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# THE Canadian Medical Review.

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## Original Communications.

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### Hereditary Syphilis.\*

BY ALLEN BAINES, M.D., ETC.,

*Associate Professor Clinical Medicine and Pediatrics, Trinity Medical College, Toronto.*

HEREDITARY and congenital syphilis is so frequently seen by every general practitioner in large centres as to offer anything but an interesting subject for discussion as a rule. However, the case which I present to you to-night, I feel certain, is not at all common, though all authorities tell us it is not rare. I mean by this that it is the first case I have had in my own practice in which the visceral lesions have stood out so pre-eminently as to make the case, to me at least, of great interest.

The following history I received from the boy's mother—a well-educated woman, sensible and sharp, and most willing to tell all and everything which might be of any value in the history of the case. The boy's father contracted syphilis ten years ago, was under medical treatment for four years when he died from pneumonia, possibly specific. His condition she describes during that time as dreadful,

\* Read at meeting of Toronto Clinical Society.

being a mass of sores over different parts of the body, especially about the groins and privates, his throat also being much ulcerated. She is perfectly certain that she had no sign of the disease at that time or ever afterwards. Nine years ago she became pregnant, this boy being the result. The boy's history she gives as follows: Willie W., aged eight years and four months, when born seemed a strong healthy child, but at six weeks developed snuffles. Her medical attendant commenced treatment at once, but the little chap wasted, and for some months seemed to have but slight chance of surviving. Sores and crusts developed at the openings of the nostrils, and a continuous nasty discharge came from the nose, also a sore showed itself at the angle of the mouth. When about a year old he seemed to be all right again and began to grow fairly well; all this time he was under treatment. The boy, however, was always puny in comparison with her other children who were older. He received no treatment from three years of age until brought to my out-patient clinic at the Toronto General Hospital about a month ago. On examination I found his condition as follows: Patient pale, anæmic and puny. On stripping him I noticed the abdomen protuberant, and on percussion and palpation found the liver and spleen enormously enlarged, the liver being hard and elastic, with several marked nodules and notches at its lower anterior border; the organ seemed quite three times its normal size. The spleen also was found enlarged in about the same ratio, descending in the abdominal cavity nearly as low as the line of the umbilicus. I had the boy sent to the Sick Children's Hospital at once, and on more careful examination found a periosteal node on the left tibia; also noticed the sunken and separated nasal bones, notched and decayed teeth. A slight erythema on the forehead of a shiny, dry, specific appearance is also to be noticed. The anæmic appearance would naturally make one infer that white blood-corpuscles would have been in excess, but two separate examinations with different hæmacytometers made the result show but slight increase beyond normal. A careful examination of the heart reveals a slight hæmic murmur over the pulmonary area. Regarding his general well-being he does not complain in any way; eats and sleeps well, has no pain, and says he simply does not care to play as the little patients push him over easily, and that he is short of breath if he runs.

*The Liver.*—Regarding the pathological changes that take place, Gubler, forty years ago, gave a description which is still used in all articles on this subject. The organ is always found much enlarged. The tissue is hard and elastic, and thickening as in the adult will be

found about the capsule of Glisson, and this thickening is found in the continuity of the ramifications throughout the organ. The substance is so hard and elastic that a piece of it thrown on the floor will absolutely rebound as if it were rubber. Its color is yellow, and almost as transparent as opaque glass. Little granules which he compares to wheat will be found dotted here and there throughout the parenchyma. In the small prismatic spaces formed by the hepatic acini agglomerating together will be found round lymph cells collected into small lobules, these being microscopic gummata. In older children the gummata, similar to those in adults, are found.

**Hepatic Syphilis.**—DR. CHAUFFORD, in a recent clinic on the above subject, gave a very clear idea of the important differences that exist between this disease in children and in adults. He said: "It has been often said that infantile pathology did not constitute a clearly defined specialty, and while it may be true that a certain number of diseases have points in common, both in adults and infants, still a very large number of maladies are entirely different in infants, and have special and separate characters distinct from the same trouble in adults. Syphilis of the liver is one of these, and the principal differences may be classed under two heads: 1. The difference in etiology; 2. The pathogenic. As to the first, liver syphilis is in the adult an acquired disease. It is true that an infant may get syphilis, but if it should do so it would not go to the liver, so that it may be said that, in the child, hepatic syphilis is always hereditary. Next as to the pathogenic differences, an adult gets his hepatic syphilis, just as he would cerebral or any other syphilis, and that is to say that the syphilitic germs attack by the liver or any other viscera, by the arterial route. It is, in fact, a processus endo-arteritis, and the disease is propagated or carried by the hepatic artery in this case."

Now it is entirely different in the infant. If you will call to mind your anatomy of the fetal circulation, you will remember that the mother's blood comes by the umbilical vein directly into the liver, carrying from the placenta the nutritive principles furnished by the mother, and, most likely, with them the germs of the disease. This is why hepatic syphilis in the infant is so diffused and massive in its character. It is not at all the same in the adult. He gives the following example: A woman who had entered with syphilis in her fourth month of pregnancy had been put under specific treatment at once, and when the baby was born it looked well; but after two months it was found to have an immense liver that was hard and painful. Mercurial inunctions of three grammes a day were given, and the child took by the skin three hundred grammes of mercurial

ointment, or one hundred and fifty grammes of metallic mercury in three months. This proves the wonderful tolerance that children have for this drug, as it neither got stomatitis nor eczema during the treatment. When born it weighed three thousand grammes (six French pounds), and six months afterwards it weighed 6,500 grammes, so that notwithstanding the treatment, it followed the well-known rule in healthy infants, which says that they should increase double their weight in six months. The pathological anatomy of hepatic syphilis in children and adults is also quite different. While in the child the liver is found so hard and elastic that it is called "silex liver," and it has very small gummata diffused all over its surface, making these lesions quite uniform in character, in the adult the syphilitic liver is extremely "deformed, 'tied up,' it is called, and large, irregular, gummy tumors bulge out in its substance."

*Spleen.*—Parrot says the spleen is, after the bony system, the part most frequently affected. Cornil says that it is always affected in hereditary syphilis. It is found that the capsule is inflamed and thickened, and the tissue is harder than normal. Dr. Gee found in half the cases of hereditary syphilis the spleen would be found enlarged during life. In about a quarter of the cases the enlargement was great, and that these cases usually die. In fact, the degree of splenic enlargement may be taken as an index of the severity of the cachexia. However, he adds that in many cases where the other hypertrophies abate, the spleen remains enlarged for a great length of time.

*Pancreas.*—In 1875 Birch Hirschfield drew attention to the fact that the pancreas was in many cases also affected, finding no less than thirteen out of twenty-three cases where bone lesions were present, lesions of this organ, the alteration being in the great increase of the connective tissue, being in fact a similar pathological alteration to that found in other organs. It is beyond the province of this imperfect report to go into any detail of other organs or description given by well-known syphilologists, but might add that the changes found in other organs, thymus, heart, kidneys, testicles, lungs, etc., are of a somewhat similar character. Henoeh says, regarding the bone lesions, that in the very young they are generally found to exist in the cartilages joining the epiphysis to the shaft; therefore the lesion is that of an osteochondritis, whilst in older children, as in this case, the tumor is found after the junction of the epiphysis and diaphysis at the distal end of the long bones, being therefore an osteoperiostitis.

*Teeth.*—This boy does not show the peg teeth of Hutchinson, but does show markedly the early decay beginning in the permanent

teeth already erupted, and the rotting out, as it were, of the milk teeth, leaving black stumps instead of falling out, as we find in a healthy child.

