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ORIGINAL ARTICLES.

*MEDICAL ETHICS AND WHAT PERTAINS TO A PHYSICIAN'S REPUTATION AND SUCCESS.

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Your Executive Committee asked me to give you an address this evening on Medical Ethics, and I have taken the liberty of adding to this a few remarks on what pertains to a physician's reputation and success.

In the preparation of this subject I have received many valuable suggestions from a book on the "Young Physician" by De Styrap, and from which I will make many quotations.

The first part of the subject we will consider under the following headings.

First, The duties of physicians to their patients.

Secondly, The duties of physicians to each other.

Thirdly, The duties of the profession to the public.

THE DUTIES OF PHYSICIANS TO THEIR PATIENTS.

1. *Responsibility*. A physician should be imbued with a full sense of the greatness of his work and its responsibility.

2. *Careful attention*. Every case should be treated with care and serious attention.

3. *Secrecy*. Secrecy, when special circumstances demand it, and delicacy in all cases, should be observed. The obligation to secrecy extends beyond the period of professional attendance. No circumstance connected with the privacies of personal or domestic life, observed during professional attendance, should ever be divulged by the physician except when he is imperatively required to do so. So great is the necessity of this obligation that courts of justice protect professional men in their observance of secrecy under certain circumstances.

4. *Prognosis*. Avoid giving gloomy prognostications, for the physician should be the minister of hope and a comfort to the sick. The friends

*Read before the University of Toronto Undergraduates' Medical Society.

should be properly informed of the seriousness of the illness, and, under special circumstances, the patient himself. In the latter case it is generally wise to get the clergyman in attendance, or some near friend, to communicate the gravity of the situation to the patient. This is much less alarming than if the physician does it. Avoid all things which have a tendency to discourage and depress the patient.

5. *Frequency of visits.* Avoid unnecessary frequency in visiting your patients, and do not stay longer than your attention to the patient requires.

6. *Incurable cases.* A physician should not abandon a patient whose case is deemed incurable, for his attendance may continue to be highly useful to the patient and comforting to the friends.

DUTIES OF PHYSICIANS TO EACH OTHER.

1. *Support of professional character.* Every individual, on entering the profession, as he becomes entitled to all its privileges and immunities, increases the obligation to exert his abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of usefulness. He should always uphold the profession and should entertain a due respect for his superiors.

2. *Advertising.* It is derogatory to the dignity of the profession to resort to public advertisements, or cards, or handbills. Any of these are highly reprehensible in a regular physician. In the case of a physician commencing the practice of his profession, or removing to another locality, a simple announcement by an unobtrusive card in the public press is unobjectionable.

3. *Patents.* It is derogatory to professional character to hold a patent for any surgical instrument or medicine, or to dispense a secret nostrum, for, if such nostrum is of real efficacy, any concealment regarding it, is inconsistent with beneficence and professional liberality; and, if mystery alone gives it value and importance, such craft implies disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to permit the use of them.

4. *Professional services of physicians to each other.* All practitioners of medicine, their wives and children, while under the parental care, are entitled to the gratuitous services of any physician whose assistance may be required.

5. *Vicarious offices.* To attend patients for professional brothers is an act of courtesy to be performed with the utmost consideration for the interest and care of the family physician, and when for a short period all pecuniary obligations for such services should be awarded to the family physician. When the attendance is for a long period and the family physician is away in search of pleasure, then the physician in attendance is entitled to the whole fee, or a portion of it, as arranged with the family physician.

6. *Consultations.* Consultations should be encouraged in difficult or protracted cases as they give rise to confidence. A physician should consult with any regular physician. No one is considered a regular

physician, or a fit associate in consultation, whose practice is based on an exclusive dogma such as homœopathy, *et hoc genus omne*. For a legitimate practitioner to meet a homœopath he must ignore the all important fact that their respective principles, in regard to the treatment of disease, are so diametrically opposite as to render an honest consultation, with real benefit to the patient impossible. He should retire from a case rather than act disingenuously to the patient, collusively with the homœopath, and dishonestly towards his legitimate professional brethren.

It may be worth noting that an apt response to the irrational "consultation" outcry, so invidiously raised at times in behalf of the abettors of the principles enunciated in the homœopathic dogma of "*similia similibus curantur*" may be found in the legitimate retort of "*thrasyllus a thrasyllo consilium petat*:" which, freely translated, may be rendered thus "Like should consult with Like."

In consultations the most honorable and scrupulous respect for the standing and character of the practitioner in charge of the case should be observed, the treatment employed by the latter, if necessary, should be justified as far as it can be, consistently with a conscientious regard for the truth, and no hint or insinuation thrown out which can impair the confidence reposed in him or in any otherwise affect his reputation.

In consultation it is the rule and custom for the consultant, after the usual preliminaries of the conference relative to the history and facts of the case, to take precedence of the family doctor in the necessary physical and questionary examination of the patient. Under exceptional circumstances, however, it will be well that the family attendant should, as an act of confidence and courtesy, be the first to propose the necessary questions, after which the consultant may make such further inquiries as he may deem necessary.

Nothing should be said, by the consultant, indicating an opinion as to the nature of the malady, treatment or proposed issue, in the hearing of the patients or friends, until the consultation is concluded. Both practitioners should then retire to a private room for deliberation. After finishing the consultation, the consultant should communicate to the patient, or his friends, the directions agreed upon, together with any honest opinion which may have been decided upon, and no opinions or prognostications other than those mutually consented to after due deliberation, should be given.

When more than two practitioners have met in consultation an irreconcilable diversity of opinion unfortunately may occur; that of the majority should be acted upon. If the numbers on either side be equal then the decision should rest with the family attendant. It may happen that in an ordinary dual consultation two practitioners fail to agree, an accident much to be regretted and if possible avoided by such mutual concessions as are consistent with the dictates of judgment. If, nevertheless, a difference of opinion exists it would be well to call in a third practitioner and, if that be impracticable, it must be left to the patient the one in whom he would wish to confide.

Whenever a second opinion is desired or suggested by a patient or his relatives, it should, as a rule, be at once courteously acceded to by the

attending practitioner, who, too often, demurs or unwillingly assents under the erroneous impression that a consultation detracts from his professional status; whereas it should be regarded simply as the very natural desire on the part of the relatives to leave nothing undone that might tend to restore the health, or save the life, of the loved one, cost what it may. But, even were it otherwise, it must not be forgotten that the patient has an indisputable right to further advice if he wishes it, and the family attendant will do well, for his own sake as well as that of the patient, to let the responsibility be shared by that of a second practitioner.

It is customary for the family doctor to intimate to the patient, where necessary, what the consultant's usual or expected fee is, and, as far as possible, to see that it be paid at the time, unless there be good reason for deferred payment. However, there is no professional obligation whatever on the family doctor to do so out of his own pocket.

Should the practitioner, who was called in consultation, be subsequently requested to take sole charge of the patient, he should courteously but firmly decline.

All discussions and consultations should be held as secret and confidential. Neither by words nor manners should any of the parties to a consultation assert or insinuate that any part of the treatment did not receive his assent. The responsibility must be equally divided between the medical attendants and they must equally share the credit of success, as well as the blame of failure.

7. *Interference.* A physician, in his intercourse with a patient under another practitioner, should observe the strictest caution and reserve. No meddling enquiries should be made and no hints given. A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency or in consultation with the physician previously in attendance, or when the latter has relinquished the case or been regularly notified that his services are no longer required.

When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be required, resign the care of the patient to the latter, immediately on his arrival. It often happens that in cases of sudden illness or accident that a number of physicians are sent for: courtesy should assign the patient to the first who arrived, who shall select from those present any additional assistance that he shall deem necessary. He should request the family physician, if there be one, to be called and resign the case to him on his arrival. If a physician is called to the patient of a fellow practitioner in consequence of the sickness or absence of the latter, he should resign the case to him upon his return.

When a physician, who had been engaged to attend a case of midwifery, is absent and another is sent for, if delivery is accomplished during the attendance of the latter he is entitled to the fee, but should resign the further care of the patient to the practitioner first engaged.

8. *Differences between physicians.* These should be submitted to arbitration of several practitioners.

DUTIES OF THE PROFESSION TO THE PUBLIC.

Medical men should be ready, when called upon, to enlighten coroner's inquests and courts of justice on subjects strictly medical, in regard to the various subjects embraced in the science of medical jurisprudence, but they should insist upon a proper honorarium being paid them. It is the duty of physicians to enlighten the public on the question of quack medicines, and to expose the injuries sustained by the unwary from the devices and pretensions of artful imperics and imposters.

It is desirable to render bills at regular intervals, say every three months, or bi-annually, and in cities it is customary, with many physicians, to render their bills monthly. For the doctor's proverbial delay or neglect in the matter is often attributed to a wrongful motive, and may, indeed, not unfairly be regarded as an incentive to the feeling so forcibly depicted in these quaintly truthful lines :

" God and the doctor were alike adored,
When on the brink of danger, not before,
The danger past, both are alike requited,
God is forgotten, and the doctor slighted."

Intra professional etiquette, or the rule of the profession on commencing practice.

In the absence of any published rule, it is not to be wondered at that young practitioners should be so generally ignorant of the unwritten custom or etiquette—diverse as it is from that pursued in ordinary social life—expected from members of the profession commencing or changing the locality of practice in town or country, and which entails on each new-comer, young or old, an obligation to call, with as little delay as may be, upon every duly qualified legitimate practitioner resident within a reasonable distance of his own selected place of abode, and courteously announce his attention to practice in the locality. In large cities it is obviously impossible for a practitioner to call upon all, and it is not expected of him. A good rule here would be to call upon thirty or forty practitioners who are the nearest at hand.

The question is often asked, what is the professional etiquette? I would venture in reply to define it simply and literally as a conscientious, practical observance in the daily walk of professional life of the divine command, "Whatsoever ye would that men should do unto you, even so do ye also unto them."

So much for the strictly ethical part of our subject. Now let us devote a few moments to the consideration of what makes for success.

It was said of the Napoleonic army that every private soldier bore the baton of a marshal in his knapsack; and it may be written, with equal truth, of the medical profession for the encouragement of those about to join its ranks, that to each practitioner its highest honors and its most distinguished positions are possible of achievement. But, though success is thus attainable by any candidate, if he use proper

means to attain it, it does not follow that, even when attained, it will satisfy the ambition of most men.

If wealth be his goal he has mistaken his calling. "Some of us," says Sir James Paget, "may indeed make money and perhaps grow rich but many of those that minister to the follies and vices of mankind, make much more money than we, and the vast majority practising medicine are only able to make a respectable competence." Where wealth is the highest evidence of success we had better not compete. If social distinction be his aim he could nowhere have hit on a more hopeless choice for he will find the claims of his calling so onerous and so incessant that he will have little time to cultivate those graces and opportunities without which social distinction cannot be won.

With a view to professional success in life, you cannot be too deeply and thoughtfully impressed with the fact that skill in practice consists not only in diagnosis, prognosis, and prescribing medicine, but is the embodiment of all the powers that the practitioner legitimately brings to bear upon the general treatment of his case. In other words, the skilful use of medicine is but one of the many elements that constitute professional skill. You must study mankind as well as medicine, and also bear in mind, when acting upon diseased bodies, that they are possessed with hearts and minds that have strong passions, warm sentiments and vivid imaginations which sway them powerfully both in health and disease. You must be a keen observer of men and things and read the book of human nature correctly.

A certain amount of professional tact and business sagacity, moreover, is as necessary to the medical practitioner as the rudder is to the ship. A quick and sound judgment, good common sense, kind feeling and an instinctive perception of character, in these are the elements of what is called tact which has so much to do with acceptability and success in life.

If you were to ask me, What shall I do to gain success in practice? I would offer these suggestions. First, last, and in the midst of all, you should, as a man and as a physician, always and above all else, keep whatever is honest, whatever is true, whatever is just, and whatever is pure, foremost in your mind and be governed by it.

Partnerships. It is better not to enter into partnership with other physicians. Partners are not, as a rule, equally matched in industry, capacity for work, temperament, tact, and other essential qualities indispensable to a congenial and intimate fellowship, nor are they usually alike cared for by the public; hence, such professional alliances do not, as a rule, prove satisfactory and rarely continue long. The only form in which I could honestly advise it would be a co-partnership for a limited period with an elderly practitioner desirous of retiring. The sooner you learn to depend wholly upon yourself the better. Julius Cæsar said, "I had rather be the first man in a village than the second man in a great city."

The Place of Location. You will find a very considerable difficulty in settling upon a suitable location and I would advise you to carefully consider before deciding to settle in any place. No matter where you

locate, if you are youthful, you will encounter difficulties that older physicians do not. "He looks too young, he lacks experience, etc." are among the often heard expressions. However, I think the great prejudice to young practitioners is, to a very large extent, dying out. Show the world that you deserve to succeed and success will surely come.

If you settle in a town or city the location and appearance of your office will have a great deal to do with your progress. Select one, if possible, in a good neighborhood, as near as may be to one or more of the main thoroughfares. Remember, in making your selection, that a physician cannot rely on his near neighbors for patronage. People in your immediate neighborhood may never employ you, while those far away may never have anyone else.

Avoid frequent removals and do not shift or change from one place to another, unless it is clearly to better yourself. Reputation is a thing that grows slowly, and every distant removal imperils one's practice, necessitating new labor, and sometimes compels commencing of life over again.

If possible have a good, light, airy, comfortable and accessible office, one that is not used for a family parlor or any accessory purpose. Exercise care in its arrangement: give it a pleasant exterior; make it look fresh, neat and clean outside and snug, bright and cosy inside, thus showing that its occupant is possessed of good taste and gentility as well as learning and skill; and, at the same time, that it is neither a lawyer's consulting room, nor a clergyman's sanctum, nor an instrument-maker's shop, nor a smoking club's headquarters, nor a loafing room for the unemployed, nor a social meeting place of any kind, but the office of a live, earnest-working, scientific physician who has a library and takes the journals. Take care, however, to avoid running into a quackish display of instruments and tools, and keep from sight such inappropriate or even repulsive objects as catheters, syringes, obstetric forceps, splints, trusses, amputating knives, skeletons, grinning skulls, tumors, etc.

It is not unprofessional, however, to have about you in your office your microscope, stethoscope, spirit lamp, test tubes, re-agents for testing urine, and other aids to precision in diagnosis, or to hang up your diplomas or portraits of eminent professional friends or medical celebrities.

The consulting room should be of moderate dimensions, small rather than large; the walls and floors well and tastefully covered, articles of furniture few in number but good, and to include a small bookcase, a well designed writing table and chairs to correspond.

Still more important to success will be the nature of the connections you form in your early career, for by such is a young medical practitioner rightly and keenly judged. Let your acquaintance, therefore, be limited, as far as possible, to legitimate professional brethren and people of genuine worth. Be careful to avoid associating with those who labor under a merited stigma or are notable for immoral character, or whose hopes and ambitions have been blighted by their own misconduct. It is scarcely necessary to say, avoid the hotel bar, smoking, billiard and gambling room.

As a further, but minor, aid to successful progress, be courteous and urbane to all classes of patients but do not handshake and familiarize indiscriminately. Undue familiarity detracts not a little from the influence and prestige of juniors.

