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Reports of Societies

CANADIAN MEDICAL ASSOCIATION.

The thirty-second annual meeting of this Association was held in the theatre of the Normal School Building, Toronto, August 30th, 31st and September 1st, 1899, Mr. Irving H. Cameron, Toronto, the President of the Association, in the chair, and Dr. F. N. G. Starr acting as General Secretary. The meeting was called to order by the President, at 10.30 a.m., and the minutes of the last meeting, at Quebec, were read and adopted. About eighty members were present at the first session, which numbers were increased to about two hundred and seventy-five before the completion of the meeting.

Dr. A. J. Johnson, Toronto, the Chairman of the Committee on Arrangements, submitted his report for the guidance of the members, which on motion was received and adopted.

The General Secretary then read telegrams of regret from Dr. J. M. Beausoliel, Montreal, and Dr. E. A. Farrell, Halifax; also from Dr. A. Lapthorn Smith, Montreal, stating that he was unable to be present on account of the death of his daughter.

The President informed the meeting that he had already despatched a letter of sympathy to Dr. Smith.

The following gentlemen were elected members of the Association: G. Henderson, Strathroy, Ont.; L. M. Sweetnam, Toronto; J. L. Bradley, Creemore, Ont.; Frank Porter, Toronto; P. Howey, Owen Sound, Ont.; L. Laberge, Montreal; Geo. W. Badgerow, Toronto; C. N. Laurie, London Junction; A. W. Heaslip, Hillsdale, Ont.; S. G. Storey, Blenheim, Ont.; F. O. Lawrence, St. Thomas; C. E. B. Dunscombe, St. Thomas, Ont

A. Stewart, Palmerston, Ont.; W. T. Connell, Kingston, Ont.; T. H. Stark, Toronto; A. Stark, Berwick, Ont.; J. M. Jory, St. Catharines, Ont.; J. W. S. McCullough, Alliston, Ont.; E. Meek, Port Rowan, Ont.; J. H. Mullin, Hamilton, Ont.; J. F. Uren, Toronto; A. H. Halliday, Traverse City, Mich.; O. J. McCully, Monkton, Ont.; George Elliott, Toronto; R. J. Trimble, Queenston, Ont.; W. S. Harrison, Toronto; W. H. Harris, Toronto; W. O. Stewart, Guelph, Ont.; J. T. Hart, Toronto; F. Winnett, Toronto; E. Sisley, Maple, Ont.; A. R. Gordon, Toronto; E. H. Stafford, Toronto; A. T. Macnamara, Toronto Junction; D. H. Hogg, London, Ont.; A. T. Hobbs, London, Ont.; E. T. Snider, Brussels, Ont.; C. E. Stacey, Toronto; L. Bentley, Toronto; C. H. Thomas, Gormley, Ont.; Beattie Nesbitt, Toronto; Chas. Trow, Toronto; R. H. Green, Embro, Ont.; R. N. Fraser, Thamesville, Ont.; Thos. Kerr, Toronto; Wm. Kerr, Cayuga, Ont.; B. Spencer, Toronto; D. W. Gordon, Lucknow, Ont.; J. P. Kennedy, Wingham, Ont.; W. J. O. Malloch, Toronto; W. H. Groves, Burnhamthorpe, Ont.; H. H. Sinclair, Walkerton, Ont.; D. B. Bentley, Sarnia, Ont.; A. W. McFaul, Stayner, Ont.; D. King Smith, Toronto; J. H. Cotton, Toronto; F. Montizambert, Ottawa; Hugh Bain, Prince Albert, N.W.T.; J. H. Elliott, Gravenhurst, Ont.; J. Montgomery, Oshawa, Ont.; Dr. Hodgkin, Deer Park, Ont.; Julia Thomas, Toronto; Dr. Jackes, Eglington, Ont; W. H. Clemes, Toronto; W. T. Sherris, Toronto; R. O. Snider, Toronto; Ernest Hall, Toronto; W. J. McCollum, Toronto; J. H. Henwood, Toronto; A. G. Ashton Fletcher, Toronto; B. Z. Milner, Toronto; W. J. Wilson, Toronto; Graham Chambers, Toronto; Lelia H. Davis, Toronto; C. J. O. Hastings, Toronto; Geo. H. Carveth, Toronto; Fred. Fenton, Toronto; H. A. Bruce, Toronto; C. L. Starr, Toronto; and J. P. Russell, Toronto.

TUBERCULOSIS IN CANADIAN CATTLE AND ITS PREVENTION.

Dr. J. GEORGE ADAMI (Montreal).—At the outset, he stated that there were three questions to be asked and answered: 1. Is tuberculosis in cattle a source of danger to other cattle, so as to seriously affect their well-being, and to be a source of loss to the owners? 2. If infectious from animal to animal, is it infectious from animal to man, and thereby a grave source of danger to the human race? 3. If infectious from animal to man, what are the commonest modes of infection, and, as a sequel to this, how are we to diminish the danger? If the first can be answered in the affirmative, how can the disease be erased? To do this we should employ all the means in our power. What organization and official steps should be taken in our country to stamp it out? In regard to the question: "Is it dangerous to other cattle when in cattle?" there is abundant evidence to show that the introduction of an infected bull into a

herd has been followed in a short time by symptoms of the disease in old members of the herd. Most of us see very little of its results. The learned professor quoted from slaughter-house statistics, taken from Prof. Conn, showing the increase of tuberculosis in European countries within the last ten years, those from Leipsic being especially important on account of the marked increase reported there. In 1885 the rate was 11 per cent., and in 1895 it had risen to 33.3 per cent. and is still increasing. At this rate of going, in a few years there will be no breeding-herds left unaffected. We can thoroughly rely upon the tuberculin test. In Germany they have come to the conclusion that the amount of tuberculosis is over 50 per cent. of the animals in the land. Stringent regulations should be carried out by the Government. The animal should be seen before being permitted to enter Canada. *If once an animal has been inoculated with tuberculin you will not* get a secondary reaction until a month has elapsed. Nor even in the Eastern States of America is the condition more satisfactory. In Massachusetts the disease has been found very common. The cattle imports for that state show in several large herds as high as 100 per cent. What are the results and dangers from this extreme prevalence of the disease elsewhere? First, the effects upon the animal itself, milk, breeding, etc.; sooner or later the disease progresses. Second, there is danger to the community in employing the milk and meat of such an animal. In 1893 Professor Wright estimated that tubercle in cattle caused an annual loss of $2,000,000, *i.e.*, loss in milk and butter. In regard to his second question, "If infectious from animal to animal, is it infectious from animal to man?" we generally give an affirmative answer to this. The amount of reliable evidence of direct transmission from animal to man is very slight. It would be easy to determine this if we could make a direct experiment, but we cannot do that; we cannot inoculate man from the diseased meat. We can do the other though, *i.e.*, inoculate cattle from the sputum, and we find that they are slightly susceptible to human tubercle. That obtained from man, however, tends to be localized, and leads to transient results. We have distinct evidence that the bacilli obtained from fowls differ more widely in properties from those obtained from man, than do the bovine bacilli. Fowls may with impunity be fed with human sputa without becoming infected. Man may be infected from birds; but we cannot legitimately apply that to immunity to bovine tuberculosis except that in the main they resemble each other, and that is about all we can say; they are identical. Even in butchers and children fed upon the meat and milk of tuberculous cattle, there is lack of positive evidence. In them we must exclude every other possible mode of infection, and such exclusion is a matter of extreme difficulty. Thus, to obtain any authentic case is a matter

of great difficulty. The frequency of tubercle amongst children would appear to be a strong argument in favor of believing that the milk of cows affords the most likely source of infection. He quoted Stillé in the *British Medical Journal:* out of 269 necropsies on children, one-third showed tubercular lesions. Forty-three per cent. occurred at the milk-drinking period of life, and 56.2 per cent. occurred in the first three years of life. The mortality from tubercle in early childhood is not decreasing; and the opinion that the prevalence is due to infection from milk from tuberculous cows seems to be well founded. Examining Dr. Stillé's statistics, there is difficulty to make out which are the older and which are the recent lesions. Large cheesy masses in the mesenteric glands indicate that the intestinal lesion is the older; and if in the bronchial glands the lesion is older, this was the source of the infection. Thus, of the 269 cases above referred to, the channels of infection were found as follows: respiratory, 57.3 per cent.; intestinal, 33.4 per cent., probably directly, and so from milk; bones, joints, etc., the balance, altogether about 50 cases out of the 269. In 1890, the testing of cattle was encouraged to the utmost possible extent by the Government. In 90,000 inspected cattle at Montreal, in 1894, only 80 were rejected, and only two of these were recognized as suffering from tuberculosis, and even in them the disease was only limited. Pleuro-pneumonia is absolutely non-existent in Canada. Out of 2,000 post-mortems at Montreal, there were only fourteen cases in which tubercle were detected in the lungs, *i. e.*, 0.06 per cent. He advocated the appointment of inspectors, to kill off, or buy and place on Government reserves, all infected cattle; and then, in a very few years, Canada will become practically free from the disease, and become a great centre for the breeding of high-class cattle, and other countries will have to come to us for their stock.

Prof. OLDRIGHT (University of Toronto) asked whether the statistics quoted by Dr. Adami were slaughter-house statistics or otherwise.

Dr. J. J. MCKENZIE (Bacteriologist to Ontario Board of Health) spoke of the effect of climate in reducing the amount of tuberculosis amongst our cattle and stated that our climate is favorable for this. The difficulty is that the cattle that ought to have the benefits of the climate, in winter time as well as in summer, are shut up and housed in small stables in which every breath of fresh air is kept out, as their owners think more of keeping them warm. Here we have a very favorable condition for the spread of tuberculosis. As to the presence of tubercle bacilli in the milk some six years ago he investigated some twenty-five cattle that reacted to the tuberculin test. He examined the milk of all these cows, using the specimen after passing through the sepa-

rator, and in only two cases were there any bacilli present, and in these two cases he only found six or eight bacilli in the whole specimen. And in the post-mortem afterwards we were unable to find any tuberculosis in the udders. Probably these passed into the milk from the leucocyte.

Dr. CLARENCE STARR (Toronto) stated that in the fall of 1897 he had done some experimental work for the Ontario Government along the same line, and it was then the intention of the Minister to introduce the Bangs' system. In the United States, he said, he understood that the slaughter-house statistics were about 33 per cent. In Canada it is very much smaller; in fact, very small in comparison with other countries. Statistics taken from cattle for export are not fair; those are cattle taken from the herd and free from disease as far as possible. The Dominion Government, some time before that referred to, had passed an Order-in-Council recommending that all cattle reacting to the tuberculin test, should be slaughtered. That, of course, put a stop to the hunting of statistics on account of the fact that farmers would only suppress it if it were in their herds. He thought, possibly, that the percentage in cattle in Canada was even larger than Prof. Adami stated, though freer than any other country in the world. In regard to the seven weeks' quarantine, that is a rather radical step, and objections may be offered. All cattle imported into this country should have a certificate of freedom from tuberculosis, by means of the tuberculin test, given by the breeder; and no cattle should be imported into this country unless such has been done. Prof. Nocher, of Paris, has instanced a number of cases in which herdsmen, sleeping with their herds in the same stables, poorly ventilated, and a great many cattle in the building, developed tuberculosis. The question in his mind was whether Prof. Bangs' theory could not be more easily carried out than the wholesale slaughtering of the cattle. We should make a distinction between the clinical symptoms and cattle reacting to the tuberculin test. We necessarily leave a larger portion of the herd which will possibly later on show clinical symptoms.

Dr. TURNBULL (Pennsylvania) said he had listened with a great deal of pleasure to the able paper of Prof. Adami, and thoroughly agreed with the writer in making a long period of quarantine for animals imported. In Pennsylvania, recently, a law was enacted—within the past two years—that breeders within the state are not to bring into the state, any animals for dairy or breeding purposes unless they have been tested for tubercle by the health authorities from the state in which they were brought. It was an excellent law, but the law was not stringent enough, in that the breeders had got on to the fact that if an animal reacts to tuberculin, a period has to elapse before it will react again, and a great many of the

breeders are unscrupulous enough to keep injecting their animals with tuberculin. He was in favor of a seven-weeks' quarantine period, or longer would be better. Make the quarantine period just as long as you can. It is better for your breeders.

Dr. P. H. BRYCE (Toronto, Secretary of the Provincial Board of Health) spoke of the powers bestowed on health boards by the Ontario Government in 1896, and said that the regulations were practically those of Bangs'.

Dr. RODDICK (Montreal) said that he had taken occasion recently, during the past session of the Dominion Parliament, to direct the attention of parliament to this fact in connection with a series of resolutions passed by the Medico-Chirurgical Society of Montreal, to impress upon the Government, if possible, the practice of allowing only the veterinary surgeons to inject tuberculin—to make it impossible for farmers to do so, and in that way to prevent the fraudulent methods nowadays practised by them. That is, veterinary surgeons should alone be allowed to use tuberculin upon cattle before they were sold. We have several illustrations in the Island of Montreal, where a farmer is known to have injected his cattle, sold them to a gentleman farmer, and all of these cattle turned out to be tuberculous, reacting later on to the tuberculin test. He quite agrees with Dr. Turnbull that as long a time as possible for quarantine should be enforced. He thought byres were not as thoroughly looked after as they should be, and spoke of some parts in Lower Canada where they were very badly looked after. In some stables there is only 200 feet of air space where there should be 2,000 feet of air space. Then, care is not taken to cleanse the stable as it should be done. He promises, upon some future occasion, to bring the matter up in parliament, as he wants the Government to take a stronger hand in this matter. He has the promise of the Minister of Agriculture that he will discuss the question of the Bangs' system and the slaughtering of the animals, in order to eradicate this terrible disease from among our cattle.

Prof. ADAMI, in reply, said in regard to the question by Dr. Oldright, that the figures from Leipsic are not all from selected animals The slaughter-house inspection is very scientific in Germany; they are slaughter-house statistics. With regard to Dr. McKenzie's interesting experiments, one can find, absolutely, tubercle in the milk and no tuberculosis in the udders; but one does find fibrosis of the glands, but no sign of tubercle in the glands. As to the question of quarantine, the Government of Canada has made regulations to the effect that with cattle imported from England, a certificate shall be brought in regard to the tuberculin test with them. The tuberculin test can be employed by those willing to employ it fraudulently. He advocated the adoption of the Bangs'

system, and felt assured that in three or four years we can get rid of tuberculosis, at any rate aid it by a more extensive slaughter than in the Old Country. We should set the example and lead the world in the matter of this eradication.

