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[No. 7.

Original Communications.

ON CERTAIN ANIMAL EXTRACTS: THEIR MODE OF PREPARATION AND PHYSIOLOGICAL AND THERAPEUTICAL EFFECTS.*

BY WILLIAM A. HAMMOND, M.D.,

Surgeon-General U.S. Army (retired), late Professor of Diseases of the Mind and Nervous system in the New York Post Graduate Medical School and Hospital.

Gentlemen,—I wish I could believe all the pleasant things that my friend, Professor Roosa, has, in the goodness of his heart, just said about me. There are two expressions of his, however, which I know to be true. First, I scarcely need any introduction here, for though I have been away from you for more than four years, I feel that I am, if only for an hour or so, back among my own people, and I experience something of the emotions of the captain who walks the quarter-deck of his ship. Second, I am one of the founders of this school. I shall always regard the fact as the most honourable of all the events of my professional life--the one in which I take the most pride. The excellence of the work done here by the faculty, and the phenomenal success that has

attended upon their labours, are circumstances of which they may well feel a justifiable elation, and in which emotion I claim the right to share.

But I am not here to day to speak of the triumphs of this school. I want to tell you of some of the work upon which I have been engaged since I left you, and the story will, I think, interest a body of physicians like yourselves, who come here to learn new facts, and thus to keep abreast with the progress of the age. You remember that about three and a half years ago, Dr. Brown-Sequard electrified the medical and non-professional world by announcing that the expressed juice of the testicles of the guinea-pig was an agent capable, when injected into the blood, of arresting, to some extent, the inroads of old age, and of curing certain diseases to which mankind is subject. I at once entered upon a series of investigations of the matter, some of the results of which are published in the *New York Medical Journal* for August 13th, 1889. I became convinced that we had in the juice of the organs in question, a means of acting upon the body in a manner and to an extent different from that of the effects of any other substance previously known to medical science.

But, though surprising in its action, I found that there were certain practical difficulties in the way of the fresh testicular juice ever becoming of general use in actual practice.

In the first place, it had to be used fresh, for

*A lecture delivered at the New York Post-Graduate Medical School and Hospital, January 16th, 1893.

if not, there was great danger of a putrefactive process being set up, and blood poisoning produced, and this was the result in several cases in which it was used in this country. In large cities there is almost an impossibility of getting the organs in question, immediately on their being removed from the animal.

Secondly, it was extremely difficult to filter the thick juice, even when diluted according to Brown-Sequard's directions. Filtering paper would not do, for the morphological constituents passed through, and an abscess was very liable to be produced at the point of injection. A porous stone filter absorbed the juice, and none of it came through, as there never was a sufficient quantity to saturate the stone and to pass through it. A large amount could not properly be made at one time, as it would not keep, so that it was necessary at every seance to prepare a fresh quantity.

After a time, therefore, during which I did my best with the fresh juice—using for this purpose the testicles of the ram, and creating several abscesses with febrile disturbance—I gave up this method, and turned my attention to preparing extracts, not only of the testicles, but of other organs of the body. It would be to some extent instructive to go over my failures, but I have not time for that. I can only, on this occasion, tell you of my success, and the conclusions I have arrived at in regard to the subject. And I shall mainly confine my remarks at present to the consideration of one extract, that of the brain, which, for convenience, I designate "cerebrine." I will merely say that I have prepared extracts also of the spinal cord, "medulline"; the testicles, "testine"; the ovaries, "ovarine"; the pancreas, "pancreatine"; the stomach, "gastrine"; and the heart, "cardine"; and that I am nearly ready to give to the profession the results of my observations with these substances. Of course, the kidneys and the liver being excretory organs, cannot properly be used for the purpose of making extracts to be introduced into the blood. Were we to use them in this manner, we should be putting back into the system poisons which it had eliminated, and hence would produce disaster, and, perhaps, even death.

The process of preparation of the extract of these several organs, while individually somewhat

different, does not materially vary from that used for the brain, which is as follows:

The whole brain of the ox, after being thoroughly washed in water acidulated with boric acid, is cut into small pieces in a mincing machine. To one thousand grammes of this substance placed in a wide-mouthed, glass-stoppered bottle, I add three thousand cubic centimetres of a mixture consisting of one thousand cubic centimetres each, of a saturated solution of boric acid in distilled water, pure glycerine, and absolute alcohol. This is allowed to stand in a cool place for, at least, six months, being well shaken or stirred two or three times a day. At the end of this time it is thrown upon a porous stone filter, through which it percolates very slowly, requiring about two weeks for entirely passing through. The residue remaining upon the filter is then enclosed in several layers of aseptic gauze, and subjected to a pressure of over a thousand pounds, the exudate being allowed to fall upon the filter, and mixed with a sufficient quantity of the filtrate to cover it. When it has entirely filtered, it is thoroughly mixed with the first filtrate, and the process is complete.

During the whole of this manipulation, the most rigid antiseptic precautions are taken. The vessels and instruments required are kept in boiling water for several minutes, and are then washed with a saturated solution of boric acid. Bacteria do not form in this mixture under any circumstances, but it is necessary to examine it from time to time microscopically, in order to see that no foreign bodies have accidentally entered. Occasionally, owing to causes which I have not determined, though I think it is due to variations in temperature, the liquid becomes slightly opalescent from the formation of a flocculent precipitate. It sometimes takes place in a portion of the extract kept under apparently identical conditions with other portions that remain perfectly clear. It can be entirely removed by filtration through Swedish filtering paper, previously sterilized, without the filtrate losing anything of its physiological or therapeutic power.

Five minims of this extract, diluted at the time of injection with a similar quantity of distilled water, constitute a hypodermic dose.