In regard to your door plate, let it be of strictly moderate dimensions and the name well and distinctly engraved. It is better to put Doctor than M. D., the former not only looks best but has the advantage of being understood by all classes.

A medical man should always be scrupulously neat in person and appearance and should carefully avoid slovenliness and everything approaching to carelessness or neglect, and particularly so in relation to an unsoiled shirt and collar. Conform, as nearly as may be, to the customs prevailing around you. Young says, "Though wrong, the mode comply, more sense is shown in wearing others follies than your own." The dress, manners and bearing of a medical practitioner should be those of a gentleman and in accord with his noble and dignified calling.

I would earnestly impress upon you, in homely language, the telling fact that clean hands, a well shaved face, or neatly trimmed beard, polished boots, spotless cuffs, a good suit of clothes, and a good hat, not only severally indicate gentility and self-respect but impart a pleasurable self-consciousness of being well dressed and presentable, and such should always be the state and position of the well educated medical practitioner.

As to dual occupation.—Many medical men in the country keep drug stores. That is not merely inexpedient but, by entailing additional worry and anxiety, would render the practitioner less capable of fulfilling the responsible and exacting duties of professional life.

Politics.—Shun politics and electioneering tactics, for politics, even when honorably pursued, are ruinous to young physicians' prospects. And, later, when his medical reputation is already extensive, they will militate against him although they may not necessarily ruin him.

There will be some difference of opinion as to the wisdom of what I have just stated but, at any rate, these are my views. I would advise you all to vote according to the dictates of your conscience, but to avoid taking any active part in politics.

Carriage or trap.—As soon as circumstances justify the step it is well to purchase a good looking horse and well appointed trap adapted to the locality. For, such a turnout is not merely a source of health and gratification to a young beginner but tends to indicate to the public an increase of practice—a matter of no little importance in early professional life in so far as many people look upon success as the master test of merit and are often thereby induced to select, as their medical adviser, an apparently busy and rising practitioner. And thus it may be said, and with some degree of truth, that a medical man can often ride into a practice more quickly than he can walk into one.

Medical associates.—You will come across all kinds of qualities in medical practitioners of your particular community. To all let your conduct on every occasion be straightforward and fair; strive to build up a reputation for professional probity and loyalty that will win respect

from all, whether friendly or inimical, and in such wise convince them that you are incapable of any dishonorable act. Avoid all innuendoes and sarcastic remarks to the laity in reference to opponents who may have offended you. Resolve once for all, to remain and act as a gentleman, be the provocation what it may, whether others do so or not. Remember, moreover, that duty and honor enjoin you to act rightly in all cases, not for policy's sake but because it is right. Do not, however, expect a like exactness in an enemy in return, for, were you as chaste as Diana, or as pure as the falling snow, you would scarcely escape misrepresentation by adversaries with jealous eyes and deceitful tongues. Imputations against your skill, unless very gross and damaging, had better be left unnoticed and though it may not improbably reach your ears that someone has remarked that so great was his want of faith in you professionally that he would not allow you to attend his ailing cat or dog, such ill natured observations need not disturb your equanimity nor be taken as personal but simply as expressions indicating a lack of individual faith in your professional ability. Such incidents occur to every practitioner, and, although they grate harshly on the ear of the one affected, they differ altogether from personal libels such as charges of being a drunkard and the like.

Be guarded and circumspect in speaking of the extent of your practice and do not boast of your assumed wonderful cures. All such boastful pretensions are very apt to give rise to envy, disbelief, and adverse criticism.

In addition to keeping abreast with the times in professional knowledge it is well that you should be conversant with general scientific subjects and also with general literature, with a view of putting yourself on a conversational level with the cultured classes of society with whom you may be brought into contact.

Tact, delicacy of perception, the power of winning the patient's confidence, of allaying his fears and comforting him in pain, and at the same time keeping clear of his prejudices, are essentialities of vital importance and should be assiduously cultivated.

Be careful not to indulge in gossip. Take especial care, while in contact with scandal mongers, to keep the conversation if possible on abstract or general topics, and determinately avoid, and if need be, courteously reprove, censorious reflections on individuals in their private affairs. Let your manner, conversation, jests, and the like, ever be chaste and pure. Never forget yourself on this all important point, for nothing can well be more injurious to a medical practitioner than the revelation of an impure mind.

The reputation of being a very nice man is, with many, more potent even than skill. To be both affable and skilful forms a very strong combination and one that is calculated to waft the possessor to the pinnacle of professional success and repute.

Cheerfulness is a never failing source of influence. It is a mistake to think that the science of medicine is gloomy and that a physician should always bear a serious countenance; on the other hand a bright and cheerful one is very desirable. Approach the sick with grave cheer-

fulness and soft steps and use kind words with them. The possession of humanity, or the lack of it, in a physician can in no way be so accurately judged as when he is questioning and examining the sick. The soothing voice, the soft touch, gentle manner, etc., all do a great deal to soften the pillow of sorrow and affliction.

When called to attend a case, previously under the care of another practitioner, especially if the patient and friends are dissatisfied with the treatment or if the case is likely to prove fatal, do not disparage the previous attendant by expressing the wish that you had been called in sooner, or criticize his conduct or his remedies. It is mean and cowardly to do either. In all such cases do not fail to reply to the questions of the patient, or his enquiring friends, that your duty is with the present and future, not with the past. Refuse either to examine or criticize the superseded practitioner's medicine and treatment. To take mean advantage of any one you have superseded, besides being morally wrong, might engender a professional hornet which in retaliation would watch with malignant eye and sting fiercely whenever opportunity occurred.

Intemperance. The wisest policy for you, as a beginner, is to personally avoid intoxicating drinks and to allow others to do as they think best. And when it becomes known that you abstain from intoxicants you will find that it will greatly enhance your position and reputation. To take a prominent part, however, in temperance, etc., will not only be injudicious but will very likely recoil upon yourself. This forms no part of your special mission and you cannot take an active officious part therein without exciting enmity.

Demeanor. Study to maintain towards your patients a becoming degree of calm and courteously impressive dignity. Frivolous conduct, vulgar jokes, great levity, and undue familiarity are unprofessional and tend to engender contempt and may haply give rise to scandal.

Discourage all attempts to address you with a "Hello Doc" or by your christian name, unless on terms of intimate friendship, or in any way to pass the limit of propriety. Give to everyone his proper title and exact the same in return. Do not, however, misunderstand me and infer that I condemn good fellowship, not so, for when according with good taste and in moderation it is often very appropriate and sometimes acts as a tonic on the drooping spirits of a patient.

Marriage. If it be that you are unmarried it will, no doubt, be often cited against you. Nevertheless, I believe that, de facto, no material professional advantage accrues to a practitioner simply from being married. The substantially true objection lies not in his celibacy, but his youthfulness, and my practical impression is that a like objection obtains in the case of youthful benedict. To marry, therefore, solely with an eye to practice, would be to entail responsibility and expense without corresponding benefit.

Always entertain and show respect for your seniors in practice. There is probably no type of practitioner more unworthy of respect than the one who evinces contempt for his seniors.

Let me earnestly impress upon you the paramount duty of paying all due and proper respect to religion. Your profession will often bring

you into contact with the clergy and ministers of the various denominations and in conscientiously fulfilling your anxious duties you will not only find in them staunch friends but your chief supporters also in many of your most trying cases. When summoned to attend cases of apoplexy, organic heart disease, desperate wounds, or other serious injuries that are apt to end in sudden death, prudence may render it necessary for you to conceal from the patient your own apprehension as to the result lest he should at once lose hope and be driven to despair, which could not fail to exercise a grave and possibly fatal influence. In such cases, however, it will be your duty to give timely and private warning to those especially interested and never, so far as it is possible to avoid it, let any fellow creature pass away from life without apprizing the relatives or friends of the probability of such an event.

It is well that you should, whether a Roman Catholic or not, be cognizant of the duties required at the hands of a medical practitioner by Catholic patients. When in attendance in Catholic families be especially careful in cases of dangerous illness to warn the immediate friends in order that the sufferer may receive the last sacrament.

If in a midwifery case the child of Catholic parents is believed to be in danger of dying it must be baptized.

You should school yourself never to exhibit surprise at any possible event arising out of illness. You will be supposed to fore-know all conceivable things relating to disease, its dangers, its terminations. Even when death has unexpectedly occurred to someone under your treatment, do not let your manner or language indicate that you were altogether ignorant of its possibility, or that you regard yourself in any way to blame.

In every stage of your career be it your aim that your profession is not in concert with death, but, on the contrary, that all its characteristics are indicative of health giving and life restoring power. Neither Hygeia nor her parent, Aesculapius, is represented with the habiliments of mourning but, in place thereof, we see Aesculapius armed with serpents, the symbol of wisdom and convalescence. Remember, moreover, that death is the physician's great antagonist and that when he defeats your efforts and extinguishes the spark of life, your duty ends. Do not then essay (otherwise than mentally) to offer up a prayer or stay and administer draughts to nervous relatives and friends, or tender your services for promiscuous duties such as carrying messages, etc., but, at the earliest fitting moment, quietly withdraw. Leave the laying out of the body and all such matters to friends. Abstain also from visiting the house of mourning for the purpose of viewing the dead, and, except when it is absolutely necessary, avoid attendance at the funeral of deceased patients. More especially refrain from writing apologetic letters to the people expressing self-reproach for failing to recognize this or that fact or regret at not having followed a different plan of treatment. If there are any facts in connection with the case that call for explanation let your communication be made verbally.

Never have recourse to such deceptive tricks as to assure a patient that you will not lance his boil but merely wish to examine it and then

suddenly do that which you assured him you would not attempt. Veracity, so essential in all the relations of life, is invaluable in the several relations between patient and practitioner.

When visiting a patient always let it be known when you will repeat the visit. It will not only satisfy him but prevent all uncertainty and the usual anxious expectancy for the doctor's rap

Make it a study to bear well in mind all that is said and done at your respective visits so that your line of conduct may be sustained throughout the case.

Do not let your wife or anyone else know your professional secrets, or the private details of your cases even though they be not secrets. Nobody likes to have conveyed from house to house what they said in their delirium, or their weaknesses exposed.

Many people labor under the impression that practitioners who injudiciously allow their wives, for the benefit of fresh air, to occasionally accompany them in their professional rounds on driving from the house relate all that has transpired during the visit. Such, of course, is not the case. Nevertheless if people think so the discomforting thought is the same whether it be true or not. There is no end to the mortifications, compromises and estrangements into which a practitioner's wife may not lead him. Nothing is more vexatious and annoying to the feelings of sensitive patients than to hear that the details of their cases are being whispered about as coming from the practitioner or his wife, or others whom he or she had told. Be professionally reticent and never allude to the private affairs of anyone in making your visits.

Medicine. To believe too much in medicine and not to believe at all are both unfortunate mental conditions for those who practice medicine. Take care, therefore, that you do not over-estimate the importance of drugs. Bear in mind the example of the old dame in Paris who filled bottles with water from the Seine, sold it as a cure all, and heard of so many cures wrought by it on all sides that she died convinced that the polluted water of the river was a sure cure for all the ills of the human race. Guard yourself also against the opposite error, that medicines are useless and unnecessary.

Study to be fertile in expedients and never confess or allow the inference that you are hopelessly puzzled about a case, or have reached the limit of your resources. Never give up a patient in acute disease unless the process of dissolution has, de facto, begun. "He is most free from danger who, even when safe, is on his guard."

Fothergill says, "The successful man is the man who knows human nature as well as his profession." Self-reliance and self-possession are very important elements of success. Nothing will cause people to rely on you more readily and steadfastly than to see that you rely on yourself. Be not arrogant or self-conceited but always endeavor to conceal your doubts, hesitations and apprehensions as effectually as possible.

A CASE OF PUERPERAL FEVER TREATED WITH ANTI-STREPTOCOCCUS SERUM—RECOVERY.

BY A. H. GARRATT, M.D.

Surgeon to St. Michael's Hospital, Toronto.

On July 14th, 1897 I delivered a primipara 16 years of age of a female child at full term. The patient was suffering from anasarca, the urine containing much albumen before delivery. Labour lasted twelve hours when the patient showed symptoms of eclampsia and the second stage was terminated with the forceps. The placenta was firmly adherent and was removed by the fingers; the uterine cavity was then irrigated with 1-3000 bi-chloride of mercury, but as the young husband could not afford a good nurse I did not order vaginal irrigations daily.

On the third day after delivery the temperature rose to $100.3.5^{\circ}$, the next morning to 102 , when I anæsthetised the patient and explored the uterine cavity with the finger, finding only a small piece of membrane, which was removed and the uterus again irrigated.

As there was not the slightest bad odor I hoped that this prompt treatment would be followed by a normal temperature.

The next day, the fifth after delivery, the temperature was 105° and the patient had a violent chill.

Then believing I had a case of septicaemia I secured a trained nurse and ordered hot antiseptic vaginal douches every six hours. I also irrigated the uterus once daily for several days and inserted iodoform suppositories. Not being able to secure anti-streptococcus serum in Toronto I telegraphed Parke, Davis & Co. for a supply, and upon its arrival, the eighth day after delivery, an ounce was injected. The following day the temperature was higher than ever before, morning 100° evening $105.3.5^{\circ}$ and the patient again had a prolonged chill. The pulse was 108 in the morning and 120 in the evening. The second day after using the serum the temperature remained the same but the evening pulse is marked 132; another ounce of serum was injected and the following day the patient felt better, with a maximum temperature of 104° . For the next two days the temperature continued to fall and on the 27th the morning temperature was 99° and the evening $102.3.5^{\circ}$.

On the 25th there was a white, creamy discharge from the vagina, quite odorless and very abundant. This may have had as much to do with the improved condition for the next three days as the anti-streptococcus serum.

Dr. H. B. Anderson examined the discharge and found the staphylococcus pyogenes aureus but the blood cultures remained sterile. A number of microscopic examinations were made during this case but streptococci were never found. It was considered advisable to continue the serum, however though the streptococci were not found, thinking it quite possible that they were not "caught on the fly" in passing through the blood. On the

28th the evening temperature again reached 105° and was reduced to 102° by cold packs; from that date for three weeks the evening temperature averaged 105° and anti-streptococcus serum was injected almost daily until the 9th of August when the last injection was given; the evening temperature had averaged 104 1-5° for four days before the withdrawal of the serum and remained in that vicinity for three days after.

On the fourth day after, August 13th, the morning temperature was 106° the evening 97 2-5°. On August 20th the patient developed pericarditis and had that evening a temperature of 106 1-5°; the next morning it fell to 97°—a difference of 9 1-5° in 12 hours. This is the greatest variation in temperature reported in the case.

The pericarditis was gradually recovered from and two weeks later a large area of dullness was noticed in the right lung.

This pneumonic inflammation ended in abscess which ruptured into a bronchus a few days later, and the smell from the foul discharge which the patient expectorated until late in September was worse than any bad odor I have ever met with, either *ante* or *post-mortem*.

This metastatic abscess was the last of the pyæmic manifestations and December 1st, 1897, saw the patient with normal temperature and pulse, a good appetite, and with the kidneys, heart and lungs showing no signs of disease.