THE RESULTS ALREADY ACHIEVED AT THE GRAVENHURST SANITARIUM.

Dr. J. H. ELLIOTT (Medical Superintendent of that institution) reported on this subject. He first gave a description of the founding of the sanitarium, the gentlemen who had interested themselves in its establishment, such as Sir Donald Smith; Chief Justice, Sir William Meredith; Mr. W. J. Gage and Dr. N. A. Powell, Toronto, and then proceeded to enlighten the membership of the Association as to its management. In no sense has it been erected for speculative purposes. It is intended to be, in every respect, a public institution and to make at least half of the beds free. Already $70,000 has been expended on the place. He then described fully the construction of the administration building and several cottages. In his classification of cases when admitted, he had followed the methods of Trudeau: "incipient," "advanced," and "far advanced." On discharge, they are classified as: "apparently cured," "disease arrested," "improved," "stationary," "failed" or "died." "Apparently cured," signifies absolute absence for three months of any expectoration. "Disease arrested, cases in which bacilli are still present, but all constitutional disturbance gone for some time. "Improved," are cases in which there has been some marked improvement in the condition of the lung. The first year's report shows that 116 were admitted during the first year. Of these, 33 remained at the close of the year, 83 having been discharged. There were 13 "apparently cured"; 23 "disease arrested"; 29 marked "improved"; 11 "unimproved"; 5 "failed," and 3 died. The average stay of each patient was 98 days. Making a selection of 30 patients in three months, 6 being "incipient" cases, 10 "advanced" and 8 "far advanced." Of the 30, 22 gained in weight, 4 lost weight, and 4 neither gained nor lost. One patient, in four months, gained 41½ pounds. These results were obtained while the sanitarium was undergoing development. The sanitarium year ends on the 30th of September. Taking the first nine months of the year, ending at the 30th of June, of 17 "incipient" cases, 11 were "apparently cured," 6 "improved" or "disease arrested," none "stationary," none "failed" and none died. There were three cases of doubtful evidence of phthisis, one was "much improved" and two "apparently cured." The average stay was 152 days. Of the 72 cases discharged, 61 had bacilli when admitted and 47 had bacilli when discharged. Of the 72 cases, 60, or 88 per cent., gained in weight. One patient gained 18 pounds in the first month. He drew especial attention to the fact that of 17

"incipient" cases, 11, or 65 per cent. were "apparently cured." With a longer stay, 80 per cent. could be got. From twelve to eighteen months have elapsed since the discharge of the patients of the first year. Twelve were reported "cured" and in none of these has there been any return of the trouble, and all are in perfect health. Of a number who gave promise of a speedy cure, several have progressed favorably since discharge. It is important not to tell the patient that the lungs are weak; and do not send far from home patients in whom the disease is far advanced; it is not right. It is impossible at this time to outline the treatment in detail. Broadly speaking, it is rest when pyrexia is present; regulated exercise in apyretic cases; suitable diet and hygiene and fresh air the entire twenty-four hours daily, and constant supervision of the patient's daily life and the special facilities provided in all seasons and in all weathers.

Dr. POWELL (Ottawa) asked what important advances have been made by separating cases of phthisis from the general community, and putting them under proper conditions, *i.e.*, those cases of incipient phthisis. Then he would like to know, broadly, on what the diagnosis was based on, in order to place them in that class. In every case was it based upon the sputum, or to what extent on the clinical symptoms given, in order to say, was the person in the tuberculous state at all? He further stated that he had been very much interested in this sanitarium and would like to ask what the charges were to those patients for admission. What proportion are "pay" and what "public" cases? How does the sanitarium derive its income: by public subscriptions? and whether the Ontario Government subsidizes it?

Dr. LAFFERTY (Calgary) spoke of a case of phthisis from the town of Berlin, Ont., "far advanced" which was refused admittance to the Gravenhurst Sanitarium and afterwards sent to the North-West Territories, and ultimately recovered.

Dr. N. A. POWELL (Toronto), stated that Dr. Stewart, Montreal, and himself, had been responsible for a large proportion of the diagnoses in these cases. The examinations have been checked over by the late Dr. J. E. Graham and Dr. J. L. Davison. Since the death of Dr. Graham, Dr. W. Britton, Toronto, has been appointed on the staff. It was quite proper to place them under treatment before bacilli could be found in the sputum. There must be a breaking down of the lung tissue before you can get the bacilli. Bacteriological examinations are always made and made repeatedly. He stated that he had to accept the responsibility for their being at the present time, a sanitarium at Gravenhurst. There is no desire that there shall be any financial return. There are no salaries excepting to the Superintendent.

Dr. E. H. ADAMS (Toronto), asked whether persons are sent to the Gravenhurst Sanitarium in which the pathological examinations are not made, and whether they are kept in the same part of the sanitarium as the rest of the patients.

Dr. ELLIOTT, in reply—All the incipient cases we were very careful to classify as incipient cases. He stated he had mentioned three cases of doubtful diagnosis. In the majority of the other seventeen cases, the bacilli were present. There were other cases, however, of localised deposit or an evening rise of temperature, with most of them some sub-normal temperature in the morning. The tuberculin test has not been used. The rate is $6.00 per week for all patients. The Ontario Government gives us help to some extent, as the other hospitals. We get our share of the $110,000 grant; the total grant for the year being about $1,900. Each patient has a separate room; two patients are not crowded together into one room. There are two double rooms only. All the expectoration is collected either in a box or in a handkerchief, and is destroyed by fire. Last year there was a deficit, which was not met.

FLOATING KIDNEY SIMULATING DISEASES OF THE GENITAL ORGANS IN WOMEN.

Dr. A. LAPTHORN SMITH (Montreal) contributed this paper: 1. Movable kidney is a much more common disease than is generally supposed, occurring in about one in two hundred and fifty cases in general practice, and in about one in five of the women who consult the gynecologist. It is much more frequent in women than in men; it occurs much oftener on the right side than on the left; less frequently still on both sides at once, and very rarely on the left side alone. It is important that it should be recognized oftener, because it gives rise to symptoms very similar to those produced by lacerated cervix and other diseases of the genital organs.

2. The causes are (*a*) loss of perirenal fat; (*b*) violence, either in the form of a blow on the loins, but more often by the sudden jerk of jumping or prolonged vomiting; (*c*) frequent pregnancies causing relaxation of the abdominal walls; (*d*) tight lacing, which forces down the liver, and the liver pushes down the kidney; (*e*) the kidneys are heavier during menstruation which, therefore, is a contributory cause.

3. The symptoms are disorders of all the organs supplied by the great sympathetic and pneumogastric nerves, which go to form the solar plexus. As the movable kidney sometimes slips back into place when the patient assumes the recumbent posture, the symptoms may be absent while she is in this position. She cannot sleep on the left side because then the kidney slips out and

begins to drag on the nerves, thus setting up the whole train of symptoms. The symptoms are much worse when the woman walks or works, as the kidney then falls as far as its pedicle will let it go and the dragging on the solar plexus causes gastric pain, dyspepsia, constipation or diarrhea, palpitation of the heart and a smothering feeling, headaches, and finally hypochondria. All the symptoms are worse during menstruation, when there is in addition a pain in the back and down the thighs.

4. The signs are a tumor the size and shape of the kidney, which, in most cases, because women are thin, can be distinctly felt in some part of the abdominal cavity, sometimes as low down as the right iliac region and even as the left, and occasionally in the pelvis. It can be grasped in the hand, and when squeezed gives rise to a sickening sensation and pain down the back and thighs. The tumor can generally be pushed back to its proper place, only exceptionally forming adhesions to distant organs, which would prevent its replacement. It varies greatly in size at different times, being larger during menstruation, and when the ureter becomes kinked or bent on itself, in which case, and when it becomes twisted on its pedicle, it forms a tense globular tumor accompanied with severe symptoms resembling an acute attack of peritonitis.

5. The diagnosis is very important, because a great many patients have been treated successfully for some gynecological diseases, such as retroversion of the uterus, and yet the patient has continued to complain as much as ever, while many more have been treated for a long time for some gynecological disease which they did not have, and have even had their ovaries removed, only to have their sufferings increased. The diagnosis is easy, and the errors which have been committed have arisen from the possibility of this condition not having been present to the mind of the practitioner rather than from the inherent obscurity of the case. In every case, therefore, of reflex disturbances pointing to pelvic trouble, the examination must not be considered complete until the position of the right kidney has been ascertained. The patient is placed upon her back with her head raised and her thighs flexed, so as to relax the abdominal walls as much as possible; the examiner sits at her right side and facing her, pressing his left finger firmly into the small of the back, while the right fingers try to meet them under the ribs in front. The writer has also found the left lateral position convenient, but the best position in doubtful cases is to have the patient standing, leaning over with her hands on a chair, thus relaxing the abdominal muscles, and at the same time giving the kidney an opportunity to fall. In general terms, we may say that a kidney which is movable is easily felt;

while, on the other hand, a kidney which cannot thus be felt is not movable.

6. The treatment consists, first, in getting the woman fat by any means in our power. As she cannot digest while the kidney is down it is necessary to keep her in bed during the attempt to fatten her; the Weir-Mitchell treatment is sometimes successful. Second, many women loose all their symptoms during the latter half of pregnancy because the rising uterus crowds the kidney up. In those in whom this treatment is not available we may resort to a large soft pad of curled hair, or an inflated rubber ball, which is placed in the right hypochondrium after the kidney has been replaced, which pad is held firmly in position by a broad elastic bandage encircling the whole of the abdomen. The writer has found the small pads usually sold for this purpose utterly useless, as it allows the kidney to slip out from under it. An elastic abdominal supporter, with a large pad under it crowding up the bowels, is much more comfortable. Third, the best treatment, and one which, in the majority of cases, gives instant relief, and soon brings about a permanent cure is nephrorrhaphy or stitching the kidney to the back. The incision should extend from the last rib down to the crest of the ilium, just outside of the erector spinæ and quadratus lumborum. The kidney must be pushed up by an assistant towards the operator, who first feels it with his finger and then grasps it with a bullet forceps. The capsule is split up along the whole of its convex border and turned aside so as to expose a strip of the kidney half an inch wide; the needle should enter the kidney substance about a quarter of an inch deep, and should include the transversalis fascia. As these stitches are to remain buried in the tissues, only well sterilized silk worm-gut sutures should be used. The peritoneal cavity should not be opened; there should be no mortality, and the buried stitches should not give any trouble in more than five per cent. of the cases. If one should suppurate, it can be easily removed with a crochet needle. The result of the operation has been very satisfactory in the seven cases in which the writer has performed it. Three of the patients had already undergone several gynecological operations, including removal of the ovaries and ventrofixation, one of them by the writer, without having been cured. These patients affirmed soon after the operation that the real cause of their trouble had been discovered at last, and that they were for the first time free from the dragging pains from which they had suffered for several years.

FIRST DAY—AFTERNOON SESSION.

"CHRISTIAN SCIENCE."

Prof. J. H. RICHARDSON (Toronto University), stated that when it was suggested that he should read a paper on this subject, he willingly consented, not because the subject was worth five minutes' talk, but because we should have a more definite knowledge of it. He quoted extracts from "Science and Health," and other of Mrs. Eddy's writings. It received its name in 1876, and was a conglomeration of spiritualism, homœopathy, mesmerism, deceit and avarice. In 1862, Mrs. Eddy, then Mrs. Patterson—she has had four husbands—had been a helpless invalid for six years, though the illness is not stated. She then came under the care of a Dr. Quinbe, who, unlike all medical practitioners made no outward applications, simply sitting by the patients and talking to them about the disease. This man said: "I change the fluids of his system and establish the principle of his health." In that same year Mrs. Eddy met with an accident which brought back her old disease. In 1866 she again received "the treatment," and her friends were frightened at her being restored to health. Such was the commencement of this so-called "Christian Science." In the opinion of the essayist Eddypathy was "ridiculous muss."

PRESIDENT'S ADDRESS.

Mr. I. H. CAMERON first expressed his thanks at the honor conferred on him and then thanked the members of the Association for their unprecedented attendance at the meeting. "The burden of my lament to-day is the overcrowding of our ranks and the absence of scholarship in the profession." The same thing is equally true of the other professions; the Church and the bar suffer from the same plethora as ourselves. To cite an illustration: It was formerly considered that 1,000 souls were enough to keep one doctor alive, now, in the city of Toronto, there are over 400 doctors to a population of 200,000, and other cities will reveal like conditions. He frequently quoted the opinions of Mitchell Banks, and spoke of the small fees often paid disproportionate to the service rendered. The difficulty of making a living in medicine is steadily getting greater, whilst at the present time, as an honorable profession medicine never took such high rank in all its history. A quiet life in the country is not in accord with the spirit of the times, and this leads often to a multiplication of our numbers in the cities. Still our business is not to lament the past, but to do the best for the present. There is no profession that tries to be more honest. There are those who should not be in the profession at all, being better fitted for other walks of life. One told him that he just wanted money, and that he did not care any-

thing about the profession. Another, fault is, no doubt, the growth of specialism. He deplored the fact that the old-fashioned practitioner is dying out, the decadence of the doctor's horse and the introduction of the automobile. Defect in scholarship and manners come in for notice. The pupil no longer meets his master with terms of respect, but on terms of equality. He quoted Mitchell Banks again in regard to lack of scholarship. There was eternal cramming and loss of power of thinking. What is the remedy? Stiffen up entrance examinations. We should have this rough sieve at the very beginning. It was a great mistake to allow inferior men to enter upon a course of studies, as after matriculation they usually got through somehow, even though they took separate subjects for a period of ten years. He outlined the course of studies according to his light, and stated that the course should conclude with three years' clinical experience. The diminution of the ranks of the Association was feelingly referred to, by the departure to the silent majority of Drs. J. E. Graham, Toronto; H. P. Wright, Ottawa, and J. H. Mullin, Hamilton. In concluding his admirable address, he referred to the high honor conferred on the profession of medicine, when Her Majesty bestowed the honor of knighthood upon three members of the profession in England: Burdon, Sanderson, Michael Foster and Mitchell Banks.

AN EXPERIENCE WITH FORMALDEHYDE DISINFECTION.

