

Technical and Bibliographic Notes / Notes techniques et bibliographiques

Canadiana.org has attempted to obtain the best copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

- Coloured covers /
Couverture de couleur
- Covers damaged /
Couverture endommagée
- Covers restored and/or laminated /
Couverture restaurée et/ou pelliculée
- Cover title missing /
Le titre de couverture manque
- Coloured maps /
Cartes géographiques en couleur
- Coloured ink (i.e. other than blue or black) /
Encre de couleur (i.e. autre que bleue ou noire)
- Coloured plates and/or illustrations /
Planches et/ou illustrations en couleur
- Bound with other material /
Relié avec d'autres documents
- Only edition available /
Seule édition disponible
- Tight binding may cause shadows or distortion
along interior margin / La reliure serrée peut
causer de l'ombre ou de la distorsion le long de la
marge intérieure.
- Additional comments /
Commentaires supplémentaires:

Canadiana.org a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- Coloured pages / Pages de couleur
- Pages damaged / Pages endommagées
- Pages restored and/or laminated /
Pages restaurées et/ou pelliculées
- Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
- Pages detached / Pages détachées
- Showthrough / Transparence
- Quality of print varies /
Qualité inégale de l'impression
- Includes supplementary materials /
Comprend du matériel supplémentaire
- Blank leaves added during restorations may
appear within the text. Whenever possible, these
have been omitted from scanning / Il se peut que
certaines pages blanches ajoutées lors d'une
restauration apparaissent dans le texte, mais,
lorsque cela était possible, ces pages n'ont pas
été numérisées.

THE
CANADIAN JOURNAL
OF
MEDICINE AND SURGERY

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF
MEDICINE AND SURGERY

J. J. CASSIDY, M.D., EDITOR.

VOL. III.

JANUARY TO JUNE, 1898.

BUSINESS MANAGER
W. A. YOUNG, M.D., L.R.G.P.LOND.
145 COLLEGE ST., TORONTO, CAN.
1898

INDEX TO VOLUME III.

	PAGE		PAGE
BOOK REVIEWS.			
A Clinical Text-Book of Surgical Diagnosis and Treatment. By J. W. Macdonald, M.D.	177	Surgery: Its Theory and Practice. By Wm. Johnson Walsham, F.R.C.S. Eng., M.B. and C.M. Aberdeen.....	58
A Compendium of Insanity. By J. B. Chapin, M.D.	203	The American Year-Book of Medicine and Surgery.....	175
A Manual of Pathology. By J. Coats, M.D..	57	The Care and Feeding of Children: A Catechism for the Use of Mothers and Children's Nurses. By L. Emmett Holt, M.D.	178
A Manual of Instruction in the Principles of Prompt Aid to the Injured. By Alvah H. Doty	347	The Diseases of the Stomach. By William W. Van Valzah, A.M., M.D., and J. Douglas Nisbet, A.B., M.D.	346
Accident and Injury: Their Relation to Diseases of the Nervous System. By Pearce Bailey, A.M., M.D.	280	The Doctor's Window. Edited by Ina Russele Warren	228
An Act of the Parliament of the United Kingdom of Great Britain and Ireland. . .	58	The Habitant, and other French Canadian Poems. By Wm. Henry Drummond, M.D.	230
An American Text-Book of Genito-Urinary Diseases, Syphilis and Diseases of the Skin. Edited by L. Bolton Bangs, M.D., and W. A. Hardaway, A.M., M.D.	345	The International Medical Annual, 1898 . . .	100
Atlas of Methods of Clinical Investigation. By Dr. Christfried Jakob	290	The International Medical Annual and Practitioners' Index	201
Brief Essays on Orthopedic Surgery. By Newton M. Shaffer, M.D.	347	The Lion and the Lilies: A Tale of the Conquest, and Other Poems. By Chas. Edwin Jakeway, M.D.	228
Degeneration. By Max Nordau.	106	The Nervous System and Its Diseases. By Chas. K. Mills, M.D.	227
Diseases of the Stomach. By John Hemmeter, M.B., M.D., Philos.D.	56	The Physician's Visiting List.	58
Doctor and Patient: Hints to Both. By Dr. Robert Gersuny.	231	The Practice of Surgery. By Henry R. Wharton, M.D., and B. F. Curtis, M.D. . .	16
Drill Regulations for the Hospital Corps, United States Army	204	The Practitioner's Hand-Book of Treatment: or, The Principles of Therapeutics. By the late J. Milner Fothergill, M.D., M.R.C.P. .	176
Elements of Latin. By George D. Crothers, A.M., M.D.	177	The Psychological Correlation of Religious Emotion and Sexual Desire. By James Weir, jr., M.D.	203
Flint's Encyclopedia of Medicine and Surgery	202	Therapeutics of Infancy and Childhood. By A. Jacobi, M.D.	230
Lectures on "The Action of Medicines." By T. Lauder Brunton, M.D.	57	The Surgical Complications and Sequels of Typhoid Fever. By W. W. Keen, M.D., LL.D.	288
Medical Annual and Practitioners' Index . . .	200	Uric Acid as a Factor in the Causation of Disease. By Alex. Hay, M.A., M.D. Oxon., F.R.C.P.	231
Memory and Its Cultivation. By F. W. Edridge-Green, M.D., F.R.C.S. . .	220	CORRESPONDENCE.	
Operative Gynecology. By Howard Kelly, M.D.	348	Diphtheria and Its Treatment.	48
Orthopedic Surgery. By James E. Moore, M.D.	174	Hospital Abuse.	224
Outlines of Rural Hygiene. By Harvey B. Bashore, M.D.	177	Sunny South.	52
Pasteur. By Percy Frankland, Ph D., B.Sc., F.R.S.	283	There is Somewhat of a Resemblance, Isn't There?	344
Practical Military Instructions and Drill Regulations for National Guards and Military Schools	204	"Victorian Order of Nurses"	58

EDITORIALS.		PAGE	PAGE
A Few Brief Reflections on the Pathology and Morbid Anatomy in Hernia of the Abdominal Cicatrix	161	The Ontario Medical Council and Inter-Provincial Registration	340
A New Year's Greeting	33	The Passing of the Old Professor	45
A Return to the Old Style of Treatment....	223	The Property Baby	172
A Stenographer for Coroner's Inquests.....	337	The Times Are Out of Joint	167
A Step in the Right Direction	45	The Vapor Bath	40
A Sure Cure for Hospital Abuse.....	221	The Victorian Order of Nurses, Requescat in Pace	42
Christian Science vs. Medical Science	01	<i>This, at Least, the Doctor Can Claim as an Original Idea.....</i>	103
Christian Science in the State of Pennsylvania.....	222	Those Munyon Doctors.....	343
Circumcision.....	44	Toronto Insane Asylum.....	164
Chloroform and Illuminating Gas.....	313	Toronto's Academy of Medicine.....	166
Earnest Hart, M. B. C. S., D. C. L.	06	Transmission of Infectious Diseases by the Atmosphere.....	281
Embalming Fluids and Trials for Murder..	330	Ultra-Sabbatarianism.....	43
Fa'is, Fancies, Fruit.....	100	Union by the First Intention in Laparotomies	107
Formaldehyde Disinfection	279	Victorian District Nurses.....	56
Intestinal Obstruction	277	Yellow Fever in Jamaica.....	38
Iodine in Treatment—Choice Between the Iodide of Potassium and the Iodide of Sodium	163		
Joseph O'Dwyer, M. D.	173	GYNÆCOLOGY AND OBSTETRICS.	
Medical Council Elections.....	287	Asepsis and Antisepsis.....	144
Medical Eleemosynary Institutions.....	41	Massage in the Various Diseases of the Female Genital Organ.....	145
Medical Orders for the Army of Invasion....	286	Melancholia Associated with Pathological Conditions of the Female Genital Organs.	143
Medico-Legal Aspects of Embalming Fluid..	94	Treatment of Incoercible Vomiting of Pregnancy.....	143
Newspaper Publicity	234	Valvo-Vaginitis in Children	143
Of Passing Interest.....	45		
On the Instability of Doctrinal Pathology...	102	ILLUSTRATIONS.	
Physical Training in the Public Schools	233	Institution for the Deaf and Dumb, Belleville, Ont.—	
Professor, Forsooth!	218	Officers, Teachers and Pupils	87
Publicity in Criminal Trials.....	93	Convention of Graduates	50
Report of the Registrar-General of Ontario for 1896	34	Ontario Institution for the Blind—	
Rockwood Hospital for the Insane, Kingston Secret, Proprietary and Trade-Marked Medicinal Preparations.....	212	Main Building.....	26
Some Shortcomings in School-Houses and the Remedy.....	331	Principal's House	23
Substitution	220	The Willow-Work Shop	30
Survival of the Fittest.....	200	Rockwood Hospital for Insane, Kingston...	217
The American Medical Association, Denver Meeting, June 7th, 1893	285	Views of Asylum for Insane, Toronto.....	165
The American Railway Surgeons' Association	287		
The Army Surgeon	341	ITEMS OF INTEREST.	
The City of Toronto Should Not Encourage Contract Practice	159	Aboriginal Gratitude	354
The Deaf Mutes of Ontario	99	"A Brief for the Cigarette"	205
The Emergency Branch of the Toronto General Hospital.....	172	Duchenne	105
The Ethics of Medical Writing	222	Keats	104
"The Habitant".....	171	The Water Drinking Habit	352
The Influence of Medical Missionaries in China.....	207		
The International Association of Railroad Surgeons.....	342	MEDICINE.	
The Medical Treatment of Appendicitis	215	The Local Treatment of Painful Ulcerations by Orthoform, with Special Reference to the Upper Air Passages	138
The Medical Treatment of Inebriety.....	232		
The Microbe of Rheumatism.....	102	MEDICO-ELEEMOSYNARY INSTITUTIONS.	
The New Theory of Sex Determining.....	93	Ontario Institution for the Deaf and Dumb.	85
The Ontario Medical Association.....	223, 335		
		OBITUARY.	
		Dr. James H. Burns	47
		Dr. J. H. Gardiner	47

ORIGINAL CONTRIBUTIONS.		PAGE	PAGE
A Clinical Case of Interest. By R. J. Matthews, M.D., Toronto.....	07	Formaldehyde as a Preservative of Milk....	327
A Machine for Manufacturing Plaster-of-Paris Bandages. By H. P. H. Galloway, M.D.	185	Mental Suggestion	205
A Political Aspect of Mental Disease. By Ezra Hurlburt Stafford, M.B.	12	Peroin, a Substitute for Morphine.....	204
Brief Notes on Inflammatory, Cystic and Degenerative Disease of the Testicle. By Thomas H. Manley, M.D.	17	Strontium and its Salts. By Alexander B. Briggs, M.D.	81
California as a Tourists' Resort. By John Hunter, M.D.	240	Tannoform	147
Conservatism in the Treatment of Tumors—Preliminary Observations. By Thomas H. Manley, M.D.	127	The Revision of the British Pharmacopœia .	324
Dulce est Desipere in Loco (Poem)	22	PROCEEDINGS OF SOCIETIES.	
Hip Disease—A Clinical Lecture. By B. E. McKenzie, B.A., M.D.	301	The American Medical Association : Section on Materia Medica and Therapeutics....	205
How to Hypnotize. By Sydney Flower, LL.D.	252	The International Association of Railway Surgeons, 1893 ..	203
Instructive Statistics. By J. J. Cassidy, M.D.	307	Toronto Clinical Society.....	323
Ontario Institution for the Education of the Blind	25	Toronto Medical Society.....	202
Perversion. By Ezra Hurlburt Stafford, M.B.	179	Trinity Medical Alumni Association.....	275
Pulmonary and Other Internal Hemorrhage. By Alexander McPhedran, M.B. ...	237	PUBLIC HEALTH AND HYGIENE.	
Recurrent Fugitive Swellings of the Eyelids. By James M. MacCallum, B.A., M.D.	63	Monthly Report of Deaths from Contagious Diseases in Ontario. By P. H. Bryce, M.A., M.D.	32, 150, 274
Report of an Operation for Relief of Complete Procidemia of the Uterus and Bladder. By H. O. Walker, M.D., Detroit, Mich.	63	Regular Meeting of State Board of Health, Lansing, April 8, 1893 .	271
Some Cases of Colored Vision. By James MacCallum, B.A., M.D.	121	The Provincial Board of Health.....	150, 207
Some Remarks on Mechanico-Therapeutics. F. J. J. McGillicuddy, M.D.	244	SELECTED ARTICLES.	
The Bearing of Pathological Processes on the Therapy of Morbid Processes Along the Genito-Urinary Tract in the Male. By Thomas H. Manley, M.D.	313	Diphtheria and Scarlet Fever: Their Restriction and Prevention from the Physician's Standpoint.....	197
The Obstetric Binder. By W. J. Wilson, M.D.	311	How Thinking is Done	317
The Orthopedic Aspect of Diseases of the Nervous System. No. 2. Spastic Paralysis, etc. By B. E. McKenzie, B.A., M.D., and H. P. H. Galloway, M.D.	1	Influence of Drug Impressions—A Study in Medical Empiricism.....	193
The Systematic and Continuous Use of Art in all Cases and Stages of Labor. By John Hunter, M.D.	124	Neurotic Dysmenorrhœa.....	59
The Treatment of Inebriety. By A. M. Rosebrugh, M.D.	237	Physicians and Apothecaries in Puritan New England	133
PHARMACOLOGY AND THERAPEUTICS.		Some of the Dangers Surrounding the Dairy The Active Principles of Plants in Medical Practice	320 129
Clinical Notes on a Case of Hydrocephalus.	140	The Financial Aspect of Medicine.....	189
Formaldehyde. By O. Hasencamp, M.D., Toledo, Ohio	78	SURGERY.	
		New Dressing for Granulating Wounds....	75
		Proposed New Nomenclature for Operations on the Alimentary Canal	71
		Remarks on Rectal Surgery.....	256
		Some Typical Forms of Curvature of the Spine.....	73
		SURGICAL PATHOLOGY.	
		A Few Brief Notes on the Morbid Anatomy or Essential Elements of True Tumors....	262
		On the Pathologic Anatomy of Traumatic Hernia. By Thomas H. Manley, M.D.	70
		The Practice of Evisceration in Abdominal Surgery and Shock—An Experimental and Clinical Study	250

The Canadian Journal of Medicine and Surgery

A JOURNAL PUBLISHED MONTHLY IN THE INTEREST OF
MEDICINE AND SURGERY

VOL. III.

TORONTO, JANUARY, 1898.

NO. 1.

Original Contributions.

THE ORTHOPEDIC ASPECT OF DISEASE OF THE NERVOUS SYSTEM. No. 2 SPASTIC PARALYSIS, Etc.

BY B. E. M'KENZIE, B.A., M.D.,

Orthopedic Surgeon, Hospital for Sick Children, Toronto; Assistant Professor of Surgery (in charge of Orthopedic Surgery), Ontario Medical College for Women;

AND

H. P. H. GALLOWAY, M.D.,

Orthopedic Surgeon, Toronto Western Hospital.

THE advice of the orthopedic surgeon is very frequently sought in that distressing class of cases which commonly pass under the name spastic paralysis. The characteristic feature of spastic paralysis is a spasmodic condition of certain muscles or groups of muscles, and the degree in which this feature may be manifested varies within widely separated limits. In most cases the condition is congenital, and is frequently associated with a history of difficult childbirth, or with some traumatism occurring to the mother during her pregnancy. The following is a common experience: A mother seeks advice concerning her child, complaining that the child walks imperfectly, or has never walked, or perhaps has never even stood alone. A very brief examination is often sufficient to reveal the fact that the child is deficient mentally; but unless the intelligence is manifestly far below the average the parents will be slow to admit any lack of mental development. In most cases, however, close questioning will elicit the information that the child is backward, was slow in learning to talk, was uncleanly in its habits until an unusually late period, or is irritable or capricious. In many cases, however, the child is normal intellectually. On examination, the feet are commonly found in the equinus position, the heels being drawn up by the spasm of the powerful muscles of the calf; added to the equinus

there may be a varus, or valgus with pronation, making the deformity that of club-foot or of flat-foot, according as the spasm affects more powerfully the tibial muscles or the peronei. There may be club-foot on one side and flat-foot on the other. The adductor muscles almost invariably show evidence of marked spasm, so that the knees are kept closely approximated and can be separated only gradually and by the exercise of considerable force. A spastic condition of the hamstrings will probably also be observed, causing more or less flexion of the leg upon the thigh. The child's efforts to stand and walk present a striking picture. Being unable to get the heel down, he stands upon the toes and anterior part of the foot, the knees are bent somewhat by the flexors of the leg, and the spasm of the adductors causes knock-knee, or may even cross the legs giving rise to cross-legged progression. Any effort to use the affected limbs causes an increase of the spasm, and while the contraction may be temporarily overcome by manual manipulation, or by the use of apparatus, it returns instantly as soon as the opposing force is removed. This is specially evident in the case of the adductors; by gentle continuous effort the surgeon may separate the patient's thighs, but the moment the pressure is removed they spring together again, unless the patient has trained his adductors to hold the knees apart by strong voluntary effort. In many cases the muscular spasm produces constant rigidity of the affected extremities, in others there are exacerbations of spasm, or spasm and relaxation may alternate, so that the extremities twitch and jerk uncontrollably, causing the patient much discomfort and even distress. While the lower extremities are most commonly and most severely affected, the upper extremities often participate, and it is not at all unusual for both legs and one arm to be involved, the other arm remaining quite under the patient's control and being capable of performing manipulations requiring fine muscular co-ordination. The muscles of the trunk and face also may manifest the spastic condition.

As a rule the patients are very nervous and sensitive, and any excitement or agitation increases their disability by augmenting the spasm.

The most practical aspect of the subject is the therapeutic. It is well within the bounds of truth to say that a very large proportion of these cases are either left untreated or are treated inefficiently. Practitioners everywhere recognize the difficulty, not to say hopelessness, of treating many of the lesions of the central nervous system, and knowing that poliomyelitis and spastic paralysis are due to an organic defect in the spinal cord or brain, the conclusion is too readily formed that the case is incurable and treatment useless. It is perfectly true that the lesions giving rise to poliomyelitis and to spastic paralysis are located in the central nervous system and cannot be greatly influenced by treatment of any kind; nevertheless, the effects of these lesions can be treated, and to a certain extent prevented, and often with a very

gratifying degree of success. In spastic paralysis a very considerable gain may sometimes be secured by corrective manipulation of the affected extremities, combined with massage and muscular training. "The patient may be trained to use the limbs better than he has been doing, just as a person who stutters can be improved by systematic and repeated exercises."⁽¹⁾ In patients who are able to walk the gait can certainly be improved by judicious and long-continued training in the use of the limbs in walking.