On looking over the chart there are two places where the antistreptococcus serum might have been given credit for doing some good. On July 25th following one ounce injections of serum the temperature fell 1 2-5° and remained low for three days.

Again during the daily half-ounce injections from August 4th to 12th the temperature did not run very high or low and there were no chills. From the fact, however, that streptococci were never found in either the discharges or in the blood, one would hesitate to attribute much efficacy to the serum in this case.

The accompanying chart indicates the ranges of temperature during the most serious part of the illness, from which time there was a gradual decline to the normal.

In addition to the treatment already mentioned the patient was given quinine, iron, strychnia and whiskey, with nourishment in some light form every two hours.

*REMARKS ON MEDICAL ASPECTS OF THE WAR IN SOUTH AFRICA.

By J. T. FOTHERINGHAM, M.D.

At the conclusion of Major Nattress' lecture on March 26th, 1900, the chairman called upon Major Fotheringham, Militia Army Medical Staff, who displayed a very interesting collection of small-arm projectiles and explosives, obtained by the kind assistance of the Rice-Lewis Company, Limited, of Toronto, and the Dominion Cartridge, Company, of Montreal.

After apologizing for the purely conversational character of his remarks, Dr. Fotheringham went on to say:—"Any thing from me, Mr. Chairman, and gentlemen, must be purely in the nature of remarks upon the effects of the projectiles, and not upon the projectiles themselves. One of the most striking features of the experience being gained in South Africa at present by the R. A. M. C. is the remarkable preponderance of recoveries over deaths among the wounded in the Hospitals; up to March 12th, 1900, the total casualties were 14,700. A total of wounded in Hospital of 7,673, showed a death-rate of only 347 or $4\frac{1}{2}$ per cent. The main reason of this is the marked absence of bacterial infection of wounds, in addition to the merciful character of the Mauser rifle, which had been almost solely in use by the Boers both on the Modder and in Natal until the later stages of the campaign.

This absence of poisoning of wounds by germs is one mainly to the following causes:—

- 1 The bullet is scraped clean and given practically a new sterile surface in its passage through the bore of the rifle, and by the tremendous friction developed in its flight through the air.

- 2 The summer khaki of cotton does not tear, but splits clean as if cut by a knife, on the entry of the bullet, and no shreds of fabric enter the wound as a rule. The wounded from Elandslaagte, I may say for the benefit of our chairman and the excellent regiment he represents, showed this in a very interesting way, for the Highlanders, wounded by bullets which had passed through the thick quilted woollen kilts, showed a great preponderance of suppurating wounds over those of other men wounded by projectiles which had passed only through khaki; the same objection held to wound through say a flannel shirt.

- 3 The air and dust of the veldt is remarkably free from germs, unless in the area actually occupied for weeks as camps, when of course contamination has occurred. Nature's great antiseptic agents, sun, rain, and fresh highly ozonized air, are to be seen in operation then quite as effectively as for instance on our own western prairies.

* Extract from the proceedings of the Canadian Military Institute.

As regards mercifulness, the following is the order of various projectiles, as determined by the observation of a Naval Medical officer in a recent issue of the Brit. Med. Journal:—

1. Mauser.
2. Krag-Jørgensen.
3. Lee-Metford.
4. Lee-Metford with mark IV. projectile.
5. Any of the first three, with soft nosed projectile.
6. Dum-Dum.
7. Remington brass coated as used by the Filipinos.
8. Remington or Martini-Henry with ordinary leaden bullet.
9. Remington brass coated with point of mantle rubbed off.
10. Shrapnel.
11. Fragments of Shell.

As regards the character of the wounds inflicted, it was found for instance that the wounded after Spion-Kop, in which artillery fire was more severe, were much more seriously hurt than after Colenso where rifle-fire was responsible for nearly all casualties. Gen. Woodgate's much lamented death at Spion-Kop was due to a severe wound of the head by a shell fragment. As an example of ingenuity on the part of a dresser, one man who had had a main artery in the fore-arm cut by a bullet came safely down to Hospital at Chieveley all the way from Spion-Kop, with the main artery above the elbow compressed by a tourniquet in the shape of a plug of tobacco tied firmly on with the tape of a puttie.

Classifying wounds according to the region affected, the most interesting and surprising cases of recovery are seen in those shot through the abdomen. The bowels have been in many cases perforated several times, with no worse results than a short stay in hospital. Even important viscera like the liver and kidney have been traversed by the merciful modern bullet with little worse result than mere shock.

Amputation of limbs have been comparatively rare and extractions of bullets still more so, as the modern projectile has too great initial velocity to "stand upon the manner of its going."

Wounds of the head and neck constitute also a remarkable class, as many times the head and face have been shot through and the patient has recovered, the bullet fortunately not touching a vital part, and the dreaded blood poisoning not following, for reasons roughly stated already.

One striking feature of the campaign is the comparative frequency of injuries to blood vessels, resulting in aneurism. The wounds of entrance and exit are so small, "bug-bites" Tommy Atkins calls them, that even a large vessel if wounded causes little or no visible bleeding, and so primary hemorrhage is comparatively rare, and the interstitial form more common, in which the muscles and spaces between the tissues slowly fill up with blood—this of course means less shock from sudden interference with blood-pressure in the vessels.

Wounds of nerve tissues also constitute a very important class, such as those followed by inclusion of nerve trunks in scar tissue, necessitating later operations for freeing them; or the obtruding, bruising, shattering effects of the passage near a large nerve of the flying missile. Wounds of

the spinal cord have been found the most fatal, as apart from actual contact of bullet with it the shake or jar to all the tissues near the track of the bullet destroys so sensitive a structure as the spinal cord and causes death usually within a month at most.

I may say a word as to the classification of the wounded in the reports to the War Office. Wounds are officially classified as dangerous, severe, or slight. *Dangerous* wounds speaking broadly are those opening any of the body-cavities as the head, chest, or abdomen. *Severe* wounds are those involving crushing or fracture of large bones, *e. g.* the thigh, or entry of a large joint *e. g.* the knee, or cutting of a large blood vessel if the sufferer is fortunate enough to survive the immediate hemorrhage. *Slight* wounds are mainly flesh wounds, *e. g.* scalp wounds, perforation of muscles, or fracture of small bones.—

I cannot better close any discursive remarks than by an allusion to the absolutely unanimous evidence of the medical officers as to the extraordinary courage and temper of the men. The British soldier has once again abundantly proved himself a gentleman. Old Dr. Samuel Johnson once said in his emphatic way,—“Sir, in my opinion every sick man is a villain. “But here every army surgeon, and every hospital officer, bears testimony to the opposite of that dictum, the willingness to wait till others are assisted, the cheery pluck and patience, the gentlemanly self control of the wounded man. Fredrick Treves, one of the greatest of living surgeons, has thought it worth his while to tell in the *British Medical Journal* how after Spion-Kop an unfortunate private who had lain out for more than an entire day and was finally brought in to Chieveley Field Hospital unable to speak, with a ghastly shell wound of the face in which the whole eye and upper jaw of one side were blown away leaving a blackened cavity in the bottom of which a poor tongue could be seen vainly endeavoring to speak, made signs at last that he wanted to write. When the pencil and paper were brought, what did he write? Not a request for food, or drink, or tobacco, but for information:—‘Did we win?’ Truly in the face of such pluck and temper no one need fear for the traditions of the British Army. No one had the heart to tell the poor fellow the truth of the situation.

CEREBRAL PALSIES OF CHILDREN.

By MESSRS. LUSK and PARSONS,

Final year students of Trinity Medical College.

At the clinic of Dr. Allen Baines, held at the Sick Children's Hospital, a plan originating with Dr. Wm. Osler has been adopted this session. It is for the lecturer to show the case or cases to the whole class and point out the chief symptoms marking the disease; to then appoint two of the final men to write a full and lucid account with etiology, pathology differential diagnosis and treatment in answer to several questions given by the lecturer. This method has evoked the greatest enthusiasm and friendly rivalry in the production of the best paper. The paper here published will show the amount of work and research into the literature of the subject. Any of our readers will be amply repaid by its perusal the latest literature on the subject by many authorities having evidently been consulted. Papers on kindred subjects by others of the class will follow. A.B.

Cerebral Palsies of Children.

Infantile cerebral palsies are symptoms of a variety of pathological lesions in the brain, just as the paralyses of adult life are dependent upon various processes occurring at different levels and in different regions of that organ.

Historical Notes.

The earliest literature on the subject was contributed by the French, a paper appearing in 1827 describing the pathological conditions which were found in the brain in six autopses. Coutard is credited with having done more than any other Frenchman in elucidating its pathology. In Germany, Henoch, as early as 1842 wrote concerning atrophy of the cerebrum. Little in England, and Sarah McNutt in America, were the first contributors in these two countries. Weir Mitchell, J. Lewis Smith and Osler in our own day have much increased our knowledge of the subject.

Statistics.

As compared with infantile spinal palsies it occurs in the proportion of about one to two, so that it is a much commoner malady than has been generally supposed. In a collection of 452 cases there were 332 of hemiplegia, 73 of diplegia, 46 of paraplegia and 1 of monoplegia. When contrasted with the cerebral palsies of adult life, the great frequency of diplegias and paraplegias in the palsies of early life is very striking. As regards the age at onset, most of the cases of diplegia and paraplegia are congenital, while the greater number of cases of hemiplegia are acquired after birth; two-thirds of these appearing during the first three years of life. Nevertheless 17 per cent. of hemiplegias are congenital.

Etiology.

Infantile cerebral palsies fall naturally into three groups.

1. Those which have their inception during intra uterine life.
2. Those which result from injury at parturition.
3. Those which are acquired subsequent to birth.

The causes in the cases of pre-natal origin are :

- (a) Trauma to the mother during gestation.
- (b) Serious diseases affecting the mother while carrying the child, particularly such as are septic in character or interfere with the normal circulation, as typhoid fever, pneumonia, uræmic conditions and convulsions.
- (c) Fright has been said to have been the cause in one or two cases.
- (d) Premature birth at the seventh or eighth month was a coincidence in four or five cases.
- (e) Syphilis, in congenital cases, is extremely rarely the cause.

Causes during Parturition.

(a) The slow delivery in primipara, while instruments are often employed in such cases, and sometimes cause injury to the cranium, it is certain that the effects of compression in tedious labour are more commonly the cause of congenital paralysis and idiocy than the application of forceps, a point which the obstetrician should bear in mind.

Causes of the Acquired Paralysis.

The chief cause, accounting for 20 per cent. of all cases, is the infectious diseases of children, as measles, scarlet fever, whooping cough, etc.

Other causes are:—Simple fright, hereditary syphilis, the status epilepticus, and infantile convulsions.

The symptoms may be discussed under the following headings :

- (a) Nature of the onset.
- (b) Form of paralysis.
- (c) Reflexes.
- (d) Deformities.
- (e) Morbid movements.
- (f) Tropic disturbances and associated conditions.

(a) THE ONSET.

Convulsions are exceedingly common, sometimes the actual cause and sometimes an accompanying symptom of the brain lesion. Coma is also very common at the outset. The repetition of convulsions, especially in the form of epilepsy as the disorder advances, is the strongest indication of the involvement of the cortex in the process.

(b) THE FORM OF THE PARALYSIS.

We may have a monoplegia of the arm, face or leg, a hemiplegia, a diplegia, or a paraplegia depending upon the extent of the lesion. Facial paralysis, while frequently included, is one of the first to recover, although traces may often be discovered on close investigation. Aphasia, in children who have learned to talk, may accompany the palsy in left

quite as frequently as in right hemiplegia which is due to the fact that the motor speech centre does not seem to be localized in the left hemisphere during the early years of life. However, defective development of articulate speech is common in all forms, and especially so in congenital and in the earliest acquired cases.

(c) THE REFLEXES.

These on the affected side, are exaggerated except in about 5 per cent. of the cases, where they may be normal, diminished or absent. Sometimes they are difficult to obtain on account of rigidity and contractures.

(d) DEFORMITIES.

Rigidity and contractures are striking features in almost all palsies. We may have rigidly flexed elbows, wrists and knees and various deformities interfering with locomotion, as adductor spasm in the thighs causing cross-legged progression, which deformity is nearly constant in diplegia and paraplegia. In hemiplegia, talipes equino-varus is the most frequent deformity. There may be cases in which instead of rigidity and contraction the muscles are completely flaccid.

(e) MORBID MOVEMENTS.

The most frequently observed is the athetosis, which occurs in 20 per cent. of all cases of hemiplegia and occasionally in diplegia. Next the associated movements are common in which the paralyzed hand and fingers imitate the movements of the normal hand. In 5 or 6 per cent. of the hemiplegic cases choreiform movements are found. Ataxia, rythmical contractions, tremor, and tetanoid contractions are occasionally seen. Nystagmus has been noticed in a few cases.

(f) TROPHIC DISTURBANCES.

The chief form noticed is a *lack of development* in the paralyzed members, therefore the difference in size is often very marked, the earlier the onset of the palsy, the greater the difference.

Stunted growth, and a failure to attain the normal stature is almost always the case.

Epilepsy occurs in 45 per cent. of all forms—in the hemiplegic fully 50 per cent suffer, and in diplegic 30 per cent., while in paraplegic 36 per cent of the case are afflicted.

The Jacksonian type of epilepsy is seen in about 15 per cent. of all cases.

Feeble mindedness, imbecility, or idiocy occur in over 50 per cent. of the cases, the proportion being in direct ratio to the extent of the lesion.

Pathological Anatomy.

There is usually found present, atrophy of part of the brain, evidence of sclerosis, one or more cysts, or a condition of porencephalus, that is a condition in which there is a cavity leading from the surface of the brain produced by an arrest of development, congenital disease or

hæmorrhage, the last two causing atrophy of the cerebral substance and its replacement by serous fluid. There is not sufficient evidence to establish it as a fact that inflammation of the gray matter of the brain (polio-encephalitis) may cause these terminal conditions.

The changes in the three groups may thus be noted as follows :

I. IN PRENATAL TYPE.

A true *porencephaly* i. e., large cerebral defects or *hæmorrhages* of intra-uterine origin, or a *condition* of lack of development of the cortex, known as *agenesis corticalis*.

II. IN PARALYSES OCCURRING DURING BIRTH.

Here we have *meningeal hæmorrhage*, causing chronic meningo-encephalitis, *sclerosis*, *cysts*, and *atrophies*.

III. IN ACQUIRED PALSIES.

We have (a) meningeal hæmorrhage, as before, or embolism or thrombosis, producing cysts, softening, atrophy, and sclerosis.

(b) Chronic meningitis.

(c) Hydrocephalus, rarely.

(d) Primary encephalitis (Strumpell) which we have shewn before is very doubtful.

Differential Diagnosis between Cerebral Palsies and Acute Anterior Poliomyelitis.