*Treatment.*—There is nothing new to suggest, mercury in some form being still the sheet anchor in this dread disease. Eustace Smith gives grey powder, with the addition of carb. pot., to prevent derangement of bowels and stomach; Jacobi, calomel, with addition of a small quantity of Dover's powder, if productive of diarrhœa. Keyes prefers minute doses of hg. bichl. Holt and many others pin their faith to pot. iodide, and find children bear it well; Bumstead and Taylor, a combination of both drugs. Monti highly extols the iodide of iron, baths of various mercurial vapors, inunctions of all sorts, which method is more generally adopted than any other. Chaufford recommends in these cases, especially where the liver and spleen are affected greatly, a prolonged treatment of mercurial ointment in does of at least 2 to 3 grammes a day, with .25 to .50 pot. iodide, and continue without interruption for months. In adults more care must be taken with larger doses (5 to 6 grammes of ointment, with 4 to 5 pot. iodide), but the mouth must be watched for the symptoms of stomatitis, which is rare in infants and young children. According to Post the use of cod-liver oil is of no real use. Fournier, in *Monthly Review of Diseases of Children*, March, 1889, recommends the following procedure in regard to inunction. For adults 4 grammes is an average quantity of hg. ung., to be rubbed in daily, and this may be increased after a few days to 6 or 8 grammes. In children who have not yet reached the period of dentition, 1 or 2 grammes, or even more, may be readily tolerated. In severe cases in children the quantity used may be quite large, especially in conjunction with sulphur waters. The best time to use the inunction is at bed-time, and but one inunction should be used daily. As to location Fournier prefers the section below the axilla. The scrotum, groin, axilla and hairy regions should be avoided, as absorption takes place too readily in such localities. The location for the inunction should be changed from one side to the other every day, and each operation should continue for fifteen minutes. The part which has been treated should be covered with a layer of cotton wool and rubber protective for six or eight hours, and the skin should be well washed with soap and water the following morning. Two baths in starch and water should be taken twice a week, and the treatment should continue for four weeks. A good plan for children is to use the inunction for three days, rest three days, and so on. The treatment should be begun as soon as possible after birth, if the diagnosis of syphilis is clear. In children

who are born in apparently good health, but with a suspicious history, if the father alone is syphilitic, this treatment is not indicated. If the mother had syphilis a long time previous to her pregnancy, treatment is also not indicated. If the mother has had syphilis recently, and especially if there were evidences of it during her pregnancy, energetic treatment of the infant should be begun as soon as possible after birth.

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**PYLORECTOMY FOR CANCER.**—Dr. A. H. Ferguson, of Chicago, in *Internat. Journ. Surg.*, claims that this operation should be performed for cancer of the pylorus. The operation should be performed early in the disease, and every effort made to avoid undue shock to the patient. When performed early, before adhesions are formed, there is the chance of a possible cure. By means of the Murphy button the time needed for the operation can be greatly shortened and the risk of shock lessened. Lose no time in introducing interlocking sutures, but apply forceps after forceps. Then cut the mass away. When this is done the application of the ligatures can be executed more expeditiously.

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**THE TREATMENT OF SYPHILIS OF THE NERVOUS SYSTEM.**—Dr. B. Sachs, of New York, in *Langsdale's Lancet*, March, 1896, claims that the remedies are still the iodides and mercury. In the early and inflammatory stages of the affection, in ocular palsies, in the early days of syphilitic hemiplegia, in cerebral gummata, and gummatous infiltration in the cord, the mercury should be employed. Where there is an inflammation to be checked, or an exuded mass to be absorbed, use mercury; after this has been done use the iodides, and continue as long as the symptoms indicate. Never use the mixed treatment—the iodides and mercurials should not be given at the same time. The former prevents the free use of the latter. The effect of the mercury upon the gums proves nothing as to the constitutional action of the drug. Salivation usually depends upon the condition of the gastro-intestinal tract. In treating syphilis of the nervous system, practise inunctions only. A full drachm of unguentum hydrargyri must be rubbed in daily by an experienced hand for twenty or thirty days. Each rubbing should take at least forty minutes. Given by the mouth you may get salivation very easily, and there is not enough of the remedy absorbed into the system to act upon the disease. After, say, thirty inunctions the treatment may be postponed for a short time, and resumed if necessary.

## Society Reports.

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### The Trinity Alumni Association.

THIS Association must be congratulated on the success of its fourth annual meeting which was held on the 7th of April in Convocation Hall, Trinity University. Dr. STARK, Vice-President, occupied the chair in the absence of the President, Dr. A. MCKAY, M.P.P., of Ingersoll.

**Roentgen Rays.**—After the routine of opening, Drs. N. A. POWELL and J. McMASTER, assisted by Mr. J. McCLENNAN, of Toronto University, gave a demonstration of shadowgraphy by the Roentgen rays. The physical characteristic of the rays and their production was explained by Dr. McMASTER, whilst Dr. POWELL entered into a discussion of their use from a surgical standpoint.

**Appendicitis.**—Dr. TESKEY then read a paper on Appendicitis. He reported two cases in which he had operated after abscesses had formed. He maintained that in opening these abscesses it was better not to traverse the peritoneum, if possible. But if one had to do so, it was wise to make pressure on the abdominal wall above while the pus was escaping. This pressure from within outward tended to preserve the peritoneum from infection. Even if the peritoneum were exposed for this short time to the influence of pyogenic and other organisms, he thought little damage would be done. It was where the abscess had already burst into the cavity, and the germs had already taken lodgment in the mouths of the lymphatics of the peritoneum that made the case dangerous; for this condition would be little relieved by irrigation. The Doctor called attention to the fact that in certain cases it was wise to deviate from the rule of operating over the point of greatest tenderness and pressure. He discussed at some length the virtue of the incision of the oblique muscles made to correspond with the line of the fibres, and advocated, in stitching up, the use of the mattress suture as the best method of securing a sound wall, and one proof against hernial formations afterwards. He also warned medical men against placing too great reliance on the existence of McBurney's point. It was absent in each of these cases, the tenderness of one being in the region of the kidney, simulating renal disease, and the other in the region of the bladder, which, with the frequent micturition, led the attending physician to suspect disease of that viscus.



Dr. GRASSETT thought the importance of McBurney's point ought not to be minimized. The difficult point in these cases was not usually the diagnosis, but, when to operate.

Dr. BINGHAM, in referring to the time in which operation should be done, said that he advocated, not the immediate removal of the appendix as soon as diagnosis was made, nor the conservative plan of waiting for the formation of abscess, but rather to take the intermediate course, and have the patient watched constantly and closely, so that when the first symptoms pointing to operation presented themselves, reports should be made to the surgeon. These symptoms were referable to the pulse, temperature and the patient's general condition, which the Doctor discussed at some length.

Dr. MERRICK said that his practice agreed with that of the essayist in leaving the appendix after opening the abscess if it could not be readily reached.

Dr. CARSTENS, of Detroit, favored operation in every case as soon as the diagnosis was made. It had always made him feel sorry when he remembered the number of cases he had lost through his conservatism.

**Broncho-Pneumonia.**—Dr. GOLDSMITH read a paper on Broncho-Pneumonia. The Doctor said this disease occurred most often in the very young and in the aged. It was a sequel of influenza, whooping-cough and other diseases. It often followed a mild attack of bronchitis. When the patient became asthenic in such diseases as erysipelas, meningitis, typhoid fever, etc., the inhalation form of the disease occurred. He called attention to the pathology of the condition. He had found the best form of external treatment consisted of applications of poultices, sprinkled with mustard so as to keep the skin reddened, snugly and constantly applied. A favorite combination of remedies he had found to be wine of ipecac., benzoate of soda, citrate of potash, aromatic spirits of ammonia and some simple elixir, administered every three hours. If the case was a sthenic one he was in the habit of ordering a few doses of aconite with spirits mildererus. Stimulants, such as strychnine, brandy and quinine, might be called for. Milk diet was indicated where it agreed. Egg albumen, with a little sugar and water and brandy, was good. If the tongue was coated, small doses of calomel should be given. To reduce the temperature, sponging, change of position, and lessening of the amount of covering on the little patient would be useful. He deprecated the common practice of smothering the children suffering from this disease by heaping blankets upon them.

Dr. DAVIDSON preferred whiskey to brandy as a stimulant: and

codeine to morphia as a sedative. For the diarrhœa, 5 to 10 drop doses of liquor hydrarg. perchlor. As an application to the chest in cases of non-resolution, he liked ungu-hydrarg. iodide rub. of the B. P.

