been prevented, were treated by me during the last few months. (1) A child of seven years. One nostril was completely occluded by a distorted fractured septum. The injury had been produced by a fall one year previously. The septal condition was not discovered by his physician until a few days prior to my first examination. (2) A gentleman, æt. 50 years, was kicked by a horse nearly a year

before, producing fracture of the septum, with great deformity. This was not noticed by the patient until the left ala commenced to flap on inspiration. (3) A young lady who had been thrown from a horse, injuring her nose, had, as a result, a large curved crest, which pressed for its whole length against the right inferior turbinated. The internal injury was not discovered until solidification had taken place. In each of these cases the deformity, to say the least, would have been very much less if the surgeon at the time of injury had followed some such plan as I have suggested.

I can but glance at the different methods of treatment in vogue since Quelmaz, a century ago, proposed daily digital pressure as a corrective.

Palliative treatment by sprays, washes, unguents, etc., has little temporary and no permanent effect; consequently, radical or surgical treatment of one kind or another is the usual practice when stenosis is sufficiently great to demand interference. Forty-five years ago Diefenback<sup>11</sup> advised that the projections should be sliced off with a knife. In 1847 Heylen<sup>12</sup> dissected back the mucous membrane, and cut off the protruding part with scissors. Chassignac<sup>13</sup> in 1851 adopted a nicer surgical procedure. After dissecting back the mucous membrane, he made a number of incisions through the cartilage, and, pressing it back to its normal plane, held it there by tampons until it became solidified. Ingals<sup>14</sup> improved upon this by excising a V-shaped piece of the deflected cartilage and afterwards applying sutures; while Seiler and Heyman removed the projecting portion with a carpenter's chisel. Of punches, those of Blandin and Roser were frequently used, until Steele,<sup>15</sup> in 1879, introduced his stellate punch, which is now considered the best of this class of instruments. In 1875 Adams<sup>16</sup> constructed a forceps for straightening the septum. Jurasz<sup>17</sup> in 1882 improved upon this, and the combination, called the "Adams-Jurasz" is now used by a large number of rhinologists. After cocainization, the blades are introduced into each nostril separately, fastened together by a screw, and the pressure increased until the septum is

11. "Die Operative Chirurgie," Bd. 1, Leipzig, 1845.

12. "Annales de la Soc. de Méd. d'Anvers," Gaz. Med. 1847, p. 810.

13. "Gaz. des Hôpitaux," 1851, p. 420.

14. "Arch. of Laryngology," vol. 3, p. 297.

15. *St. Louis Courier of Medicine*, May, 1879.

16. *British Medical Journal*, Oct., 1875.

17. *Berlin Klinische Wochenschr.*, 1882, No. 4.

crushed or refracted and straightened. Then the handles are removed and the blades left in position for two or three days. The whole procedure, notwithstanding the frequent application of cocaine, is said to be exceedingly painful. After removing the blades, Jurasz employs ivory olives, fastened together and held in the nose for some time, until the septum gets accustomed to its central position again. Many writers use the galvano-cautery for the removal of deviations. Among them are Stoker, Voltolini,<sup>18</sup> Walsham, and Zedziak.<sup>19</sup> It is particularly useful in the case of cartilaginous spurs. Bronner and Lennox Browne advocate the dental drill, while Jarvis<sup>20</sup> speaks very highly of the electro-motor drill. Electrolysis has recently been received largely into favor, particularly in France, where it was introduced last year by Moure and Bergonié.<sup>21</sup> Dr. Moure read a paper before the International Congress at Berlin largely dealing with this method of treatment. They employ electrolysis in two ways: (1) The so-called unipolar positive puncture; (2) the bipolar galvano-puncture. In the first, a large indifferent electrode is attached to the negative pole and placed between the scapulæ, while the positive pole is attached to a steel needle and inserted into the centre of the deflected portion of the septum. A current of 30 milliamperes is sufficient. Each sitting lasts from ten to twenty minutes. In the second, each pole is attached to a needle, and both are inserted into the deviation, care being taken that they do not touch. Of course, cocaine is used in each case; still the treatment is painful and tedious, and not always successful. Some years ago Woakes made the first use of the saw, followed shortly afterwards by Seiler. It remained, however, for Bosworth<sup>22</sup> to place the nasal saw in its proper and important position as the most efficient and satisfactory of all instruments in the treatment of septal deviations. As early as 1887 Bosworth reported as many as 166 operations which he had personally performed. Since that time he has added hundreds of others to his list, with a very large percentage of satisfactory results. The saws are narrow in blade, varying from  $\frac{1}{8}$  to  $\frac{3}{8}$  of an inch in width. They are several inches long, and attached to

the handles at an angle of 45°. After anæsthetising both nasal cavities with a strong solution of cocaine, the saw is introduced in such a position that, in cutting, the whole of the projecting portion can be removed, the object being to restore, as far as possible, the natural outline. To use Bosworth's words: "It is to be sawed down, as we saw a board out of a log." After entering the instrument, the sawing is done with as rapid a motion as possible, consistent with precision, and continued downward through bone and cartilage until it emerges below. In some cases it is more convenient to cut upwards, using a blade with the teeth on the upper edge. In others both methods are necessary, the cuts meeting each other at the centre of deviation. The fragments are easily removed by forceps, and projecting points can be trimmed by scissors or galvano-cautery. Usually the hemorrhage is not severe. The contraction of the capillaries produced by cocaine no doubt lessens the tendency to bleeding. Sometimes, though rarely, plugging is necessary.

In many of the operations practised for the removal of deviations, the surgeon endeavors to preserve the mucous membrane by dissecting it backwards, and subsequently reattaching it by sutures. In Bosworth's method no such preservation is attempted. The mucous membrane covering the outgrowth is simply removed with the rest of the fragment. As the part heals, new membrane is proliferated from the marginal epithelium, and in a few weeks a new mucous membrane usually covers the surface without producing either ulceration or cicatrix. The danger of perforating the septum with the saw is not nearly so great as one might suppose, for the reason that there is always marked thickening or hypertrophy at the seat of the fracture. Bosworth, in his new work issued last year, states that perforation has only happened once in all the cases treated by him. In my own cases, when either cristæ or great thickening were present, I have, as a rule, followed Bosworth's plan; but I have also found a course of daily after-treatment necessary in order to obtain the best results. Spraying out the passage with Dobel's solution, following this by a 2 per cent. solution of cocaine and then inserting absorbent cotton soaked in albolene and repeated every twenty-four hours for the first three or four

18. "Die Krankheiten der Nase," 1888, p. 108.

19. *Journal of Laryngology*, April, 1891, p. 145.

20. *New York Medical Record*, April, 1888.

21. *Journal of Laryngology*, December, 1890.

22. "Diseases of the Nose and Throat," 1889, p. 303.

days, I have always found soothing and grateful to the patient. After that the tampon was discontinued, and a weak solution of menthol in albolene used by atomizer instead. It is a matter of importance to prevent that dry incrustation which is apt to take place up to the period of perfect healing, and nothing seems to promote that end so effectually as mild oleaginous fluids atomized. In removing cartilaginous spurs I have followed Zedziak's plan of applying the galvano-cautery, and in many instances it has done all that could be desired—the application of a 15 per cent. solution of cocaine removing all tenderness during the period of operation.

In closing, I would like to say one word about the marvellous efficacy of cocaine when used for nasal operations upon children. In March last, R.R., a timid little fellow of seven years, sat perfectly still in the operating chair, with his eyes wide open, while I sawed out a crest filling the left nasal cavity. He did not utter a sound or offer the slightest resistance. During the whole time, also, I had a perfect view of the field of operation—much better than I could have had if compelled to follow the old plan of administering chloroform.

#### THE SUPPOSED CURATIVE EFFECT OF OPERATIONS, *PER SE*.

BY PROF. J. WILLIAM WHITE, PHILADELPHIA.

Under this title, Prof. J. William White, of Philadelphia, contributes a paper to the *Annals of Surgery* for August, 1891, which, not only from its subject, but from the great number of authorities quoted, and from the peculiarly rich experience of the writer, makes an article of unusual interest and importance to both surgeon and physician. The author's attention was first directed to this subject by reason of his experience with the operation of trephining for so-called traumatic epilepsy.

During the past five years, with Dr. D. Hayes Agnew, he has trephined in fifteen cases of supposed traumatic epilepsy. All but one recovered from the operation. The patient, who perished, was an imbecile and a confirmed drunkard as well as an epileptic. Death occurred from suppression of urine, probably secondary to etherization.

In one case a bullet was found embedded in the

brain substance; in another an irregular portion of the internal table was dissected out from beneath the dura mater, to which it was attached by cicatricial adhesions. In another there were projecting spicules of bone on the internal surface of the button removed and the adjacent portions of the skull. In two marked sclerosis and thickening of the cranium were observed about the field of operation. In the remaining cases nothing abnormal was seen. Although this was the case, they were, without exception, markedly improved by trephining; in two instances, even to the point of apparent cure, no return of the symptoms having been observed for eighteen months, and for two years after the operation. In the other seven the results were strikingly favorable, convulsions disappearing for weeks or months, although previously of more than daily occurrence.

The author has, in so far as this is possible, classified the cases in which operation *per se* seemed to be the main factor in bringing about a cure. These cases are divided into three groups, in accordance with the anatomical seat of the symptoms or of the supposed disease. This brings them under the following heads:

1. Operations for the relief of nervous phenomena, as epilepsy, insanity, paralysis, etc.
2. Operations for abdominal and pelvic disorders, as peritonitis, tumors, etc.
3. Miscellaneous operations.

This classification is further carried out by grouping together (*a*) those cases in which nothing whatever was found explanatory of the symptoms; (*b*) those in which some departure from normal conditions were observed, but was so slight as to be apparently inadequate to explain the symptoms; (*c*) those cases in which an apparently grave and irremediable condition was disclosed by an exploratory operation, but notably improved or altogether disappeared after mere inspection or handling, no further surgical interference having been thought justifiable.

Under the heading of "Operations for the Relief of Nervous Phenomena," Dr. White has tabulated, including his own service, 154 cases. Many of them are given in detail, and coming, as they do, from recognized authorities, are of exceeding great interest.

