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Original Communications.

ON THE TREATMENT

OF THE

COMMONER FORMS OF SKIN DISEASES.

By

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cian to the Montreal Dispensary.

To arrive at a correct diagnosis in a case of skin disease is sometimes a difficult object to attain; to effect a cure is even more puzzling and annoying. Who has not had his professional vanity sadly tried by an obstinate case of tinea tonsurans, acne, or eczema, after running through the whole armamentarium of the Pharmacopœia only to find that it still persists. Having had ample opportunity of sitting at the feet of such Gamaliels and lions on skin as Jonathan Hutchison, Living, Malcom Morris, Sangster and Stephen Mackenzie, and carefully noted their line of treatment, I have ventured to throw together in simple outline some remarks as to the best method of combating the more common forms of these diseases. And, first, eczema: In acute eczema the best local application is lotio plumbi applied on lint, the lint being kept continually moist. Dusting powders, such as oxide of zinc and starch, will also be found useful, and a lotion of carbolic acid (1 in 40) will relieve the itching.

Chronic Eczema.—Carbolic acid here, as in the acute stage, is one of the most useful remedies. It may be applied in the form of either a lotion or ointment x to xv gr. ad. ʒi of the ointment. Thymol, highly recommended by Dr. Crocker of London, in the strength of v to xx gr. ad. ʒi, might be tried. Similar in effect to carbolic acid are the preparations of tar, which are the most serviceable of all external remedies. To obtain good results they should be handled with care; unless used at the proper time, and of suitable strength, they serve only to irritate, and when this occurs they should be abandoned at once. Tar is of most benefit when the disease has reached the chronic stage. It should never be used in the acute. If there be much swelling and inflammation it likewise should be withheld. Ointments of varying strengths are the most suitable means of applying tar, for in addition to the stimulating effect of the remedy an emollient effect is obtained. The ointment should not be too strong—from i to ii ʒ ad. ʒi is usually sufficient. The two forms of tar commonly used are the *pix liquida* and *oleum cadinum*.

℞ Olei Cadini..... ʒ iss.
Cerati Simplicii..... i.
Olei Amygdalæ Amar..... ggt vi.
M. Ft. ungt.

This makes one of the most elegant tarry preparations. But there is another preparation of tar which, although known to the profession in this country, is not so well known as it deserves to be—

I refer to the liquor carbonis detergens. It is a saturated alcoholic solution of coal tar, and made by Wright & Co., of London, and J. P. Remington of Philadelphia, and may be had at Kenneth Campbell's. It is in great repute in England, and yields most beneficial results. The ointments which are most generally used in the treatment of chronic eczema in the London hospitals are the ungt. petrolei co., and the nitrate of mercury ointment. Both are excellent. The following is the formula for the ungt. petrolei co. :

℞ Liq. Carbonis Deterg. ʒ ss.
Hyd. Am. Chlor. gr. x.
Vaseline ʒ i.
M. Ft. ungt.

If the skin is greatly infiltrated, or the epidermis much thickened, solutions of potassa fusa used with excellent results, v gr. ad. ʒ i usually sufficient. When the eczema consists of very chronic, dry small patches the best treatment is to blister with acetum cantharides or the liq. epispasticus. Professor Hebra's treatment will succeed some times when other treatment fails. It is of especial service in chronic eczema of the leg. It consists in the application of sapo viradis, followed by the immediate use of an oily ointment. The ointment used in preference by him being the ungt. diachyli. A small lump of the soap, the size of a nut, is smeared upon a piece of flannel. This is to be applied directly to the patch of disease and rubbed firmly, and with moderate pressure, upon the skin until all traces of the soap disappears. The piece of flannel is now dipped into warm water and again applied in the same manner to the part, when an abundant lather will be formed. More water is added from time to time until copious suds cover the skin, when with clean water the diseased surface is thoroughly washed off, freed from all signs of soap, and carefully dried with a soft cloth or towel. The rubbing should be kept up in mild cases from five to ten minutes, in severe to about twenty minutes. The first application should always be somewhat moderate that too great a destruction of epidermis be not produced. The sensations of the patient will always serve as a guide to this point. The application is not painful, as might be supposed, but, on the contrary, agreeable, and relieves the itching; as a rule, it at once affords ease to the patient. The skin immediately after the washing presents a red and angry appearance, and is now ready for the ointment; this is spread on strips or pieces of soft

flexible muslin. It is well not to make one large piece cover the whole, but it is preferable to have several pieces, in order that they may be the better adapted to the skin. The ointment should be spread thickly on the rags, finally the part should have outside cloths applied to prevent the oil from oozing through, and be bound down by a bandage. The bandage is a matter of moment, for its proper application contributes materially to the success of the treatment. It is essential that the ointment be brought in close contact with the skin and kept in position. The entire operation should be repeated twice daily, morning and evening.

Eczema of Hands.—Hands should be protected from all irritating influences; they should be kept out of water, and free use of soap prohibited, exposure to heat also avoided. Rubber gloves will be found useful. In the majority of cases stimulating ointments most useful, as calomel or boracic ointment.

Eczema of Nipple.—Best treated with sapo viradis and ungt. diachyli. Application of nitrate of silver xx gr. ad. ʒ i highly spoken of by Living.

Eczema of Beard.—Crusts removed by oil and poultice, hair cut away or shaved off; apply ungt. petrolei co. In chronic stage use stimulating ointments.

Eczema of Eyelids.—In mild cases apply nitrate of mercury ointment; in severe cases pull out eyelashes, and touch edges with solution of potassa in water, x gr. ad. ʒ i (McCaul Anderson). The alkali should be immediately neutralized with dilute acetic acid. Operation repeated every few days, after which nitrate of mercury ointment applied.

Eczema of Leg.—In cases of moist eczema the most successful treatment is that with sapo viradis and ungt. diachyli. The limb should be carefully bandaged, and when eczema is associated with varicose veins Dr. Martin's elastic bandage should be applied. Squire, of London, recommends the glycerole of the subacetate of lead, xv to xxx gr. ad. ʒ i, in these cases.

Eczema Intertrigo.—Dusting powders of oxide of zinc and starch with or without calomel used. Ungt. zinci one of the best applications. Parts should be seldom washed.

Eczema of the Genitals.—Sapo viradis and ungt. diachyli; in acute stage lotio nigra followed by ungt. zinci and calomel. Carbolic

acid x gr. ad. ζ i, useful. Thymol also useful. Painting the part with tr. iodini sometimes serviceable.

Eczema of Head.—After the crusts have been removed by poulticing the best application is the ungt. hydr. nit. In all cases of eczema the ordinary washing with soap and water must be forbidden, and this is especially the case when the delicate and healthy new cuticle is forming, for then water macerates and destroys it, and thus the duration of the disease is needlessly prolonged. While the local treatment is of paramount importance in eczema, the constitutional is not to be neglected; arsenic should be given and tonics of iron, quinine, etc., administered.

Psoriasis.—When the psoriasis covers the whole trunk, or is nearly universal, the best treatment is by alkaline warm baths. Pot. carb. ζ ii to ζ iii should be added to an ordinary bath. The patient should remain in the bath for at least an hour and a half daily to do any good. The best time for taking the bath is shortly before going to bed, to avoid dressing again. The temperature of the bath should be 90° to 98° . After coming out of the bath the patient should be rubbed and anointed with vaseline, which should afterwards be wiped off. When psoriasis attacks a leg, or a not too extensive surface of the body, then the tarry preparations and chrysophanic acid will be found most beneficial. Of the two I prefer the application of tar; it may be applied either as an ointment or lotion, the latter most satisfactory; it dries quickly, and does not easily rub off on to the clothes. My treatment would be to paint the liq. carb. deterg. with a camel's-hair brush over the part affected two or three times a day. Chrysophanic acid has certainly yielded splendid results, and is much more active than tar; but it has a great many disadvantages, as setting up inflammation, staining clothes and hair, etc. It is used in the strength of ζ i ad. ζ i of vaseline. Pyrogallic acid xxx gr. ad. ζ i is useful, and less open to the objections of the former. In dealing with psoriasis of the scalp the free use of soap or spirits of soap is very good, followed by the liq. carb. Deterg. or the red or white precipitate ointments diluted with vaseline. In the chronic spots of psoriasis, about the knees, the same treatment is excellent. Obstinate cases of psoriasis often yield to the tinct. saponis viradis c. pce, which consists of equal parts of pix liquida alcohol and

sapo viradis. Sulphuret of calcium has been highly recommended in these cases. The following is a good formula.

℞ Calcis ζ ss.
Sulphuris Sublimati..... ζ i.
Aquæ ζ x. M

In the constitutional treatment arsenic and tonics should be given, and always remember the possibility of the gouty and scrofulous diathesis. I have seen cases of psoriasis rebellious to all local treatment yield like a charm to vin. colchici. I need not say that the patients in these cases were gouty.

Scabies.—Sulphur ointment, half the strength of the Pharmacopœia ointment, is the remedy which you will find do the most good. The best time to use it is at night. Give it with the following directions: To be rubbed all over the body, with the exception of the head, and especially on the hands, buttock and lower part of the abdomen; and the underclothing used during the previous day, as socks, gloves, drawers and jersey should be worn during the night. This thoroughly disinfects the clothes, at the same time keeping the ointment well applied. In the morning a warm bath should be taken. The process should be repeated for three nights, and subsequently the ointment should be rubbed on the hands, wrists and buttocks for a few nights. When you are confronted with a case which you have had under treatment, but are not certain whether it is cured or not, you will find an ointment of bal. of Peru (ζ ii ad ζ i) an excellent application. It does not irritate or annoy the patient.

Tinea Tonsurans. — In mild cases painting the part with tr. iod., and afterwards apply an ointment made with hydr. ammon. xx gr. ad ζ i will be all that is necessary. In more severe cases the oleate of mercury ointment, 10 per cent. solution made by rubbing x gr. of freshly precipitated yellow oxide of mercury with xc gr. of oleic acid until dissolved, is one of the very best applications. A point of some moment, which I have often heard Dr. Living of London lay stress upon in his clinique, is to order the patient to have the head smeared over with carbolized glycerine in order to prevent the disease spreading to others. Dr. Alder Smith recommends equal parts of carbolic acid, citrine ointment and sulphur ointment as very effectual. If the disease is in an early stage, and consists of one or two circumscribed spots, the best plan is to

cut the hair short all around the spots, and apply with brush Coster's paste, which consists of :

℞ Tr. Iodii..... ʒ ii.
Ol Picis..... ʒ i. M.

Lichen.—The remedy *par excellence* is arsenic internally—Fowler's solution most commonly used. Some soothing lotion should be used externally such as the appended :

℞ Sodæ Biborate.....
Sodæ Bicarb.....aa ʒ ii.
Acid Hydrocyan. dil..... ʒ i.
Glycerine..... ʒ ii.
Aquæ ad..... ʒ viiss. M.

Hutchison says in lichen planus start with liq. sodæ arsenitis, but if it does not get better give liq. arsenicalis, or both combined.