**Exploratory Incision in Abdominal Surgery; its Indications and Technique.**—Dr. Carstens said that it took a long time to educate the profession to the value of operating in abdominal cases. Its great success was due to the antiseptic methods of operating. In all obscure cases of abdominal disease where diagnosis could not otherwise be made, exploratory incision was justifiable. He would operate in every case of appendicitis. The Doctor related several interesting cases where he had operated for diagnostic purposes, and in which he had found that he was able to give relief at the same time. He also related the history of other cases he had formerly seen where he had not operated, and where *post-mortem* examination taught him that he should have done so. The incision should be made where the trouble was located. Other things being equal, he chose the median line. There would be less hæmorrhage, and there was a better chance of union.

Drs. TEMPLE, TESKEY and Sir WILLIAM HINGSTON discussed this paper.

**Progress of Surgery.**—Sir WILLIAM HINGSTON then made a few remarks on the Progress of Surgery. Surgery had grown from an art to a science. Wonderful strides had been made in regard to the treatment of cerebral lesions. The practice now in regard to the treatment of epithelioma of the face had changed. His plan was to leave them alone. If the disease occurred in the tongue, the whole tongue should be removed or left alone. In empyæma he recommended the removal of a portion of the rib. In calculus of the bladder the lateral incision was the best for most cases.

An excellent banquet was given in the evening.

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**NERVOUS ŒDEMA.**—Fedorovsky (*Vrutch*, No. 26, 1895) relates the case of a soldier who was injured severely, and after a period of unconsciousness found in addition to a paralysis that there was a unilateral œdema of the face. Since this time the patient has had frequent headaches and œdema of the cheek and eyelid, all upon the left side. The œdema can be brought on by energetic bodily movements, rapid walking, etc., and lasts two days. There is a slight exaggeration of reflexes, and there are no stigmata of hysteria. The author attributes the condition to a neurosis of traumatic origin which has provoked a special excitability of the vasomotor nerves of the face.

—*Medical Record.*

## Toronto Medical Society.

The regular meeting was held, April 3rd, 1896, PRESIDENT OLBRIGHT in the chair.

**Cholecystoduodenostomy.**—By Dr. WINNETT.—The patient was a woman, aged 39, the mother of four children. For fifteen months she had suffered from cholelithiasis with reflex disturbances of digestion, but no jaundice; there was tenderness over the gall-bladder, but no enlargement. The diagnosis was calculus in the cystic duct. Salicylate of soda and other remedies were given internally without relief. In the early part of March, 1895, surgical interference was deemed necessary. On the 29th of that month, assisted by Dr. Sweetnam, he made an incision in the upper part of the linea simularis. The omentum and duodenum presented at the wound. A gall-stone twice the size of a pea was found in the cystic duct. An attempt was made to press it into the bladder which failed. Anastomosis between the gall-bladder and the duodenum was decided upon. Murphy's compression forceps were found unsatisfactory as they repeatedly slipped off. A large flat sponge was placed in front of the kidney. One-half the button was inserted into the bowel, and the other into the gall-bladder. Owing to the thickness of the latter stretching was difficult, so the usual incision, two-thirds of the diameter of the button, required to be extended; this was drawn together by a suture, and made to include the running thread. Considerable pressure was used in bringing the button together. Before the operation was completed the patient coughed, causing the bile to well up into the wound. Greater pressure was used, and the button clicked twice. A drainage tube was inserted, and the abdominal incision stitched up. A good recovery was made, the only troublesome symptom being tympanitis, which was relieved by the use of the rectal tube.

In November, 1895, Murphy had reported fifty-one cases of this operation for cholelithiasis, with two deaths; one from hæmorrhage of the liver, the result of separating adhesions, and the other of septic peritonitis, owing to the septic contents of the gall-bladder escaping. As in other branches of surgery a much greater portion of successful cases found their way into the medical literature than the failures. Under the old method the mortality was 35 per cent.

Some of the indications for operations were: permanent obstruction of the cystic duct or marked reflex disturbances, obstruction of the common duct, fistula of the gall-bladder if the patient is becoming emaciated, and to drain the bladder of accumulations of matter.

Dr. HOLFORD WALKER thought in any cases where the symptoms were persistent, no harm could be done by making an exploratory incision.

**An Eczematous Rash.**—Dr. MCPHEDRAN presented a patient, fifty-two years of age, a laborer. Patient had always been fairly healthy, but never very robust. His integument was delicate. The present condition appeared three years ago, disappeared in the summer, recurring in the winter. It consists of a papular rash. It commenced by an itching sensation which begins at the calves and extends upward over the body. The irritability was very much worse at night. The eczematous condition was probably due to the scratching. The Doctor called attention to the differential diagnosis.

Dr. CARVETH said that last winter he had a patient with exactly the same trouble, which he thought was scabies. Under treatment with sulphur ointment the case did well. This winter the condition returned, but the sulphur treatment was ineffectual, which made him think the case was not scabies.

Dr. GREIG called attention to a case which he had seen in London similar to this, in which the rash did not disappear in the summer. The treatment consisted of applications of sulphur. He asked information as to the etiology of these cases.

Dr. SCADDING asked how camphor would do in such a case.

Dr. BROWN related the history of a case he had under observation. The woman, aged 25, had suffered from the condition for five successive winters. This winter it was very much worse, probably due to the fact that the patient was pregnant. There was no eruption on the hands, face, or flexures of the limbs. The treatment consisted of warm baths, diuretics, and the application externally of tar and carbolic acid. This was helping the patient.

Dr. MCPHEDRAN said he was not able to say much as to the etiology of these cases. It was probably due to inaction of the glands of the skin. The treatment consisted in giving warm baths, followed by the application of carbolic acid ointment. He thought probably the most effectual means was the injection of pilocarpine. He thought camphor would irritate the skin too much.

**The Treatment of Eclampsia Toxæmia of Pregnancy and Eclampsia.**—Dr. A. H. WRIGHT stated that we had used the word albuminuria in connection with pregnancy too long. It was simply one of a number of symptoms produced by a poisonous condition of the system. At the last meeting of the American Association of Gynæcologists and Obstreticians, one of the members had advocated the termination of labor in all cases where albuminuria was present. He strongly

objected to this treatment ; for it was a curable condition. Eclampsia was a symptom of the disease, not the disease itself, so that the term was by no means a correct one. It was the most striking symptom of a toxæmia which produced a very profound effect on certain organs of the system. We had been told that the causation was renal incompetency. During late years there have been some reasons to doubt whether this was the primal cause. Investigations had shown that the liver was perhaps the most important factor in producing this toxæmia, which was the cause and not the result of the kidney degeneration and the other serious conditions. It was well known that the liver renders inert many poisonous substances brought to it from the intestines through the portal vein. Hepatic incompetency allowed entrance into the blood of substances highly toxic. To these had been applied the name leucomaines, and were the result of defective oxidation of nitrogenous substances. These poisons seemed to act specially on the kidney and the nerve centres.