In fifty-six cases of trephining for epilepsy, nothing abnormal was found to account for the

symptoms. Nineteen cases were reported in six months or less after operation ; eleven cases were reported from six to twelve months after operation ; six cases were reported from one to two years after operation ; one was reported eight years after the operation.

Twenty-five of these cases were reported as cured ; eighteen as improved ; in three cases it was mentioned that a relapse occurred later.

In thirty cases of ligation of blood vessels for epilepsy, fourteen were reported as cured ; fifteen as improved ; one died seven days after operation. In the fatal case the right common carotid artery was tied. No fit occurred after the operation.

In ten cases of castration for epilepsy, all were reported as cured. One case was reported four months after operation ; four cases were reported more than two years after operation ; in five the time when reported is not mentioned.

In nine cases of tracheotomy for epilepsy, two were reported as cured ; six as improved ; one as much improved, though death in this case followed in two months after operation.

In twenty-four cases of removal of the superior cervical ganglia of the sympathetic nerve, six remained well at the end of three years ; ten were improved ; five remained unimproved ; two died soon after the operation, but not from its direct effect.

In six cases of incision of the scalp for epilepsy nothing was found to account for the symptoms. Three of these cases were reported as cured at the end of three months or less ; one was reported as cured at the end of one year ; two were reported as cured at the end of two years ; two other cases, almost similar, were reported as cured.

Twelve cases of epilepsy are reported as cured by such operations as stretching of the sciatic nerve, excision of the musculo-cutaneous nerve, cauterization of the larynx, circumcision, application of a seton to the back of the neck, tenotomy of the external recti-muscles, burning of the scalp, puncture of the heart, etc.

Thirteen cases of spontaneous or accidental cures of epilepsy are also reported, at a time varying from two months to five years after the traumatism, which was a fall, a burn, a wound, an amputation for intercurrent injury or disease, etc.

Passing from the cerebral to the spinal region, Dr. White cites an illustrative case of his own. A man, æt. 55, was attacked on December 25th, 1887, with severe pains in his arms and shoulders. A few days later, there was weakness of the thighs, spreading rapidly down the legs to the feet, and upward on the body to the nipple line. In eight days there was absolute paralysis of the parts involved, including both sphincters, while at the same time the paralyzed parts became the seat of profound anæsthesia. Girdle pains developed ; bed sores made their appearance ; percussion of the spine over the third and fourth vertebræ became painful. The reflexes were exaggerated, and light blows on the head in the direction of the spinal axis gave rise to frightful exacerbations of the girdle pains. In spite of every remedial measure, these symptoms increased in severity for ten months. An exploratory operation was then undertaken. Dr. White removed the spines and laminæ of the first five dorsal vertebræ, opened the slightly thickened dura, separated some firm adhesions to the subjacent pia mater, explored the cord, and, having failed to discover any serious pathological changes, closed the wounds in the dura and soft parts.

The girdle pains had entirely disappeared by the following day ; sensation began to return in the feet the day after—voluntary motion in the toes after the eighth day ; and so one symptom after another disappeared, until the patient completely recovered, and is now earning his living by manual labor.

In the list of abdominal and pelvic disorders apparently cured by operation *per se*, a number of extraordinary cases are cited. The experience of Tait, who has more than once drawn attention to the astonishing disappearance of tumors, often of large size, after a mere exploratory incision, and the corroborative testimony of Von Mosetig, are cited at length. Koenig's analysis of 131 cases of tubercular peritonitis treated by abdominal incision is carefully discussed.

In response to letters of inquiry upon the subject, Dr. White received many communications from prominent operators, the great majority of them containing notes of cases not previously published.

Among the signers of these letters are to be



found the names of Goodell, Hirst, Battey, Roswell Park, Lusk, Cheever, Charles T. Parkes, Cabot, Hunter, McGuire, Nancrede, Weir, Stimson, and many others of equal note.

Under the heading of "Miscellaneous Operations," the author has given several of very diverse character.

First, are quoted cases of osteo-malacia, cured, after weeks or months of confinement to bed, by either oophorectomy or Cæsarean section.

Passing to another subject, the question of graduated tenotomy of the eye muscles for the relief of severe nervous symptoms is carefully discussed. The author freely acknowledges the value of tenotomies, both complete and graduated, in the restoration of equilibrium in badly balanced ocular muscles; but he is none the less convinced that in numbers of instances of reported cures of chronic chorea, petit mal, and even delusional insanity, the effect of the operation *per se* is in large measure the potent cause of the supposed cure. This belief is founded, not alone on theory, but upon the fact that in certain cases of reflex nervous troubles a cessation of the symptoms has followed the tenotomy, although this has not produced perfect equilibrium. Again, the relapses which may take place after a perfectly successful series of tenotomies would indicate that the nervous phenomena attributed to the insufficiency, for the relief of which the operations were made, were not correctly so attributed, and that the temporary relief must be ascribed to some cause other than the restoration of an imperfect balance of the external ocular muscles.

In seeking for a reasonable explanation of the phenomena observed in the above cases, the author has formulated the conditions which are common in nearly all of them:

1. Anæsthesia.
2. Psychical influence, or so-called mental impression.
3. Relief of tension.
4. Reflex action, or the "reaction of traumatism."

These influences were operative in the majority of cases, although not one of them, except the last, applies to the whole list.

With the idea that it was conceivable that a disease of the nerve centres, not reached by

ordinary drugs, might be affected by agents of such volatility and diffusibility as ether and chloroform, the author instituted a series of observations upon a number of epileptics in various stages of the disease. All other treatment was withdrawn; ether was given to the production of full anæsthesia at intervals of from forty-eight to seventy-two hours. The results were either entirely negative, or, in consequence of the withdrawal of their bromides, the patients grew worse.

Since in the great majority of cases upon which Dr. White bases his paper there were either undoubted symptoms such as are habitually associated with organic disease, or there was demonstrable and unmistakable evidence of such disease, it is necessary to believe, in considering the psychical influence of operation, that powerful impressions acting upon the emotional or intellectual nature may affect the organic processes of secretion, nutrition, etc., and may arrest pathological changes and bring about reparative or recuperative action. Cases are cited in which such influences are clearly set forth.

The author holds that the normal equilibrium which we witness between the cerebro-spinal and the sympathetic systems, as respects their influence upon the blood-vessel, is obviously more or less interfered with when the brain transmits a more than wonted impulse, allowing the unrestrained action or paralyzing the influence of the sympathetic vaso-motor nerve. In this relation the author narrates some remarkable cases of hypnotism, and quotes some striking examples of the effect of the central nervous system upon the body.

Belief is expressed that in many of the cases described there can be little doubt that relief of tension is an important factor in amelioration or cure. If it is assumed that preternatural tension exists in the cranial cavity, this would be relieved to an extent by trephining, and there would be but few exceptions to the rule that in each case something was done which lessened tension in the cavity or organ of the body. A diminution of the tension would manifestly alter the blood supply to any important organ in the body, and with it the nutritive processes, local and general. Beyond this nothing definite can be said, except as it applies to cases of ascites, in

which, as in cases of hydrarthrosis, one tapping may prove permanently curative, because the original source of irritation and hypersecretion has already disappeared.

Under the head of "Reflex Action," the author includes the "reaction of traumatism," as well as the effects of revulsion and counter-irritation.

Verneuil has long since shown that very slight traumatism sometimes excites in the entire economy a general perturbation, and sometimes, by selection of the weak point, sudden aggravation of lesions that are only slight or have slumbered. This same excitement, usually prejudicial, may occasionally be curative. In the case of spinal surgery above detailed, Dr. White believes that the local shock of the operation was promptly followed by a corresponding reaction, in which the vitality of the tissues was raised sufficiently high to determine a return to the normal state. In this relation the reciprocal influence of one portion of the body on another is briefly discussed.

In considering abdominal tumors, attention is called to the possibility of the spontaneous disappearance of such tumors, the relation of this disappearance to the operation being coincidental; cases are cited in point. As to the cure or amelioration of growths thought to be malignant by merely exploratory operation, a long search through the literature of the subject has met with but little success.

The cure of tuberculosis of the peritoneum, as the result of exploratory incision, is explained on the ground that the removal of ascitic fluid allows the peritoneal surfaces to fall together and to acquire adhesions. The tubercles are then shut in between the coils of intestine, the omentum, and the abdominal wall. They are thus surrounded by tissues in a high degree of activity, which can now throw around them the limiting zone of young cells and eventually fibrous tissue, which, if the tuberculous process is not too far advanced, may effectually resist it and may cause it to retrograde, the process being analogous to that which we see imperfectly going on around a cancerous growth.

As a result of a study of the subject, the author believes the following conditions are warranted:

1. There are large numbers of cases of differ-

ent grades of severity and varying character which seem to be benefited by operation alone; some of them by almost any operation.

2. These cases include chiefly epilepsy, certain abdominal tumors, and peritoneal effusions and tubercle, though the improvement in the latter is, perhaps, to be explained on general principles.

3. Of the possible factors which, by reason of their constancy, must be considered, anæsthesia seems least likely to have been effective. The other three, viz., psychological influence, relief of tension, and reflex action, may enter in varying degrees into the therapeutics of these cases; and taken together, serve to render the occurrence of occasional cures less mysterious.

4. The theory of accident or coincidence scarcely explains the facts satisfactorily.—*Abstract by Dr. George D. Morton.*

#### SYMPTOMATIC CURE OF A UTERINE FIBROID BY ELECTRICITY PREVIOUS TO ITS REMOVAL BY THE KNIFE.

BY JAMES F. W. ROSS, M.D., C.M.,

Lecturer on Abdominal Surgery, University of Toronto, etc.

As it is well known and so widely heralded that about 80 per cent. of the cases of fibroid tumors treated by electricity are "symptomatic cures," I feel called upon to relate the following case. Before doing so I may premise by a statement that may not appear modest though true. I have been fortunately thrown much in contact with men, both at home and abroad, who have done much abdominal surgery. I have had hospital and dispensary clinics under my care for some time. I have thus examined many hundreds of women with and without an anæsthetic. If tumor is present in the pelvis, I always examine under an anæsthetic. Time and time again I have proved my diagnosis to be correct by abdominal section, and time and time again I have failed to make a correct diagnosis after exhausting the clues from carefully taken histories and the senses of sight and touch. But in the present case there could be no doubt. I had felt so many fibroid tumors that I surely knew a fibroid when I felt it. Any amateur could have diagnosed this case. The patient was only seventeen, pale and anæmic.