Dr. F. MONTIZAMBERT (Director-General of Public Health, Ottawa) related an experience with the employment of this disinfectant in an outbreak of small-pox on board the steamship *Lake Huron*, twenty-five days out from port on the Black Sea, with 2,400 Doukhobors on board. On the 6th of June last, the vessel was ordered into quarantine, and all of the passengers were landed by the 9th inst., and the vessel was fully and completely disinfected by Monday and Tuesday following, the 12th and the 13th. A new crew was in charge on Wednesday the 14th, at 4 p.m. Formaldehyde in solution was used for the saloons and state-rooms and in all parts where the fittings would be destroyed by steam. Steam is not suitable for large rooms, as the temperature cannot be kept up. Formaldehyde, therefore, was used on this occasion and the total measurement of surface on which it was employed was over 200,000 feet. Twelve ounces of this solution was allowed for each 1,000 cubic feet of space. Two new sets of men paraded, occupied, lived and slept in the vessel from two to four days after seventeen cases of small-pox had been removed and there were 2,400 people on board. That was a severe test. He was happy to be able to state that there has not been reported a subsequent case of the disease during two and a half months that have since elapsed.

MASSAGE AND THE RELIEF OF EYE STRAIN IN THE TREATMENT OF GLAUCOMA.

Dr. GEORGE M. GOULD (Philadelpnia), in reading this paper, stated that glaucoma will first come into the hands of the general practitioner for treatment. Four years ago he wrote concerning glaucoma, that massage properly applied would seem to be a good process, stimulating and arousing normal functions generally. He instanced one case in which vision had been reduced to $\frac{20}{100}$ and there had been no considerable response to eserine, he determined to try massage and the vision steadily rose to $\frac{20}{30}$. During the last four years he has tried the same plan in a number of cases, and then proceeded to relate his experiences and results. In the first case there were typical symptoms of glaucoma with the exception of pain. Tension, right plus, 1; left plus, 2. Massage was employed and for three years the eyes have remained normal. Massage may prove prophylactic in incipient cataract. In the second case, massage also was performed, and the vision remains perfect and the tension perfectly normal, now for three years. Several other cases were also stated and the Doctor has yet to see any bad results. By this treatment all venous and lymph spaces with stasis, are cleared and broken. Massage may be of great service, especially if seen early. In many cases it may prevent enucleation and in subacute attacks it is invaluable, and is promptly prophylactic as well as therapeutic.

Dr. R. A. REEVE, said that glaucoma is such an insidious and dangerous disease, that one hails with pleasure any new treatment, or anything looking towards its prophylaxis. Taxis exerts beneficial results in this disease and, fortunately, it is a very rare disease. He congratulated Dr. Gould upon the wisdom he displayed in laying such great stress on the scientific correction of errors of refraction.

Dr. BURNHAM.—Glaucoma often baffles us, and one addition to its treatment, such as Dr. Gould has given us, is very acceptable and comforting to us all.

Dr. BURT (Paris, Ont.) said that the profession would welcome any new treatment so easily performed, as massage seems very simple and easy of operation. Glaucoma, however, is rare, and he hopes he will never have to put this treatment into practice.

TREATMENT OF ACUTE DIGESTIVE DISORDERS OF INFANCY.

Dr. A. R. GORDON (Toronto) contributed a paper with this title, and said that it was his purpose to discuss the treatment of these troubles in previously healthy infants. In these attacks we must have a knowledge of the functions of the saliva, gastric juices, bile and pancreatic fluids, as well as that of the succus entericus, together with peristalsis of stomach and intestines. We must also be able to classify and diagnose the separate and distinct processes,

their cause and results. When the intestinal epithelium is impaired, the circulation in the liver becomes sluggish, and then we have all the symptoms from malaise and headache to those of alarming intoxication. We should begin our treatment with the suspension of all the regular articles of diet and the employment of substitutes, and if the attack is in the stomach, the reason for this is all the more pronounced. Withholding of foods must be absolute, from 8 to 10 or 12, or even 24 hours, with the administration of water alone. In the simpler forms suppression of food may be all that is necessary for a few hours. After this, rice water, etc., may be used. Liquid peptonoids, he has found very satisfactory. It may be necessary to persist in the use of this diet for days, until all the symptoms have disappeared and the child is practically convalescent. Cows' milk should be the very last to be allowed. Some of the malted foods answer very well at first. When milk is to be allowed, it is safer to peptonise it, although sterilized milk is sometimes more easily borne. Purgation and repeated purgation is indicated at the commencement of an attack. Calomel is the best drug to employ with soda bicarb. to prevent griping, with divided doses when vomiting is troublesome. Thus the liver is restored to its normal condition and activity, and the bile flows more freely. The alimentary canal is emptied by an abundant flow of nature's antiseptic. Castor oil is safe and effectual and soothing. If vomited, a second dose ought to be administered at once; a child rarely vomits the second dose. During convalescence, the aromatic syrup of rhubarb or the phosphate of soda are satisfactory. Daily purging should be continued with these remedies, until the temperature falls to normal or nearly so, and until the offensiveness of the discharge ceases. Initial doses of calomel and castor oil have the effect of bringing away matter which had been lodged in some crypt or recess of the bowel. We may feel safe when we see the characteristic calomel stool. In regard to flushing, warm water with sufficient salt added, should be employed; and if vomiting be present, that is no contra-indication. Flushing serves for the purpose of lavage and should be used, except in the continued vomiting of acute gastritis. Water and normal saline solution per rectum is even more important and should be used in all cases. The quantity should be large and used three or four times daily, and the temperature of the water should be about the normal body temperature. A long rectal tube or catheter should be used (20), and the patient placed in the lithotomy position, turned slightly to the left and allowed to lie comfortably. You will sometimes have some difficulty on the right side of the rectum in getting the tube passed, but if you rotate it you will succeed in accomplishing it. As to sedatives, they are local and general. Bismuth and opium, the former used in large doses, 2 drs. in 24 hours, are the best. Opium

should be used to allay excitement, to remove pain and to control peristalsis; but it is unfortunate if it is required before the bowel is cleansed. While the temperature remains high, its use should be restricted. It should be used separately and is contraindicated in cases where there is any cerebral excitement. Dr. Gordon said he was skeptical of antiseptics. The extent of surface and the poison to be neutralized is great; but after the affected surface is cleansed, they may then prevent putrefaction and irritation of the membrane. If used, they should be given in the food or after it. Asepsis should be secured to prevent decomposition. In the administration of antiseptics in the late stages, much benefit may be had from them, especially H.Cl. Astringents should never be used.

Dr. BENEDICT (Buffalo) spoke in regard to antiseptics inside the body, and said that he was very skeptical of such remedies. If the bowel is full of fecal contents it is a difficult matter to ascertain whether they are any good or not; but following the purgation after the fecal mass has passed through the bowel antiseptics can be used, and then you will find them valuable. Beta naphthol was no good. The condition is one of toxemia. Opium he practically never gives to children. There is, however, one drug that acts as a powerful sedative, and that is catnip tea.

Dr. HOLMES (Chatham, Ont.) spoke of the mortality, and said that it was a fatal disease, and doubted if there was any branch of treatment that had improved more than the treatment in these classes of cases. The relief of pain by opium, he thinks, is a mistake. The pain that these children suffer from, and the uneasiness they manifest, is due to the abnormal contents of the alimentary canal or to the high temperature usually accompanying these conditions. Opium will relieve the pain, but does much harm in other ways; it obscures the symptoms. In former years he used to employ it, but it was accompanied with so many drawbacks that he abandoned it many years ago. He said he had reverted to the temperature, but the essayist had not referred to the therapeutic measure of hydrotherapy; putting the child in the cold bath. Remember, it is through some error in diet that the child begins to vomit; the bowels move frequently; sunken eyes and depressed fontanelle can be observed. The condition of that child will be that its hands and feet are cold and blue, and if the temperature be taken in the rectum, you will find it 103 to 106 degrees. You can reduce this temperature by the cold bath, and then administer the calomel and the castor oil, and that may be all the treatment necessary. Abstain from the administration, in these cases, of opium; but you may use it as the condition becomes chronic; that is a different thing. In these the child wastes away from mal-nutrition and there is a condition of chronic marasmus supervening. In these cases small doses of opium prove beneficial.

Another member of the Association spoke of using the ice cap and cold sponging in these cases.

Dr. GORDON, in reply, said that small doses of paragoric are of great benefit, still one should be very guarded in the use of opium in these cases. In regard to the cold bath, he states that he invariably resorts to the use of the cold sponging and lumps of ice to the spine.

A CASE OF SUBCUTANEOUS EMPHYSEMA.

Dr. FRED. FENTON (Toronto) exhibited a specimen of tubercle in the lung of a child six months old, and proceeded to give a history of the case. The child was described to him as having been well, until it had reached the age of five months, except for an attack of bronchitis at the third month. On December 23rd last, five days before death, the baby was very restless, but there was no cough to any degree; in fact, it was not a marked feature at any time. Swelling was noticed in the greater part of the neck, chest and shoulders, passing upwards over the head so that you could see a large projection over the vertex and then spread downwards over the chest and abdomen. It was limited to the neck behind. Over the parotid region it advanced upwards, spreading forward over the cheeks. Passing down the chest-wall in front it became limited at the lower border of the pectoral majors. It passed forwards and backwards to the spine, and downwards to the crest of the ilium and over the inner half of Poupart's ligaments it escaped. It also spread down the arms to about half way to the elbow. A post-mortem examination was made about six hours after death. The body was not greatly emaciated. The subcutaneous tissues were dry and bloodless, and the left pleural cavity showed no fluid and no adhesions. The left lung showed many emphysematous blebs of varying sizes, and the point of entrance of the air into the pleural sac could not be discovered. The liver and spleen were large, and greyish tubercles were scattered over the surface of the latter. There was no gas formation in any of the internal organs. Microscopic examination of the tissues determined tubercle bacilli in the lungs, a few in the liver and spleen, and none in the kidneys. The emphysematous blebs could be traced into the root of the left lung. In the right thorax there were pleural adhesions everywhere, especially over the lower and middle lobes, and the balance of the lung was literally studded with yellow tubercles. The father, a man of fifty, has suffered from winter cough for years because of chronic bronchitis. No direct evidence of tuberculosis was obtained in the mother, but she is poorly nourished and looks a fit subject for the disease. The production of emphysema is usually ascribed to prolonged and violent coughing, but this was never a feature of the case. The question of infection arises, and the history of the whole case

points very strongly to such an origin. The presence of tubercle bacilli in the father's sputum is quite ample to account for the child's infection.

IRITIS.—THE SUCCESSFUL TREATMENT OF THREE IMPORTANT CASES BY THE COMBINED FORM OF TREATMENT.

Dr. G. H. BURNHAM (Toronto) spoke of the different forms of iritis with paralysis of the third nerve from specific disease, and the great value of the combined form of treatment. These cases often led to total destruction of vision in the eye, and he used this treatment for the sole purpose of putting a stop to relapses. The first case cited was an unmarried woman, fifty-eight years of age. In 1896 the right eye became inflamed, and one month later the left eye also became inflamed. She consulted a specialist in the spring of 1897, and he used the combined form of treatment. In the summer of 1898 there were thirty injections of pilocarpine given. Dr. Burnham stated that with his experience regarding her case the treatment was wrongly given, and so failed. The left eye had no perception of light; there were tension and blindness and a very shallow anterior chamber. The combined form of treatment was begun at once, and it has proven very beneficial in this case. Two other cases were cited, and then the doctor detailed his plan of treatment. Pilocarpine was given hypodermically, the dose being one-tenth to one-quarter of a grain at each injection. This is administered in a series of sittings of from ten to fourteen injections, given once a day as a rule. The interval between the series ranges from three to eight weeks, during which time the patient is taking the iodide of potash and the bichloride of mercury internally. Then another series of injections is begun. Before each injection the patient is prepared in a room with a temperature of 75 degrees, lying between flannel blankets, and lies on the left or right side as convenient. If he feels chilly and uneasy the effect is lessened. In winter, Dr. Burnham uses a hot water bottle to the feet. The proper effect of the injection is shown by the perspiration and a free flow of saliva, the latter varying from six ounces to a pint. At the end of an hour the patient gets up and dresses. Two hours afterwards he can take his food. The injection is usually given about two hours after the midday meal. The iodide and mercury must be given regularly between the series. As to the length of time consumed in this treatment, in some a few months will suffice. In others it is continued for three or four years, and no relapses occur in this treatment. The nervous centres, especially, of the perceptive system, are acted upon in this treatment, especially seen a few hours after the injection. Having then been able to produce an effect upon the diseased tissues it follows that to keep up this desired action

we must go on using the remedies. In cases of old iritis where there is much damage to vision, the doctor never does an iridectomy; instead he causes absorption by this method. In other organs of the body it ought to be tried in the same way, and its influence may be as pronounced as on the eye. After ten years of close observation he thinks he can speak with authority on the subject and of its assured position.

BEST METHOD OF DEALING WITH THE CONSUMPTIVE POOR.

Dr. E. J. BARRICK (Toronto) addressed the association on this subject. He spoke first on the establishment and maintenance of rural sanitaria in connection with the municipality, or with a group of municipalities. Then the erection and maintenance in connection with the above, of suitable buildings for the reception and treatment of such advanced cases of the disease as are unsuitable for treatment, was contended for; and, lastly, the co-operation of the Dominion Government, provincial legislatures, municipalities, and philanthropic and charitable individuals in providing funds therefor should be secured.

Dr. BRITTON (Toronto) took exception to a remark of the previous speaker, that the door of no sanitarium in this country was open to poor people; and further stated that it was only a very short time ago since the Medical Health Officer of Toronto had sent a public patient to the sanitarium at Gravenhurst. He thought that a great many of the hospitals of the province should receive and care for these patients in a proper manner. It would be much better if the hospitals did this work instead of building sanitaria for these advanced cases.

SECOND DAY—MORNING SESSION.

SKIN CLINIC AT ST. MICHAEL'S HOSPITAL.

The skin clinic at St. Michael's Hospital was an important feature of the meeting. Refreshments were served, and the members of the association spent a very pleasant and profitable hour examining the patients. There were about thirty cases shown, and amongst them were several rare skin diseases such as dermatitis herpetiformis, larva migrans, urticaria pigmentosa, hydrocystoma, hydradenitis, favus, molluscum contagiosum, exfoliative dermatitis, following psoriasis. Drs. A. R. Robinson, New York; Shepherd, Montreal; Graham Chambers and A. McPhedran, Toronto, took part in the discussion.

