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THE
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ABSTRACTS FROM THE PRESIDENTIAL ADDRESS TO THE ONTARIO MEDICAL ASSOCIATION.

BY DR. HENDERSON, KINGSTON, ONT.

Delivered June 5th, 1889.

GENTLEMEN,—

In welcoming you to our ninth annual meeting, I am pleased to note that the interest taken in this Association ever since its establishment has not abated, and the large attendance here to-day may surely be taken as an index of its popularity among the profession in Ontario. The arrangements made for this meeting are, as you will learn from the programme, complete in every respect, and I trust that in the discussions on the different topics, every member present will feel at perfect liberty to engage. It affords me no small degree of pleasure to join with you in extending a cordial welcome to several distinguished members of the profession from the neighboring Republic. These visitors are welcome as members of a brotherhood in practical pursuit of one grand object, and knowing no distinction of country, race or creed. Our American friends have long since learned the value of such organizations as this, and in their County, State and National Associations they have done much to advance the interests of the medical profession in the United States.

We also gladly greet our *confrères* from the sister Province who are here to-day, not only

because they come as representatives of a great university faculty, but also for the reason that we know them to be men of high professional standing and attainments.

During the past year several who have been active members of our profession have been called from labor to rest, and of many of these departed brethren it may be said, "Their good works do follow them." Some received the summons while in the prime of life, and while actively engaged in their chosen work. To enumerate at length their names and virtues is not necessary, but one has fallen from our ranks whose distinguished talents and successful career entitle him to special mention, and who will be long remembered. I refer to Dr. R. P. Howard, late Dean of McGill College, whose death, a short time ago, caused feelings of general regret among medical men throughout the whole Dominion. By his numerous valuable contributions to medical literature, Dr. Howard was known to many who never came in contact with the man, nor knew the affable manner of the great Montreal physician. Those of us who had the pleasure of meeting Dr. Howard at the meeting of the Canada Medical Association in Ottawa last autumn will long recollect his geniality on that occasion. The interesting paper he presented on "Ophthalmoplegia Externa," was his last contribution to the programme of a Canadian Medical Association.

The diffusion of knowledge is now so rapid and widespread, that no sooner does a new discovery appear in a medical journal than it is

seized upon by the daily press and carried from one end of the world to the other. Indeed, the general public appear to have become so familiar with the work of bacteriologists, that I am informed on good authority that when a North-West cowboy wishes to use a term of derision that will make his companion feel infinitely small, he calls him a "microbe." However, this public interest in "things medical" is not of recent date, but, on the contrary, it has existed ever since the art of healing emerged from the realms of mythology. Herodotus tells us that so great an interest was taken in disease by the Chaldeans and Babylonians that, when a person was taken ill, the sick one was carried into the market-place, and no one was allowed to pass by him without inquiring into the nature of his illness. The passage reads as follows: "Then those who passed by the sick person conferred with him about the disease, to discover whether they themselves had ever been afflicted with the same, or had seen others so afflicted." Only those who had suffered were allowed to prescribe for the sick, and thus we see that in the early history of medicine the people were governed by the motto, "*Experientia docet.*" Ancient records teach us that the Grecians adopted a similar practice until the priests combined medicine with religion, and ascribed their powers to the god Æsculapius. The Grecian priests erected temples where they met, and not only treated the sick, but discoursed upon the medical topics of the day, and these temples of Æsculapius corresponded to our present hospitals and medical colleges. They subsequently established scholastic centres in various parts of the civilized world, and surrounded medical teaching with the same mystery and superstition that for so long a time enveloped the profession of theology. Gradually and mainly through the instrumentality of Hippocrates, medicine was placed upon a more rational and scientific basis, and he is justly considered one of the greatest benefactors of the human race. . . .

Without boasting I may say, that in Ontario to-day we have as complete a system of medical education, and as strict an observance of medical ethics, as can be found anywhere else, and it is with the view of making these still more perfect that I intend commenting upon them to-day.

Certainly a good educational system will not of itself guarantee first-class doctors, for time alone can bring us the large population that affords such ample material for clinical study existing in the hospitals of large European and American cities. Nevertheless sufficient hospital accommodation may now be found in our larger cities and even smaller places, such as Brantford, Guelph, Stratford, Belleville, and Brockville, are possessed of well equipped institutions for the reception of the sick.

I would also venture to assert, that nowhere else is such a large amount of self-denying zeal shown by medical practitioners in order to properly prepare themselves for their duties towards their patients by keeping abreast with the latest advances and improved methods of treatment. Every spring witnesses a steady stream of young doctors journeying eastward to England and the Continent, in order to enrich their store of medical knowledge by observing the methods adopted by the great master-minds in medicine. Another contingent wend their way towards the south, for the purpose of sharing the rich harvest awaiting them at the clinics in New York, and other large American cities. These young men have already spent four years in the pursuit of their medical studies, and it redounds to their credit that they are willing to add another year or more to their collegiate life before they begin actual practice in Ontario. Besides those mentioned, there is also another class, including older practitioners, who leave their homes in either town or country, and almost annually visit one of the great medical centres to refresh their memories, and to witness the actual technique of new and improved operations.

All honor, I say, to such men who are willing to sacrifice so much time and money for the public weal, few other countries can produce an equal amount of self-enforced post-graduate education. . . .

There are two questions which are worthy of your consideration upon an important occasion like the present, when our members are gathered together from all parts of the Province for the discussion of mutual interest.

1st. With regard to the non-registration of British Diplomas, I consider that a mistake was made when this legislation was brought into force, regardless of the scientific standing and

severity of the examinations conducted in the institution granting the medical or surgical diploma. While I admit that we were formerly lax in allowing the indiscriminate registration of licentiates of the Apothecaries' Society, and other inferior qualifications, it does seem a grievance that an M.D. from London University or a Fellow or Member of the College of Physicians or Surgeons in Great Britain should be required to undergo a further test of his ability, at a very considerable expense, before he shall be allowed to practise in Ontario. This is not the only reason why I take exception to the legislation in question, but also because I learn from conversation with medical students that it will tend to lessen the number of young doctors who will take post-graduate courses abroad. The fact that a British diploma exempted men from passing the Ontario Medical Council was formerly an incentive to Canadian students to visit the hospitals of Great Britain, and it was of particular value to those who could not well afford to pay for both diplomas. Now that this stimulus has been taken away, I opine that as a result fewer of our young men will visit the English hospitals to try to obtain British degrees, and as a consequence the standing of the medical profession in Ontario may be ultimately impaired.

It is with sincere regret that I have to admit that our noble profession is disgraced by the action of certain medical men who carry on their practice with unblushing quackery. By means of startling advertisements in newspapers, and printed circular, they promise to cure consumption, cancer, and other fatal diseases, when any such cure is impossible, while they assure another class of patients that they are seriously ill when really their ailments are of a trivial nature. But the fault does not all lie with the medical charlatan, who is often encouraged to practice in an irregular manner by the caprices and credulity of people who seem bound to exercise their own judgment by resorting to quackery and patent medicines. Some of these quacks term themselves British Surgeons, others are called American Specialists, but all alike are only allowed to pursue their nefarious practice owing to the fact that they are registered in Ontario. Ours being a paternal form of government should protect the people by granting permission to the Ontario Med-

ical Council to cancel the diploma of any person acting in an irregular manner. Then this question could be easily disposed of by the Council, and while the public would be better protected, our profession would be freed from the few of whom we are ashamed and from whom we would be gladly separated. . . .

I would urge as one of the first means towards securing a more desirable scientific position for our profession, the establishment of a live medical society in every county in the Province of Ontario. . . .

The tariff of fees and the proper charges for medical attendance of friendly societies can be better regulated through the agencies of local societies than by any other means, and our consultants should be drawn from among those who have acquired distinction in a truly professional sense.

I am glad to know that we have some active county societies now doing good work in this Province, and those I have had the opportunity of visiting the past year have convinced me that in every county there should be similar organizations. In Eastern Ontario we have the Rideau and Bathurst, and Cataraqui Societies, both of which are in a flourishing condition. In the West we have the County of Huron Society, to which, I believe, is due the credit of being the oldest county society in the Province, and I am pleased to know that its regular quarterly meetings are well attended and highly appreciated. In other counties, as well as in most of our cities, regular medical societies are maintained, and it only requires a little individual effort on the part of the local members to have established and maintained in every county an active medical society as a branch of the Ontario Medical Association. In this connection we must not forget that one of our objects is to form a connecting link between the various city and county societies and the Canada Medical Association.

My predecessors in office have alluded to the friendly relations which should exist between this Association and the parent body (the Canada Medical Association). I can only reiterate what they have said, and may add that I trust many members of the profession in this Province will attend the next meeting of the Dominion Association, to be held at Banff, on the

12th of August. The arrangements which have been made by the executive officers for this trip are very complete, and those who can should avail themselves of the privilege of participating in what promises to be one of the most enjoyable events that has ever been decided upon for pleasure and information of Canadian medical men and their families.