She had been anæmic for over a year. A frequent desire to urinate had been noticed for some months. Menstruation always regular, but for about a year the flow has been increased, lasting at times eleven days. When unwell she complains of pain in lower abdomen. No particular pain at other times in lower abdomen, but suffers from neuralgic pains in the limbs and headaches. A leucorrhœal discharge combined with the menorrhagia drew her attention to her condition and she consulted her family physician, who asked me to see her with him. On examination without chloroform I felt a mass in the pelvis, and immediately asked Dr. Noble to put her under chloroform. I then felt a hard, firm, irregular mass attached to and surrounding the uterus. The greater tumor was high upon the left side, springing from the fundus. From the denseness of the mass and its nodular feeling, together with its uterine attachment moving, as it did, with the uterus, there could be no doubt in the mind of any one with an experienced finger, "that could tell a fibroid when it felt one," that this was a case of multinodular fibroid of the fundus uteri pure and simple. This was very clear. And then we had the menorrhagia to back up the diagnosis.

The case was so clear that I used it for clinical purposes before several classes of students. Many of them examined the patient, so that I could point out the features of fibroid tumor as found by the examining finger. The stony hardness was dwelt upon. The patient was then sent out of the hospital and told to come for electrical treatment. Her mother was told that the tumor was only a fibroid, usually an innocent tumor that might remain quiescent for years and that would disappear after the change of life. She was also told that it might grow or bleed, and that under such circumstances electricity would check both in, some say 95 per cent., others say 80 per cent. of cases. This was very satisfactory to the anxious parent, the fretting patient, and the interested physician. Her case would probably be one of the fortunate ones; she would thus escape the horrid knife of the abdominal surgeon and add one more triumph to the marvellous powers of the battery.

Time after time she wended her way to my office for treatment. The platinum electrode

was passed into the uterine cavity, the abdominal electrode placed *in situ* and the current from my 60-cell battery turned on to 150 milliamperes for ten minutes at each application. She suffered much pain and began to dread the visits very much. Menstruation was as profuse as ever and her pains were worse, but of course these peculiarities were due to the want of skill and knowledge and imperfect battery and fittings of the operator. There could be no doubt about the cause of the failure. If some one who had wasted a lifetime in Paris had applied the electricity, the results would have been different. Then the patient remained away. I went for a holiday. She was certainly no worse on my return than she had been for a year, so that the disease could be recorded as "stayed" in its progress. I could even imagine that the hard, firm tumor had diminished in size; but the restless spirit of abdominal surgery was too much for me, and I told her that I thought it better to take no chances and have her ovaries and tubes removed first, and all the electricity she wished for afterwards. This conviction was forced upon me by three facts: 1. Because a few days before I was forced to complete an oophorectomy for fibroid by doing a hysterectomy (fortunately with a favorable termination), because the tumor had already grown too large to permit of the performance of the tumor operation. 2. Because I had been unable to remove ovaries and tubes or do a hysterectomy in another case owing to the adhesions. 3. Because I had just opened an abdomen to remove either a fibroid ovary or fibroid with a long pedicle and found the belly full of blood and a ruptured ectopic gestation with no definite symptoms to point to its presence, and the woman walking back and forward to my clinic while in this condition.

Gynæcology has indeed been blessed by the "restless spirit of abdominal surgery," notwithstanding the efforts of the so-called electricians to lower it to the level of the indefinite and enshrouded gynæcology of the past. The surgical pendulum undoubtedly swung too far in the hands of many who wanted more balance and more experience, but now "he who runs may read." It is "may" read, not "will" read.

Now to proceed. I advised removal of ovaries and tubes from the patient. Many had

seen her, many had examined her, not that I had any doubt as to the nature of the disease, but because the girl was so young, only seventeen. All were agreed that it was a very plain and very interesting case of multinodular fibroid, that treatment by electricity was the correct treatment. Though I thought the patient better, she was too free from hysteria and too cute to have any such conviction forced upon her. Imagination is a valuable consort for all of us. But this girl, like a well-known character of Dickens, had none. Arrangements were made for the little operation. I had two abdominal operations and was to assist my friend, Dr. Temple, with another that morning. My case being clean and simple was to be done first. It could of course be completed in a few minutes. On opening the abdomen I felt the tumor and looked at it. It was no doubt fibroid. The right ovary was drawn up and found to be normal in size. The tube was clubbed and filled with what was supposed to be serum. In hunting for the other ovary, I concluded that the fibroid was already so buried in adhesions that the ovary could not be reached. On peeling away to get at the ovary, I found that the whole mass had a tendency to come out, and thought that it was probably a myoma developing from the broad ligament. I had removed two or three such tumors. It peeled out farther, until at last a pedicle could be made out near the uterus, and the mass was tied and cut off. As soon as I cut it away, a small opening near its centre made its identification as an enormously-thickened left Fallopian tube, clear. The ovary was closely adherent to it and filled with grumous material, and completely degenerated. The other tube, when opened, contained pus. Thus faded away our multinodular fibroid, and the patient will live to enjoy years of good health. She is now convalescing.

A good moral may be drawn from such a case. Open the abdomen and make positive the diagnosis of fibroid tumor, and then cause its disappearance or so-called symptomatic cure by the use of electricity, and you can then flaunt aloft untiringly the curative virtues of electricity before a skeptical public with not only a hope, but a certainty of carrying conviction into the camp of the unbelievers.

I am still an unbeliever.

## MEETING OF THE BRITISH MEDICAL ASSOCIATION.

COMMUNICATED BY T. H. HALSTED, M.D.

I had the good fortune to be present at the fifty-ninth annual meeting of the British Medical Association, which met last week at Bournemouth, on the south coast of England, and thought a letter might not be unacceptable. That an immense amount of work is transacted at these annual meetings goes without saying; but the British doctor is not a man of all work and no play, but judiciously combines the two to obtain the greatest amount of profit with a great deal of pleasure. The meeting lasted five days, and a large number of papers were read and discussed, and an equally good number of garden parties, excursions, and banquets given.

Prof. John Chiene, of Edinburgh, addressed the general meeting on surgery, his subject relating to rest as a therapeutic agent in surgical practice. As his hero he took John Hilton, from whom he had learned to value so greatly rest as one of the chiefest aids in surgical treatment; not only bodily, but mental rest. The latter, he thinks, is too much overlooked by the surgeon who prescribes rest of body, without remembering the great influence the mind exercises and the necessity for its healthy employment. Pain in the healing of a healthy wound should be unknown, and when present is a cause of unrest and only too often attributable to the carelessness of the surgeon in his manipulations. Nothing tends so quickly to estrange the confidence of the patient as the occurrence of pain in dressing or examining wounds, and pain as a factor in causing unrest should be avoided. All causes of irritation should be removed. While he believed in Listerism, yet it was true that as "Lister's arguments grew stronger, his solutions grew weaker." He believes it the exception for a wound to become infected by the falling of micro-organisms from the air on the wound surface, but that the usual way of infection is by direct contact of dirty hands, instruments, etc. Make the hands, instruments, and skin over the part to be incised antiseptic, and there need be little fear of infected wound. Though most often employing boiled water for irrigation, he frequently uses antiseptic solutions, but always washes

away the antiseptic fluid with boiled water, lest the antiseptic remaining act as an irritant and so cause unrest. Sponges should never be used more than once. Better still, not at all. Massage employed intelligently is a useful aid in the treatment of inflamed joints, fractures, etc. It is better in fracture of the long bones to begin gentle massage after the fifth day, always taking care not to interfere with the union of the bony surfaces, the idea being to obtain as early a use of the limb as possible and not simply looking to the early union of the bone, forgetful of the length of time often intervening between the healed fracture and the use of the atrophied muscles. Chloroform, in general anæsthesia, he prefers in almost all cases. He spoke of the many-tailed bandage as being the kind preferred by him, it giving better support and its management being better regulated than the roller. Space alone prevents referring more to the many excellent things contained in Prof. Chiene's address.

There are few men in the world who have propounded so many new things in surgery, and few men who have met with the opposition, and overcome it, that has befallen Mr. Lawson Tait. A born fighter, he looks a typical or rather a very pronounced John Bull. I confess to having had a great desire to see and hear the Birmingham image-breaker, and consider myself fortunate in having heard him read a paper which may become historic in the literature of Hernia. His paper was "Abdominal Section in the Treatment of Hernia." He began by repeating his statement of last year relative to the teaching of anatomy in the medical schools, and protests that medical students are compelled to learn too minutely certain parts of anatomy, and that this really defeats the aim in view, because the knowledge, in hernia, for instance, tends to frighten men from undertaking operations early enough, fearing a lack of requisite skill, when in reality no such fear should exist. I agreed with the eminent gynecologist as my thoughts immediately reverted to the gentleman who examined me, with a painful minuteness, on the layers of femoral and inguinal hernia, at the Council examination some years ago. The forms of hernia which Mr. Tait includes in his method of treatment by abdominal section are irreduc-