Acne.—You will find the following treatment of acne to be the most satisfactory. The face should be steamed every night by holding it over a basin of hot water for a few minutes. The skin should be then well rubbed for five or six minutes with soap and flannel, or a soft nail brush may be used with advantage when the skin will bear it ; the soap should then be sponged off with warm water. When the face has been dried the following lotion should be applied, and allowed to dry and remain on all night :

℞ Sulphur precip..... ʒ ii.
Glycerini..... ʒ ii.
Spt. Vini..... ʒ i.
Aquæ Calcis.....
Aquæ Rosæ.....aa ʒ iii. M.

In inveterate cases of acne the following will be found particularly serviceable :

℞ Sapo Mollis..... ʒ i.
Spt. Rectificate..... ʒ iiss.
Ol. Levandulæ..... M xx.
Aquæ ad..... ʒ vi. M.
Ft. Lot

The lotion should be applied with a piece of flannel and vigorously rubbed on the skin. It should be washed off and then the sulphured lotion applied. In treating diseases of the skin one should always bear in mind the late Professor Hebra's admirable advice : whatever course be adopted, constancy and perseverance are of the utmost importance. He who is always changing his plan of treatment is sure not to attain his object so quickly as one who steadily and patiently applies whatever remedy seems best suited to his case.

INSANITY.

By JAMES T. STEEVES, M.D.

Medical Supt. of the New Brunswick Lunatic Asylum.
(*The Annual Address, delivered before the New Brunswick Medical Society at St. John, N.B., July 18, 1882.*)

GENTLEMEN OF THE NEW BRUNSWICK MEDICAL SOCIETY,—In accordance with a time-honored custom which prevails in medical and other associations, for the President to deliver an annual address, suited to the aims and object of the association, I propose to present for your consideration a few thoughts connected with the great subject of insanity. Before proceeding upon this theme, permit me to thank you for the honor which you were pleased to confer in electing me the first President of your distinguished body. I regret that I am not able to bring to the discharge of the tasks involved in the acceptance of the presidency that ability and eloquence which the position demands, nor that learning and efficiency which distinguishes gentlemen before me, who will in the future grace this chair. In choosing a subject to bring before you on this occasion, it seems to me fitting that I should select the one which of late has been principally my study and practice, which has largely occupied my thoughts, and therefore the one upon which I may be able to refresh your memories, or perchance offer you a few hints. It is proposed to consider briefly the prominent causes which produce neurotic disease and develop insanity: following this will be allusions to the question so earnestly asked, Is insanity on the increase? Also, what are the relations of civilization to insanity? and lastly, a word upon the question of prevention.

The subject of insanity at the present time, whilst it is receiving very much greater attention from the medical profession than in the past, is also one in which the general public are manifesting a deep interest. Legislators, philanthropists, metaphysicians and lawyers all from their various standpoints have their minds forcibly drawn to its consideration, and take a keen interest in the questions so constantly presenting themselves in connection with the developments of this intricate disease. The ingenuity of man has taxed itself in vain to frame a definition wholly acceptable—that will comprehend all, but nothing more and nothing less than that which we understand by the word insanity. Happily for our purposes, an exact definition is not necessary. During the past year we have had, both in America and Europe,

ample proof of the attention and interest which the subject evokes from all classes, on account of its medico-legal aspect. And we have also exhibited to us the appalling fact that, in many vastly important cases, it is impossible to prove whether men are insane or not. There is no reasonable doubt that criminals, instead of suffering the punishment due to their crimes, have, in many instances, been sent to lunatic asylums, and on the other hand, in many other instances, insane persons who were really irresponsible for their actions have suffered the penalty due only to the worst criminals.

CAUSES OF INSANITY.

In approaching our subject we may say boldly that, towering above all other causes, stands intoxication; no matter what poisonous substance may be employed, the issue is the same. If the action of alcohol and kindred stimulants were confined to those individuals who indulge in its use, it would not be a matter of so great moment; but all around them must suffer the consequences. And the effects do not cease here. Unfortunately for society, they pass on to succeeding generations unless by an interposition of Providence others do not come. And we find that the subjects of intoxication and vice are excluded in this life from the kingdom of health; and in the life to come, they are shut out of the kingdom of heaven. In view of its bearing upon the question of the increase of insanity, and of the relation of civilization thereto, it is proposed to consider, as near as we may, how far this cause was operative in producing insanity in the earlier ages of mankind. It is certain that at a very early period, even among savages, intoxicants were employed. In India the aboriginal tribes performed their religious rites and observances whilst in a state of intoxication. The West Indians at the time of Columbus brought about a state of intoxication by means of a powder which they snuffed into the nostrils. The California Indians and the Brazilians also used the product of narcotic plants for the same purpose, the object being chiefly to produce a sort of ecstatic state for oracular and visionary purposes. The Peruvian and Mexican priests followed the same practices with like objects. Captain Cook relates a practice among the South Sea Islanders of preparing an intoxicating liquor from the roots of a plant. Of this they drank somewhat sparingly; and the effects described by

Cook appear to have been the same as that which wine produces upon us. It is claimed that the North American Indian—our noble Lo! had no "fire-water" until introduced by his civilized brother. It is more than probable that among uncivilized people who indulged in practices of inebriety the same results followed which we observe to-day in civilized nations, modified doubtless by the absence of certain of the immoral and licentious habits which are indulged in by a portion of the drunken civilized races. Few facts are better known at the present day than that children procreated during alcoholic excess are frequently imbecile, hydrocephalic, or inherit some neurotic defect.

DRUNKENNESS IN ANCIENT TIMES.

Among the ancient Jews we find that this potent cause of insanity—intoxication—was not unknown. And we are informed on excellent authority that the fruit of the vine, the same vine which we believe produces the wine of the present day, was used as far back as the time of the flood. About this period a famous postdiluvian planted a vineyard, manufactured a wine that intoxicated, drank to excess himself, and while in that state procreated—and that consanguineously, thus adding another of the causes which at this day takes a front rank. Further proof of the indulgence in strong drink among the Jews from the same authority may be readily adduced in the case of the young man who was brought to the elders to be stoned for his gluttony and drunkenness; the suspicion of Eli in the case of Hannah; the instance of David simulating a drunken man by his staggering walk. Isaiah also shows a familiarity with the primary effects of strong drink when he uses the simile: "As a drunken man staggereth in his vomit;" and in his allusion to their vociferating in song and revelry Joel says, "Awake ye drunkards, weep and howl." From these facts it is evident that this people indulged in intemperate and drunken habits; and though the proof of the prevalence of mental disease is not so near at hand as that the most potent of causes were present, yet the conclusion that neurotic and psychological diseases to some extent prevailed appears inevitable. The ancient Egyptians, long before Joseph was arrayed in fine linen, and had a gold chain about his neck, were a luxurious and profligate people. The splendid works of art, their inventions, and the beautiful products of their manufactories attest unmistakably their claims to an

advanced state of civilization. Drunkenness and allied indulgence among both sexes are notably facts of history. The history of Greece teaches us that the early Greeks were a hardy, robust people; even their rulers did not disdain manual work. Later, however, as we well know, they became the most refined and cultivated people on the earth. Luxury and profligacy followed, and their opposites, and sure accompaniments, poverty and misery. The Greeks were not, perhaps, drunkards, though they indulged pretty freely in the wine-cup. Dionysius was an inebriate, because we are told that his paroxysms, at times, extended over three months; and we read also that his sons inherited the same lust, and indulged it freely. Plato advocated teetotalism for boys under eighteen years old, moderate drinking between that age and forty, and abundance of wine in advanced years, so that from its social and exhilarating effects the aged might feel young again. A famous Grecian lawgiver advocated that a double punishment should entail for a crime committed through drunkenness. Bacchus is represented by a Greek writer as saying that the eighth cup of wine brings the constable: the ninth, black gall and hatred, while the tenth brings madness. The following epitaph goes to prove that the same results which follow intoxication in modern times did also in ancient, viz. :—

“This is the monument of that great drinker, Arcadian and known traveller. The man did die from drinking strong wine in too large a cup.”

We are forced to the conclusion that these people could not escape insanity in some form in view of the similarity of their customs to those of modern society.

The early Romans, like the early Grecians, were a hardy race, simple in their habits, and, therefore, not conditioned to develop nervous affections. But, at a later period, and as Imperial Rome, we find the same luxuriousness and profligacy rampant that characterized Greece, and which, indeed, the former inherited from the latter. Seneca allowed that men might get drunk to ease the mind of a great corroding care. Both of the Catos indulged in wine to the extent of drunkenness. And in the Bacchanalian rites of the Romans there was associated debaucheries of the worst kind. To think everything lawful was the grand principle of their religion. Men and women engaged in these orgies. Night was rendered hideous by the noise and horrid yells of these revelers, driven frantic by

wine. Such excesses could not fail of producing the madness of insanity. Coming to the subject of intoxication among modern civilized nations and peoples, we need no argument to prove the prevalence of the custom, nor to prove that in its primary and secondary effects we have the chief cause of our poverty, disease and degeneracy. And we may add with emphasis that the worst of diseases, viz., insanity, if not its first-born, is its favorite offspring.

We turn now to the consideration of other causes, and, as in the treatment of the first cause, we shall endeavor to ascertain to what extent these existed in ancient times.

DEFECTIVE NOURISHMENT.

Second in importance among causes of insanity is mal-nutrition. Under this head we may comprehend defective nourishment, bad sanitary arrangements, transmission through hereditary descent, and the effects of inter-marriage. Under these influences the bodily organs become depressed, and sooner or later, perhaps insidiously, disease supervenes. The standard upon which health depends is disturbed, and degeneracy of the race follows. The nervous centres fail to receive that nutrition which they require, and the mental faculties lose their integrity. The converse of the Latin expression (*mens sana in corpore sano*) is contemplated by its oft quotation. Among savage tribes and nations these causes were not sufficiently operative to cause nervous and mental ailments. That form of poverty with squalor and overcrowding with which we are familiar was scarcely known to primitive man. Hunger they must have felt keenly at times, but this would only be for a short period. The testimony of travellers goes to show that but few insane are seen among savage tribes. I am aware that this testimony is not conclusive. We know that not many years have elapsed since the castration of epileptics was practiced in Scotland, and it is highly probable that savages would devise some summary means to dispose of their oblique brethren. Prehistoric people must have practiced endogamy to some extent, and thus taken a step toward degeneracy. It would appear, however, that at a very early period in the history of man he learned, or at least he became possessed of the desire to marry strangers rather than relatives, and it is said that among some it was considered an abomination to marry even in their own tribe. The question

of consanguineous marriages as it relates to degeneracy and disease is by no means settled. It is *sub judice*. Experiments upon animals tend rather to show the harmlessness of endogamy. Statistics upon the questions are conflicting, in fact they are untrustworthy, because often obtained for controversial purposes. For instance should a statistician select cases where heredity existed, or where there was a chance accumulation of idiosyncrasy and intermarriage combined, much material from such cases might be drawn to prove the theory. We must say, however, that so far as our own observation has extended it has strongly tended to establish the belief that intermarriage in the human animal is damaging to both his body and mind, but not necessarily so. What we mean by this will be understood when we remark that inbreeding in the case of the lower animals is done under professional and scientific guidance, whereas in the animal possessing reason, mostly nothing more than a sort of abnormal affinity operates in the choice of a subject for the experiment. Among the ancient Jews we have no reason to believe that there was great suffering from the causes under consideration. We, however, have holy writ for the authority, "that the poor should never cease out of the land," and we have them repeatedly mentioned in the Jewish writings. The mode of living, and the surrounding conditions that appertained during the lives of the patriarchs, were much less complete than at the present time, and yet we find the evidences of art and learning present. And at a period a little later a development of luxurious living which could scarcely have been free from the attendant vices. The splendors of Egypt and her eternal monuments were produced through a system of grinding among the common people worse than slavery. The miseries and hardships which Egyptians of the lower classes endured—being often, as they were, driven to their labors and into the mines under the lash by brutal soldiers, could not fail to produce degradation and disease and madness. But under such a condition of things no friendly asylum would be open to receive them, and no statistician would record their admission, recovery or death. In Grecian history there does not appear to have been any period when there existed, side by side with wealth and luxury, great poverty, hardship and degradation such as we find under civilization at the present age but that pauperism did, to an appreciable extent, exist there can be no doubt. The Romans

certainly were not free from the effects of malnutrition. Under the iron hoof of taxation and oppression poverty and misery prevailed. It is true that Roman temples and palaces were abundant and magnificent, but these, as the Roman poets were wont to show, served to mark in bold contrast the extremes of luxury and poverty.