Often no kidney lesion was found up to the time of the nerve explosion. If the kidney was the cause of the trouble, the question arose, why did it not show some signs? The reason was, possibly, that the poison had not been circulating long enough, the kidneys not being attacked till later on. While it was important to observe the kidneys, which, no doubt, were always more or less affected, every symptom should be recognized. What should be done with a pregnant woman when we discover symptoms of toxæmia with or without albuminuria? If albuminuria was present it was a very serious danger-signal, and called for close attention and most judicious treatment. While it was difficult, particularly in country districts, to make the examination of the urine at regular intervals in cases of pregnancy, yet in every possible case it should be done. The essayist called attention to a case of his own where the only symptom of the toxic condition was a slight headache. Up to this time he had been looking for albuminuria ; he had overlooked the importance of this slight nervous phenomena which had existed for three or four days before confinement, supposing it to be caused by indigestion. The woman had convulsions during the first stage of labor. Fortunately she recovered, but the essayist said he felt humiliated that he had not appreciated the importance of the symptom. Headache was a symptom of the disease which should put the physician on guard immediately. The essayist then called attention to the methods of treatment. Shapontier voiced the opinion of a great majority of physicians when he recommended, as soon as the slightest trace of albumen was found in the urine, that the patient should be placed on

an exclusive milk diet. It had appeared to him (the essayist) for some years that the value of the milk diet in this and in other conditions such as typhoid fever, had been greatly exaggerated. He agreed that it was an excellent food for pregnant women who had toxæmia; it was probably the best food. But many people had a decided aversion to milk. His plan was to prescribe a modified milk diet which included milk, buttermilk, koumiss, mineral waters, plain water in abundance, white fish, rice, tapioca, lettuce, water-cress, and fruits such as oranges and bananas. He then called attention to the hygienic treatment of these cases, referring particularly to the value of warm water baths. As to medical treatment he placed the highest value on the use of Epsom salts. At a recent meeting of the Ontario Medical Association, Dr. Moore, of Rochester, had stated that dropsy caused by kidney disease was frequently cured and generally very much relieved by sulphate of magnesia. It was necessary that the treatment should be thorough and systematic. The patient should have four watery movements during the twenty-four hours. Two drams to half an ounce might be given. He did not like the use of elaterium and croton oil. A few small doses of calomel might sometimes be useful. He did not like the use of diuretics. Digitalis might be indicated in some cases, but the best of all diuretics was water. The acetate and bitartrate of potassium, with large quantities of water, was perhaps permissible in a few cases. He did not say that he was fond of them. Tonics were generally useful. Formerly the tincture of the chloride of iron was recommended in almost every text-book, and even in one of the latest text-books on the subject he had noted that the treatment of this condition was iron and a milk diet. He, however, thought the indiscriminate use of iron did more harm than good. It should never be given, of course, where the tongue was furred. Of the tonics he preferred strychnine, mineral acids and vegetable bitters. As to jaborandi and pilocarpine, he gave them an unqualified condemnation because they were so dangerous, and so frequently killed the patient. As to the treatment of eclampsia, the main points were, if pregnancy was not too far advanced, to stop the convulsions by other than operative interference, and to improve the general condition. If this means failed the uterus should be emptied as soon as possible. To treat the convulsions he recommended the administration of half a grain of morphia, repeated if necessary. This treatment had been criticised adversely, particularly in Great Britain. Bleeding was useful in certain cases. He referred to the use of chloroform and chloral, which were both very useful. He also recommended the use of a salt solution, 2 to 4 per cent. Its effect was to dilute the poison and rally the patient.

He had never used *veratrum viride* as he was not greatly impressed with its value.

Dr. BASCOM advocated blood-letting. He reported two recent cases of eclampsia, in which he had adopted this plan of treatment with beneficial results, recovery taking place.

Dr. SCADDING was not inclined to agree that the liver was the seat of defect in puerperal toxæmia. He considered the oxidation of the nitrogenous substances one of the chief functions of the liver. He was quite shocked at hearing Dr. Longyear proposing emptying the uterus in all cases of albuminuria. He would like to know something of the micro-organisms to which this condition had been attributed. His own idea was that the condition was possibly produced by the suppression of some specific secretion of the kidney which was necessary to maintain the blood in a proper condition. He called attention to the experiments of Tarnier and Lusk, where light was thrown on the prognosis by experiment. Certain graduated amounts of the blood of the patient were ejected into rabbits, the severity of the condition being indicated by the small doses rapidly killing.

Dr. ADAMS reported a case of eclampsia he had recently had. The patient had had ten convulsions. Although advised to bring on abortion—it was the seventh month—he refrained from doing so. Had administered morphia for the convulsions. Under treatment the amount of albumen had decreased from 60 to 10 per cent.

Dr. MACHELL thought no one could differ from the line of treatment Dr. Wright had laid down. A case he had had under observation would seem to negative the theory which referred the causation of eclampsia to hepatic disease. Albuminuria having been discovered, active eliminative treatment was carried on; calomel, being a good hepatic stimulant, was frequently used, as well as magnesium sulphate. Hot baths were also given, after which the patient perspired freely. In spite of all treatment the urine was still loaded with albumen; (no convulsions, however, occurred.) When one was called to a patient in actual convulsions who had not reached full time, the matter of the production of abortion would depend on the severity of the case. If the case was very severe, and the convulsions continued in spite of all other treatment, then labor should be induced, but if the convulsions responded to this treatment, it would be worse than folly to bring on labor. But if the attacks came on at full time, the sooner the patient was delivered the better, but delivery should be accomplished without violence. This would be done usually without much difficulty inside half an hour. He related the history of a case which he attended in which the os was

not dilated larger than a fifty-cent piece, in which he managed to deliver the child in twenty minutes.

Dr. Ross said that in certain cases in which the system was thoroughly vitiated with the poison, any form of treatment could not save the patient. It was natural for the uterus to abort in cases of eclampsia. But even if this natural indication followed, the gratifying results reported in the text-books would not always follow. Certain of these cases were accompanied by rupture of a cerebral vessel. Such cases obviously would not yield to the ordinary form of treatment.

Dr. OLDRIGHT was not sure whether the liver was much at fault in these cases. He had not seen any cases of puerperal eclampsia without albuminuria. In all cases where he had taken the precaution to examine the urine and treat albuminuria when present, the patient had escaped convulsions. There was one point in which he differed from Dr. Wright, that was in the use of diuretics. He had repeatedly found that after the administration of acetate of potash in fifteen to twenty grain doses every two hours until an effect was produced (if the patient's stomach could tolerate it), and after that four times a day, the albumen was very much diminished. The speaker presented a specimen of urine taken from a patient after treatment in which boiling produced no deposit of albumen. He also spoke of the beneficial use of baths.

Dr. OAKLEY thought that very often we interfere too much in these cases. The activity of the treatment sometimes, he believed, aggravated, instead of relieved, the condition.

Dr. J. C. O. HASTINGS was not sure that the production of abortion in cases of albuminuria was not more nearly right than was generally believed. He thought the first indication was the appearance of retinitis. He advocated the saving of the mother's life by timely interference. It was easier to make an infant than a mother. Another point of justification of early interference in these cases was that its termination conserved the mother from permanent Bright's disease, which he doubted not, often followed the attack of pregnancy. He thought the use of diuretics was very misleading, because after their stimulating effect there was a very much increased amount of water passed, which, of course, on examination showed less in quantity comparatively than before, whereas the total amount might be equally as great. He referred to the history of three cases he had had, two of which had died. He advised the use of chloral during the convulsion, to be introduced, if necessary, by the stomach tube. He had seen veratrum viride for ten or fifteen minutes as recommended, to reduce the pulse rate, but in this case it did not succeed in doing so.



Dr. REEVE, in speaking of the affection of the eye when this condition of albuminuria was present, stated that in some cases the defect in vision was only transient, being due to no organic change in the eye, but simply to a poisoning of the centres. In other cases retinitis was present, which was a serious complication, causing, in some instances, permanent blindness. In such a case it would be better to induce premature labor than to allow the mother to become blind.

Dr. WRIGHT closed the discussion.

**Amputation of the Arm.**—Dr. PRIMROSE presented an arm which he had removed that evening from a newsboy. The boy had slipped under a street car. The little finger was completely crushed, and the distal epiphysis of its metacarpal separated. The skin was completely separated from the whole circumference of the arm below the elbow. There was a combined fracture at the elbow, the periosteum being denuded and T-shaped into the joint. There was also dislocation at this joint.

Dr. CARVETH moved, seconded by Dr. GREIG, that a meeting be called by the President of this society of the officers (President, Secretaries and Treasurers) of the medical societies in Toronto, including the Board of the Ontario Library Association, for the purpose of securing a central meeting room.

Dr. MACHELL said, as the hour was late, and a number of members having retired, that he thought it would be wise to postpone the discussion of this motion till the next meeting. This was acceded to.