ble and strangulated hernias. Making an abdominal section and inserting the finger or fingers into the peritoneal cavity by traction on the gut, the hernia would be much more readily relieved than by means of the old operation—extra-abdominal—over the tumor and pressing or pushing the gut into the abdominal cavity. After the hernia is relieved, a radical cure is made by sewing up the ring, in inguinal, and tying from within the peritoneal cavity, using silk worm gut for this purpose. If necessary, the tendinous ring could be cut. Perfect union afterwards was, in his experience, the rule. In cases of strangulated hernia, where inflammatory adhesions had taken place so that it would be hazardous to attempt too much traction on the gut, or where there might be reason to fear the exudation of a fecal fluid from the bowel, and which might be drawn into the abdomen, an incision over the hernia, as in the operation at present in vogue, could be performed in addition to the abdominal section, and without prejudicing the recovery of the patient. The operation is indicated especially in old and irreducible ruptures, and in the very early stages of strangulated hernia. The advantages he claimed over the extra-abdominal operation are (1) less difficulty in reducing the hernia, pulling of the gut being preferable to pushing; (2) more simplicity; (3) the greater certainty of obtaining a radical cure. He has done the operation mostly or entirely in females, and usually in old or irreducible hernias, radical cure being the aim in view. I have not gone into the details of his operation, as doubtless the paper will be printed in most of the journals. Mr. Tait did not claim priority of idea, as the operation has been done a number of times by other men, though in each case as an exceptional procedure. Prof. Maunsell, of New Zealand, who took part in the discussion following, wrote a paper on the same subject nearly five years ago, advocating the same operation as Mr. Tait with a slight difference in the method of tying the sutures in sewing up the ring, he passing the needle from without in rather a complicated manner. Mr. C. B. Keetley, Drs. Bennett May, Lloyd, O'Callaghan, and others, took part in the debate and objected to the operation on the ground of making two wounds, which might afterwards become the site of hernias; the having two

tendinous unions to deal with afterwards instead of one—that of the ring and of the linea alba; also on the ground of impracticability in pulling on a gut bound down by adhesions in strangulated hernia, and further that a radical cure would not be obtained by Mr. Tait's suturing of the ring. These objections Mr. Tait met by saying (1) that he never made an abdominal section through the linea alba, because it was a tendinous structure; (2) that he would not draw on an adherent intestine in strangulated hernia if much adhesion existed, but would make a second incision over the tumor, as in the ordinary operation; and (3) that radical cure was obtained, as he had many cases operated on in the past in proof of his contention. In the section on medicine, a very interesting discussion took place on "The Effects of Alcohol"; but as this letter has become rather long, I will not trespass further on your space.

LONDON, Eng., Aug. 3, 1891.

### AN ADDRESS

DELIVERED AT THE OPENING OF

### THE SECTION FOR DISEASES OF CHILDREN,

At the Annual Meeting of the British Medical Association,  
held in Bournemouth, July, 1891.

By JAMES F. GOODHART, M.D., F.R.C.P.,  
Physician to Guy's Hospital.

### THE CHILD IS FATHER TO THE MAN.

It has often been said, gentlemen, and said truly, that great events may issue from small beginnings, and in some sense this is so here, for the thing that in the main determined the subject of this address to you was the one word "paediatrics." I hate the word as being the embodiment and the product of specialism, and, meeting here to-day, as we do, as specialists, it is the aim and object of the few words that I shall address to you to insist that we are not so.

These may be called the days of local disease. With our many enthusiastic, and patient, scientific explorers in the region of disease, thirsting, as they do, for something tangible, something that can be put to the proof by experiment, the constitution, as a factor, has received some hard blows, and the idea of a predisposition would seem, in the minds of many, to be antiquated and puerile. Who can say otherwise, when the whole of the pathology of the present day is absolutely eaten up by bacilli of some shape or another? This needs no reminder when it is within the knowledge of all that not tuberculous disease only, but abscesses of all kinds, syphilis, rheumatism, some forms of heart disease, blood diseases, such as purpura, atrophic changes, such as acute yellow atrophy, chronic hypertrophic

skin disease, such as leprosy, and some forms of new growth, cancerous tumors of all kinds, pneumonia, acute bronchitis, tetanus, are some of the many maladies that have been attributed either to microbic growth or to microbic influence. It is really no exaggeration to say that no single disease has been discussed or re-discussed of recent years in which bacilli in some form or other have not been imported into the question. And, although I have nothing but admiration for the far-reaching value of the work that has been done in this direction, and have no wish to question the advances that will certainly be made along the same lines in the future, I do wish that the arts of prospecting and assay were more liberally followed and cultivated, instead of, as now, everything being considered as a nugget because it has been found in a claim. The lengths to which we now go is often ridiculous.

The child is father to the man. I never think of child life as special. Its diseases are as the early eruption upon the skin is to the mature affection, and they must be studied, not only as they are seen, but in the light of what they will become; they are an embryonic stage; but they are the mature disease modified only by the physiological conditions and activities existing at that time. Disease as it manifests itself at one time and at the other does but complete the picture of the one disease, and some are children in some respects to old age, while others, though being yet young, have known no childhood.

Now it has long been a matter of interesting question to me how certain adult diseases appear in childhood, for in some form or other I assume that they do so appear. Take the most crucial case possible first, viz., gout. Practically we do not recognise gout as one of the diseases of childhood, although, as I have said, the child occasionally, even in this respect, foregoes the pleasurable exemptions of his age. The explanation that is considered sufficient is that some diseases attach themselves to particular times of life, and to those only, and that a certain stage of existence is required to produce the conditions requisite for the due causation of the disease. And this is obviously true of particular symptoms. But particular symptoms do not constitute the disease, and gout being a remarkably hereditary disease there is in all probability some representative of it in childhood. If it be studied from this point of view, I am sure you do not go far without finding that this is so. In the first place, I hold that gout in children is not to be discriminated from acute rheumatism; it attacks the larger joints; is attended with free sweating; it certainly attacks the heart, and is also relieved by the salicylates; though whether it attacks the heart so frequently, and is relieved so certainly by the salicylates as in acute rheumatism, I am not prepared to say. It may be said, of course, that this is all acute rheumatism. So be it. But if so, I think that in summing up what gout is we must say that, under some circumstances or at one period of its life, gout is acute rheumatism—a very important fact in the history of the two diseases if it be true. At any rate, of this I am certain, that the records of hospital life show it to be by no means uncommon that a patient comes in in his early years with what is looked upon as acute rheumatism, and he reappears in later life with distinct evidences of gout, and

gouty parents beget rheumatic children, and *vice versa*.

But there is another bit of the life-history of gout which, I fancy, only comes out clearly by the study of child life as it bears upon the diseases of adults. I allude to the excretion of uric acid. I suppose there is no one here who has not seen time after time the man or woman in the declining third of life a martyr to gout who has been forbidden to eat butcher's meat, and often meat of any kind, after the most rigid fashion. There was a discussion not long ago at one of the medical societies in London where this question came up; and I was intensely interested to find that Sir Alfred Garrod made some such remark as that he had not observed that the meat eaters were those that were most addicted to passing uric acid. Now surely you must all agree with me that you have long known from the observation of this very point in childhood that it is certainly not the meat-eating children who pass uric acid; but it is the largely farinaceous feeders. And if you want to control this defect of assimilation, you will do so very little by the exclusion of meat from the diet; you will improve matters very much by curtailing the starchy material. And this is strongly confirmed by what I think used to be a matter of common teaching when I was a student, that stone was so prevalent in Norfolk because of the largely farinaceous diet that the agricultural laborer lives upon. The enormous frequency of stone in India amongst the natives is, I imagine, still more strongly to the point. I do not deny, of course, that the prescribed restriction of diet often does much good in plethoric subjects advanced in years, but I do believe that the good comes by the general reduction of quantity that is brought about, and not by the exclusion of meat as meat. Indeed, I believe that the end is accomplished by directions of this kind with a quite disproportionate amount of discomfort, and often of real harm from the sudden alteration in the habits of a life that are quite unnecessary. We are all so inclined to do what our fathers have told us to—I think this applies perhaps to medicine only of all the other walks of life—because they have told us. A good common sense dietary for such as require it can never be a matter of printed tables; it ought always to be a matter of personal consideration, the subject with his adviser, the one doing his best to unfold the special features of his individual kiln, the other trying to apply his physiological knowledge to the special needs of the case as they are unfolded to him. To order every one that comes to you to leave off wine of all sorts and take a stipulated quantity of whiskey; to abstain from all butcher's meat; from bread, butter, sugar, etc., is advice that, in the greater number of instances, has no physiological knowledge at its bottom—though far be it from me to suggest that the prescriber does not think so—except that he does not think at all about it, and if the public thought at all about it, is seldom worth the sum that is usually paid for it.

So much for the uric acid diathesis in childhood, as far as it elucidates the adult disease. Let me say before quitting it, although not quite relevant to my special point, that renal colic is far commoner in children than is usually supposed, but it passes for stomach ache pure and simple, and goes unrecognised.

I should like to allude, while addressing myself

to the urinary excretion, to say that some children habitually pass a urine of abnormal concentration, and in such albumen may occasionally appear, and it has always seemed to me worth consideration whether such a condition may not foreshadow a risk of the supervention of granular kidney.

There are several minor conditions that have their interest, and must have their meaning as regards the life-history of the adult organism that I have not time to linger over even if I were in a position to say what the meaning is. Such are the tendency to boils that some children show, the curious contrast that erysipelas gives at one time of life and at the other. In the one so frequent and withal so often transitory; in the other, so uncommon, so prone to assume a migratory form of indefinite duration, and almost invariable in its fatality. Another is the epistaxis of childhood; another that curious condition of the pupil in children where it is widely dilated and temporarily insensitive to even the strongest light, but the light removed immediately the iris acts. I have seen this many times in the course of ophthalmoscopic examinations, and have once or twice, before I knew better, been near committing myself to the suggestion of cerebral disease in consequence.

Intussusception is another ailment allied to this in the sense that it is a disorder of involuntary muscle, which I cannot think is the mere accident it is often supposed to be. I suspect that it, equally with the stomach-ache, which occurs in some children as a sort of resentment at the intrusion of food, and which subsides when the stomach has found out, so to speak, that it is no use to grumble, has its meanings, and when I see such things my mind carries me into the child's future and I find myself peering longingly into that mist of years which would seem to be veiled only by to-morrow.