The establishment of the Ontario Medical Library during the past year will, I trust, be appreciated by every medical man in Ontario, and I have pleasure in commending it to the beneficent support of the profession. The formation of a museum should also be taken into consideration as a counterpart to the medical library.

Steps should also be taken towards furnishing greater facilities for post-graduate study, and for promoting pathological research. While not advocating the expenditure of public money for medical education in the ordinary routine of college work, I am led to hope that in the near future our Provincial authorities regarding, as they do, education as the corner-stone of our civilization, will decide to encourage the post-graduate study of medicine by liberally providing for our higher educational needs in that respect. The investment would certainly be a profitable one from every standpoint.

1. It would encourage a broader culture among medical men and would afford some who from their limited means are not able to go abroad the opportunity of securing at home that preparation for their life work which would enable them to carry to the couch of suffering better skill, greater devotion, and a more comprehensive realization of the nobility of the work to which they have dedicated themselves. 2. It would be an incentive to the establishment of independent lectureships similar to the Glustonien, Hunterian and others, which are regarded with so much interest in England. 3. It would be the means of changing public medical opinion so that scientific attainments would become more honorable than mere professional success, which so often depends upon social rather than mental powers. 4. It would not only stimulate and develop a greater taste for study among medical men, but would also furnish, as an outcome of the enthusiasm and intelligence of the Canadian scientific students who would be

attracted to the halls of learning, such an amount of original work as would have a great influence in unveiling the obscurities at present surrounding so many of the vital problems met with in every department of medicine.

I am pleased to notice that an honored member of the profession in this Province, whose reputation and ability in the field of literature is well known, has, during the past year, undertaken the task of writing a history of the medical profession in Canada. Such a work will no doubt be well received, and I trust the members of this Association will endeavor to do all in their power to encourage the author, Dr. Wm. Canniff, of this city, in the praiseworthy effort he has entered upon and for which he has proved himself well qualified. The result of this latest effort of Dr. Canniff will be eagerly looked for, and will, I hope, find a welcome to the library of every physician in this Province.

It is a subject for congratulation that certain amendments to the Anatomy Act have been passed, and that in future our medical schools will be better supplied with anatomical material without violating the feelings of surviving relatives and friends. If surgery and medicine are to be practised with success and in a scientific manner, the study of anatomy and physiology must be promoted and encouraged.

To-day no more active, earnest, ceaseless and beneficent field of labor is open to the world's vision than the one we ourselves occupy.

How important, then, that we each strive to contribute to the storehouse of knowledge some nuggets of truth from the fields of our observation and study. From such organizations as this we have surely a right to expect such fresh impetus to be given to the progress of medical science as shall add to the pride of our Province, for nothing has done so much to develop and diffuse medical knowledge, to stimulate its practical and successful application both in sanitary measures for preventing disease and in the direct alleviation of suffering at the bedside, and unifying and ennobling the profession itself, as has been accomplished by the aggregate medical society organizations of the world.

DR. DURIER (*Wien. Med. Press.*) reports having obtained excellent results in the treatment of optic atrophy by Charcot's suspension method.

THE PRESIDENTIAL ADDRESS TO
THE ONTARIO MEDICAL
COUNCIL.

BY DR. J. H. BURNS.

GENTLEMEN—A year has passed since you honored me with the presidency of the Ontario Medical Council, thereby entrusting to my care during that period a general supervisory position regarding its duties. I have much pleasure in being able to inform you that, owing to explicit instructions during the last few years, and the few changes made in the annual regulations, the business of the Council has been transacted smoothly and efficiently by the regularly appointed officials, viz., your capable registrar, treasurer, and solicitor. There has been no occasion for a meeting of the Executive Committee since June, 1888. At that time the prosecutor was appointed and arrangements made for the fall examination. A report of that proceeding will be presented in due time.

The only special meetings held were those of the Building Committee and of that committee appointed to consider the registration of British licentiates and reciprocal registration with the British Medical Council.

Without attempting to foreshadow the details to be placed before you by the respective chairmen, I am at liberty to state that our building is about complete in all particulars. The wisdom of that investment is every day becoming more apparent. I cannot pass over this subject without bearing testimony to the indefatigable exertions of Dr. H. H. Wright, in his capacity of Chairman of the Building Committee. To his untiring watchfulness and shrewd business management may be largely ascribed the successful termination of its operations, and we must acknowledge the result of his efforts, associated with those of the registrar, in leasing the offices to a large number of desirable and satisfied tenants.

Before dismissing this subject, I cannot resist the temptation to indulge in the hope that some future Council may find it profitable to realize upon the investment in this building, and with the large amount of money it will then have at its disposal secure another site. It appears to me desirable, when it is practicable, to erect a building solely for the uses of the College. It

should be done. It will confer a boon upon the profession in this Province by supplying a common centre for all matters pertaining to medicine, and to medicine only, not the least of which, in addition to what we already possess, will be surgical and anatomical museums, and larger library space.

With reference to the report to be placed before you by the chairman of the other special committee alluded to, I may say that since its last meeting a communication of some importance has been received by the registrar from the Minister of Justice. This correspondence appears to more closely define the powers of the separate Provinces to deal with the subject of medical registration. It will be submitted to you for consideration.

The special examinations held by your instructions last autumn resulted in a pecuniary loss to the Council of nearly six hundred dollars. Many of the students who made application for this favor did not avail themselves of it when granted. I would wish to point out that the regulations regarding fees for "subsequent examinations" do not refer to a special examination, and I would suggest that, if a special examination is permitted hereafter, those students taking advantage of it must be given to understand that it is an extraordinary privilege, the cost of which must be guaranteed. Complaint has been made in several quarters of the enormous amount of work undertaken by your examiners, and the inadequate remuneration therefor. It may be of advantage, with a view to securing and retaining the services of proficient gentlemen for this important work, that the subject be carefully reconsidered, in order that some equitable scale of payment be prepared. There is no doubt that in the last two years the examiners' duties have been much more onerous than usual.

Two years have now elapsed since clinical examinations were established, and it is the expressed opinion of the examiners that they have been of great utility. The facilities for the same are becoming more ample each year. The money you authorized for procuring suitable appliances, etc., for examination purposes in all branches, has been advantageously expended. The recent examinations have been the most thoroughly practical ever held by this College.

I am constrained to notice in this report the observations of many careful men, both in and out of the profession, regarding the course of study required by this College. The opinion is general that, notwithstanding the superior education given by the several medical schools of the Province, a greater number of months should be devoted to the study of medicine than our by-laws require. We at present enforce a period of time practically amounting to only twenty-one or twenty-two months in the aggregate. It is held by some that four sessions of nine months a year would be little enough. This view is endorsed by enactments existing in some other prominent colleges. Others maintain that if the Council required two summer sessions, in addition to the four winter ones now upon the regulations, it would be a move in the right direction. Whatever course may be chosen, the necessity for a longer period of concentrated study on the part of medical students seems to be generally thought advisable. This subject is sure to be forced upon the attention of future Councils of this College, and ought early to receive serious consideration.

And now, gentlemen, it only remains to observe that, as this is the last session of the present Council, we have fairly reasonable grounds for congratulation as to the character of the work done during its existence. We may claim that the general welfare of the medical profession in this Province has, by carefully considered rules, systematically enforced statutes, judiciously expended money, and thorough, searching examinations, been steadily advanced.

We leave to our successors a work of which the rough parts have been largely worn off. They will find this College holding a position of esteem in the profession, and by the public regarded with respect.

In conclusion, I desire to thank you earnestly for the kind consideration shown me at all times during my occupancy of this chair, and I trust you will discover that nothing has occurred during the year that may cause you to feel that your interests have not been in perfectly safe keeping.

TORONTO, June 11, 1889.

THE sale of cigarettes to children has been prohibited in the State of Pennsylvania.

Selections.