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| (i.) General appearance, etc. | (ii.) |
| (a) Stunted development. | (a) Rapid atrophy of but one or two limbs. |
| (b) Lack of intelligence. | (b) Child bright and intelligent. |
| (c) Morbid movements, as atetosis and associated movements. | (c) None. |
| (d) Presence of rigidity and contractions. | (d) These occur in late stages. |
| (f) Often congenital. | (ii.) Rarely seen during first six months. |
| (ii.) As to onset—
Coma and convulsions are very common. | (iii.) Both extremely rare. Onset usually very sudden. |
| (iv.) Aphasia may occur. | (iv.) Never. |
| (v.) Reflexes exaggerated, except in 5 per cent. of the cases. | (v.) Reflexes usually lost. |
| (vi.) Muscles react normally to the induced current. | (vi.) Do not react to the induced current, and yield but a sluggish contraction to the continuous current. |
| (vii.) Duration of life is usually shortened. | (vii.) No shortening. |
| (viii.) Epilepsy occurs in 45 per cent. of the cases. | (viii.) Epilepsy is not seen. |
| (ix.) No pain or pressure of paralysed limbs. | (ix.) Pressure may cause considerable pain. |

Prognosis.

A few cases of para and diplegia reach the age of 20 years.

A few hemiplegics attain to 40 years.

Facial paralysis will probably be recovered from.

Paralysis of the leg will usually recover sufficiently for purposes of locomotion.

Bilateral paralysis, as regards walking is not so favorable.

Speech will be recovered except in the severest forms, more or less perfectly.

Epilepsy is likely to occur, it being seen in about 50 per cent. of the cases, even if delayed a year or two.

Imbecility and idiocy. A prognosis can only be made after one, two, or even three years from onset.

Treatment.

In cases seen shortly after birth the chief indications are for quiet and careful handling.

For the convulsions, minimal doses of potoss. bromid or chloral, or chloroform inhalation.

In the initial stages of acute acquired forms use cold applications to the head. Empty the bowels as the first steps. Then in a few days, give bromides with the addition of iodides, but the latter must not be allowed to interfere with nutrition. These are for the purpose of securing greater rest.

For the chronic stages, in which relief is usually sought, for the contractures, etc., surgical interference will often give great relief.

For paralysed and contracted muscles, massage and the faradic current may be used.

For the *epilepsy*, the bromides and chloral are used, but practically without success.

For the mental defects, careful manual and intellectual training often work wonders.

A CASE OF LAMINECTOMY.

BY DR. G. A. BINGHAM, TORONTO GENERAL HOSPITAL..

History Taken by F. A. Edwards, Trinity, '01.

J. K.—aet. 26, male. Up to the date of the accident, Aug. 7th, 1899, had never suffered any serious illness. On the above date he was struck by a falling derrick upon the right shoulder and across the back of the neck opposite the *vertebra prominens*, knocking him to the ground. He did not become unconscious but was paralyzed in the right arm and both legs, paralysis being complete as to motor function and almost complete as to sensory function. The phrenic nerve seemed to be much affected, as shown by great difficulty in breathing for a short time after the accident. There was complete incontinence of urine and faeces. Urine was removed per catheter for four days after the accident, after which

there was constant dribbling. This incontinence continued for about two months after which patient could retain the urine for about two hours. The bowels seemed affected in much the same way as the bladder, being as a rule very much constipated.

With the above changes, improvement seemed to follow in the extremities. In about eight weeks the left arm regained its normal function, accompanied a little later by a marked change for the better in the right arm, the right hand not improving so much. Improvement of motion was noticed to a slight extent in hip and knee joints of the right leg but not in the ankle joint. In the left leg only very slight motion returned.

As to sensation, up to this time in the right arm it was very good; in the right leg somewhat affected; in the left arm totally unaffected; in the left leg slight feeling only, previous to operation recorded in this article. About two months after the accident he had pain over the lumbar region, radiating in the direction of the left shoulder but not extending farther upwards than the margin of the ribs. This he seems to think due to his kidneys, but there are no clinical facts that would point to such a cause. Appetite and digestion remained good, and the power of the higher senses, sight, smell, etc., was not impaired. The treatment which the patient had received during the above changes was salt water baths and electricity.

Patient entered Toronto General Hospital on November 2nd, 1899, under the care of Dr. Geo. A. Bingham, who, after a careful examination decided to operate. An incision four inches in length was made in the middle line from near the base of the skull to a point below the seventh cervical vertebra. The laminae of the sixth and seventh vertebrae were removed when it was seen that the fifth was dislocated forward and to the left and was exercising distinct pressure on the cord. This lamina was therefore removed and the wound closed. Healing was by first intention. Operation Nov. 29th, 1900.

Complete paralysis of all the extremities was the first result, no doubt from pressure of exudates. This passed away in a few days. The patient has slowly but surely improved both as regards motor and sensory functions, and to-day, two months after operation, he has fair control over the sphincters, the upper extremities are functionally about perfect, and he is beginning to use the legs to a limited extent. Altogether the prognosis appears quite favorable.

SELECTED ARTICLES.

"COLD IN THE HEAD:" HOW IT MAY BE AVOIDED AND HOW TO TREAT IT.

By GEORGE C. STOUT, M.D.,

Laryngologist and Aurist to St. Mary's Hospital; Instructor in Diseases of the Ear,
Philadelphia Polyclinic, etc.
Philadelphia.

Cold in the head is an acute catarrhal inflammation of the mucous membrane lining of the nose, extending at times to the adjacent sinuses, and manifested by sneezing, hyperemia, hypersecretion, and difficult respiration through the nose. This brief sketch will deal rather with the simple form of acute coryza than the specific forms which occur in the exanthemata or associated with special dyscrasia. Although it is apparently evanescent and self-limited, it is not well to pass it by too lightly, for while it often seems trivial to the physician it is not so to the patient, and it is really one of the most common excuses for recourse to the nostrum vender. Physicians too often consider a head cold unworthy of notice unless the accessory sinuses, the pharynx, or the middle ear have become involved.

Causes.—The chief underlying causes of this trouble is a depressed state of the nervous system, which results in a sluggishness of the heat-producing centers. Such a state may be brought about by excessive mental or physical fatigue, or by a lack of circulatory stimulus from inactivity of mind or body. In other words, the many exciting causes are not prone to bring about a cold unless there is also a relaxed condition of the heat centers. One is more apt to "catch cold" when in the depressed state brought about by a funeral or a dull lecture or meeting than when exhilarated as at a dance, or place of amusement, even though the exposure may be greater under the latter conditions. Sitting idly in a trolley car or train for some time makes one liable to cold. Improper clothing, sitting in a draught, changing from a warm to a cold room, or *vice versa*, are common exciting causes. So, too, the action of irritating matter, such as dust or certain chemical vapors, is a causative factor. Improperly protected feet and failure to promptly change wet stockings are very common causes. Those who are susceptible to colds from slight causes are usually sufferers from some nasal deformity—more commonly hypertrophic rhinitis. The excessive use of alcohol or tobacco is a predisposing cause. Acute colds are rare in old age.

In order that the nose may properly perform its function of heating and moistening the inspired air, the amount of the blood supply and glandular secretion of its lining mucous membrane must be constantly varied to suit atmospheric conditions of temperature, dryness, or moistness, and in order that these changes may take place rapidly the mechanism governing these conditions must be delicately poised: thus the sphenopalatine ganglion and the fifth part of cranial nerves must be in a healthy condition to regulate the blood and glandular supplies, and for them to be in good condition means that the general nervous system should be normal.

Pathology.—In the early stage the membrane lining the nose is turgescient, with a dry surface; this dry stage being shortly followed by a moist one in which there is an exudation of serous fluid, which is saline and irritant. The serous fluid later becoming charged with disquaminating epithelial cells and leucocytes grows thick and cloudy, and still later yellowish. This latter hue is probably exaggerated by the staphylococcus aureus present. Various bacteria have been found in the secretion, but none have been positively identified as the cause.

Symptoms.—These are well known even to the laymen if he resides in latitudes subject to marked temperature changes. At first there is often a sense of dryness and discomfort in the nostrils accompanied by sneezing. There may be fever, chilliness, or in severe cases a distinct rigor. Dull head pains, especially after mental effort, and painful sensations in the muscles or joints, together with a feeling of lassitude, are often present. Following the dry stage by a few hours the secretion becomes excessive, the engorged blood-vessels exuding their liquor sanguinis, which mingles with the disquamated cells. The stuffiness or complete closure of the nares by the swollen erectile tissues adds materially to the discomfort, occasioning mouth-breathing and its concomitants, vocal impairment, sore throat and cough. Should the frontal sinus become involved there is distressing supraorbital headache. This is often the case when congestion only is present in this region, without suppuration. If the antrum of Highmore becomes involved, neuralgic pains in the face and teeth will be experienced. There is often a sense of fulness in the ears, or even deafness, with or without ringing noises from closure of the Eustachian tube orifices. This closure is thought to be a provision of nature to prevent septic infection through the tubes, but if persisted in may lead to middle-ear inflammation. If the orifices of the tear duct under the interior turbinate are encroached upon by the swollen mucous membrane, there will be an overflow of tears on to the cheek. The senses of smell and taste are often lost, and there is at times difficulty in concentrating the attention (aproxia). The exoriation so often found at the edge of the nostrils is probably in part due to the irritating secretion, but chiefly to undue use of handkerchiefs.

Treatment.—This should be divided into prophylactic, abortive, and curative. Prophylaxis embraces rational clothing, the avoidance of draughts, care of the digestive functions, and maintaining the nervous tone. Too much clothing is more apt to be worn than too little. Those whose life-work is indoors should wear light underwear the year round, and put on heavy outer garments when going out in cold weather. The feet and legs should be especially well protected, and stockings should be changed at once upon becoming wet.

As a preventive measure a brisk dry massage of the body and limbs morning and evening is excellent. This may be reenforced by a laxative tablet of calomel and sodium bicarbonate, and a granule of strychnine sulphate $\frac{1}{16}$ to $\frac{1}{8}$ grain three times a day, or a hot drink at bedtime after a hot foot-bath; then covering up well in bed so as to cause general perspiration; dressing rapidly in the morning, and remaining in the house until the circulation is thoroughly established.

After an attack is fairly started the bowels should be regulated by a saline cathartic, and the nerve tone should be maintained by $\frac{1}{16}$ grain of strychnine thrice daily after meals, or if the discharge from the nose is free the following tablet may be used:

R. Morph. sulph., gr. 1-32 ;
 Strych. sulph., gr. 1-95 ;
 Atropinæ sulph., gr. 1-150 ;
 Acid. arsen., gr. 1-100 ;
 Aconitine, gr. 1-1000.

M. Sig. : One to three daily according to symptoms.

The *local treatment* should be carried out with great gentleness ; the patient should be cautioned not to blow or wipe the nose except when absolutely necessary, and then only gently, blowing one nostril at a time while it is entirely free from pressure.

As a preliminary measure the nares should be thoroughly though gently sprayed with an alkaline antiseptic solution, which should pass through the nasopharynx into the mouth. The chief remedial agent is a one-per-cent. solution of cocaine, to which may be added two grains of boric acid to the fluid ounce. When the secretion is excessive and the breathing space nearly closed, a small quantity of this solution should be sprayed into each nostril, barely sufficient to cover the membrane, but not enough to reach the nasopharynx or to run out in front. This should be allowed to rest undisturbed upon the membrane for about five minutes, when it may be followed by a spray of

R. Antipyrin, gr. x ;
 Aquæ destillat, f 5 j.

M.

This in turn should be allowed to soak for five minutes and then gently blown out, and a coat of the mild chloride of mercury insufflated over the turbinates so lightly that it barely turns the surface gray. This may be followed by an oily protective solution, *e.g.* :

R. Menthol (crystals), gr. v ;
 Liq. petrolei, f 3 j.

The above procedures should be carried out once daily by the physician.

This treatment, while seemingly elaborate, will shorten the attack and greatly alleviate the symptoms, and it is very simple if the remedies are at hand. Hemming or hawking should be restrained ; the motion of swallowing will often relieve the desire to do these ; if not, a lozenge of red gum or slippery elm may be allowed to slowly dissolve in the mouth to relieve the tickling sensation in the throat. Pharyngitis or laryngitis if present will be relieved by a spray :

R. Ol. eucalyptol, ℥ ij ;
 Zinc. sulph., gr. x ;
 Antipyrin, gr. xl ;
 Aquæ destillate, f 5 ij.

M.

This should be sprayed into the pharynx and inhaled into the larynx every two or three hours. Frontal sinus pain is relieved by the

above local treatment, to which may be added a hot-water bag across the eyes when the pain is severe. Suprarenal extract has been used to prolong the action of the cocaine solution, but as it aggravates the symptoms in a number of cases I no longer use it. The danger of giving the cocaine habit must be borne in mind, as it is easily done, in spite of authorities to the contrary. The patient therefore should not know what he is getting, and a prescription should never be given containing this remedy. In rare cases which are very aggravated I sometimes give the patient a half-drachm vial of cocaine solution, instructing him to add the contents to an atomizer half filled with an antiseptic solution, as follows:

R. Sodii bicarb, gr. v;
Sodii borat, gr. x;
Listerine, f ̄v;
Aqua, f ̄iv.

He may spray a small quantity of this into each nostril when the stiffness is excessive; but under no circumstance should he be told what it is.

A capsule composed of the following may be given every two or three hours in place of the anticold tablet mentioned above:

R. Pulv. opii, gr. ¼ to gr. ½;
Camphoræ, gr. j;
Ammon. carbonat, gr. j to iij.

M.

—*Therapeutic Gazette.*

AN OUTLINE OF A NEW PATHOLOGY.

Diseases of the Clothes.

It has long been vaguely understood that the condition of a man's clothes has a certain effect upon the health of both body and mind. The well known proverb, "Clothes makes the man," has its origin in a general recognition of the powerful influence of the habiliments in their reaction upon the wearer. The same truth may be observed in the facts of everyday life. On the one hand we remark the bold carriage and mental vigor of a man attired in a new suit of clothes; on the other hand we note the melancholy features of him who is conscious of a posterior patch, or the hunted face of one suffering from internal loss of buttons. But while common observation thus gives us a certain familiarity with a few leading facts regarding the ailments and influence of clothes, no attempt has as yet been made to reduce our knowledge to a systematic form. At the same time the writer feels that a valuable addition might be made to the science of medicine in this direction. The numerous diseases which are caused by this fatal influence should receive a scientific analysis, and their treatment be included among the principles of the healing art.

The most distressing cases are those where the patch assumes a different color from that of the trousers (*disimilitas coloris*). In this instance the mind of the patient is found to be in a sadly aberrated condition. A speedy improvement may, however, be effected by cheerful society, books, flowers, and, above all, by a complete change.

IV. The overcoat is attacked by no serious disorders except

Phosphorescentia, or Glistening, a malady which may often be observed to affect the whole system. It is caused by decay of tissue from old age and is generally aggravated by repeated brushing. A peculiar feature of the complaint is the lack of veracity on the part of the patient in reference to cause of his uneasiness. Another invariable symptom is his aversion to out-door exercise; under various pretexts which it is the duty of his medical adviser firmly to combat he will avoid even a gentle walk in the streets.

V. Of the waistcoat science recognizes but one disease.

Porrigia, an affection caused by repeated spilling of porridge. It is generally harmless, chiefly owing to the mental indifference of the patient. It can be successfully treated by repeated fomentations of benzine.