MORAL CAUSES.

Under this head we shall consider the moral causes—those that act upon the emotions, which may include such as excite and depress, as may be observed in false views of religion, in sorrow, losses, disappointments and over-anxiety. Following the same course as in treating other causes, we may inquire to what extent these existed in the distant past. Savages are not greatly affected by their emotions of love, nor would we expect among them excitement of a political or religious character. Neither would they be likely to come to grief from speculation in stocks. But whilst theology and æsthetics might not jar our brethren of the Drift period, it is certain they were not free from affective impulses, such as might upset and overturn their heads. Their strong belief in ghosts and demons, and their fears therewith, are well known; and from their fits of rage and jealousy and club battles, we may conclude that their heads were not free from disturbance. The Jews suffered losses and estrangements; they were captives in a foreign land, and hung their harps upon the willows but they were mostly sound and well grounded in their religion, and on the whole not greatly moved in their affective natures. Our third class of causes would not touch the Hebrew people but feebly, compared with its grasp upon modern society. The Egyptians were divided into two great castes—the government, priests and military, and the slaves—and these continued from generation to generation. No great and sudden change in their affairs was likely to occur that would stir the emotional nature. In fact immutability was stamped upon everything Egyptian to an extent scarcely found elsewhere, and it characterizes the subjects of the Khedive to-day. Causes of insanity of a moral character, in a much greater degree, existed among the Greeks than the Egyptians. They, the Greeks, were a warlike as well as a poetic people and over a large portion of their history had the elements of excitement and emotion. It is true that at a period the theory "that the rule of many is not a good thing" prevailed, but for a much great-

er period, if there was not a fostering of the conditions for individual thought, these conditions did supervene, and the various and divergent questions that arose among the rival cities served to engender much emotion and energy. Speculative thought upon subjects of religion and philosophy carried men's minds into depths and mazes far beyond the limit of healthful influence. Licentiousness existed to an extent sufficient to disturb mental evenness, and domestic peace was often perturbed by unfaithfulness. A Greek historian (Mahaffy) is bold enough to say that the Homeric lady was the property of the stranger. Moral causes had but little effect in producing disease of any sort among the primitive Romans, but as they advanced in civilization and luxury and their accompaniments, we find all the conditions that are so operative to-day. Juvenal says:—

“ Nothing is left, nothing for future times
To add to the full catalogue of crimes—
Vice has attained its zenith.”

During a long period in Roman history the people did not merely yield to sensual pleasures, but they cultivated sensuality in every way; they sat in the lap of luxury, and their children crept upon purple. It was said of the youth that they did not imbibe their principles and practice of immorality and licentiousness from the schools, but they carried them into the schools; and that these vices were woven into their habits and very nature, from observing shameless practices and hearing obscene language at home from their parents. Such a state of society, and of mental life, could not fail to furnish the emotional factors of mental disease.

The next and last cause to which we shall direct your attention is Intellectual Tension. This important factor in the production of insanity, at the present time, has not attained that prominence which other causes have, because it does not so frequently appear as the immediate exciting one. The active civilized races of the world have awoke to a realization of the fact that life is short, and that they must rush on to the end of the journey with high-pressure speed. Education must be obtained in all the branches simultaneously by a system of cramming, which taxes the memory and confuses the mind beyond endurance. For a moment we may consider the operation of this cause of disease upon the people of ancient times. It is quite certain that savages lose no sleep through hasty development of the intellectual faculties, nor do they resort to suicide as a remedy

for failure in competitive examinations for honors. The Jews were forty years in making their flight from Egypt to Canaan. It is true they were led by a circuitous way, following a pillar of cloud by day and a pillar of fire by night. But a lesson of patience and deliberation was learned that would require ages to unlearn. Literary work, however, of a laborious kind was performed by the Jews. The book of Job and the Psalms in a literary point of view, requiring as they did, on the part of the authors, an extensive knowledge of the laws of nature and of science, command our utmost admiration, and would immortalize the names of their authors if produced within this century. Paul was told that much learning had made him mad. The Egyptian products of intellectual works in books were very great. Their advancement in the sciences was not reached without much brain exercise. Some sleepless nights doubtless they suffered, but it is not probable the mental strain, in their case, acted appreciably in causing insanity. In the early part of Grecian history there could have been done no considerable amount of harm from intellectual tension. But later, brain work of a painstaking and laborious, if not a competitive character, was not infrequent among the literary and philosophical classes. History informs us that the children were thrashed if they made mistakes during recitations, and that discipline was sharp and exacting. Strange enough, girls, and even ladies of rank, were very imperfectly educated. A high state of culture mostly contemplates aching heads, and no doubt the Grecian literateurs and philosophers tasted the bitter fruit of mental toil—this, however, was limited to so small a class comparatively that no marked effect would be observed. It would appear from Roman history that as the people advanced in the arts, and in learning, the subject of education was one that early engaged the attention of their public men. The range of studies, however, must have been very limited when compared with the present; notwithstanding this limitation, fears were entertained lest the boys should suffer the ill effects of over-study. It was argued upon the one side that studies having different tendencies forced upon the mind at one time would injure the understanding and the body; and upon the other that there would be no ill results follow, that the mind was capable of great healthy expansion, and that boys especially did not suffer from mental labor. We may fairly conclude that the Latins did not suffer

seriously from over-study, sleepless nights and severe competitive examinations, nor from the other intellectual causes of insanity.

Alluding to competitive examinations in the higher branches of learning, it must be seen clearly by all interested in the subject that some change in the system should be made. In London alone, in one year, ten cases of madness ending in suicide occurred. The distraction and serious damage, in these cases, result from multiplicity and complexity of studies. In contemplating this subject, we must bear in mind that the final factor in accomplishing the end may not have played the most important part. The fruitage may have been, in part, from the planting of a grandparent. Ancestral errors have more to do with our condition and diseases than is apparent at first sight. Then the moral or emotional etiological element has much to do with the result. There is, perhaps, a consciousness on the part of the student that at home is waiting, in breathless anxiety, a sister, a mother or a father who is to be established or wrecked by the issue in question.

In reviewing our hasty glance upon the condition, mental and otherwise, of ancient nations, and upon the prevalence of the causes of insanity among them, we may conclude that, among savage tribes and primitive nations, the elements for the development of mental disease were mostly absent. As the nations advanced in civilization, wealth and luxury, with their sure accompaniments, profligacy, intemperance and poverty, we have the grand and salient causes of psychological disease in operation; logically we can arrive at no other conclusion than that they resulted as do the same causes to-day. Among the nations of antiquity, however, it was quite impossible that insanity could occur so frequently as in the present age, or that the insane could, to any considerable extent, accumulate in a nation. It must be observed that accumulating and occurring cases of insanity are separate questions. Returning to the latter subject, let us notice that modern civilized nations, through their humane and benevolent institutions, foster both the occurring and accumulation of insanity. Instead of allowing them to perish, the disease is propagated by the beneficent care that is taken of the poor, and those of feeble mind who are ready to become insane, both before they are placed under restraint and after they have apparently recovered. Among the ancients those that were mentally feeble perished by the way.

The morally insane, after a short exhibition of their characteristic symptoms, were stoned to death or otherwise summarily disposed of. The homicidal killed and were killed in turn. In Rome defective children were cast down the Tarpeian Rock. And thus there was much less transmission of disease and degeneracy to succeeding generations. In coming specially to the subject of the increase of the insane population of our time, it must be admitted that the accumulation of late years has been very considerable, but we are not prepared to endorse the statement, boldly made, that there is a large increase in the occurring causes. Taking the statistics of our own asylum, we find that the admissions in 1854 were in numbers as great as in 1881, and that in the three decades intervening there has been no considerable change. The number of admissions is a fair proximate estimate of the occurring cases. We find a different showing when we take the figures representing the number remaining at the end of the year. In 1854 the number was 131, and in 1881 it was 325. So in the daily average in 1854 it was 131, but these numbers have accumulated from year to year, until in 1881 the average was 316. Looking at the statistics of English and American asylums, one is appalled by the increase of the figures from time to time. In England in 1807 it was reported to Parliament that the poor insane, amounted to 1,765; again, in 1827, that there were 9,000; in 1842, 13,868; in 1860, 33,000; in 1870, 48,433—later still, 60,000. This large increase of figures was due to Acts of Parliament, compelling the searching up of these people and registering them, but had no near relation to the increase of occurring insanity in England. Under the excellent system of providing for, and owing to the good care taken of the insane to-day, the mortality is very low compared with the distant past; not a great percentage is permanently restored; so it is found that the deaths and recoveries are less numerous than the admissions—hence the accumulation. English statistics show but a very small increase of occurring insanity, and the same is true of other countries. The relations of civilization to insanity have been incidentally referred to from the beginning of this paper. A few words will therefore suffice to complete what I have to say. It might be well, in the first place, to attempt to define what civilization is. Ideal civilization is a well-ordered state of society, consisting in the progressive improvement of the

society, considered as a whole and of all the individual members of which it is composed. Such a definition contemplates the absence of drunkenness and squalor. Expel the subjects of these two states and you have a condition of society in which insanity could scarcely gain admission. But if we apply the term to the actual state of American or European society—to the whole of society of the so-called civilized nations, with their vices and want, then the case assumes a different aspect. And it must be admitted that the onward march of modern civilization, to an extent, does seem to condition, though perhaps not necessarily, these several phases of society. Whilst it is important not to lose sight of these two views of civilization—the ideal and the actual—we find ourselves compelled to deal with the latter, and to confess that our civilization is a cause of neurotic and psychological disease. But be it remembered that this arises from an abuse of civilization, and is only incident to it. Let us accept civilization, it is our highest wisdom to do so, with all its risks, and let us exert the best energies of our lives to denude it of its abuses and its ill-gotten incidents. We are in more danger of insanity than the untutored savage, it is true, and yet but few of us would be willing to exchange, accepting his Eden desert island, with its ripe fruit and gorgeous flowers, without toil and worry. A great deal could be said profitably upon the subject of prevention, but as we have already extended this paper beyond the intended limit, and perhaps taxed your patience we shall be obliged to abridge this portion “*Quem Jupiter vult perdere dementat prius.*” Viewing the fact that in all the countries around us more than one in every 500 of the population is a lunatic or an idiot, we may well seek to cast around us every guard that may shield from so direful a malady. It may be stated certainly that disease to an extent is preventable. It is well known that an inherited faulty formation of bone may be prevented, or greatly lessened, by proper attention to diet on the part of the mother during pregnancy, and the child during growing life. Other diseases may be warded off by habit and living, so that the tendency to them in the following generation may fade out or be much reduced. The more common forms of disease are easily preventable by having respect to the well understood laws of hygiene.