The most notable effects on the human system

of a single dose, are as follows, though in very strong, robust, and large persons, a somewhat larger dose is required, never, however, exceeding ten minims:

1. The pulse is increased in the course of from five to ten minutes, or even less in some cases, by about twenty beats in a minute, and is rendered stronger and fuller. At the same time, there is a feeling of distension in the head, the perspiration is largely increased, the face is slightly flushed, and occasionally there is a mild frontal, vertical, or occipital headache, or all combined, lasting, however, only a few minutes.

2. A feeling of exhilaration is experienced, which endures for several hours. During this period, the mind is more than usually active, and more capable of effort. This condition is so well marked that, if a dose be taken about bedtime, wakefulness is the result.

3. The quantity of urine excreted is increased, when other things are equal by from eight to twelve ounces in the twenty-four hours.

4. The expulsive force of the bladder, and the peristaltic action of the intestines are notably augmented, so much so that, in elderly persons in whom the bladder does not readily empty itself without considerable abdominal effort, this action is no longer required, the bladder discharging itself full and strongly, and any existing tendency to constipation disappears, and this to such an extent, that fluid operations are often produced from the rapid emptying of the small intestine.

5. A decided increase in the muscular strength and endurance is noticed at once. Thus I found, in my own case, that I could "put up" a dumb-bell, weighing forty-five pounds, fifteen times with the right arm, and thirteen times with the left arm, while, after a single dose of the extract, I could lift the weight forty-five times with the right arm, and thirty-seven times with the left arm.

6. In some cases in elderly persons, an increase in the power of vision is produced, and the presbyoptic condition disappears for a time.

7. An increase in the appetite and digestive power. Thus, a person suffering from anorexia and nervous dyspepsia is relieved of these symptoms, temporarily, at least, after a single dose hypodermically administered.

These effects are generally observed after one

hypodermic injection, and they continue for varying periods, some of them lasting for several days. In order that they may be more enduring, two doses a day should be given every day, or every alternate day, as may seem necessary—one in the morning and one in the afternoon, and kept up as long as the case under treatment seems to require. The most notable effects are seen in the general lessening of the phenomena accompanying advancing years. When some special disease is under treatment, the indications for a cessation of the injections will be sufficiently evident, either by an amelioration or cure.

To the substance obtained in this manner, and held in solution, I have given, as stated, the name of "cerebrine" as the one, in view of its origin, most appropriate.

I have employed the solution of "cerebrine" with curative effects, in many diseases of the brain and nervous system. It is almost specific in those cases of nervous prostration—the so-called neurasthenia—due to reflex causes, or excessive mental work, or persistent and powerful emotional disturbance, a hypodermic injection of five minims, twice daily, continued for two or three weeks, and without other medicine, being sufficient to produce cure. It has proved equally effectual in cases of cerebral congestion, in which the most prominent symptom was insomnia, sleep being produced usually in the course of two or three nights. I have also employed it successfully in migraine, hysteria, melancholia, hebephrenia—the mental derangement occurring in young people of either sex at the age of puberty—in old cases of paralysis, the result of cerebral hemorrhage. In neuralgia, sciatica, and in lumbago, it has acted like a charm, except in one case of facial neuralgia, in which it did not appear to be of the slightest service.

I have employed it in eleven cases of epilepsy. Three of these were of the *petit mal* variety; in two, the effect has been so marked, that I am not without the hope that cures will result, although I am not able, as yet, to speak positively on this point, the patients having been less than a month under treatment. In the other, no influence appeared to be produced.

Eight cases were of the *grand mal* variety. In two of these, the number of paroxysms has been reduced more than one-half, and greatly mitigated

in severity. In six other cases, which were of long duration, I could perceive no curative effects. In a case of general paresis, no therapeutical influence was apparent beyond that of arresting the delusions of grandeur for a few days. In a case of hebephrenia, however, occurring in the person of a young lady eighteen years of age, the effect has been most happy, the symptoms entirely disappearing in a little more than a month's treatment.

In several cases of nervous prostration, the result of long-continued emotional disturbance, and in which there were great mental irritability, dyspepsia, physical weakness, loss of appetite, and constipation, relief was rapidly afforded. In three other cases, in which the most notable symptom was functional cardiac weakness, the effect has been all that could have been desired. In these cases, it was employed in conjunction with "cardinē," the extract of the heart of the ox, made in the manner already described.

It is not my intention, at the present time, to bring before you all the points of this interesting subject, or to allude further to experiments in the treatment of other diseases, which are not yet concluded. In the near future I shall enter more largely into the consideration of the matter in all its details. I will only add now that I have used, with excellent results, in cases in which it seemed to be indicated, the extract of the testicles of the bull and also that of the pancreas of the ox, and these investigations also will be given to the profession at an early day. The first named of these—"testine"—I have found to be of the greatest efficacy in the treatment of sexual impotence, when it has been the result of venereal excesses, and in cases of too frequent nocturnal seminal emissions.

It has recently been alleged by some medical authorities, that there is no difference in the physiological or therapeutical action of medicines, whether they be introduced directly into the blood by hypodermic injections, or taken into the stomach, but it is scarcely worth while to seriously combat this assertion. For, while it may be true that some substances are not altered by the gastric juice before they are absorbed into the system, it certainly is not true of many others, and it surely is erroneous as regards those of animal

origin. Indeed it is, I think, doubtful if anything capable of being acted upon by the gastric juice, and of being absorbed into the blood, gets into the system in exactly the same form in which it got into the stomach. And I am very sure that all organic matters, without exception, undergo radical changes under the action of the gastric juice, in some cases amounting to decomposition and recomposition.

It is well known that Woorara, the virulent arrow poison used by the Indians of South America, and which is invariably fatal to animal life when injected into the blood, is innocuous when taken into the stomach, even in very large quantity. I have ascertained, by actual experiment, that the poison of the rattlesnake may be swallowed with impunity. During the course of my medical service in the army on the western plains, I have collected a large quantity of rattlesnake poison. A small fraction of a grain of this injected hypodermically, was sufficient to kill a dog in a very few minutes, while previously the same animal had been made to swallow half a drachm, without the production of any apparent result. Experiments made with the saliva of hydrophobic animals prove that it is rendered harmless by the action of the gastric juice. The vaccine virus may certainly be swallowed with impunity, as has been shown by repeated experiments upon animals.