Clara G., aged thirteen years, was brought for consultation in June, 1892. Physically well developed but mental development imperfect, and the mental defect was plainly evident in the expression of the face. The adductors of thighs were strongly contracted and the child walked with the knees and thighs flexed and the femurs strongly adducted. Operation was advised but refused, and the patient was taken to other surgeons who advised against operation. Finally the patient was placed in our class in therapeutic gymnastics for three months, at the end of which time the effect of training was readily perceptible in a very marked improvement in the power and manner of walking. Operative treatment is required in many cases, and the results, while perhaps not brilliant, are certainly well worth the inconvenience and suffering imposed. If the feet are held in the equinus position by the spasmodic condition of the calf muscles, so that the patient is obliged to walk upon the toes, it will be admitted without argument that he will walk better if the heels be brought down so that he can bear weight upon the soles of the feet, and the locomotion of the patient will be correspondingly improved if the flexion of the knees and the powerful adduction of the thighs be also overcome. Operative treatment consists chiefly in the performance of tenotomy, fasciotomy and myotomy, usually followed by the use of such dressings or appliances as shall for a sufficient time maintain the parts in a position opposed to the deformity. To accomplish the greatest possible benefit the operation must be thorough and often extensive, and the open incision will sometimes be preferable to the subcutaneous. We have divided the tendo Achillis, the peronei, all the hamstrings, and



FIG. 1. SPASTIC PARALYSIS.
O. B., 9 years. Position assumed when trying to stand.

a large part of the adductors of both lower extremities at a single operation with benefit to the patient. It is a little difficult to explain satisfactorily just how the operation acts, but it is a clinical fact that a very marked improvement is frequently secured.

Mary M., aged twenty-nine years, first consulted us September 13th, 1896. Always delicate up to twenty years of age, but at time of consultation in body, intellect, affections, etc., seemed a strong woman. Both legs and right arm were markedly spastic, also some of the muscles of the trunk and neck. Adductors of thighs were strongly contracted, but she could voluntarily separate the knees somewhat. Hamstrings and peronei very spastic, causing flexion of knees and great pronation of the feet (flat foot). The slightest excitement, or the entry into the room of a stranger or new acquaintance would excite violent, uncontrollable contractions of the affected muscles, jerking the extremities and trunk in a manner which was distressing to onlookers as well as to the patient. She had never stood on her feet and could not use crutches. Massage and efforts at training, continued for three months, produced some degree of improvement, but not much. Mechanical appliances were then tried, but they were hardly applied before the spasmodic contractions of the muscles became so violent that they had to be removed. The patient and her friends were much opposed to operative treatment, but seeing the hopelessness of other methods, finally consented to observe the effect of an operation on the muscles of one foot. On December 30th, 1896, we divided the peronei, tendo Achillis and extensor longus digitorum of right lower extremity and put the foot in the varus position in a plaster of paris dressing. The dressing was removed in three weeks, and the improved position, together with the relief from spasm, were so marked that she very readily consented to further surgical treatment. She preferred to have one group of muscles dealt with at a time so that the operative treatment was spread over several months. The muscles or their tendons divided included a large portion of the adductors, all the hamstrings, the peronei and tendo Achillis on both sides; the sartorius on one side; the extensor longus digitorum on one side, and the flexor tendons of several of the toes on both sides. Improvement followed each operation, and although the long confinement and repeated operations told somewhat upon her general condition she improved readily after returning to her home in the country. At home her friends persevered faithfully in efforts at training according to instructions given them. We saw her again on September 11th, 1897, at which time the violent spasmodic contractions, which were one of the most distressing features of her case, had practically disappeared. About a month ago (November 28th, 1897) her brother reported that she was steadily improving, could walk a few steps by his simply supporting one of her arms, and that she intended soon to return to Toronto to see what could be done by surgical treatment for the affected arm.

Some authors state that there is less tendency to a reappearance of the deformity than after the correction by similar means of the deformities resulting from infantile paralysis; and while this is probably true, it does not follow that relapse need not be guarded against. Our experience clearly indicates that the greatest degree of benefit can be obtained only by following up the operation with mechanical apparatus designed to maintain the corrected position, or to assist in locomotion, or both. Besides the operative means above mentioned, arthrodesis is an available surgical procedure in some cases. In connection with the subject of treatment the importance of the mental training of these children must not be overlooked. Parents have repeatedly told us that they had been advised not to encourage the mental development of the afflicted child, and so have refrained from making any special efforts at teaching. Such advice is in the highest degree irrational and pernicious. Many of these children are more or less defective mentally, and it is of the greatest importance to secure by exercise and systematic training the highest possible development of such mental power as they do possess; and there is no lack of proof that efforts intelligently exercised in that direction are capable of accomplishing much good. So true is this that we are strongly of the opinion that it is the duty of the State to provide properly equipped institutions that will supply to these and kindred unfortunates the special training they require, the advantage of which over ordinary school teaching is beyond question. In the absence of such State provision, a parent or other instructor who intelligently grasps the necessities of the case, and who recognizes the principle of development by exercise, can do much to render the future of these unfortunate children less of a burden to themselves and more tolerable to their friends.

At first glance some surprise is apt to be felt at the suggestion that such affections of the nervous system as neuralgia, hysteria, chorea and laryngismus stridulus have any connection with orthopedic surgery, yet the specialist in this department of practice is brought into contact with them all. Neuralgia is met with as metatarsalgia, erythromelalgia, sciatica, and neuralgia of the spinal nerves. Metatarsalgia (Morton's painful affection of the foot) is an exceedingly painful affection of the plantar digital nerves, the pain being usually spasmodic in character, and sometimes dating from some injury or over-exertion. The exciting cause is often the wearing of ill-fitting shoes. Its characteristic feature is excessive tenderness of one or more of the metatarso-phalangeal articulations, most frequently the fourth, and is best detected by pinching the affected joint between the thumb and finger. Some of the milder cases yield to massage combined with the wearing of suitable boots, but if at all severe operative treatment, usually partial excision of the tender articulation will be called for.

Erythromelalgia, described by Weir Mitchell, is characterized

by burning pain in the soles of the feet, the skin of which shows congested patches of a dull, dusky red or purple color. Occasionally it affects the hands. Owing to the extreme tenderness of the feet, walking is difficult or impossible, and it is this that causes the patient to seek the orthopedic surgeon's advice.

Persons suffering from sciatic neuralgia sometimes present themselves, under the impression that they are afflicted with hip disease or spinal disease. It may be remarked, however, that the error of mistaking disease of the hip or spine for sciatica occurs much more frequently.

Neuralgia of the spinal nerves is met with chiefly as a manifes-

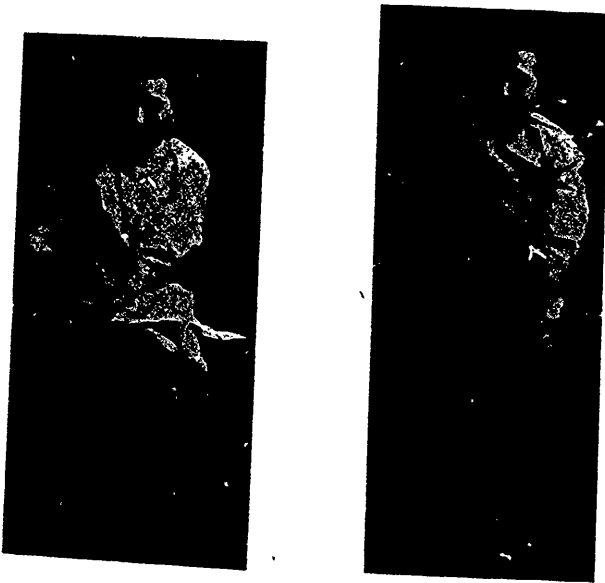


FIG. 2. SPASTIC PARALYSIS.
C. B., 13 years. Unable to stand; mentally defective.

tation of Pott's disease, and disappears with gratifying certainty when efficient fixation is secured for the spine. In some cases of lateral curvature of the spine, neuralgia is a symptom more or less prominent.

Hysteria, in the form of hysterical joints and imaginary affections of the spine, is no more welcome in orthopedic practice than elsewhere, and may mislead the unwary. Familiarity with the multi-form phases of hysteria as it is met with in general practice, is fully appreciated by the practitioner who has had such experience when he comes to deal with these cases, and may save him from humiliating errors in diagnosis. As to treatment, the same

tact and patience are required, and the same general principles must be followed, as in dealing with other hysterical manifestations.

In another paper⁽²⁾ the writers have dealt with the relation of chorea to orthopedic treatment. Successful orthopedic work requires the application of therapeutic gymnastics to a large number of conditions, and the value of this means of treating cases of chorea which have reached a sub-acute or chronic condition, and have ceased to improve under other treatment, is well established. In cases of chronic chorea "the central nervous system has acquired an ataxic habit which demands its re-education, so that the impulses sent out may be subject to the will, and be made to affect only the group of muscles intended to act in harmony for the accomplishment of a desired end. The effort to make movements in harmony with those of others whose circumstances bring them into a sympathetic relation with the patient, the influence of example, and the force of the kindly but positive word of command given by the instructor, afford the needful aid and stimulus to accomplish the desired result."⁽²⁾

Laryngismus stridulus is occasionally encountered as one of the manifestations of rhacitis, the latter disease furnishing much orthopedic material.

Patients suffering from locomotor ataxia sometimes apply for treatment. They come in the early stage of the complaint, before a diagnosis has been made, under the impression that they are suffering from some weakness or lameness requiring orthopedic management. The only special treatment likely to prove of service is suspension and systematic training, one or both, and good results from the employment of these resources have been reported. These patients may also seek help at a later stage of the malady because of the development of a spinal arthropathy affecting the knee or one of the other large joints, this condition being commonly called Charcot's joint disease. Mechanical treatment designed to give the affected joint protection and functional rest may be of benefit. At the present time we have under observation a case of Charcot's disease affecting the knee, which we first saw about a year ago. The patient presented unmistakable symptoms of locomotor ataxia. Locally, the knee was enormously swollen and of little use, and coarse grating was easily detected when the joint was moved. Under mechanical treatment the swelling soon subsided very greatly and the patient was rendered much more comfortable. In this case, however, there was a history of syphilis, and the coincident constitutional treatment may have had much to do with the favorable result.

The arthropathy of syringomyelia may also bring this rare disease under observation; or the victim of this disease may seek advice because of the altered sensibility and muscular atrophy which accompany it, or on account of a coincident lateral curvature of the spine, which Howard Marsh states has been observed in nearly half the cases of syringomyelia.⁽³⁾

Hereditary ataxia (Friedreich's disease) is an extremely rare affection usually developing in childhood, at puberty or in early manhood, and resembling locomotor ataxia; but the lightning pains of the early stage of locomotor ataxia are absent, and there are no marked crises. Moreover, in hereditary ataxia the upper extremities are involved earlier and more severely than in locomotor ataxia. Its interference with locomotion, and the deformity known as contracted foot, to which it may give rise, may bring it into relation with orthopedic practice.

Pseudo-hypertrophic muscular paralysis is a chronic progressive affection characterized by a diminution or loss of the power of certain muscles, together with an increase in their size; coincidentally there is diminution in the size of other muscles. The muscles of the calf are among those which are most frequently found enlarged. (Fig. 3.) In both the enlarged and diminished muscles there is an atrophy of muscular elements, but in the former there is also an abnormal deposition of fat, with hypertrophy of the connective tissue. The disease nearly always develops during childhood, and the influence of heredity may often be traced. It first manifests itself by muscular feebleness. The patient walks with a peculiar waddle, because, in order to compensate for loss of muscular power, he throws the centre of gravity of the body over each leg in turn as it supports the body weight. The weakness of the glutei and of the muscles of the back causes a marked lordosis of the lumbar spine in standing; while in kneeling on the hands and knees there is a characteristic sagging of the back, causing a saddle-shaped depression. There may be associated mental enfeeblement. In time deformities appear; owing to distortion of the joints from contracture of some of the muscles, there may be talipes equinus, flexion of the knees and thighs, lateral curvature of the spine, etc. Here again the intelligent application of therapeutic gymnastics and massage may do much to improve the nutrition of the affected muscles and retard the progress of the disease; mechanical treatment may prevent contractures; and a combination of operative and mechanical treatment may do much to correct deformity that has occurred and thus make the condition of the patient more comfortable.

"The stimulation of the muscles by electricity has been employed and advocated, but, however sedulously employed, I have never seen distinct effects from the use of either faradism or voltaism. Indeed, we have no facts whatever to justify the expectation that any form of electricity, that could be applied to the muscles, would influence the interstitial growth of fibrous tissue, or that any electrical stimulation of the fibres can save them from the destructive influence of the compression they endure. It must be remembered, moreover, that electricity is a very feeble agent in stimulating muscular fibres to growth compared with the physiological stimulus of voluntary effort. Muscular exercise does seem to have some influence in retarding the failure of power. It

may, perhaps, cause some growth, or increased capacity for contraction, in the muscular fibres that have not yet suffered. It is possible also, that it may, to some extent, divert the trophic energy from the interstitial tissue, since cessation of muscular exercise is certainly followed by quicker failure of strength. Hence it is desirable that the patient should carry out carefully planned gymnastic exercises, so arranged as to call into action the muscles that most need help. These thoroughly persevered in, have seemed, more than any other means, to retard the disease. But they have not in any case arrested it. Rubbing and massage are useful, combined with passive movements, in lessening the tendency to mus-

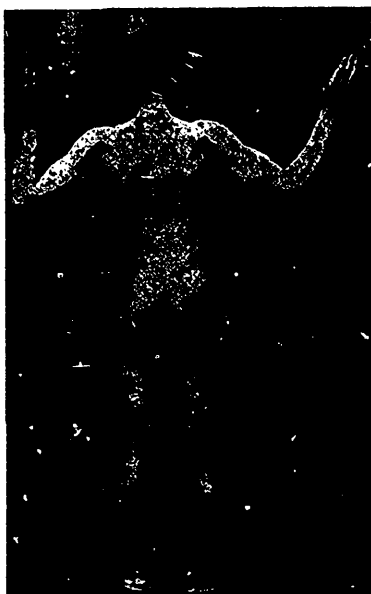


FIG. 3. PSEUDO-HYPERTROPHIC MUSCULAR PARALYSIS.

E. B. S., 26 years.

cular contraction and consequent deformities. The influence of muscular exercise renders it very important to keep the patient on his legs as long as possible. The ability to stand and walk is generally lost, through the contraction of the calf muscles, some time before the muscular weakness would take the patient off his feet. In such cases tenotomy may restore the power of walking for some years, and when contraction returns, its removal has, a second time, set the patient on his feet again. The operation is thus distinctly beneficial." (4)

Progressive muscular atrophy is a chronic progressive affection characterized by a wasting of the voluntary muscles. It is exceed-

ingly insidious, and usually begins in the muscles of the hand or in the shoulder muscles. From the part first affected the disease spreads, and usually early involves the muscles of the back. The lower extremities are affected less commonly, and usually to a slighter degree, but occasionally the disease first manifests itself in the legs, and is more marked in them than elsewhere. The face is rarely attacked. Deformities may come on as in cases of paralysis from the unopposed action of healthy muscles, and it is because of these results as well as from inability to walk owing to the weakness of the limbs and loss of power to hold the head and spine erect, that the unfortunate patient applies to the orthopedic surgeon. Mechanical treatment, massage, etc., will do not a little in certain cases to remove from a disease that is incurable some of its distressing effects.

Obstetrical paralysis affecting the arm may, according to the severity of the case, require treatment by massage and training, or by operation designed to produce ankylosis of the shoulder, or it may even demand amputation. Training will be useful in proportion to the limited extent of the lesion.

Torticollis may be a manifestation of some central nervous lesion, and while the cause cannot be removed, operative treatment of the affected muscles, followed by prolonged fixation in an over-corrected position, and the subsequent employment of massage and wisely-directed gymnastics will often secure very marked improvement.

Dupuytreu's contraction of the palmar fascia is believed by some authorities to be a neuropathic affection,⁽⁶⁾ a view with which the writers are in accord. We are also of opinion that the corresponding condition of the plantar fascia, to which the name "contracted foot" may be applied, must also in many cases have its pathological basis in the nervous system. Both of these affections are susceptible of great benefit from operative and mechanical treatment.

Cases of unilateral hypertrophy or of unilateral atrophy are probably, in some instances at least, due to neuropathic disturbance. Bradford and Lovett suggest that certain of these cases are the result of a slight former hemiplegia, which has manifested itself chiefly in retarding the growth of the affected side without any distinct loss of motor power. In support of the theory they instance a case where the right side of the body was distinctly behind the left in growth, but the left side of the head was smaller than the right side—a relation suggesting the existence of some lesion of the trophic centres in the left cerebral hemisphere.⁽⁵⁾

Cerebral traumatism may give rise to effects that may advantageously be submitted to surgical treatment, accompanied, if necessary, by the use of apparatus. At the present time the writers have under observation a boy, seventeen years of age, who, when a child was injured in a most peculiar way. While running with a sharp stick in his hand he stumbled and fell; the stick

entered his mouth, passed through the palate and penetrated into the cranial cavity. After a severe illness he recovered with paralysis of the right leg and arm, and some involvement of the muscles of both sides of the face. The leg was not so badly disabled but that he could get about pretty rapidly and comfortably, but the right hand was almost useless, being small and strongly flexed. It was thought that if the wrist-drop could be overcome and the hand brought into line with the arm it would at least present a less objectionable appearance, be less in the way, and might possibly be more useful in the few manipulations which such a disabled member was capable of, for example, holding a sheet of paper on the desk while writing with the other hand. With this in view we operated with the object of producing ankylosis in a straight position at the wrist joint. Unfortunately some sloughing followed the operation, also slight necrosis of portions of the carpus; but in spite of these unfortunate circumstances we have reason to believe that no small gain will be secured by the operation, although as the patient is still under treatment it is too early to pronounce final judgment upon it.