A friend of mine, in a figure of speech, discourses thus: “In the great contest of life, the

weaker go to the wall. In the struggle of life, there will be the survival of the fittest. We have seen, he says, in the spring season of the year the trees of an orchard white with unnumbered blossoms. Myriads upon myriads feed every passing breeze with delicious odors for a day, and then drop to the ground forever, and when the fruit is formed on the tree, only a very limited number ever attain to maturity and perfection, while the ground is strewn with the windfalls and the useless. Why one goes on to maturity and perfection while the other perishes so soon we may not say with certainty, but doubtless one has some slight degree of advantage in the starting of the voyage; it may be a moment or an hour of time, or a particle of nourishment, but, whatever it is, the consequence is apparent. So it is in the grand struggle of life. Myriads perish at the very start, and as the process of life goes on, one by one, always the weaker, by reason of some defect in organization, inherited or acquired, fall out by the way. Christianity has taught us to pick them up, and try to nurse them to strength for further battle. She has built hospitals, and these weaker ones drift into these refuges from the storm. So it has been, and so it will be in the future. The stronger in body and mind will rise above and triumph over the hardness and roughness of life, becoming stronger by the very effort. To him that hath shall be given, and he shall have abundance of the possessions of life, but that abundance is drawn from him that hath not, and he falls out by the way, as the fruit falls ultimately from the tree.” This is a beautiful and apt figure. Christianity has indeed among her many beneficent lessons taught us to pick up, and move into strength these weaker ones. And whilst you, gentlemen, in common with other Christian philanthropists, shall act well your part in this, it is your high privilege to advance further in the noble purpose of bettering mankind. You must, like the skilful gardener, examine carefully the tree and the soil for a solution of this dark problem, and you will find that the defect lies in one or other of these, or both; and when you shall have changed the soil and supplied suitable fertilizing elements to nourish healthy fruit, and when with pruning knife you have removed the shoots and defective limbs, then beyond a peradventure, or a may be, we shall see the wherefore and the why, and though there may be less blossoms and perfume to feed the passing breeze, there shall be a richer fruitage, which shall go on to maturity and perfection.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, February 2nd, 1883.

DR. T. G. RODDICK, VICE-PRESIDENT, IN THE CHAIR.

Dr. Gardner exhibited the following specimens:—

1. *Fibroma of both Ovaries and Uterus*, occurring in the practice of Dr. Mullin of Hamilton. The specimen was removed *post-mortem*. Each ovary is of the size of a child's head. One ovary was impacted in the pelvis; the other could be felt through the abdomen as a hard, movable tumor projecting above the brim. The morbid growth consists apparently of an expansion of the whole ovary rather than an outgrowth from the organ. The fibroma of the uterus is a small subperitoneal outgrowth. In structure the tumors are very dense, and present all the characters of fibromata. Dr. Mullin promises a full report of the case. Dr. Gardner remarked that the specimen was one of exceedingly great interest, from its rarity of both nature and size. The most exhaustive articles on the subject he knew of were Leopold's paper in the 6th Vol. of the *Berlin Archives fur Gynecology*, published in 1876, and a paper by Dr. Coe in the *Am. Jour. of Obstet.* for July and October, 1882. Leopold had collected 56 cases of solid tumors of the ovary of all kinds of fibroma—carcinoma, enchondroma, and sarcoma—and from the reports at his command, which, however, were derived from the statistics of ovariologists, he estimated that they constituted about 1.5 per cent. of all ovarian tumors. As, however, the tumors do not always attain a size calling for surgical interference, it is probable that if the records of *post-mortem* examinations were also taken, the proportion would be somewhat increased.

2. *A Uterus of normal size, with two small submucous fibroids projecting into the cavity of the body, and a smaller one projecting into the cavity of the cervix.*—One of those in the body is situated near to the internal os, which, however, it does not appear to have obstructed.

3. *An imperfectly developed Uterus, with an interstitial fibroma almost subperitoneal, of the size of a hazel nut, in the fundus.*—In neither of

these latter cases was there a history of any symptoms having been caused by the tumors. Dr. Osler, speaking of the frequent occurrence of these small fibroids, ventured to say that over half of the women over fifty would have fibroids, they are so excessively common.

4. *A Fibrocellular Polypus of the size of a small orange*, which he had removed a fortnight ago from a lady of over sixty years of age. It was attached by a short, thin pedicle to the posterior wall of the cervix, a little below the internal os. When first examined, the surface of the tumor was of a deep, livid, blue color; when removed three days later, this appearance was intensified. On section of the tumor, it presented the usual appearances of intersecting trabeculæ of condensed areolar tissue, with interspaces, which were filled with recently effused undercolorized blood-clots. The patient is the mother of several children, and several years past the menopause. For the first five years after the menopause she suffered from symptoms of prolapsus uteri. She then remained well and entirely free from symptoms till last summer, during which she had a long attack of a fever of remittent type, accompanied with leucorrhœa and profuse night sweats, which exhausted her very much. For some months previous to the removal of the growth she suffered from aching in the lumbar region and occasional hemorrhages, only one of which was profuse. It was removed by Thomas' serrated scoop, with a view of reducing to a minimum the by no means great danger of hemorrhage. No bleeding followed. The recovery was speedy and perfect, except for the sacral pain, which is still present. The specimen is of interest from its unusual size (not rarity) for a polypus of its kind growing in this situation. Dr. Gardner had removed a good many polypi of this kind, but never saw one so large as the one in question. Gussérow gives the size as varying from a pea to a walnut. It possessed some medico-legal interest, as when removed it presented appearances whereby, if spontaneously expelled, it might have been mistaken by a careless or ignorant observer for the products of conception, and so abortion have been suspected.

5. *Malignant Disease of the Uterus.*—This specimen consisted of the uterus and appendages matted together by the products of pelvic peritonitis and cellulitis. There was a quantity of pus in the pelvic cavity, and recent lymph in the abdominal peritoneum. The depth of the uterus was

reduced to $1\frac{1}{2}$ inches; its wall at the fundus thick. The vagina, in its upper part, ulcerated. The Fallopian tubes were dilated, and contained pus. The ovaries engaged in a mass of exudation. Pockets of pus in the cellular tissue, between the layers of the broad ligaments. The patient, a domestic servant, unmarried, aged 35, had consulted Dr. Gardner first in January, 1882, for continuous bleeding from the vagina for nearly six months previous. The vaginal portion of the cervix, as well as its cavity, were found covered with soft, spongy tissue, bleeding easily. It was decided to remove as much as possible of the diseased tissue. Scissors and curette were freely used. It was found that the diseased action had extended to the uterine cavity. The curette, applied to the fundus and walls, brought away a large quantity of tissue similar to that on the cervix. Fuming nitric acid was then freely applied to the whole surface. Patient recovered from effects of the operation without a bad symptom, and for some months gained strength, but the disease returned, and three months after the first curetting it was repeated, with the result of producing another short respite from the symptoms. In June she began to suffer pain, and after this the disease ran a steady course to death, which occurred somewhat suddenly in the beginning of January, 1883, from acute peritonitis. After the curetting, hemorrhage was never severe, and the vaginal discharge was never foetid.

6. *A Case of Double Tubercular Pyosalpingitis*, from a patient dying of chronic pulmonary phthisis, with general tuberculosis. Both Fallopian tubes are dilated to the size of sausages and filled with pus and softened tubercle. No symptoms were known to have been referred to the pelvic region. The uterus appeared healthy. There were evidences of pelvic peritonitis.

Dr. Alloway referred to a recent operation for the removal of cancerous disease of the uterus devised by Dr. Baker of Boston, and published in the *American Journal of Obstetrics*, April, 1882. In this operation, a funnel-shaped mass is removed, having its apex at the fundus uteri and base on a level with the internal os. The actual cautery is then applied. Dr. A. spoke of the possible relation of the specimen of salpingitis exhibited to the condition known as tubal dropsy and ovarian disease, for which Mr. Lawson Tait has recently devised an operation: removing the uterine appendages

for recurrent inflammations. Tait advises early operation, and reports a series of 61 cases, with only three deaths. (*Brit. Med. Jour.*, July 29th, 1882.) Dr. T. G. Thomas of New York endorses Tait's views, and reports 4 cases upon which he had operated, with 3 recoveries.

With regard to Dr. Gardner's case of cancer uteri, Dr. Trenholme remarked that unless seen early, before infiltration of surrounding tissues had taken place, curetting was of doubtful value as to prolonging life. Of course in some hemorrhages or offensive discharges it would be helpful. Dr. T. said that the specimen of fibroma of the ovaries would be of much more interest if a history of the case could have been had. Their being free in the pelvis would seem to have warranted a hopeful interference for their removal, thereby probably saving the life of the patient. The other specimen of multiple fibromata, also without history, was of interest, as it showed conditions apt to be met with in daily practice. Doubtless many cases of uterine trouble were due to such a condition, and not recognized during life. He related a case under treatment, where a small fibroma pressed on the calibre of the cervical canal and rendered menstruation painful.

Dr. Gardner, in reply to the remarks from Dr. Trenholme on curetting operations in uterine cancer, said that although of no permanent benefit in this case of cancer, he would treat a similar suitable case in the same way. He did not think the operation of extirpation of the uterus, with its very large mortality, had as yet reached a settled basis. In reply to Dr. Alloway in regard to the acceptance of Lawson Tait's operation of removal of the ovaries and Fallopian tubes in cases like that of the specimen presented, Dr. Gardner said that in this case he had not heard of any symptoms which would have justified interference, but although the operation was still to some extent *sub judice*, he believed that it would be demonstrated to be the only cure for the obstinate class of cases indicated by Mr. Tait, viz., recurrent, menstrual pelvic cellulitis and peritonitis, with the long list of local and reflex symptoms which usually accompany this condition.

Dr. Osler exhibited *the lungs of a horse which had died of pneumonia*, following the epidemic influenza which has been present in the city for some time; it was a well-marked example of *red hepatization* involving both posterior lobes.

Dr. Roddick exhibited *an oxalate of lime cal-*

culus, weighing nine drachms which he had removed that day from a patient, a young man, who had suffered with symptoms of stone for fifteen years. It was easily recognized, and from its size and hardness its removal by lithotomy was decided upon. The usual lateral operation was performed, and the calculus delivered entire with comparative ease, the forceps slipping once during the operation.