Again, what does that common condition, the frequent passage of pale feces, mean? A most important matter clothed in the garb of the veriest commonplace it is, for there are few greater sources of anxiety to the fond—shall we say, too fond?—mother; and inasmuch as it generally leads to active physicking, it cannot be held to be uninteresting to the child. Now I must at once admit that a symptom of this kind may mean anything—a disproportionate amount of milk food, for instance—and unquestionably, in some cases, such as cholera infantum, it is due to suppression of bile. I do not allude to such, but to a large class of cases—you all know them well—where the child habitually passes these colorless evacuations, and is brought to the doctor for his liver. And, by-the-by, in passing, it occurs to me that they are not taken to the liver doctor. No, the liver doctor is only the attendant of adult livers; there are as yet no specialists for nine-year-old viscera. Children have to do without luxuries of that kind, except in the case of that enlightened lady who, forsaking the guide of her youth, the great man at sucklings, fell into the hands of some one else, because, with the usual irony of fate, he was not great at anything. But these children are brought, case after case, to be treated for their livers, and, what is more, the request is granted; and, sitting at the seat of custom, they take their mercury and chalk, euonymin, soda, sulphur, and so on—the treatment, in fact, of riper years, save only the blue pill. But, unless I am very much mistaken, it is bad treat-

ment to go for the liver in these cases: first, because it does very little good; and, secondly, because it habituates the child to the use of medicine, and mostly of aperient medicine, and thus is introduced a risk into its life of acquiring a faulty habit of the abdominal viscera, or a constitution, to keep to the term I have made use of, and about acquired constitutions of this kind I shall have a word or two to say directly.

But if the pallor, the sallowness, the lassitude, the character of the dejecta, do not indicate a sluggish liver, what do they mean? I would like to say that their interest lies in what they foretell for the man and woman of the future, for I think I see in such children, unless wisely treated—or, I may say, managed or guided—the coming dyspeptic, the morbidly sensitive, the depressed, the neuralgic, the phlegm-swallower, the patent medicine machine—in short, the ignoble army of the self-martyred, who think they are liverish and are not; who can tell you every detail of the daily variation of their uncomely functions, but of weightier matters, such as the happiness they get out of life, the happiness they impart to life, their objective relations to the world in which they were born to take a part, they have nothing to say or to think; whose end is destruction, for they suffer many things of many physicians, and in the end are made worse. If this indeed be the ending of the small beginnings I have pictured, who will say that the child-parent is not worth a study?

We are only what the Fates have ordained us to be, through, it may be, the agency of the unconscious goodfellowship of some sinful progenitor; but we are also what our mothers make us, or still worse, or better, what we make ourselves. Yes, there is such a thing as an acquired constitution, and happy would it be for many of us if we could but have recognised it, or even had it been impressed upon our attention by some wise man who knew our tendencies while yet we were in the plastic stage of childhood's years. And from this point of view it has often been a matter of much speculative interest to me—which any of you who know London will well understand—to gaze into a particular shop window in Regent Street where chickens are hatched and nurtured by a patent incubator, in wonder whether those chickens are really as good chickens as if they had been sat upon by their mother.

I hope the proprietor of that incubator is studying the subject from my point of view, as well as from that more properly his own, for it is a vital matter for the fowls of the future. Nor is it so trivial as it might seem to be to ask the question as regards ourselves whether infants taken from their natural aliment, and from the hundred and one sensations which no doubt crowd upon them as they nestle in their mother's arms, are really as fit for the struggle for existence as those who are bred in the good old ways. I am not of course talking of any mere superficial deterioration. That windowful of chickens hatched by the incubator would never have been exhibited if the fancier were able to detect demerits; and I am able to certify after repeated visits that no Gallinæ could strut more instinct with the pride of race; but we deal with strains of far subtler penetration, with quips and cranks of action for which there is no gauge, but of which the sum total makes all the difference

between the happiness or unhappiness, the waste or the success, of a life.

I must not trench upon the province of my friend, Dr. Ashby, and possibly this line may be considered somewhat out of the range of practical medicine; but I fancy that at the present day our artificial foods are so at every one's door, and are so deftly concocted with

A little bit of this and a little bit of that,  
A particle of soda and a little bit of fat,<sup>4</sup>

that the coming generation is in danger of forgetting that, after all, we cannot beat Nature, and that in every unthoughtful and ill-considered rejection of the mother's supply there is, at any rate, just the risk that foreign reactions may be set going which in years to come may so alter the constitution of our being as to interfere with the results which we should have expected, and which it is our special function to anticipate in their course and to deal with in their maturation. And the dislike of milk, which is really quite a common thing at the present day, is an acquired constitution of this kind and of this origin, and an exceedingly bad one it is if the subject of it happens to get acutely ill. I know nothing more depressing to me on seeing a patient acutely ill with grave disease than to be told he cannot take milk; it seems at first as if there were nothing else to keep him going upon. And although it is not quite so bad as this, it is a very large slice out of a sick man's dietary to be obliged to forego the use of milk. I believe that this inability to take milk when well is almost absolutely due to a faulty education of the particular stomach in childhood and infancy, and that it ought never to be allowed to take place.—*Abstract Brit. Med. Jour.*

## AN ADDRESS

DELIVERED AT THE OPENING OF

### THE SECTION OF PATHOLOGY,

At the Annual Meeting of the British Medical Association,  
held in Bournemouth, July, 1891.

By W. HOWSHIP DICKINSON, M.D.,  
Senior Physician, and Lecturer on Medicine, St. George's  
Hospital.

### ON THE USES AND PROSPECTS OF PATHOLOGY.

The science before us, that of pathology, must be regarded in its widest sense, not as concerning only the results of disease, but also its processes. In times not very remote, little was known of pathology but rough morbid anatomy, and very little of that. Large morbid anatomy has advanced so much, especially during the last hundred years, that it may be believed that there are few changes obvious to the naked eye which have escaped notice. Rough morbid anatomy is the groundwork of medicine, and must ever be essential to the physician as presenting results in a compendious form.

Something, what seems to us much, of minute morbid anatomy has been displayed with regard to most organs and tissues. Of the more substantial organs, we probably know something which, though rough, cannot be altogether wrong. But what shall

<sup>4</sup>Adapted to the occasion from a political speech—I think of Sir William Harcourt—of a year or two ago.



we say about the nervous system? We may say that within the last half century the minute morbid anatomy of the nervous system has been begun, and some lines of light, however dim and narrow, projected into places dark since the creation. Diseases once thought to be functional or without organic change have been provided, some, like essential paralysis, chorea, and diabetes mellitus, with something of morbid anatomy, however incomplete; while others, like tetanus, and the paralysis of Landry, have been suspected, if not convicted, of being connected with poisons which, though less visible, are not less material. The mystery of the nervous system has not yet been solved, but, at any rate, we are upon its traces.

Among pathological processes we may pause for a moment on the results which have been attributed to the excessive and deficient action of oxygen. The chemical school saw in inflammation only excess of oxidation or combustion, which may truly exist, and of which the increase of temperature may be a result; but they took too little account of what may be antecedent to this in tissue and vessel. In diabetes they saw little more than a deficiency of oxidation, which indeed there may be, but which must be secondary to changes in organic structure which as yet we have seen but imperfectly.

With regard to gout and uric acid as products of suboxidation, the chemists got to results which seem to embrace the truth less incompletely, though even then there is probably something to learn of organic lesion or disturbance outside the domain of pure chemistry. We know something of hepatic disturbance in connection with uric acid. What more will be added, and to what organs and tissues it will relate, is work for the future.

As a definite result of suboxidation, I may point to what has been advanced with regard to hæmoglobinuria. This is closely allied to the symmetrical gangrene of Raynaud, and is associated with localised lividity of the skin. Professor Murri has found reason to believe that this lividity is due to the cutting off of the arterial current and the oxygen which belongs to it by vascular spasm (one of the recognised results of malaria), and that the destruction of corpuscles is due to the carbonic acid in the parts from which the oxygen is then shut off. If they be so, we have a result of suboxidation which deserves a prominent place in chemical pathology.

A disease which presents itself as of chemical origin, if one due almost certainly to a specific deficiency in the constituents of the food may be so regarded, is scurvy—one of which the chemical secret has apparently been so readily exposed that we ought to be almost within grasp of the chemical antidote. The conditions which give rise to sea scurvy are generally known. It is not probably as widely recognised, that scorbutic affections are so common on shore—among infants brought up by hand—that this form of land scurvy is scarcely less important. It is to be attributed to the exclusion of fresh milk by various artificial preparations of it. Not that these preparations are in themselves injurious, but they are insufficient.

Milk in its fresh state, and of good quality, whether from biped or quadruped, is antiscorbutic; preparations or sophistications of it are not so, or not so to a sufficient extent. Scorbutic hæmaturia and scurvy rickets are but too frequent conse-

quences of this substitution. We know the broad result, which is enough for practice, but we do not know the isolated want. What does fresh milk contain which is so essential and so difficult to preserve? We no more know this than what there is in lemon juice to be antiscorbutic, while neither citric acid nor potash are so. The problem is attractive, like a puzzle; some day it will be solved, and then we shall wonder why it was not solved before.

Probably every person who walks a hospital, or lives in a city, receives habitually and abundantly the bacillus of tubercle; some become tuberculous, others do not. The difference must be in the man, not in the microbe. The condition of the soil would seem to be of more practical importance with regard to tuberculosis than the presence of the seed. Why the bacillus sets up tuberculosis in one and not another must be due to the fitness of the tissues for its retention and maintenance, in regard to which fitness we can discern hereditary influence, that of chronic inflammations, and of what we must be content to express as lowered vitality.

With regard to bacilli in general, we find that these, which so recently were the ultimate results of research, are now the basis for further advance. There is no finality in nature or in human curiosity. Outside the micro-organisms is a pathological system which, though we recognise its existence and its importance, we understand but imperfectly. If the present rate of progress is maintained, we must be on the eve of discoveries in the physiology of disease which can scarcely fail to be of transcendent importance. The discoveries of Pasteur, Wooldridge, Hankin, and Sidney Martin, take us beyond the micro-organism into a new field of organic chemistry, beyond the bacterium to its products.

The discoveries of Wooldridge and Hankin with regard to the chemical products of the anthrax bacillus open a vista to new fields of view, while they show much that is old in a new light. The anthrax bacillus has been shown to engender a substance of the nature of an albumose, which is supposed to be fatal to the bacillus itself, while upon the affected animal it has a duplex action; in large doses it produces the symptoms of the disease, in small doses it confers immunity from it. The study of the bacillus has given us antiseptic surgery; the study of its products may lead to we know not what in medicine, whether preventive or curative. Old truths grow and new ones gather round them.