Relative to the animal extracts to which I am now referring, I have ascertained beyond question that, if they are inclosed in capsules, so as to reach the stomach without coming in contact with the mucous membrane of the mouth, they are absolutely without physiological or therapeutical effect so far as can be perceived, even when given in quantities of a teaspoonful or more; but if dropped upon the tongue, in double the quantity used for hypodermic injection, and allowed to remain in the mouth without being swallowed—thus avoiding the action of the gastric juice—they are absorbed, and exert a slower but still decided effect, though nothing comparable to that produced when they are administered hypodermically.

Now, gentlemen, a few words in regard to the theory upon which these animal extracts exert these remarkable effects. I have thought a good deal upon the matter, and I think I have arrived at something like the truth. But, after all, a theory,

even when supported by indisputable facts, is not a matter of so much importance as the facts themselves. And it is better if you are sure of your facts, to have an erroneous theory than none at all. The one I am going to propose is, I think, in accordance with physiological law, and I believe that it will strike your minds as being based on common sense, and as being sufficient to account for the observed phenomena. Briefly stated, it is as follows:

Organic beings possess the power of assimilating from the nutritious matters they absorb, the peculiar pabulum which each organ of the body demands for its development and sustenance. The brain, for instance, selects that part which it requires; the heart, the material necessary for its growth and preservation, and so on, with the liver, the lungs, the muscles, and the various other organs of the body. No mistake is ever committed; the brain never takes liver nutriment, nor the liver brain nutriment, but each selects that which it requires. There are, however, diseased conditions of the various organs in which this power is lost or impaired, and, as a consequence, disturbance of function, or even death itself, is the result.

Now, if we can obtain the peculiar matter that an organ of the body requires, and inject it directly into the blood, we do away with the performance of many vital processes which are accomplished only by the expenditure of a large amount of vital force.

Let us suppose a person suffering from an exhausted brain, the result of excessive brain work. Three hearty meals are eaten every day, but no matter how judiciously the food may be arranged, the condition continues. Now, if we inject into that person's blood a concentrated extract of the brain of a healthy animal, we supply at once the pabulum which the organ requires. Then, if under this treatment the morbid symptoms disappear, we are justified in concluding that we have successfully aided Nature in doing that which, unassisted, she could not accomplish.

All this is applicable, not only to the brain, but certainly to the heart, the generative system, the spinal cord, and, I believe, other organs of the body. I have repeatedly seen a feeble heart rendered strong, the blood corpuscles increased in

number, and the colour of the blood deepened by the use of cardine, and I have many times seen an exhausted sexual system restored to its normal power by the use of testine, cerebrine, and medulline.

Such is the system, and yet I am not quite sure that it is entirely new. I recollect reading nearly forty years ago, an account of some observations made by, I think, a German physician, relative to the treatment of diseases of the several organs of the body by a system of diet, consisting of the corresponding organs of healthy animals. Thus, liver disease was treated by beef's liver, heart disease by beef's heart, brain disease by beef's brain, and so on. My memory seems to be clear on the main point, but I have searched in vain for the paper to which I refer. The fact, however, that the various foods in question were cooked, and were taken into the stomach, constitutes a great difference with the system which I am now discussing, both physiologically and therapeutically, and the results do not admit of comparison. The germ of the idea, however, is the same, and I cheerfully yield to my unknown proto-observer whatever distinction may be claimed on the score of priority.

And while I have been conducting my observations, others have been at work in the same direction, but their investigations do not seem to have led to any very definite results, or to have been systematically carried out. Generally, they have been performed with the fresh juice of the organs, and, although at first sight this method would appear to be preferable to any other, experience shows that it is, as I have said, not unattended with danger, and I have certainly ascertained that extracts made with glycerine and pressure, extemporaneously, are absolutely without effect, either physiologically or therapeutically.

And now, gentlemen, I commend this whole subject to your serious attention. I shall leave a quantity of cerebrine with Dr. Leszinsky for distribution among you. I only ask that you will communicate to me the results of your observations.

THE signs of the times indicate an early collapse, of the "gold-cure for drunkenness." One institution is already closed and more will surely follow.—*Ex.*

CASE OF MOLLUSCUM FIBROSUM.

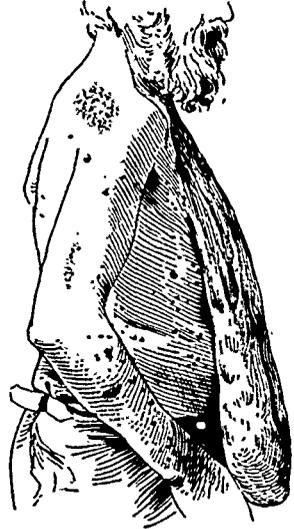
BY DR. H. R. ELLIOT, BRUCEFIELD, ONT.

Well marked cases of molluscum fibrosum are rare, and I thought the following case, which presents both the large and small growths, sufficiently interesting to report :

T. S—, farmer, aged 45, was noticed at birth to have distributed over his body a large number of small growths, varying in size from a pin-head to a small kernel of wheat, with the exception of one larger than the rest, situated over the right breast, and having the appearance of a small fold of skin about the size of a small bean.

When the patient was a few months of age, a physician was consulted, and the parents were advised to "let well alone." No other physician was again consulted until the patient came to me on the 3rd of March, 1890, complaining of a tumour, which, on account of its great weight, as well as on account of the disagreeable smell which arose from it, when he became heated in his work on the farm, was a source of inconvenience to him. On examination I found innumerable

dulous tumour hung down below the pubes, and as he carried it supported in his clothing, it gave him quite a corpulent appearance. It had gradually increased in size from birth, when it appeared as the above mentioned small fold of skin.