ERYSIPELAS, WITH TREATMENT BY MARMORECK'S SERUM.

Dr. A. DE MARTIGNY (Montreal).—In opening this paper, Dr. de Martigny said that he had occasion to try, during the last fourteen or fifteen months, this treatment in cases of erysipelas of the face, and the result was very good as a rule; but the result also is generally very good by the ordinary treatment. One case in particular was noted, in which for four or five days tonic treatment with iron and quinine had been tried, and a thirty per cent. solution of ichthyol applied to the face without any good result. The temperature was 105°, and the pulse 148, the patient very weak and the face very much swollen. There was also very much suffering from headache, trembling and fainting fits, all the time; 20 c.c. of the antitoxin (Marmoreck's serum) were injected. She was then put to bed and a solution of bichloride, 1:4000 applied to the face. On the next morning the temperature was normal, and the pulse 96, and the pulse was normal on the following days. In five days she could go back to work, though the face was still darkened in some places. Another interesting case was cited in an old lady of sixty-five years of age. She has generally had one or two attacks in the spring or in the fall. Last spring she was given two injections of antitoxin, 20 c.c. each at two weeks' interval. That case was cured, and during the fall she had no attack, and this spring no attack either. She was seen two weeks ago, and she has never been like that for fifteen years back. He believes this treatment is more powerful in its curative power than the local applications. If we use the treatment as soon as we do for diphtheria, *i.e.*, on the first day, we would get as good results as from antitoxin in diphtheria. This is not a very severe affection, but we sometimes see deaths occurring in erysipelas of the face. Some friends in Montreal stated that we had two cases of death. In the first case, not reduced by the ordinary treatment, it would not have been cured by that treatment as quickly as if the old treatment had been continued. He was satisfied with the results, and asked the members of the association to try this treatment when they had a case of erysipelas of the face and report at the next meeting of the association, twelve months hence.

Dr. R. W. POWELL (Ottawa) asked the writer of the paper about the dose of this particular serum, whether 20 c.c. was the standard dose, or whether the dose is altered by the severity of the case, or by the age of the patient, or what rules there are about this treatment.

Mr. CAMERON confirmed Dr. de Martigny's findings. He had employed the treatment lately in four or five cases of erysipelas of the face with very prompt results. One patient, in particular, had seven attacks or relapses in fourteen months, and since using this serum injection, no relapses have occurred.

Sir JAMES GRANT (Ottawa) stated that when this society was organized thirty-two years ago, this subject was not even in its infancy. Since then great advances have been made, and the observation which has fallen from this gentleman upon its treatment, is one of vast importance, and such is the efficacy of the injection in curtailing or destroying the poisonous condition of the system that produced the erysipelas, that it was almost positive in its character. He trusted that Dr. de Martigny would continue his observations and throw more light upon the subject. He hoped he would be excused for making a personal observation here this morning. In 1860 he received a very severe blood poisoning, and was in a very feeble state of system and near the point of death. In 1863 he was induced to try the influence of the serum of ordinary vaccine, made into solution and injected into the system, which, at that time, was being used for the treatment of cases of skin disease, particularly severe forms of psoriasis, with good effect. He published this as far back as 1863. This was the initiatory stage, so far as he was concerned, in which serum-therapy had been employed for the cure of any disease. He was glad to know that this subject was taken up to such an extent.

Dr. IRWIN (Weston, Ont.) believed in serum-therapy, but it will not cure all cases. He instanced a case of scarlet fever he had had recently under his care, in which the serum employed for that disease had been used, an injection of 10 c.c. After two weeks the child developed erysipelas, and in twenty-four hours it was in a very bad stage. Then 10 c.c. of the antistreptococcic serum was injected on the second day, but without any result, and the child died.

Dr. de MARTIGNY, in reply, said you can use 10 or 20 c.c.; but we must know that the streptococci are not all of the same kind. There are different families of the streptococcus. It acts on a special family very powerfully. If of the same nature, we can use very small doses with good results; but the serum is prepared from one family, and thus we must use large doses to have any good effects. Besides that, we must be sure, when we employ serum, that we use a very powerful one. If we find the streptococcus in the beginning, we find the enemy itself. If we wait too long, then we come in too late, and then if we kill the microbe, we have no reason to hope to have any effect upon the toxine itself, only that it must be eliminated by the natural ways, the kidneys, skin, etc. He would like for one to try the serum, the best and most powerful and fresh; and next year, after fifty or sixty or one hundred of us have tried the serum, and come back a year hence, and relate our experiences, then we will be able to establish a good opinion of the treatment. We will then have something certain about it. It is being discussed about in Europe, and doctors in France pretend that it has

great power, and others do not pretend anything about it. It looks as if everyone is going to have and express the same opinion, *i.e.*, if we treat the erysipelas in time.

COMPLICATIONS AND TREATMENT OF FRACTURE OF THE SKULL.

Dr. J. M. ELDER (Montreal) read this paper, and stated that it referred to fractures at the base. This last summer he had under his care, in the Montreal General Hospital, a remarkable series of these fractures, no fewer than seven all told, five of them being there at the same time. These series of cases made him study up the subject, and the good results of the routine treatment followed made him wonder whether we, as general practitioners, were not too prone to think that in this form of injury treatment was useless. Such an attitude is quite as unjustifiable as it would be in a compound fracture of the tibia, for instance. The history of one case: M. S., aged eight years, came into the hospital on the 30th May last, unconscious, the result of a fall of fifteen feet, striking on the head. There was a large hematoma about the parietal bone and a depressed fracture above the left ear; pupils widely dilated: blood issuing from nose and ears; pulse weak; respiration shallow. Vomiting of bright red blood in small quantities. Examination of the throat with the mirror, showed the blood dropping down from the pharynx. There was a fracture through the middle fossa of the skull, involving both ear and nasal fossæ. Something had to be done at once. He quoted Shepherd's case, where he ligated the common carotid artery. He then ligated the left common carotid artery in this case and put the patient to bed. She regained consciousness on the third day, and the temperature kept fairly good; but on the twelfth day she developed thrombosis in the superior longitudinal sinus, with edema along the forehead. On the sixteenth day another rise of temperature and thrombosis of the left cavernous sinus, followed in a day or two by thrombosis of the right cavernous sinus. A study of the consequence caused by this was very interesting. She left the hospital, perfectly well, in twenty-six days, and continues well. The child is perfectly well now. He stated that in Dr. Shepherd's case some mental trouble developed afterwards, and he is watching this case with that end in view. The other six cases are pretty much of the same nature. In all the cases the following general plan of treatment was followed out: First, absolute rest in bed; secondly, quiet was enjoined, and the patient should be kept preferably in a dark room; thirdly, the ice pack was kept to the head continually; and, fourthly, the ears were thoroughly syringed out and packed with sterilized gauze. The nose was sprayed every four hours with the following solution: biborate of soda and sod. bicarb., of each 3 grs; glycerine and water, 1 oz.

The mouth was cleansed every two hours with solution of 45 grs. chlorate of potash, 20 minims H.Cl., 4 drs. glycerine in 10 ozs. of water. Food was given per rectum for several days. Peptonized beef and brandy was well borne when given in this way. Can one always be sure that you have a fracture of the base to deal with? The signs of fracture of the base are often equivocal. Some of the evidences of severe brain injury are: bleeding from cranial orifices, and the demonstration of cerebro-spinal fluid; and, if this latter, then you can be almost sure that you are dealing with a fractured base. Fractures of the vault, too, often extend to the base. What are the dangerous complications of fracture of the base of the skull? Hemorrhage may result from the fracture involving some of the arteries entering the base of the skull. Treatment must be directed to the control of this by every and any means possible. The next danger, of course, is sepsis; the fracture may become compound, communicate with some of the cranial canals, thus communicating with the outer air. Most fractures involving the middle and anterior fossæ, generally communicate with these cavities. If the fractured skull is kept aseptic, it will heal kindly, as other bones treated in the same way. Opium is indicated if the patient is violent; it quiets him, Above all, keep the patient free from all excitement, whether of sight, sound or mental production. Exclude the pettifogging lawyer, who is so anxious to have the case.

Dr. LETT (Guelph, Ont.) asked how long it was from the time the common carotid artery was tied before symptoms occurred, because it strikes him that in many of these cases of injury to the skull, that the injury itself, while it leaves no symptoms for a short time, from the result of healing, the impinging of the membranes on the cortical substance, that years after the patient will get mental troubles, whereas there are no mental troubles during the acute stages of the injury; and he would like to know if it was a short time, or a considerable interval, that elapsed before the mental symptoms appeared?

Dr. E. HALL (Toronto) asked what were the causes that led him to select the left carotid in this case; and where there are symptoms of internal without external hemorrhage, what would be the surgical indications?

Dr. HARRISON (Selkirk, Ont.) stated that he was going to ask the same question that Dr. Lett asked. He had seen cases in which injury of the bones of the skull occurred, and there was no ligation of the carotid artery, and in which there was perfect restoration to health; but, over a year afterwards, these symptoms supervened, and when Dr. Elder was reading his paper: when he was saying that he was going to watch for further symptoms, and to see whether tying the carotid artery affected the mental pro-

cesses afterwards, when the result would be much more likely to happen after the injury to the brain, than the tying of any blood-vessel after the injury, he wanted to know what he meant?

Mr. CAMERON has tied the common carotid artery on both sides, and no mental symptoms followed. The mental symptoms are due, probably, to the traumatism.

Dr. SHEPHERD (Montreal) stated that his case, which Dr. Elder referred to, was a case of ordinary hemorrhage which came on after the accident, with gradual loss of consciousness, and then he operated and found a large clot at the base of the skull. The hemorrhage was so profuse that he tied the common carotid immediately. There were no mental symptoms afterwards in this case.

Dr. ELDER stated that he understood that Dr. Shepherd's case had developed mental symptoms just very recently.

Dr. ATHERTON (Fredericton, N.B.) stated that he had the good fortune to see the carotid artery tied on a medical man of St. John, N.B., and no mental symptoms followed, and if any of the gentlemen present heard this doctor speak on a medical or political topic, he would conclude that his mental faculties were alright.

Dr. BELL (Montreal) spoke of this modern view of treating these cases, and thought that certainly many cases can be relieved by prompt interference, and such treatment as in other cases prevents sepsis. With regard to later consequences, we cannot do much to avert these at all. These are produced at the time of the fracture, and he cannot see that we can really do anything to avert these. Do not let the patient die of hemorrhage nor of the sepsis. The great point is to know when to interfere and to interfere promptly.

Dr. ELDER, in reply, said in regard to the question of mental symptoms, he possibly might be in error about Dr. Shepherd's case, although he had heard that Dr. Shepherd's patient had gone insane. His own opinion is that it is not likely to lead to any bad results. In children we may reasonably hope for better results. In regard to the mental symptoms following fracture, that they do supervene, there is not much doubt. Adhesions form between the meninges of the brain and will lead to convulsions and to paralytic seizures. Some of these symptoms supervene two years after the injury; and it is our duty to watch and see if there is any connection between the two. The reason the left carotid was taken was because the injury was on the left side.

OBSERVATIONS ON ADENOIDS AND ENLARGED TONSILS AND THEIR REMOVAL—WITH NOTES.

Dr. D. J. GIBB WISHART (Toronto), in reading this paper, said that the cases occurred in the service of the Hospital for Sick Children and thought that few practitioners have a due conception of

the enlargements of these lymphoid tissues. The cases occurred in the years from 1896 to 1899 and the total number of cases operated upon was 103. Of these, 47 were males and 56 females. The faucial tonsils alone were enlarged in 16 females, adenoids in 14 females; 24 per cent. were under five years of age; 24 per cent. were over ten years, and 52 per cent. between five and ten years. He examined some of these some years after the operations; but in only 16 cases could he get an examination, and only four of these showed any return of the disease. There were five cases that had been previously operated on by other operators; then there were two deaths, both due and traceable to the anesthetic. These figures emphasize the fact that the disease is very prevalent. They were brought for treatment because some function of the respiratory tract was being interfered with. Perhaps a larger number still complained of uneasy and oppressed breathing, especially during the hours of sleep. Again, nasal symptoms or eczema of the edges of the nostrils were most pronounced; and the child had frequently persistent continuous cold in the head. Then it is frequently difficult to get a clear history of these cases; the mother is careless; heredity can be traced. As will be seen from the figures given above, 47 per cent. of these cases presented enlargement of both third and faucial tonsils. In other words, there was disease of the third tonsil in 70 per cent. of the cases, and of the faucial tonsils in 53 per cent. As adenoids are concealed from view, they very often escape notice. In the diagnosis of these, he found the facial expression most useful; the nose is flattened between the eyes. If the nose is well-formed and adenoids are present, the obstruction is only partial. The presence of the open mouth or the constant keeping of the lips slightly apart when the child is in repose, is also important. In the examination of the pharynx, the soft palate often presents the appearance of paresis, as if pressure were on the upper surface. Actual sight, however, is the best means of diagnosis. If you fail after the first time with the mirror it is useless to try again, because the child is frightened, and force employed means that hereafter you cannot get its consent. Never hurt the child if at all possible. Don't use the bivalve speculum. The trained eye may be assisted by the use of a long angular probe. The enlargement of the pharyngeal tonsil is, as a rule, easily seen. The tongue should be depressed in such a way as to prevent gagging, and it can be only brought into view when the tongue is deeply depressed. A good transmitted light should be employed. When enlargement of one or other of the glands exist, it is generally wise to attempt to reduce the condition by astringent sprays and tonic treatment. Every case requires careful consideration of all details. Don't advocate that every tonsil be removed by the knife if it protrudes beyond the faucial pillars. When an operation is deemed needful,

it should certainly be performed under anesthesia, and the anesthesia should be sufficiently profound to permit examination. In the simple cases he has used nitrous oxide; but the time limit is too short as a rule—forty to fifty seconds—to secure thorough work. With regard to the position of the patient, the head should be allowed to fall over the end of the table after the tonsils are removed, and then the adenoids taken out. Severe hemorrhage following operation has been reported; but in cases of my own no such hemorrhage gave rise to any alarming symptoms. We might, however, meet with this at any time, because we do not know when an artery may be misplaced; in most cases, however, the loss of blood is very considerable. Out of the total number operated on, two resulted fatally; but in neither of these could the death be due to the operation. In 85 per cent. of the cases, no subsequent history has been obtained, so the percentage of the cures would be over 90 per cent. As a rule, when a cure has not been obtained, the doctor feels convinced that there must have been some defect in the operation. He removes the left tonsil better than the right and a small portion of the adenoid enlargement may easily escape attention. The healing process will be slow and in most which remain will continue large and take on new growth. The use of the spray to cleanse the parts should always be insisted on. The tonic effect upon the patient, the results of operation, are always striking.