A GOOD SLEEP.—On January 5th of the present year a workman in Riedel's factory took a full tablespoonful of sulphonal that he might for once have a good sound sleep. Half an hour later feeling no effect, he took two table-spoonful more and went at once into the village beer house. In about half an hour, after taking the second part of a half glass of beer, such a tired feeling came over him that he left the remainder of the beer on the table, "went home and so to bed," as Pepys says. He remembers nothing after this. At 10 o'clock on the morning of January 8th, he was aroused from his sleep, recognized the people about him and went off to sleep again. On the 9th at one in the afternoon he was awakened by his wife and remained awake till eight in the evening, felt stupid, but was rabbidly hungry, and enjoyed some food. The next morning he got up at 7 o'clock, and from that time felt no trace of tiredness or mental disturbance.—*Berlin Cor. Med. Press and Circular.*

REMOVAL OF UTERINE APPENDAGES.—Mr. Lawson Tait exhibited the appendages which he had just removed from a young girl aged 24, who gives a characteristic example of an extreme degree of infantile arrest of development of the uterus. The girl had begun to menstruate at the usual time but had never succeeded in establishing anything like a proper function. It came on at long irregular intervals, though at every month there was a struggle evident for its occurrence, the patient suffering agonizing pain without any external evidence of the show save at protracted intervals. The uterine appendages could be felt large and voluminous as the uterus was not thicker than a lead pencil. About a year ago the patient was sent to Mr. Tait by Dr. Calwell, of Wellington, on account of her sufferings, she being obliged to earn her livelihood. Mr. Tait advised that the uterine appendages be removed, but this was not agreed to by the patient or her friends, although everything short of that had been tried unavailingly in the hope of obtaining relief, without any satisfactory result. Nearly a year later the patient came and begged for relief, and the operation was performed. The Fallopian tubes were seen

to be of unusual size, in fact between them they contained more tissue than the uterus. Under such circumstances as these relief could not be expected except by removal of the appendages, because, firstly, the tubes were more than enough to carry out their function, and the uterus was wholly unable to assist them.—*Birmingham Medical Review*.

REMOVAL OF A SOFT ŒDEMATOUS MYOMA.—Mr. Lawson Tait also exhibited an enormous soft œdematous myoma which he had removed from a lady between sixty and sixty-one years of age, a few days before. The case had been seen by Sir Spencer Wells ten years before, who had advised that nothing should be done. The tumor did not arrest its growth, even though the patient was then over fifty, nor was the menstrual function in any way interfered with; both went steadily on till the patient saw Mr. Tait some two or three weeks ago, at which time she had reached an enormous size, and though somewhat discouraged by her advanced age she was eagerly desirous of relief. The operation was performed very easily, for the tumor proved to be a myoma of the broad ligament, and it was shelled out with the greatest ease. The patient, however, did not really ever rally from the shock of the proceeding, but died, making another of the instances in which regret has to be expressed at the delay at the removal of the disease. This disease did not arrest its growth at the menopause, even when that process was completed, and many instances like the present are now on record as having prevented the access of the change of life. This case proves also what Mr. Tait's former experience uniformly confirms, that soft œdematous myoma is a disease not influenced by menstruation, and therefore not likely to be affected by removal of the uterine appendages, in this way differing entirely from the other form of myoma, the hard multinodular.—*Birmingham Medical Review*.

ELECTRICITY AS A CURE FOR CANCER.—Surely, of the wonderful effects ascribed to electricity there seems to be no end. Dr. J. Inglis Parsons, of London, thinks he has found in that agency a means of rendering cancer inert. His idea is that cancer cells, although they grow like

noxious weeds and choke the normal elements, are really of a lower vitality than the latter, and hence are susceptible of destruction by electrical currents that the healthy cells are able to withstand. He has tested his theory in four cases, which he reports in the *British Medical Journal* for April 27th. The patient is anesthetized, and the current is passed through the tumor and all the tissues for some inches round it by means of fine insulated needles, so as not to injure the skin. A battery of seventy cells is used, with an electro-motive force of 105 volts. To begin with, a current of an intensity of 10 milliamperes is employed, and this is gradually increased to 600 milliamperes, being "flashed through the growth in every direction from fifty to one hundred times, according to circumstances." In only one case was it considered unsafe to use a current of more than 250 milliamperes, and that was one of inammary cancer in a woman, sixty-three years old, who had a pre-systolic bruit and a weak, intermittent pulse; and even she was able to endure a current of 600 milliamperes passed through a secondary growth in the axilla. It is not so much to the strength of the current, although that seems to be essential, as to its sudden interruptions that the destructive effect on the cancer cells is attributed. The tumor does not disappear altogether, but remains as an inert mass; at least, in the cases reported, the growths remained quiescent for periods varying from three months and a half to six months. In cases of recurrence, the author states, he would not hesitate to use a current of still greater intensity. It is said that the patient is usually able to go about his customary employment on the day following the operation.—*N. Y. Med. Jour.*

ETHER-DRINKING IN IRELAND.—In the counties of Tyrone and Londonderry, Ireland, the use of ether in the place of whiskey, as an intoxicant, has become prevalent to such a degree that the Synod of the Church of Ireland have addressed the authorities with a petition in favor of the restriction of traffic in ether. In Londonderry the police have reported a wide extension of the habit, and the insane asylum records recognize the practice as becoming one of the contributory causes of insanity.—*N. Y. Med. Jour.*

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, JULY 1, 1889.

MEETING OF THE ONTARIO MEDICAL
COUNCIL.

The meeting of the Council closed on Saturday, June 15th, and was, we think, a very satisfactory one. The members, one and all, showed a laudable desire to legislate in the interests of higher medical education for the Province. The discussions on British and Colonial registration occupied much time, but no solution of the various difficulties which surround the question was found. There is a growing feeling that we should have reciprocity between Canada and the mother country, as far as bona fide practitioners in each are concerned; but, at the same time, there is a strong desire that we should not return to the old system by which our "three years" men were allowed to obtain licenses in Great Britain and register such licenses in Ontario.

On the first day of the meeting the retiring president, Dr. Burns, of Toronto, read his able and interesting address, which we publish in this issue. It showed that he is fully alive to the necessities of the times as far as medical education is concerned, and yet is sufficiently conservative to be perfectly safe in his views respecting the various changes which are proposed during each and every annual meeting, some of which we must characterize as perfectly absurd.

Dr. Cranston, of Arnprior, and Dr. Moore, of Brockville, were unanimously elected as President and Vice-President respectively. In former years we have heard much about geographical representation, especially the eastern and

the western, but here we have two from the east. How is that? We don't know, and we don't care. They are both good men, they live in this Province, and we expect that they work for the profession of Ontario and not that of Arnprior and Brockville alone. We have heard too much rubbish about sectional representation, especially in connection with the examining board, and hope there will be less of it in the future.

MATRICULATION.

There were various changes proposed in the requirements for matriculation. We fear that there are some members in the Council who have not acted on our advice formally tendered (free of charge) some time ago, that they should study carefully the present requirements, and critically examine the papers which have been set for candidates during the last two years since the standard was raised. We believe that these papers would really surprise some of our worthy representatives, and in fact make "their very hair stand on end" if they were now candidates for matriculation. To some who are very enthusiastic in their radicalism we would suggest, don't be too enthusiastic in the matter. Give the present system a fair chance. It took many long years to reach it, and while we don't claim perfection for it, we consider that on the whole it is a very excellent test of fitness for entrance to medical studies.

PROFESSIONAL EXAMINATIONS.

It will be remembered that in 1888 the Council granted a supplemental for the benefit of those who had been rejected at the previous examination in April. A request was made by some of the recently rejected that another supplemental should be held next fall. After a good deal of discussion the Council decided to have two regular annual examinations, to commence on the second Tuesday of April and the third Tuesday of September of each year. The decision was, we think, a wise one, and will certainly be appreciated by the medical colleges and their students. We hope the September examination will not be considered simply as a boon for the rejected of April, but will be chosen by many who, after the completion of their ordinary course, prefer by an attendance on a summer session or otherwise to make their fit

ness for a license more certain before submitting to the final test.

BOARD OF EXAMINERS.

After careful consideration, the following were appointed examiners: Dr. Grasett, of Toronto, Anatomy; Dr. Irwin, of Kingston, Medicine, Therapeutics, and General Pathology; Dr. Grant, jr., of Ottawa, Physiology and Histology; Dr. Burt, of Paris, Midwifery; Dr. Richardson, of Toronto, Surgery; Dr. Waugh, of London, Medical and Surgical Anatomy; Dr. Acheson, of Toronto, Chemistry; Dr. McKinnon, of Guelph, Materia Medica; Dr. Emory, Medical Jurisprudence and Sanitary Science; Dr. O'Reilly, of Toronto, Assistant in Surgery; Dr. Hooper, of Kingston, Assistant in Medicine.

The changes are few, as they should be, because nothing is more confusing to candidates for examination than frequent and radical changes in the examining board. The students will notice with some interest that their friend Dr. Wishart has been replaced by Dr. Waugh. We understand that Dr. Wishart declined to act again, and we have been told that Dr. Waugh is more severe as an examiner than Dr. Wishart, but do not vouch for the truth of the statement.

CHANGES IN THE CURRICULUM.

Many and learned were the discussions on the curriculum. The result was two important additions, viz., the requirement of attendance on one summer session, and one course of not less than 50 lectures and demonstrations on medical and surgical topographical anatomy, to be taken in the fourth session. The changes are in the right direction, and will meet with general approval. Modern advances in medicine during recent years have greatly increased the work of the students, and a medical curriculum should provide for a proportionate addition to the facilities placed at their disposal.