A letter was read from Dr. SPENCER in which he suggested that the Committee be appointed by the Ontario Medical Society to negotiate with the telephone company for the purpose of securing more favorable terms for telephone by the profession. A committee consisting of Drs. Machell, Carveth and Spencer, was appointed to do this work. The meeting then adjourned.

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## Toronto Clinical Society.

*President, DR. J. E. GRAHAM, in the Chair.*

THE thirtieth regular meeting of the Toronto Clinical Society was held on the 8th of April.

**Tubercular Disease of Femur.**—Dr. PRIMROSE presented a femur, which he had removed by amputation at the hip for tubercular disease of the hip-joint.

**Hereditary Syphilis.**—Dr. BAINES read a paper on "Hereditary Syphilis." (See page 149.)

This was discussed by Drs. Primrose, Oldright, Trow, Graham and Britton.

**Roentgen Rays.**—Dr. E. E. King read a paper on "Roentgen Skiagraphy." Dr. Roentgen's discovery had not been published to the world until its practical value had been determined. To medical men it would be of great aid in the diagnosis of obscure bone lesions, and of the location of foreign bodies in the limbs, possibly also of discovering kidney calculi. The essayist then gave a little description of the apparatus used to produce the skiagraph. Following this he gave an extract from an article by Professor Schubert, which contained an historical review of the progress of electrical science. Dr. King showed some pictures of foreign bodies which were skiagraphed through the hand and arm—needles, a piece of lead and a piece of glass. One skiagraph showed a small piece of metal in the distal end of the first phalanx of the middle finger which was causing considerable annoyance. He had cut down and removed the body. Some ten months previous a needle had penetrated the finger and broken off. A medical man was consulted at the time, but she thought the broken piece was not entirely removed. He had also succeeded in making a skiagraph of a three months' foetus, which clearly defined the centres of ossification. He had also made one of a wrist on which an excision had been performed, which gave a clear outline of the joint.

Drs. Britton, Primrose, McDonald, Aikins and Oldright took part in the discussion.

The nomination of officers was then proceeded with: President, Dr. Allan Baines; Vice-President, Dr. A. A. Macdonald; Corresponding Secretary, Dr. D. C. Meyers; Recording Secretary, Dr. J. N. E. Brown; Treasurer, Dr. N. Walker; the Executive Committee, Drs. E. E. King, A. Primrose, B. Spencer, H. B. Anderson and W. P. Caven.

Dr. GREIG moved that the by-law, in regard to notice of motion, be suspended, as he had a motion to make which, in order to be carried before the end of the year, would have to be moved that evening. Seconded by Dr. Oldright. Lost.

Dr. GREIG then gave notice that he would move at the next meeting that a committee be appointed to confer with committees of the other medical societies and the Board of the Ontario Medical Library Association, for the purpose of making arrangements for a central meeting place. The society then adjourned.

## Editorials.

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### Ontario Medical Association.

THE programme of the above Association is well in hand. The discussion in medicine will be on "Treatment of Phthisis," by Dr. W. B. Geikie, Toronto; Dr. Geo. Hodge, London, and Dr. W. B. Thistle, Toronto. The subject for the discussion in surgery will be "The Operative Treatment of Carcinoma," by Dr. W. Burt, Paris; Dr. A. B. Welford, Woodstock, and Dr. G. T. McKeough, Chatham. "The Treatment of Puerperal Sepsis" will be the topic in obstetrics, by Dr. H. T. Machell, Toronto; Dr. G. Acheson, Galt, and H. Meek, London.

The following papers have been already promised: "Occipito-Posterior Presentations," by Dr. Albert A. Macdonald, Toronto; "Diphtheria," by Dr. C. R. Charteris, Chatnam; "The Rational Treatment of Typhoid Fever," by Dr. J. P. Armour, St. Catharines; "The Differential Diagnosis of Typhoid Fever," by Dr. G. R. Cruickshanks, Windsor; "Abortion," by Dr. F. R. Eccles, London; "Anæsthesia," by Dr. Crawford Scadding, Toronto; "Skin-grafting" (patient to be shown), by Dr. R. Whiteman, Shakespeare; "The Total Stamping out of Transmittible Diseases," by Dr. A. Groves, Fergus; "Mitral Diseases in Pregnancy," by Dr. C. J. O. Hastings, Toronto; "The Roentgen Rays in Surgery," by Dr. E. E. King and Dr. N. A. Powell, Toronto. Also papers by Dr. A. McPhedran, Toronto, and Dr. J. M. Cotton, Lambton Mills.

Dr. Victor Vaughan, of Ann Arbor, has consented to be present. Dr. T. McGraw and Dr. D. MacLean, of Detroit, have been invited.

The Committee of Arrangements are making elaborate preparations for the entertainment of the members.

We understand the railroads will make a specially good rate this year all along the line from Montreal to Windsor. The C.P.R. intends giving the delegates a special through car service. There should be at least five or six hundred in attendance this year. The dates of meetings are June 3rd and 4th. The Secretary, Dr. J. N. E. Brown, 137 Church St., Toronto, will be pleased to receive titles of papers, or applications for membership.

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THE Organization Committee of the "International" Medical Congress has at last consented to allow the English language recognition as one of the official languages at the Moscow meeting.

THE University of Würzburg has conferred the honorary degree of Doctor of Medicine on Prof. Roentgen.

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COUNT MATTEI, whose "remedies" for cancer and other ills became widely known a few years ago, died on April 7th in Bologna.

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SIR WILLIAM MACCORMAC has received from the Prince of Wales the appointment of Medical Officer-in-Chief to the St. John Ambulance Brigade.

\* \* \*

DR. JOSEPH SPAETH, the well-known gynæcologist of Vienna, died recently. He was for many years head of the second Clinic of Midwifery and Gynæcology in the University of Vienna.

\* \* \*

THE June number of the *Buffalo Medical Journal* will be a woman's edition. The entire magazine will be the work of female physicians. We look with great interest for the issue.

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DR. SIR RUSSELL REYNOLDS, owing to indifferent health following three attacks of influenza, retired from the presidency of the Royal College of Physicians. Dr. Wilks was elected to this position of honor.

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PROFESSOR MARIANO SEMMOLA, of Naples, died April 5th. He studied in Paris under Trousseau and Bernard, and was a close friend of Charcot. His last literary work, completed only a few weeks ago, on diseases of the liver, was written for the *Twentieth Century Practice*.

\* \* \*

THE COMING PRACTICE OF MEDICINE.—*Maryland Medical Journal* says: Now, the coming practice of medicine is to be in a large part the more careful handling of chronic diseases; such handling takes time, and as soon as the laity realize that a physician will do better work who manages but a few patients, the better it will be for all concerned. Educate the people to know that, except in cases of emergency, which we are always prepared for, the office work is to be done at certain hours in one place and the doctor will have more rest and time to see his family, bring up his children in the way they should go and receive the admonitions of his wife.

DR. EDWARD FRANKLAND will preside at the meeting of the British Association, which will be held in Toronto next year, in succession to Sir Joseph Lister. H. R. H. the Prince of Wales has expressed his regret that he will be unable to be with us on the auspicious occasion.

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A POST-MORTEM EXAMINATION FOR MEDICO-LEGAL PURPOSES.—The order given by the coroners in England states as follows: "You are required to make or assist in making a *post-mortem* examination of the body, which shall comprise an examination of the viscera, of the head, chest and abdomen, and if necessary an analysis of the contents of the stomach, and report thereon at the said inquest." The examination in all cases should be a complete one.

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EXPOSURE OF MEAT IN FRONT OF SHOPS.—In New York the exposure, in front or within a store, of fish, game, meat or poultry is prohibited under a penalty of from \$100 to \$500. A law of this kind should be in operation in every State, that the dangerous practice of decorating the exteriors of markets with quarters of beef and the carcasses of lambs, calves, pigs and poultry, where they are exposed to undue heat much of the time and to the bacteria-laden air all the time, should cease.