Its growth was slow during early life, but during the last ten years it had increased in size more rapidly. The skin covering it was rough and rugous and of a purplish colour. The other smaller growths are slowly increasing in size and minute ones continue to appear.

I removed the large growth with the knife. It was very vascular, being supplied with several large-sized arteries. The patient had no bad symptoms, and healing was completed at the end of two weeks, and he resumed his work on the farm during the third week. The tumour emptied of blood weighed ten pounds.

There has been no change in the cicatrix, now two years since removal. The patient is a married man and the father of seven children. Two of the children have shown peculiarities in the skin.

One, a girl, who died of croup when six months old, had a rough, thickened condition of the skin over the anterior surface of the chest.

Another, a boy, twelve years of age, has two small tumours on the right hip, which, in appearance and touch, are characteristic of the disease. The condition in both children was congenital.

The patient's mother was insane for a period of



growths varying in size from a pin-head to a walnut, distributed thickly over the trunk, sparingly over the head and extremities, but no region of the body was exempt.

From the right mammary region, a large pen-

five years, immediately preceding her death, in her seventy-second year. His father is living and healthy, aged eighty-six years.

The patient himself is of average intelligence, and enjoys excellent health. Nothing in the personal or family history otherwise bears upon the case.

OSTEO-CHONDROMA OF THE HAND.*

BY EDMUND E. KING, M.D., L.R.C.P. LOND.,

Surgeon to St. Michael's Hospital; Physician to House of Providence and Home for Incurables.

Mr. President and Gentlemen,—The case to which I wish to draw your attention this evening is one that, while it cannot be looked upon as exceedingly rare, is not by any means common. It is the first case of the kind I have seen outside the anatomical museums. Its size will certainly allow it to stand amongst the best specimens we have of the enchondroma or osteo-chondroma (for both names are used) of the hand. If the tumour be named from the preponderance of one tissue, and from its point of origin, we would say enchondroma; but should we take into consideration the bony development, and the manner in which this development takes place, at isolated spots throughout the tumour and at the borders, just as in normal bone formation, then osteo-chondroma or ossifying chondroma is proper. This is the term which I adopt.

David B., age 22, single.

Family history. No growths of similar kind have ever been known in the family.

Previous history. Good. No illness except measles in early childhood.

History of present condition. When about six years of age, small nodules were noticed on his fingers and on the back of the hand, his mother says in the location of the present larger ones; these were not painful nor sensitive, movement of the hand and fingers were not affected. His mother also says that he was in the habit of crying when this hand was washed; but, from childhood's experience, we should not lay too much stress on this. When about seven years of age, his hand was stepped on by a grown person, which is the

nearest approach to injury that I can find in his history. The growth was slow and gradual, although some tumours grew more rapidly than others. The growth on the second finger has been frequently bruised by a hammer blow, without causing pain; it would bleed freely, but the hæmorrhage was easily controlled. The tumour on the second metacarpal bone was the one of most rapid growth, but during the last two years it seemed to decrease in size.



Present condition. The fourth finger and thumb are free from growths. The first finger has one, on the inner side of third phalanx, about one inch wide, an inch and a half long, and raised nearly three quarters of an inch from surface of the bone. The terminal phalanges of second and third fingers are free; the rest are all implicated. The second, third, and fourth metacarpal bones are seats of growth, that on the second metacarpal being the largest, while the os magnum and unciform bones of the carpus are affected. The first and fourth fingers have good movement, but extension is not complete in the fourth, owing to the tumour on the fourth metacarpal affecting the tendon of the extensor muscles. The extensor movement of second and third fingers is entirely gone. There is no impairment of the flexor muscles, and the patient has strength enough in the terminal phalanges of the second and third fingers to hold a pailful of water.

On May 7th, I operated—assisted by Drs. W. Lehmann, W. H. B. Aikins, and John Caven—removing the second and third fingers, metacarpal bones, and part of the os magnum and unciform bones. I made a dorsal incision, and dissected back a flap, disarticulating the lateral metacarpal articulations, cut through the wrist bones with a chisel; then, dissecting close to the bone on the palmar surface, made the second flap without wounding the palmar arch. I also removed

*Read before the Toronto Clinical Society.

part of the growth on the first finger, leaving a groove for the extensor tendon to work in. A considerable hæmorrhage occurred from the cut bones and the surrounding tissues, but it was controlled by ligation of the vessels that could be picked up, and the oozing by hot water. The flaps were brought together as well as possible, and the wound dressed with iodiform crystals and gauze. Recovery was uninterrupted; but owing to the fact that a large cavity had to fill with granulations healing was not completed until June 3rd. The result I show you in this photograph, taken a few weeks ago :



The tumour and fingers removed weighed two pounds five ounces.

The chondromata are of two sources of origin—either peripheral, from the outer layers of the bone and fibrous layer of the periosteum, or central, from the medullary canal. When central, the whole bone enlarges with regularity in all directions of its circumference, but when peripheral, only outward from the seat of origin. The central variety is mostly found in the long bones. Sometimes these tumours coalesce, and form one large mass (Paget). This can be seen in this specimen, but the tumours of different fingers did not coalesce—only those of the same finger. The skin rarely ulcerates from pressure; but in one case, the history of which I have, a large ulcerating surface was seen on one of the larger tumours. The disease occurs in the early period of life, and is more frequent in boys than girls. I should attribute the size to which these tumours attain, to the little inconvenience they cause, apart from their bulk and unsightliness.