NOTES.

TORONTO MEDICAL SOCIETY has 138 members.

DR. H. A. HARE has been appointed editor of the *Medical News*.

PROF. BILLROTH, of Vienna, celebrated his sixtieth birthday April 26th.

LAST academic year there were 1774 medical students attending the University of Edinburgh.

THE Government of Portugal has forbidden public exhibitions of hypnotism as contrary to public health.

THE seventh session of the French Society of Ophthalmology will be held in Paris next August, 8th-12th.

DR. GORECKI (*Le Practicien*) records a case of death following the suspension treatment for locomotor ataxia.

THE next meeting of the American Dermatological Association will be held at Boston, Mass., Sept. 17th to 19th inclusive.

PROF. KAHLER succeeds to the chair of medicine in the Vienna University, left vacant by the death of the esteemed Prof. Bamberger.

DR. GODELL in *Medical Times*: "I do not believe it is right or just to patients for every surgeon to turn his hand to abdominal operations."

ONE hundred dollars was voted to the Ontario Medical Library Association at the annual meeting of the Toronto Medical Society, held June 25th.

HAPPILY CONSUMMATED. — The friendly union of the *Medical Press of Western New York* with its older contemporary *The Buffalo Medical and Surgical Journal*, elicits our warmest congratulations.

MALVOZ and Browvier have lately demonstrated the occurrence of tubercle bacilli in the fetal calf, and adding thereby additional proof of the actual transmission of the tubercular virus from the maternal to the foetal organism.

ONE of the worst features in connection with the Cronin murder, now causing such widespread interest, is the fact that the physician was lured from his residence during the night in the name of suffering humanity, and then coolly murdered in a horribly atrocious manner.

PROF. AUGUST BREISKY, the distinguished professor of obstetrics in the Vienna University, succumbed on the 25th of May to a malignant neoplasm of the sigmoid flexure.

THE organ of the American Medical Association has shown marvellous journalistic enterprise in sending out a special edition of 75,000 copies, giving full particulars of the meeting dated to commence June 25th.

COUNCIL EXAMINATION.—As will be seen by an advertisement in this issue, the next primary and final examination of the Ontario Medical Council will commence on Tuesday, 17th September, in Toronto and Kingston.

DUTY ON INSTRUMENTS.—At the last regular meeting of the Toronto Medical Society it was moved by Dr. Spencer, seconded by Dr. Powell, That the President and officers of this Society be instructed to prepare, sign, and transmit to the Hon. the Minister of Customs of the Dominion of Canada, a memorial asking that by order in council medical and surgical instruments and sick-room appliances be admitted free of duty.

WE understand that Messrs. Hanson & McLaughlin, of St. John, N.B., who have lately been prevented by an injunction in the Court of Chancery from using the trade mark "Bovine" to designate a superior kind of prepared food which they manufacture, by the owners of the trade mark "Bovine," who make a similar food, have been successful in getting the injunction dissolved, and are now prepared to push the sale of their preparation and to bring it under the notice of the medical profession.

DIRECTORY FOR NURSES IN TORONTO.—We are pleased to be able to state that the revised directory for nurses in Toronto is a success. As before announced, it is situated in the medical library in the building of the Ontario Medical Council. We hope the physicians of Toronto will be unanimous in their support. If so, it will prove very convenient to both the public and the profession. For the benefit of those outside Toronto, we may say there is a telephone (No. 1718) connected with it, and a doctor may thus

get information about nurses at any time without any delay.

FAREWELL DINNER TO DR. OSLER.—Before the departure of Dr. Osler from Philadelphia to Baltimore, a banquet was given to him in the Hotel Bellevue. Dr. Pepper acted as chairman, and on his immediate right and left were the guest, Dr. Osler, and President Gillman, of Baltimore, respectively. Among others present were Dr. Bowditch, of Boston; Dr. Vandell, of Louisville; Drs. Barker, Draper, and Peabody, of New York; Dr. Billings, of Washington; Dr. Ross, of Montreal; Dr. Welsh, of Baltimore; Drs. Wood, Stillie, Agnew, Da Costa, Goodell, Hays, Tyson, Kelly, Longstreth, Weir Mitchell, Packard, Parvin, Shakespeare, Keating, Meigs, etc., from Philadelphia.

WOMAN'S MEDICAL COLLEGE, TORONTO.—The following appointments and changes have been made in the teaching staff: Dr. A. B. Atherton, Lecturer on Principles of Surgery; Dr. N. A. Powell, Associate Lecturer on the Practice of Surgery; Dr. B. E. McKenzie, Lecturer on Orthopædics and Surgical Anatomy; Dr. R. Tyrrell, Lecturer on Jurisprudence; Dr. L. M. Sweetnam, Lecturer on Therapeutics; Dr. Stowe-Gullen, Lecturer on Diseases of Children, and Associate Lecturer on Medicine; Dr. Alice McLaughlin, Demonstrator of Anatomy; Dr. D. J. Gibb Wishart, Lecturer on Diseases of the Eye, Nose, and Throat. The plans are now out for a new building to be erected on Sumach Street, at a cost of \$5,000.

ONTARIO MEDICAL LIBRARY.—The following books, journals, reports, etc., have been received at the Library during the past month:

Presented.—6 vols. *Obstetrical Journal*; from Dr. Buchan. 2 vols. *Materia Medica and Therapeutics—Periera*; 2 vols. *Medico Chirurgical Journal—Lauzer*; 1 vol. *Diseases of Women—Thomas*; 1 vol. *Practical Medicine and Surgery—Braithwaite*; 1 vol. *Gregory's Physic*; 1 vol. *The Principles of Midwifery—Burns*; 2 vols. *Therapeutics and Pharmacology—Woods*; 1 vol. *Excision of the Knee Joint—Fenwick*; 1 vol. *Transactions of the Medical Society, London, 1846*; from Dr. J. H. Burns. 18 vols. *Canada Lancet*; 2 vols. *London Lancet*; from

Dr. Burt, Paris, Ont. 1 book, *The Cerebral Palsies of Children*—Osler; from Dr. W. Osler, Philadelphia. 16 vols. *Monthly Medical Gazette*, 1816 to 1830; 10 vols. *American Journal Medical Science*, 1822 to 1832; 23 vols. *London Lancet*, 1856 to 1870; 6 vols. *Canada Medical Journal*; from Dr. Canniff. 8 vols. *The Medico Chirurgical Review*; 4 vols. *The Practitioner*; from Dr. Covernton. French and Italian journals; from Dr. Nevitt. Transactions of the Congress of American Physicians and Surgeons; from Dr. J. E. Graham. A Treatise on Human Anatomy—Leidy; from Dr. Osler, Philadelphia. 29 vols. *Edinburgh Medical Journal*; 50 vols. *Medical and Physical Journal*; 4 vols. *London Lancet*; 4 vols. Braithwaite's Retrospect; from Dr. J. H. Burns.

Bought.—Psychological Medicine—Mann; Suggestive Therapeutics—Bernheim; Bright's Disease—Purdy; Lectures on Children's Diseases—Hench; Religio Medici—Sir Thomas Browne, 1886; Spermatorrhœa—Bartholow; Diseases of Male Sexual Organs—Gross; Clinical Lectures on Diseases of the Liver—Murchison; from the Estate of the late Dr. DeGrassi: A Text Book on Pathological Anatomy—Zeigler; Pharmacology, Therapeutics and Materia Medica—Brunton; A Treatise on Diseases of Children—Smith; American System of Obstetrics—Hirst; Cellular Pathology—Virchow; A Treatise on Oral Deformities—Kingsley.

Health Reports.—1 Report State Board of Health, Michigan, 1888; State Board of Health, Minnesota, 1888; State Lunatic Asylum, Utica; Transactions State Medical Society, Wisconsin.

The following journals have been added to the files: *The Satellite*; *The International Journal of Surgery*.

Reprints. 21 Reprints; from Dr. N. A. Powell. Color Blindness—Dr. Ryerson.

Meeting of Medical Societies.

ONTARIO MEDICAL ASSOCIATION.*

(Concluded from last issue.)

Wednesday Evening.

Dr. Sheard opened the

DISCUSSION ON MEDICINE

by reading a paper entitled

THE PROGNOSTIC SIGNIFICANCE OF MODERATE CARDIAC HYPERTROPHY AND DILATATION.

At the outset he wished it to be understood that cardiac murmurs are only symptoms—sometimes unreliable—of interference with the functions of the valves, and not proof of cardiac disease; the condition of the heart as a whole, and the symptoms resulting from its altered condition, are the points to be considered in estimating the extent of disease. Interference with the proper action of the heart valves will produce (1) Distention of the cavity from which the blood is passing; (2) Hypertrophy of the muscular walls of that cavity; (3) Dilatation of these walls. A correct opinion as to the significance of an organic murmur can only be arrived at by ascertaining

(1) The length of time it has existed.