\* \* \*

SKIN LESIONS.—Walter Smith makes the following summary regarding skin lesions: 1. Very few diseases are directly traceable to dietetic causes, but improper diet may aggravate existing eruptions. Idiosyncrasy must be largely allowed for. 2. The diseases that may so arise are of a transitory character and mostly belong to the class of erythemata. 3. Diet has very little influence in promoting the cure of cutaneous eruptions. The results are far behind popular expectation, even in such cases as acne rosacea, where we are led to hope for much. 4. Avoidance of alcohol, regulation of the bowels and the cure of anæmia are of infinitely greater importance than special dieting in the management of diseases of the skin.

\* \* \*

ROYAL COMMISSION ON TUBERCULOSIS.—The report of the Royal Commission on Tuberculosis in England shows conclusively, says the *British Medical Journal*, that the using of milk from tuberculous udders is quite as serious as the most pessimistic had imagined; that the infective bacilli, originally in the milk, are found in butter and other milk products, and give rise to tuberculosis in those that partake

of them ; that the presence of tuberculous glands and foci in meat may prove dangerous by being disseminated through the eatables by infected butcher knives being used ; that the bacilli may be only partially devitalized by cooking, as shown by the frequency of tonsillar tuberculosis in pigs. The precautions indicated are to weed out all tuberculous animals from stock, dairies and markets, and the confiscation of all tuberculous carcasses. To this end the registration of slaughter-houses, cattle-sheds and dairies should be enforced, and inspection made by skilled veterinary men. Tuberculin is recommended as a diagnostic agent.

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THE TREATMENT OF ACNE.—Dr. E. B. Bunson, in *New York Medical Journal*, March 28, expresses the following views: As to the causes of acne, there are the constitutional and the local. The former contains errors in diet, dyspepsia, constipation, menstrual derangements, bad habits, faulty nutrition, sexual irregularities, anæmia, plethora, etc. The local are atony of the follicle and inability to expel its contents, obstruction from lanugo hairs, the sebaceous matter being too thick, and thus accumulating, and an over-production of the horny cells in and about the follicles. The treatment calls for the following indications: The reduction of the hyperkeratosis, the removal of the comedones, the disinfection of the follicles, and the employment of such local and general anti-phlogistic measures as the case may require. In the treatment of acne, the curette should be used. The comedones are removed by some form of extractor, Clover's comedo presser being a good one. Where there is much horny epidermis, the following may be employed: Vinegar, 2 parts; glycerine, 3 parts; white bole or kaolin, 4 parts. The curetted surface should be well disinfected. For this purpose use bichloride, 1 in 1,000, or carbolized water. For home dressing, sulphur or resorcin suit best.

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THE TREATMENT OF CYSTITIS.—Dr. LeRoy Long, of Caddo, Indian Territory, in *International Journal of Surgery* for April, remarks under treatment of cystitis that uva ursi, buchu, pareira, copaiba, cubebs and other urogenital remedies are of very doubtful utility. Antiseptic treatment occupies a first place. By the mouth boracic acid and salol are the most useful. In many cases of cystitis, the urine is acid when it enters the bladder. To correct this acidity some alkali should be given. This is true for all cases with a sensitive bladder and acid urine on entering the bladder. On account of the debility in these cases chalybeates are of much value, and tincture of iron seems to have more than a merely tonic action.

It appears to have a beneficial action on the mucous membrane of the organ. Good has been obtained from the administration of ammonium chloride. The local use of antiseptics must take first rank, however. Draw off the urine, then wash the viscus with sterilized water, after which boracic acid gr. 10 to ʒi. or carbolic acid 1 to 500, or bichloride 1 to 15,000, or nit. silver gr. 11 to pint, or hydrogen peroxide may be resorted to from time to time.

\* \* \*

TREPHINING FOR MENINGEAL HÆMORRHAGE.—Dr. F. J. Shepherd, of Montreal, in *British Medical Journal*, April 11th, reports a case where a man aged 30, had received severe injuries to his head by being thrown off his wheel. Forty minutes after the accident he was brought into the hospital in an unconscious condition, with pulse 84, respirations 25, and temperature 100.2 F. On admission he vomited freely, and soon regained consciousness. There was a wound of three inches down to the bone on the left side of the head, just behind the coronal suture, and over the anterior superior portion of the parietal bone. There was a fissured fracture and slight depression. There was slight ptosis, and the left pupil was more dilated than the right. Sensation, motion and the reflexes were unimpaired. The day following he was not so well, and the right sight became paralyzed. The reflexes were impaired on the right side, and increased on the left. The head was shaved, the patient etherized, and a portion of bone at the upper end of the wound removed by the trephine. A second trephine opening was made at the lower end of the injury. When the clot was removed there was furious bleeding, which came from the artery passing through the foramen spinosum, as this was torn by the line of the fracture, which now he traced. It was decided to tie the common carotid. This was quickly done, and divided between two ligatures. When the bleeding had ceased, all the clots were well washed out. The space at the base of the wound was well packed with iodoform gauze, and the rest of the wound closed. Over this was placed sterilized gauze and a firm bandage. On leaving the table, the pulse 180 to 198 and respirations 30 to 40. A large enema of hot saline was given. This reduced the pulse to 140. By evening the patient was again conscious and could converse. Next day his pulse was 120 and respirations 20. There was some paresis of the left side and much oozing of blood from the wound. The packing was removed on second day, when there was a very free bleeding. The wound was quickly packed. The patient was very ill for some days, but he then began gradually to improve, and ultimately made a good recovery.

## The Graduates, 1896.

### TRINITY UNIVERSITY, FACULTY OF MEDICINE.

THE following gentlemen have fulfilled all the requirements to entitle them to the degree of M.D., C.M., from this university :

G. S. Cameron, J. R. McRae, H. Clare, W. J. Beatty, W. H. Weir, E. S. Hicks, G. V. Harcourt, D. Jamieson, N. J. Tait, V. A. Hart, C. H. Millbee, G. W. Barber, P. G. Goldsmith, Miss T. G. Head, C. H. Brereton, J. S. Nedd, J. J. Elliott, J. Gibbs, W. M. Teetzel, W. A. McIntosh, W. S. Harper, J. H. Rivers, H. S. Roberts, S. H. Corrigan, J. H. Allin, A. W. M. Row, F. J. Hart, G. Welch, Miss M. H. Irwin, J. H. Oliver, J. D. Weir, E. H. Lapp, A. Ruppert, Miss A. Verth, J. B. McMurchy, R. H. Foster, W. G. V. Forbes, J. P. Lee, P. S. Maclaren, W. H. Taylor, A. A. Beatty, C. R. Sneath, C. H. Sills, C. H. Smith, L. H. Marks, T. H. Bell, E. B. Boyes, E. Doan, J. H. Dancy, T. H. Caldwell, A. F. Reynar, H. G. M. Nyblett, W. A. Kurtz, G. B. Mills, R. Moore, J. B. Thomson, E. A. Fraser, J. McDonnell, G. Krausmann, and J. S. Shurie.

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### QUEEN'S UNIVERSITY, MEDICAL DEPARTMENT.

THE following will obtain the degree of M.D. : J. Boyle, B.A., Gananoque ; P. McG. Campbell, B.A., Admaston ; J. J. Downing, B.A., Kingston ; A. Embury, Belleville ; J. C. Gibson, M.A., Kingston ; H. N. Gillespie, Barriefield ; C. H. Hudson, Belleville ; W. H. Irvine, B.A., Kingston ; A. W. Irwin, Kingston ; A. W. Jones, Watertown, N.Y. ; W. B. Rayler, Morrisburg ; W. D. Lyle, Morrisburg ; A. A. Metcalfe, Almonte ; T. F. Mooney, Kingston ; H. G. Murray, Kingston ; J. F. Macdonald, Kingston ; C. McPherson, Prescott ; E. W. Teepell, Watertown, N.Y. ; B. E. Webster, B.A., Kingston.

MEDALLISTS.—H. G. Murray and P. McG. Campbell are the medallists of the year.