Dr. Mills read a paper on "Tonsillotomy and Uvulotomy." After alluding to the symptoms described as being usually associated with enlargement of the tonsils, such as oral respiration, snoring, nightmare, altered visage, deafness, etc., he shewed that while moderate enlargement of the tonsils in some persons was of little moment, in others it might be a matter of considerable importance, as in the case of public speakers and singers, especially in the latter during singing, when the pillars of the fauces approximate considerably, a pair of hypertrophied tonsils must prove a great hindrance, and, from the extra efforts necessitated, must tax the powers considerably. Hypertrophied tonsils also, no doubt, contribute greatly to increase, if not to cause, pharyngeal irritation by keeping back secretions which would otherwise be removed. As a rule, tonsils should not be removed when acutely inflamed, except in chronic cases, with slight enlargement, and subject to recurrent inflammations which, at other times, do not project sufficiently to permit a satisfactory operation. The employment of the bistoury in such cases was deprecated, as most of the accidents from hemorrhage reported have been attributed to its use. Mackenzie's Tonsillotome reduces all the dangers to a minimum, and its advantages are such as to render it an almost perfect instrument. The functions of the uvula being to complete the soft palate as a curtain to close the posterior nares and to prevent, in speech, involuntary vibration of the soft palate, it follows that it should never be cut away close. The rule should be to leave as much as would correspond to its natural size. A pair of scissors is the best instrument, and the cut should be made obliquely upwards and not square across. No hæmostatic should be used unless absolutely necessary, as any application tends to increase the soreness that usually follows this operation.

Dr. Campbell said it was his custom formerly to leave what would have been as much as an ordinary-sized uvula, but he found the subsequent retraction so great that he now only removes the

tip, and finds that quite sufficient in most cases.

Dr. Osler said that many cases of pigeon-breast now existing might have been obviated if the condition of their upper pharynges had been properly attended to in early life.

Stated Meeting, February 16, 1883.

The VICE-PRESIDENT, T. G. RODDICK, M.D., IN
THE CHAIR.

The following pathological specimens were presented by Dr. Osler.

ANEURISM OF ANTERIOR COMMUNICATING ARTERY.

Dr. George Ross narrated the case. A lad, aged 17, was admitted into the General Hospital on the evening of December 18th, in an insensible state, with stertorous breathing. Eyes closed, pupils contracted, muscles of arm and forearm rigid. Legs rigid and straight. From his friends it was ascertained that he had been well up to a year ago, but within this period he has had several severe attacks of bleeding at the nose. Three months ago he is said to have had an epileptic fit, from which he recovered in ten minutes. For eight days has had severe headache, very bad in the forty-eight hours before present attack. Two hours previous to admission he went out into the yard, where he was found in an insensible condition. On the 19th he remained in the same state. No albumen in the urine. Towards evening the rigidity of the muscles became less. Eyeballs prominent, and there is slight ecchymosis on right upper lid and under ocular conjunctiva. Left pupil is dilated. On the 20th, arms still rigid, legs relaxed. Has had several attacks of clonic spasms in arms and muscles of the back. Cheyne-Stokes' breathing well marked. Ecchymosis had deepened about right eyeball, and is commencing in the left. Temperature is rising. On the 21st, limbs relaxed; opens the eyes, but does not appear conscious. Veins of the optic disks very full, no other intra-ocular changes. Temperature 102°; pulse 125. The following day he was much worse; sphincters relaxed, coma more profound. Temperature 103°. On the 23d the temperature rose to 105, and death took place in the afternoon.

The *autopsy* revealed extensive hemorrhage at the base of the brain, involving the meninges,

anterior to the optic chiasm, and extending into the longitudinal fissure, and over the anterior part of the corpus callosum. On separating the orbital surfaces of the frontal lobes, an aneurismal sac, the size of a large pea, was seen springing from the anterior communicating artery and partially embedded in the contiguous brain substance, which was a little lacerated. When removed and washed, the sac was found to arise by a small orifice from the anterior communicating artery close to the right anterior cerebral. It was full of dark blood, and had ruptured at the lower surface, the rent being about two millimetres in length. The hemorrhage had extended along the sheaths of the optic nerves to the eyeballs. The other cerebral vessels were healthy. There was no heart disease.

Dr. Ross remarked on the difficulty of diagnosing the case at first, and of the assistance rendered by the development of subconjunctival ecchymoses. In his experience this was a very rare occurrence in cerebral hemorrhage.

Dr. Osler called attention to the fact of the frequency of aneurism of the cerebral vessels and to the fact that many cases of apoplexy in young persons were caused by them. This was the eighth instance which had come under his observation in the past few years, and all the specimens had been shown at the Society. Of these, four were of the middle cerebral artery, two of the basilar, and two of the anterior communicating. In seven of them death was caused by rupture of the sac. He remarked that in cases of fracture of the sphenoidal bone, or in instances such as this, where the hemorrhage occurred in the neighborhood of the optic nerves, the subconjunctival hemorrhages would be more common; but when the fracture was in the middle or anterior part of the orbital plate of the frontal, the hemorrhage was into the more superficial parts of the orbit, and more likely to produce ecchymosis of the lid.

ULCERATIVE ENDOCARDITIS, SIMULATING TYPHOID.

Dr. Ross reported the case; that of a man aged 26, admitted to the General Hospital on the 2d, in a state of delirium, with temperature 104°, pulse 100, and respiration 28. Though delirious, he would at times answer questions. Face was flushed, eyes bright, pupils small; expression nervous and anxious. Tongue dry, cracked, and brown; abdomen full; marked tenderness in right iliac fossa; no rose spots. Examination of heart and lungs revealed nothing abnormal. The

following history was obtained: Had never been very sound in mind, but has been healthy; was at work on January 29th, when he was taken with a severe chill, followed by headache, vomiting, and nausea. Went to bed that evening; became delirious, and has been feverish, with severe headache, ever since. There have been several loose stools each day. On the night of the 2d he was very delirious, talking loudly, and getting out of bed. Passes fæces and urine involuntarily. On the 3d the temperature was 102°, pulse 125, and weak. On the 4th, after a very bad night, the patient was much quieter, dull and stupid; face dusky; can get no reply to questions; temperature 103°, pulse very weak; passed stools in bed. Patient gradually sank, and died on the next day—the third after admission, and the eighth of his illness. The heart and kidneys were exhibited. The autopsy showed extensive ulcerative disease of the aortic valves, two of which had fused (congenital), and were sclerotic. The vegetations were soft and recent, and there was a small perforation of one segment. The mitral valve was unaffected. The spleen was about twice the normal size, but presented no infarctions. The kidneys were enlarged, and showed six or eight recent infarctions. In the small intestine there were half a dozen spots of hemorrhagic infiltration of the submucosa, the centre of each occupied by a small white necrotic patch (infarctions). In the left occipital lobe there was a spot of recent red softening, the size of a small apple. No other foci in the brain.

Dr. Ross stated that he had thought the case one of typhoid fever from the mode of onset and the pronounced abdominal symptoms. The only suspicious features had been the bright eye and injected conjunctiva, and if a murmur had been heard a correct diagnosis might have been reached. The experience of a considerable number of cases had now made both physicians and attendants at the General Hospital tolerably alive to the subtleties of this disease, but in none of the previous ones with typhoid symptoms had the course of the disease been so rapid.

In reply to a question by a member, Dr. Ross remarked that the state of the valves was certainly such that a murmur might have been expected, but none was heard when he examined the patient the day after admission. The condition of the vegetations would almost prevent a regurgitant murmur.

Dr. Osler exhibited the characteristic micrococci of the vegetations, stained with aniline blue. In this instance there were a few bead-like chains such as had been noted by some writers. Their relation to the disease was still in dispute. They are found in the simple warty vegetations and in the outgrowths often met with in old sclerotic valves; indeed, they appear elements common to various endocardial processes which have very different symptoms and arise under different conditions. Valves which are malformed, as in this instance, appear specially prone to be attacked with this form of the disease.

CALCIFICATION OF THE TOOTH-PULP.

Dr. Osler showed, for Dr. Lovejoy, the section of a first molar with the pulp calcified. The tooth was large and not decayed, but was at times so painful that it was thought advisable to extract it. The cavity was filled with a mass of stony hardness, darker than the dentine, but having much the same appearance. A narrow space separated it from the wall of the cavity. In some animals the pulps become converted into secondary dentine, and in old people progressive calcification is not uncommon. In this case the man was vigorous, middle-aged, with good teeth.

CHYLOUS ASCITES.

Dr. Ross showed a bottle full of milky looking fluid which had been removed from the peritoneum of a lad under his care, who had albuminuric anasarca. The abdomen was much distended, and several pints of fluid were removed. There were no formed elements in the fluid.

DISEASED PLACENTA.

Dr. Gardner exhibited a diseased placenta from a patient who last menstruated on the 12th of August, quickened two days before Christmas and was delivered of a dead macerated foetus on the 7th of February. The specimen was much shrunken, measuring about eleven centimetres in diameter and one centimetre in thickness. In general the substance was much paler and firmer than that of the normal placenta. There were a number of firm nodules, evidently the result of placentitis or of extravasated, decolorized, and organized blood-clot, according to the views variously held by authorities on the subject. Interspersed between these nodules were a num-

ber of cavities varying in size, from a cherry to an almond, filled with recent blood-clot. The membranes were opaque and very friable, a large part remaining in the uterus and requiring introduction of the hand for its removal after the expulsion of the placenta. The patient is the mother of five children, all born at full term after normal pregnancies. During the pregnancy in question she had been oedematous to a slight extent, had suffered from a feeling of general weakness and craving appetite. When first seen by Dr. Gardner four days before her delivery, she was suffering from violent headache of the frontal and vertical region, evidently of uræmic character, as there were distinct general anasarca and slightly albuminous scanty urine. For nearly three weeks the foetal movements had become gradually more feeble, and during the last three days had entirely ceased. At the same time that the movements ceased the uterine tumor sank towards the pelvis and had lost its normal elastic feel. Foetal heart sounds were inaudible. The headache appeared at the same time as the cessation of foetal movements and collapse of the uterus, with renal insufficiency. The fact seems to bear out the pressure theory of uræmia in pregnancy.

Treatment before labor consisted in purgative doses of compound jalap powder, with full doses of bromide of potassium and chloral. As the latter gave no material relief to the headache, it was soon discontinued, and fifteen-minim doses of Battey's sedative solution of opium substituted with marked success. After the uterus was emptied the urine increased in quantity, the headache disappeared, and, with the exception of a slight attack of pleurisy, the patient made a good recovery.

APOPLEXY INTO THE VENTRICLES.

Dr. Armstrong mentioned the case; a man, aged 37, who had consulted him with severe headache, slight intolerance of light, and vomiting. Patient was under treatment for secondary syphilis. In a few days, he felt better and was able to go out. On Saturday, the third, he took supper in the evening, but vomited it, complained of great pain in the head, became comatose, and died at eleven o'clock. A post-mortem revealed extensive hemorrhage into the lateral ventricle, and the blood had also passed into the fourth. The walls of the lateral ventricle were unbroken, and the source of the hemorrhage undetected.

THE TREATMENT OF PUERPERAL SEPTICÆMIA BY
 IODOFORM SUPPOSITORIES.