Cerebral and spinal tumors, retarded mental development and all degrees of mental defect to complete idiocy, diphtheritic paralysis, the paralysis of Pott's disease, neuritis, trophic disturbances due to injuries, railway spine—these may be simply mentioned as affections of the nervous system which are met with in orthopedic practice because of deformity, muscular weakness, or interference with locomotion of which they may be the cause, or on account of the need of therapeutic resources which are not at the command of everyone engaged in general practice.

BIBLIOGRAPHY.

1. *Orthopedic Surgery*. Bradford & Lovett, 1890. Page 595.
2. *Chorea: Treatment by Training*. By B. E. McKenzie, B.A., M.D., and H. P. H. Galloway, M.D. CANADIAN JOURNAL OF MEDICINE AND SURGERY, March, 1897.
3. *Diseases of Joints and Spine*. Howard Marsh.
4. *Diseases of the Nervous System*. Gowers, 1886. Vol. I., p. 401.
5. *Orthopedic Surgery*. Bradford & Lovett, 1890. Page 714.
6. Robert Abbe. Trans. N. Y. Academy of Medicine, Vol. X.

12 Bloor Street East, Toronto.

Dr. A. A. Macdonald, of Simcoe Street, Toronto, will oppose Dr. Spence in the approaching election to fill the vacancy in the Ontario Medical Council caused by the death of Dr. Jas. Burns.

A POLITICAL ASPECT OF MENTAL DISEASE.

BY EZRA HURLBURT STAFFORD, M.B.

First Assistant Physician, Asylum for Insane, Toronto.

MUCH of what now seems utterly incredible in history was without doubt due to mental disease: either endemic, as when whole races have been known to have become insane upon some one point, often a religious one; or in isolated cases, when the mental derangement was confined to a particular person, and that person one who, by reason of the great power and authority vested in him, was able, while laboring under delusion, to precipitate the greatest calamities without opposition. Reflection upon this matter serves to bring out the preposterous risks entailed in anything like individual rule, where the welfare of large numbers of people depends to a great extent upon the clearness of one person's reasoning faculties.

In occidental civilizations, where the growing tendency is to regard the man as a unit of the State, the following reflections will be received in far greater seriousness than in a civilization where the vast mass of the population is regarded in no other light than as a bulky and extraneous appendage of the State.

It is well betimes to go back to the words of Pascal. "Cromwell," he says in the *Pensees*, "was about to ravage all Christendom; the royal family was lost, and his own 'ever powerful, had it not been for a grain of sand that got into his ureter. Rome even was about to tremble under him; but this little gravel having got there, he died, his family was abased, peace restored, and the king re-established."

The beginning of wars, the fall of dynasties and the decline of empires may often be traced to such trifles. And though leading to results so momentous, they seem to have been usually disregarded, and often overlooked, because they were in themselves so trivial; or possibly, because in the past the physician, who could best understand the inward circumstances of the matter, was for the most part a timid family servant, and his sphere being more or less domestic, and his authority not extending beyond the bed-chamber, he would have brought forward the real solution to the perplexing case in point at very great peril to his ears. It was very uncomfortable to sit in the stocks, and would have interfered somewhat, I fancy with practice.

Meanwhile courts retained their arrogance, and governments their dignity. It must seem, however, that as long as governments are in the hands of single, or even small groups of individuals subject to physiological laws, that this pomp and dignity which is so familiar to all, must partake somewhat of the spectacular dignity of a baloon. A baloon is very dignified.

Nicolo Machiavelli assumes, I think, that the viscera of the Prince are normal. But then Machiavelli was not a physician. It is important at all events that those in great authority should enjoy sound health—partly for their own sake. Perhaps it is better that a ruler should not suffer from dyspepsia. This affection sometimes affects the mental lucidity of common people, and possibly it might hamper the intellectual workings of a ruler as well. There are other derangements also. For instance, it is unfortunate when a ruler happens to be an epileptic. But it has not been the custom, I believe, to subject persons who bear great responsibilities of State to a medical examination such as applicants for thousand dollar insurance policies usually undergo. Writers on constitutional history have ignored this question. But then a thousand dollar insurance policy is a very important thing.

Emotion in a general sense belongs to the study of metaphysics. It is only when one particular emotion occurs in the life of a ruler that it becomes historical. History is in great part an enumeration of the emotions of so-called great men and what those emotions lead to. The inhibitory power is strong in health. In disease, when the glandular secretions are diminished or perverted, and the whole system is suffering from toxic irritation or exhaustion, the inhibitory power becomes very feeble sometimes, and the emotions have very free play. Where the exact line is, it would be very hard to say, but there necessarily is a line beyond which the play of the emotions may be said to constitute a more or less serious form of insanity. In disease, also, a certain perversion, and at other times an actual torpidity of the mental powers ensues, which might also be designated as a form of insanity.

The court physicians of Babylon, though Assyria was a pastoral country too, were not familiar with thyroid feeding, and it would seem that animal extracts of the sheep were altogether unknown at that time. Possibly Nebuchadnezzar might have been benefited by such a course of medication had it been thought of. Also the condition of the Hebrew king of a somewhat earlier period might (or might not) have been such as to indicate small doses of the same. Another plan of treatment appears to have been adopted in his case, and whether wisely or not it is difficult to say with any assurance at this rather remote day. David did not very long survive the occasion referred to, and no further mention is made of the young lady. Certainly in the case of King Lear, at a much later epoch, we know that "mild restraint" was attempted, just as it is attempted in similar cases to-day, but the best clinical authority upon Lear's malady would seem to imply that mild restraint in his case was not all that was to be desired. For that matter with kings it may even fail to-day, as one may infer from a notable instance in the house of Hohenzollern.

The emotions of history, as of literature, are very rarely what in the light of psychiatry would be called normal. In a ruler the attributes of madness and of greatness were for many centuries in

the popular mind interchangeable qualities. There is still some confusion upon this point.

Two physiological phenomena are officially recognized by legal authorities. Parturition is one, and the other is dissolution. Legal authorities have not, in the official capacity, extended their researches in the interesting study of physiology any further. Possibly these two are the most important phenomena. Certainly they are often of considerable political interest. Nevertheless it is that peculiar grand way of ignoring sundry other physiological phenomena, sometimes observed in the great as well as in the vulgar mob, that often renders the dignity of a great and glorious nation the dignity of a balloon. The progressive change in paralytic dementia are not very rapid, and when the ruler of a great empire has the misfortune to be stricken with this disease, he can, if reasonably active, do much towards ruining the nation under his care before the final stages of the disease bring his career to a termination. In such cases the court physician, whose rank is that of a body servant, may possibly recognize the state of affairs, but there is no official recognition of the fact. The king's own advisers, if they are wise, do not recognize it. As for the physician, he has probably observed the interesting phenomenon before, and by holding his place in the service of the royal household, which greatly depends upon his first holding his tongue, he may live to recognize it again.

For the wise physician is especially reserved that which has from time immemorial been considered to be golden—namely, silence. He is supposed to be inarticulate. Indeed, volubility in him is a species of insubordination. Musa, the physician of Augustus Caesar, saw a good many rather interesting things, but he is said to have been a silent man. To make the practice of medicine really profitable it behooves the physician to be of a silent habit. The vulgar usually confuse this with erudition. The prudent physician, however, never confuses his practice with it.

But though in the past a feeling of discretion, which especially befits one of very slight prestige, may have restrained the medical representative, even at junctures when the temptation to have spoken must have been very great; the rapidly altering social conditions of the present epoch must sooner or later enlarge the functions of the medical profession and possibly even endow it with some of that arbitrary power in public as well as in domestic affairs, which was for centuries enjoyed by the ecclesiastic.

From the body-servant and bedroom autocrat of a former day may possibly be evolved, as the social conditions referred to more and more strenuously require it, a functionary of even greater than sacerdotal authority.

The ecclesiastic of to-day is a very composite character, with perhaps more of the pedagogue than the seer, and more of the improving entertainer than the guide, philosopher and friend; and in the nature of events he must ultimately be relegated, as poets

and artists have been, to the world of sentiment and æsthetics. For the sacerdotal office must of necessity undergo modification as the habits and the propensities of the race gradually alter with widely altering conditions. Dogmatic theology sufficed during one phase of human development. The gospel of physiology is in reality, if not in name, the accepted religion of the present.

In the hands of the true physician the whole distorted fabric of domestic life, partly traditional, partly accidental, mostly artificial and, in some instances, altogether unnatural, could (with due reverence) be separated into its component parts, and carefully reëdjusted in accordance with natural law, which is, after all, the only law which never changes, and is always consistent. Especially does some bold step seem necessary at a time when the manifold signs of degeneration in the race have become so conspicuous, and when the physiological relationships of human society are being so viciously perverted from their natural channels, and practical Malthusianism become so common a domestic accomplishment.

True, one hears the noise of the novelists, French, Russian and female, but they do not speak *cum auctoritate*. The perplexing problem of sex is not a literary nor a theological question, but a medical one entirely, and one very closely connected with the interests of the State. A posterity of degenerates, criminal or insane as the accident may turn, is not to be desired. Yet much of the racial degeneration, of which recent alarmists stand so greatly in awe, is certainly due to mistaken views upon these very matters. The last stage of Tradition is the utterly grotesque! But this *en passant*.

A certain number of lunatics have always been found in positions of great authority. Who can count the mad kings, the mad queens and the mad statesmen? From the processes of disease none enjoy immunity. The greatest autocrats have been observed to be subject to tuberculosis and *lues venerea* and insanity. Tissue is tissue, and weak and diseased tissue is simply weak and diseased tissue. There have been times when a century of time might have been saved to the world, untold wealth and myriad lives if the world could have recognized this apparently simple fact. Generations of flabby indolence and vicious dissipation have not been found to be the best substructure for the highest types of our species. The last of such a line is merely an irresponsible victim, but a nation's welfare is (by the nation) considered of greater importance than a family's pride.

One of the most interesting madhouses in the world, from the standpoint of the alienist, is the Senate of a certain Government. All Upper Houses seem to partake in a greater or lesser degree of this quality. Senile dementia is the form of mental derangement (or rather decay) which preponderates, though *folie des grands*, or megalomania, is often observed. The Senate, awful parallel, is formed by the same law as many valuable scientific discoveries are made—by the law of exclusion. Where a multitude

of all sorts and conditions of men form a political body, it necessarily follows that in the course of years many of those who have enjoyed very respectable reputations, and have done great service to their confreres (and possibly even to the State at large) should slowly cease to be very useful. When the softening process mellows down to an unmistakable senility, the individual is usually elevated to the Senate Chamber. The Senate is the dement's Valhalla. The dement does not live in the present. He chews a cud of anachronisms, and like other ruminants enjoys for a second time, in the twilight of his honored age, the fodder which delighted him in his pubescent morn. The spectacle is comfortable and pathetic. There is something inexpressibly moving in the slow and unexpectedly actions of an Upper House. A still and brooding wonder. A whispering gloom and pensive melancholy. A helpless tendency to wheezing and expectoration. A rhetorical partiality to tautology, and withal that habit of interfering in affairs of gravity, peculiar to the mentally collapsed. Possibly it would be considered indecent to disturb that which is already moribund, but the burden is great, and any idea of decency is only traditional, and not under any possibility scientific.

Even Cabinets are not exempt from examples of mental decay. A kinsman of a certain General who had once played a rôle highly satisfactory to himself in a certain domestic war, or brawl, when at an advanced age entered the Cabinet of a great Republic. It was at a very critical moment in the nation's career. I fancy he must have attended a great many dinners where the refreshments were of a fiery nature, and the after-dinner speaking in harmony with the refreshments. I should fancy that this would tell upon a man eventually. A marked tendency upon the part of many cities also to call streets after one must have a bewildering and unsteady effect upon the higher nerve centres.

A man in this condition is hardly fitted to address personally a great power, which assumes that the nation which he represents is responsible for all that he says. There is great need of a privileged physician here. The seat of the jingo diathesis is obscure, but the worst outbreaks of this obsession point to careful medication—and rest. An incident of this sort sometimes affords an excellent criterion moreover by which the impassive observer may gauge the general sanity of the race in question, for all those of the race who have any susceptibility to the same unfortunate malady become, at the sight of such a spectacle, instantly enkindled with the same delusion and the same obsession, so that such a man may lay claim justly to having awakened all the nascent insanity of his contemporaries, just as the senseless barking of one dog will start all the dogs of the vicinity to barking for hours. This is endemic insanity.

But to return to the central cause of the manifestation. A few ounces of gray nerve tissue in an old man's brain has become changed by the processes of decay or of acute disease. In his

helpless mental condition, and dazzled to frenzy by the glaring marsh lights of madness, the unhappy man becomes blindly frantic, and while his ears buzz with strange sounds, and his eyes blink with startling hallucinations, he bellows forth, with a maudering sense of inspiration, the words that insult and outrage a great power; upon which war, like a sudden thunder-cloud, breaks blackly across the heavens, amid the noise of the armies.

The impressiveness of the baloon, with all its weakness! It is the old story that runs all through history, and will as long as it is assumed that there is anything fixed and definite in the human machine. A bit of sappy protoplasm: assimilation, osmosis, metabolism and then decay!

"But this little gravel having got there, he died, his family was abased, peace restored and the king re-established."

BRIEF NOTES ON INFLAMMATORY, CYSTIC AND DEGENERATIVE DISEASE OF THE TESTICLE.

BY THOMAS H. MANLEY, M.D.,

Professor of Surgery, New York School of Clinical Medicine.

OF all the active, symmetric, secreting organs in the human being the testes are the only ones quite outside the body, a circumstance on which the principal causative factor of hernia in the male depends; and in consequence of this singular and inexplicable deviation from conservatism, in construction and development, and their exposed position, the testes are liable to injury and prone to pathologic changes.

Anatomic Features.—The testes maintain their suspended, pendulous position in the adult in consequence of their weight, on the end of a highly elastic ligament, known as the spermatic cord. Besides, they are more or less anchored in position by the gubernacular duplications of the fibrous vaginal tunics, which, also, are highly endowed with such remarkable, expansible properties as to permit the recession of the testes up to or into the inguinal canal.

The testicle is invested by muscle, aponeurotic cellular tissue, and a very peculiar type of integument, the scrotal pouch which is rich in smooth muscle fibre and elastic tissue.

The secreting structure of the testicles is a semi-solid, extremely friable, pulpy tissue, in color and consistence very much like that of the brain, which, when lacerated through an open wound, gives issue to a vascular, fungous mass, very much like hernia-cerebri.

The epithelial arrangement of the testes is very much like that of the ovary; its follicles are spacious, the epithelia stratified, cuboidal.

The relative amount of connective tissue here is very small, and hence its close, gross resemblance to medullary tissue.

It is, therefore, apparent that though the testicle is an exposed organ, its elastic constituents and its tendency to retraction up to, or into the inguinal canal often safeguard it against the effects of violence.

The epididymis is a tubular retention *depot* for the semen, being less vascular, but a denser structure than the testicle.

Inflammatory Lesions of the Testicle.—Inflammations of the testes are: *traumatic*, or *constitutional*, *simple* or *specific*, *acute* or *chronic*; besides suppurative, cystic, degenerative and other types dependent on peculiar constitutional conditions, malignancy, etc.

One rather striking clinical feature peculiar to nearly every type of orchitic inflammation is, that it is rarely that more than one testicle is involved, and that one, in the preponderance of cases, the right.

Traumatic Inflammation, peri-orchitic, vaginal or serous, is by no means uncommon.

It is true that in most cases, where one comes to us complaining of inflamed testicle from a "strain," gonorrhœal infection is at the bottom of it; but, nevertheless, there is a considerable number in which violence is the only etiological factor.

The pathologic peculiarities about this type are, that it seldom advances beyond the stage of parenchymatous turgescence, the testicle is swollen somewhat, but devoid of the dry, hot feel of infectious inflammation; the epididymis is free and there is evidence of effusion within the vaginal pouch. Almost invariably in these cases we will have evidence of infiltration and extension along the *whole length of the spermatic cord*, often the tenderness most marked within the inguinal canal, where intumescence of the vascular element of the cord is restrained by the resisting fibrous walls of this passage.

Very commonly the patient is strongly impressed with a belief that he is ruptured.

While this condition remains, the injured is exceedingly apprehensive and despondent.

Three of such cases have recently come under my care—one in a bicycle rider, one in a butcher, and one in a piano-mover.

In every instance the local and general distress was so great, that each was firmly impressed with a belief that some radical operation must be done for his relief.

Traumatic orchitis of varying degrees has become very common, since bicycling is general, especially among inexperienced or very hard riders.

Constitutional or Infectious orchitis appears in various types, the most intense being witnessed in metastatic parotiditis, but we may have it in rheumatism and other febrile conditions. Those varieties, of the greatest interest to the surgeon, are the infectious or specific, as *bleorrhagic*, *tubercular* or the *syphilitic*.

Sarcocele, Orchitis, Hernia Carnosa, Epididymitis.—In former times before the pathologic factors in operation in orchitic inflammation were well understood, every considerable enlargement of the testes, without marked, sensible inflammatory changes, were designated by the ambiguous term, "sarcocele, or hernia carnosae." But with our present knowledge of the histological changes in operation these terms become obsolete, and are interesting only from an historical standpoint.

Exclusive of malignant and degenerative changes, no doubt, they all primarily are dependent on inflammation. I omit to say "infectious," for evidence is yet wanting that microbic invasion of pathogenic bacteria is at all essential in all types of non-malignant cellular proliferation.

The most common type of orchitic inflammation is gonorrhoeal; either by direct infection, through the sperm ducts; by irritating urethral injections spreading along the lesser tubular structures or by metastasis.

In this type of inflammation its force falls on the epithelial elements, and the submucosa of the secreting ducts. With its onset all the characters of inflammation in most cases are pronounced. In nearly all instances, simultaneously with its advent, the urethral discharge ceases or greatly diminishes.

Inflammatory changes are most marked in the epididymis and extend up along the spermatic cord, in occasional instances crossing the internal ring and through the root of the funicular process involving the peritoneum. In all these severe cases the extent of vascular engorgement is very great.