The predilection of the disease is for the hand. Councilman says that fifty per cent. occur on the hands and the feet, and on the hand five times as often as on the feet. The thumb is much less

frequently affected than any other part of the hand; the remaining parts are about equally often affected. Paget thinks that in the majority, if not in all of the cases, the tumour is of the central variety—*enchondroma* proper—that is, within the bone; but these tumours of the phalanges here shown, appear to be of the peripheral variety, or else we should expect to have a symmetrical enlargement, as much on the palmar surface as on the dorsal. We can see how the fibres of the extensor tendon and the periosteum have been stretched and spread out like a fan; how they have indented and impressed the tumour into ridges where the greater resistance has been. But, on looking at the palmar side, we see that the flexor tendons are working in a perfect manner; although a part of the tumour has surrounded them, it has not caused pressure behind sufficient to destroy their usefulness. This may be explained by the manner in which the flexor tendons pass through one another, divide, and unite again, and are bound to the joint by the fibrous aponeurosis; but still, if the tumour was central, I should expect to see these tendons, like the extensors, stretched and distorted out of all shape. The patient presented himself about six weeks ago to see if I would remove the growth on the fifth metacarpal, believing that its removal might give more extensor movement to the little finger. Although since the partial removal of the growth from the first finger, it has steadily decreased in size, yet I would not decide to operate further until, at least, a year has elapsed.

SYMPHYSIOTOMY—A RESUMÉ.*

BY ALBERT A. MACDONALD, M.D., TORONTO.

To Dr. R. P. Harris, of Philadelphia, we may give credit for having aroused attention on this continent to the value of pubic section for the purpose of aiding delivery in certain cases of labour impeded by contracted pelvis.

Ten years ago he published a paper in which he gave full historical records of the earlier operations, but it was his paper entitled "The Remarkable Results of Antiseptic Symphysiotomy," read (Sept. 20, 1892) at the seventeenth annual meeting of the

* Read at a meeting of Toronto Clinical Society, February 8th, 1893.

American Gynæcological Society, which aroused an amount of interest and enthusiasm on this side of the Atlantic which bids fair to outstrip the enthusiastic manner in which the operation was taken up by its earliest advocates.

Pinard, A. (writing February, 1892, *Annales de Gyn.*), says: "At the present time, in cases where the pelvis is too contracted to allow of the expulsion of the foetus through the natural channels, we are obliged to choose between craniotomy and Cæsarean section. When the child is dead, the choice is simple, but when living it becomes necessary to decide between an operation which saves the mother's life, at the expense of the child, and one which saves the child but endangers the life of the mother."

He expressed the belief that it would not always be necessary to make this painful decision, but that a revival of the operation of symphysiotomy, as first practised by Sigault in 1777, would offer a ready solution of the question.

It is from his writing, from the article by Dr. R. T. Harris above-named, and from a few other sources, that I have gleaned the information which I present here.

Closely following upon Dr. Harris' paper of September 20, 1892, we have the reports of cases by Dr. Jewett, of Brooklyn, Dr. Barton Cooke Hirst, of Philadelphia, Dr. Springle, of Montreal, and others, and now almost every journal published in the United States and Canada has some reference to the operation, and new cases are recorded from time to time. Some of these cases will be referred to, as the subject is ripe for discussion, though we in Canada may go a long time before finding a case in which the operation may be demanded. We do not meet with the cases of rickety and deformed pelvis which are quite common in the old and crowded countries. Canadian women are stronger and better developed, and there are not many who will measure less than three inches in the antero posterior pelvic diameter.

I may say that in a practice of over twenty years in this country, I have yet to meet with the case in which delivery (instrumental) could not be effected with perfect safety to the mother.

It is not so with the child, for I can call to mind a few tough forceps deliveries in which, though after prolonged effort the delivery was effected, the

child was dead from pressure. In such cases, if the percentage of successful cases keeps up to its present rate, we may be justified in cutting open the pubic joint, in order to aid our efforts with the forceps.

But time will tell whether the operation will retain the high place to which it has now attained. We may press on, as they did in 1777, to an extent which will bring the operation into disrepute. Then, those who became too enthusiastic misapplied the operation, produced bad results, and soon brought it into disrepute, making for it many bitter opponents. The deaths then seem to have been chiefly due to sepsis, a danger which becomes less as modern surgical methods become better understood and more thoroughly applied.

In Europe, in 1778, eleven operations were reported. A gradual decline in the number of operations took place, so that it took nineteen years to produce eleven more recorded cases. "From July 25th, 1858, to February 14th, 1865, there was not a recorded case." Professor C. Belluzi, of Bologna, next reported two unsuccessful cases. In one of these the conjugate was $2\frac{3}{4}$ in., whilst in the other it was 3-16 in.

In January, 1866, Professor Morisani operated on a woman whose conjugate was 3-16 in., saving both mother and child. He became a strong advocate of the operation.

The Roman Catholic Church was and is strongly opposed to the sacrifice of an unbaptized child, and for that reason it greatly favoured an operation which would save both mother and child.

Though forceps delivery may be effected through a pelvis where the conjugate is even less than some of those mentioned, craniotomies have been done in just such cases. Dr. Wm. Jones gives a list of three cases of cephalotripsy where the conjugate was $3\frac{3}{4}$ in. with one death, and a further report of seven with $3\frac{3}{4}$ to $3\frac{1}{4}$ conjugates with one death.

Even as those early days pubic section gave a better result for the mother, whilst it offered the additional advantage of saving most of the children.

Coming down to our own time, we find that in 1881, fifty pubic sections were reported, with a loss of twenty per cent. of the women. In 1886, another report appeared, showing a greater rate of mortality, but the operations were done by a number of

different men, some of whom had not the necessary skill either in pelvimetry or in operating. Since these reports, Dr. Harris has shown (Sept. 20, 1892) that thirteen operators have delivered forty women under the operation since January 1, 1886, with the loss of but one woman. Six of the women endured two operations with entire success, and thirty-five out of forty children were saved.

He brings these cases into sharp contrast with the first forty cases, 1777 to 1804, in which fifteen women were lost and only twelve children saved.