Dr. SNIDER (Brussels, Ont.) asked whether the administration of an anesthetic was more dangerous in these operations for the removal of tonsils and adenoids than in other cases.

Dr. WISHART—One has difficulty in knowing beforehand how long a time it will take to remove the adenoids and they may prove troublesome; and then, again, they may come out in one entire mass. The forty-five or fifty seconds which the gas gives you will be amply sufficient for the work, but if for any reason you are not satisfied with the thoroughness of your operation you are put in the position that the patient is bleeding and out of the anesthetic, and you don't get as good results. With regard to the danger of the anesthetic, of course, it is certainly true that a patient suffering from these takes the anesthetic badly; but that is not a sufficient reason to prevent one using the anesthetic, if you are thereby going to secure a much more thorough operation. So far as the effects upon the patient who died under chloroform are concerned, it did not seem to be in any way due to the operation. The patient had taken it on two or three other occasions, but in this case the patient collapsed.

Dr. ERNEST HALL (Toronto) spoke of the change in the mentality of these patients after operations.

Sir WILLIAM HINGSTON—He was sorry Dr. Wishart did not

confine himself to one of the two subjects, because the remarks to one do not apply to the other. With regard to adenoids it occurs to him that as soon as we recognize these growths, we should operate on them as soon as possible for their removal. There is nothing to be gained by waiting; but in the case of the tonsils it is entirely different. Some operate there altogether too frequently. He stated he had seen whole families with enlarged tonsils, and when they grew older they came down to their normal condition. He has seen the tonsils almost meeting, and yet has hesitated to remove them. While he thoroughly agrees to have the adenoids removed with the tonsils, the thing is entirely different. He took exception to the use of the spray after the operation and would ask what can be gained by the use of the spray. The membrane of the nose is unaccustomed to it. For years he has not used water, medicated in any shape to get at the nasal cavities; instead, he uses powders. He considered the employment of nitrous oxide gas in these cases useless, as there was insufficient time for the operation. He is most favorable to chloroform and does not think it is more dangerous than in any other cases. We have got to see that the blood does not get down into the breathing apparatus.

Dr. WISHART, said that he did not mean to infer that the tonsils should be removed in every case; it is simply a matter of judgment how far they are interfering with the breathing. With regard to Dr. Hall's remarks, with reference to the clearing up of the mental condition, every surgeon knows that there is always a marked improvement after these operations, especially after adenoids have been removed.

TUBERCULOSIS AND INSURANCE.

Dr. JOHN HUNTER (Toronto) discussed the effects of family history of tuberculosis and its bearing upon applicants for life insurance. Of course, there can be no two opinions about it, that it is the first and imperative duty of the physician to make an honest examination of the applicant for the medical director of the insurance company; it is due the applicant as well that he should receive the benefit of the advanced medical knowledge of the day. The purport of the paper was to invite discussion that might be used to define more clearly where we are at with reference to the relationship between tuberculosis and insurance. To what degree does the presence of tuberculosis in the individual, or in the family history justify the applicant's rejection? First, he spoke in reference to the tuberculous subject, and the question of heredity, and the family history of those under thirty years of age, especially on the maternal side; and, secondly, of those who have an acquired physical condition that would predispose to the disease. After this class there are

those over thirty years of age. He then took up the questions of environment, physical conditions and hereditary tendencies, and stated that the trend of scientific opinion of the day was in favor of the opinion that the disease was not hereditary. The direct transmission of the tubercle through parental channels is of very rare occurrence. He quoted Dr. Bryce, who had made the statement that eighty per cent. of all deaths from tuberculosis occurred amongst working classes, or in those working at trades.

Dr. BENEDICT (Buffalo) thought that the heredity of tuberculosis was very much like the heredity of scarlet fever; that it was a question rather of infection, but with a longer period of incubation.

Sir WILLIAM HINGSON, thought that the idea of heredity had done an enormous evil to society. For instance, a beautiful young girl is about to be married; a whisper goes around that the disease may be transmitted—the marriage is cancelled thereby.

Sir JAMES GRANT advocated the formation of a National Society like that promulgated by Sir Wm Broadbent, in England, and presided over by H.R.H. the Prince of Wales.

Dr. BRYCE thought that if this association could form a society to assist the government of the country, it would be accomplishing much. Formerly, it was thought that there must be some hereditary taint in the family history. Now it is a question of transmission by and through infection. The government of Ontario ought to have inspectors in the various institutions of our country, in order to see if there is a solitary case of tuberculosis, either among the teachers or students, and have such individual removed. We know perfectly well that one small bit of sputum lodged and dried up and disseminated throughout the atmosphere may be the means of producing a thousand cases. Too much care cannot be devoted to this subject, particularly in our steamers, and in the railway cars also. When we find the mortality so great in this province, it behooves every man to look carefully into the subject, and see what can be done towards its prevention and eradication. Another point, in regard to the sale of milk, licenses ought not to be granted to milk dealers until their cattle and premises have been thoroughly inspected.

CYST OF BROAD LIGAMENT.

Dr. CHARLES SMITH (Orangeville) reported this case and described the difficulties encountered in the removal of the tumor. At the time of the operation the woman was fifty-three years of age and the mother of nine children. She had been growing in girth for some years, but thought she was getting fat only. Increasing dyspnoea, however, soon rendered her life intolerable; then she decided to have an operation performed. The appearance of

the growth was a bluish vascular-looking tumor. There was no secondary growth. An incision five inches in length was used, and even then there was considerable difficulty in performing the operation properly. An uninterrupted recovery took place and the patient enjoyed good health until her death, from apoplexy, five years subsequently.

SECOND DAY—AFTERNOON SESSION.

IMPLANTATION OF THE URETERS IN THE RECTUM IN A CASE OF EXSTROPHY OF THE BLADDER, WITH PATIENT.

Dr. GEORGE A. PETERS (Toronto) exhibited the patient and fully described the two operations he had performed on this subject. In addition to the exstrophy of the bladder, the patient had also had procidentia recti, and was therefore a great trouble and source of annoyance, disgust and loathing to his friends. The resulting deformity from this condition would be such as would be produced by taking away the anterior wall of the abdomen, below the navel. There is then exposed to view, the posterior wall of the bladder, with the mouths of the ureters filling in the space between the widely separated walls. In this case he has removed the exstrophy of the bladder altogether. The scrotum is present and the testicles are descended. The condition is a congenital one, and due to defective development in the uro-genital parts. At the age of two and a half years, the boy first came under the doctor's notice. He is now four and a half years. All the organs and limbs were perfectly formed with this exception. On the broad, flattened and shortened penis, a groove descended down to the extremity thereof, the under skin of the urethra being exposed and also the mucous membrane of the posterior wall of the bladder. A rudimentary prostate could be seen, and at the lower part of the bladder wall the openings of the ureters could be detected. Around these, there were excrescences, mucous in character. The surrounding skin showed very little irritation, though it was constantly bathed in the escaping urine, though the escape of urine was not constant. When the surface was dried, it would remain dry from fifteen seconds to one minute. A fine probe inserted into these openings of the ureters, passed almost directly backwards. Both kidneys where somewhat prolapsed, as could be readily determined under chloroform. Generally speaking, in these cases the testicles have not descended. There was entire absence of the pubic symphysis. With the finger in the rectum, one can draw forward and easily detect that there is no pubic symphysis whatever. The projection of the prolapsed rectum came down to his knee. The mucous membrane of this

was irritated, and tenesmus was frequent and caused suffering. The procidentia could be easily returned and the sphincter had some contraction, but when the hand was removed it would return. This condition called for immediate relief. Dr. Peters here exhibited to the meeting the result of operative procedures, which certainly was very gratifying to the patient, the parents, and also to the surgeon. A description of the operation for the exstrophy of the bladder followed. The operation was done extra-peritoneally; and this operation would seem to hold out hopes, but the mortality is high. The ureters were fixed into each side of the rectum and almost immediately the rectum manifested a tolerance for the urinary secretion. In forty-eight hours after the operation, the bowels moved, and after that the child got along without any difficulty. It is now five weeks since the operation was done and the bladder has all gone. Now his urine is passed into the rectum, and almost immediately it manifested a tolerance for the urine. He can go from two to three hours. That day he had gone from 8 a.m., then at 11 a.m., and again at 2.30 p.m., and at night he will go from four to five hours without passing anything from the bowel at all.

Mr. CAMERON thought that this operation was bound to become the operation of the future. He instanced a case in which he had done this operation for a woman, in whom it had existed for nineteen years. A good many of these operations have all proved failures.

Dr. BELL (Montreal) congratulated Dr. Peters upon the result of this case. He considered it a surgical triumph. The operation for the replantation of the ureters has been done for a good many things; and the question of the tolerance of the urine in the rectum is still a much discussed question. The results shown in this operation are good.

Dr. SHEPHERD, thought that the operation was an ideal one and congratulated Dr. Peters upon the great success he has obtained in this case.

Dr. PETERS, in reply—There is one point we must not lose sight of, that there is danger of death from ascending pyelo-nephritis When the operation has been done in animals, that has been the cause of death. When contraction occurred, the ureter in the rectum would have a papilla. If we have a papilla projecting into the rectum, it minimizes the danger.

CO-OPERATION OF SURGEON AND PHYSICIAN IN ABDOMINAL CASES.

Dr. A. L. BENEDICT (Buffalo), in a very interesting paper, discussed this question. He instanced cases where the two should co-operate, such as in cancer of the cardia, etc., and then proceeded to discuss the diagnosis of these tumors. He thought that very often

the patient would benefit if, after an operation, he was handed over to the medical attendant for care and attention.

Sir Wm. HINGSTON, deprecated cutting into the abdomen before a diagnosis had been arrived at.

GALL-BLADDER SURGERY.

Dr. J. F. W. ROSS read a highly interesting and instructive paper on this subject. He exhibited a cabinet of gall-stones taken from patients on whom he had operated, and also a mucous fistula in a gall-bladder specimen. He dwelt upon the difficulty often encountered in extracting these stones from the common duct and exhibited an instrument he had devised for this purpose.

Dr. HOLMES and Prof. BELL discussed the paper.

ADDRESS ON SURGERY.

Dr. W. B. COLEY (New York) delivered a classical and scholarly address on the radical operation for the cure of hernia. He traced the rise and progress of the operation from the earliest times, apportioning, as he proceeded, the credit for any improvements. Coming down to modern times, within the last decade, he spoke of the different operations of Bassini, Mitchell Banks, Kocher and Halsted, and concluded with a special reference to the operation for femoral hernia and a word or two about umbilical hernia, which generally did not require operative measures for its cure.

Vote of thanks.—Moved by Dr. SHEPHERD (Montreal) and seconded by Dr. PETERS (Toronto), That this association extend its thanks to Dr. Coley for his admirable address. Carried unanimously.

THIRD DAY—MORNING SESSION.

ANESTHESIA BY CHLOROFORM AND ETHER.

Dr. W. B. JONES, (Rochester) contributed a very interesting paper on this subject. We should know the total solids excreted in the twenty-four hours. Heart murmurs make no difference. The condition of the muscle and the arteries is more important, and whether filled with good blood. Any adhesions in the lungs should be ascertained. Also note any deformities and partial paralyses. It is not necessary to smear vaseline all over the face, and it is better not to administer any drugs beforehand. The hypodermic syringe loaded with a solution should always be at hand. The administrator should be thorough master of himself, and permit no interference on the part of the operator. He should pay particular attention to

the work he is doing, and have no regard to the procedure of the operation except to know the time necessary to be consumed therein. About eight drops per minute is the proper dose to keep up the anesthesia. He has seen four drops per minute maintain anesthesia for half an hour. The patient should be made comfortable, so that there will be no pressure on the chest or any interference with the breathing in any way; and the arms should not be permitted to hang over the sides of the table. He should be ever on the *qui vive* for emergencies.

SOME OBSERVATIONS ON THE TREATMENT OF CANCER.

Dr. A. R. ROBINSON (New York) spoke of the epitheliomata which could be better treated with a paste than with the knife, as, for instance, those situated around the nose and face and on the scalp—in parts where it was impossible to make a deep incision if the knife were used. The paste employed was an arsenious acid one, with equal parts of gum acacia, made of the consistency of butter. This paste should be applied and left on from sixteen to eighteen hours before you could get the right effect. From this you will get a complete necrosis *en masse* with a resulting inflammatory process, which, however, is limited and simple. Then you will get healing by the process of granulation.

Dr. SHEPHERD thinks that in a majority of cases, the knife should be used, with the exceptions as stated by Dr. Robinson.

DOMINION REGISTRATION.

Dr. RODDICK introduced this question in a speech of some length and power. He traced the rise of the agitation from confederation and proceeded to outline the scheme for a Dominion Medical Council. Each province was to have three representatives on the central board, one nominated by the Governor-in-Council, one by each provincial Medical Council, and a third was to be the president of each provincial Medical Council, *ex officio*. Any practitioner in good standing, who had been a licentiate for ten years, could at any time go before this central body and receive a license to practise in any province of the Dominion, and no practitioner could do this until such ten years had elapsed. The present provincial councils were to remain as they are.