Suppuration of the testes rarely, if ever, sets in, unless the patient be of a tubercular diathesis; for the reason probably, as claimed by some of our best authorities, the gonococcus is not a pyogenic germ.

It has been noted, that when gonorrhoeal inflammation involves the testes consecutively at intervals, the sperm cells are destroyed, when azoospermia or aspermia succeeds, leaving the individual forever impotent.

Of late years, since Janet's method of treating gonorrhoea by large vesical injections of antiseptic fluids has been so largely adopted, it is said this type of orchitis is becoming less frequent. According to Valentine's experience, it never occurs at all by intra-vesical, permanganate injections unless awkward, unskilful manipulation is employed.

Syphilitic orchitis is sometimes encountered. Here we may have both testes simultaneously involved. The organs attain a considerable volume and occasion inconvenience rather from their weight than pain or tenderness. Here, as in most other types of visceral syphilis, the effects of hyperplasia involve rather the walls of the blood vessels and the connective tissue reticulum than the secreting elements.

The extent of induration is most marked, the testes having a

hard knotty surface. When unilateral, in chronic cases it presents certain features similar to sarcoma, when correct diagnosis is only verified by internal treatment.

Where extensive interstitial changes with large gummatous deposits are obvious; and when function is totally destroyed, with evidence of probable suppurative degeneration, the only permanent and radical relief is to try castration on the same principle that a carious tooth is extracted.

Cystic and Suppurative Lesions of the Testes.—It yet remains an open question whether or not cystic disease of the testes is directly or remotely connected with inflammatory changes. As a complicating factor in inflammatory lesion cysts most certainly do exist; and as independent formations, as those of the ovary, and elsewhere they undoubtedly do. Sometimes we will find them proliferating, when they no doubt depend on disturbances of nutrition. Curling believed that they sometimes depended on occluded seminal tubules. The various metamorphoses which they often undergo have been well described by Dottcher. (*Dorp., Ztcher*, 1871, 14, 4.) Waldeyer believed that most cysts of the testes depended on changes in the epithelia. He found such conditions in the ovary and the testicle, alike, in the new-born. (*Microscop. Anat.*, p. 465 and 151.) Rindfleisch regarded them as a colisa degeneration of a vascular origin (*Handbuch*, 1873, p. 481.) Delfan believed that they consisted essentially in degenerative changes in dilated tubules, although their myxomatous appearance sometimes rather suggested their lymphoid origin (*Malad de Voies Urin et des Organes Genit.*, p. 939, ch. XII.) Encysted hydrocele of the testes consists of a tumor senile and pedunculated, usually situated at the head of the epididymis. It springs up from the remains of the Wolffian-bodies and contains spermatozoa. Microscopical examination of removed fluid always determines the precise character of these neoplasms.

Mernet has described a dermoid cyst springing from the base of the testes and encroaching backward into the perineum. Pearce-Gould has met with a large dermoid cyst of the testes which had been mistaken for hernia. (*Lancet*, Nov. 7, '94. *Bull. de Soc. de l'Accat.*, Nov., '95.) Dr. Robert Taylor, of New York, has called attention to the marked tendency of adeno-sarcoma of the testes to undergo central cystic changes. (*Jour. Cut. and Genito-Urin. Dis.*, August, '94.) Brindel, Krewisiki and others have noted this same transformation of elements in other diseases of the testes than in malignant disease. (*Jour. de Med. Bordeaux*, Mars., '91.)

Primary and Secondary Cysts of Testis.—Primary cysts of the myxomatous elements of the spermatic cord in the new-born is common enough, but as a primary pathologic state, it is very rare in the testes, almost never in the epithelial elements, occasionally in the epididymis, and most frequently in Morgagni's bodies, or the so-called hydatis of Giralde.

As a secondary lesion, in either specific or malignant disease of

the testes, it is very frequent, the elements of the cysts generally consisting of degenerate epithelia. Suppurative degeneration—intracystic—no doubt does occur in the testes as well as elsewhere. It may occur as well in the deep parenchymatous as those located on the surface of the organ.

This metamorphosis, no doubt, is attended with microbic invasion, but it is first induced, without doubt, by constitutional conditions or local injury to the part. For example, one may be conscious of an elastic fulness in one of his testicles, which will never give him any annoyance, possibly, unless he develop *grippe* or tuberculosis, or has in some manner sustained a contusion of the testicle. Now, local with constitutional symptoms are made manifest with evidence of suppurative changes, which may go on to spontaneous discharge, wide-spread diffusion or possibly inspissation, disintegration and resorption.

Suppurative Testes, Infectious or Consecutive to Malignant Disease.—Tubercular testes, or any description of open suppuration of the testes is not often met with, except in connection with pulmonary disease. The progress of the infection is slow, as a rule, until advanced stages of the lung disease are reached. There are many exceptions, however, for quite a few cases presenting features of tubercle, with abscess formation, have but indefinite and uncertain signs of lung disease.

In tubercular testes, the histological elements of the parenchyma are first involved; probably the lymphatic and plasmic tracts, at the outset; later capillary thrombosis succeeds, and epithelial invasion follows.

When tubercular bacilli are found in this type of suppuration, we usually see them in greater number around or within the nuclei of the cast of epithelia than in the protoplasm.

In undeveloped cases of tubercular suppuration of the testes, it is easy to conceive of transference of the malady to the female, or its development in the foetus through the bacteria acting directly on the cuboidal nuclei, of which the spermatozoa are ultimately formed.

It is well to remember, that in dealing with purulent testes, we must deviate in our treatment of it from a well-established law in surgery, viz., not to hazard any extensive mutilating operation on the organ of the subject of well-established tuberculosis of the lungs.

There are very cogent reasons for this departure: Because in suppuration, tubercular orchitis with psychical disturbances is often well accentuated, our patient is morose and extremely despondent, and more in certain instances, when the tension of the pyogenic membrane is considerable, the degree of bodily exhaustion and cardiac depression may be alarming. I saw a man last year who was brought near the moribund state by an interstitial tubercular abscess of the right testicle; but free incision, evacuation and draining effected the most remarkable transformation. Several

other instances have come under my care with similar salutary effects after incision or castration. Another reason, independent of effecting relief, comes from surgical intervention here; the patient, for a time at least, rapidly regains strength and vigor; an additional lease of life is enjoyed.

Recent microscopical examinations have demonstrated that when acute suppurative orchitis follows typhus, typhoid fever or pneumonia, the bacterium coli, or pneumococci are present in great numbers. It is most extraordinary to note when the ravages of gangrenous erysipelas seize on the scrotal tissues, how the testes and end stand out nude and defiant of the streptococcus, so dreaded in the serous or connective tissues.

Degenerative changes affecting the testes may be divided into, *first*, those attended with marked atrophic changes, or wasting and shrinking of the organs; *second*, those in which interstitial pathologic changes destroy the anatomic, secreting elements and function, without diminution in volume of the organ.

Of the first, we have the most marked examples in those cases of imperfect descent or imperfect development of a congenital origin, in ectopic testes. In this class, atrophy is generally limited to one side.

Of the second division, we have enlargement from vascular engorgement, a low grade of hyperplasia or interstitial serous infiltration. When trophic changes of the foregoing description are unilateral, the pathologic changes are in most instances primarily in the blood-vessels and in the veins, the individual has so-called spermatocele, varix, or phlebectasia, the nutrition of the gland is impaired, there is diminished function in proportion to the extent of degenerative changes.

DULCE EST DESIPERE IN LOCC.

THE Hypochondriacs of late
 Have formed a sect to suit their state,
 And setting reason at defiance,
 Have called their twaddle Christian Science.
 'Tis not to emulate the saints
 They come, but those who have "complaints;"
 For this religion first delivers
 The elect from piles and sluggish livers;
 Their object being to cure their ills
 By little prayers instead of pills:
 Because all maladies they find
 Are situated in the mind,
 And so, by steps of logic gentle,
 The spot diseased is wholly mental;
 A question in pathology
 With which all alienists agree:
 Who would a trifle further go
 And shape the treatment even so.

Among the true believers trace
 The people of the Woodcut Race.
 Familiar once in daily papers,
 But now retired from public labors ;
 Where each on pharmaceutic topic
 (Pictorially philanthropic)
 Exhorted long in language loud
 The unreflecting, heedless crowd.

The man who suffered twenty years
 From eczema, with them appears ;
 And she of zone and visage wide
 Who had a pain about her side
 For twenty, too, which greatly shocked her,
 (She got no comfort from the doctor).
 Far now from advertising strife
 They taste the sweets of private life,
 And having somewhat further back
 Dismissed the doctor for the quack ;
 They now with wisdom more mature,
 And scenting, too, a choicer cure,
 The quack in turn have from them hurled
 Who brought them first before the world ;
 And mellowed by religious drivel,
 Grow very pious and uncivil.

Those also of catarrhal fame,
 Of face diverse and myriad name,
 Who were disturbed in their repose
 By too much action in their noses.
 And he who Job's own likeness bore
 In the oppressive days "Before,"
 Now grown obese, with unctuous laughter
 Felicitates us with his "After."
 And she whose hernia was so loose
 A wrought-iron truss was of no use ;
 And though the doctor didn't ask it,
 She held it two years in a basket :
 Which, with occasional atresia,
 Entirely occupied her leisure ;
 At which (and with some cause, I think,)
 Her sainted husband took to drink ;
 So often, and at bitter cost,
 The sanctities of home are lost !
 One dose of the Electric Food
 However, did a world of good,
 And one week's treatment (and no more)
 Was quite sufficient to restore ;
 And now, with an o'erflowing soul,
 The world shall know that she is whole !
 Her consort, too, with joy embued,
 Has turned to paths of rectitude,
 And ceased (so much could this elate him)
 To touch *secale antiquatum*—
 Albeit the best electric viands
 Are tame compared to Christian Science.

All these, and more of minor tint
 Whose names are never seen in print,
 Enjoy in peace their endless cures
 As long as Christian Science endures.

A superstructure, as you see,
 Based on a bastard quackery.
 For to the advertising quack
 You add a strong religious smack,
 Such as the great unwashed determines,
 Suggestive of street-corner sermons,
 And you will have a graphic notion
 Of what makes up this new devotion,
 And fairly picture their demeanors
 By looking first at their congeners.

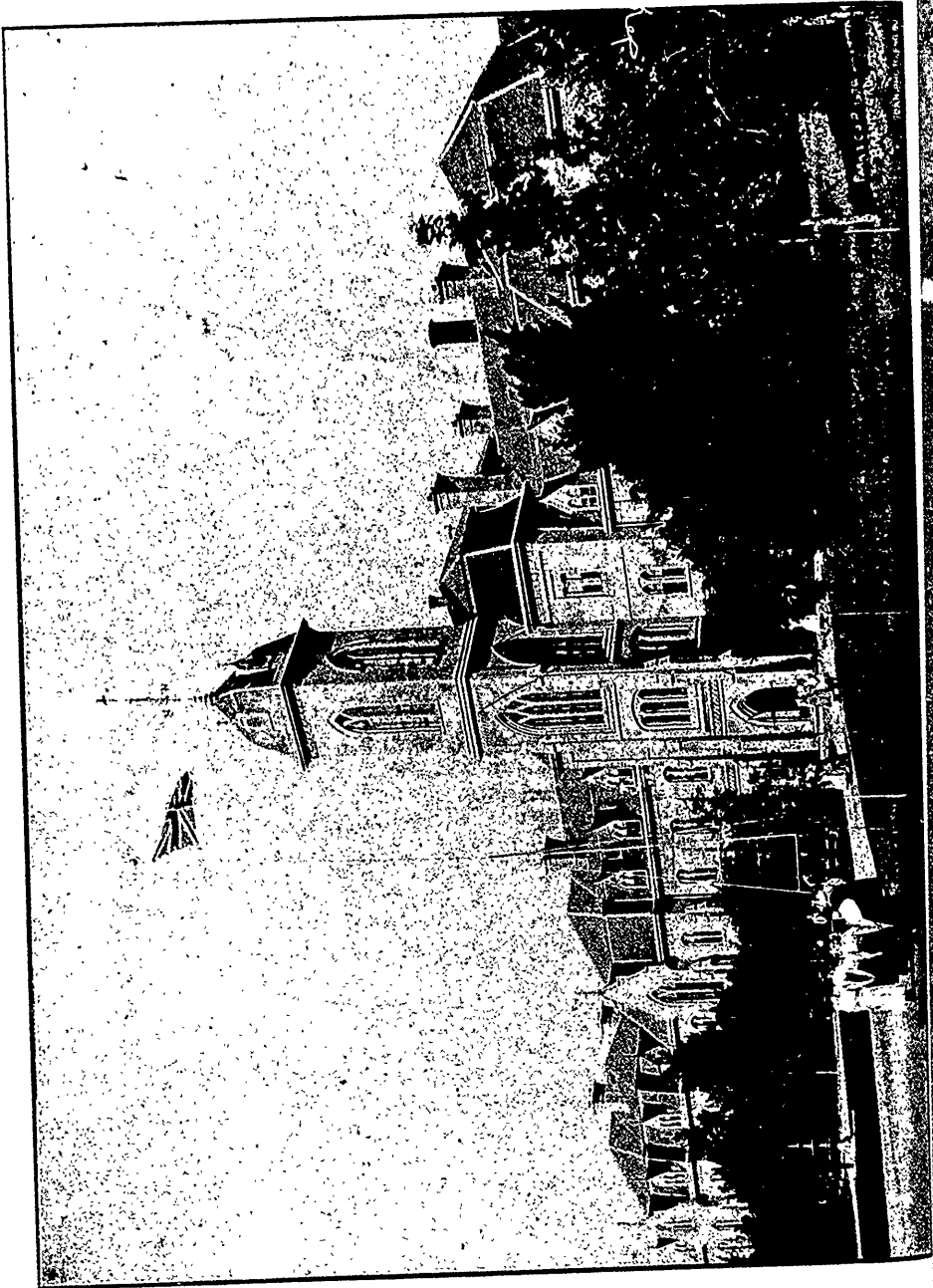
Their *raison d'être*, or reason why,
 Is to prepare the weak to die ;
 And for a very little money
 They will conduct that ceremony.
 Their method needs no nomenclature,
 They sit, and sit—and trust to nature.
 Occasionally, who can tell !
 One of their patients may grow well :
 For (lest the thought might give alarm)
 Their pious sitting does no harm.
 More frequently, without a check,
 Death has the patient by the neck ;
 And eyes grow dark and muscles flaccid,
 For lack of, say, carbolic acid :
 And pain too great to bear is seen
 Because they knew not of morphine.
 The reason why the heart may fail is
 Because there is no digitalis :
 And so on thus, *ad infinitum*,
 The drug an unremembered item !
 Death is perhaps a fancy, too,
 Which skilful thinking might subdue,
 But death, to mortals less ideal,
 Has always seemed a trifle real.

“Disease is but a whimsy vague,
 You dream you have that wooden leg,”
 They say, and if you'd hop a bit,
 They're sure you would not notice it.
 Moreover worms, both long and short ones
 Are, they assert, of no importance.
 Again (you fill them with amazement)
 You have no cancer or displacement !
 And why repeat, because unwell,
 That fable of the strange hotel ?
 Bethink, the gonococcus germ
 Is but a doctor's idle term,
 And when you double up in spurts,
 Your mind, but not that bubo hurts.
 Cast off these trammels of tradition,
 And you will be in fine condition !
 Aye, learn to pray, and stop your scratching,
 There is no itch (and it's not catching).
 “Trust all to heaven,” repeats the caller,
 “And if you please, a half a dollar.”

—E. H. STAFFORD.

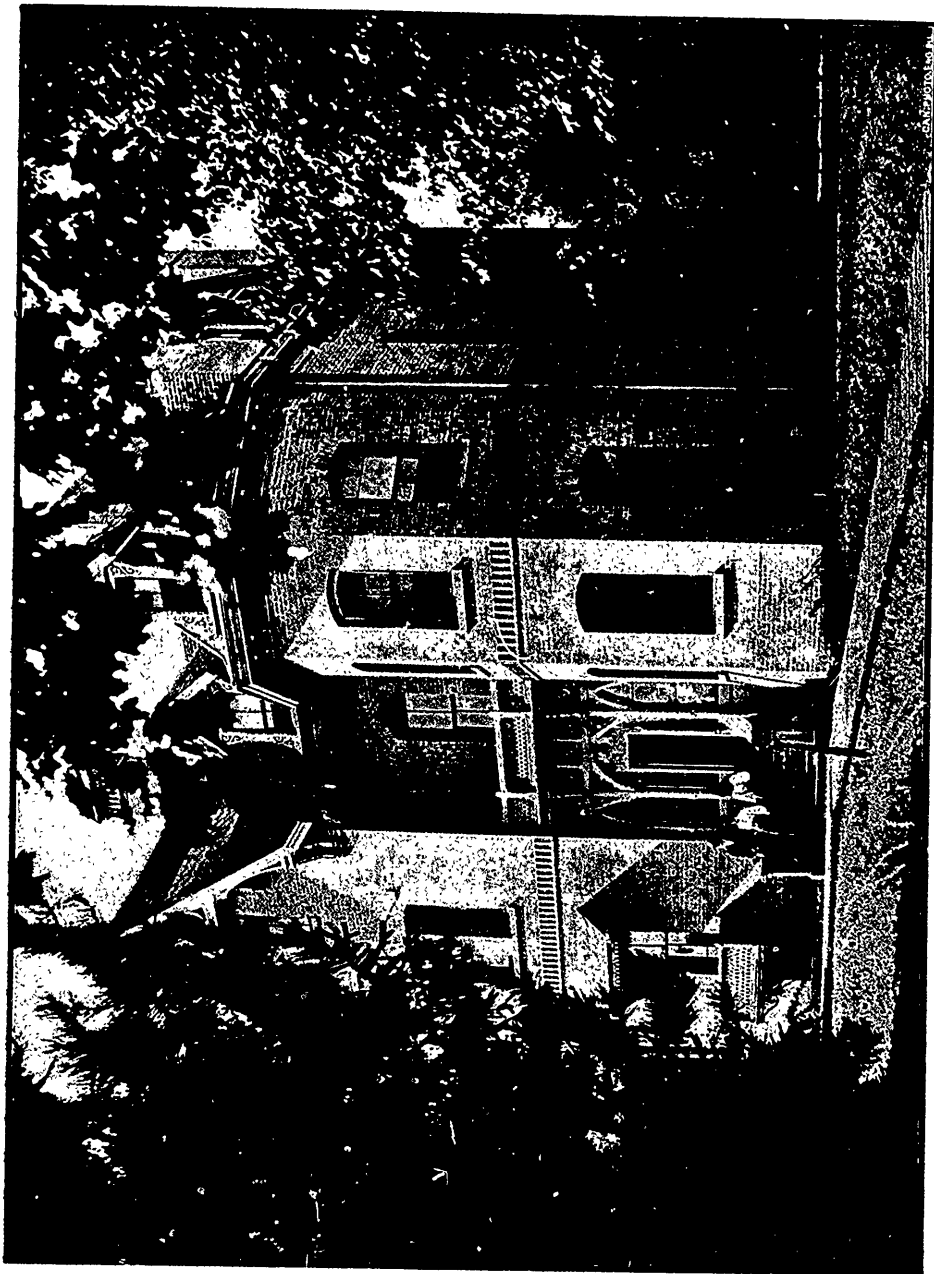
ONTARIO INSTITUTION FOR THE EDUCATION OF THE BLIND.