The results in the second forty cases were about the same as in the first. He also mentions that within the last year there were twenty-six cases without any maternal death, and with perfect healing of the wound. That the improved results are due to perfect antiseptic precautions there cannot be a doubt, as some of the cases seem to have been of extreme severity.

One such is reported by Dr. Michael, of Baltimore. His measurements are not given, but he states that the head was large, with no possibility of engagement. Labour commenced on the morning of October 23rd. He operated on the morning of the 24th, when the os was still small, and most of the amniotic fluid had escaped; the fœtus was suffering from pressure. He incised down to the symphysis, and separated the attachments of the recti muscles for half an inch on either side. The finger was passed down behind the symphysis until it projected below. The soft parts were incised from the outside below, down to the finger tip; an ordinary curved, probe-pointed bistoury was passed behind the joint and the cartilage severed.

The amount of pubic separation was $2\frac{7}{8}$ inches. Forceps delivery followed. The cervix was lacerated into the vaginal vault, the anterior vaginal vault into the operation wound, and the perinæum to the verge of the anus. The lacerations were repaired at once with catgut, the wound of the symphysis sewed with gut, the deeper stitches including the pubic ligaments. Antiseptic dressing applied. Broad strips of adhesive plaster encircled the hips, and these, with a firmly applied bandage, kept the parts in position.

Her recovery was complete and uneventful; by the twelfth day she could walk well and firmly. This seems to have been a case of such unusual severity that the question arises as to whether it

might not have been better to do a Cæsarean section, but the result was complete, and perhaps that is the best answer to any doubt which we might have.

Some authors advise a slight difference in the technique of the operation. After thorough cleansing of the parts, and after cutting the recti muscles sufficiently to allow the left forefinger to pass down under the symphysis from above, Galbiati's knife (a stout, curved, probe-pointed bistoury, which I here show you) is passed down, using the finger as a guide. The joint is then cut upward and outward; a metal sound is passed previously by an assistant into the urethra, which is held to one side to avoid its injury.

As soon as the joint has been severed, the wound should be covered with antiseptic gauze. Delivery may be effected by forceps or by nature, as the case may require. Care should be taken that there is not be too much separation. Dr. Jewett's case was the first on this continent. Ten days after, Dr. Harris read his paper. In this case the impediment to delivery was caused by an approximation of the ischiac tuberosities reducing the bischiac diameter to three inches. The forceps had been vigorously used in vain.

Pubic section was performed eleven and a half hours after impaction of the head at the outlet. Delivery was effected by supra-pubic pressure and the aid of the fingers in the rectum. The woman made a good recovery, but the child died in twenty-four hours.

On October 12, 1892, Dr. Barton Cooke Hirst reported the second case on this continent to the Philadelphia County Medical Society. The conj. vera $7\frac{3}{4}$ cm. The patient was in labour from Saturday morning, October 1st, to Monday morning, when the head was still above the superior strait. Membranes unruptured. The head could not be made to enter the pelvis. After pubic section, delivery was slowly accomplished by forceps. Mother and child doing well.

Dr. Wm. T. Lusk recently performed a symphyiotomy on a patient brought into the Emergency Hospital, New York, after having been thirty hours in labour without any result, except lacerations of the cervix and vagina by the physician who attempted a forceps delivery before she was removed to the hospital. In this case the condi-

tion of the woman was so extreme that a Cæsarean section could not be thought of, and the choice of operation lay between craniotomy and pubic section. The latter was adopted, and both mother and child were doing well when reported.—*Medical Age, January 25, 1893.*

Before leaving the subject for your discussion, I must say a few words as to the conditions in which it may reasonably be applied. To what extent can separation safely take place? Pinard gives six centimetres as being the average degree of separation without injury to the anterior sacro-iliac ligaments. F. Caruso, of Naples, states that in his two operations $8\frac{1}{2}$ and 9 centimetres ($3\frac{5}{16}$ th and $3\frac{9}{16}$ in.) of separation occurred.

In one case there was a conjugate of $2\frac{3}{4}$ in. A male child was delivered having a biparietal diameter of $3\frac{9}{16}$ th in. Is the operation a practical one for all accoucheurs?

Most of the authors whose writings I have consulted, agree that though the operation itself is comparatively easy, it should only be employed after due consultation with those who are capable of making accurate pelvic measurements.

I am afraid in that case many of us would fall short. With a woman in labour, it is not so easy to be mathematically correct. Morisani gives $2\frac{3}{8}$ in. as the minimum conjugate through which delivery can be effected by this operation, but the majority of those included in Dr. Harris' tabulated statement of forty-four cases vary between $2\frac{3}{8}$ in. and $3\frac{13}{16}$ th in.

I have already quoted enough to show that the results are more favourable than can be obtained by the most skilful operators in Cæsarean section. There is not a case reported in which there has been non-union of the pubes or lameness following.

Though we are not likely in Canada to meet with many cases demanding the operation, and we are less likely to require it as obstetricians appreciate more the value of premature delivery in cases of contraction, it is well to be ready always, and I shall be pleased if, by helping to draw your attention to this subject, I may indirectly aid in saving a child that might otherwise be sacrificed to craniotomy.

A quarantine bill passed the United States Senate on the 10th of January. \$1,000,000 is appropriated to carry its provisions into effect.

Clinical Lecture.

CLINICAL LECTURE ON COCAINE IN SURGERY.

BY DR. P. RECLUS.

Professor Agregé at the Medical Faculty of Paris : Surgeon to the Paris Hospitals.

I have been asked by several medical men, who attend my hospital practice, for precise indications with regard to the method of cocaine injection I employ in my operations. In compliance with their desire, I have selected this subject for my first lecture in this hospital, where I spent a long time as house-surgeon to such men of eminence as Broca, Trelat, Labbe and Verneuil.