(2) Its effects.

Dr. Sheard believed that murmurs are often due to deposit on the valve of such a character, or in such a position, as in no way interferes with its proper closure. The *rapidity* with which cardiac hypertrophy comes on is the main element to be considered in giving a prognosis. The temperament and occupation of the patient influence the rate of the hypertrophy. In excitable persons, and in those having a laborious occupation, it will come on more quickly than where the opposite conditions are present. In lesions of the aortic valves involving regurgitation, cardiac hypertrophy has a much greater significance than in lesions of any of the other valves; the degree of hypertrophy of the left ventricle is never as great, and is much sooner followed by dilatation, than in disease at any of the other orifices, and, further, there is great liability to a sudden cessation of the ventricular systole. A lesion permitting of aortic regurgitation is one of the most serious of all heart lesions. An aortic obstructive murmur without evidence of enlargement of the heart, and unaccompanied by the physical signs of regurgitation, may be considered as one of the least important of endocardial murmurs. In cardiac disease permitting of mitral regurgitation, moderate hypertrophy, in one whose occupation does not strongly predispose him to cardiac excitement, is not a very serious lesion; if, in such a case, much strain is put upon the heart, dilatation rapidly supervenes, and it is this dila-

* We are indebted to Drs. G. A. Peters and W. P. Caven for the report of this meeting.

tation which is of ill-omen. Dr. Sheard here drew attention to the very serious or even fatal significance of Cheyne-Stokes' respiration, which is sometimes seen in mitral disease.

In speaking of mitral stenosis, Dr. Sheard emphasized the fact that the intensity of the murmur is out of all proportion to the gravity of the disease. Mitral stenosis is a disease of slow progress, and in its early period the hypertrophy is limited to the left auricle. The prognosis in these cases will depend upon the condition of the pulmonary circulation. In heart lesions involving both mitral stenosis and regurgitation, the left heart is completely disabled; this condition of affairs is the most serious and rapidly progressive of all cardiac disease. In fatty degeneration of the heart moderate dilatation occurs with little or no hypertrophy. Here the physical signs are not marked—a weak apical impulse, with feeble and distant heart sounds—but there is often marked anæmia, and with this a tendency to fatty infiltrations generally throughout the body.

Dr. Sheard did not attach much importance to irregularity of the heart's beat, nor to the condition termed irritable heart, occurring in a heart the valves of which are free from disease.

Dr. McPhedran drew attention to the cardiac hypertrophy found in chronic Bright's disease. While the hypertrophy lasts, and there is a high tension pulse, the patient is comparatively safe, but when dilatation becomes ascendant then there is great danger. He maintained that the intensity of the murmur in mitral stenosis is of value in prognosis; when the murmur is loud there is little danger, but when it becomes weak it is of evil omen. Dr. McPhedran looked upon cardiac hypertrophy, as a rule, of favorable prognosis, while dilatation he regarded as an unfavorable sign. Generally, however, the two are associated, and, when moderate, may be considered favorable, from a prognostic point of view. He also remarked upon the necessity of taking into account the condition of the whole constitution before venturing a prognosis, as the occurrence of hypertrophy is dependent upon the general nutrition of the body. Dilatation of the right heart is of frequent occurrence, as the result of exercise; this is especially seen in the subjects of malnutrition. Dr. McPhedran believed that late in the course of mitral sten-

osis, even though regurgitation is taking place, that this regurgitation will not give rise to any murmur, but that the systolic murmur which is then heard is due to tricuspid regurgitation.

Dr. Sheard replied.

Thursday.

MEDICAL SECTION.

A paper was read on

THE TREATMENT OF PHTHISIS PULMONALIS, by Dr. Price Brown. Dr. Brown divided the treatment of Phthisis Pulmonalis into hygienic, dietetic, climatic, and medicinal. Proper hygienic surroundings are of the utmost importance. D'Espie prepared statistics showing that among the rich who have large and well-ventilated houses, with efficient sanitary arrangements, the mortality from phthisis is 68 out of every 1000, while among the poor, who are crowded together in dirty, ill-ventilated quarters, the mortality reaches 223 out of every 1000. In the light of the bacillary origin of phthisis, phthisical patients should never sleep with persons unaffected by the disease. Consumptive mothers should not suckle their offspring. Perfect cleanliness of person and surroundings cannot be too rigidly enforced. One of the most important features of hygienic treatment is out-door exercise. Owing to the enormous tissue waste going on, the dietetic treatment can scarcely be over-estimated. The system requires a large amount of nitrogenous food; this should be given in small quantities and at frequent intervals. Milk, when well borne by the stomach, is of great service. When albuminuria exists the diet should be restricted as far as possible to milk and farinaceous foods.

According to a general consensus of medical opinion, the climates most beneficial to consumptives may be classed either as those of moderate dryness or of moderate moisture. High temperature is best borne when combined with low humidity, the dryness of the atmosphere favoring rapid evaporation from the cutaneous surface, and the production of latent heat minimizing the physical temperature. Again, low temperature is best borne with low humidity, as there is less heat lost by conduction in dry air. The history of the medicinal treatment of phthisis is voluminous, and the whole armamentarium medicinæ has paid tribute at one time or other to this disease. Among sys-

temic remedies, cod liver oil holds the first place; there is another oil that has found much favor during the last few years, that is, eulachon oil, from the candle fish of the north-west rivers of the United States and Canada. Shattuck has recommended glycerine in place of oil, the quantity to be taken per diem being from an ounce and a half to two ounces.

Dr. Brown considers that spirituous liquors should be taken off the dietetic list and placed on the medicinal; when spirits are necessary he gives whisky combined with milk, the spirits acting as a tonic and the milk preventing its irritant action on the coats of the stomach.

Sulphuric acid and belladonna hold the first place in arresting night sweats, while gallic acid, ergot and turpentine are our most efficient means of staying hemorrhage. Diarrhœa may be restrained by pancreatine and astringents, and among anodynes none have more value than codeia. In the first and second stages of phthisis, when localized pleuritis, bronchitis, or pneumonia occurs, much benefit may be derived from counter-irritation. At the present time considerable attention is being paid to hot air inhalations in the treatment of phthisis. Weigert, of Berlin, recommends these inhalations at a temperature of from 40° to 80° C., the inhalation to be continued three or four times daily for a month; his results so far have been highly satisfactory. In early phthisis great benefit is often obtained by the use of compressed air. Inhalations of medicated air, without reference to density, are often serviceable in one way or another all through the disease; the success of the inhalations depends on the easy convertibility into gas or vapor of such substances as are desirable; consequently bodies volatilized at ordinary temperatures are more readily absorbed than bodies requiring combustion to be converted into gas. Dr. Brown is in favor of the oleaginous preparations of the balsams and oils; with a Cohen and Richardson cabinet and a Shurley receiver they can be administered in the finest state of atomization.

Dr. Macdonald, Toronto, placed a great deal of reliance in inhalations of such substances as iodine, carbolic acid and creasote; he believed that they reached the ultimate bronchioles and air cells.

Dr. Stewart, Montreal, considered attention

to building up the general health more important than any attempt to destroy the bacillus, which he thought was hopeless.

Dr. McKay, Woodstock, also thought it better to act on the defensive than the offensive. Was it not possible that the inhalations might act injuriously by destroying the phagocytes?

Dr. Irving, Kirkton, spoke highly of arsenic in the internal treatment of phthisis, either alone or combined with cod liver oil.

Dr. W. G. Anglin, Kingston, then read the history of

THREE CASES OF PERFORATION OF THE BOWEL, occurring in the course of typhoid fever. These cases are of double interest since complete recovery took place in two of them.

Case 1. The type of the fever here was that of the ordinary mild form. The patient did as well as could be desired until about the end of the sixth week, when he unduly exercised himself in endeavoring to put more clothes on his bed. Immediately he was seized with intense pain in the right iliac region. When Dr. Anglin reached him he found a temperature of 104 F., pulse, weak and rapid, 120; abdomen exceedingly tympanitic and tender; considerable nausea and vomiting. Intestinal perforation was diagnosed. The treatment consisted of large doses of opium. Dr. Anglin gave at once one-half grain of morphia hypodermatically, and ordered one grain of opium every hour, also linseed meal poultice and turpentine stupes alternately. No food allowed for twenty-four hours.

Next day the opium was continued in one grain doses every two hours; a small quantity of milk and lime water being allowed. On the third day the opium was reduced to a grain every three hours and then to one every four hours. The bowels were now moved by an enema of oil, which gave great relief, permitting of the escape of a large amount of flatus. After this the recovery was uninterrupted.