VI. *Mortificatio Tilis*, or Greenness of the Hat, is a disease often found in connection with *Phosphorescentia* (mentioned above), and characterized by the same aversion to out-of-door life.

VII. *Sterilitas*, or Loss of Fur, is another disease of the hat, especially prevalent in winter. It is not accurately known whether this is caused by a falling out of the fur or by a cessation of growth. In all diseases of the hat the mind of the patient is greatly depressed and his countenance stamped with the deepest gloom. He is particularly sensitive in regard to questions as to the previous history of the hat.

Want of space precludes the mention of minor diseases, such as

VIII. *Odditas Soccorum*, or oddness of the socks, a thing in itself trifling, but of an alarming nature if met in combination with *Contractio Pantalunæ*. Cases are found where the patient, possibly on the public platform or at a social gathering, is seized with a consciousness of the malady so suddenly as to render medical assistance futile.

SURGICAL CASES.

It is impossible to mention more than a few of the most typical cases of diseases of this sort.

I. *Explosio*, or loss of buttons, is the commonest malady demanding surgical treatment. It consists of a succession of minor fractures, possibly internal, which at first excite no alarm. A vague sense of uneasiness is presently felt, which often leads the patient to seek relief in the string habit—a habit which, if unduly indulged, may assume the proportions of a ruling passion. The use of sealing-wax, while admirable as a temporary remedy for *Explosio*, should never be allowed to gain a permanent hold upon the system. There is no doubt that a persistent indulgence in the string habit, or the constant use of sealing-wax, will result in

II. *Fractura Suspensorum*, or snapping of the braces, which amounts to a general collapse of the system. The patient is usually seized with a severe attack of *explosio*, followed by a sudden sinking feeling and sense of loss. A sound constitution may rally from the shock, but a system undermined by the string habit invariably succumbs.

III. *Sectura Pantalunæ*, or ripping of the trousers, is generally caused by sitting upon warm beeswax or leaning against a hook. In the

case of the very young it is not unfrequently accompanied by a distressing suppuration of the shirt. This, however, is not remarked in adults. The malady is rather mental than bodily, the mind of the patient being racked by a keen sense of indignity and a feeling of unworthiness. The only treatment is immediate isolation, with a careful stitching of the affected part.

In conclusion it may be stated that at the first symptom of disease the patient should not hesitate to put himself in the hands of a professional tailor. In so brief a compass as the present article the discussion has of necessity been rather suggestive than exhaustive. Much yet remains to be done, and the subject opens wide to the enquiring eye. The writer will, however, feel amply satisfied if this brief outline may help to direct the attention of medical men to what is yet an unexplored field.

STEPHEN LEACOCK.

INFECTION INCREASED BY THE USE OF ALCOHOL.

While direct experimentation upon man for the purpose of determining whether or not the use of alcohol renders him more susceptible to infection, has not been undertaken, but says *Mod. Med.* every physician is fully cognizant of the fact that when an alcoholic habitué becomes diseased, his chances for recovery are much less than those of the total abstainer. The inebriate who contracts pneumonia—a disease to which on account of his indulgence in alcoholic beverages he is prone—stands a very poor chance of recovery. The surgeon also recognizes the inability of wounded tissues of the drunkard successfully to combat infection and to heal by first intention. Because of these conditions the surgeon frequently hesitates to operate upon such an individual.

While these facts have been familiar for years, very little has been done to determine the real cause which in such cases renders the vital principle of the body unable to cope successfully with disease-producing agencies.

Some years ago Dr. Abbott carried on a number of experiments which had a practical bearing upon this subject. His experiments consisted in feeding rabbits upon alcohol, and later inoculating them with some pathogenic micro-organism. The result showed that in every case, control animals were much less susceptible to infection than the animals which had been fed upon alcohol, thus clearly demonstrating that alcohol greatly decreases the ability of the animal body to resist disease.

Dr. Laitinen (*Zeitsch. f. Hyg. und Infect.*, July 19, 1900; *Br. Med. Jour.*, September 23) recently conducted a number of experiments similar to those of Dr. Abbott. In these experiments Dr. Laitinen used 342 animals—dogs, rabbits, guinea pigs, fowls and pigeons. The animals were inoculated with anthrax tubercle, and diphtheria bacilli. These were chosen as types of acute infection, chronic infection, and pure intoxication. A twenty-five-per-cent. solution of ethylic alcohol in water was used in most cases. When employed in greater strength, the alimentary mucous membrane of birds became inflamed. In a few cases dogs were given fifty-per-cent. solutions of alcohol.

The alcohol was administered either by an esophageal catheter, or by dropping it into the mouth by means of a pipette. The dose was graduated according to the weight of the animal, being from one and one-half c.cm. in the pigeon to sixty c.cm. in some of the dogs. It was administered in a variety of ways and for varying times; sometimes in single large doses, at others in gradually increasing doses for months at a time, in order to produce here an acute and there a chronic poisoning. In all cases Dr. Laitinen found that without exception the effect of the administration of alcohol, in any form whatever, was to render the animal distinctly, sometimes markedly, more susceptible to infection than were the controls.

Such convincing proof of the devitalizing nature of alcohol should certainly carry a great deal of weight with it, especially when obtained by such eminent investigators. This, coupled with the practical experience of the physician in dealing with patients who have been in the habit of using alcoholics, should be a warning against the administration of alcohol in any form; for the object to be sought in the treatment of disease is to increase the vital activities of the tissues, and thus render them more resistant to infection.

The administration of alcohol for the purpose of increasing bodily resistance is certainly in nowise a rational or scientific procedure, and its use is certainly not upheld by men who have carefully studied its therapeutic properties.—*Dietetic and Hygienic Gazette.*

ABOUT DWARFS.

By LAWRENCE IRWELL, M.A., B.C.L., of Buffalo, N.Y.

It has long been a matter for discussion whether there ever existed any nations who may absolutely be classed as dwarfs. In many ancient writings are mentioned various races of pygmies as inhabiting the cold northern climes of Scythia, or the tropical deserts of Libya and Asia Minor. Aristotle vouches for the reliability of those witnesses who professed to have seen dwarf men and dwarf horses upon the banks of the Nile; and Pliny gives details of their habits. Herodotus speaks of a race of little men of inky-black color who inhabited a large city on a river which flowed from West to East Lyba, and swarmed with horrible crocodiles. Ctesias, a contemporary of Xenophon, says that he saw in Central India a race of pygmies only two feet in stature; they inhabited a province in which the animals were proportionately small, the sheep being no larger than new-born lambs, and the horses, cattle and asses no larger than a ram. Ptolemy—Claudius Ptolemæus, the celebrated geographer and astronomer—mentions a "little" people called the Pechinians; he describes them as inhabitants of a large portion of the eastern frontiers of Ethiopia. In later times, an English sailor named Battel, who was taken prisoner by the Portuguese about 1590, and carried into Africa, relates in his adventures that he met with a nation of dwarfs called the

"Matimbas." A Dutch traveller, Oliver Dapper, describes a little nation of elephant hunters named the "Mimos," whom he discovered in 1685, inhabiting a district near the Congo river.

Mr. Du Chaillu, writing in 1860, speaks of a strange people, of wild habits, whom he found inhabiting a large tract of land in the country of Ashango; they were called "Ovongos" by their neighbors, the Ashangos, with whom they did not marry. The Óvongos were of hideous aspect, their faces being yellow in color. They were about four feet five inches in height.

People much under the average stature have been found in small numbers in Southern India and in Madagascar, and they are spread widely over the southern half of Africa, where they have been studied in recent years. Their origin is unknown, but they seem to pertain to the Negroid families. Their existence has been periodically reported since the dawn of history, but when the world repudiated the statements of some of the earliest geographers, it rejected the pigmy tribes of whom the ancients wrote, and they were not rediscovered until the second half of this century. The African dwarfs have been distributed into four great groups, viz., those who inhabit West Africa, and who live chiefly in the forests. An adult male is usually between four feet three inches and four feet seven inches in height. The second group is found in the central regions of Africa, and the individuals composing it are sometimes as tall as four feet eight inches. They are skilful hunters, and are nomadic in their habits. The third group lies east of the Nile; I have been unable to discover anything concerning the mode of life of its members; perhaps no traveller has yet visited them. The Bushmen, who live in the Kalahari desert, and who range between four feet and four feet five inches, constitute the fourth group. Our knowledge of all these pygmies is very scanty, but there is no doubt that they really exist.

Dwarfs play a large part in the mythology of the ancient Germanic nations. They were supposed to have their own kings, and to dwell in the interior of the earth, wherein were priceless treasures. It was they who provided the armor for the gods, and they also gave Odin his spear and Thor his hammer. Some of the virtues of the dwarfs are supposed to have been derived from an actual race of small stature—the Lapps, who are said to have occupied part of the Scandinavian peninsula before the immigration of the Gothic peoples. British tradition tells of a "Tom Thumb" at King Arthur's court; and Gulliver's Lilliputians are among the best known of the historic dwarfs.

Prior to the eighteenth century, dwarfs were very frequently retained as court favorites. Of ancient dwarfs, Philetas, of Cos, tutor of Ptolemy Philadelphus, who was born about 330 B. C., was said to have worn weights in his pockets to prevent him from being blown away. Queen Henrietta Maria, of France (wife of Charles the First of England), had two dwarfs whose united height is given at seven feet two inches. Geoffrey Hudson, mentioned in *The Peveril of the Peak*, was three feet nine inches tall. Nicholas Ferry, known as Bébé, the dwarf of King Stanislaus, of Poland, was only twenty-three inches in height.—*Interstate Medical Journal*.

MISCELLANEOUS.

Pruritis Vulvae.

This annoying and so often obstinate disturbance justifies frequent reference in journals. Herman (British Med. Journal) makes the following classification, which is most excellent:

1. Adventitious, due to dirt, pediculi, worms or pessaries.
2. Skin diseases—eczema, herpes, or furuncle, follicular urticaria and diabetic dermatitis.
3. Irritating discharges, such as gonorrhœa, cancer, senile endometritis; also cases in which no visible discharge is apparent.
4. Venous congestion, due to heart, liver and lung diseases.
5. Nervous affections.

For each division the following treatment is recommended:

1. White precipitate ointment for pediculi. For the other causes, absolute cleanliness and changing of the material of pessaries.
2. For eczema, usually affecting fat, elderly women and those pregnant, when due to pruritic organism, warm hip baths, with liquor carbonis detergens added, and the parts powdered with boric acid. When due to diabetes, general treatment. Herpes zoster did not respond to treatment. For follicular pruritis it is recommended to squeeze out the contents of follicles and apply corrosive sublimate 1 to 2000.
3. Antiseptic and sedative douches, and sedative dusting powders on the vulva, as a saturated solution of borax and solution of boric acid. In case of failure with these try 1 to 7 solution of carbolic acid.
4. The same local treatment as for two with general constitutional treatment.
5. Puritus, when occurring in aged women, is frequently a symptom of degenerate changes and treatment usually fails.—*Buffalo Medical Journal.*

The Cure of Inveterate Cases of Trigeminal Neuralgia.

C. J. Aldrich thus details his plan of treatment. The patient is put to bed under the care of a competent nurse, and receives a thorough examination of all his bodily organs and functions. The next morning he receives an initial dose of castor oil, which is \bar{z} i. if the patient is not taking opiates, and \bar{z} ii. if he has become an habitué or is temporarily using them. A solution of nitrate of strychnine is prepared, \mathfrak{M} i. of which should represent gr. $\frac{1}{200}$. of this solution he receives \mathfrak{M} xx. four times a day as the initial dose, with orders that the dose should be increased one drop every twenty-four hours, being an actual increase of gr. $\frac{4}{200}$ each twenty-four hours. If the patient has been taking morphine, the least possible dose that will relieve the pain is continued for the first

two or three days, after which time the dose is gradually diminished. In addition it may be necessary in cases of arteriosclerosis to give some nitroglycerin. When evidence of atheroma is present, the last named remedy can advantageously be combined with thyroid extract. Aldrich suggests that the good effects of the castor oil may be due to the elimination of some toxic principle which acts as a nerve irritant, thus causing the neuralgia.—*Cleveland Medical Gazette*, November, 1900.

Treatment of Gonorrhœal Arthritis by Poulticing.

The treatment of gonorrhœal arthritis is probably one of the most difficult questions to solve successfully, and when it is recorded that a medical practitioner has treated gonorrhœal arthritis with the best results for eight years by the application of hot poultices, the announcement is worthy of notice. The medical man who has had this favourable experience before he took to this method was in the habit of employing ointments, pressure, ice, salicylic acid, and other remedies, in most cases being compelled finally to opening and washing out the joint. The manner in which he first came to make acquaintance with the therapeutic value of poulticing in this condition was in the case of a severe gonorrhœal inflammation of the knee-joint attended with great swelling and pain; he urged the necessity of an operation upon the patient, but as this was declined a poultice was applied. The immediate results were so good that from that time up to the present he has treated gonorrhœal arthritis in that manner to the exclusion of all other methods, and it would appear further that practically no operations have been necessary. To secure the best results the poultices should be as hot as possible, and also should be changed frequently, night and day. There is nothing new of course in the actual use of a poultice, but to have achieved such a continuous success in the management of so intractable a complaint as gonorrhœal arthritis suggests the wider employment of such an easily applied therapeutical remedy.—*Med. Press and Circular*.

The Operative Treatment of Cirrhosis of the Liver.

C. H. Frazier (*American Journal of the Medical Sciences*, December, 1900) reports the case of a patient admitted to the University Hospital in May, 1900, who was a free user of alcohol and tobacco and had contracted syphilis in 1882. The heart was enlarged, and there was a systolic murmur. Both the spleen and liver were enlarged, the upper margin of the liver being on a level with the fifth rib, the lower border extending below the costal margin. The abdomen was distended with ascitic fluid, and the lower extremities were edematous. Medicinal treatment gave no relief. The patient's admission was followed by four tapplings about two weeks apart. The abdominal cavity was opened, and the parietal peritoneum was rubbed with a gauze pad, the omentum being sutured to the parietal peritoneum and to the margin of the wound. The fluid contents of the abdominal cavity were evacuated and

the incision closed without drainage. Convalescence was uninterrupted. Subsequent to the operation the patient was tapped twice; at the first tapping 328 ounces of fluid was withdrawn, and at the second 96 ounces. Since that time there has been no reaccumulation of the fluid.

The writer takes this opportunity to give a review of the reported cases of operation for this condition; they are only fourteen in number, and excluding a certain number of cases in which death was due to causes more or less accidental or avoidable, the actual mortality of the operation is nothing. He believes that the operation has a future in certain selective cases in which the liver is cirrhotic, but in which there is a reason to believe the liver cells are not devoid of function. The operation is indicated where internal medication and paracentesis have failed. The experimental work which has been done upon this subject is very interesting, and shows that it is important to gradually establish the collateral circulation. In case it is done abruptly, toxic symptoms develop, due to the effect of the passage of the blood directly from the digestive organs into the general circulation. Where the circulation is gradually established the capillaries take on the function to a certain extent of the liver cells, inhibiting the passage of unchanged substances from the digestive organs.—MEDICINE.