THE institution to which we are about to direct the attention of our readers is mainly an object of interest in its educational aspects. But when we remember that it is the school of the youthful blind population of the Province, where information may be obtained and statistics collated bearing upon the causes and, to a certain extent, the prevalence of blindness in Ontario, it will be seen that it provides for the profession a field for useful and valuable investigation and enquiry. The Institution for the Blind, at Brantford, is one of the several large establishments of the Province designed by the Government to meet the necessities of the classes of persons, old or young, residents of Ontario, requiring care, or treatment, or education of a special character—the insane, the mentally defective, the deaf and dumb, and the blind. At the institutions for deaf mutes at Belleville, and for the blind at Brantford, maintenance and education, with training in manual industries suited to the pupils' conditions, are provided entirely from the public funds. Pupils from beyond the provincial limits pay a substantial fee. The qualification for admission at Brantford is, that the applicant shall be of sound mind, not suffering from any bodily infirmity (other than blindness), and being not less than six and not more than twenty-one years of age. Any departure from the rule as to age limits must be justified by special circumstances. To reach all those who may need the advantages afforded, the definition of blindness has to be a pretty wide one. Under the conditions already mentioned any are eligible who, by reason of defective vision, are incapable of being taught by ordinary methods. So that the pupils are of all degrees of vision, from the totally blind to the boy or girl who has wrestled vainly and painfully (sometimes disastrously) with the Public School blackboard or "reader," until the patience of the teacher has been exhausted, and the pupil has been turned over to be educated by methods adapted to his or her needs. The value of a liberal interpretation of the rules in this regard has been demonstrated, in not a few instances. There are young men and women to-day discharging all the duties of life as sighted persons, who owe their education and probably the preservation of their vision to the fact that they have been pupils of the Brantford Institution. Hence it becomes, in certain cases, the preserver of sight as well as the school of the sightless. In his address as President of the Association of Educators of the Blind, held at Chautauqua in 1894, Principal Dymond, who has been at the head of the Brantford Institution for the past sixteen years, said: "In 1893 the pupils of the Institution were 132 in number. Of these thirty were totally blind; twenty-six retained a perception of light (nothing more) in one



eye only; nine had a consciousness of light in both eyes. That is to say, 56 or 49.24 per cent. were blind in the popular sense. The others exhibited all conditions of defective or impaired vision." Among the principal causes of blindness the examining oculist, Dr. Osborne, of Hamilton, gives the following in a school population of 132: Congenital and lamellar cataracts, 29; ophthalmia neonatorum, 21; atrophy of optic nerve, 15; sympathetic ophthalmia, 10; injuries, 7; granular ophthalmia, 9; other causes, 39. The cases of blindness attributable to consanguinity are, in the experience of the Institution, very few. The most painful feature in the record is the number resulting from ophthalmia neonatorum, which represent 16 per cent. of the whole. In other words, about one-sixth of the cases of adolescent blindness, and those the most complete and absolute, are preventable, if proper measures are taken in the earlier stages of the child's existence. The enquiries of the American Ophthalmological Society, and reports from other institutions for the blind than the one referred to above, substantiate the conclusions drawn from the figures quoted. The attention of more than one legislature has been directed to this subject, and efforts have been made to lessen the evil by stringent statutory enactments. On the whole, blindness appears to be on the decrease. The advances made in ophthalmic surgery of late years, and, what is much to the point, a more intelligent appreciation of the services of the specialist, and the value of the eye infirmary, have had a very diminishing effect both in the prevention of threatened blindness and the partial restoration or improvement of sight. In England, according to a recent writer, there was, in 1871, one blind person in every 1,051; in 1881, one in every 1,137; and in 1891, one in every 1,235. This means a reduction of 4,102 in twenty years. The fact that the decrease of blindness in children under five years of age amounted in the period named to 31 per cent. points suggestively to the existence of precautions in the direction already indicated, while a decline in the number of blind over sixty-five years of age, to the extent of 27 per cent., speaks loudly of the oculist's successes. Before leaving this part of our subject we shall not, we believe, be mistaken in saying, that nothing in the way of information bearing on the condition of the blind is ever withheld by the authorities of the institution at Brantford from anyone who asks for it.

No one is better able than the physician to understand the injury done to the blind, or otherwise infirm child, by the lack of those opportunities for robust exercise, which so greatly assist the development of the strong and healthy youth. Physical culture, it has been rather tardily admitted, lies at the very root of the training of blind childhood or the healthy expansion of young manhood. This begins at Brantford, first in the kindergarten, where very young pupils go through their initial exercises. It is continued in a well-constructed, thoroughly equipped gymnasium, under a competent instructor, and on scientific principles. The



PRINCIPALS' HOUSE.

results on both male and female pupils are most gratifying. The agile performances of the former, and the graceful movements and carriage of the latter are noticeable subjects of comment. In literary studies the curriculum at Brantford does not differ materially from that of the Public Schools of the Province. Physical science can, of course, be taught only partially, although good elementary instruction is given in whatever relates to the laws of health, in chemistry as connected therewith, and in physiology. In literature, arithmetic, history, grammar, geography and elocution, the work of the higher classes in a Public School, supplies about the graduating standard. In all these studies memorizing has a very large place. Assistance to some extent is obtained by the use of a dotted cipher, known as the point-print system, which the pupils use with great readiness, and in geography raised sectional maps supply probably the very best method by which not the blind alone, but also the seeing could be most effectually taught. The form of the county, or state, or province taken in the hand, is at once a means of its identification. So, too, the finger traces with almost unerring accuracy the lines of railroad or the courses of rivers, and indicates towns or cities, lakes or mountains. Well-informed visitors often find themselves wanting in knowledge concerning their own county or province, which the blind student supplies without a moment's hesitation. In the study of music the blind find not only a delightful source of recreation but a very important means of livelihood. It is often asked whether the blind have not an especial aptitude for music? The question may be answered both in the negative and affirmative. There is certainly nothing in the mere fact that a boy or girl is born blind, or becomes blind, to favor the possession of a musical ear, or voice, or touch. On the contrary, blindness is frequently the result of causes which affect the general health and vitality and so impair other physical powers. For these reasons the hand and fingers are often limp and flaccid, and need severe bracing, before they acquire the force and deftness necessary to expert execution. But, on the other hand, where the choice of pursuits or pleasures is limited by the personal environment, the mind will naturally address itself to that which is within its reach, and the possession of even limited musical qualities will offer a strong inducement to an effort, which a sighted person, with great possibilities, might not think it worth while to make. So, too, the absence of sight will induce a concentration of undisturbed thought on the work of the moment, and finally, wherever a faculty, such as the sense of hearing and discrimination of sounds is cultivated it will certainly undergo a process of development. Not a few of the pupils of the Brantford Institution have displayed high musical talent, and have taken honors in more advanced stages of their career. The musical course is a very thorough one, both in execution and theory, in vocal and instrumental studies. Closely associated with music is the business of the piano-tuner, which art



THE WILLOW WORK SHOP.

1912-13

is taught at Brantford very successfully. The class usually contains about twenty under instruction at one time, and of these two or three graduate annually. The blind piano-tuner has long since made a reputation for himself on this continent. In New York, and also in Toronto, the very finest work in piano-tuning is entrusted to blind men. The industrial employment of the blind is beset with many difficulties, not so much from the initial one of instruction, for a blind man may be taught to do almost anything, as from those which confront him when he enters on the competitive stage of existence and has to face sighted rivalry on the world's cold platform. In Great Britain the problem is solved by the establishment of workshops where, after training in the schools, blind men and women are permanently employed, the shop guaranteeing a stipulated wage and any losses being made up from charitable contributions. Similar workshops are also attached to some of the institutions in the United States. No such arrangements exist in Ontario, nor have circumstances so far seemed to demand them, although the struggle for a livelihood by a blind man is often a hard one. The industry found in Ontario to be the most eligible on the whole, besides piano-tuning, is the willow and cane work. In the manufacture of baskets and chairs, and in chair-seating, a number of pupils at Brantford are always under instruction; a graduate receives an outfit on leaving, and many young men are to-day employed profitably in these industries. Such female industries as sewing and knitting by machine or hand, crocheting, and every kind of fancy work is accomplished by the female pupils with marvellous skill and dexterity. No sighted worker could excel in this line some of the blind girls at Brantford. The site of the institution at Brantford is a very beautiful one, just on the outskirts of the city, and on an elevation overlooking the valley of the Grand River. The spacious grounds afford to the pupils the most abundant means of healthful recreation. The surroundings are particularly attractive, as the illustrations we are able to give will attest.

SEVERAL pleasant opportunities to meet and greet one another socially have been afforded the medical fraternity during the past month. The dinners given by the Trinity and Toronto Schools of Medicine were very enjoyable, and reflected great credit upon those who undertook the arrangement of them.

CANADA has yet to be supplied with a few thoroughly well-trained male nurses. No doubt many physicians read some time ago Lady Priestly's article in the *Nineteenth Century*. In it she strongly urged the more general employment of male nurses. "The Hamilton Association," now twelve years in existence, is in a measure supplying the demand for male nurses in England.

**REPORT OF DEATHS FROM CONTAGIOUS DISEASES IN ONTARIO FOR THE MONTHS OF
OCTOBER AND NOVEMBER, 1897.**

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

Total Population Reporting.	Total Municipalities Reporting.	Total Deaths Reported.	Scarlatina.	Diphtheria.	Mesles.	Whooping Cough.	Typhoid.	Tuberculosis.	Rate per 1,000 per Annum.
1,352,886 50%	560 68%	216	0	44	1	3	45	118	0.30
									Rate per 1,000 per Annum.
									1.00
									Rate per 1,000 per Annum.
									0.30
									Rate per 1,000 per Annum.
									1.10
									Rate per 1,000 per Annum.
									0.3
									Rate per 1,000 per Annum.
									1.10

NOVEMBER.

Population of Province 2,263,492
Municipalities of Province 745

The Canadian Journal of Medicine and Surgery

J. J. CASSIDY, M.D.,

EDITOR,

69 BLOOR STREET EAST, TORONTO.

W. A. YOUNG, M.D., L.R.C.P.LOND.,

BUSINESS MANAGER,

145 COLLEGE STREET, TORONTO.

Surgery—BRUCE L. MORDAN, M.D., C.M., McGill University; M.D., University of Toronto; Surgeon Toronto General Hospital; Surgeon Grand Trunk R.R.; Consulting Surgeon Toronto Home for Incurables; Pension Examiner United States Government, and F. N. G. STARR, M.D., Toronto, Lecturer and Demonstrator in Anatomy, Toronto University; Surgeon to the Out-Door Department Toronto General Hospital and Hospital for Sick Children.

Orthopedic Surgery—B. E. MCKENZIE, B.A., M.B., Toronto, Surgeon Victoria Hospital for Sick Children; Clinical Lecturer, Orthopedic Surgery, Toronto University; Assistant Surgeon, Ontario Medical College for Women; Member American Orthopedic Society; and H. P. H. GALLOWAY, M.D., Toronto, Orthopedic Surgeon, Toronto Western Hospital.

Oral Surgery—E. H. ADAMS, M.D., D.D.S., Toronto.

Surgical Pathology—T. H. MANLEY, M.D., New York, Professor of Surgery, New York School of Clinical Medicine, New York, etc., etc.

Medicine—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and W. J. WILSON, M.D., Toronto, Physician Toronto Western Hospital.

Gynecology and Obstetrics—GEO. T. MCKEOUGH, M.D., M.R.C.S. Eng., Chatham, Ont.; and J. H. LOWE, M.D., Toronto.

Medical Jurisprudence—W. A. YOUNG, M.D., L.R.C.P. Lond., Eng., Toronto.

Mental Diseases—EZRA H. STAFFORD, M.D., Toronto, Resident Physician, Toronto Asylum for the Insane.

Public Health and Hygiene—J. J. CASSIDY, M.D., Toronto, Member Ontario Provincial Board of Health; Consulting Surgeon, Toronto General Hospital; and E. H. ADAMS, M.D., Toronto.

Pharmacology and Therapeutics—A. J. HARRINGTON, M.D., M.R.C.S. Eng., Toronto.

Physiology—A. B. EADIE, M.D., Toronto, Professor of Physiology, Woman's Medical College, Toronto.

Pediatrics—AUGUSTA STOWE GULLEN, M.D., Toronto, Professor of Diseases of Children, Woman's Medical College, Toronto.

Pathology—W. H. PEPPER, M.D., L.R.C.P. Lond., Toronto, Demonstrator of Pathology, Trinity Medical College; Medical Registrar, Toronto General Hospital.

Laryngology and Rhinology—J. D. THORBURN, M.D., Toronto, Laryngologist and Rhinologist, Toronto General Hospital.

Ophthalmology and Otolaryngology—J. M. MACCALLUM, M.D., Toronto, Assistant Physician, Toronto General Hospital; Oculist and Aurist, Victoria Hospital for Sick Children, Toronto.

Address all Communications, Correspondence, Books, Matter Regarding Advertising, and make all Cheques, Drafts and Post Office Orders payable to "The Canadian Journal of Medicine and Surgery," 145 College St., Toronto, Canada.

Doctors will confer a favor by sending news, reports and papers of interest from any section of the country. Individual experience and theories are also solicited.

Advertisements, to insure insertion in the issue of any month, should be sent not later than the fifteenth of the preceding month.

VOL. III.

TORONTO, JANUARY, 1898.

NO. I.

Editorials.

A NEW YEAR'S GREETING.

IN presenting our compliments to subscribers at the beginning of the New Year, we do so with the hope that the acquaintance and mutual interest which have commenced to exist between us may prove firm and enduring. A our readers are aware, he who caters for the medical palate, requires a large market to choose from and a sympathy, born of fellow-feeling, to prepare viands for the feast. We know not; indeed, if a kind genius has always presided at the

selection and preparation of our offerings. That they have not sometimes displeased, we hope; that they have always been acceptable would be too much to expect. We shall endeavor, however, to merit approval by placing the cultivation of the science and art of medicine in the first place, with the honor, dignity and advancement of our beloved profession a close second.

As the efficacy and influence of a medical journal depend largely on suiting the special tastes of its readers, it follows of necessity that the more important work will be found on the pages devoted to the several departments. We owe a debt of gratitude to our collaborators for the energy they have displayed in providing a bountiful repast of good things, and we acknowledge that the success attained by this young journal has been largely won by their painstaking exertions.

To contributors who have honored us with their papers, we extend our hearty thanks. But being insatiable, we still cry "more, more," feeling quite sure, however, that any demands a monthly may make will produce no appreciable drain on the surplus of Canadian medical talent.

To one and all we offer our kindest good wishes for a new and profitable year.

J. J. C.

REPORT OF THE REGISTRAR-GENERAL OF ONTARIO FOR 1896.

In perusing the statistics of this valuable report, it is gratifying to a medical journalist to note that in the banner province of the Dominion contagious diseases have notably declined in recent years. The returns of the past fifteen years, during which the Provincial Board of Health has been in operation, have been tabulated in the report of 1896 in five-year periods, the figures opposite the second and third periods indicating the decreases, as compared with the first period.

Periods.	Smallpox.	Scarlatina.	Diphtheria.	Typhoid.
1882-86 ..	100 p.c.	100 p.c.	100 p.c.	100 p.c.
1887-91 ..	88 p.c.	67 p.c.	6 p.c.	no decrease.
1892-96 ..	93 p.c.	50 p.c.	6 p.c.	46 p.c.

The decrease of 46 per cent. in deaths from typhoid during the third period is of especial interest. With a system of public waterworks in at least 100 places, the former difficulty from

polluted water has been removed to a certain extent, with a great consequent advantage to the health of the communities. All of these waterworks systems are subject to the inspection of the department.

The death-rate from diphtheria in Ontario, with a population of 2,263,422, is also decreasing, the rates being as follows: In 1894, 1,075, or .5 per 1,000; in 1895, 942, or .4 per 1,000; in 1896, 925, or .39 per 1,000; almost as low as the .32 rate of England, and lower than the .71 rate of Massachusetts for the same year. This decrease is all the more noteworthy in view of the fact that owing to the more frequent resort to a bacteriological test in making a diagnosis, cases of diphtheria were reported in 1896; which, had they occurred in previous years, would have been classed as non-contagious, follicular tonsillitis or croup.

While attention to isolation in dwellings and a resort to hospitals for contagious diseases have tended powerfully to limit the spread of diphtheria, it must be admitted that the liberal use of anti-diphtheritic serum during the last three years in Ontario has enabled practitioners to obtain results never before procurable either in a prophylactic or therapeutic sense. As a further indication of the extraordinary influence of anti-diphtheritic serum in reducing the death-rate from the disease in question, we may refer to the Massachusetts report on vital statistics for 1896. It is stated therein that in the cities and towns of that State, for the years 1892, 1893, 1894, when antitoxin was not used, the total mortality (average) from diphtheria, compared with reported cases, was 28.3 per cent., but in 1895, when antitoxin began to be used, the percentage of mortality fell to 18.9 per cent., and in 1896 to 15.1 per cent.