In the fact—if it prove so—that the bacillus is killed by its own products, we might see something hopeful, were it not that these products, if sufficiently active and abundant to do so, are likewise noxious to the host. The evil, bringing its own cure, is the realisation of the old superstition, according to which a viper's bite is cured by its fat, and virtue found in the hair of the dog that bit you.

Before I quit these great subjects, the anatomy and physiology of disease, I must glance at an aspect of them which can never be better presented than to a meeting like this gathered from all parts of the kingdom. I refer to what may be called the geography of pathology, the effects of climatic and other local influences in promoting and preventing morbid processes. The therapeutical effects of climate are beyond our proper scope, but neverthe-

less it is impossible to avoid some inferences which spring directly from its pathological effects. The Father of Medicine wrote a treatise on "Airs, Waters, and Places," but there is still much to be learned. Of local influences, though we know comparatively little, yet we know enough to suggest that of the means under our command of modifying chronic disease change of place is the most important. To treat by change of place is to invoke the great laws of nature, which act without ceasing and upon the whole body, and are the ever-present regulators of all life and growth. To see as much of this as we can, we must look from two points of view; not only at what locality prevents, but what it produces. To know that there is little stone in Ireland and much in Norfolk, little in the western counties, much in the eastern; that while in England it is most frequent in the colder parts, it is so prevalent in India that lithotomy has long been a native accomplishment; to discern the laws which underlie these facts, as we can partially do, cannot fail to throw light on the origin of the disease and help in its preventing.

The frequency and severity of diabetes in some parts of India and Ceylon cannot but suggest the influence of an opposite climate in its ameliorations. I am told that among the meat-eating Parsees of India both diabetes and gout present a frequency which transcends anything of which we have experience in this country. If the climate of India promotes these conditions, what will be the effect upon them of the north of Europe or of America? If scorbutic affections are invited by cold, presumably by way of tissue waste and oxidations, what will be the result of the same agency upon the uric acid diathesis, gout, and the disorders in which oxidation is wanting? It might be better to shudder in the frigid zone than to suffer arthritic tyranny in the temperate.

The infrequency of the granular kidney as originating in subtropical districts has already had its influence in the treatment of the disease. Short of such great changes as between zone and zone, even within the limits of these islands, more may be in our power than has yet been recognised. Between the Scilly Islands and Aberdeen are many varieties of hot and cold and moist and dry, and many differences of water and of altitude. There is much phthisis in Scilly under warmth and moisture. Is this due to race, to intermarriage—as has been thought—or to location? Where within these islands does phthisis least prevail? Where is oxidation so keen that gout is burnt and purged away? Let us know what diseases are promoted and what are prohibited by the *genus loci*; let us take the great forces of external nature into our confidence, and we shall be able to control disease by greater agencies than the druggist can supply.—*Abstract Brit. Med. Jour.*

DR. D. HAYES AGNEW says that he never saw a case of nasal catarrh among the females belonging to the Society of Friends, Dunkards, or Mennonites. His explanation is that their bonnets protect them from this disease.

## Selections.

THE MORTALITY FROM CHLOROFORM NARCOSIS.—The question of the relative safety of ether and chloroform is pretty well settled in the minds of most surgeons; yet as long as it is settled in an exactly opposite way by Americans and Europeans, the matter will continue to be discussed with interest. The prevailing belief is that statistics will show about one death in 25,000 anæsthetizations for ether, and one in 2,500 for chloroform. Dr. Weir, however, from a careful study of the New York Hospital statistics, found that the ratio of deaths from ether was six in 12,000 operations, or one to 2,000, a very much higher rate.

A recent article by Professor Kocher (*Correspondenzblatt f. Schweizer Aerzte*) sums up very well the views of an experienced surgeon, and shows that in some European clinics, at least, ether is gaining ground. Kocher says: (1) As a rule, no attempt to produce general anæsthesia should be made without close examination and thorough preparation of the patient; (2) it is advisable, and in many cases necessary, before administering an anæsthetic, to arouse the action of the heart by giving alcohol or some other stimulant; (3) the patient should always be laid in the horizontal position; (4) chloroform should never be given in cases in which the patient has not been sufficiently prepared; in tooth extraction, reduction or dislocation, and, indeed, most minor surgical operations, ether should always be substituted for chloroform; (5) in cases of cardiac disease and of disturbance of the heart's action not associated with respiratory disturbances, ether should be given and not chloroform; (6) in patients suffering from diseases of the respiratory organs, associated with hyperæmia of the tracheal and bronchial mucous membrane, ether should be rejected and chloroform administered in its place; (7) in cases of prolonged surgical operation chloroform should be carefully administered at first, the state of anæsthesia being subsequently maintained by the continuous inhalation of small quantities of ether; (8) the inspired air should never be allowed to become saturated with the vapor of chloroform; (9) when, in any case in which the operation is likely to be a long one, the administration of ether is contra-indicated and chloroform must

consequently be used, a previous injection of morphine should be practised in order that anæsthesia may be produced by a smaller quantity of this agent.—*Medical Record*.

THE TOXICOLOGY OF EXALGINE.—A French provincial practitioner records a case of poisoning by an accidental overdose of exalgine which constitutes an important contribution to the toxicology of this rival to antipyrin. He prescribed four powders containing a gramme (about fifteen grains) of antipyrin in each, to be taken at stated intervals. The next day he was urgently summoned to the patient, who was reported to have gone mad. He found the patient suffering from intense vertigo, crying out that he was falling over a precipice, and there was, in addition, extreme dyspnœa and very marked cyanosis. It was elicited, on inquiry, that the chemist's assistant had dispensed four one-gramme packets of exalgine in mistake for antipyrin, so that the patient had two doses of a gramme each of exalgine on two consecutive days. The same symptoms were produced on both occasions, but the interesting feature is the fact that they passed off in a few hours without leaving any permanent ill-effects behind, although the drug, on being tested, proved to be of usual strength and quality. This tends to show that the unpleasant symptoms which are reputed to have occasionally followed doses of five grains must be devoid of any real danger, seeing that prompt recovery followed doses which may fairly be described as colossal.—*Medical Press*.

SOME POINTS IN THE TREATMENT OF TUBERCULOSIS.—Flick (*Transactions of the Philadelphia County Medical Society*, April 22, 1891) reports his experience in the use of iodoform and creosote in tuberculosis. Iodoform, dissolved in cod-liver oil, or olive oil, is given by inunction; its curative powers are limited to those cases in which the circulation has not yet been cut off from the deposit. Creosote is indicated in the advanced stage of the disease in addition to iodoform. In ten unselected cases treated by this method, one is apparently cured, three are approaching a cure, four have the disease arrested, and two have relapsed. The preparation of iodoform should last for several weeks; its odor, which is not particu-

larly offensive, can be disguised, if preferred, by oil of rose or anise. Slight toxic symptoms follow occasionally, but disappear on intermitting the inunctions. Patients should be rubbed once a day, for one-half to three-quarters of an hour. The front of the chest and the inside of the thighs take up the solution most readily. The creosote is given in hot water, running the dose up to thirty or forty drops a day, watching the urine.—*Univ. Med. Mag.*

GOUT AND FRUIT EATING.—In the last number of his *Archives of Surgery*, Mr. Jonathan Hutchinson says that he has for many years been in the habit of forbidding fruit to all patients who suffer from tendency to gout. In every instance in which a total abstainer of long standing has come under his observation for any affection related to gout, he has found on inquiry that the sufferer was a liberal fruit eater. Fruits are, of course, by no means all equally deleterious; cooked fruits, especially if eaten hot with added sugar, are the most injurious; the addition of cane to grape sugar adds much to the risk of disagreement. Fruit eaten raw and without the addition of sugar would appear to be comparatively safe. Natural instinct and dietetic tastes have already led the way in this direction; few wine drinkers take fruit or sweets to any extent, and Mr. Hutchinson suggests as a dietetic law that alcohol and fruit sugar ought never to be taken together, and he believes that the children of those who in former generations have established a gouty constitution may, although themselves water drinkers, excite active gout by the use of fruit and sugar.—*British Med. Journal*.

HYDROGEN PEROXIDE IN SURGICAL AFFECTIONS.—Dr. S. P. Eagleton (*Medical and Surgical Reporter*) says hydrogen peroxide is a positive germicide and a possible stimulant to granulating tissues. Owing to its especial property of eliminating oxygen, it is of unparalleled value in the distention of suppurating sinuses and cavities, especially in the mastoid region or where it is almost impossible to reach unhealthy surfaces by other means. The diluted solution is perfectly harmless, and can with safety be used in any quantity. The strong concentrated solution, syrupy in consistence, is a direct irritant to all tissues, and should never be used.

It possesses healing and cleansing qualities as well as those germicidal in nature. When exposed to light it loses strength; care should therefore be exercised in keeping the bottles well stopped with rubber corks, and in a cool, dry place. Fibrin, cellular tissue, and some metals, instantly decompose it. In contact with sugar and starch, it eliminates carbon dioxide (CO<sub>2</sub>). Albumen, gelatin, urea, and cutaneous tissues have no effect upon it, while ammonia, aconite, tobacco, and hydrocyanic acid increase its stability. In washing suppurating surfaces it should be used until oxidation ceases, thus showing a complete destruction of all existing purulent material.—*American Lancet*.

**A NEW ANTISEPTIC.**—At the Académie de Médecine, on April 28, M. Polaillon read a paper contributed by Dr. Berlioz, on a new antiseptic, "microcidine," which is composed of 75 per cent. of naphtholate of sodium and 25 per cent. of naphthol and phenyl compounds. It is a white powder obtained by adding to fused *B*-naphthol half its weight of caustic soda, and allowing the mixture to cool. It is soluble in three parts of water, and the solution, which is cheap, is said to possess considerable antiseptic powers, without being toxic or caustic or injurious to instruments or linen. The antiseptic properties of microcidine, while inferior to those of corrosive sublimate or naphthol, surpass those of carbolic and boracic acids ten and twenty times respectively. Microcidine is eliminated by the kidneys, and is antipyretic.—*Cincinnati Lancet-Clinic*.