The Treatment of Loss of Hair.

Jackson (*Journal of Cutaneous and Genito-Urinary Diseases*, August, 1900) has carefully studied 300 private cases suffering from loss of hair. From this study he draws the following conclusions:

"(1) Loss of hair is far more frequent among men than among women. (2) Neither the unmarried nor the married condition exerts any influence on the hair. (3) Intellectual occupations, especially when combined with worry and nervous strain, are predisposing if not exciting causes of baldness. (4) Sixty-six per cent. of the cases of loss of hair begin before the thirtieth year of age. If one passes that age without showing signs of loss of hair his chances for keeping his hair are much increased, as is represented by 36, 17, and 9 for the three following decades. (5) In women general thinning of the hair is the most common form, while the receding temple is uncommon. In men the whole top of the head is most often affected, and the receding temple is very common. (6) The great predisposing cause of loss of hair is heredity, 132 of the 300 cases showing a well marked family history. The influence of heredity is shown in sex, most of the women who lose their hair showing a well marked history on the maternal side; the men showing it on paternal side. Next to heredity all disorders of the general nutrition of the body are predisposing causes. The greatest exciting cause of loss of hair is dandruff, a term used to include seborrhea sicca, pityriasis, seborrhealeczema or dermatitis—72 $\frac{2}{3}$ per cent. The evil influence of dandruff is greatest in those of a bad family history of loss of hair.

"As to treatment, the best drugs are sulphur, resorcin, and the mercurials, in the order in which they are named. The only stimulant to the hair worth mentioning is massage, and this should not be employed until the dandruff is checked."

In an interesting discussion following this paper Hardaway called attention to the fact that since the discontinuance of the former almost universal habit of oiling the hair, alopecia appears to be more prevalent. Jackson held that the reason that women do not become bald so often as men is partly because they have not gone to barber shops so much in the past, and because their scalp is differently made up. In the women there is always a cushion of fat between the scalp and the skull, while on the man's head this cushion is wanting and the nutrition is not so good. He also lays stress upon the fact the young men at the present day have forgotten their father's instructions to oil the scalp. If they used oil more freely they would often avoid baldness. Sherwell calls attention to the fact that a woman's scalp has a markedly less number of hairs than has a man's, 90,000 as against 110,000 to 120,000.—*Therapeutic Gazette*.

Surgical Intervention in Perforative Cases of Typhoid Fever.

Dr. Osler's paper (*Phila. Med. Jour.*) brings up the question of operative procedure in perforation of the bowel in typhoid fever. It is asserted confidently that a certain percentage of the fatal cases from this complication can be saved by early operation. We are told that such patients bear the operation well, and that in the cases observed the ill-effects have been attributed to the operation itself. Dr. Osler's authority on such a point is important and reassuring. There are some considerations, however, that are not always taken into account. The post-operative effect of the surgical intervention and especially the effect of the anesthesia does not cease with the return to full consciousness and the passing off of the well-known symptoms of shock.

We have caused the patient weakened by his battle with the fever to exhaust still further his waning strength. In the truly terrific primary cardiac stimulation of the anesthetic can such an event fail but to be followed by its period of compensatory lowered vitality? Not perhaps showing itself by marked shock but a progressive asthenic decline. We have merely sounded a note of warning as to the effect of operation *per se* in the course of a progressive febrile affection such as typhoid.

We agree fully in the opinion of the value of operation in perforative cases, and would urge with Dr. Osler the necessity of careful personal observation of the earliest symptoms of the complication. That even the most expert clinicians fail to detect perforation in all cases shows the great need of further knowledge upon the initial symptoms of its onset. Let us pay great heed to every detail, nor think no point of minutæ too slight to be carefully taken into consideration. The suggestion that typhoid cases be examined carefully upon the slightest occasion, not by an inexperienced interne, but by a trained clinical observer, should be taken to heart. No less valuable is the suggestion, that students receive constant bedside instruction in this disease and not depend upon textbook or lecture. This is a plea for progressive teaching which it should be our duty, as physicians and humanitarians, to preach as gospel.—*Phila. Med. Jour.*

Diphtheria Antitoxin.

Henry F. Koester, in the *Medical News* for January 19th, gives some conclusions formed after six years experience with the antitoxin treatment of diphtheria. He says that antitoxin is a positive cure for diphtheria when employed in sufficient quantity and sufficiently early in the disease. Even when employed too late to produce its specific action, it cannot, under any circumstances, be productive of harm. When used before the invasion of the disease it possesses a positive immunizing power which lasts about 30 days.—*Charlotte Med. Jour.*

Puerperal Fever.

Dr. S. MARX, at a meeting of the Harvard Medical Society of New York, said that puerperal fever is very rarely due to mixed infection. In ninety-five per cent. of all cases of the disease it is due to the streptococcus. When streptococcus serum was first introduced into medicine, there seemed to be good hope that the fatality of puerperal infection might be reduced by it. In twenty-five cases of pure streptococcus infection, however, treated by Dr. Marx with Marmorek's serum, all the patients died, and he will never use it again. The Credé ointment has seemed to be life-saving in one case. The case was one of sapremia, not due to retained secundines, but to a pseudo-membranous affection of the uterus and vagina, for which every remedy including streptococcus serum, had been tried without any improvement. Twenty-four hours after the employment of the Credé ointment the local condition was improved. In forty-eight hours the constitutional symptoms had practically all disappeared. In one of the two cases reported by Dr. Grandin, in addition to the operation, the Credé ointment and streptococcus serum were used. Dr. Marx thinks that the use of the Credé ointment was an important element in the recovery. In another case in which certain septic symptoms had continued for eighteen days, operation was tried as a last resort, but the patient did not recover. At the autopsy military abscesses were found in the lungs and liver, although they had not been noticed at the time of the operation. In extreme cases laparotomy is undoubtedly justified, provided there are no metabotic abscesses; but it is difficult to determine this.—*Medical News.*

Herpes Genitalis.

(M. Gaucher, Paris, *Independence Med.*, 1899).—According to the author, herpes caused by external irritants must be differentiated from that due to internal neuroses. Herpes following some internal disease may be localized on the genitalia. The common causes are, ordinary coitus, sexual excesses, blenorrhagic or chancroidal discharges of the female genitalia. As a modification the constitutional condition must essentially be considered. A local predisposition due to previous venereal disease of the genitalia need not be considered, since many suffer with herpes who never had any venereal disease. For treatment the author uses starch or talcum and alum mixed together. As a systematic treatment, arsenic and sulphur baths.—*Med. Fortnightly.*

Suicide.

Arnold Heller has recently published in the *Münchener medicinische Wochenschrift* some interesting conclusions drawn from a careful analysis of the results of three hundred autopsies on suicides. The fallacy of the belief current in professional as well as lay minds, that such individuals are usually the subjects of some definite mental disease is shown by the fact that this was found in only 5 per cent of the cases. A more important fact, however, is that nearly one-half the subjects, at the time that the act was committed, were in such a state of disturbed mental equilibrium as to be unable to resist impulses, which would ordinarily have left them unaffected. More exactly stated, it was found that 43 per cent. were in such a condition, owing to the early stages of unrecognized acute infectious diseases, the menstrual epoch, pregnancy, etc., as to be temporarily incapable of sound judgment, without being the victims of any actual mental disease. The significance of such a result may be realized when it is considered that this really means that nearly 50 per cent. of these three hundred cases were not true suicides at all in the sense so severely condemned by sociologists and moralists, since the act was performed at a time when the individual was not responsible for his actions, and the inference is that a careful *post mortem* examination should be made by competent pathologists in every case of supposed suicide before it is pronounced as such, with the consequent stigma on the descendants, loss of insurance, and so forth.—*Medical Times and Hospital Gazette.*

Treatment of Epilepsy.

R. Pot. Iodidi	dr. i.
Pot. Bromidi	dr. i.
Ammon. Bromidi	dr. iiss.
Soda. Bicarb.	gr. xl.
Spt. Chloroformi	dr. ii.
Inf. Calumbæ	ad. oz. vi.

M. ft. mist. dr. ii. morning and noon, dr. iii. at night.

This is known as Brown-Séguard's perscription.

In the original one Pot. Bicarb. was used, but it has now been changed into Soda Bicarb.—*Medical Times.*

For Haemorrhoids.

R. Vaseline	ʒi.
Muriate of cocaine	gr. xij.
Morphine	gr. xi.
Calomel	gr. xl.

M. S. Apply locally night and morning. If itching is severe apply menthol, one drachm to an ounce of vaseline.

Toothache (GUILD).

R. Collodii flexilis.

Acid. carbolic. cryst. aafʒij.

M.—Sig. Apply to cavity by means of cotton probe.

The Canada Lancet

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AND NEWS.

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EDITORIAL.

THE ANTITOXIN TREATMENT OF DIPHTHERIA

Possibly no other topic of interest to the therapist has in recent years been more thoroughly discussed, reduced to figures and statistics, than this one. The lapse of time has permitted the clearing up of the case, and the waning of the enthusiasm, in some minds excessive, with which so rational a method of meeting so fatal a disease was met by both the professional and the lay mind. So that we may, perhaps, at this point with profit seek to determine the status of the antitoxin treatment as between the thick and thin supporter of it, and the, to our mind, unreasonable and unjustifiable position taken by those others who decry it.

No doubt it has been many times given when not needed. No doubt many hundreds have recovered without it. No doubt it has some untoward effect in very many cases. The writer has not in some years seen it necessary to use antitoxin in his own practice. But he would still go the length of saying that in *any* severe case, and in *most* nasal cases, and in *all* laryngeal cases, he would feel that he had neglected his duty if he did not use it, and would lie fairly open to a charge of malpractice

if death occurred without its having been employed. And he would not employ it to the neglect of other approved means, sustaining and stimulating treatment by both food and medicines, such as strychnine and alcohol. Particularly would he feel himself aggrieved if shut off from the use of the calomel fumigations so exceedingly helpful in laryngeal diphtheria, or in the case of patients unmanageable under ordinary local applications by swab or spray.

What are some of the arguments used against it? First we are asked to believe that all lessons of bacteriology and physiological chemistry are to be unlearned again, and that because serum therapy in other cases such as tetanus, septicaemia, tuberculosis, pneumonia, typhoid, cholera, is unhappily still devoid of brilliant result, we must therefore *a priori* suspect the efficiency of the diphtheria antitoxin. This is the type of mind which refuses to admit the value of vaccination against small-pox, and those who refuse to acknowledge any merit in the one may fairly be called upon to adopt the same position with regard to the other.

It has been seriously argued that because three or four varieties of rash follow on the use of antitoxin in perhaps 50 per cent. of the cases, or other *untoward* effects arise such as a temporary arthralgia, therefore the remedy should not be used. Would any one so arguing refuse to his own child the to his mind even problematical advantage, for so paltry a countervailing damage? It has also been held that the albuminuria, nerve-degenerations, septicaemia, bronchitis, pneumonia and other dangerous conditions seen in severe cases after its use are due to its use—the old trap and pitfall, *post hoc ergo propter hoc*, still yawning for the professional as well as the lay mind. If the remedy be used, as it needs to be, only in severe cases, who can say that without its use these complications would not have developed? And in the face of overwhelming statistics from all the countries in which it has been largely used, proving that mortality has been greatly lowered since its introduction, it is idle to seek to explain the facts by theories of acquired immunity, attenuated virus, and so on, though we all know that epidemics vary in severity.

It seems to us that the usefulness of the serum is as definitely established as that of vaccine and lymph in smallpox, and that if we reject the one we must in consistency reject the other, each having disadvantage as well as advantages accompanying its use. The following statements with regard to the remedy we hold to be fully established:—

1. Since its introduction the death rate in diphtheria is much reduced.
2. Ill effects in the course of the disease, such as paralysis, albuminuria, etc., are usually the result of the disease, not of the antitoxin, as—

suming always that the serum is sterile, of sufficient strength and administered with a due regard to technique.

3. The death rate in antitoxin treated cases has been materially reduced since the average dose has been largely increased. A recent writer in the *British Medical Journal* sets 15,000 units as the necessary average within the first 24 hours or so in cases where it is needed at all, and claims that no dose can be large enough to do harm except in the trivial respects already admitted.

4. Failure in its use is usually due to lateness in instituting the treatment, and the later it is begun the more heroic should be the use made of it

5. As the disease is, under two years of age, extremely dangerous as a rule, it is well to use it in every such case.

6. More particularly, at any age, in nasal cases or whenever large areas of membrane are inundating the system with toxins.

7. Still more particularly in all laryngeal cases when from mechanical reasons life is threatened, or is liable to be at any time, the serum should be given a chance to display its undoubted power, along with intubation or other measures if needed, of detaching membrane and preventing its recurrence.

J. T. F.

NORMAL SALINE SOLUTION IN TREATMENT.

There appears to be a tendency in all things human to go to extremes—a weakness scarcely less noticeable among the disciples of Æsculapius than among the general public. There are fads and fashions in the treatment of disease as well as in the cut of a gown. One of the latest examples of this in the field of medicine is the employment of normal saline solution in all sorts of diseases, often with little discrimination or deliberation as to whether the remedy is indicated or not. That it is a very valuable remedy in properly selected cases there can be no doubt. In profuse hemorrhages it maintains the blood pressure by adding to the total volume of blood, and may thus prevent a fatal syncope. In the various toxæmias, especially of Bright's disease, or in puerperal eclampsia it stimulates the excretory activity of the emunctories, so that its employment in these cases has a rational basis, well substantiated by clinical experience. For similar reasons it may be used with benefit in the toxæmias accompanying infective diseases, as in pyæmia or septicæmia and in some cases of pneumonia, where a dilated right heart from pulmonary obstruction is not a marked feature of the case.

There are conditions, however, in which injection of normal saline solution has been recommended or employed with no good reason and

without a proper appreciation of the limitations of its usefulness or the dangers to be guarded against. Foremost among these may be mentioned cases of pure shock, with overloading of the venous system and the right side of the heart; cases of poisoning by opium or other drugs where a similar condition is found. Here the rapid pouring of a large quantity of fluid directly into the already overloaded venous system, or even its slower absorption by the lymphatics, will only add to the embarrassment already present, and perhaps completely paralyze the action of the right side of the heart.

Again, as has been recently pointed out, normal saline solution is not a nutrient fluid, and there is such a thing as practically drowning the tissues by a too free use of it. Besides the danger from over-distention of the right heart, the possibility of producing thrombosis, embolism, phlebitis or other infection should be borne in mind.

Due care in the preparation of the solution should therefore be exercised. Six drachms of sterilized salt to one gallon of sterilized water, used at a temperature of 110°-120° F. gives the proper strength and heat. In cases where rapid action is essential the intravenous method of administration is preferable; also in cases where the tissues are oedematous, and where the patient is practically moribund, for here absorption by the lymphatics might be too slow or might not occur at all. In less urgent cases subcutaneous instillation, as beneath the breasts, or injections per rectum may be employed, with less danger of the untoward results already alluded to. It is necessary to avoid too rapid instillation of the fluid, and it is important to see that it is neither too hot nor yet too cold.