Case 2 was that of a female, age 24. Primipara seven months pregnant. During the course of the fever, which was of the latent character, the patient was delivered of a still-born child. On the next visit to the patient after delivery, which was comparatively easy, alarming symptoms were found, and Dr. Anglin diagnosed intestinal perforation. In spite of all treatments,

the patient died three days later. No post mortem examination.

Case 3. This case also occurred in confinement. Immediately after confinement symptoms indicative of peritonitis manifested themselves, starting with pain in the right iliac fossa. Typhoid fever had not as yet been suspected, but next day after delivery a few rose-colored spots were found scattered over the chest and abdomen, and on close inquiry the usual symptoms of a mild typhoid were found to have been present for about three weeks before labor came on. The patient had taken it for granted that these symptoms, diarrhoea, headache, pains in the limbs, etc., were dependent upon her pregnant condition. Result, recovery.

Dr. P. Macdonald, Wingham, then read notes of

A CASE OF OBSTINATE SCIATICA

of several years duration, which resisted all methods of treatment until stretching of the nerve was resorted to. Dr. Macdonald first put his patient on potassium bromide, with external applications of aconite and belladonna. This gave only temporary relief. He next tried heroic doses of quinine, but with unsatisfactory results; then blisters were applied along the course of the nerve and gelsemium given internally, but no benefit accrued from this treatment. The patient then forsook "regular" ways and came under the influence of a "laying on of hands" woman. Her *cure* lasted for three days. After experiencing all the itinerant quacks who visited the neighborhood, he again came under Dr. Macdonald's care. Dr. Macdonald now proposed stretching the nerve, to which the patient assented. This was done on June 15, 1880; eight days after the operation he was able to leave his bed and sit in a chair without pain or inconvenience; six weeks later he could walk well. The improvement continued steadily, with exception of a short relapse after a very great amount of exercise, until he was completely cured. Nine years have now elapsed since the operation and there has been no return of the trouble, the patient being able to continue his avocation as a farmer without any inconvenience.

SURGICAL SECTION.

Dr. J. E. White, Toronto, read a paper on
RECENT MODES OF TREATING FRACTURES
ABOVE THE WRIST JOINT,

which has already been published in this journal (see May 1st).

In the discussion which followed, Dr. Weigel, Rochester, said that he found it exceedingly difficult to apply Moore's splint well, and that it often caused great pain by constriction. In those cases in which there is great contusion of the parts, Moore's splint is not applicable, and he could see that the cuff-splint might conduce to the comfort of the patient in such cases.

Dr. McNaughton, Erin, doubts the existence of dislocation of the ulna in these cases. He thinks the cuff-splint makes pressure at the wrong part, viz., over the seat of the injury. He showed a very useful form of moulded splint which he had invented.

Dr. Groves, Fergus, thinks it of much greater importance to properly reduce the fracture and its accompanying dislocation, than to worry over the mechanism of keeping it reduced. If the parts are once brought into correct apposition almost any splint will retain them.

Dr. E. E. King, Toronto, then gave a demonstration of

THE USES OF THE CYSTOSCOPE.

He reviewed the development of this instrument from the imperfect instrument of Bozzini, through many changes and improvements, to Leiter's instrument, which was shown. This is in the form of a calculus sound No. 21 French, in the beak of which is an electric light, and a telescopic arrangement of glasses, with the object of enlarging the field of vision. The use of cocaine as an anæsthetic is advised, and it may be necessary in some cases to divide the meatus. The bladder should be full of transparent fluid—preferably the urine if it be clear. The point of the instrument should not be permitted to touch the bladder wall, on account of the danger of scorching from the heat. The bladder should be examined systematically, the greatest attention being paid to the trigonal region. The ureters can be easily examined, and the source of pus or blood determined. A stone lodged in a pouch, which cannot be touched with a sound, can be easily seen by the aid of the cystoscope. This instrument is also of great use in diagnosing the position and nature of tumors, foreign bodies, phosphatic deposits, and the signs of calculi.

Dr. Newman has used the cystoscope for twenty years, but has never been able to make a thoroughly satisfactory diagnosis by its use. Extensive practice and accurate system are required in its use. The difficulty is that there is no means of operating while the cystoscope is in position. An extra compartment to allow of this is a great desideratum. The fluid battery is much more clumsy and unpleasant to use than a series of accumulators.

Dr. Tremaine, of Buffalo, is not satisfied with the practical results obtained by the use of the cystoscope. He has used it in examining for stone, but can do better with the sound. When he fails to make a diagnosis with the sound he resorts to incision. He contended that a demonstration such as that given by Dr. King is very different to a practical application of an instrument.

Dr. Park, Buffalo, has made some very satisfactory diagnoses with the cystoscope, but has frequently failed. Most cases in which it would be useful ultimately require operation, and then a digital examination can be made. It may be useful in examining the orifices of the ureters to see which kidney is the source of pus, but it is not essential to anybody.

Dr. Groves, Fergus, read a paper on

VAGINAL HYSTERECTOMY WITH ABDOMINAL OVARIOTOMY.

He hoped the narration of the case would influence others to adopt operative treatment in the early stages of malignant disease, whether of the os and cervix alone or of the body of the uterus. He is of opinion that total ablation of the uterus offers the only prospect of a permanent cure, and though the operation is a difficult and serious one, the surgeon must not shirk it in those cases in which it is indicated. The following case was then related: The patient was aged 69, and the mother of several children. She had suffered from hemorrhagic discharge for about sixteen months, during the latter part of which time the blood was mixed with foul-smelling pus. She was losing flesh and strength rapidly. The uterus was found to be five inches in depth and bled easily. There was also an ovarian tumor about six inches in diameter. Operation was advised and consented to. A suture was passed through the cervix, the uterus was drawn down, and the peritoneum opened

through Douglas' cul-de-sac. On passing the hand up into the abdomen it was found that the ovarian tumor could be reached more readily through an abdominal incision. This was accordingly made, and the cystoma removed without difficulty. The fundus of the uterus was then brought down to the vulva, the broad ligaments were ligated and divided, and the operation completed by stitching up the abdominal wound and placing a drainage tube in the vagina. Reaction was good, and vomiting occurred only once. The temperature rose on the afternoon of the second day to 100 1-5° F., but fell to 99 the next morning. The drainage tube was removed on the 3rd day, and the patient made an uninterrupted and perfect recovery.

Dr. Temple, Toronto, regarded the use of clamps as much better than sutures and very much less tedious. One of the greatest difficulties is in separating the anterior wall from the bladder to avoid cutting the arteries. He notes the position of the fold between the cervix and the bladder by a small incision while the parts are in position, and always directs the points of the scissors towards the uterus. He had only operated upon two cases for malignant disease by this method. Both had recovered.

A paper by Dr. Thos. R. Dupuis, Kingston, on

PERIOSTITIS ALBUMINOSA OF OLLIER

followed. This disease acquires interest because of its rarity. The patient, a young man of 22, had a peculiar swelling on the middle third of the anterior part of the tibia. There was a history of having been struck by a base ball. The injury was followed by swelling, lameness, and intense pain when standing or walking, though there was no pain when the leg was kept quiet in an elevated position. It had been mistaken for an abscess and opened, when, instead of pus, a yellow albuminous fluid almost as thick as the white of an egg had escaped. After being poulticed for a time, ung. resinæ was applied, and in time the wound healed. Some months later the trouble reappeared. The swelling was sharply defined, of elastic resistance and attached to the bone. An incision down to the bone revealed that structure to be eburnated, but without exostosis. The surface of the tumor was scored with the thermo-cautery with the hope of causing absorption. He im-

proved rapidly and was soon back at work. About six months later, however, another, similar attack caused him to quit work.

Dr. Schlange has collected fifteen cases of this disease which was first described by Ollier, and in none of them was pus found. It appears to affect the long bones of young people almost exclusively.

Dr. H. S. Griffin, Hamilton, was the author of a paper on

LACERATIONS OF THE PERINEUM.

From his experience he would judge that about thirty per cent. of primipara suffer from lacerations. It is supposed that lacerations are more frequent among civilized nations, owing to the fact that the enlarged foetal head—due to the cultivation of the intellect and improvement of the mental faculties of the race—is not accompanied by a compensating enlargement of the female pelvis. Among the causes of laceration as classified by Mekertschiantz are: From the side of the mother—anomalies of the pelvic outlet, projections of the sacral vertebrae, anomalies of the sacral curvature, capacious sacral hollow, deep symphysis, anomalies of the axis of the rami, ankylosis of the sacro-coccygeal joint, anomalous pelvic obliquity, rigidity and alterations and abnormalities of the soft parts. Further factors are the age of the patient, want of elasticity in the perineum, and disproportion between the size of the foetal head and the maternal parts. As regards the child, Hecker and others maintain that a small head is more liable to cause laceration than a large one, as the latter descends more slowly and gradually stretches the parts. The laceration, however is often caused by the shoulders. The direct causes are precipitate labor, retarded labor, or the injudicious use of ergot and the forceps.