Dr. WILLIAMS (Ingersoll, Ont.) representing the Ontario Medical Council then took the platform and moved the following resolution:

Whereas, the standards of education for the profession of medicine and surgery, and the qualifications for the practice of the profession, vary in each of the provinces of Canada, and the assimilation of these standards, and, if practicable, the establishment of uniform standards throughout the Dominion are desirable; and

Whereas, in consequence of the provisions of the Acts of the United Kingdom of Great Britain and Ireland, known as the "Medical Acts," medical and surgical practitioners, who are by the law of a province of Canada entitled to practise the profession in such province, cannot obtain the benefits of registration under the said Acts, inasmuch as by the said provisions, the qualifications required for such registration must be regulated by the Parliament of Canada; and

Whereas, medical and surgical practitioners, duly registered according to the law of one province of Canada, cannot legally practise in another province without being duly registered in such other province; and

Whereas, serious practical inconveniences both to the public and to medical and surgical practitioners have arisen from the above cause; and

Whereas, it is desirable to assimilate, and, if possible, to unify the various standards of qualification established by the several provinces of Canada as conditions of admission to the study of the profession and to the practice thereof, such assimilation and unification being best attained by the establishment of some central authority with power to hold examinations of, and to establish and maintain a system of medical registration of, such persons as desire to practise the profession in more than one province of Canada; and

Whereas, it is not within the legislative jurisdiction of the provinces of Canada to establish such central authority, the jurisdiction of such provinces being restricted to the limits of the province and to provincial objects only; and

Whereas, it is expedient to constitute a corporation in which the legislatures of the various provinces may, if they see fit so to do, vest such powers as are necessary to effect the above purposes, and the other purposes mentioned in this Act; and

Whereas, the appointment of such an authority is for the general benefit of Canada, and would promote the advancement of medicine and surgery throughout the Dominion of Canada; therefore be it

Resolved, that this association heartily approves of the proposed scheme which the committee has formulated and presented at this meeting; and further resolved, that Dr. Roddick be empowered and requested to continue his efforts to have the scheme completed and carried into effect, by such legislation as may be found necessary.

Dr. McNeill (Prince Edward Island) seconded the motion of Dr. Williams, and stated that the movement had his hearty support.

Sir James Grant, Sir William Hingston, Dr. N. A. Powell (Toronto), Dr. Powell (Ottawa), Dr. Harrison (Selkirk, Ont.), and Dr Lafferty (Calgary, N. W.T.), spoke to the resolution.

It was then put to the meeting and carried unanimously amid great enthusiasm.

The President appointed George H. Carveth and J. T. Fotheringham, auditors.

Dr. McNeill moved that the report of the Nominating Committee should be received now. Carried.

Dr. Roddick, the chairman of that committee, then presented his report. Ottawa was selected as the next place of meeting:

President: R. W. Powell, Ottawa. Vice-Presidents: for Ontario, A. J. Johnson, Toronto; for Quebec, A. R. Marsallais, Montreal; for New Brunswick, Dr. Myers, Moncton; for Nova Scotia, W. G. Putnam, Yarmouth; for Prince Edward Island, S. P. Jenkins, Charlottetown; for Manitoba, W. J. Neilson, Winnipeg; for North-West Territories, Hugh Bain, Prince Albert; for British Columbia, O. M. Jones, Victoria. Local Secretaries: for Ontario, W. N. Klock, Ottawa; for Quebec, J. A. Hutchison, Montreal; for New Brunswick, G. A. B. Addy, St. John; Nova Scotia, G. M. Campbell; for Prince Edward Island, H. D. Johnson, Charlottetown; for Manitoba, Smith, Winnipeg; for North-West Territories, M. M. Lyman, Qu'Appelle: for British Columbia, Dr. McCuigan, Vancouver. Treasurer: H. B. Small, Ottawa; General Secretary: C. R. Dickson, Toronto.

Dr. McNeill (Prince Edward Island), moved in amendment that the name of F. N. G. Starr be substituted for that of C. R. Dickson, and that the report be then adopted. This was seconded by Dr. Chown (Winnipeg), and was carried unanimously.

THIRD DAY—EVENING SESSION.

REPORT OF COMMITTEE ON INEBRIATES.

Dr. JAS. THORBURN, the chairman of this committee, submitted the report, which reads as follows:

Your committee, to whom was referred the question of the treatment of pauper inebriates at the last meeting of the Canadian Medical Association, begs leave to report as follows:

At the Quebec meeting of this association a paper by Dr. A. M. Roseburgh was read by the secretary on this subject. This gentleman has for years taken a deep interest in the reformation of inebriates, and about eighteen months ago was commissioned by the Prisoner's Aid Association of Canada to visit institutions and interview specialists, with a view of enabling him to formulate a plan for the economic treatment of pauper inebriates. After visiting eight special institutions and conferring with the best known

specialists in Canada and the United States, he found that about thirty-four per cent. of those subjected to scientific treatment appear to be permanently relieved from their infirmity. This percentage, he is convinced, may be very materially increased by the adoption of a modification of the Massachusett's Probation System—changing the environment of the patients and exercising judicious supervision subsequent to treatment. While he has for many years recommended reformatory treatment with prolonged detention for the more hopeless class of inebriates, he is convinced that, for the incipient drunkard and the more hopeful class, a few weeks' hospital treatment will be effective in a large percentage of cases, more especially if the case be followed up by judicious management subsequent to treatment.

Since the paper referred to was read at Quebec, the matter has been considered by the Ontario Medical Association and the plan therein outlined was fully endorsed and also commended to the Ontario Government for adoption. We learn that influential members of the Ontario Government, to whom the scheme was submitted at an audience given by them to a committee of the Ontario Medical Association, expressed themselves as being very favorably impressed therewith, and that they were disposed to recommend its adoption in Ontario.

The scheme endorsed by the Ontario Medical Association and recommended by the Ontario Government, briefly stated, is as follows:

(*a*) The appointment by the provincial government of an inspector of inebriate institutions. This inspector should be a qualified medical practitioner, who has made the medical treatment of inebriety a special study.

(*b*) The inspector should organize in the city of Toronto a hospital for the medical treatment of pauper inebriates of the more hopeful class, and in other cities of the province an inebriate department in the existing general hospitals.

(*c*) The inspector should also arrange in connection with each institution, where inebriates are received and treated, an organization or agency for the adoption of the probation system, and giving a helping hand to the patients subsequent to treatment for inebriety.

(*d*) The inspector should provide for the adoption of a rational course of medical treatment for inebriates in accordance with the tenets of legitimate medicine only, to the exclusion of the use of any proprietary remedy.

Under the circumstances here cited, we beg leave to make the following recommendations:

1. While we are of the opinion that for the successful treatment of confirmed drunkards, prolonged removal from temptation in a properly equipped reformatory is very desirable, if not absolutely

necessary, we would nevertheless be disposed to endorse the plan herein outlined for the economic treatment of pauper inebriates of the more hopeful class, either in cottage hospitals or in a special department of general hospitals.

2. In case the plan of treatment of inebriates here referred to should be undertaken either by the Ontario Government or by any of the other provincial governments, we bespeak for it the cordial co-operation of every member of the medical profession who is in a position to favor this important undertaking.

Respectfully submitted,

(Sgd.) JAS. THORBURN,
J. GEORGE ADAMI,
W. S. MUIR.

Dr. THORBURN moved the adoption of this report, seconded by Dr. MCNEILL (Charlottetown, P.E.I.). Carried.

RESOLUTION RE TUBERCULOSIS.

Moved by Dr. P. H. BRYCE, and seconded by Dr. Jas. THORBURN: That in view of the general expressed belief of the medical profession and by members of this association, that bovine tuberculosis is directly concerned in the dissemination of tuberculosis in man, and recognizing the practical character of the several scientific and sanitary measures to-day available for limiting the prevalence of the disease in cattle, the Canadian Medical Association does hereby urge, that the Federal Department of Agriculture, and the Agricultural and Public Health Departments of the several provinces confer together with a view to elaborating a scheme whereby conjoint action can be instituted, so that these several existing laws may be so harmonized as to be made operative towards the eradication of tuberculosis in Canada. Carried.

NOTES ON RECENT EUROPEAN CONVENTIONS.

Dr. R. A. REEVE, Toronto, gave, at some length, an account of the International Otological Congress, the Ophthalmological Congress and the Section on Ophthalmology of the British Medical Association, paying particular attention to the addresses of the presidents and the subjects connected therewith. He also spoke of a paper in reference to the use of various silver salts in conjunctivitis, especially argentin and protargol, which are as effective and much less irritating than silver nitrate. In reverting to the British Medical and the Section on Ophthalmology, he referred to the address on "Injuries of the Eye," and took up the question of sympathetic ophthalmia, and said that this dread disease was a sort of malignant inflammation, which, with very few exceptions, destroys the sight of the eye.

PRESIDENT-ELECT.

Dr. R. W. POWELL, Ottawa, the newly elected President, was then introduced to the meeting, and in the course of a happy and appropriate speech, took occasion to thank them for the great honor they had conferred on him that day, and said he could assure them that the profession in the city of Ottawa would spare no pains to make the meeting next year in 1900 the most successful one in the history of the Association.

SURGERY AMONG THE INSANE.

Dr. A. T. HOBBS, Asylum for Insane, London, Ont., said that this was a subject that had now attained some considerable width. In order to secure successful treatment, you must have the patient's confidence and co-operation, and with the absence of trust on the part of the patient, is is difficult to produce satisfactory results. The surgeon must be ever ready to depart from the beaten track of routine treatment, and initiate new methods for dealing with these patients. We have encountered all kinds of difficulties in the London Asylum, and experience has taught us how to meet these. First, there is the difficulty of diagnosis ; very little reliance can be placed upon subjective symptoms as seen in the insane. Their suspicions are often aroused by a simple examination of the chest, so one can imagine how difficult it is to secure a gynecologic examination except with the aid of anesthesia. Chloroform was first used, but this had to be abandoned, as artificial respiration had to be resorted to in many cases. Chloroform is a dangerous anesthetic to use upon the insane. Ether has given satisfaction, and more so when there is preliminary narcosis with nitrous oxide gas. We never remove a healthy ovary or healthy tube. Particularly in operations for inflammatory diseases of the ovaries, tubes, uterus and cervix, there have succeeded surprisingly good results, mentally. In fibroids, and in the repair of lacerated perinei, the results are not to be compared with these.

Dr. ERNEST HALL, Toronto, thought that ninety-two per cent. of insane women have pelvic disease.

CRANIECTOMY FOR MICROCEPHALUS.

Dr. W. J. WILSON, Toronto, presented the patient operated on, and spoke of the conditions before and after operation. A male child, aged four years, was brought to him in April last. He had then been taking thyroid extract for nine months, commencing with five-grain daily doses, and gradually getting up to twenty grains per day. He was in a very poor condition. He walked, bent forward almost at a right angle, was very excitable, nervous, and always on the go, restless, sleepless, and could only say one word : "mamma." It was "mamma" for this, and "mamma" for

that, and for everything. The operations were done on him in four stages, with the object of preventing shock. He removed a piece of bone one by two inches, and the next morning he sat up in bed and tried to sing. He is very apt at picking up a tune; he can pick it up at once. Since operation, five months ago, he has learned quite a number of words. He walks in an upright position, and is very much improved in many ways.

COMMITTEE ON CONSUMPTIVE POOR.

Moved by Dr. E. J. BARRICK, Toronto, and seconded by Dr. R. W. POWELL, Ottawa, That the following members, together with the mover and seconder, constitute a committee, and report at the annual meeting of the association in 1900, upon the best means of dealing with the consumptive poor, including the providing the necessary funds therefor: Drs. P. H. Bryce and William Oldright, Toronto; J. A. Williams, Ingersoll; J. George Adami and H. LaFleur, Montreal; J. Lafferty, Calgary, N.W.T., and H. H. Chown, Winnipeg. Carried.

BOVINE TUBERCULOSIS.

The following resolution, prepared by Professor J. GEORGE ADAMI, Montreal, was then moved by Dr. Wishart, and seconded by Dr. N. A. Powell: That whereas, tuberculosis in cattle is disseminated by contact and infection from beast to beast, and whereas such bovine tuberculosis is prevalent to a very notable extent in other countries; and whereas up to the present time the Dominion is relatively free from the disease, in this presenting a marked contrast to other countries; resolved, that the Canadian Medical Association is prepared to cordially support the Minister of Agriculture and the Dominion Government in all steps taken to secure a rigorous quarantine of all cattle entering the country, both from across the sea and from over the border; and, further, believing that the disease is eradicable, humbly begs the Government to take steps to rid the country of this disease, believing that if this be accomplished, incalculable benefit will accrue to the great agricultural industries of this country, and to the health of the Canadian people. Carried.

Dr. R. A. REEVE moved, seconded by Dr. WHITEMAN, That the usual honorarium be paid the general secretary. Carried.

The treasurer's report showed that 241 members were present at the meeting, and thirty odd visitors.

There was a balance of cash in hand of $249.

DECEASED PAST-PRESIDENTS.

Moved by Dr. R. A. REEVE, and seconded by Dr. ATHERTON, That a memorandum, to be prepared by the President, be incorporated in the minutes and proceedings in regard to the lamented

deaths of these ex-presidents: Dr. J. E. Graham, Dr. H. P. Wright, and Dr. J. H. Mullin, and that an official expression of sympathy be sent to the widows of our late *confrères*. Carried.

VOTES OF THANKS.

Moved by Dr. LAFFERTY, and seconded by Dr. MUIR, That this association wishes to place on record its high appreciation of the efforts of Dr. Roddick to bring about a general Registration Act which will apply to the whole Dominion, and to express its deep gratitude and obligation to him for his untiring and unselfish zeal, in bringing the matter to its present successful stage, and to express the hope that he will be able to secure the passage of an act of the Federal Parliament, at its next session, which will be acceptable to all the provinces. Carried.

Moved by Dr. WILLIAMS, and seconded by Dr. RODDICK, That the thanks of this association be tendered the Minister of Education for allowing us the use of the Normal School Theatre during our meeting. Carried.

Thanks to the Industrial Exhibition Association.—Moved by Dr. J. W. S. MCCULLOUGH, Alliston, Ont., and seconded by Dr. HARRISON, Selkirk, Ont. Carried.

Thanks to the City Council, Toronto, were also moved and carried.

The report of the Committee on By-laws was then taken up, and, as amended, finally adopted.