Some authorities recommend the addition of whiskey or other stimulant to the saline fluid on account of the greater stimulant effect thus secured. It must, however, be questionable practice to introduce into the circulation, especially in large amounts, fluids so different from normal blood serum as these necessarily are and caution should be observed until more clinical or experimental data in reference to the effects produced, are forthcoming.

TREATMENT OF EPILEPSY.

There is nothing new to bring forward in regard to the general principles of treatment in this disease. The removal of any exciting cause, any source of reflex irritation and the administration of remedies to lessen the irritability of the motor cells in the cerebral cortex are points that all are agreed upon. Of the drugs recommended, bromide of

potassium, still holds its place as the remedy *par excellence* in the disease, though the bromides of iron, soda, ammonia, lithium, strontium, zinc or arsenic may at times be more useful, either alone or in combination with each other. The drug should be used in doses sufficient to control the convulsions, or until symptoms of bromism are produced, so that large quantities up to 1½ drams daily may be required in some cases. Borax in doses of from 5 to 15 grains is successful sometimes where the bromides fail, and in intractable cases the value of *cannabis indica*, acetanilid, belladonna, salts of zinc, or *digitalis*, must not be forgotten. Careful attention to diet and to the action of the bowels is important, so as to avoid alimentary auto intoxication.

The great fault in the management of the disease is not so much in the agents used as in the failure to impress the patient with the absolute necessity of persistent and continuous treatment, extending over a long period of time—for some years at least. Too frequently the doctor sees the patient only at the time of an attack, prescribes, and then loses sight of him until another attack occurs. Preventive treatment, by far the most important, is almost lost sight of. The physician should take the same care in a case of epilepsy as he would in a case of syphilis, to warn the patient of the necessity of prolonged and continuous treatment if a cure is to be hoped for. He should impress him with the fact that every convulsion renders the outlook more hopeless while the prolongation of the interval between attacks is a favourable guarantee of ultimate cure.

Gowers says that the "prognosis of epilepsy is a question of therapeutics. Whatever bromide is employed must be given continuously, that is, the influence must be maintained without interruption. It is necessary to continue the regular administration of it for two years after the occurrence of the last attack of any kind, and then to spend another year in gradually diminishing the dose. Not until the end of the third year is it safe to omit the medicine altogether. This precaution applies to every method of treatment. There is no short method of cure."

If these instructions were faithfully carried out, in many cases cures would be effected, and in others the symptoms so ameliorated that the sufferer's life would cease to be a burden.

NASAL "GENITAL SPOTS" AND DYSMENORRHOEA.

Remarkable results in the treatment of dysmenorrhœa by nasal cocaineization are reported by Schiff (Wien Klin. Woch.). Fliess had previously called attention to the swelling and congestion of the nasal mucous membrane during menstruation, especially at two points—the

front end of the inferior turbinated bone and the tuberculum septi—and stated that the dysmenorrhœa of menstruation could be relieved by applications of cocaine to these points—sacral pain by cocainization of the tuberculum, and hypogastric pain by the turbinate. Schiff's observations fully substantiated these claims. His experience is epitomized in the February number of the *British Medical Journal* as follows:

"His cases were got from the clinics of Schroetter and Chrobak, and were carefully selected by excluding all in which the pain was erratic and did not regularly continue for whole days at each period, and he was very careful in avoiding any possibility of 'suggestion.' He painted the genital spots during the pain with 20 per cent. cocaine solution, and of 47 cases he could regularly produce cessation of the pain in 34. Some cases he observed for months and had more than 200 positive results with cocaine. So little cocaine was used that there was no question of a constitutional effect, and he got the same result with 3 to 5 per cent. solution if he first contracted the nose lining with suprarenal extract. The pain hypogastric and sacral could be painted out bit by bit by taking the genital spots in succession. In 17 of the positive cases he in the menstrual interval cauterized the genital spots with trichloroacetic acid or electrolysis and 12 had no return of the dysmenorrhœa, 3 being under observation as long as from 1½ to 2½ years. In the other 5 he thinks the cauterization was probably not complete. Of the 13 negative cases 9 had been examined gynæcologically, 4 had fixed retroflexion, 2 adnexal disease, and 1 parametritis. Two with normal pelvic organs had marked hysteria. Of the 34 positive cases 24 had been examined; 9 had approximately normal organs and 15 marked pelvic disease, mostly inflammatory. Many of the cases had been under gynæcologically treatment. Perhaps the strongest confirmatory evidence of the constancy of the relation of the genital points of the nose to the pelvic pain was given by a series of experiments beginning with the following observation made on the first patient from Chrobak's clinic. The woman had a large adnexal swelling on the left, and when in presence of several of the staff he touched the left turbinate with the cocaine plug, she, without knowing what he was looking for, said, 'That hurts me so down here,' pointing to the left hypogastrium. This was repeated each time, but with the addition that it was not so sore, till the anæsthesia was complete. A second patient on whom Chrobak had a week before done a ventrifixation for fixed retroflexion, had severe hypogastric dysmenorrhœal pain. When the right turbinate was touched she cried out, 'I feel that down here. That hurts so much down here,' pointing to the right hypogastrium. The left side gave like results, and when the tuberculum septi was

touched she called out loud, 'My back, my back.' She had otherwise no sacral pain. This experiment was repeated by Schiff and by several others, and gave constantly the same results. The details of two other like cases are given, and of 16 women 12 regularly gave these results. In the intermenstrual period this phenomenon could not usually be elicited, but in a few cases with intermenstrual pain it could be got. The importance of this point, especially in the dysmenorrhœa of virgins, is considerable, and in particular the cocanization may be used as a test of the nature of dysmenorrhœa. The application must of course be made exactly by exposing the genital spots by a speculum. Fliess had pointed out a corresponding relation between the anterior end of the left middle turbinate and certain gastralgias, and Schiff was able to confirm this by several observations."

COUNTER PRESCRIBING BY DRUGGISTS.

Several Toronto Druggists have recently been fined for violation of the Ontario Medical Act in prescribing for patients. Some of them have appealed against the judgment and the outcome of the cases will be watched with interest. Wholesale counter prescribing by certain druggists has been indulged in so long, that the toleration of the offence has made the offenders believe that they have some rights in the matter, other than those granted or guaranteed in their license to practice. If in order to properly qualify a man for the practice of medicine, it is necessary that a long course of study be pursued and rigid examinations be passed, it is neither fair nor just to the public, nor yet to the medical profession, that those who have not thus prepared themselves should be allowed to practice medicine, even to the most limited extent. If our friends, the druggists, wish to practice medicine, let them go through the regular course of preparation and pass the proper examinations to qualify themselves and not try to evade the law in this small way. They have no grievance in being prevented from doing that for which they are unqualified, incompetent and without license. The druggist should uphold the rights and dignity of his profession, but should not court the censure of right minded people by wanting to do that for which he has neither a moral nor a legal right.

The courts of British Columbia have recently given an important decision on the same matter, declaring it a violation of the Medical Act of that Province for druggists to sell drugs for the cure of symptoms cited by the patient. The contention of the defence that the druggist acted without hope of compensation was not sustained, the Court holding that compensation lay in the hoped-for sale of his wares.

EDITORIAL NOTES.

Clinical Theatre.

A new clinical theatre has been erected in connection with the General Hospital immediately behind the large operating theatre.

Clinical Laboratory.

The medical staff of Grace Hospital are presenting a clinical laboratory, thoroughly equipped, to that institution.

A Crematory in Montreal.

The authorities in charge of the protestant cemetery in Montreal have received permission from the government to erect a crematory for the incineration of the human dead.

The Medical Alliance of America.

At the regular stated meeting of the Toronto Clinical Society held in St. George's Hall, Elm St., Toronto, on the evening of March 6th, 1901, the following resolution was unanimously adopted:—

That the Toronto Clinical Society is of the opinion that the prospectus sent forth by the so-called Medical Alliance of America, with headquarters in Montreal, is of such a character as to make it very undesirable that any member of the profession should be associated with the Alliance in any capacity whatever.

It is further resolved that a copy of this resolution be published in the first issue of each of the Toronto medical journals.

Toronto City Morgue.

Coroner W. A. Young, at a recent inquest, in vigorous language pointed out the necessity for a properly equipped morgue in Toronto. The present morgue at the foot of Frederick street is certainly a disgrace to any city, let alone one of the size and pretensions of the Queen City of the West. It is without proper water supply, or means of heating; it is filthy and littered with the clothing removed from the bodies of unfortunates who have been taken there for a score of years; no instruments or other facilities are provided for the making of *post mortem* examinations, and there is no accommodation for the holding of inquests. It is certainly unfit to receive anything human, either dead or alive. If the authorities responsible for this scandalous hole were not so absolutely pachydermatous they would pay some attention to the criticisms that have been so frequently offered and have the place removed.

A Remedy for Eneuresis.

J. J. Cassidy (Canadian journal of Med. and Surg.) relates three cases of relapsing eneuresis, which resisted other methods of treatment, being cured by Fl. Ext. Rhus Glabra in doses of 10-30 drops thrice daily. Two of the cases to his certain knowledge remained permanently cured.

Grave Robbing.

A third year medical student in Queen's College, Kingston, was recently arrested at Peterborough for robbing a grave in order to secure a body for dissection. The charge of robbery was withdrawn by the prosecution, as there was nothing in Canadian law governing such an offence, there being no property in a dead body. He is held for trial, however, at the Assizes, in bonds of \$2,000, on the charge of grave-yard desecration and offering indignity to the dead. The Police Magistrate, in giving judgment, held that while Canadian law did not cover this point, English law, which makes it a punishable offence, would probably be applicable in the present instance. Since more ample provision of dissecting material has been made under The Anatomy Act, cases of this kind in Ontario have fortunately been of very rare occurrence.

PERSONAL.

Dr. J. A. Creasor has removed to 718 Spadina avenue.

Dr. Harry Frank, of Brantford, visited Toronto last week.

Dr. Geo. Rennie has been appointed Medical Health Officer in Hamilton.

Dr. John Marquis, of Brantford, has been appointed physician to the Ontario Institute for the Blind in place of Dr. Sinclair, resigned.

Dr. Fred. Hart (Trinity, '96), of Sault Ste. Marie, visited Toronto last week.

Dr. J. T. Clark and Dr. J. A. Roberts have opened offices on Bloor street at the head of Spadina avenue, in one of the fine houses recently erected by Dr. Ryerson.

We are glad to learn that Dr. G. H. McLaren (Trinity, '99), of the resident medical staff of the General Hospital, has recovered from his attack of pneumonia and is on duty again.

Dr. T. J. Barnett, a native of Almonte, Ont., and a graduate of Queen's University, died from typhoid fever at Sandusky, Ohio, on Feb. 24th

Dr. H. G. Barrie, Y. M. C. A. representative with the R. C. R. during their service in South Africa, leaves shortly to undertake medical missionary work in China. His engagement to Miss Macdonald, daughter of the late Senator Macdonald, is announced.

Dr. W. H. Weir (Trinity, '97), of Brantford, at one time a member of the resident staff of the Toronto General Hospital, and for the past two or three years a house surgeon at the Lakeside Hospital, Cleveland, leaves shortly to spend some time in post graduate work in England and on the Continent, after which he will take up practice in Cleveland.

Dr. W. A. Henderson (Trinity '98) has begun practice in Sarnia.

Dr. Charles Trow, of Toronto, is spending a holiday in the West Indies, where he expects to remain for a couple of months.

Dr. Jas. Moore (Trinity, '98) is practising with his brother at Brooklyn, Ont.

Dr. J. S. McEachern, of Elmvale (Trinity, '97), has been appointed Associate Coroner for the County of Simcoe.

Much sympathy is felt for Dr. Arthur Jukes Johnson and Mrs. Johnson, of Bloor street, in the death of their little girl from pneumonia.

Dr. Harvey Clare (Trinity '96) of Tweed has been appointed assistant medical superintendent at the Orillia Asylum.

Dr. Herbert A. Bruce has purchased a fine property on Bloor street, at the head of Church street, where he expects to remove in a few months.

Dr. Harry Spence (Tor., '99), recently of the resident staff of the Toronto General Hospital, has passed the examinations for the L.R.C.P. of London.

Dr. Frank Porter (Trinity, '98), of Waubauskene, who recently underwent a serious operation in the General Hospital, we are pleased to learn is making an excellent recovery.

Dr Alfred Morsen, who practised for many years in Ottawa, died March 3rd at the good old age of 91 years. For the past sixteen years, since giving up active practice, he has lived in Toronto.

Dr. S. P. Ford, of Norwood, one of the best known practitioners in Peterborough County, has accepted the Conservative nomination as candidate in the coming elections for the local legislature.

Dr. Joseph McFarland, formerly Professor of Pathology in the Medico Chirurgical College, Philadelphia, has accepted a position as bacteriologist at the Parke, Davis Co. of Detroit.

Dr. E. H. Stafford, formerly of Toronto, leaves shortly as medical officer with a sealing fleet to Newfoundland. He will be gone for about two months.

The serious illness from pulmonary tuberculosis of Dr. Charles Kearns Deane Tanner, the gifted but rather turbulent member for the Middle Division of Cork in the Imperial Parliament, is reported. Dr. Tanner is 51 years of age. He has a wide reputation as a surgeon, and was formerly lecturer on anatomy in Queen's College, Cork.

The appointment of Dr. Geo. Landerkin, formerly M.P. for South Grey, to the Dominion Senate has met with general approval, both within and outside the medical profession. The genial and facetious Senator, who is 63 years of age, will have the best wishes of his professional brethren for many years in which to brighten the Upper House with his presence.

We are pleased to learn that Dr. Jas. Third, of Kingston, has improved considerably from the serious condition of a fortnight ago, so that his friends entertain hopes of his ultimate recovery. Dr. Third, who is an old Trinity graduate and a member of the resident staff of the Toronto General Hospital in 1891, was recently appointed to the professorship of medicine in Queen's University in succession to Dr. Fife Fowler.

OBITUARY.

Dr. James E Eakins

On February 15th Belleville lost a prominent and highly respected citizen in the death of Dr. James E. Eakins after a lingering illness. Dr. Eakins was physician to the Deaf and Dumb Institute for many years.

Dr. A. MacDonell.

Dr. A. MacDonell, one of the best known and most popular practitioners in the District of Rat Portage, died at midnight, March 6th, from heart failure, following a severe attack of pneumonia. Deceased was born at Alexandria, Glengarry County, Ont., about 47 years ago, and came west when 20 years of age.

Dr. Michael Lavell

A prominent figure in the medical profession of the province has passed away in the death on February 18th of Dr. Michael Lavell, of Kingston, at the advanced age of 76 years. Dr. Lavell was appointed surgeon to the Kingston Penitentiary in 1872, and afterwards held the post of warden to the same institution from 1888 to 1895. He was also at one time a professor in the medical faculty of Queen's University.

BOOK REVIEWS.

A TREATISE ON MENTAL DISEASES.

By Henry J. Berkely, M.D., Clinical Professor of Psychiatry John Hopkins University, Chief Visiting Physician to the City Insane Hospital, Baltimore, D. Appleton & Co., New York, Geo N Morang, Toronto

The above work is a decided departure from the ordinary work on mental diseases in that it brings diseases of the mind before the general practitioner in such a manner that he must feel he is dealing with tangible disease of the brain, just as he finds disease in any other organ of the body, and consequently placing mental disease on a physical basis rather than a purely psychic one.