Dr. Alloway presented the records of six cases of puerperal septicæmia, three of which had been treated by a new method, viz., the introduction into the uterine cavity of iodoform suppositories. He referred to the care and anxiety which these cases caused to the attendant, the frequent visits necessary if the ordinary method of repeated intrauterine injections is followed, as in general practice the assistance obtained is rarely skilled enough for this. The advantages of iodoform in general surgery were now fully recognized, and it occurred to him that they might be extended to the treatment of the raw placental surface, and to the lacerations and bruises of the passages. The site of a separated placenta had been well compared to the stump of a limb after amputation. With this remedy we had the advantages not only of a topical action, but, applied in the manner directed, the effect was continuous, and the vapor, or whatever it was, given off, permeated to all parts. Too often with injections, the superficial parts were cleansed and in an hour or so, unless repeated, the discharges were again fetid. He believed that with the iodoform we could get a more effectual disinfection of the intrauterine cavity in these cases than with the ordinary solutions, and the trouble of constant injections was completely obviated. The author referred to the current views on septicæmia, particularly to the formation of a virus by the bacteria in the decomposing discharges, and suggested that if, as Binz has shown, the iodoform controls the activity of the protoplasm of the colorless blood-corpuscles, it may do the same with the bacteria. In carrying out the treatment he used a Sims' speculum, washed out the uterus first with plain or carbolic water, and then, with a tent-inserter, passed the suppository far up into the fundus. He used them of the strength of ten, fifteen, or twenty grains, and usually introduced one night and morning. No poisonous effects had been noted.

The author first read the notes of three cases, two of diphtheria of the passages, which were treated successfully with injections of carbolic acid and Condry's fluid; the third, a very severe case of septicæmia, which he had not treated during the entire illness, but which had had no injections, and terminated fatally.

The cases in which he had used the iodoform were as follows: Mrs. B., aged 23, confined June 20, 1882; foetus nearly at full term, but had been dead some time and was decomposed; fluids very dark and offensive. Uterus was washed out immediately with carbolic solution, and the nurse was ordered to syringe the vagina with the same every three hours. Up to the twenty-third the patient did well, but in the afternoon of this day she had a chill, and when seen in the evening the temperature was 104.5° , and the pulse 123. There was no pain, discharge slight, a little offensive. The cavity of the uterus was washed out with warm water, and a fifteen-grain iodoform suppository inserted. On the twenty-third the temperature was 101° , pulse 110. Uterus again washed out and another suppository inserted, and in the evening a third. No further chills; patient doing well. On the twenty-fifth the temperature was 99° ; same treatment followed. She made a good recovery.

Mrs. E., aged 30, fourth pregnancy, confined September 24, 1882. Easy labor; did well until the 26th, when she had intense perimetritic pain and a severe chill; temperature 103.5° , pulse 126; ordered poultices, and gave Battey's solution of opium. Followed same local treatment as in former case. In the evening the temperature was 104° ; introduced another ten-grain suppository. 27th, pain gone, temperature 100° ; same local treatment morning and evening. 28th, better, continued the suppositories. By the 30th the temperature was normal, and she made a good recovery.

Mrs. G., aged 25, third pregnancy, confined December 13, 1882. Dead twins at the sixth month. After-birth came away and seemed entire. Patient has had a series of chills in the past twenty-four hours, and after delivery the temperature was 105° , pulse 100, and she was in a very excited state. A portion of adherent placenta was removed, and grs. xx of quinine were given. On the 14th she was quieter, temperature 103° , pulse 140; uterus was washed out, and two ten-grain suppositories inserted. No tenderness. 15th, temperature 100° , pulse 112; same local treatment. On the 16th, had diarrhoea; had no suppository last evening; discharge this morning a little fetid; temperature 103° , pulse 124; two of ten grains each inserted, and in the evening a third. To the 21st, she had one every morning and evening. On the 22d the treatment was stopped; temperature normal.

Dr. Trenholme thought the practice a reasonable one he had had no experience with the remedy; indeed, he was one of those fortunate ones who have never had a case of puerperal septicæmia in private practice.

Dr. Gardner had used iodoform in lacerations of the vulva and perineum, and with advantage. The tenacity with which it adheres to raw surfaces, and even remains after injections, is a point in its favor. He had used it also in chronic endometritis, and, although it had diminished the pain, no permanent good resulted. He had been in the habit for some time of rendering sponge tents antiseptic with iodoform.

Dr. George Ross referred to diphtheria of the vagina after delivery, and remarked upon its insidious onset in a case which he had treated. He thought Dr. Alloway's suggestion very valuable, and could speak of the benefit he had seen follow in one extremely severe case of puerperal septicæmia. The fetor was removed, and a decided improvement manifested within forty-eight hours. He did not think there was any danger of toxic effects in the doses mentioned.

Dr. Cameron spoke of the great influence of iodoform in subduing pain, but believed the special advantages in this form of treatment were the constant presence of the antiseptic in the uterine cavity and the certainty that all parts would be subjected to its action. In the cases reported some of the benefit might reasonably be attributed to the washings, which should not be neglected in any case.

Dr. Armstrong said he unfortunately had had a good deal of experience in these conditions, the treatment of which must in a great measure depend on our theory of their production. In the grouping together of actual facts, as observed by him, he had found them to harmonize very considerably with the division adopted by Matthews Duncan, namely into cases of *simple sæpræmia* and *true septicæmia*. In the former there is absorption of putrid ichor by the lymphatics, or its passage into the circulation through the uterine sinuses; the poison does not exist in the blood, much less grow and multiply in it, while in true septicæmia the poison is a germ which lives, grows and multiplies in the blood (the discharge in these cases may indeed be not fetid at all). In the treatment of simple sæpræmia, and Dr. Armstrong took this to be the nature of the favorable cases described by Dr. Alloway, the

object is to remove the cause as thoroughly as possible, and this can be accomplished by careful cleansing and disinfection of the parts by carbolic acid or other disinfectant; and it would seem that iodoform possesses advantages over carbolic acid for this purpose, being less troublesome and saving much valuable time to the practitioner, but as to its unflinching efficacy in cases of true septicæmia Dr. Armstrong thought the reader of the paper was inclined very much to over-estimate it.

Dr. F. W. Campbell said he thought the Society indebted to Dr. Alloway for the important cases which he had brought before them. The high mortality from puerperal septicæmia under existing methods of treatment would, in his opinion, warrant a trial of the method suggested by Dr. Alloway, which seemed to have been singularly successful. He thought there was a certain class of cases where it would be well to anticipate, as it were, a condition of septicæmia, as it often supervened. He alluded to cases where there was extensive adhesion of the placenta, and where its removal was attended with great difficulty. In such cases, he thought the introductions of iodoform would be found very useful, not alone in preventing putrefactive changes, but in healing torn surfaces.

Dr. Alloway stated that he had been induced to lay his limited experience before the Society, in the hope that other members would test the practice. For his own part, he felt much more confidence now in the treatment of these cases. In illustration of the antiseptic powers of iodoform, he showed two bottles of meat infusion, which had been allowed to decompose; into one he had put a little iodoform and the decomposition had been checked, the putrid odor was removed, and the solution rendered, as was very apparent, much clearer by the death and subsidence of the bacteria.

In reply to Dr. Armstrong he would say that the whole subject of septicæmia has been, until quite recently, in well-nigh hopeless confusion. It was, however, now almost universally acknowledged that septicæmia is due to the presence in the blood and tissues of a virus, which virus is *not* a germ or number of germs, but is a product generated by micro-organisms, by certain vital processes and under certain conditions of their surrounding media. These organisms do not arise spontaneously in the blood, but are introduced from without, and are incapable of multiplying in

the living healthy tissues. Under certain circumstances they produce a simple uncomplicated paroxysm of fever, beginning with a rigor, followed by a rise of temperature and ending (if the dose be not too large) in defervescence and recovery. And it matters little what classification we use, whether we regard Dr. Matthews Duncan's of simple and true septicæmia, or any other division, they are but graded conditions of one and the same disease, differing only in the degree of severity. If Dr. Duncan maintains that in so-called true septicæmia the poison is a germ, he stands alone in his theory, as widely published experiments prove the contrary; simple cases certainly do occur, and it is probably in this way: the site of the placenta receives infection from septic bacteria; if the discharges are retained in contact with the wound, decomposition sets in, pyrogen is produced, it is absorbed, a toxic effect follows, and septicæmia is established. If we now recognize and are fully alive to the beginning of a serious trouble we will cleanse the uterus of the already-formed virus, and protect the patient from its further formation and absorption. In a few days the patient gets well, and she is said to have had an attack of simple septicæmia. But let us not recognize the importance of arresting this toxemia, and content ourselves with occasional antiseptic washings; there is continuous absorption, occasionally interrupted for a few minutes by the washings, the vitality of the system is progressively lowered, and especially the tissues bordering the wound, which become moribund or die right out. The germs invade and breed in them, more poison is produced and absorbed, the toxemia becomes intense, embolic centres of inflammation are formed, and the end comes. This is probably Dr. Duncan's true septicæmia, but which is really the result of failure of the remedial agents used in the treatment, and on post-mortem section we find the channels and cavities of the body swarming with bacteria. It will be remembered that the fatal case Dr. Alloway mentioned in his report began in this simple way: there was an accumulation of discharge arrested in the inflamed womb (endometritis), germs found in this discharge a suitable soil for the generation of virus, and this not having been interfered with death took place. The second case treated by iodoform suppositories began in identically the same way (severe peri-uterine pain and chills), but was arrested in the way he had explained, through the agency of iodoform. The

other two cases treated with iodoform were the result of dead children having been borne to them; and as the history of such cases, when sepsis sets in, is very often death under any circumstance, he does not think they deserve to be looked upon as simple. Dr. Alloway concluded by saying that his remarks referred to septicæmia as met with in private practice, and not to those epidemics which have prevailed in large lying-in hospitals, or to those rare cases of intense poisoning where the cause of death is more shock than gradual poisoning with elevation of temperature.

BRAINS OF TWO MURDERERS.

Dr. Osler presented the brains of Richards, who murdered a comrade at Sweetsburg, Qu., and of O'Rourke, who killed an old man and his daughter, at Milton, Ont. Richards was a hardened criminal, had been in the army, and had been discharged as unfit morally. He cut his throat on the morning of the day fixed for his execution. His brain was large and well developed; the asymmetry between the convolutions and fissures of the hemispheres very slight; the organ was not of the confluent fissure type to any special degree; the secondary and cross sulci were not numerous, and the majority of the convolutions were arranged in a typical manner.

O'Rourke was a man of no education, had had illusions, had served in the penitentiary. The plea of insanity was raised in his defence. His brain was under-sized, the cerebral hemispheres scarcely covered the cerebellum, and there was marked asymmetry between the fissures and convolutions of the two sides. No special degree of confluence of the fissures, except in the right parietal lobe. In both frontal lobes there was a partial splitting of the second gyrus and an approach to the type of four frontal convolutions. The secondary sulci were unusually abundant. The brains were preserved by Giacomini's method.