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### UNIVERSITY OF MANITOBA, FACULTY OF MEDICINE.

M.D.

Carmel Lorenzo Davidson, B.A., Louis Simeon Gendreau, B.A., Edward Lorne Jackson, John Thornton Mutchmor.

M.D., C.M.

John Brown, B.A., George Edmund Curtis, John Ralston Davidson, B.A., Thomas Grant, Joseph Andrew Hall, B.A., George



Henderson, M.A., Lewis A. Knight, Robert Macgregor, M.A., James Russell McRae, Alexander Stewart Monro, Arthur Percival Procter, George Wilber Staples, Bernard Samuel Story.

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BISHOP'S MEDICAL FACULTY.

M.D.

George Hall, Ernest J. Addison, Mary B. Fyfe, James J. Benny.

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MCGILL UNIVERSITY, FACULTY OF MEDICINE.

M.D., C.M.

The following gentlemen have taken the degree of M.D. and C.M.:

E. W. Archibald, B.A., J. F. Argue, C. R. Ault, S. Bonnell, J. M. Brathwaite, P. Brunelle, F. B. Carron, C. H. Church, H. M. Church, J. L. Churchill, B.A., P. Colquhoun, B.A., F. A. F. Corbett, B.A., R. H. Craig, A. P. Crocket, G. R. Deacon, J. E. Dewar, M. Donahoe, L. Drum, B.A., F. J. Duckett, F. B. Elliott, G. H. Ellis, R. B. Ewan, J. A. Ferguson, C. Findlay, E. C. Fish, W. M. Fisk, A. D. Fraser, H. B. Fraser, B.A., A. F. Foss, A. Goltman, A. J. Grant, D. Grant, G. Hartin, D. J. Healy, E. V. Hogan, B.A., W. B. Howell, E. R. Hughson, A. D. Irviné, F. E. L. Johnston, H. W. Keith, J. K. Kelly, H. G. Kemp, W. N. Kendrick, W. D. Lambly, S. E. Lauder, F. J. Lee, P. C. Leslie, D. P. Lynch, R. H. Martin, R. Mason, R. W. Mitchell, B.A., W. A. Moffatt, E. B. Moles, L. R. Morse, B.A., W. Mowatt, B.A., F. W. Macartney, J. J. F. Macaulay, D. Macpherson, D. D. MacTaggart, B.A., A. W. McArthur, H. K. McDonald, D. McEwen, A. V. McGannon, D. Patrick, A. H. Prescott, W. A. T. Robertson, G. D. Robins, B.A., R. O. Ross, B.A., J. P. Ryan, E. J. Ryan, J. H. Secord, W. Smellie, R. B. Shaw, T. J. Slack, S. R. B. Smith, R. E. G. Smith, B.A., W. H. Smyth, B.A., F. S. Spearman, O. C. S. Stackhouse, C. A. Staples, B.A., C. P. Steeves, B.A., J. A. Sutherland, J. Tees, B.A., T. Tetreau, F. L. Thompson, T. S. Tupper, J. F. Warren, F. H. Wheeler, R. White, W. S. Wood.

MEDALS AND PRIZES.

The Holmes Medal is awarded to George Douglas Robins, B.A., of Montreal, Que.

The Final Prize is awarded to George Reginald Deacon, of Stratford, Ont.

The Clemesha Prize is awarded to Robert Oswald Ross, B.A., of Rossville, N.S.

The Clinical Chemistry Prize is awarded to Frederick Burke Carron, of Brockville, Ont.

The Senior Anatomy Prize is awarded to William Oliver Rose, of Lakeville, P.E.I.

## Personals.

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DR. G. STERLING RYERSON expects to return from Europe and resume practice about the middle of June.

DR. GARRATT and Dr. W. H. Harris, of this city, leave on the 12th for a few months' visitation to the hospitals of England and the continent.

DR. J. T. DUNCAN, of this city, has retired from general practice. On his return from a protracted course of study he will confine himself to special work.

DR. W. H. B. AIKINS was, at the last regular meeting of Toronto University Senate, elected to represent the medical graduates in the place of the late Dr. Laughlin McFarlane.

DR. J. CAMPBELL, late of Seaforth, has located at 669 Leonard St., Brooklyn. He will be greatly missed at the meetings of our various medical societies, for he was one of the most active of members.

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## Selections.

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PUERPERAL SEPSIS.—In a recent lecture upon the after-treatment of puerperal sepsis, Dr. Davis remarked that ergot and strychnine were indispensable drugs. Twenty drops of the fluid extract of ergot with  $\frac{1}{10}$  of a grain of strychnine sulphate are to be given every six hours, night and day. Good whiskey is to be given in large doses to combat fever and prostration and to keep up the nourishment.—*Philadelphia Polyclinic.*

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EFFECTS OF FORMALIN AND FORMIC ACID.—A. H. Pilliet (*Le Progrès Médical*) states that formalin is only slightly toxic, although a powerful antiseptic. To cause fatal results it must be given subcutaneously in doses of 0.25 gramme per kilogramme of body-weight. The effects of formalin and formic acid were found to be identical in so far as these produce lesions. These latter consisted principally of intense congestion, with evidence of cellular irritation and vacuolization, but no necrosis. These conditions were noted chiefly in the stomach, intestines, kidneys, liver, spleen, and supra-renal capsules. In one case the heart muscle was involved.—*Medicine.*

FACIAL PARALYSIS.—Dr. Neumann (*Neurol. Centralb.*) says that the special liability of the facial nerve to be affected is due not so much to its exposed position, else the ulnar should often be affected, but to the large number of lymphatics and lymphatic glands surrounding it at its exit from the stylo-mastoid foramen. Stagnation of lymph would favor morbid changes in the neighboring nerve, and such stagnation would be particularly likely to occur at night; hence the frequency of nocturnal onsets.—*Medical Record.*

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ACUTE AND SUBACUTE LARYNGITIS.—In cases of acute and subacute laryngitis, as diagnosed with the laryngoscope, the symptoms being hoarseness, dysphagia and more or less burning of the throat, Dr. Gibb advises the following: Zinc sulphate, 20 grains; Powdered starch, 1 ounce. This is applied by insufflation through a suitably curved nozzle, directly to the parts affected. Its action is that of a strong astringent. A 2 per cent. solution of argentic nitrate may be applied to the affected parts, in conjunction with the above treatment.—*Philadelphia Polyclinic.*

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THE typhoid bacillus retains its vitality even when dried for a long period. According to some experiments of Uffelmann, it retains its virulence when kept in dry earth for twenty-one days; in street-sweepings, thirty days or more; in sand, eighty-two days; on wood, thirty-two days; and on linen, over sixty days. The microbes retain their power of growth still longer in moist media. Uffelmann asserts also that typhoid bacilli may be carried by the air as well as by the clothing, and that they are thus capable of infecting milk, water, and various foodstuffs, and that typhoid fever is therefore not solely a water-borne disease.—*Medical Record.*

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A WARNING TO DOCTORS.—We all know how difficult it is to keep back anything from one's wife. If she suspects that "hubby" knows anything of a confidential nature about any of his pretty patients she has a thousand ways of getting it out of him; and she always vows most earnestly that she will not tell. Too often hubby yields to the pressure. It may be that he compounds with his conscience, and justifies himself with the figure of speech "better half," or "man and wife one"; and again, a secret may be so great as to require two to keep it, he says. At any rate, has a doctor the right to take his wife into partnership with his professional secrets?—*Texas Medical Journal.*

RETROFLEXION.—Theilhaber (*Monats. f. Geb. u. Gynäk.*, October, 1895) denies the necessity for any radical cure for retroflexion. The symptoms attributed to it are, in his experience, rather due to atony of the bowels, neurasthenia, metritis, endo-metritis, or other diseases than to retroflexion. Orthopædic methods do no good, but much benefit is derived from symptomatic treatment. Obstruction is not in his opinion caused by the displacement, and he has treated ninety-five cases, most of them with atonia coli, without any reposition: only two were intractable. Women with retroflexion do not seek medical advice unless they suffer from hæmorrhage or leucorrhœa, and the metrorrhagia or nervous disturbances are due to other causes than the faulty position of the womb. Finally he protests against the number of vaginal fixations, admitting the necessity for the operation only in cases of prolapse.—*British Medical Journal*.