Part I., devoted to anatomy and histology, is very clear and fully up-to-date, comprising all the essential elements of the central nervous system in the light of the most recent research, the final structure of the nerve cell being elaborately discussed. In Part II., General Pathology is considered, and the relations between the degenerative and non-degenerative types of insanity. The influence of infections and auto-intoxications in the evolution of mental disease marks one of the important features of this work, and is particularly instructive, aiding much to a clearer comprehension of the role these agents play in the production of deranged mental states. The gross and special pathology are fully discussed and the plates showing the changes in the vessels and cells are excellent. In Part III., the clinical forms of mental diseases are considered, and the idiopathic insanities are clearly and concisely described. The same may be said of the description of insanities following organic lesions of the brain. It is, however, in regard to the intoxication insanities and those following bacterial toxalbumic and autogenic poisoning that this work

will be of especial service to the general practitioner. The symptoms of the various forms of chemical poisoning such as are due to alcohol, cocaine, opium, etc., are succinctly given and their treatment exhaustively dealt with. The description of the insanities of the puerperal period, particularly in regard to their causation, contains much of interest, while that of the autogenic intoxications is probably to the physician in general practice one of the most useful in the book. The auto-intoxications from fermentation or imperfections of the digestive processes as evinced by the presence of an excess of indican and skatol in the urine are fully described, and we entirely agree with the author that probably a larger quantity of these agents is absorbed than the amount in the urine would indicate, the blood consequently being rendered the more toxic by them. That the presence of these ethereal sulphates in the urine is due to the decomposition of albumin under the influence of bacteria is important in regard to treatment, indican being absorbed from the small intestine and skatol probably from the larger bowel. In this connection intestinal antiseptics is brought prominently into notice, and there is no doubt but that strict attention to this point will hereafter aid in the treatment of this class of cases to an extent which has never been realized in the past.

The chapter on paranoia gives a concise and lucid description of the development and symptoms of this remarkable affection, its entire course from its insidious incubation, over the borderland of sanity through the persecutory and ambitious periods to final weak mindedness, being clearly detailed.

The chapter on neurasthenia and the neurasthenic psychoses is one of much interest, but we regret not being able to agree with the author on one point which he here discusses, viz., the frequency with which neurasthenia oversteps the boundary line into the psychoses, since we believe that this termination is much less rare than the author would indicate. The exciting cause of neurasthenia and the idiopathic insanities is largely the same; over-exertion of the brain with the consequent derangement of functions of the cells of the higher centres. That definite microscopic changes, which may speedily disappear, take place from slight stimulation of a nerve cell has already been demonstrated, and also, that as a result of prolonged over-stimulation the cell will regain its normal appearance, even under favourable conditions, only with difficulty, if at all. Hence with this physiological cause common to both, their relations in effect must necessarily be intimate, and we believe that the early study of many cases of melancholia, for example, between the period of mental health and that in which the symptoms of mental derangement become pronounced, would reveal a stage of cerebrasthenia. The importance of this relationship is three-fold. (1) It would tend to place certain mental diseases on a firmer physiological basis; (2) it would direct attention to the earliest symptoms of derangement of cell function instead of delaying until this derangement of function had produced insanity, and (3) attention so directed would lead to the treatment of these cases at a period when it might still be possible to restore the cell function and avert insanity.

The chapter on idiocy and imbecility is worthy of commendation, the divisions for clinical purposes being essentially useful.

In conclusion we consider this work a decided advancement in this branch of medicine, and we have much pleasure in heartily recommending it to the student or general practitioner who desires to obtain a book which is fully up-to-date, and which will convey a knowledge of mental diseases in a concise and practical form precisely as these diseases are encountered in the routine of every day practice.—D. C. M.

STUDIES IN THE PSYCHOLOGY OF SEX.

The Evolution of Modesty ; the Phenomena of Sexual Periodicity ; Autoerotism, by Havelock Ellis. Philadelphia, New York, Chicago. F. A. Davis Company, Publishers, 1901.

The author sketches the main outlines of a complex emotional state which is of fundamental importance in sexual psychology, bringing together evidence from widely different regions and suggesting a tentative explanation of facts that are still imperfectly known.

Those interested in the subject will find a mass of information regarding the sexual history of peoples and nations of all colors and creeds, and in this the main value of the book lies.—F. F.

A SYSTEM OF PRACTICAL THERAPEUTICS.

Edited by Hobart Amory Hare, M.D., Professor of Therapeutics in Jefferson Medical College, Physician to Jefferson Medical College Hospital, Philadelphia. Second Edition Revised and Largely Re-written. Lea Bros. & Co., Philadelphia and New York. 1901.

Volume I. of the second edition of this well known work has been received. It contains nearly 850 pages, dealing with general therapeutic considerations, prescription writing, remedial measures other than drugs, diathetic diseases, and diseases of nutrition. Among the contributors are H. C. Wood Burney, Yeo. Simon Baruch, W. M. L. Coplin, James Stewart and Ralph Stockman, names which in themselves are a guarantee that the subjects with which they deal are brought fully up to the present standard of knowledge. This assumption is certainly borne out by a critical review of the various articles dealt with. While representing what is latest and most approved in scientific treatment, the work is essentially practical and will prove of the greatest value to the practitioner in his every-day work. The doctor who has this work in his library can feel assured that he has placed at his disposal descriptions of all that is really useful in the treatment of disease at the present day. The work is certainly deserving of the most cordial reception at the hands of the profession.

PUBLISHERS' DEPARTMENT.

CLINICAL NOTES AND COMMENTS.

Dr. T. D. Crothers, Editor, *Quarterly Journal of Inebriety*, in the January, 1901, number, writes: "Antikamnia has become one of the standard remedies, particularly in influenza. It is prepared with various drugs in tablet form, the latest, a laxative tablet, with quinine and some mild cathartics, called 'Laxative Antikamnia & Quinine Tablets.' All of these forms are very attractive and palatable. We have never seen a case of addiction to antikamnia, hence we prize it very highly as one of the most valuable remedies for diminishing pain without peril. We have used it with excellent results to quiet the pain following the withdrawal of morphia. We have received from this company many complimentary notices shawing the vast influence it has secured among regular practitioners. The object of the antikamnia in 'Laxative Antikamnia & Quinine Tablets' besides its antipyretic and analgesic effect, is the prevention of all griping, nausea and other unpleasant effects generally produced by purgatives when administered alone."

A TWENTIETH CENTURY RESUME.

With the dawn of the new century, it is both interesting and profitable to pause and consider the events and achievements of the past years, decades and centuries, and to "take stock" as it were, of our present national resources and conditions. The Government Census for 1900 enables one to appreciate how wonderfully our common country has progressed and improved in every material good; how our industry and commerce has enlarged and expanded; how our territory and population has increased and how rich we are in all that makes toward prosperity and advancement. It would indeed be a liberal education had one the time and opportunity to consult and examine the magnificent collection of statistical matter comprised in the returns of the twelfth census. Realizing, however, that such a mass of facts and figures is too confusing for the average mind, the makers of Lactopeptine, Liquid Peptonoids and Hemaboloids are engaged in compiling and arranging a 64 page book, entitled "Facts and Figures, Medical and Otherwise, from the Census in 1900 and Other Reliable Sources." Fully one-half of this volume (32 pages) is made up of full-page colored lithographic maps and schematic diagrams, illustrating in a thoroughly clear, concise and graphic manner the most interesting and important subject matter, so that the reader can comprehend and appreciate it at a glance.

The following are some of the more interesting and important statistics thus graphically illustrated: "Accessions of Territory"—a map of the United States, showing by means of contrasting colors, our original territory and subsequent accessions, with the dates, amounts, paid and from

whom purchased or ceded: "Distribution of Population by States"—a map similarly vari-colored, showing at a glance the comparative density of the population of each State and territory; Increase and Decrease of Population, 1890-1900"—illustrating the per centage of increase of each national subdivision; similar maps of Cuba and Porto Rico respectively. Of medical and climatological interest are maps and diagrams illustrative of the comparative mortality of the various infectious diseases in the twelve principle cities of the United States; Diphtheria mortality of New York, Massachusetts, Philadelphia, England, London, Chicago, Berlin, Paris, and etc., showing graphically the pre- and post-antitoxine death rate; mortality from anesthetics; ratio of deaths to inhalations; maps showing variations of altitude, sunshine, rainfall, etc., of different sections of the United States; schematic design showing comparative elevation above sea-level of the principle health resorts, with climatological and meteorological data relating to each. Other attractive charts represent the division of the population of each State and territory as regards city and country dwellers; color, race, etc., etc.

If we kept on, this notice would resolve itself into a table of contents of one of the most interesting, useful and instructive books of reference and general information ever published, either forgratuitous or paid circulation. The manufacturers of LIQUID PEPTONIDS, HEMABOLOIDS and LACTOPEPTINE, who intend to present this handsome, artistic, instructive and unusually expensive souvenir to their friends in the medical and dental professions will be pleased to receive and file requests for same.

PARIS EXPOSITION, A. D. 1900.

Awarded highest prize to William R. Warner & Co. in their class for the recognized superiority based upon the following claims:

The Exhibit consists of Soluble Sugar and Gelatin Coated Pills, Parvules, Dosimetric Granules, Elegant Granular Effervescent Salts, Compressed Tablets, including a series of Effervescent Tablets, comprising Lithia Water, Kissingen Water and Vichy Water Tablets; standard Medicinal Fluid Extracts, Medicinal Elixirs, Syrups and Wines, and a line of Superior Pharmaceutical preparations made in accordance with the recipes indicated by the United States Pharmacopeia, the formula of famous medical men and specialties of original invention.

MESSRS. WARNER & Co. claim for Soluble Coated Pills, and Granules, quick solubility, accurate subdivision of the drug, the use of selected excipients in making the mass, avoiding incompatibility and insuring quick disintegration and a thorough assimilation of the medicament. The inner mass is thoroughly protected from atmospheric influences by the soluble coating as applied, presenting at once a form of medicine which is reliable and permanent and not affected or impaired by age. They possess decided advantages over the ordinary pill of the pharmacy, extemporaneously prepared, in that the minute division of powerful chemicals is more readily reached by accurate processes and facilities invented and used specially for the purpose.

For Granular Effervescent Salts, they claim uniformity of granulation, prompt effect of the applied remedy and general elegance of the finished product.

Claim for Effervescent Lithia Tablets, convenience, reliability, uniformity of dosage, whereby a Lithia Water can be made extemporaneously of a standard strength and known dosage, added to which is the economy of the product.

For Medicinal Fluid Extracts claim a product of standard strength, prepared according to the latest approved processes, representing the active principles of the drug employed, each minim of the solution representing one grain of the ground drug from which all inert matter has been eliminated.

Claim for Medicinal Elixirs, Wines and Syrups, a feature in elegant pharmacy whereby remedies, many of which would otherwise be nauseating on account of odor or taste, are thoroughly disguised without depriving them of their medicinal value in the slightest.

Claim for Compressed Tablets, Tablet Triturates and Hypodermic Tablets, ready solubility and quick therapeutic results. These preparations are made in accordance with certain well-defined rules, whereby the precise quantity of medicament they are said to contain may be depended upon in each administration, the medicinal agent being universally distributed throughout the whole mass. To recapitulate, they are quickly and entirely soluble. They are permanent in form and accurate in dosage. They are safe and rapid in action.

Claim for Pharmaceutical Specialties, a general elegance, unsurpassed and a medicinal activity unabridged as relating to the various forms of medicines indicated for the several diseases for which they are intended to be administered.

As an attestation of these claims, they quote the fact that they have received not less than 16 highest medals from as many different World's Expositions which have been held, dating from the year 1873 to the present time and further than that they have received hundreds of testimonials from the jurors who have passed upon their products in local Expositions both at home and abroad. Incidental to this might be mentioned, the award of a Silver Medal by the International Medical Congress held at Rome, Italy, their last triumph more of a local nature, a Silver Medal and special mention by the National Export Exposition held at Philadelphia, 1899, and which they believe was the highest and only award for the particular articles referred to.

A Gold Medal awarded at the Sydney World's Fair and an honorary membership bestowed by the Pharmaceutical Society of New South Wales, and 70 medals and diplomas awarded at various exhibits, including the above. This is the triumph of 40 years' experience in Pharmaceutical Chemistry.

INGLUVIN.

The Natural Glycocholic Acid in Ingluvin is the active principle and the most efficient agent in the treatment of all stomachic and enteric disorders.

SYP. HYPOPHOS. CO., FELLOWS

CONTAINS

The Essential Elements of the Animal Organization—
Potash and Lime;

The Oxidizing Elements—Iron and Manganese;

The Tonics—Quinine and Strychnine;

And the Vitalizing Constituent—Phosphorus; the whole combined in the form of a Syrup, with a slight alkaline reaction.

It differs in its effects from all Analogous Preparations: and it possesses the important properties of being pleasant to the taste, easily borne by the stomach, and harmless under prolonged use.

It has gained a Wide Reputation, particularly in the treatment of Pulmonary Tuberculosis, Chronic Bronchitis, and other affections of the respiratory organs. It has also been employed with much success in various nervous and debilitating diseases.

Its Curative Power is largely attributable to its stimulant, tonic and nutritive properties, by means of which the energy of the system is recruited.

Its Action is Prompt: It stimulates the appetite and the digestion; it promotes assimilation, and it enters directly into the circulation with the food products.

The prescribed dose produces a feeling of buoyancy and removes depression and melancholy; *hence the preparation is of great value in the treatment of nervous and mental affections.* From the fact, also, that it exerts a double tonic influence, and induces a healthy flow of secretions, its use is indicated in a wide range of diseases.

When prescribing the Syrup please write, "Syr. Hypophos. FELLOWS" As a further precaution it is advisable to order in original bottles.

FOR SALE BY ALL DRUGGISTS.

DAVIS & LAWRENCE CO., LIMITED

WHOLESALE AGENTS

MONTREAL

Ingluvin is extracted from the lining membrane of the gizzard of the species "Gallae." It is far superior to pepsin of the hog.

Ingluvin is fast superseding other remedies in indigestion, dyspepsia, cholera morbus, cholera infantum and stomachic and enteric ailments. It is specific for nausea in pregnancy, alcoholism, seasickness or from whatever cause.

Ingluvin causes absorption, increases peristaltic action, thereby removing accumulations from the mucus membrane. It allays inflammation, invigorates the debilitated organs and assists nature to perform her proper functions.

Ingluvin can be used in combination with other drugs, as in a case with pepsin.

As there is no tonic effect, the dose may be repeated as often as necessary. For dyspepsia, indigestion and sick stomach, caused from debility of that organ, 5 to 20 grains after each meal. For cholera morbus and alcoholism, 20 grains every two hours until relieved. For marasmus, 5 grains every four hours. For vomiting of pregnancy, full doses of 20 grains should be given; administer first dose immediately upon rising in the morning. In all other forms of nausea, from 10 to 20 grains until controlled.