Dr. Henry Howard said this was the second time in the space of thirteen months that this Society has been favored by Dr. Osler with a demonstration, at each time of two brains taken from the cadavers of criminals, who had been tried for and found guilty of murder. The brains before us appear to be of a low type; they may, or may not, be teratological, we cannot tell, because we do not know what constitutes a normal brain. There may be pathological defect in these brains, neither macroscopical nor microscopical but ascopical, we cannot tell. When we know

the anatomy of the normal man, surgically and chemically, more particularly of the whole nervous system—which we do not now know; when we know the physiology of all the organs of the normal man, more particularly of the whole nervous system—which we do not now know; when we know the ætiology and pathology of what we call insanity, then, and not till then, will we be able to say what constitutes a teratological mental organization,—then, and not till then, will we be able to say what is the pathological defect which is the cause of mental derangement, which we call insanity—meaning thereby a state of mind, the opposite to sanity. Under existing circumstances we have but little to guide us more than a man's conduct; and when we see a man a habitual criminal, and commit such terrible unnatural crimes as murder, we know that such a man is not as other men that are non-criminals, and we must assume that he is what he is in virtue either of teratological or pathological defect, in his mental, which includes his intellectual, organization. We assume this for the following reasons: first, that we do not find men of normal minds, normal intelligence, guilty of these crimes; secondly, that as mind and its phenomena is one of the qualities or properties of matter with which the Creator endowed it, and the higher the degree of organic, animal matter—matter in the concrete—the higher is mind and its phenomena developed. Therefore, when we find a man to be a murderer, we must assume that he is such in virtue of an abnormal state, either teratological or pathological defect, of his mental organization. From the history of the two men whose brains are now before us I come to the conclusion that the man Richards labored under teratological, and probably pathological, defect of his mental organization, and the man O'Rourke under pathological defect of his mental organization; and I consider it quite possible that the latter being an inebriate, and having drunk a quantity of whiskey that day, committed the crime while in a somnambulistic, not drunken, states, and afterwards, forgetting all about it, accused another of the crime.

PROVINCIAL HEALTH ACT.

Dr. Larocque, the Health Officer of the city, called the attention of the members to the Act now before the Legislature, and gave a sketch of the progress which had been made during the past few months. The Act provides for the

establishment of a Board of Health for the Province, to be composed of three medical men, three commissioners, and one sanitary engineer. He urged the members to do all in their power to get the bill passed this session.

MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, March 2nd, 1883.

1ST VICE PRESIDENT, DR. T. G. RODDICK, IN
THE CHAIR.

Dr. Trenholme exhibited a fibro-cystic tumor of the uterus.

The patient, a well-formed, healthy girl, 39 years of age, has always had good health. About 8 years ago she discovered a tumor in right side, which slowly increased for five years, when it took on rapid growth. It became smaller after each menstrual period till the last 3 years; since then has not ever diminished at all. At this time she noted that the tumor moved in one night from the right side to the middle of body.

The result of several careful examinations was that there were two tumors. The one on right side being lowest and most firm to the touch, and fluctuation not felt. The left, the larger, was felt to be moveable from the other and fluctuation was felt, but not distinctly. A well-marked sulcus existed between the growths; both were of even general contour. Per vaginum the os was found to be high up, and, so far as the finger and sound could indicate, showed the lower growth was uterine, and probably sprung from back part of the uterus. The sound could be introduced with much difficulty only 2½ inches. The left tumor I thought might be ovarian, and, if so, could perhaps be removed, and thus afford relief to the great sufferings of the patient, and which she said were at times dreadful to endure, and of late rendered her life so miserable that she willingly subjected herself to the operation, though she was more than well apprised of the risk she ran, and was told by me that she was as likely to die as to recover,—the probability of recovery (should the uterus require to be removed) being about equal.

After preliminary attention to the state of bowels, etc., assisted by Drs. Hingston, Robilliard, Gardner, Armstrong, Young, Henderson and Wood, the operation was begun at noon on the 19th February, and lasted two hours 15 minutes. The nature of the growths are now apparent, and the

amputation of the stump was followed by considerable bleeding, and some of vessels secured with difficulty. Hemp ligatures were used internally, except one silver suture to close the os internum. The outer wound was secured by deep silver wire sutures, superficially by horse hair. The patient soon recovered consciousness, and though vomiting supervened she made a gallant fight for life, but died on 5th day, in the evening, from exhaustion, due to uncontrollable vomiting. The temperature and pulse were little above the natural course till toward the end of life.

The following morning, 15 hours after death, Dr. Osler kindly made the post-mortem examination:

The following are his notes:—

Abdomen distended. Union at the lower and upper portions of the incision and of the skin in the middle portion. Coils of intestines reddened and sticky, but no l;mph over the membrane. There is no peritoneal effusion. Parietal layer is reddened from recent sub-peritoneal extravasation. Last part of ilium adheres slightly to the abdominal walls. On left side of the pelvis the ligated broad ligament is seen; its surface is rough and irregular, and not covered with any membrane. By the side of the rectum is a space containing dirty bloody fluid.

The stump of the uterus adheres to the rectum. The walls of the pelvis are in good clear condition. Stomach, liver and kidneys healthy.

A committee, consisting of Drs. Gardner, Osler and Armstrong, was appointed to examine the tumor and report to the Society.

Dr. George Ross spoke of the importance attached to investigation into the cause of death in cases of abdominal operations. He had recently had a conversation with Dr. Thomas in New York, and agreed with him in the opinion that patients may die from septicæmia without the signs of high temperature, chills, etc., from an overwhelming dose of the poison being absorbed,—the symptoms in those cases being more like those of hæmorrhage.

Dr. G. T. Ross then reported a case of leucocythæmia.

J. S., æt. 24, first seen on 15th January, 1882 suffering from jaundice. Never had ague nor syphilis. During last year (1881) attacks of epistaxis and headache were frequent, with failing strength and appetite. In June of same year noticed his abdomen becoming large. Family history good.

Present condition.—Spare build, chest walls thin, no heart murmur, lungs healthy, abdomen large and tense. A solid firm mass on left side reaches below crest of ilium and extends beyond median line. No ascites. Hepatic dullness normal. Axillary, inguinal and cervical glands sensibly enlarged. Cutaneous circulation very marked. No appetite, temperature normal. Urine dark with bile, no albumen. Skin and conjunctiva deeply jaundiced.

July 20, 1882.—Patient has recovered from jaundice, and says his health latterly has been fairly good, although never free from sense of weakness, with occasional severe headaches and epistaxis. To-day has severe pain across abdomen, with hurried breathing, not markedly anæmic, expression listless and apathetic. No dropsy, Measurement of abdomen increased half inch since January last. Decided tenderness on pressure over sternum. Temperature 102, pulse 118, respiration 32. To have hot applications with laudanum to abdomen and quinine internally. Blood showed great increase of white corpuscles. Dr. R. P. Howard saw the case in consultation, and gave unfavorable prognosis. He advised arsenic and iron internally.

August 26.—Increased hepatic dullness. No marked tenderness over liver, and no return of jaundice. Continuance of weakness, headaches and nose-bleeding. Dyspnœa on exertion.

Blood examined shows red corpuscles in c.m. 3,450,000; per hæmic unit 69; ratio white to red 1 to 6½; red corpuscles uniform; no microcytes present.

December 20.—Abdominal measurement increased, as well as liver dullness. Nose-bleeding and headaches have continued; complains of great weakness, and is unfit for business. Chest and limbs much emaciated. Cutaneous veins very prominent. Much dyspnœa on exertion. Temperature and pulse normal. Urine pale straw colour, contains urates, no albumen, to have port wine with meals, and iron with phosphorus pills.

January 7, 1883.—Bleeding from lower incisor tooth, arrested with difficulty. Great appetite recently. Abdominal distension greater; sleeps a great deal, and wants to be left undisturbed. Complains of vertigo on raising his head or changing position. Iron and arsenic continued.

January 15.—Diarrhœa set in increasing general weakness. Complains also of constant noises in his ears, and his hearing is markedly

interfered with. From this time the patient sank rapidly and died comatose on the evening of the 24th.

Autopsy by Dr. Osler 30 hours after death :—Body emaciated, skin livid, abdomen distended, no dropsy. In abdomen omental veins much distended. Peritoneum uniformly injected. Spleen greatly enlarged, reaching below anterior superior spine of ilium. *Thorax*—a few adhesions, but no fluid in pleuræ, pericardium, distended by an enormous heart, contains couple ounces clear serum. Heart very large, all chambers greatly distended with tolerably firm chocolate-colored coagula. Weight of clots in chambers alone, not including veins, is 620 grms.; valves normal, substance pale. Arteries and veins leading from heart distended with brownish clots. Lungs crepitant, a little congested at bases; vessels very full, mediastinal lymph glands enlarged.

Spleen.—No adhesions whatever. Before excising the portal system was carefully dissected out. Vessels all enormously distended with clot. Circumference of portal vein just above junction of its branches is 11 C. M. Splenic vein very large, joined by four or five large branches leaving the spleen and other greatly distended veins from stomach. Spleen weighed $7\frac{1}{2}$ lbs. and measured 13 ins. by $8\frac{1}{2}$ ins. Shape is preserved. No special thickening of capsule. Fibrous stroma not specially evident. Malpighian bodies not enlarged; no localized lymphoid growths. Under microscope shows simple hyperplasia of normal spleen elements. Cells of the pulp and red blood corpuscles form chief elements of structure. In pieces examined only one or two nucleated red blood corpuscles are seen. *Liver* fully twice normal size, smooth, somewhat soft, veins distended. The microscope shows an increase of colorless blood corpuscles mingled with liver cells. *Stomach* shows no special change.

Small Intestines.—Veins distended; no enlargement of Peyer's patches; solitary follicles uniformly enlarged. Blood altered in upper part of intestine, and general catarrhal state of both small and large bowel. *Kidneys* enlarged, dark color, veins deeply congested, cortex swollen. *Bladder* contains dark ammoniacal urine. Mucous membrane intensely inflamed, and covered with a small amount of exudation. Mesenteric and retroperitoneal lymph glands enlarged, soft and red in color. *Marrow of sternum* and of ribs looks like thick, greyish bloody pus. Under the microscope

shows numerous marrow cells, very few myeloid plaques and nucleated red blood corpuscles—the latter less than in many specimens of normal red marrow. Small lymphoid elements not specially numerous.

Brain.—Extreme degree of engorgement; arteries at base full of clots, veins greatly distended, and on section puncta vasculosa are unusually numerous. Choroid plexus and velum are engorged. Substance of brain is somewhat soft, but presents no special morbid change. *Eyes*.—Both retinae presented extensive leukæmic changes, in the form of opaque white spots surrounded by congested and hemorrhagic areas. The disks were not swollen.

No definite origin for the disease can be ascertained in the facts before us, which agrees with the acknowledged obscurity regarding the causes of the disorder. Neither age, sex, nor social position is free from liability to leukæmia. Amongst its causes are given, malaria, long-continued intermittent fever, continued excitement, chronic intestinal catarrh, leading to hyperplasia of solitary glands and Peyer's patches, syphilis and depressed states of the mind. According to Hughes Bennett the complications of epistaxis and diarrhœa are the most common, the former of which stands out as a prominent symptom in this case. There was no profound anæmia. Observations upon the blood were instituted at different times, the last being on 7th January, but the variation in its condition was not striking. The most remarkable feature of this case was the condition of the blood post mortem, for it resembled the state found in death by apnœa, with exception that, instead of the left chambers of the heart being empty, *all* the chambers were engorged with enormous clots, the weight of which was referred to. Brain, lungs, portal system, kidneys, omentum and, in fact, all the viscera were likewise engorged to a remarkable degree. *Retinitis*, an uncommon lesion, also complicated this case.