Special Selections

TREATMENT OF HYPERTROPHY OF THE PROSTATE.—Meyer (*New York Med. Record*), gives the results of twelve cases in which Bottini's galvano-cautery was used for prostatic hypertrophy. Six cases were cured; two improved; two died from other causes, one died from the operation as an immediate and one as a remote cause of death. The "cured" cases comprise (1) cases where the catheter can be dispensed with and where no residual urine is found after voluntary micturition; (2) cases where some residual urine is found if the patient micturates without any desire to, and when after injecting liquid into the bladder this is all passed by the patient naturally. Meyer considers the operation the best for hypertrophied prostate, whether due to hyperplasia of connective tissue or to an adenomatous condition. He recommends it when self-catheterisation becomes necessary, considering the risks of the latter greater than those of the operation. In cases of soft and easily bleeding prostates previous ligature of the vasa deferentia is

recommended. This causes shrinking of the veins and consequently less danger of thrombosis and pulmonary embolism at the second operation. At the operation the cuts with the galvanocaustic knife should be made slowly with the knife at a white heat in a filled bladder, not at a red heat with an empty bladder, as performed by Bottini. The posterior cut in the median line is the most important, and three or four cuts should be made at different places, as determined by previous cystoscopy. The dangers of the operation are sepsis, pyemia and pulmonary embolism, and these dangers increase with the size and vascularity of the prostate. Hence, Meyer advises early operation as giving a better chance of success.—*B. M. J.*

CARDIAC ARRHYTHMIA OBSERVED BY THE ROENTGEN RAYS —Aug. Hoffmann (*Deut. med. Woch.*) says that the movements of the heart as observed with the aid of the Roentgen rays have received little attention. They can mostly be readily seen, especially in the lower third of the left border of the heart. The observation of irregular cardiac action is especially interesting, as it is possible to see how the different cardiac contractions take place. The author says that he has had on several occasions the opportunity of seeing the arrhythmia in the well-marked Roentgen picture. The most frequent forms of cardiac irregularity are the pulsus bigeminus and the pulsus alternans. It may be difficult to recognize the kind of arrhythmia present if the alternate and unequal beats do not reach the radial artery. Sometimes the cardiac impulses cannot be seen or felt, and even auscultation may not reveal the very diminished alternate contractions. The author relates an illustrative case in a man aged 26. Here the apex beat could not be seen or felt. The pulse was 78. Fourteen days later the pulse was 40. Even with the phonendoscope, the beat, which could not be felt at the wrist, was only represented by a very feeble sound. By means of the Roentgen rays, this very weak contraction was readily recognized, as the movements of the left lower border of the heart could be easily seen. A sphygmographic tracing of the pulse gave no indication of the dropped beat. Thus the case might have been looked upon as one of bradycardia. A few days later the pulse was 80 again.—*B. M. J.*

A CURIOUS POCKET-PIECE.—In the *New York Medical Journal* of February 4th, 1899, Dr. William S. Gottheil describes a case in which a woman carried a piece of her own skull in her pocket for years "for good luck." She applied for treatment for a different affection, and it was discovered incidentally that a syphi-

litic periostitis had begun again around the scar left by the ulceration from which her piece of bone had come twelve years before. As in the present case, she had not at that time attached sufficient importance to the matter to consult a physician about it. The sequestrum, of which she was quite proud, was an ovoid piece of bone measuring 2¼x2 inches, and was composed of two adjacent portions of the two parietal bones, the sagittal suture in the middle showing beautifully. Its upper convex surface showed the outer table of the skull intact. The under concave surface was composed mostly of cancellous tissue; but all along the middle line, at the suture, the inner table was present, showing that at that place the entire thickness of the skull had been lost. Apart from its curiosity, the case is of interest in showing the very extensive destruction of important organs that can take place in syphilis without systemic reaction or much personal inconvenience. The entire thickness of the skull had been destroyed, and the meninges necessarily exposed; yet the inflammation had not spread to those membranes, and the patient had hardly considered herself sick.

OPERATIVE TREATMENT OF HYDATID CYSTS.—Posadas (*Rev. de Chir*), advocates, in cases of non-suppurating hydatids, extirpation of the true cyst and its contents, and immediate closure, without drainage, of the wound in the outer or adventitious membrane. In a case of hydatid cyst of the liver, for instance, the author would expose the true cyst by incision of the hepatic structures, and of the adventitia, and then, if the tumor be not a very large one, would remove it intact, and without withdrawing the contained fluid by puncture. In a cyst larger than the egg of an ostrich it would be necessary to withdraw a portion of the hydatid fluid. After removal of the hydatid cyst the walls of the pericystic pouch fall together, and the cavity previously occupied by the tumor is effaced in consequence of the pressure of the surrounding viscera. The incisions in the liver and the adventitia having been closed by sutures, the external wound in the abdominal wall is now sutured without any attempt to drain the seat of operation. In cases of suppurating hydatid it is necessary after removal of the tumor to establish drainage, and if adhesions have not already been established, to shut off the suppurating cavity in the liver from the rest of the abdomen. Puncture, aspiration, and injection into the cyst of antiseptic or parasiticide solutions ought, it is held, to be regarded as obsolete methods of treatment in cases of hydatids.—*B. M. J.*

SUDDEN DISLOCATIONS IN THE COURSE OF HIP-JOINT DISEASE.—Kirmisson (*Revue d'Orthopédie*) states that in addition to the gradual subluxation so frequently produced in a diseased

hip in consequence of pathological change in the head of the femur and the cotyloid cavity, there is another variety of displacement occurring in the course of coxalgia which is really of the nature of an actual and traumatic dislocation. The latter is not due to any marked changes in the articular surfaces, and usually occurs at an early stage of the hip disease and before the development of suppuration. The displacement takes place suddenly, and can be readily and completely reduced like a traumatic dislocation by manipulation. The author reports four cases of this variety of dislocation in association with coxalgia, in each of which the head of the femur had been suddenly displaced on to the dorsum of the ileum. In each case he succeeded, after the administration of an anesthetic in replacing and keeping in its proper position the head of the femur. This complication of coxalgia, which, it is pointed out, is a rare one, may be classed with the dislocations occasionally produced, especially in the hip, during convalescence from some acute general disease. Instances of this form occurring in the course of, or soon after, enteric and rheumatic fever and scarlatina, are described in the same number of the *Revue*, by Degez.—*B. M. J.*

DEFINITIONS OF THE "PATHIES."—The *Clinique* for July 15th. says that a jolly correspondent quotes and forwards the following definitions:

Christian Science—Suggestion *plus* absurdity.
Divine Healing— " " faith in God's mercy.
Osteopathy— " " massage.
Hydropathy— " " water.
Metaphysical Healing— " " fog.
Hypnotism— " " sleep.
Spiritualism is somnambulism, and
Theosophy is an intellectual pleasantry.

To this we might add that there are ill natured people who would say that homeopathy is suggestion in material, plus *drugs* in infinitesimal, doses. There are even members of the "regular" profession, we believe, who would seem to hold all medicine to be principally suggestion. At least, we have heard of a celebrated hospital physician and teacher in London, who, at a clinical lecture, told his students to pay all their attention to diagnosis and prognosis. After an exhaustive dissertation on a case, he was leaving the bedside without prescribing any treatment, when the house physician asked what he should give the patient. "Oh," said the physician, "a hopeful prognosis and anything else you please."—*N. Y. Med. Jour.*

THE OTHER KIDNEY IN CONTEMPLATED NEPHRECTOMY.—Edebohls (*Annals of Surgery*) insists, on the strength of long experience, that before extirpation of the kidney a knowledge of

the presence and condition of its fellow becomes of paramount importance. The aids to such knowledge are examination of the urine, palpation of the kidney, cystoscopy, catheterization of the ureters, skiagraphy, the fluoroscope, and lastly—not first—exploratory incision. The presence of a second kidney is determined by most of these aids, but Edebohls admits that none except incision can in all cases give completely satisfying information regarding the exact condition of the other kidney. He further warns us that in cases of pyrexia and tuberculosis of vesical or of unilateral renal origin, catheterization of the ureters involves the risks of infection of a previously healthy ureter and kidney, and should be avoided. Though averse to haste in making an exploratory incision, Edebohls does not scruple, when in doubt, to make a lumbar incision, to deliver through it and then examine the fellow of the kidney, previous to completing an otherwise indicated nephrectomy. For modern surgery, he declares, with improved methods and technique, has rendered lumbar exploratory incision a safe and expeditious procedure, the most and generally the only reliable one for determining the exact condition of the other kidney.—*B. M. J.*

DRAWBACKS OF ORTHOFORM.—In a discussion on orthoform before the Paris Société de Dermatologie (*La Presse Médicale*) Brocq pointed out that when used in solution it gave rise to redness and irritation of the skin, associated at times with severe pruritus. As an ointment it produced, at the end of forty-eight hours to three days, a very pruritic eruption. In an out-patient adult an orthoform ointment (1 in 40) applied to the face led to intense redness and infiltration; it took twenty days for the latter to disappear. Orthoform powder applied to the fissure of the vulvar region gave rise to great tumefaction of the labia minora, with redness and weeping about the adjacent parts of the thighs, and accompanied by symptoms of a general intoxication, namely, infiltrated nodular lesions, as hard as cartilage, about the forehead trunk and limbs. Thibierge stated that Epstein of Breslau had observed vomiting, collapse, a lowering of the temperature, and persistent pains after the administration of orthoform by the mouth.—*B. M. J.*

CHLORIDE OF ZINC OR CURETTE IN CHRONIC METRITIS.—Delbet (*Annales de Gynéc. et d'Obstét.*, January, 1899) seems determined to rehabilitate the once so popular chemical, and holds that the curette is a far inferior therapeutic agent in chronic metritis. Chloride of zinc never involves any aggravation of any

inflammation of the appendages which may complicate metritis, the curette often does so. The curette requires anesthesia and confinement to bed; the application of chloride of zinc permits the patient, according to Delbet's experience, to go about directly after the injection with impunity. Delbet uses the salt in solution, about 20 per cent., 10 per cent being too weak and 50 per cent too strong. About a drachm of the solution is injected by means of an appropriate syringe into the uterine cavity; at the same time the vagina is irrigated with a boracic solution, or with hot water sterilized by previous boiling; then a tampon is applied. At least three injections will be needed, at first at short intervals, two or three days; later about once a week to once a fortnight. The action of the solution is not more destructive to tissues than the use of the curette, and is much less objectionable than the introduction into the uterus of the same salt worked up into a crayon. Atresia of the cervix has frequently followed the use of crayons, but Delbet admits that as yet none of the patients treated by his new method have become pregnant.—*B. M. J.*

FERMENTATION IN THE STOOLS OF SUCKLINGS.—Callomon (*Centralbl. f. inn. Med.*) refers to his investigations into the early fermentation of the stools, with abundant formation of carbon dioxide. An investigation was made into utilization of the various carbohydrates, both soluble and insoluble, in the intestines of these infants. Both milk, as well as various carbohydrate foods, were examined. Nearly all the infants were in the first year of life, the exceptions being three infants who were ill-developed. A careful record was kept of the weight by means of curves. In 314 experiments the stools of 21 infants were examined. Under normal conditions a distinct early fermentation of the above-named kind may take place. When carbohydrates, mostly given in a soluble form, were employed, there was no distinct early fermentation in a series of cases, yet in others it was marked. The variations amounted to between 10 and 55, and 30 and 100 c.cm. per gram of solid substance. These variations often occurred not less in the feeding with a prepared soup as with pure milk in the same healthy or diseased child. The diagnostic value of the fermentation test thus gives rise to great and even insuperable difficulties. The possibility of making it useful depends unconditionally upon the finding of a normal diet such that the occurrence of early fermentation reveals pathological states; but the difficulty of finding such a diet is very great.—*B. M. J.*

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CANADIAN MEDICAL ASSOCIATION MEETING.

It was a great meeting—a great day for the Medical Department of the University of Toronto. The presiding officer, Mr. Cameron, was scholarly in his address, admirable in his rulings, strategetical and executive in comportment. In point of numerical representation, in point of quality and quantity of papers, in point of vim and enthusiasm, there probably never was in the history of the association a meeting crowned with such unlimited and unbounded success. And to whom the credit? Let it be awarded without distinction to all who contributed, whether working for their own glory, advancement or preferment, or fundamentally and solely for the good of the association. Dr. A. J. Johnson, the Chairman of the Committee on Arrangements; the Local Secretary thereof, Dr. C. R. Dickson; the Chairman of the Sub-committee on Entertainment, Dr. Bruce L. Riordan; Mr. Cameron, the President; and the General Secretary, Dr. F. N. G. Starr. Having apportioned that, and placing honor "where honor is due," let us revert to a statement made at the very outset, "It was a great day for the Medical Department of Toronto University." Whilst the leading luminaries of this institution were freely permitted to shine, the lustre of the great McGill paled not a jot or tittle in its luxfer. It may be that this effusion may be denominated

"captious critism," but the fact, nevertheless, remains clear and patent, that not once was any representative of the nine other medical teaching-bodies in this Dominion requested by the chair, to voice their opinions on a given paper. We do not wish, nor want to assume, that there was collusion on the part of the presiding officer, and the representatives of McGill, to absolutely control the meeting, but one failed completely to catch the name of a single Trinity professor to discuss a paper, although at different times we saw in the auditorium, Drs. J. A. Temple, F. LeM. Grasett, George A. Bingham, J. T. Fotheringham and D. J. Gibb Wishart. Toronto, first, and McGill, second, had the call. And, moreover, a certain faction of the Toronto School of Medicine were most effectively sat upon and squelched. We pen these lines for the sole and only purpose of questioning the propriety of any chairman, at a general meeting as this was, of the medical fraternity from the several provinces, call-upon any member—no matter what his standing in the profession may be—to discuss any paper. Assuredly, it breeds on the part of less-favored ones and non-school men, a want of confidence on their part, to follow in discussion, without a similarly personal requisition. Even when a vote of thanks, (presumably authorized by the chairman) was to be tendered Dr. W. B. Coley, for his classical deliverance, it was a McGill professor who proposed and a Toronto professor who seconded the motion. We beg to assert and affirm our adherence to, and belief in, the principle of complete non-intervention on the part of the chair in all such discussions on papers read, and that no personal requests should be made in such flagrant violation of inter-provincial and collegiate etiquette.

A word concerning the general secretaryship. The present incumbent of that office, Dr. Starr, has proven himself an energetic and efficient officer, a man well qualified for the position; but it is neither fair nor right nor just to keep this position in one city or province so long. Nominating Committees may have their sphere of duty, but the body politic—if we may so use the expression—should have direct voice in the choice of candidates for this position, as also for the presidency, the two most important offices. We have no particular use for Nominating Committees to deliberate on these two important positions. Too often the whole report of these bodies is gobbled down *en masse*. The association is not crossing any particular stream at this junction; "our Hieland friend from Prince Edward Island," Dr. McNeill, to the contrary, notwithstanding. Dominion Registration is not by any means a perfected scheme, and no particular harm would revert to the association by "swapping horses" at this moment; however, another Toronto man should not be the next recipient of that office.