The report showing deaths from tuberculosis in Ontario is not favorable, the mortality from that disease in 1896 being 2,758 persons or 11 per cent. of all the deaths from all causes. In the thirteen cities it shows a percentage of 13.3 per cent. of all causes. While Ontario compares most favorably with all other States and countries in temperate climates, nevertheless this mortality seems lamentable. In a further table, in which the counties of the Province are divided into groups, the most important and interesting fact is illustrated that in certain counties year after year a high absolute mortality from this disease prevails. The new districts, Algoma and Muskoka, show a most satisfactory immunity.

The Lake Huron and central counties come next in their relative

freedom from its ravages, while those on Lake Ontario, the St. Lawrence and the Lower Ottawa are notably the highest.

The table showing the monthly returns of deaths up to October, 1897, which is obtainable under the new Act, shows that every month the total deaths recorded from consumption amount to more than double the deaths recorded from scarlet fever, smallpox, measles, whooping-cough, diphtheria and typhoid combined.

In view of these facts, it is incumbent on local boards of health and private individuals to procure the disinfection of dwellings in which cases of tuberculosis have been treated. And further, while there may be an objection to the enforcement of municipal regulations prohibiting expectoration on roads and sidewalks, there is good evidence to show that washing of floors and walls in factories, school-houses, street-cars and other places of public resort would materially aid in lessening the mortality from tuberculosis in Ontario by reducing the amount of active contagious material which is now allowed to circulate as freely as the dust.

J. J. C.

VICTORIAN DISTRICT NURSES.

THE following is a despatch which appeared in the *Mail and Empire* of Dec. 16th :

"BUFFALO, Dec. 15th.—Dr. Renwick R. Ross, superintendent of the Buffalo General Hospital, recently communicated with Immigration Inspector De Barry to ascertain whether it would be a violation of the law to import young women from Canada for the purpose of training them as nurses at the hospital, provided the young women were willing to work during their training course without remuneration excepting their board, clothing, washing and instruction.

"Inspector De Barry, in replying, stated that, in his judgment, such action on the part of the hospital management would be clearly a violation of the alien contract labor law, and that if the young women were brought here, as the superintendent suggested, suits could be instituted for the recovery of a penalty of \$1,000 in each case, and for the deportation of the aliens brought in. The statutes, the inspector said, make no discrimination in the matter of money payments for the services of imported aliens.

"The nurses at the Buffalo General Hospital for some time past have been largely composed of young women from Canada."

"At a meeting of the Provisional Committee, Her Excellency the Countess of Aberdeen announced that it is the intention to

begin the practical work of the order early in the new year. In Montreal the scheme is already well advanced. Halifax, Vancouver and Regina are also ready to make a start. It is proposed to begin in a small way, and, as far as funds will permit, so that citizens will have an opportunity of viewing the work and judging for themselves of its utility. Miss McLeod, of whom Dr. Worcester spoke so highly, has volunteered her services for three months, beginning in January; and Miss Peters, superintendent of the London Jubilee Victorian Nurses, will also come to Canada to assist in launching the order into active service."—*Mail and Empire*, Dec. 18th.

The foregoing clippings will give the readers of this Journal some idea as to why some members of the profession have been and are insisting that none but Canadian nurses should be employed in the proposed scheme of the Victorian District Nurses. It looks as if the Canadians would have to play second fiddle, notwithstanding the fact that one Toronto doctor asserted that none but Canadians would be employed because "Her Excellency told me so."

Recently Her Excellency the Countess of Aberdeen courteously called a meeting of Toronto doctors to discuss her scheme with Dr. Worcester, of Waltham, Mass. During the progress of that meeting one could hardly mistake the sentiment of those present, and when a resolution was suggested it was at first ruled out of order by the chairman of the meeting, Dr. Jas. Thorburn—who, by the way, is President of the Ontario Medical Council, and the action of that body last June is still fresh in the minds of the profession. Finally, after expressing thanks to Dr. Worcester, the meeting broke up. Within ten days His Excellency, speaking at the medical banquet of the University of Toronto, expressed the hope that the profession here would soon be unanimous now that the "leaders of the profession" have taken the matter up. It might be interesting for His Excellency to learn that some "leaders of the profession" are still trying to turn the matter down, and that they are acting from sincere motives.

It is unfortunate that the promoters of the scheme did not display more judgment at the commencement by quietly sitting down and asking themselves, Is this thing necessary in Canada? And then is it workable? Finding themselves unable to give practical answers, because of their high social position, they could then have appealed to the various existing charitable organizations and to the medical profession. By so doing they would have had the counsel of those well used to dispensing charity, and would have

had the advice of the "leaders of the profession" appointed by the various medical associations. Thus the original objectionable pamphlet would have been avoided, as well as the resulting distrust that still exists in the minds of the public and the profession as to the real motive underlying the scheme—a distrust that will take months to remove—yes, it will even remain when the scheme has been abandoned and is a thing of the past. This reflection brings sadness when one thinks of what might have been.

It is natural now for one to ask, what are some of the "might have beens?" With a fund like the one proposed, the debt could probably have been wiped off most, if not all, of the existing hospitals, thus making free beds a real possibility without making a drain upon the provincial and municipal treasury.

"Houses of peace" might have been established for the reception of poor, but respectable people, who are suffering from wasting diseases, where they could be taken during the last few weeks of life to receive tender care and luxuries that their means would not permit.

A fund might have been placed under the control of two or three responsible trustees from which nurses, employed by people of moderate means, could obtain the balance of what is considered reasonable remuneration, upon proper representation to these trustees. This would give more employment to the nurses and would enable a deserving class in the community to avail themselves of the advantages of trained nursing. Neither would it interfere with existing charities, nor cause an influx of nurses from across the border, or tend to pauperize any class of people.

There are many nasty things that one might say about the proposed scheme, for even in its present shape it has many objectionable features, and some questionable things are still doing to promote its progress. But perhaps it is better to leave these things unsaid, in the hope that those engaged in its promotion will rise to a sense of their responsibility and do what is right toward the poor, the needy, the hospital, the nurse and the physician.

S.

YELLOW FEVER IN JAMAICA.

THE Government of Jamaica are taking steps to deal effectually by preventive measures with the occurrence of yellow fever in this island. On October 12th a proclamation was issued declaring Law XV. of 1897 to be in force in certain parishes. Kingston has

been divided into four districts, and several officers, to be called sanitary visitors, have been nominated to make a house-to-house inspection and to report to the health officer of Kingston, who is given special powers to visit and inspect all lodging houses, hotels, and dwelling houses and their premises. Further, the duty of notifying cases of infectious diseases occurring in a dwelling house is placed upon the occupier.

If properly carried out, these regulations ought to have a reassuring effect on public opinion; but, to check the disease promptly, the attending physician should be obliged to notify as well as the occupier. Dual notification of contagious disease works well in Ontario and ought to give satisfaction in Jamaica, especially as a severe disease like yellow fever usually calls for prompt medical attendance. There are, to be sure, certain difficulties in the way, as when a practitioner is unable to diagnose the disease when called to see a case in the first stage; but this difficulty applies to the diagnosis of other contagious diseases as well, and, as Flint says in his article on Small-pox, "simply shows the necessity of having the diagnostic points of the disease fixed in the memory, as, in view of the danger of the diffusion of the disease by exposure before its character is ascertained, an early diagnosis is immensely important." If in doubt the practitioner should give the friends of the patient and the public the benefit of that doubt. Should the question of contagion be decided affirmatively, there will not then be quite so many suspects to isolate. Assuming that isolation is attempted, it ought to be carried out in a humane manner, for a suspect has rights, and if, in the public interest, he is deprived of his liberty he should not be exposed to unnecessary discomfort or extreme peril.

We have received from an esteemed correspondent and subscriber, who practises in Jamaica, some clippings from local newspapers giving the details of a method of isolation which would seem to have been of great severity and extreme fatuity as well.

It appears that on November 5th, 1897, Miss Myers, the assistant postmistress at Shooter's Hill P.O., near Kingston, died of yellow fever after a few days' illness. The disease had been pronounced to be "bilious remittent" by two physicians, and her parents and several friends were gathered together at her bedside. Shortly before death the attending physician said that it was a case of yellow fever. The house in which Miss Myers died is a small, two-storied building, containing four rooms, each 10 feet

square. The D.M.O. locked the door of the house and refused egress to the eight persons who were in the building. The bush surrounding the house was cleared off and burned and the house and grounds disinfected with burning sulphur. During the ten days these persons were kept indoors three of them sickened and were treated for yellow fever in the same house. Of the eight inmates six contracted the disease and one died.

A review of this case shows the absurdity of isolating bona fide suspects in a collective group. Admitting that the sulphur fumigation had destroyed the contagion in the building itself, each of the eight persons was a possible case of yellow fever and therefore dangerous to the others, even if they had all been allowed to live comfortably in a mansion instead of being huddled together in a shanty. Complete isolation could have been cheaply obtained by placing each suspect in a separate tent until the period of incubation, viz., two to fifteen days, had elapsed. It may be that, owing to the heavy rainfall prevailing at that time, the D.M.O. thought that the prisoners would be more comfortable in the house than in tents or huts. This, however, is no excuse, for when a sanitary authority undertakes to practise isolation, an hospital, even if it is only a tent, should be provided for the sick, and suitable quarters for suspects. We fear that conduct such as we have just detailed will do harm by exciting the Jamaica people to oppose preventive measures instead of giving them their sympathy and support.

J. J. C.

THE VAPOR BATH.

IN a recent issue we took occasion to refer to the necessity existing in Toronto for a system of public baths. For five hundred years Ancient Rome, we learn, had not a physician but the priest, the laity and the bath. The Romans were noted for their strength, and lived to a ripe old age. As formerly we dealt entirely with the baths suitable for those physically strong, and simply as a sanitary measure to ensure the continuance of health, we now refer more especially to the hot vapor bath as a therapeutic measure and a valuable agent in the treatment of the sick. Many persons will declare that they never perspire, but, of course, that is not true, as there is constantly going on a process of almost insensible perspiration, such being one of the inexorable laws of health. As a rule the laboring classes by profuse perspiration, occasioned by

their occupation, keep the sweat ducts free from obstruction. With the leisure class, on the other hand, daily exercise, so necessary to health, is neglected, and consequently the pores of the skin become clogged, and even an ordinary warm bath is quite insufficient to restore the skin to its normal state of activity. The result is that every autumn, at least, there takes place an exodus to the various Sanitaria and Hot Springs—sometimes quite a distance away from home—where the panacea for almost all the ills that flesh is heir to, whether imaginary or real, seems to be the bath in its different forms, and which, combined with the pure air, favorable surroundings, as well as congenial company, in many cases restores the individual to normal health. There is another class of persons who come under the notice of the busy practitioner, those who, owing to the expense involved, have to remain at home, although similarly afflicted. In the cities, of course, the public Turkish baths are a great boon, but in towns and villages where they are not procurable, the cabinet vapor bath seems to be a most successful method for the home treatment of cases requiring free, and, in many cases, a rapid loss of moisture by the skin. We understand that last year a large number of vapor baths were introduced into the University of Pennsylvania with most beneficial results to the students, who, as a class, are apt to neglect that, owing to their sedentary lives, it is quite necessary to keep freely open nature's chief emunctory.

W. A. Y.

MEDICAL ELEEMOSYNARY INSTITUTIONS.

IN our issue of November, 1897, we published an article descriptive of the buildings and grounds of the Orillia Asylum for Feeble-minded Children, together with an account of the methods of instruction pursued there in improving the physical and mental status of that class of patients.

We propose to present a series of articles descriptive of the Ontario eleemosynary institutions, particularly those in which results are obtained which have a bearing on the art and science of medicine. In the current number, we are fortunate in being able to publish an article, descriptive of the therapeutic and educational work done at the Ontario institution for the education of the blind at Brantford.

The four illustrations which accompany the text, and for which

we are indebted to the courtesy of Principal Dymond, will, no doubt, add to the pleasure of our readers, enabling those who have not visited Brantford to form some idea of the extent of the buildings and grounds.

Physicians, particularly obstetricians, will observe that in the Brantford institution 16 per cent. of the cases of blindness result from ophthalmia neonatorum.

In May, 1897, we published an article in this journal, showing the advantage of adopting prophylactic measures in treating the eyes of new-born infants. We quoted the opinion of Dr. Valude, of Paris, who has made a practical study of this question, and prepared a statistic of the results obtained in his obstetric service, in which favorable mention is made of the application of a 2 per cent. solution of nitrate of silver to the eyes of each infant immediately after birth. As this author says: "When done immediately after birth, before the umbilical cord has been severed, the proportion of cases of ophthalmia is reduced by one-half, and the statistic is twice as favorable as it is in cases in which the little operation is delayed."

Dr. Valude's opinions and practice throw a brilliant light on one of the causes of preventable blindness in Ontario, and should induce our accoucheurs, among their many different duties, to make an effort to reduce the rather alarming percentage of total blindness caused by ophthalmia neonatorum. J. J. C.

THE VICTORIAN ORDER OF NURSES, REQUIESCAT IN PACE.

LIKE refractory children the medical men of Toronto have been patted on the back and told "You don't know what is good for you, my dears," and down their unwilling throats has been poured the nauseating medicine labelled "The Victorian Order of Nurses," several doses daily and a double spoonful at dinner time.

"Theirs not to reason why,
Theirs not to make reply,
Theirs but to — swallow."

To prove the efficacy of this medicine, a stranger has been within our gates, an estimable physician we do not doubt, but to Canadians only a strolling gipsy, here to-day, and a dweller in the

Kingdom of Uncle Sam to-morrow. If only to prove the truth of the statement that "other people's business interests us, our own business bores us," we would like to ask if the esteemed doctor measured the portion he offered the Canadians with a *silver* spoon?

We have not felt the necessity of purchasing this highly recommended medicine, as we believe our storehouse to be *full of the article to overflowing*; but along came Anthony Hope Hawkins, and graciously declared he would contribute some of the money needed to purchase a large supply. And so he lent the music of his voice to coaxing the child of his brain "Dolly" down from the book-shelf, and they talked to the stake of a necessary million. When the hour was over, we fancied we heard Dolly say:

" 'Will this hour count, Mr. Carter' ?
 'That would be rather strict,' said I."

Meanwhile Br'er Fox's thoughts are almost too deep for words. He muses, and his thoughts are of the day when famine shall return to this city, and on emptier stomachs, but with clearer brains, the dear medical children shall endeavor to take their medicine again daily, and to be continued *ad libitum*, bottled, corked and labelled by an Englishwoman called "Nurse," imported for the purpose. Then, amid his musings, Br'er Fox sees a great funeral procession, and the obnoxious medicine buried under the head-stone of common-sense, and we hear him say,

" 'Who'll buy the flowers ?'
 'I'll buy the flowers.'"

And through the winter-stripped branches of the maple trees the wind whispered, "It is well."

W. A. Y.

ULTRA-SABBATARIANISM.

THE daily press has been full of letters discussing Sunday recreation, occasioned by the leaving open free, recently, during one Sunday, of the chrysanthemum show. As medical men we consider this action a very commendable one, and a great boon indeed to the poorer working classes; everything that is beautiful, and especially the direct handiwork of the Great Artist, tends to develop the moral life, and so indirectly the healthy physical life of the great mass of the people. When Bishop Vincent, of the United States, organized his great Chautauqua scheme, he emphasized

strongly the idea that rest is not necessarily inaction, but rather a change of occupation.

Even of austere Calvin, it is said he played at "skittles" on Sunday after the services of the church. Macaulay in his speech on the Factory Act made a very strong appeal for the rest day. But Charles Kingsley struck the key-note of harmony when he counselled his own sons not to play cricket on Sunday because they had much leisure for amusement during the other six days, but urged the village lads to participate in the game because of their lack of time for recreation during the week.

What is generally termed the religious portion of the community, we fear are too rigid in their ideas of Sabbath observance. They insist upon regular attendance at the services of the Church, but quite forget to imitate old Sir Roger de Coverley and send a hassock, prayer-book and singing master around to induce the attendance of the class that are "work tired." Let the poorer among us begin to feel the beauty in nature, and the perfection that may be attained by cultivation; give the poorer brother a chance intellectually, and he will attain unto a chance physically and morally. Even the great shaggy "mums" may teach him that he is not a creature of environment but of infinite cultivation and development.

W. A. Y.

CIRCUMCISION.

At the congress of French urologists, which met at Paris last October, Dr. Guiard discussed the operation for circumcision under the two heads of the rapidity of healing and the elegance of the final result. He did not consider the operation successful unless union was complete, without any separation in the entire extent of the wound, without crusts or suppuration, after the second day, excepting, of course, cases in which adhesions were present. He also thought that enough of the skin of the penis should be preserved to make a kind of foreskin, so as to cover the base of the glans penis and conceal all traces of the operation. Dr. Carlier stated, that for two years back he had not used chloroform or ether in a single case of circumcision. He acknowledged that cocaine had serious drawbacks, but said they were not noticeable in this operation if it was injected at the base of the penis. The resulting analgesia is then complete except at the frænum præputii.

J. J. C.

A STEP IN THE RIGHT DIRECTION.

LOOKING at the unusually large display of handkerchiefs in the shop windows of our city awaiting to be purchased and to take their places as the conveyers of "best wishes for a merry Christmas," we thought involuntarily of the article by Julia W. Carpenter, M.D., appearing in the current issue of the *Woman's Medical Journal*, of Toledo. Although it seems as though evolved out of a thought of Bellamy's expressed in "Equality," we give Dr. Carpenter's idea as a very good suggestion:

"A handkerchief should be made of some inexpensive material, and when used it should be cremated." . . . Handkerchiefs could be made of some material so inexpensive that their use and destruction would cost no more than their laundering. . . . The standard of the physician should be absolute cleanliness or asepsis in every-day life, and not just in times of sickness. In the domain of surgery we have been taught our lesson in asepsis. One familiar with surgery only before the days of antiseptics would deem the results of the present day incredible. In a similar manner, if some of the customs of the present day could be changed to what might be called aseptic living, the results would be equally marvellous."

W. A. Y.

THE PASSING OF THE OLD PROFESSOR.

As the hands on the dial of the clock of the years marked the half century, the old Professor said "good-bye" to the class-room. Faithfully and well during all the fifty years did James H. Richardson discharge his duties. Who of us can forget his inimitable description of the anatomy of the hip-joint? We who are in the hurry and rush of life pause a moment to pay our tribute of praise to one to whom honor is due. And now in the eventide of his life he leaves the burden to be borne by other shoulders, and surrounded by every comfort in his quaint home, almost one of Toronto's landmarks, we leave him to enjoy his well-earned rest.