Speaking of the means of preventing rupture, the author deprecated the old-fashioned plan of greasing or "supporting" the perineum. The only means to be regarded as rational are those directed towards retarding a too rapid labor, and giving the parts time to gradually dilate. In this connection, the forceps, when skillfully and properly used, afford us the best means of controlling the course of the labor and safely guiding the head over the pelvic floor. They should be applied accordingly when rupture is threatened, and in no case should they be removed

until the head is fully born. Anæsthetics are doubtless useful, but incisions must be condemned. In regard to manipulating and kneading the perineum, the best plan is that recommended by Mekertschiantz, viz: placing the left hand over the patient's right thigh, and with the palm turned towards the child's head, pressing the labia together by means of the thumb and middle finger.

In regard to the treatment of a tear, if it extends through the sphincter ani and involves more or less of the recto-vaginal septum, few would oppose an immediate operation. In the case of incomplete lacerations, however, considerable difference of opinion and practice prevail. The tendency of the times it may be stated, is towards an immediate operation, as the parts are benumbed and comparatively insensitive at the time, and it is amply proven that restoration of the perineum favors involution of the vagina. The dangers of septicæmia are also much lessened by the immediate operation.

Of the many varieties of secondary operation the author expressed a strong preference for Tait's flap, or splitting operation, as it is simple, scientific, and easy of performance. The reader of the paper here showed a jointed needle which he had devised to overcome the difficulty of passing the ordinary curved needles.

The discussion was commenced by Dr. Barrick, Toronto, who had found in his experience that some perineum were tougher than others. The inner or vaginal surface is often constricted or indurated, and the commencement may be at that part. Hence it is well to watch the inside as well as the outside, and to prevent the head from descending beyond the constriction, until that is well dilated.

Dr. Adam H. Wright, Toronto, related the case of a patient in whom the perineum had been ruptured and stitched up in the second and third labors. He noticed that the expulsive pains, when they commenced, continued without intermission until the child was born. Accordingly, in the fourth labor he gave chloroform, to the full surgical degree, and held the head back. In this way laceration was prevented. Before the head is born there should be dilation not only of the cervix but also of the vagina and vulva. At all events these parts should be "stretchable," and they become so by

becoming soft and cedematous. Where the rupture is complete the operation should be done carefully at once, with the aid of an anæsthetic and an assistant. In the incomplete tear it is best to suture at once, though a good result is often obtained when the repair is left to nature. He thinks the straight needle preferable to any other, and always uses a simple darning needle. Of secondary operations he thinks that of Tait probably the best, though he has had good success with Thomas' operation. Emmett's breakwater operation he considers a failure.

Dr. Howitt, Guelph, thinks that if the primary operation is not performed well it is better left to nature. The greatest care should be taken to keep the parts aseptic. In performing the operation he places a sponge in the vagina above the tear, and sutures with a Hagedorn's needle. The suture should not include the skin, but should be deep, as better apposition is obtained in this way. Cocaine may be used as an anæsthetic in the absence of an assistant.

Dr. Holford Walker, Toronto, gave
SOME PRACTICAL POINTS IN GYNÆCOLOGY AND
ABDOMINAL SURGERY.

Ectopic or extra-uterine gestation is an exceedingly dangerous condition, frequently calling for prompt recognition and early surgical interference on the part of the general practitioner. This condition is due to the arrest and development of the impregnated ovum in the fallopian tube. The arrest takes place in consequence of the destruction of the cilia of the mucous membrane from a previous attack of desquamative salpingitis.

If the physician is not called till rupture has taken place, he should keep the patient absolutely quiet, and give stimulants and light nourishment in the hope that she may rally from the collapsed condition in which he usually finds her, and be able to stand the surgical operation which alone will save her life. This will apply to what is termed primary rupture into the peritoneal cavity, or secondary rupture from the folds of the broad ligament also into the peritoneal cavity. With the possible exception of those cases in which the ovum is impregnated in its vesicle before it leaves the ovary, all ectopic gestations are originally tubal. Primary rupture takes place, then, 1st into the peritoneal

cavity, or 2nd into the folds of the broad ligament, in which case the pregnancy may go on to full term. What is termed secondary rupture takes place from between the fold of the broad ligament also into the abdominal cavity.

In the majority of cases the first rupture is not fatal, but it is to subsequent attacks that the patient succumbs. Hence the first warning should be heeded.

In regard to diagnosis, very frequently the patient is never seen until she is in a condition of collapse, with severe pain and tenderness over the abdomen. The physician is told that the patient has been pregnant for a few weeks and that the attack came on suddenly. A mass will be found on each side of the uterus, and the os will not present that peculiar soft velvety feel so characteristic of normal pregnancy. If seen before the period of rupture, the patient will complain of peculiar cramp-like pains in the groin and hypogastrium, occurring frequently and causing faintness. Generally the interval between marriage and the first gestation is unusually long, or there has been a long period of sterility, with a history of salpingitis. There is usually a good deal of pain preceding and during the first days of the menstrual discharge—a very characteristic sign of tubal trouble. A mass is also felt at each side of the uterus.

In speaking of Porro's operation, the author regarded it as the operation of the future, destined to take the place of Crainotomy and Cæsarean section. It offers the advantage of a reasonable hope of saving both mother and child, and by removing the uterus secures the mother against future pregnancies. The abdomen is opened to the extent of four or five inches, and the neck of the uterus is surrounded by a strong piece of $\frac{1}{4}$ -inch rubber tubing. The uterus is then opened and the child removed. Drawing the womb through the abdominal opening, the ligature is now made tight and the uterus cut off above it. The pedicle is fastened in the abdominal wound.

The reader of the paper also referred to the troubles arising from an infantile condition of the uterus. Menstruation is usually delayed at its outset, and ceases early in life. The discharge is irregular and scanty and the pain severe. The cervix is frequently no larger than the end of the finger, and the fundus in propor-

tion. The pain and discomfort of menstruation are frequently so severe and protracted that for two weeks of each month the patient is confined to her bed. Under these circumstances, when other measures fail, it is advisable to remove the appendages.

He then described by means of an arrangement of layers of cloth, Tait's method of operating for lacerated perineum.

Dr. Howitt, Guelph, before reciting A NUMBER OF CASES OF ABDOMINAL SURGERY in his practice, gave a few details as to appliances. He uses the spray in the room before an operation, to clear away floating particles of dust. The air thus deprived of all foreign substances, is sterile, and forms a good environment for operation. The water used should be rendered aseptic by straining and repeated boiling. He has devised an apparatus to act as an aspirator, on the principle of rarefying of air by heat. It is of large size and can be made to remove three or four gallons of fluid per minute. The anæsthetic he uses consists of chloroform one part to ether four or five parts. It gives little stage of excitement, the effect is easily obtained, and the administration is followed by little gastric or other disturbance. He keeps his sutures for several days before the operation in pure carbolic acid, and washes them in pure water when required for use. The operator should personally superintend the preparation of the room, sponges, instruments, etc. No unnecessary instruments should be used, with practice the hand becomes the best holder for sponge or needle. Aim at simplicity, and avoid loss of time. Lint wrung out of 1 in 2000 bichloride solution is placed next the wound, this is covered with a thick layer of absorbent cotton and the whole is held in place by a flannel bandage. He allows the patient to take whatever position is most comfortable, except in cases where a drainage tube is used. The catheter he uses for female cases is a straight piece of glass tubing, which, when not in use, is kept in pure hydrochloric acid.

The first case which he related was that of a lady who had suffered several severe attacks of biliary colic, with symptoms of permanent obstruction of the ducts. On opening the abdomen it was found that the colon and omentum were adherent to the lower edge of the liver.

The gall bladder duct could not be found. As many adhesions as possible were broken down, the patient vomited bile within an hour and made an uninterrupted and complete recovery. The second case was one of intussusception in a child three months old. An oval-shaped lump about three by two inches was felt in the right side of the abdomen, opposite the umbilicus. On opening the abdomen several inches of the ileum were found invaginated through the ileo-cæcal valve. Reduction was made with difficulty. Flatus passed by the rectum immediately, and recovery was perfect by the tenth day. The third was a case of miliary tubercle of the peritoneum, with serous effusion. An exploratory incision was made, and a considerable quantity of mucilaginous fluid escaped. The peritoneum was found much thickened and almost filled with miliary tubercles, forming masses varying in size from that of a marble to that of a pigeon's egg. The wound healed kindly and her appetite has since improved. It is, of course, too early yet to judge of the result of this operation.

Thursday Evening.

DISCUSSION IN THERAPEUTICS.

Dr. Thorburn opened the discussion in Therapeutics by reading a paper on

THE USES AND ABUSES OF ANTIPYRETICS.