The liver is often diseased in leucocythemia, generally from hyperplastic increase of the cells and colorless corpuscles, as in this case. The kidneys are usually normal, but here they were swollen and congested.

The treatment I have not detailed, but may say that, generally, it was palliative and symptomatic, as the indications arose, combining tonics, nutrients and stimulants to support the vital powers.

Dr. George Ross spoke of the rarity of this disease in this city and America as compared with other countries; he had only seen one case in the Hospital in ten years, but has seen others in private practice, whereas several cases of the rarer Hodgkins' disease had come under his care in the Hospital.

Dr. Osler said the late Dr. John Bell was the first to report a case in Canada.

The points of special interest in the case just reported were the enormously distended heart and venous system.

As there were no adhesions it might have been a good case for removal of the spleen. A successful operation was recently performed in Italy.

Dr. Smith mentioned a case of leucocythemia under his care which had been considerably relieved by treatment in which iron and arsenic were employed, together with generous diet and inunctions of mercury.

Dr. George Ross said the remarkable temporary improvement seen in blood diseases could not be always due to treatment. Sometimes in pernicious anæmia such an improvement may be noticed as to make one think that an error in diagnosis had been made till they relapse and terminate fatally. He had lately such a case in the Hospital. Under arsenic and iron, the patient got well enough to resume work, but returned to the Hospital and died. He has also noticed this temporary improvement in Hodgkins' disease.

Dr. Roddick exhibited a photograph of a child shewing recurrence of lymph adenomatous glands after removal by him.

Correspondence.

To the Editor CANADA MEDICAL RECORD.

DEAR SIR,—In order to complete the history of the case of "Interstitial Fœtation" published in your edition of November last may I ask you to find room for the enclosed remarks by Mr. Alban Doran, which were made before the Obstetrical Society of London on the 1st November, 1882.

Yours truly,

CARR HOLSTOK ROBERTS,

I.R.C.P.L., M.R.C.S.E., S.S.A., M.B., M.A.

Coningsby House,

Herries street, Harrow Road, London, Eng.

Feb. 25th, 1883.

Extra pressure on my time during the last three months must be my apology for not having sent them before :

INTERSTITIAL OR TUBO-UTERINE GESTATION.

Mr. Alban Doran exhibited a specimen of this condition. The clinical history of the case, under Mr. C. H. Robert's care, was reported in our pages in October. The gestation-cyst was situated at the right side of the fundus uteri. At the anterior and outer aspect of the cyst the round ligament sprang from it, and the Fallopian tube passed into it, expanding as it did so into a funnel-shaped orifice. The lower part of the cyst bulged into the uterine cavity, and a bristle could be passed from the uterus through the tube into the cyst. The tube was here also dilated into a funnel-shape at its entrance into the cyst. The tubal origin of the cyst was thus proved. It had burst at the second month. There was a corpus luteum in the right ovary. Mr. Doran had examined the five other cases of the kind that are to be seen in the London museums, and gave an account of them. He remarked on the rarity of the condition and the tendency to early rupture. Had the abdomen been opened, amputation of the uterus would have been the only practicable treatment. He thought that many cases in which development in a supposed hernial pouch of the uterus was suspected were probably tubo-uterine.

To the Editor of the MEDICAL RECORD.

SIR,—A few days ago I received through the post office a circular signed by the Secretary on behalf of the Committee of the McGill Graduates Society, anent the difficulties in the Materia Medica Department of the University. The circular details the unsatisfactory state of matters during the past session, as well as for many sessions previously, and asks that the question on an enclosed slip be signed and returned. The question is, "Would the removal of the present Professor of Materia Medica be conducive to the best interests of the University?" I would like to ask was this step taken without authorization by the members of the Graduates Society. If so, it seems to me a high-handed proceeding. It does not look well to have outside men, non-professional men, mix up in a disturbance which does not actually concern them. Surely there is no need of having matters pushed to the extremity in which this circular would place them. Is the Medical Faculty of McGill, the oldest Faculty in the Dominion, not able to regulate its internal affairs, without "every graduate since 1860" coming to its aid? I think it should be. I

fear, however, from what I hear, that it is not united, and if this is the case one section would seem to be tacitly working—perhaps indirectly, yet still working—for the removal of a colleague, while another section is asking that colleague to modify his course, so as to make it acceptable. If all would unite on this latter course I hardly think Dr. Wright could hold out. He is a gentleman, a Christian minister, and a man of rare talent, and is quite able to give such a course as would be creditable to himself and acceptable to his class. Let him put into practice some of the doctrines which I have many times heard him preach and the matter I feel can be arranged. Above all I hope no one who has received this circular will return it signed, as such a course is, I think, likely to increase the difficulties by which the Faculty are already surrounded.

Yours,

A MCGILL MEDICAL GRADUATE.

THE CANADA MEDICAL RECORD,

A Monthly Journal of Medicine and Surgery.

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MONTREAL, MARCH, 1883.

THE NEW ANATOMY ACT.

A systematic desecration of graves in country districts and an open traffic in dead bodies have caused such scandal in this city during the past winter months, and so thoroughly aroused public indignation, that the authorities have been at last compelled to take vigorous action. There is a grievance upon both sides; the public bitterly complain that the graves of their friends and relatives have been desecrated to supply subjects for the Medical Schools; on the other hand, the Medical Schools complain that they have long been defrauded of dissecting material which is lawfully theirs, and compelled to obtain it as best they could, they therefore with equal justice claim to be protected in their lawful rights. The old Anatomy Act was good enough if it had only been enforced;

but, like many other excellent Statutes in this Province, it has been allowed to become practically a dead letter. Many circumstances have combined to effect this result; the greed or apathy of officials, religious considerations, the mistaken philanthropy of tender-hearted governors and managers have all contributed to cut off the supply of material from the large public institutions which the law distinctly set apart for the use of the Medical Schools. We venture to say that if the Coroner, Inspector of Anatomy, and officials of public institutions receiving a government grant had done their duty in the past, and faithfully carried out the provisions of the Anatomy Act, abundant material would have been forthcoming, and body snatching consequently unknown. The new Act has just passed the Quebec Legislature: in our next issue we hope to give it in whole or in part.

OBITUARY.

DR. ALEXANDER H. KOLLMYER.

Many a subscriber to the RECORD will learn with deep regret that Dr. Kollmyer is dead. For twenty-five years he has been in various ways brought prominently before medical and pharmaceutical students, as grinder, lecturer and professor, and in each capacity was much beloved. Scattered all over Canada and the United States are medical men who in some way came under his tutelage, and we know that in the hearts of many he was affectionately remembered. Dr. Kollmyer was born in Montreal in 1832. He was educated at Skakles School, an institution which ever will occupy a prominent place among the early English schools of this city, as being the educational birthplace of some of our most prominent men. Mr. Skakle dying before Dr. Kollmyer's education was completed, he was transferred to the High School. In 1848 he entered the chemist's shop of Mr. Rexford, where he remained four years. In 1851 he became a medical student of McGill College. In 1855 he was appointed apothecary to the Montreal General Hospital, where he remained till he graduated in 1856. He then commenced practice in Montreal. In 1868 he was appointed lecturer on *Materia Medica*, and in 1869, lecturer on Botany in the Montreal College of Pharmacy. In 1872-3 he not only lectured on these two branches, but also in Chemistry, and by these efforts the College was maintained in active efficiency, and the druggists

were enabled to obtain the charter which gives them power to examine and license their own students. On the organization of Bishop's College Faculty of Medicine, in 1871, he was appointed to the Chair of *Materia Medica* and Therapeutics. This position he held up to the period of his death. As a lecturer on *Materia Medica* he was unsurpassed in Canada, giving a concise and thoroughly practical course. A few months ago symptoms of kidney trouble manifested themselves, and in spite of the careful attendance and attention of his medical friends, the disease grew worse, and death terminated his sufferings on Tuesday evening, the 13th of March.

DR. GEORGE E. GASCOIGNE.

Dr. Gascoigne died at Black River, Jamaica West Indies, on the 4th of February, from apoplexy. The deceased was formerly a surgeon in the British Army, and was for a considerable period stationed in Montreal. On his leaving the army he began practice in Brockville, Ontario, where he remained for several years. He subsequently moved to Panama, and then to the West Indies, where he was appointed a District Medical Officer. He was possessed of marked ability, and was much esteemed by all who knew him.

DR. ARTHUR MOREN, HALIFAX, N.S.

This gentleman died suddenly, on the 27th of February, from hemorrhage. He was a graduate of Edinburgh (1860), and occupied a prominent place among the profession in Halifax. He had been for some time in poor health, yet seemed fairly strong, when we journeyed with him from Montreal to Ottawa, early last December, as member of the Deputation to Ottawa on Public Health matters. He was genial in his disposition and had made hosts of friends.

PERSONAL.

Dr. F. W. Campbell has been elected Dean of the Medical Faculty of the University of Bishop's College, *vice* the late Dr. A. H. David.

Dr. Kennedy has been elected Registrar of the Medical Faculty of the University of Bishop's College, *vice* Dr. Campbell elected Dean.

Dr. Kennedy, Professor of Midwifery Bishop's College, has so far recovered as to partially engage in professional work.

Dr. W. T. Neilson (McGill, 1878) has been appointed Health Officer at Winnipeg, Man.

Dr. H. H. Gardner (McGill, 1878) has removed to San Francisco from West Lyn, Man.

Dr. T. W. Mills (McGill, 1878) has been appointed Demonstrator on Physiology and Histology in McGill College. He left early in March for Europe, to be absent about six months.

Dr. H. E. Chandler (Bishop's, 1880) is practicing in Boston, Mass.

Dr. Wilson Fox has been appointed to fill the position of Physician in Ordinary to the Queen made vacant by the death of Sir Thomas Watson. Dr. Owen Rees succeeds Dr. Fox as Physician Extraordinary.

REVIEWS.

Note Book for Cases of Ovarian and other Abdominal Tumors. By Wm. H. HINGSTON, M.D., D.C.L., L.R.C.S. Edin., Surgeon to Hotel Dieu, Professor of Clinical Surgery Montreal School of Medicine, Consulting Surgeon to Women's Hospital, etc., etc. Dawson Brothers, Publishers, Montreal.

This is intended as an aid to memory in suggesting questions to the patient and to the attendant. Those relating to early history and treatment have necessarily no features of novelty; but those relating to diagnosis are gone into fully, if not exhaustively. It is in this direction that the pamphlet is most complete, and it is in this direction that difficulties are so often met with in practice. Errors in diagnosis are not so frequent now as formerly; but sometimes an unsuspected form of disease crops up to confuse and mislead. It is to this branch of the question Dr. Hingston has given special attention, and we cannot do better than quote the words of his preface:

"This Note-Book, though fuller than, will be found to resemble in many respects, that of Dr. Spencer Wells, to whom is due the credit of having first recommended the use of a separate pamphlet in each case. The order of arrangement in Dr. Hodge's excellent Note-Book has been followed. But I have added, under the head of Diagnosis chiefly, many important questions, not heretofore recorded, which will, it is hoped, aid the practitioner to avoid error by suggesting to him its possible sources."

The printing is in Lovell's best style, on thick paper, easily written upon. The wood cuts are by Walker, and do him credit.