**A LITTLE GERM.**—

A little germ in a sewer grew,  
And there increased to a million or two,  
When all set forth on mischief bent,  
And ascended a pipe till they came to a vent.  
They parleyed much which way to go,  
Then started up the waste-pipe slow;  
But a plumber there had set his trap,  
With many a twist and bang and rap,  
And into it the microbes flew  
To the number of a million or two.  
And then the flush came rushing down,  
And thus the plumber saved the town;  
For they were typhoid germs, they say,  
That fell in the plumber's trap that day.

—*Sanitary News*.

THE  
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS  
OF THE MEDICAL SCIENCES.

*Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.*

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TORONTO, SEPTEMBER 1, 1891.

CANADIAN MEDICAL ASSOCIATION.

We are pleased to learn that the prospects are good for the next meeting of the Canadian Medical Association, which will be held in Montreal, September 16th, 17th, and 18th, in the schoolroom of St. George's Church (15 Stanley Street). It is unfortunate that this association has not met with that success which, as the representative society of the Dominion, its original promoters expected. It should receive the cordial and active support of all classes in our profession, from the Atlantic to the Pacific. The local societies in the provinces, counties, and cities, should all work together to place it on a substantial basis, and make it for Canada what the British Medical Association is in Great Britain. The members of the profession in Montreal are making great efforts for the coming meeting, and they deserve to be encouraged by a large attendance.

We are indebted to the secretary, Dr. Birkett, for the following list of papers, as far as it was completed August 24th:

The Address on Surgery—Dr. Praeger, Nanaimo, B.C.

The Address on Medicine: "Malaria, its Relations to and Influence over other Diseases"—Dr. Bray, Chatham, Ont.

Address on Therapeutics: "Water, Some of its Therapeutic Uses"—Dr. Spencer, Brandon, Man.

Dr. V. P. Gibney, New York—"Early Diagnosis, the most important factor in the treatment of Pott's Disease of the Spine."

Dr. John Ridlon, New York—"Spondylitis."

Dr. J. Price, Philadelphia—"A Plea for Early Hysterectomy."

Dr. F. Buller, Montreal—"Functional Abnormalities of the Ocular Muscles." This paper is expected to be discussed by Drs. Stephens, Roosa, and Webster, New York.

- Dr. Mullin, Hamilton, Ont.—“Some Notes on Cases of Post-partum Hemorrhage.”
- Dr. Cotton, Cowansville, Que.—“Appendicitis.”
- Dr. Slack, Farnham, Que.—“Surgical Cases occurring in Country Practice.”
- Dr. Small, Ottawa—“Malignant Disease of the Cervix Complicating Labor.”
- Dr. W. S. Muir, Truro, N.S.—“Graves' Disease.”
- Dr. George Fenwick, Montreal—“Calculous Pyelitis.”
- Dr. Shepherd, Montreal—“Case of Strangulated Cæcal Hernia.”
- Dr. Buller, Montreal—“Conservative Surgery of the Eye.”
- Dr. James Bell, Montreal—“The Local Treatment of Tuberculosis of the Bladder through a Suprapubic Incision.”
- Dr. R. F. Ruttan, Montreal—“Lead and Drinking Water.”
- Dr. Wyatt Johnston, Montreal—“Microscopic Examination of Sputum in Heart Disease.”
- Dr. Phelps, New York—“The Mechanical Treatment of Hip-joint Disease.”
- Dr. Macallum, Toronto—“The Pathology of Anæmia.”
- Dr. J. W. Stirling, Montreal—“Cerebral Abscess following Mastoiditis; Operation—Recovery.”

Papers have also been promised by Drs. T. Johnson-Alloway, Major, G. E. Armstrong, H. Lafleur, and L. Smith, Montreal.

An entirely new, and doubtless to many, an interesting feature of this year's meeting will be the devoting of an hour and a half each day to visiting the city hospitals. These hospitals are—Hôtel Dieu, Montreal General, and Notre Dame. Members of the staff attached to these institutions have kindly undertaken to exhibit cases and present other matters of interest in connection with hospital work.

The delegates and visiting members will be tendered a dinner by the profession of Montreal, to be held in the Windsor Hotel, and arrangements are being made for an excursion, should time and weather permit.

### MEDICAL ETHICS.

The Ontario Medical Association has recently been paying more attention to the sins of omission and commission of its members, in an ethical sense, than it did during the first years of its existence. At the last meeting, held in June, the following report of the Committee on Ethics, read by the chairman, Dr. Tucker, of Orono, was adopted:

“As the outcome of an investigation just completed, we recommend the addition to the Code of Ethics adopted by this association of the following clause, to be known as section 10 of article 5.

“(1) No physician or surgeon shall perform a *post mortem* on the patients of any other physician or surgeon without making a reasonable effort to have the attending physician or surgeon or the physician or surgeon whose professional reputation is likely to be influenced by the *post mortem* examination, or his chosen representative, present; and, further, if the presence of such

physician or surgeon, or his chosen representative, be objected to by the friends of the deceased, the physician or surgeon requested to make the *post mortem* shall refuse to make it unless instructed to do so by a coroner acting as such.

“(2) As the result of complaints made to this committee regarding unprofessional conduct by the violation of par. 3 of section 1 of article 2 of the Code of Ethics, relating to certain forms of advertisement, we recommend that the General Secretary be instructed to inform the offending members, by letter, that they are violating the Code of Ethics governing this body, to which their names are subject, and your committee will recommend the erasure of their names from the roll of membership of this association at its next annual meeting unless the offending be at once discontinued. Their reinstatement to be governed by article 1, par. 2, of the constitution.

“(3) Regarding the circular issued by a member of this association and brought before this committee, your committee recommend that a written apology be demanded by this association through its General Secretary for such a flagrant violation of our Code of Ethics, in default of which his name be erased from the roll of membership; reinstatement to be governed by article 12 of the constitution.”

### MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

Among the most active medical societies of the United States is the Mississippi Valley Medical Association. It has been in existence seventeen years, and will hold its next meeting at St. Louis, Mo., in October. The popular and able editor of the St. Louis *Medical Mirror*, Dr. Love, is the Chairman of the Committee of Arrangements. He has been kind enough to send us the following invitation:

*To the Subscribers and Readers of THE CANADIAN PRACTITIONER:*

The Mississippi Valley Medical Association will hold its seventeenth annual session at the Pickwick Theatre, Jefferson and Washington Avenues, St. Louis, October 14th, 15th, and 16th. A full programme of interesting papers has been prepared, and provision has been made for the fullest, freest, and most complete discussion of the same. Representative men from various sections of the country have been invited to open the discussions. The local profession of St. Louis is a unit to the end that visiting physicians shall be received and welcomed in a regular warm-hearted St. Louis style. The same qualifications for membership are requisite in this association as for the American Medical Association, the former being subordinate to the latter. If eligible, you and your friends, together with your wives and families, are most cordially invited to visit St. Louis, and enter into the scientific work and the social pleasures as you may desire.

I. N. LOVE, M.D.,

Chairman Committee Arrangements.  
St. Louis, Mo., August 19th.

### COUNCIL SUPPLEMENTAL EXAMINATION.

At the last meeting of the Ontario Medical Council it was decided that no supplemental examination would be held this year. We publish in this issue a letter from one of the students, who complains of the decision which was reached. We regret very much that the Council is unable to see its way clear to hold a supplemental every year. We understand, however, that it is simply a question of ways and means.

The finances of the Council are not in a desirable condition, and it happened that there was no money in hand to conduct the extra examination in September. As examinations under the modern improved methods have become largely practical in character, the expenses of conducting have been greatly increased. Under such circumstances, the profession of this province will not show any strong desire to come to the rescue of rejected students at the present juncture.

There has been some misconception on the part of some respecting this supplemental examination. It has never been recognized, as a rule, that two examinations should be held in each year. In three different years the extra examinations were held by special votes at three different meetings of the Council. The contention that the Council has made a specific change in its regulations, without giving sufficient notice, is, therefore, not exactly correct. We hope, however, that the time will soon arrive when the Council will be able to hold two examinations in each and every year.

### MARITIME MEDICAL ASSOCIATION.

We had occasion to refer last year to the proposed organization of a medical society in the Maritime Provinces. We learn from the *Maritime Medical News* that the preliminary arrangements were satisfactorily completed, and that the inaugural meeting was held in St. John, July 22nd and 23rd, under the presidency of Dr. William Bayard.

We are pleased to hear that the meeting was a success, and we hope that the new association will have a bright future. The provinces included are New Brunswick, Nova Scotia, and Prince Edward Island. There is plenty of good

material in these three provinces to form an excellent society, and the enthusiasm displayed at the recent meeting will give great encouragement to its promoters. The next meeting will be held in Halifax. The officers will be: President, Hon. Dr. Parker, of Halifax; Vice-Presidents, Drs. Brown, Fredericton; Farrel, Halifax; and McLeod, Charlottetown; Treasurer, Dr. De Witt, Halifax; Secretary, Dr. Morrow, Halifax; Committee of Arrangements, Drs. Tobin, Wickwire, Black, and Slayter.

### A CANADIAN MEDICAL TEMPERANCE ASSOCIATION.

It has been decided to organize a Canadian Medical Temperance Association during the annual meeting of the Canadian Medical Association at Montreal, September 17th, 18th, and 19th. The work of organization has been reserved for the second day, the 18th. Similar associations already exist in the United States and Great Britain. The objects will be to advance the practice of total abstinence in and through the profession, and to promote investigation as to the action of alcohol in health and disease. Members will be expected to be total abstainers, but will not be required to sign any pledge. The liberty of members in prescribing alcohol as a medicine will be entirely uncontrolled.

All regular practitioners of medicine or of any of its recognized departments, who are willing to join such an association, will confer a favor by sending in their name and address *at once* to Dr. Harley Smith, 256 Spadina Avenue, Toronto. In order to become a member, it is not necessary to be present at the meeting; but it is earnestly hoped that all who can will go to Montreal in order to give the association a good start. There will be a nominal fee, sufficient to cover the expenses of management.