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SALOL AND ANTIPYRINE IN THE TREATMENT OF UTERINE HÆMORRHAGE.—Berman (*Allg. Wiener med. Ztg., Ctrbl. f. Gynäk.*, March 15, 1896) gives an account of Labadie-Lagrave's method of using intra-uterine applications of a mixture of salol and antipyrine as a hæmostatic. Equal quantities of the two drugs are heated together in a test tube over a lamp until a deep-brown mixture forms. As soon as this has cooled sufficiently, a film of cotton on an applicator is dipped into it and passed into the uterine cavity. This is done two or three times in succession. The procedure is said to be painless and not to be followed by unpleasant effects. It is said also that a second resort to it is rarely necessary. Labadie-Lagrave has been using it since the year 1893, and with better results than with any other method. In cases of fungous endometritis, the application should be made after curetting. It is not only hæmostatic, but also antiseptic, and tends to prevent a relapse.—*N. Y. Medical Journal*.

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GUAIACOL IN DISEASES OF THE BLADDER.—Colin contributes an important article on the treatment of cystitis by guaiacol (*Jour. de Med.*, January 26th, 1896). He finds that the injection of guaiacol carbonate has a very marked influence upon the pain, frequency of micturition, and the state of the urine in all forms of chronic cystitis. He mentions particularly cases in which tuberculous cystitis was greatly benefited by the use of this drug. The form in which he employs it is a 20 per cent. solution in olive oil, 1 to 2 gr. of this being injected once or twice daily. He also recommends the addition of iodoform 1 per cent., as increasing the efficacy of the treatment. The author

believes that the carbonate is superior as an anæsthetic and antiseptic to guaiacol itself, the only drawback being that it is much less soluble; and he believes that in this drug we have a very important addition to our means of treating chronic cystitis.—*British Medical Journal*.

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LUMBAR PUNCTURE OF THE MENINGEAL CAVITY.—Gaibissi (*Gazz degli Osped.*, February 22nd, 1896) has practised this operation ten times in seven different cases, and although it could not be said that the patients were materially improved by the operation, yet in no case was there any evil result, and there was generally some slight amelioration in the symptoms. The author prefers to puncture in the fourth lumbar space and with the patient seated and bending forward. An ordinary exploring syringe from 8 to 10 cm. long serves the purpose well, and from 10 to 60 or 80 c.cm. were withdrawn, according to the nature of the case, and whether the fluid was taken for diagnostic or therapeutic purposes. The seven cases are briefly reported. The fluid (25 c.cm.) from a case of tuberculous meningitis, when injected into a guinea-pig, caused its death from tuberculosis. After puncture the patient's headache lessened, subsultus ceased, and the pupils became more active to light. Staphylococci and Fraenkel's diplococcus were respectively found in other cases.—*British Medical Journal*.

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ACHYLIA GASTRICA.—Dr. A. Rose, of New York, in the *Post-Graduate* for April, gives this name to the condition here there is marked deficiency or absence of gastric juice and pepsin. There is water-brash, and often vomiting in these cases. The stomach is often distended. In the diagnosis of these cases a chemical examination of the contents of the stomach is necessary. In these cases there is sometimes diarrhœa, sometimes constipation. The absence of gastric juice may be caused by phthisis, pernicious anæmia, cachexia senilis, or cancer of the stomach. In the treatment of these cases medicines per os are of very doubtful value. The stomach should be washed out in many cases. Faradization of the stomach is helpful in some. Large enemata of olive oil, 1 pint at a time, at longer and longer intervals help materially to regulate the bowels. This remedy was suggested by Dr. Fleiner, of Heidelberg. Farinaceous food, oatmeal, rice, farina, a little meat well masticated, koumyss are the main articles of diet. In these cases when the stomach is fasting it is empty; the contents show during digestion neutral or weak acid reaction. There are found large amounts of mucus, and there is no fermentation.

## Miscellaneous.

PRYER—"What medical college is your physician a graduate from?" GUYER—"Medical college! Huh! He's no medical college fledgeling. He's a graduate of the jury which listened to the expert testimony in a great poison case."—*Puck*.

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THE teacher of the infant class at the Sunday School, to interest the little ones, had begun to tell the story of the fall of man, when a mite of a girl was heard to exclaim, half aloud: "Oh, I'm so tired of that story about the Adamases."—*Ex*.

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BACKACHE.—It has never been in evidence why a woman's backache should generally be attributed to pelvic disease. Men have backaches and they are not uniformly attributed to genito-urinary trouble. It seems that the practitioner might treat the owner of a backache as a patient, not as a woman.—*Kansas City Medical Index*.

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TUBERCULOSIS IN ENGLAND.—According to Dr. Murrell, from 50,000 to 60,000 people in England and Wales die annually from pulmonary tuberculosis, and another 50,000 from other tuberculous diseases. From 1848 to 1880, 1,702,002 deaths were registered due to phthisis, the majority being young adults. No other disease claims an equal number of victims.—*N. Y. Medical Record*.

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ILLINOIS CENTRAL HOSPITAL FOR THE INSANE.—I have repeatedly prescribed antikamnia for various neuroses with good effect. Recently prescribed it in a case of crampous enteritis, patient adult, highly nervous, and during continuance of paroxysms, and preceding it, is nervous and hypochondriacal, suffering intense pain. The case is one of long standing, and one where opium was objectionable, because of the tendency toward forming opium habit. However, opium has been used, but the effect of antikamnia has been more magical, more persistent, and followed by no digestive disturbance, as has been the case when opium was used. My directions have been to use antikamnia whenever a paroxysm occurs. Have also found it invincible in protracted neuralgia.

FRANK P. NORBURY, M.D.

Jacksonville, Ill., September 19, 1891.

DOCTORS' PATIENTS.—We believe that, when a physician whose honor and integrity is unquestioned can demonstrate to the profession that he has accomplished a great undertaking, he should not only be allowed to retain his secret, but he should also receive their support. If we insist that the world should have the benefit of our labors, then let the Government make provision for a just remuneration.—*Kansas Medical Journal*.

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MEDICAL MEN TO AVOID.—The one who has acute exacerbations of insanity when exposed to any new fad. The one who is always successful with all his difficult operations. The one who always sees hundreds of cases of a rare disease. The one who can always match your case and improve on your treatment. The one who always finds you have omitted something in the examination of your case. The one who thinks he can talk well and is always ready to discuss any paper of the evening. The one who is always the first to do the new operation. The one who is in a chronic fear of being anticipated in his important discoveries. The one who in consultation feels it his conscientious duty to explain to the patient why he differs with the attending physician.—*Medical Record*.

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WHEN you meet an employee of Parke, Davis & Co., whether on the road or in the house, you meet an enthusiast. He does love to expatiate on the wonderful growth of "his" firm—the number of its laboratories, branch houses, agencies, and representatives, its twenty-nine distinct lines of pharmaceutical preparations and its six thousand different products. It reminds you of John Bright waxing eloquent in the House of Commons over his favorite theme—the prosperity of the United States. But there is good ground for his enthusiasm and for marvel at the amazing success of this firm. Recently they have opened two new branch houses to satisfy the rapidly growing demand for their preparations—one at New Orleans and another at Baltimore. The price list which Parke, Davis & Co. are now distributing, and which suggested these reflections, is an admirable catalogue in its completeness, convenience of arrangement, and wealth of miscellaneous information. By all means write the house for a copy. And remember, too, that the products of this firm are so many weapons for your assistance in the perpetual, harassing warfare with disease—weapons upon which you may rely through thick and thin, in emergencies as well as in routine practice. Their label on a bottle or box means that the contents have been prepared with the utmost skill, and with scrupulous deference to purity and activity.