W. A. Y.

OF PASSING INTEREST.

MANY busy practitioners have enjoyed "Hugh Wynne, Free Quaker," as it appeared in serial form in *The Century*. Now it appears in book form, we think the more enjoyable way to read it,

as a dreary "to be continued" does not greet the interested eye of the reader. Dr. Weir Mitchell, the author, is a joy to contemplate, strong physically and fond of athletics. The keen intellect, the strong, human sympathy, crowned with the wealth of knowledge of the student, the busy practitioner, and later in life the ardent specialist, a strange blending in one splendid old man, unbowed by his weight of seventy years.

THE conversazione of the Woman's Medical College held this year in the Education Department of the Normal School building, proved very successful. The programme was short and well rendered. The room devoted to the exhibit of the Toronto Society of Artists formed a charming background for the informal reception held by Dr. Augusta Stowe-Gullen, assisted by several other ladies.

A CONCERT in aid of a home for the nurses in connection with the Western Hospital, was given in St. George's Hall. The audience filled the hall to overflowing, thereby showing great appreciation of the efforts of those on the Board of Management of this comparatively new claimant for support among the city's many deserving institutions.

A THIEF recently visited the back yard of a Dundas Street doctor and stole four rabbits. The thief did not know it, but it is a fact that the rabbits were inoculated with diphtheria germs. Any one foolish enough to contract the disease in the near future will be regarded with suspicion.

IN its soft blue dress bordered with silver, our esteemed exchange, the *Medical Times* (New York), for December, comes looking very fair after twenty-five years of the rack and toil of life in a literary sanctum. We extend sincere congratulations.

THE *Medical Record's* special number of November 27 greets us in a handsome cover, and amid a shower of snowflakes we read of the sunshine and beauty of the numerous winter resorts so well described therein.

WE learn that the St. Louis journal entitled the *Laryngoscope* will be published also in Bristol, England, by Messrs. John Wright & Co., beginning with the issue for January, 1898.

WE welcome a new exchange to our list, the *Western Medical and Surgical Gazette*. It is full of good material and has a very strong connection.

W. A. Y.

Obituary.

DR. J. H. GARDINER, who died at London, Ont., of blood-poisoning, November 1st, at the age of forty-seven years, was a native of Stirlingshire, Scotland. He studied medicine at the Toronto School of Medicine, graduated as M.B. Toronto University, and M.C.P.S. Ont., in 1878, and began practice the same year in London. He was for many years a member of the Local Board of Health, and in 1888 occupied a seat in the City Council. As one of the Surgeons of the City Hospital, a member of the Medical Faculty of the Western University, and a successful practitioner, he was deservedly held in the highest esteem. He was a genial, warm-hearted man, and his death, at a comparatively early age, is deeply lamented by all who had the pleasure of his acquaintance.

J. J. C.

WE regret very much to be obliged to record the sudden death of Dr. James H. Burns, which occurred on the 20th ult., at his residence, 7 College Street. He died of heart disease, and the summons was not unexpected, as he had had premonitions for some time previous. The deceased was born at Oshawa, in December 1845, and received his early training at Upper Canada College. He graduated as M.B. at Toronto University, in 1866, and during the Fenian invasion of that year saw military service as assistant surgeon of Lieut.-Colonel Denison's provisional regiment. He subsequently settled at Collingwood, where he practised for ten years. He removed to Toronto in 1876, and was actively engaged in professional work up to the moment of his death. In 1880 and 1885, Dr. Burns was elected a member of the Medical Council of the College of Physicians and Surgeons of Ontario. He obtained the highest honors of this representative body, being chosen its Vice-President in 1887, and President in 1888. A vacancy having recently occurred in the constituency he formerly represented, owing to the resignation of Dr. Machell, he again contested the seat, and his election was declared two hours after his death had taken place.

At the time of his decease Dr. Burns was senior consulting physician at the Infants' Home, a member of the consulting staff at St. John's Hospital, consulting physician to Toronto General Hos-

pital, and a member of the Military Medical Board, No. 2. He was medical referee for Ontario of the Mutual Life Insurance Company of New York, and medical examiner for several other life insurance companies.

A very large concourse of physicians and prominent citizens assembled at the funeral, to show their respect to the memory of the deceased.

J. J. C.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

DIPHTHERIA AND ITS TREATMENT.

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY :

DEAR SIR,—Diphtheria is a self-limited disease of specific origin. If auto-infection can be prevented the efforts of nature will, unaided, effect a cure, but if the products of decomposition containing the specific poison of the disease (whether we believe this to be the Klebs-Loeffler bacillus or the ptomaines produced by it) are allowed to enter the system the disease increases in virulence, the powers of resistance are weakened and the victim dies. The Klebs-Loeffler bacillus may be, and often is, found when there is no constitutional disturbance, no diphtheritic deposits, or any other evidence of diphtheria; therefore, a perfectly healthy throat is immune to diphtheria; in addition to receiving the virulent Klebs-Loeffler bacillus in the respiratory passages they must be in a condition favorable to the development of the disease.

Many remedies and methods of treatment have been advocated and used since Bretonneau, in a work published in 1826, gave an account of his experience with diphtheria. The disease had been known and described before his work appeared, but from this time dates the copious modern literature upon the subject, as well as the name by which it is now known. Different opinions as to whether it was primarily a local or a general disease led to numerous theories as to methods of treatment for prevention and cure of diphtheria.

“Theoretically, a remedy to be successful in the treatment of diphtheria, should be one which would be constitutional as well as local in effect. It should be destructive to the specific cause as found in the diphtheritic deposits, prevent decomposition of the

diphtheritic membrane and destroy or prevent formation of the ptomaines which cause auto-infection. But before treatment has been commenced there may have been a greater amount of diphtheritic poison in the system than nature unaided is able to destroy. The remedy, must, therefore, be a constitutional as well as a local one, so that entering the system it may assist nature in her efforts to destroy or neutralize the poison already there. Such a remedy would be an ideal one and should, in my opinion, meet the requirements necessary for the successful treatment of diphtheria."

Although different remedies and methods of treatment were used and wonderful cures reported by enthusiasts, who for a time believed that they had found a specific for the much-dreaded disease, local applications and internal medication all failed when brought to the crucial test, virulent diphtheria too often ended in death. Antitoxin, by some considered a specific for the disease and by others as not only comparatively useless, but dangerous, is the latest addition to the list of remedies used for the cure of diphtheria. While the records of cases treated with antitoxin by different parties vary very much as to the percentage of recoveries, yet on the whole it appears to have materially lessened the death rate in diphtheria. In order to obtain good results, it must be used the first or second day of attack, and all agree that after the third or fourth day it is of little value. In cases of mixed infection, so common in very malignant cases, it is never of much value.

Among the remedies which have been successfully used in treating diphtheria, chlorin in solution and by inhalation proved to be one of the most useful. Solutions of chlorin could not be made powerful enough to obtain the full effect of the remedy, and the vapor (the most effectual way of using it) could not be inhaled except in minute doses, as it excited cough and a sense of suffocation, and, if persisted in, produced spitting of blood and violent pain. Diluted so that it could be safely used, many physicians found it more effectual in some epidemics of the disease than any other remedy and most of them hold that if it was possible to use chlorin, so as to obtain the full therapeutic effect, it might prove to be a specific for diphtheria.

As solutions of chlorin could not contain a large enough percentage of the active agent to be very effective and were merely local in their action, I became convinced that in the vapor must be found the remedy for diphtheria. After numerous experiments with different substances intended to correct or destroy the irritat-

ing and suffocating qualities of chlorin, without impairing its antiseptic properties, all of which failed when put to practical use, I at length succeeded, January, 1893, in discovering a combination which did not lessen the antiseptic properties of chlorin and completely eradicated or corrected its irritating and suffocating qualities. Since then I have had many opportunities of testing the value of the combination clinically and the results justified the opinion, that chlorin vapor, deprived of irritating and suffocating qualities, is as near a specific for the cure of diphtheria as it is possible for a remedy to be for that or any other disease. I have been unable to obtain full returns from all physicians who have used the remedy, but the results, so far as I have learned, in the practice of other physicians and in my own practice, show a death-rate of less than three per cent., although the remedy was used in a number of cases as a last resort after other remedies had failed and death appeared to be imminent. As a prophylactic, it has proved to be very efficient in numbers of cases where persons were exposed to the disease and as a preventive used the inhalations several times a day, complete immunity was established, not one who was exposed and used the remedy having been attacked by diphtheria.

Being used by inhalation the remedy has not only a local, but a general effect, as the vapor enters the lungs, passes into the circulation with the oxygen and assists nature to destroy the systemic poison. The remedy is very simple, easy to use and absolutely safe, no unfortunate sequelæ or harmful results follow its use. Theoretically, if chlorin gas, corrected, should prove to be a good remedy for diphtheria, it would also prove to be an effective remedy for other diseases of the respiratory organs of a microbic nature. Practically, it has proved to be such a remedy, as it has been very successfully used in asthma, pneumonia, hay-fever, bronchitis, laryngitis, whooping-cough and consumption. Used with appropriate supportive and constitutional treatment it has proved to be remarkably efficient in the earlier stages of consumption. In hopeless cases its use gave great relief to the sufferer.

The remedy consists essentially of chlorin deprived of its irritating, suffocating qualities by an emollient corrective. Its action is cooling, soothing and pleasant; the results are destruction of microbes, prevention of putrefactive changes, relief of local inflammation and lessening of the general temperature, if there is fever.

If the remedy is made of good materials, properly combined, the results will be very satisfactory; if poor drugs are used or they

are not properly combined, the results will be very disappointing. The value of the "corrective" is not so much due to the agents used as in their proper combination.

The formula of chlorin bactericide which has been so successfully used in the treatment of diphtheria and throat and lung diseases is as follows:

FORMULA OF CHLORIN BACTERICIDE.

Solution No. 1.

Solution of Zinc Chlorid.....	20 parts.
Solution of Arsenic Chlorid.....	30 parts.
Hydrochloric acid, pure	1 part.
Water	49 parts.

Solution No. 2.

Solution chlorinated soda, standardized to 2.6 per cent. available.

Chlorin	70 parts.
Corrective.....	30 parts.

The corrective consists of menthol, camphor, eucalyptol and salacylate of methyl dissolved in alcohol and water. Directions: five teaspoonfuls of No. 1 and one teaspoonful of No. 2 are put into the inhaler and inhaled four or five minutes at a time, once an hour, for diphtheria and pneumonia, and once every two or three hours for other diseases. For diphtheria and pneumonia one teaspoonful of No. 2 is added every four hours; every twelve hours the inhaler is emptied and refilled. For severe cases of diphtheria or pneumonia the remedy should be used day and night until there is well marked improvement, after which it is not necessary to use it at night. The inhaler should be slightly warmed before using. For diphtheria other medication may be used, but is not needed.

It is the opinion of all physicians who have used it in their practice that chlorin bactericide will not cure every case of diphtheria, but that no other remedy will cure so large a percentage of cases.

Very truly yours,

P. M. BRACELIN, M.D.

"SUNNY SOUTH."

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR EDITOR,—In my last I was essaying to prove that the "Doctorinen" could scarcely expect to keep pace with her male competitors—the doctors. Your accomplished editor in the pediatric department will think that retributive justice, like in the case of Jonah, has followed me, for the first one to act as guide and legal adviser in my new home was a lady lawyer. If the "Doctorinen" in Toronto could have seen how meekly and humbly I took advice from feminine lips, they would have enjoyed the joke immensely. Like our own "Doctorinen" the lady lawyer was a splendid type of womanhood. So my dose was easily taken. However, I soon betook myself to the offices of the doctors. These I found to be a jovial, courteous lot, and not only willing to welcome a stranger, but to answer innumerable queries about this country as a health resort. They certainly hold very high opinions of its virtues, and certainly my experience and observations verify all they say. The weather throughout winter compares, for warmth, rain, bright, balmy sunshine, with our best June days. The nights with May and September. The summer, though perhaps somewhat hotter than ours, is moderated with cooler nights.

For scenery, nature, art and wealth have combined forces. Miles on miles of the richest orange orchards, just burdened with large, luscious fruit just ripening. An endless variety of the prettiest flowers blooming all the year round. All kinds of fruit in almost prodigal profusion, and every manner, shape and form of semi-tropical shrubs, shade-trees, etc. Patients are so fascinated with the scenery in every direction that they soon forget all about their infirmities. It is a poor place for doctors, for patients get well so quickly that practice does not pay. The result is, doctors soon take to cultivating orange groves, and in four or five years loom up as millionaires. They are then so popular that, like our Cameron, they find an M.D. cuts no figure, so they quietly ignore or suspend it and simply designate themselves as John Brown, Esq., Luconia Grove, etc., etc. However, as I was so thoroughly imbued with the dignity *et al.* of our profession at Montreal meeting, I shall continue to walk therein, remaining as hitherto an entire stranger to any of the enticements of wealth.

Redlands is one of many lovely towns in Southern California,

and up-to-date in every way. Patients coming here can enjoy everything that an ideal climate, delightful scenery, good and reasonable (rates) accommodation, and efficient medical skill can provide. Of course, you can easily understand how the last can be procured. Now, a vice-president of Toronto Medical Society, member of the Western Hospital staff, and perhaps, above all, an out-and-out supporter of Spence for Medical Council, should certainly make up any deficiency that could exist in medical ranks here.

Yours truly,

J. HUNTER.

Redlands, November 24th, 1897.

“VICTORIAN ORDER OF NURSES.”

To the Editor of THE CANADIAN JOURNAL OF MEDICINE AND SURGERY :

SIR,—When, at the Ontario Medical Association meeting in June, the subject of the “Victorian Order” for providing District Nursing was discussed, I was in full sympathy with the resolution passed by the Association in respect to that subject. Why? Because the object of the nursing project, from having been misunderstood, and perhaps in a measure unwittingly misrepresented, I was under a false impression in respect to it.

Since Dr. Worcester, of Waltham, Mass., who has made a special study of the subject both in Europe and America, and has had much practical experience in district nursing amongst the poorer classes in Massachusetts, has been in Ottawa and explained the working of such a system and its most excellent results, my views have changed; as also, I particularly desire to state, have the views of a number of the medical practitioners of this city with whom I have had converse on the subject.

To be brief, three special advantages may be named as almost certain to result from the proposed nursing scheme if carried out, as follows:

First.—It would be a decided advantage (rather than a disadvantage) to our already somewhat considerable army of regular nurses, by increasing, probably in a little time quadrupling, the demand for these “ministering angels.”

The new order of nurses would go forth amongst the sick and distressed of the poorer classes, *visit* them, only, say for an hour or so (never remaining, as for a day or a week), for a small sum paid to the Home, not to the nurse.

One of them would be sent out, say, to a woman at the commencement of labor, by the physician engaged; she would take the place at the bedside and in the room of the very incompetent neighbor or friend, or even mother, of the patient, now commonly in attendance. With a knowledge of the requirements of the case, with kindly sympathy, tender and *clean* hands, she would arrange everything for the comfort of the patient, the prospective baby, and also for the coming physician; and in the best possible manner, very different from that in which they are now commonly arranged, sometimes providing from the Nurses' Home certain necessaries not obtainable in the patient's house.

If properly chosen or selected, as naturally adapted to this sort of semi-mission work, the district nurse would bring such a stream of sunshine (really and figuratively, with fresh air), such confidence, cheerfulness, hope and comfort, as would not only produce a favorable individual effect on the patient, but cause her family and neighbors to make great efforts on other occasions of the kind to employ a regular outside nurse for some days or a week or two, in order to have the benefit of a nurse's constant attendance instead of only visits.

So in a case of pneumonia, of enteric fever, of acute rheumatism, pulmonary tuberculosis or any other disease. The very natural result of this sort of nursing would be, and as appears to have been Dr. Worcester's experience in Waltham, to greatly increase the demand for the regular nurse, as now provided.

Second.—The district nurse is to be sent out only under a physician, it appears in all cases, and she cannot fail to prove a very great time and labor saver to the physician, in all cases in practice which she attends, especially in midwifery practice. This, Dr. Worcester states, is his experience. She will let the attending doctor know just when he is needed at the bedside, saving him hours of patient, or impatient, waiting or "watching," calls or visits; she will enable him to leave the case sooner, and to know when other after-calls would be most needed by her morning visit to the patient and reporting the conditions.

Third.—The district or visiting nurse would by her sympathetic presence and other personal characteristics, and her knowledge and acts, bring into the often unventilated, unclean, perhaps darkened, noisy, ill-managed, unhappy home of the sick, pure air and light, cleanliness, quiet, comfort, etc., and so assist immensely to promote recovery and health; abbreviating the period of illness, preventing suffering, despair, death—in a word, to lessen the

mortality by modifying and removing the cause of it, wherever she might be sent.

Trusting the above may enable the readers of your journal to a better understanding and appreciation of the proposed "Victorian Order,"

I am, etc.,

EDWARD PLAYTER.

Ottawa, November 25th, 1897.

Peritonitis in Typhoid Fever.

Dieulafoy (*Sem. Med.*) discusses the varieties of peritonitis in typhoid fever in relation to operative interference. Peritonitis due to perforation usually supervenes at the period of stasis or during recurrence of typhoid fever, and any part of the intestine involved in the typhoid process may be its seat. It is met with in mild as well as in severe cases, and the diagnosis would be a matter of great difficulty but for a constant and often solitary sign, namely, sudden fall of temperature. In three cases of intestinal perforation the temperature fell below 35° C. It would be a mistake to suppose that all such falls in temperature indicate perforation. In many cases the defervescence is as sudden as in pneumonia, or, again, such falls follow copious hæmorrhages. In the latter case, however, the temperature rises again rapidly, while in perforation it remains low or rises very gradually. Perforative peritonitis lasts from three days to a week, during which time deceptive remissions may occur. The end is almost invariably fatal. In rare cases protective adhesions form, and recovery ensues. In the peritonitis due to the propagation of the infectious process through the ulcerated but not perforated intestine there is a lesion of the vermiform appendix, which may ulcerate and be perforated at the level of its abundant lymphoid tissue. The symptoms are the same as those of other typhoid perforations. "Paratyphoid peritonitis" is due to the remnant of a typhoid lesion of the appendix, and is characterized by a rise of temperature. Surgical treatment of this condition should be the same as in ordinary appendicitis. The problem of when to operate in a perforative peritonitis is a much more serious one, owing to the difficulty of determining that perforation has taken place, the necessity of speedy and opportune intervention, and the fact that there may be several co-incident perforations. Operation, however, holds out some hope of success, and in spite of the ulceration suture may bring about healing.