The strength of the solution is perhaps the point on which the safety of the operation most depends. Cocaine is generally used in five, ten and even twenty per cent. solutions. Too strong a protest cannot be raised against such an abuse. From a careful examination of the accidents which have been recorded from the administration of cocaine, I am satisfied that the strength of the solution plays at least as important a part as the dose injected. I would much rather inject twenty centigrammes (three grains) of cocaine in the form of a one per cent. solution than ten centigrammes (one and a half grain) in a twenty per cent. solution. I am not prepared to give a physiological explanation of this variation produced in the effect of cocaine by dilution, but I assert that such a difference does exist, and I conclude, therefore, that cocaine should only be injected in one and two per cent. solutions, the two per cent. solution is to be used in minor surgical operations, and the injection of two or three hypodermic syringefuls will then suffice to produce the desired effect; the one per cent. solution is to be reserved for operations requiring more elaborate dissection, when four, six, ten or fifteen syringefuls are required to render the part sufficiently anæsthetic.

A syringeful of the two per cent. solution contains two centigrammes (one-third grain) of cocaine in one gramme (fifteen minims) of fluid while the same quantity of the one per cent. solution represents one centigramme (one-sixth grain) of alkaloid. The dose of cocaine injected can, therefore, be accurately measured. It should on no occasion

reach twenty centigrammes (three grains), for twenty-two centigrammes (three and two-thirds grains) have caused death. The strength of the solution used in this particular instance was not given, but I fancy it must have been a concentrated one. However, I do not mean to argue the point, I simply take the fact as I find it, and I maintain that in order to avoid all danger, the total quantity of one per cent. solution injected should on no account be such as to represent twenty centigrammes of cocaine. This is of little consequence, however, for it is very seldom that it is found necessary to inject more than fifteen centigrammes (two and a half grains) of cocaine. For my own part, I have never injected more than seventeen centigrammes (a little under three grains), a dose which is perfectly consistent with safety, even in such important operations as amputation of the fore-arm, wiring of the patella or laparotomy. Therefore, to recapitulate, one and two per cent. solutions should alone be used, and the dose of cocaine injected should not be larger than from fifteen to twenty centigrammes (two and a half to three grains). The degree of anæsthesia produced in this way is quite sufficient even for severe operations. The operation should always be performed with the patient in the recumbent posture. In this way syncope, which is of such frequent occurrence in dental practice, is almost certainly avoided.

As regards the injection itself, let us take as an illustration a simple case, for example, the removal of a subcutaneous tumour, lipoma or sebaceous cyst. Having decided upon the exact site and length of the incision to be made, I plunge the needle at the point where I mean to enter the knife. If the needle has penetrated to the subcutaneous cellular tissue, it is withdrawn a little until the point is again in the true skin. A few drops of the solution are then injected, the injection being followed by a slight swelling of the skin, and from that time the pain should completely disappear. If the patient complains of pain, it is the surgeon's fault. The needle must be introduced slowly, and as the cocaine is gradually injected as the needle travels in the thickness of the corium, all sensibility has already disappeared from the tissues when the needle passes through them. The needle must not pass deeper than the true skin, and in

this the surgeon is guided by the swelling produced by the fluid and by the resistance encountered by the point of the needle. The disappearance of this feeling of resistance indicates that the needle has passed into the loose subcutaneous tissue. It should then be withdrawn until the resistance is again felt. The true skin is so thin in the eyelids and prepuce that it is difficult to keep the point of the needle therein, but this is of little consequence in operations on these parts, for the tissues are rapidly permeated by the cocaine solution.

If the needle is too short to be carried at once along the whole line of the future incision, it is taken out, the syringe is refilled if necessary, and the needle introduced again at a point a little above that which it had previously reached, and where the skin is now completely anæsthetized. I may be excused if I insist on the necessity of injecting the fluid gradually, and, as far as possible, without removing the needle instead of by a series of punctures. In this way the patient complains of no pain except when the needle is first introduced, the cocaine solution is equally distributed throughout the tissues, and the degree of anæsthesia is the same all along the line of injection. Lastly, and this is important, the risk of injecting a large quantity of cocaine into a vein is avoided, for since the solution is continuously injected as the needle travels in the substance of the corium, even if a vein is punctured, the needle soon passes through it, and the dose of cocaine, which finds its way directly into the circulation, is then too small to give rise to any accident. Such a danger is not, it is true, to be apprehended in the case of the skin, which contains no large blood vessels, but the injection should be performed with the greatest care in such parts as the lips, tongue, cervix uteri, anus, and in certain forms of nævi. Hence, I am in the habit in these cases of first introducing the needle as far as it will go, and of injecting the fluid as the needle is withdrawn; the piston is driven home as the needle is drawn out of the part.

When the injection is completed, I allow three or four minutes to elapse if the two per cent. solution is used, and five or six if the one per cent. solution is the one employed. During that time the part is shaved and bathed first in hot water, then in ether, alcohol and corrosive lotion. The

next step is the incision. The greatest care is required in carrying the knife exactly along the tract of the needle, and to keep in the centre of the anæsthetized area, which is often not more than one centimetre (two-fifths inch) in width. The parts are sometimes displaced by the hands of assistants, and I have seen more than one case in which the patient complained of pain because the surgeon had entered his knife on one or the other side of the part anæsthetized. Hence all manoeuvres likely to alter the relations of the parts are to be avoided, and if the operator is not sure of recognizing the line of the injection by the slight whitish or pinkish ridge on the skin and the points of puncture, the incision should first be marked on the part with tincture of iodine. When these precautions are taken, the operation is absolutely painless. The patient feels the contact of the instrument, but no pain. In fact, it is really not anæsthesia but analgesia.