ACCIDENT INSURANCE COMPANIES AND THE EMERGENCY HOSPITAL.

In the report of the Committee *re* Hospital Abuse, before the Ontario Medical Association in June last, in part appointed for the purpose of making inquiries anent the relations existing between Accident Insurance Companies and the Emergency Hospital of Toronto, Dr. W. J. Wilson, the Chairman thereof, suggested (article six) "That the sending of accident cases by wealthy corporations, and especially where there is an accident insurance carried on the employees, be carefully looked into, and any abuses remedied." Just how far physicians have gone in this direction, we do not know; but one instance which has since come under our notice will bear citation. Not long ago a very painful hand accident occurred to an employee in a down-town manufactory. A physician was summoned direct from the manufacturer's office to attend to the injured member. Unfortunately for that physician and others of his *confrères* in the immediate vicinity, the patient was conveyed to the Emergency Hospital where the doctor attended to his injury. In due course of time a bill was rendered the manufacturing company, who referred it for settlement to a well-known accident insurance corporation. Other doctors, and this physician himself, who had formerly attended injured employees of the same establishment, had up to this time always been recompensed by the manufactory. After some little delay—time enough to give the insurance company to settle the case with the injured employee—the account was ultimately paid by the insurance people. Since that accident others have occurred in the same concern, but the victims have been "ambulanced" direct to the Emergency Hospital. Notwithstanding assertions on the part of the insurance people, that they desire to "stand in" with the physicians, this instance smacks of collusion, and it appears manifestly patent that in order to save the attending physicians' fee, the insurance company has given instructions to the manufacturers to have all their injured employees carted direct to the Emergency Hospital. We question the propriety of wealthy corporations of these classes, fattening their revenues at the expense of the people, and depriving the doctor of his righ ful fee, and we are perfectly in accord wi h the Ontario Medical Association's committee, when it asserts these abuses should be remedied. We are at a complete loss to comprehend why physicians chase after appointments on such institutions, when through them, these vampires are sucking the life-blood from the veins of their fellow practitioners. The suggestion of Dr. Wilson should be pushed further, and inquiries be made into the relations of insurance companies, manufactories and the Emergency Hospital.

MALARIA AND THE MOSQUITO.

An expedition has just reached Sierre Leone from England, with Major Ronald Ross at its head, having for its avowed purpose the study of malaria on the coast of West Africa. With him are Dr. Arnett, Bacteriologist of the Liverpool School of Tropical Diseases and Mr. Austen, Entomologist of the British Museum. On their arrival in Sierre Leone they were joined by Dr. Van Neck, in the interests of the Congo Free State and the Belgian Government. This is the first scientific expedition for examining malaria in its own home. Malaria is a disease now not much seen in Canada; in fact, very few of the younger practitioners have had everything to do with it whatsoever. To a very slight extent, it prevails only at times on the northern shores of Lake Erie and in the flat regions surrounding Lake St. Clair. From Lake Ontario it has practically disappeared, whilst along the shores of Lakes Huron and Superior, it is now no more. The region drained by the St. Lawrence River is altogether free from the disease; and on the Pacific, in British Columbia, it is also very rare. This, of course, is in a large part due to the rapid disappearance of our forests, and the splendid drainage operations which have proceeded in these districts. The mosquito, however, is ubiquitous. From early morning until late at night, and very often far into the night, he plods and prods along, indiscriminately striking any and every one whose flesh is sweet enough for his attack. It is very gratifying, however, to know now that this little torturer is universally acknowledged to perform such a large part in the transmission of this disease; that the particular mosquito, form or species, now no longer finds Canada a congenial abiding-place, but has changed his environment to shadier pools and sunnier climes. We are not sufficiently conversant with the *diptera* to lay down special rules for the guidance of our fellow practitioners, more particularly the sportsmen thereof—having an eye also to the prophylaxis of the disease—so that they might thereby be enabled to hunt down these scavengers (?) or pests (?) and thus prevent, forever, all future malarial outbreaks. Most of us know, however, that all varieties have a damnably elongated proboscis, and that it is the female that invariably attacks mankind. They invest pools of standing water, where they have their breeding-grounds; and it is by a proper and effective system of drainage, that much good is hoped to be accomplished in the way of prevention. In the meantime, while we are awaiting the official report of this expedition, let us not forget the old-fashioned, time-honored preventives of "mosquito netting" made of fine gauze, the smear of oil or grease, and the heavy smoke of smouldering fires.

OUR CLINICAL DEPARTMENT.

Hereafter it will be the aim of this Journal to give more space and attention to clinical reports. With this end in view, we respectfully request our friends to send us in reports of interesting cases, which nearly every practitioner meets with from time to time in his practice. We realize the value of these reports, the interesting and instructing matter they almost invariably contain, and the necessity for the advancement of medical and surgical science, that every practitioner should report these cases. A great deal of good and important material is annually lost to the general reader, as well as to searchers after scientific truths. This ought not to be the case. It should be saved ; and it appears to us to be the manifest duty of the profession to exert themselves not to allow this important material to be lost, but to have it placed on the records, and through the medium of this Journal we hope to have this take place. Let the profession in Canada avail themselves of this opportunity to administer to the cause of progressive medicine in this country.

THE BIOLOGICAL EXHIBIT.

At the late meeting of the Canadian Medical Association nothing attracted more attention from the members present than the Biological Exhibit of Messrs. Parke, Davis & Co. The tastefully arranged display was under the personal charge of Mr. George F. Seaborn, of the Biological Department. We are perfectly safe in saying that never before has such a comprehensive array of biological products been seen at a gathering of this kind. Groups of interested spectators constantly surrounded the demonstrators, who invariably had a courteous reply for every inquiry concerning the new serum preparations or the physiologically standardized drugs, which, to say the least, constituted a most interesting feature of the exhibit.

Many varieties of pathogenic and chromogenic bacteria were shown in culture tubes. The several antitoxin preparations, including anti-diphtheritic, anti-streptococcic and anti-tetanic serums, in the familiar hermetically-sealed bulbs gave evidence of the painstaking care and scientific precision which characterize the work of this great house.

Aseptic vaccine, which is tested physiologically to prove its activity, and bacteriologically to insure its freedom from noxious germs, came in for a large share of the attention which it merits.

It is marketed in hermetically-sealed capillary glass tubes, ten in a case, and accompanied with a rubber bulb for conveniently ejecting the lymph when needed. Reports too numerous to count, and from every section of the country, attest its purity and activity. It is indeed very gratifying to the physician to know that he can now obtain a reliable vaccine virus with which he can protect his patient without subjecting him to perhaps the greater risk of septic intoxication.

We were quite impressed with the general manifestation of interest in the really fine display of physiologically standardized preparations. Among these were specimens of the fluid extracts of ergot, strophanthus, digitalis, cannabis indica, and several other drugs which cannot be assayed satisfactorily by chemical means alone. These preparations deserve the confidence of medical practitioners, to whom they appeal on the ground of accuracy of dosage, and, therefore, assured results.

The crude drug is first tested upon an animal, and if its effects indicate that it is not up to the standard, it is rejected. If accepted, it is made up into finished product and again tested in the same way. Variations in physiological effect are corrected, and the preparations thus made to conform to a fixed standard of strength, so that a definite dose of a physiologically standardized extract may always be expected to produce a definite result.

A large pyramid of hermetically-sealed bulbs containing ergot aseptic was a conspicuous feature of the display. This fine preparation is intended expressly for hypodermatic administration, and in that field it has no superior. The usual method of determining the value of extracts of ergot is to estimate, by chemical analysis, the quantity of sclerotic or ergotinic acid which they contain. It is now known that sclerotic acid is not the essential active principle of ergot. Furthermore, when injected subcutaneously, it acts as a depressant upon the nerve centres and as a local irritant, without exerting the least hemostatic effect. This substance, being worse than useless, is therefore thoroughly eliminated from ergot aseptic, which contains only sphacelinic acid and cornutin, to whose action the hemostatic effects of ergot are due. One part of ergot aseptic represents two parts of prime crude drug in a bland neutral menstrum and permanently preserved, not by the addition of antiseptics, but by simple sterilization by heat and hermetical sealing in glass bulbs. It is standardized by observing its effects upon the combs of cocks, which become darkened when the drug is sufficiently active. Parke, Davis & Co., publish some very interesting and instructive literature upon the subject of physiological standardization which, we believe, can be had for the asking, and which should be read by every earnest physician.

A noteworthy exhibition was that of room disinfection by

means of formaldehyde. The apparatus used was designed by Prof. Novy, of Michigan University, and is supplied by Parke, Davis & Co. Their 40 per cent. solution of formaldehyde is eminently adapted to the disinfection of bedding, clothing, furniture, tapestries, etc. While it is an economical and efficient disinfectant, it does not damage fabrics or cause annoyance to the occupants of adjacent apartments.

Among other biological products worthy of more extended notice than our space will permit may be mentioned tuberculin, so generally used by veterinary surgeons for detecting incipient phthisis, and now coming into use in general medicine for the same purpose; *Coley's mixture, for the treatment of inoperable cancer*; culture media and microscopical slides for the use of bacteriologists; germicidal soap; nuclein and its latest congener, mercurol, which is a true chemical compound of nuclein with mercury, useful in gonorrhea, cystitis, and other infectious inflammations, antitubercle serum, mallein and blackleg vaccine.

The rapid disintegration of compressed tablets when thrown into water was strikingly illustrated to the delight of those who make use of that form of medication, and samples of a variety of preparations were generously distributed. On the whole, we must state that Parke, Davis & Co. deserve great credit for the interesting, instructive and scientific entertainment which they provided for the members of the Canadian Medical Association and their friends on this memorable occasion. We intend in our next issue to give an account of all the exhibits, as, owing to the large amount of space taken up by the complete report—which we are the first to publish—we cannot do them justice in this number.

News Items.

JUSTIFIABLE LYNCHING.—A down-east editor has drawn up some new game laws which he wants adopted. The following is a summary: "Book agents may be killed from October 1st to September 1st; spring poets from March 1st to June 1st; scandalmongers from April 1st to February 1st; umbrella borrowers from August 1st to November 1st, and February 1st to May 1st, while every man who accepts a newspaper two years, and, upon being presented with his bill, says, 'I never ordered it,' may be killed on the spot without reserve or relief."

MARITIME MEDICAL ASSOCIATION.—At the last meeting of this association the following officers were elected for the term of 1899-1900: President, James Christie, St. John, N.B.; Vice-Pres. for Nova Scotia, N. E. McKay, Halifax; Vice-Pres. for New

Brunswick, Geo. A. Hetherington, St. John; Vice-Pres. for Prince Edward Island, H. D. Johnson, Charlottetown; Secretary, G. M. Campbell, Halifax; Treasurer, T. D. Walker, St. John.

NEW BRUNSWICK MEDICAL SOCIETY.—The following is the roll of officers of this society elected for the ensuing year: President, Wm. Bayard, St. John; First Vice-Pres., R. L. Botsford; Second Vice-Pres., T. F. Sprague, Woodstock; Treasurer, Foster McFarlane, St. John; Cor.-Sec., B. M. Mullin, St. Mary's; Rec. Sec., W. E. Ellis, St. John.

NOVA SCOTIA MEDICAL SOCIETY.—The election of officers of this society, at its last meeting, resulted as follows: President, D. McIntosh, Pugwash; First Vice-Pres., C. A. Webster, Yarmouth; Second Vice-Pres., F. S. Yorston, Truro; Sec.-Treas., W. S. Muir, Truro.

DR. ORONHYATEKA, Supreme Ranger, I.O.F., has been elected President of the National Fraternal Congress; and Dr. Thomas Millman, Supreme Medical Adviser, same institution, has received the appointment of Vice-Chairman of the medical section thereof.

DR. WILLIAM WELLS, whose appointment as house surgeon to St. Michael's Hospital we announced in our last issue, died recently at Nairn, near Ailsa Craig, Ont., of typhoid fever, complicated with pneumonia.

DR. SHEARD, the City Medical Health Officer, and his staff have moved into their new quarters, in the City Hall, Queen St., and are occupying offices on the ground floor, with entrance on James St.

DR. BURGESS, who has just been appointed to the chair of Mental Diseases in McGill University, was at one time on the respective staffs of the Toronto, London and Hamilton Asylums.

THE trustees of the Toronto Western Hospital have purchased the McDonnell property on Bathurst St., and will at once begin putting the residence in shape for the reception of patients.

DR. J. T. GILMOUR, Warden of the Central Prison, denies that he has "farmed out" to Drs. Perry and Brown, of Port Arthur, the medical appointments of the Rainy River Railroad.

DR. A. MCPHEDRAN, College St., is erecting a handsome new residence on Bloor St. West, almost directly opposite Avenue Road.

SURGEON LIEUT-COL. J. L. H. NEILSON, has been appointed Director General of the Canadian militia army medical services.

THE Health Officers' Association of Ontario met in London, Ont., on Wednesday and Thursday, the 13th and 14th insts.

DRS. ALLEN BAINES, G. P. Sylvester and Chas. O'Reilly have returned from a trip to the Pacific Coast.

THE City of Montreal has just completed a sewage farm at the cost of $20,000.

DR. W. P. Caven has recovered from his recent attack of typhoid fever.

Reprints Received

"Headaches: Causes and Treatment, with especial Reference to Nasal and Ocular Headaches." By A. D. MCCONACHIE, M.D., Physician to the Presbyterian Eye, Ear and Throat Charity Hospital, Ophthalmologist to Bay View Hospital, Baltimore, Md.

"Antinosine in the Treatment of Enuresis, Cystitis and Urethritis." By R. F. AMYX, St. Louis, Mo., Senior Assistant Physician to the St. Louis City Hospital.

"Hemoglobin, in Health and Disease." By JACOB A. FLEXNER, M.D., Ph.D., Louisville, Ky., U.S.

"On the Cause and Treatment of the Uric Acid Diathesis." By N. A. OLIVE, M.D.

"Advice to Gonorrheal Patients." By FRED C. VALENTINE, M.D., New York City.

"Epithelioma (skin cancer): Treatment." By A. D. MCCONACHIE, M.D.