### THE SUPPOSED CURATIVE EFFECT OF OPERATIONS, *PER SE*.

We publish in this issue an abstract of a very interesting paper by Professor J. William White on the above subject which appeared in the August number of the *Annals of Surgery*. The psychical influences in both medicine and surgery are very potent for good or evil. Dr.

White's investigations as to the effects of operations from this point of view have brought out facts which are very interesting. We hope to hear more from this distinguished clinical teacher on the same subject.

### NEW WORK ON MEDICINE.

We understand the new work on Practice of Medicine, by Professor Osler, of Baltimore, is completed, and is well advanced in the printer's hands. The new text-book is intended for both students and practitioners. The publishers, Messrs. Appleton & Co., of New York, expect to have it out in a few weeks.

### Correspondence.

Editor of THE CANADIAN PRACTITIONER :

SIR,—I wish to say a few words in regard to the action of the College of Physicians and Surgeons of Ontario during the last session in regard to the cancelling of the regular examination of the Council in September of each year. I think this is an injustice to many of the students, and that the officers had not much consideration for the interests of the students in cancelling the usual examination this year, because due notice of such a change has not been given.

Take the case of a "primary" candidate who was rejected on the spring examination, and especially those who were rejected previous to the examination of '91, who had purposely left off the examination last spring intending to take it this fall, so that they could do something in their third-year work last winter's session—it will cause such a student considerable extra work to prepare for both primary and final Council examination in the spring of '92.

In the case of the student who was rejected last spring and wished to enter the third-year work untrammelled by primary studies, such a privilege is denied him, and he must carry two years' work during the coming session, which is more than enough, as each year is sufficient of itself for any student to accomplish successfully. Again, in the case of candidates for the final examination, is it giving a man a fair chance to keep him from writing for a whole year when possibly he has failed only on one subject? It is not necessary to say that any such student

would prefer to be allowed to try again, and, if successful, be in a position to obtain some remuneration for the time and money he has already spent in college.

When we consider that about 50 per cent. of all the candidates in the spring are rejected, is it asking too much when we ask that the proposed change be not made, so that we may be in a position to give each winter session to its own work and be in a position to benefit thereby?

Thanking you, Mr. Editor, for your space, and hoping that something will be done so that the examination will be held as usual, I remain,  
yours,  
A STUDENT.

### Reviews.

*Sexual Neurasthenia* (Nervous Exhaustion), its Hygiene, Causes, Symptoms, and Treatment. With a chapter on Diet for the Nervous by Geo. M. Beard, A.M., M.D., formerly lecturer on Nervous Diseases in the University of New York, etc. Edited by A. D. Rockwell, A.M., M.D., Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital, etc. Third edition, with Formulas. New York: E. B. Treat. Price \$2.75.

This work contains principally the posthumous manuscript of the late Dr. Beard, under the editorship of Dr. A. D. Rockwell. It has found much favor, and now the third edition is being issued. Some new information is given respecting the various forms of treatment by electricity.

*On Painful Menstruation: The Harveian Lectures, 1890.* By Francis Henry Champneys, M.A., M.D., Oxon., F.R.C.P. Physician-Accoucheur and Lecturer in Obstetric Medicine at St. Bartholomew's Hospital, etc. London: H. K. Lewis, 136 Gower St., W.C.

The general practitioner meets with no condition that is likely to cause greater perplexity than painful menstruation. Although it is, properly speaking, a symptom, and produced by a variety of causes, still it ranks with many serious diseases in importance, and is surrounded with many serious difficulties. Dr. Champneys deals with the subject in a scientific way, and yet gives many practical hints, especially in the way of treatment. The lectures will prove very valuable to general physicians as well as obstetricians and gynecologists.

## Personal.

PROF. OSLER, of Baltimore, spent a few days of August in Toronto.

DRS. A. B. ATHERTON and A. O. Hastings, of Toronto, have returned from England.

DR. JAS. F. W. ROSS, of Toronto, lost his second son, a bright boy, æt. 3 years and 10 months, by death from appendicitis, Aug. 18th, after an illness of three and a half days.

DR. J. P. CROZER GRIFFITH has been elected Professor of the Diseases of Children in the Medical Department of the University of Pennsylvania.

THE following appointments have been made in the Woman's Medical College, Toronto :

*Demonstrator of Anatomy*: Dr. S. P. Boyle, *vice* Dr. Alice McLaughlin (resigned).

*Associate Lecturer in Obstetrics*: Dr. H. T. Machell.

*Lecturer in Theoretical Chemistry*: Professor Shuttleworth.

*Lecturer in Toxicology*: Dr. Graham Chambers.

*Assistant Demonstrators of Anatomy*: Dr. L. Graham and Dr. L. A. Davis.

The following officers were elected for the ensuing year in the Prince Edward Island Medical Association :

*President*: Dr. D. G. McKay, of Summerside.  
*1st Vice-President*: Dr. F. P. Taylor, of Charlottetown.

*2nd Vice-President*: Dr. Alex. McNeil, of Kensington.

*3rd Vice-President*: Dr. Peter McLaren, of Brudenell.

*Secretary*: Dr. S. R. Jenkins, of Charlottetown.

*Treasurer*: Richard Johnson, of Charlottetown.

*Executive Committee*: Dr. J. Gillis, Summerside; Dr. Alex. McNeil, Kensington; Dr. Warburton, Charlottetown.

*Reception Committee*: Dr. I. H. McLellan, Summerside; Dr. J. Sutherland, Bedeque; Dr. P. McN. Bearisto, Summerside.

At its late meeting, the Medical Examining Board of Virginia granted certificates to practice to forty-seven out of seventy-seven candidates.

## Obituary.

DR. R. T. GODFREY, of Montreal, died at his residence, of paralysis, after a lingering illness, at the age of 72 years. Dr. Godfrey was a prominent figure in Montreal up to two years ago, when he retired from practice owing to ill-health. He served during the forties in the army of Queen Isabella of Spain, in connection with the English contingent sent to her assistance. He was also a most energetic worker amongst the poor fever and cholera-stricken patients here in 1847. He was a most successful practitioner, and during his career amassed a fortune of over a quarter of a million.

## Therapeutic Notes.

### OINTMENT FOR PRURITUS ANI:—

R. Hydrargyr. bichlorid . . . gr. jss.  
Ammon. muriat . . . gr. ij.  
Acid. Carholic . . . ʒj.  
Glycerini . . . ʒij.  
Aquæ rosæ . . . q. s. ad. ʒvj.

M.

Sig. Apply locally, morning and evening.—  
*St. Louis Medical and Surgical Journal.*

TREATMENT FOR FRECKLES.—A writer in the *Lyon Médical* advocated the following:—

R. Ammoniaë muriat . . . 4  
Acid. muriatic. dil. . . 5  
Glycerini . . . 30  
Lait virginal . . . 50

M.

Sig. The freckles are touched twice daily with a small brush dipped in the above.

As some may not know what Lait virginal is, the formula is here given:—

R. Tinct. benzoin . . . 1  
Aquæ rosæ . . . 4

Misce bene.

This must be well shaken in order to obtain the milky color characteristic of the mixture.—  
*St. Louis Medical and Surgical Journal.*

### OINTMENT FOR HEMORRHOIDS:—

Hydrochlorate of cocaine . grs. xvj.  
Sulphate of morphine . . grs. v.  
Sulphate of atropine . . . grs. iv.  
Powdered tannin . . . grs. xvj.  
Vaselir.e . . . ʒj.  
Essence of rose . . . q. s.

Make an ointment and apply to the affected parts after each movement from the bowels. It is necessary to have the discharges of soft consistence.—*Journal American Medical Association.*



### Miscellaneous.

POST-GRADUATE COURSE MEDICAL FACULTY UNIVERSITY OF TORONTO.—An exceedingly interesting pamphlet has been received from the Medical Faculty of the University of Toronto, containing the lectures delivered at the post-graduate course of that institution. The pamphlet is a reprint from THE CANADIAN PRACTITIONER. The lectures are all on important subjects, and are of the most practical nature, containing, among others, one on "The Present Position of Antiseptic Surgery," by J. William White, M.D., Professor of Clinical Surgery in the University of Pennsylvania. It is in the nature of a reply to Mr. Tait's recent criticism of Sir Joseph Lister's Berlin address.—*Buffalo Times.*

THIS may save the time of some busy physician: A very loquacious lady, calling one day to consult her physician, talked on and on with such volubility that the latter could not get in a word. Growing impatient, he at length told her to put out her tongue, which she did. He then said: "Now please keep it there until you have heard what I have to say to you."—*Canada Health Journal.*

THE MAYBRICK INSURANCE TRIAL.—In the recent Maybrick trial in England, Mrs. Maybrick was found guilty of the murder of her husband. By the will of her husband she is entitled to a life interest in an insurance policy. After her conviction her solicitor brought an action against the insurance company for the amount of the policy. The judges decided that as she had murdered her husband she had forfeited all claim to the money. The question now arises: What are the rights of the children in the matter? Mr. Maybrick had directed that the money should be invested in the names of his brothers as trustees for his children, but that the widow should receive the interest during her life.

THE KOCH INSTITUTE.—The clinical section of the Koch Institute is completed. The buildings comprise nine pavilions, seven for 108 patients, and two for the medical officers and attendants. The scientific section is fast approaching completion. Dr. Pfeiffer, Koch's first assistant, will have charge of the scientific section, and Professor Brieger the clinical department. Koch will receive a salary of five thousand dollars; Pfeiffer and Brieger, fifteen hundred each.

## ---Canadian Medical Association---

# TWENTY-FOURTH ANNUAL MEETING

16th, 17th, and 18th September, 1891.

The Twenty-fourth Annual Meeting of the Canadian Medical Association will be held in the SCHOOL-ROOM OF ST. GEORGE'S CHURCH (15 STANLEY STREET), MONTREAL, on Wednesday, Thursday, and Friday, 16th, 17th, and 18th September, 1891.

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

Members and Delegates will please bear in mind that Certificates entitling them to reduced rates *are to be obtained from the Station Agent at the place of departure*: one full fare is to be paid, and upon presentation of the Certificate on the return journey, a ticket will be issued at one-third of full fare.

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