The Physician's Library.

The Practice of Surgery: A Treatise on Surgery for the use of Practitioners and Students. By HENRY R. WHARTON, M.D., Demonstrator of Surgery in the University of Pennsylvania, Surgeon to the Presbyterian and the Children's Hospitals, etc., etc., and B. FARQUHAR CURTIS, M.D., Professor of Clinical Surgery in the New York Post-Graduate Medical School and the Woman's Medical School of the New York Infirmary, etc., etc. Profusely illustrated. Philadelphia: J. B. Lippincott & Co. London: 6 Henrietta Street, Covent Garden. 1898. To be procured in Canada from Mr. C. Roberts, 393A Cadieux Street, Montreal.

The fault to be found with many of the more recent works on this the most important department of our profession, has been that they have not been sufficiently practical. Few subjects admit of so much latitude in this respect. The authors' aim in this fine work has been that it shall, first of all, be "eminently practical." They have certainly accomplished it, as we have had greater pleasure and satisfaction in perusing this volume than many others which have come under our notice. It is not an easy matter to condense such a subject into one volume, especially in view of the fact that surgery is from year to year going ahead with such rapid bounds; but only by giving proper attention to those departments which require care, and which at the same time will admit of condensation, and leaving out what is superfluous. Such information is given in the book as will enable the practitioner to carry on his work without having to wade through volumes of material which are not to the point. The authors have, as they say themselves, taken into consideration the fact that, in order to give the reader a complete knowledge of the subject without being too lengthy, it is necessary that the information given should include, 1st, A description of the various injuries and surgical diseases sufficiently full to enable the practitioner to recognize them when met with in practical work; 2nd, Full directions for the treatment of such injuries and diseases; 3rd, A sketch of the treatment of the more difficult conditions such as would allow the practitioner to advise patients intelligently in obtaining special skilled surgical attention; and 4th, An outline of the accepted facts and theories of the etiology and pathology of the various surgical affections sufficiently to form a foundation for the clinical picture and give directions for the treatment of the different chapters in the work. The senior author prepared those sections on diseases of the bones and joints, fractures and dislocations, the blood vessels, the chest, the rectum, minor and orthopedic surgery, amputations, etc.; while those on bacteriology, inflammation, the head, the breast, the abdomen, the urinary organs, the male and female genitals, etc., were written by the junior author. The majority of the illustrations are original. From every standpoint the book deserves praise, and we are sure will meet with a phenomenally large sale.

Diseases of the Stomach. Their special pathology, diagnosis, and treatment, with sections on anatomy, physiology, analysis of stomach contents, dietetics, surgery of the stomach, etc. In three parts. By JOHN HEMMETER, M.B., M.D. Philos. D., Clinical Professor of Medicine at the Baltimore Medical College; Consultant to the Maryland General Hospital, etc. With many original illustrations, a number of which are in colors, and a photographic frontispiece. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1897.

Professor Da Costa, in delivering an address before the Medical and Chirurgical State Faculty of Maryland in April, 1896, in speaking of the manner in which medical libraries build up and increase, said that "books attract books, and as a rule any new work in any particular class has a striking family resemblance to those already published." In this work there is much which is not to be found in other works on diseases of this particular organ. The author has gone into methods of diagnosis which are not related elsewhere, so that for that reason, if for no other, Dr. Hommeter's work is ahead of all predecessors. The subject is treated systematically and concisely, first, the special anatomy and physiology of the digestive organs being given, with methods of diagnosis and general therapy, including dietetics, followed by a methodical discussion of the various diseases affecting the stomach. Too many books are published which are written in such a manner as to make the subject anything but interesting, but in this case the author has paid special attention to the manner in which his subject is presented, rendering those chapters, which might otherwise prove dry reading, full of attraction. The contributors to the work have amongst them those who are recognized authorities in their branches, so that medical men may rest assured that in purchasing this book their money is well invested.

Lectures on "The Action of Medicines," being the course of Lectures on "Pharmacology and Therapeutics," delivered at St. Bartholomew's Hospital during the summer session of 1896. by T. LAUBER BRUNTON, M.D., D.Sc. Ed.; LL.D. Aberdeen; F.R.S., Fellow of the Royal College of Physicians, Associate Fellow of the College of Physicians of Philadelphia, etc., etc. London: Macmillan & Co., Limited; New York: The Macmillan Company, 1897. Canadian Agents: A. P. Watts & Co., 10 College Street, Toronto.

This work gives a magnificent general idea of the mode in which drugs act upon the human organism, it having been originally arranged in accordance with the schedule for the examination in Pharmacology instituted by the Royal College of Physicians and Surgeons of London. The first two or three chapters take up such subjects as the application of heat and cold by both dry and moist methods, bleeding, leeching and cancer irritation. The author thereafter goes most lucidly into such subjects as the caustic action of certain drugs, medicines which have actions upon the peristaltic movements of the alimentary canal and secretions of glands connected with it, upon the composition of the blood, on the muscular walls of the heart, medicines which have actions on the processes of inflammation, on absorption, on the secretory action of the kidneys, etc., etc. Each chapter is more interesting than the preceding, and it can be said of this work what cannot be said of very many others, it is so interesting that once taken up by the reader will be seldom laid down until completed.

A Manual of Pathology. By JOS. COATS, M.D., Professor of Pathology in the University of Glasgow; Pathologist to the Western Infirmary and the Royal Hospital for Sick Children, Glasgow. Third edition, revised throughout. 507 illustrations. London and New York: Longmans, Green & Co. 1895.

This edition of Coats' pathology has been thoroughly revised, and to a large extent rewritten. Its having had so extensive a sale is to some extent due to the fact that the author bases it on pathological anatomy,

thus making it so much more interesting to the ordinary practitioner. In this respect Coats' pathology excels many other similar works, as it does not deal entirely with morbid anatomy, pure and simple, making it unendurably dry to all but those who make a specialty of the subject, but on the other hand, being based upon pathological anatomy, makes it most interesting reading to the profession as a whole. The illustrations are particularly good, an item of no little importance in any book, almost all being photographic illustrations of actual specimens. There is no doubt that photographic reproductions of the actual objects are much more instructive to the student than ordinary drawings. The book is published on very fine paper, and altogether is quite an addition to any doctor's library.

Surgery: Its Theory and Practice. By WILLIAM JOHNSON WALSHAM, F.R.C.S. Eng., M.B. and C.M. Aberdeen; Senior Asst. Surgeon, Lecturer on Anatomy and Surgeon in charge of the Orthopedic Department, St. Bartholomew's Hospital, etc., etc. Fifth edition, revised and enlarged. 380 illustrations. Philadelphia: P. Blakiston & Son, 1012 Walnut Street.

We congratulate the publishers of this work in the fact not only that several chapters have been amplified materially, but that the book is in this edition much more handy in size and shape. The character of the type is materially improved, and many new illustrations added. The section on injuries of special tissues is most interesting, especially that portion on ununited fractures, where the illustrations are very clear and distinct. Section V. has been devoted to injuries of regions, with injuries of the head and face, and ending with those of the lower extremities. Section VI. deals with diseases of regions, and devotes over three hundred pages to that department of surgery. The chapter on the different forms of talipes is thoroughly up to date. In every respect Walsham's surgery in the fifth edition is well worthy of a place on the library shelves of every surgeon.

An Act of the Parliament of the United Kingdom of Great Britain and Ireland, passed in the session held in the 59th and 60th years of the reign of Her Majesty Queen Victoria, being the second session of the 26th Parliament of the United Kingdom; Orders in Council; Acts of the Parliament of the Dominion of Canada passed in the session held in the 60th and 61st years of Her Majesty's reign. Ottawa: Printed by Samuel Edward Dawson, law printer (for Canada) to the Queen's Most Excellent Majesty. Anno Domini, 1896.

As the title-page indicates, this book consists of the different Acts passed by Parliament during the 59th and 60th years of Her Majesty's reign, and those of the Dominion of Canada in the 60th and 61st years of Her Majesty's reign. The work is most useful, and especially so to those of the profession who take any particular interest in medico-legal work. Every physician holding a commission as coroner should be in possession of a copy, as it contains much of interest to them. The work can be procured from the Carswell Co., Limited., of Toronto.

The Physician's Visiting List (Lindsay & Blakistons) for 1898. Forty-seventh year of its publication. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street.

For now well-nigh fifty years this exceedingly compact visiting list has been published. It has every year grown in popularity till we are prepared to say no other in print has as large a sale all over this continent. It is gotten up

to accommodate from twenty-five to one hundred patients weekly, but in addition to the regular edition the publishers get out a perpetual one, which only differs in having no dates and the addition of special memorandum pages. There is also a monthly edition so arranged that the patient's name has only to be written once in the thirty days. We predict a very large demand for this 1898 visiting list.

A Practical Treatise on the Office and Duties of Coroners in Ontario and the other Provinces, and the Territories of Canada, and in the Colony of Newfoundland, with schedules of fees and an appendix of forms. Third edition. By WM. FULLER A. BOYS, LL.B., Junior County Court Judge, County of Simcoe, Ontario. Toronto: The Carswell Co., Limited, Law Publishers, etc. 1893.

To coroners in Canada the work known popularly as "Boys on Coroners" must almost of necessity form their *vade mecum*. It is a work which is eminently useful in every respect, giving fullest particulars as to the various laws existing not only in Ontario but the other provinces. The former editions were intended for use in the Province of Ontario, this edition being, however, adapted to all the Provinces, Territories of the Dominion of Canada, and to the Colony of Newfoundland.

Selected Article.

NEUROTIC DYSMENORRHOEA.

BY D. S. MADDOX, M.D.

DYSMENORRHOEA is one of the most frequent complaints the general practitioner is called upon to treat. That it is one most obscure in etiology, as well as one of the most difficult to permanently relieve, all physicians will admit.

Most authorities divide dysmenorrhœa into the neuralgic, the obstructive, the congestive or inflammatory, and the membranous forms. The frequency of these varieties is in the order named. In other words, the most frequently met is the neuralgic form, and the least frequent is the membranous.

While one who has had experience can readily determine the character of the case by the character of the symptoms, and although we do occasionally find these typical varieties, it is doubtful if any case continues one of any of these (distinct) varieties for a long period of time. Thus, a neuralgic dysmenorrhœa does not long remain purely such. It is impossible to suffer great pain during the function of menstruation continuously month after month, and year after year, without structural changes in the endometrium resulting. Neurotic dysmenorrhœa in time becomes congestive, and, finally, inflammatory dysmenorrhœa.

In a certain sense, every dysmenorrhœa is mechanical. Neuralgic dysmenorrhœa is certainly mechanical when spasmodic; for

instance, when there is spasmodic action of the fibres of the cervix, analogous to the spasmodic action of the sphincter ani in fissure of the rectum. There is a mechanical obstruction in dysmenorrhœa when the cause was originally a flexion or displacement. Sooner or later the neurotic element enters into all cases of dysmenorrhœa. Of course, obstruction is one of the chief underlying factors in causing pain in some cases of dysmenorrhœa. It is a well-known fact that savage women suffer much less during labor than their civilized sisters, possibly because a higher development of the nervous system is incident to civilization. It seems natural to suppose that this high development of the nervous system makes menstruation more painful; or, in other words, that the pain, at least in part, is nervous or neuralgic. Dysmenorrhœa in young women is often caused by improper mode of life, and for the relief of such it is not the gynecologist, but the general practitioner, who should be consulted. The latter by proper advice and judicious medication can and will usually give them relief without the examination, which, in unmarried women, when unnecessary, is little less than a crime.

Some recent authorities deny the existence of a pure neuralgic dysmenorrhœa, attributing all cases of dysmenorrhœa to infection and arrested development. I think, however, that most practitioners believe there is such a thing as neuralgic dysmenorrhœa. I regard it as the most frequent form of dysmenorrhœa, coming on at the very beginning of menstruation, and, it may be, lasting until the end of menstrual life; and it is the most troublesome form to treat in many instances. One reason for believing in its existence is the conduct of cases, and the manifestation of symptoms. Some of these cases begin at the very inception of menstruation; some not until months afterward; some not until after married life, and some not until after parturition.

Some, when they have begun, or later on, stop for one or several months or a few years, and then for some cause return again. There is great irregularity regarding time, duration and the position of the pain in these cases. Not a few of these cases suffer irregularity in quantity at different times, and not a few cases suffer irregularity in position at different times.

In the treatment of dysmenorrhœal cases, where there is no tangible pelvic lesion demanding strictly local attention, or operative interference, I have of late come to rely upon a single remedy, apioline, the active principle of *petroselinum sativum*, introduced to the profession by Chapoteaut. The following cases are of the neurotic variety of dysmenorrhœa, and clearly demonstrate the value of the drug as a therapeutic agent.

Case I.—Miss F., aged 20, anemic and poorly nourished. For two years she had suffered greatly from painful and scanty menstruation. At times the pain was so severe that the hypodermatic use of morphia was resorted to. An iron tonic was prescribed; also, apioline at the menstrual periods, beginning three days before

the flow was due. In three months the patient was much improved in general health, and her menstruation was normal.

Case II.—Mrs. R., aged 34, married ten years, three children, youngest two and a half years old. Had had painful and scanty menstruation off and on nearly four years. When I first saw her she had had four painful periods in succession. Apioline was ordered (one capsule three times a day) during the flow, beginning as usual two or three days in advance. The effect was immediate, pain being slight, and the flow more copious. The second month there was no pain, and flow was normal in quantity.

Case III.—Mrs. B, aged 27, married five years, one child two years old. Previous to marriage had suffered from painful menstruation, but after marriage the attacks had subsided, and only recurred after the birth of her child. The pain experienced was of a severe character, necessitating confinement to bed and opiates. She was put on apioline (one capsule three times a day), beginning three days before the period. This remedy was continued for three months, after which menstruation was normal.—*Med. and Surg. Reporter.*

THERAPEUTIC NOTE.

DR. GOTTSCHALK, of Frankfort, reports (*Brit. Med. Jour.*, No. 1828, p. 7) the results from the use of Stypticin in forty-seven cases of hæmorrhage. It may be given hypodermically (in urgent cases), or per os in solution or gelatin pearls. Dr. Gottschalk finds that 0.05 Gm. ($\frac{3}{4}$ grn.) may be taken five or six times a day without any untoward effects. It has a great advantage over hydrastinine and other uterine hemostatics, in that, as might have been expected from its source, it possesses a well-marked and potent sedative action that is both local and general, and hence specially indicates its use in dysmenorrhæic affections. Stypticin promptly checks hæmorrhage resulting from pure uterine subinvolution—that is, that due to muscular atony and not to retention of membranes, etc. In fungous endometritis it is a valuable adjuvant to the currette; and it is very useful when the patient objects to curretting, and particularly in those cases in which this treatment does not stop the hæmorrhage. It is also useful in bleeding caused by fibroids or the climacteric. In purely congestive menorrhagia it is well combined with hydrastinine. In menorrhagia the drug is best given four or five days before the period, 0.025 to 0.05 Gm. ($\frac{3}{8}$ to $\frac{1}{2}$ grn.) four or five times a day, and continued until bleeding ceases; this not only diminishes the hæmorrhage, but also renders the use of much smaller doses sufficient.

In violent hæmorrhage Stypticin should be given hypodermically, according to the following formula:

Stypticin	1 Gm. (15 grn.)
Distilled water	10 Gm. (150 min.)
Inject daily 2 Cc. (30 min.) into the gluteal region.	

Stypticin is powerless to control the bleeding of uterine polypi, and is contra-indicated in threatened abortion, or, indeed, in any of the hæmorrhages of pregnancy, as it has a marked power of stimulating uterine contractions. This may be induced by it directly, or it may result indirectly from the anæmia produced by its vaso-constrictor action.

In all of Dr. Gottschalk's experiments no other treatment than that of Stypticin was adopted.

Stypticin (chemically, Cotarnine Hydrochlorate) is obtained from the opium alkaloid narcotine by the action of oxidizers. Its formula is $C_{12}H_{13}NO_3.H_2O.HCl$, and it occurs as yellow crystals or powder, readily soluble in water and in diluted alcohol.

(PUBLISHERS' DEPARTMENT.)

A COMPARATIVELY new preparation recently placed upon the market, and which so far has made quite a name for itself in the treatment of certain conditions, is Abbey's Effervescent Salt. Of effervescent salts (so-called) already introduced, there are a large number which are, to say the least of it, not what they are represented to be, and which do not produce the therapeutical effect claimed for them. In that way medical men have been deceived in the past, and to some extent lost faith in such preparations owing to frequent disappointment. Some manufacturers in the past have erroneously conceived the idea that, so long as the powder they are foisting upon the market is made to effervesce on being dissolved in water, they have accomplished all that is required from a medicinal standpoint. Such is nonsense, as the efficacy of such a powder lies not in its effervescent qualities at all, but in the careful compounding of its ingredients, which must be absolutely pure. In that way only can the manufacturers expect to regain the confidence of the medical profession and induce them to prescribe their goods. Abbey's Effervescent Salt certainly seems to meet all those conditions, and judging from the reports as to results received from the most prominent physicians, as well as institutions of this country, we should think that it would repay medical men to give the preparation a thorough trial. In those cases where a gentle, rapid and watery action of the bowels is required, or where there is congested condition of the liver, a dose of Abbey's Salt in the morning before breakfast will have a most desirable effect. In those cases also where there is dropsical condition present, and where the attendant physician wishes to rapidly relieve the system of a large amount of water without inducing great disturbance, this preparation can be depended upon.

DOCTOR,—You want facts about hypnotism. You want to test suggestive therapeutics. You want the *Hypnotic Magazine*. 10 cents per copy. \$1.00 a year, including premium book on Suggestive Therapeutics. Psychic Publishing Co., 56 5th Avenue, Chicago.