After reviewing at some length the various theories concerning fever, Dr. Thorburn said: "I think we may safely conclude that there is a thermal centre situated high in the cord, controlling and regulating the temperature of the body; that it is endowed with heat-producing and heat-inhibitory powers; that it has an anatomical and physiological connection with other centres; that it has a distinct or separate set of nerves, and that they are distributed over all parts of the body, especially the skin."

As to antipyretics and their action, those medicines which have a specific action, such as quinine in malaria, salicylic acid in rheumatism, allay fever, not directly, but through their action on the germ proper of the disease.

Antipyrin may be taken as a type of other antipyretics. Its physiological action closely resembles that of thallin, antifebrin, and phar-macetin; it is not merely a refrigerant, but a true antipyretic, inasmuch as it not only makes the

dissipation of heat more efficient by increasing skin radiation, but also represses the production of heat. This lessened production of heat under the influence of antipyrin has been attributed to a stimulation of the inhibitory centres connected with the thermal system. Paresis of these centres is one of the conditions of fever, and the action of antipyrin is to restore their lost tone and power. Another antipyretic of great value is the cold bath. Its action presents some points in contrast to that of antipyrin. Its effect on heat production is not definitely settled. On excretion its effect seems exactly the opposite of that produced under antipyrin, in that it appears to increase tissue change. The cutaneous vessels are at first contracted and afterwards dilated. The diuresis which usually follows the bath probably promotes the dissipation of heat. As Riess has suggested, these two antipyretic methods may supplement each other, using the antipyrin, which checks excessive tissue change in the wasted, feeble or aged patients, while in the robust and previously healthy we would not fear to use the cold bath, though it seems to increase the tissue change.

Dr. J. L. Davison, Toronto, drew attention to the inexpediency of treating with antipyretics such transient fevers as occur in children, due to some slight disturbance; but in long continued fevers he regarded antipyretics as of undoubted value and benefit. The use of antipyretics is not altogether free from danger. Dr. Davison drew attention to the fact that collapse may be brought about by their injudicious use.

Dr. Wishart, Toronto, quoting Wood's experiments, showed how excessive heat acts as a direct poison. He gave the following as the characters of a good antipyretic: (1) It must act quickly, but not suddenly; (2) Its action should be certain; (3) Its effects should last several hours; (4) The subsequent rise of temperature should be gradual; (5) Its action should be unattended by any untoward effects. Dr. Wishart considered cold water and antipyrin the best antipyretics.

Dr. Workman, Toronto, wished to know the antipyretic value of whisky.

Dr. Geikie, Toronto, has found great benefit from whisky in some cases of fever, but it must be given judiciously and only when called for, and must be stopped when it ceases to be of

advantage. He believed antifebrin to be a better and safer antipyretic than antipyrin. He was not in favor of the cold bath, although sponging with tepid water is of undoubted value.

Dr. Cameron, Toronto, related forty cases of typhoid fever treated without any antipyretic. The result in these cases compared very favorably with that of other cases treated at the same time with antipyretics. He believed fever to be a conservative effort on the part of nature to overcome the germs of disease.

Dr. Carson, Toronto, pointed out, as the result of Dr. B. W. Richardson's investigations, that the action of alcohol is to decidedly lower the temperature.

Dr. Holmes, Chatham, believed that in typhoid fever no antipyretic is as efficient as cold water.

Dr. Richardson, Toronto, related a case bearing on the value of whisky as an antipyretic. A patient suffering from facial erysipelas, with a temperature of 104° F., took a pint of whisky in twelve hours, when the temperature was reduced to normal.

Dr. Oldright, Toronto, regarded the hot bath as a useful antipyretic. Quinine he considered of special value in pneumonia.

ELECTION OF OFFICERS.

The report of the Nomination Committee, which was adopted by the Association, resulted in the election of these officers:

President—Dr. J. Algernon Temple.

Vice Presidents—1st, Dr. Lundy, Preston; 2nd, Dr. G. Shaw, Hamilton; 3rd, Dr. K. N. Fenwick, Kingston; 4th, Dr. Hanley, Waubashene.

General Secretary—Dr. D. J. Gibb Wishart, Toronto.

Treasurer—Dr. E. J. Barrick, Toronto.

Assistant Secretary—Dr. W. P. Caven, Toronto.

Committee on Credentials—Drs. W. H. B. Aikins and J. L. Davison, Toronto, for three years' service; Drs. B. Spencer, Toronto, and Anglin, Kingston, for two years; and Drs. Holmes, Chatham, and Smith, Orangeville, for one year's service.

Public Health Committee—Drs. T. S. Coverton and P. H. Bryce, Toronto, for three years; Drs. A. Rice, Woodstock, and Kitchen, St.

George, for two years; and Drs. Bell, of Merlin, and Greer, Coldsprings, for one year's service.

Legislation—Drs. Harrison, Selkirk, and Bowlby, three years; Drs. W. T. Aikins and W. B. Geikie, Toronto, two years; Drs. Aylesworth, Collingwood, and F. R. Eccles, London, for one year.

Publication—Drs. A. H. Wright and C. Sheard, three years; Drs. W. P. Caven and N. A. Powell, Toronto, two years; and Drs. George Peters and Acheson, Toronto, for one year.

By-laws—Drs. Henderson, Kingston, and R. A. Reeve, Toronto, for three years; Drs. Price Brown, Toronto, and Mitchell, Enniskillen, for two years; Drs. Gibson, Belleville, and Gunn, of Clinton, for one year's service.

Ethics—Drs. Moore, Brockville, and Mc-Donagh, Toronto, for three years; Drs. Burnham, Toronto, and Tucker, Orono, for two years; and Drs. Aikman, Collingwood, and McKinnon, Guelph, for one year.

DURING the last half of the winter, 5,666 students of medicine were received by the various faculties of the Austro-Hungarian Empire. In Italy at the same time there were 5,495 medical students.

Personal.

DR. W. W. KEEN has been selected to fill the chair of Surgery in the Jefferson Medical College, Philadelphia.

DR. H. S. GRIFFIN, of Hamilton, has been appointed an associate coroner for the county of Wentworth and city of Hamilton.

THE following gentlemen were the guests of the Ontario Medical Association at its last meeting: Dr. Skene, Brooklyn, N.Y.; Dr. Newman, New York; Drs. Park, Tremayne, Lucien Howe, and Mann, of Buffalo; Dr. Weigel, Rochester; Dr. Forster, Portland; Drs. Stewart and Buller, Montreal.

DR. MACPHATTER, who has devoted a great deal of time and study to abdominal surgery, has gone to Cleveland, Ohio, and opened an hospital on Euclid Ave. for the treatment of diseases of women. The doctor has had good results and excellent opportunities. The ex-

perience he gained while under the tuition of Mr. Lawson Tait makes him familiar with all the varieties of abdominal surgery and diseases of women. We hope the profession of Cleveland will give him the support and confidence his merit demands.

THE officers elected by the Toronto Medical Society for the coming year are: President, Dr. A. B. Atherton; 1st Vice-President, Dr. B. Spencer; 2nd Vice-President, Dr. N. A. Powell; Recording Secretary, Dr. G. Acheson; Corresponding Secretary, Dr. W. B. Thistle; Treasurer, Dr. W. J. Greig; Councilors, Drs. J. E. Graham, G. A. Peters, and W. H. B. Aikins.

THE STAFF OF THE JOHNS HOPKINS HOSPITAL.—Dr. Wm. Osler has been appointed physician-in-chief. Dr. W. H. Welsh, pathologist; Dr. W. S. Halstead, chief of dispensary; Dr. H. A. Lefleur, resident house physician; Drs. Harry Taulmin and G. E. Clark, assistant house surgeons; Drs. Alan P. Smith, James Carey Thomas, Isaac E. Atkisson, S. C. Chew, Frank Donaldson, W. T. Howard, C. Johnston, T. S. Latimer, F. T. Miles, G. W. Miltenberger, L. McLane Tiffany, and H. P. C. Wilson, consulting physicians and surgeons.

THE Vienna Medical School has sustained another great loss by the sudden death of Prof. Robert Uitzmann, the Professor Extraordinary of Genito-Urinary Diseases. Whilst on a pleasure excursion to the Semmering he had an apoplectic attack, to which he succumbed in a few hours. He was deservedly popular with and greatly admired by the medical men from this continent who were attracted to the Polyklinik by his lectures. A skilful operator, a man of sterling practical and scientific merit, a fluent speaker, and gracefully courteous to all.

J. S. SWAIN, L.K.Q.C.P. & S., London, Eng., says: I have used S. H. Kennedy's Extract of Pinus Canadensis in the following case: Mr. C., aged about 35, suffering from chronic pulmonary catarrh, with pain in left side and great expectoration, cough paroxysmal and lasting some minutes; gave Extract Pinus Canadensis internally; after second bottle the expectoration became less and he greatly improved in health.