For the radical cure of an inguinal hernia of medium size, a tract of skin from six to eight centimetres (between two and three inches) in length is rendered anæsthetic, the injection of three or four syringefuls of the one per cent. solution being sufficient for that purpose. An incision is made down to the aponeurosis of the external oblique. The external abdominal ring and the hernial sac having been exposed, the hypodermic needle is introduced under the aponeurosis of the external oblique, and into the adjacent muscles, which are in their turn rendered anæsthetic, they are then divided as far as the internal ring. The sac is carefully dissected from the surrounding parts with the scissors to avoid injuring the adherent spermatic vessels and vas deferens. If adhesions are found, division of which gives rise to pain, a little more cocaine is injected and pain at once disappears. When the sac has been separated as high up as possible, one or two syringefuls of cocaine solution are injected into it before it is opened in order to produce anæsthesia of the peritonæum and of the contents of the sac. The latter is then opened and the hernia reduced, the reduction is not attended with colicky pains, as it would if no anæsthetic were used. The sac is tied very high up and cut off. The muscles and the aponeurosis of the external oblique are successively sutured in such a way as to obliterate the

inguinal canal, and to restore the strength of that part of the abdominal wall. As a last step in the operation, the external wound is closed.

The dose of cocaine injected depends on the length of the incision, the degree of obesity of the patient, the size of the sac and the amount of adhesion to adjacent parts, to the intestine and omentum. In a recent case of this kind I obtained the desired effect with only three injections of the one per cent. solution, but in other cases I have had to inject as many as fifteen centigrammes (two and a half grains). As a general rule, from seven to nine centigrammes (about one to one and a half grains) are amply sufficient to produce complete anæsthesia.

The parts remain anæsthetic throughout the operation, and the stitching of the wound seldom gives rise to any pain, although it may not be done until half an hour after the first injection. In one case where I had to open several diverticula before I could reduce the hernia, the operation lasted an hour, and yet the patient complained of no pain when the external wound was closed, although he could feel the needle pass through the tissues. I have never had occasion to repeat the application of cocaine, even in the most prolonged operations.

The operation for the radical cure of hydrocele has many points in common with that just described. A band of skin over the anterior aspect of the distended scrotum is rendered anæsthetic with three injections of cocaine. The coverings of the testicle are divided until the tunica vaginalis is exposed. This is carefully separated from the surrounding parts as far back as the epididymis. The fluid is drawn off, and one or two syringefuls of cocaine solution are injected into the cavity and shaken about in it. When the serous membrane is completely anæsthetized, it is cut away, enough being left in position to form a new tunica vaginalis. For this purpose, after resection of a portion of the sac, the edges of the cut are brought together by means of a few silk sutures. Some surgeons prefer Bergmann's method, which consists in total excision of the tunica vaginalis inclusive of the digital fossa, which can be easily dissected off. All that now remains to be done is to replace the testicle in the scrotum, and after ligaturing the few vessels which have been divided, to close the

wound in the scrotum. Cysts of the epididymis are dealt with in the same way.

The operation for excision of the testicle is just as simple. In this case the injections are made along a looped line, forming a figure somewhat like a tennis-racket. It begins at the external abdominal ring, runs circularly round the part of the scrotum to be opened, and then back again to the external ring. As the skin of the scrotum is very mobile, it is of the greatest importance to follow the tract of the needle with the greatest care so as not to carry the knife outside the anæsthetic area. The testicle is carefully isolated until it hangs freely from the end of the cord. A syringeful of one per cent. solution is injected into the latter at the point where it emerges from the inguinal canal. It is then tied at this level, or a little higher up, and divided. The presence of the large spermatic plexus of veins renders the injection of cocaine into the cord a rather delicate operation owing to the danger of injecting the alkaloid directly into the blood stream. To avoid this, I am in the habit of spreading the cord on my finger, and of introducing the needle at once as far as it will go; the fluid is then injected as the needle is being withdrawn. After removal of the gland the cut vessels are tied and the scrotal wound is closed.

Dilatation of the anus is a more complex operation for here we have to anæsthetize the mucous membrane and the sphincter. A plug of cotton-wool soaked in two per cent. cocaine solution is introduced into the rectum. Six injections are made round the anal orifice into the substance of the sphincter itself. The injections are made in different places; this operation is, therefore, more painful than those already described, in which the patient only feels the first puncture. As we are here dealing with a very vascular region, the whole of the needle is, in this case also, introduced at once, and the fluid injected as the needle is being withdrawn. A syringeful is injected each time. The one per cent. solution should be used, in which case a total of six centigrammes (one grain) of cocaine is injected into the sphincter. This is important, for in this case the whole of the cocaine is absorbed, whereas in the operations I have already described part of it escapes with the blood. It is essential, therefore, to exercise the greatest care in the use of cocaine in such a case. For my part, I have

never exceeded the dose of six centigrammes, which is quite sufficient for our purpose, and after three or four minutes, I was enabled to introduce Trelat's speculum and to dilate the sphincter without causing any pain to the patient. I have now successfully performed this operation more than forty times under cocaine anæsthesia.

When hæmorrhoids are present the operation is not rendered more complicated by their removal. The mass is seized with forceps, and half a syringeful of the one per cent. solution is injected at its base with the most infinite precautions owing to the great vascularity of the part. When anæsthesia has been produced, the pile is cut away with the scissors and the mucous membrane brought down and stitched to the skin at the margin of the anus. There is complete union in a few days. I feel justified in recommending this operation, which I have myself performed twenty-seven times with complete success, and I have never met with a relapse in these cases as I have after simple dilatation.

Amputations of the fingers and toes, of metacarpal and metatarsal bones, operations for hammer-toes, and for alterations in the first metatarso-phalangeal joint can very well be performed under cocaine. But after rendering the skin anæsthetic along the line of the future incision, some of the solution should be injected under the periosteum at the point where the bone is to be sawn through. The amputation is then perfectly painless. We have gone still further, for we have succeeded in amputating the fore-arm by this method without any pain to the patient, and the total dose of cocaine injected in the form of the one per cent. solution did not exceed fifteen centigrammes (two and a half grains). The fluid was injected into the skin along the lines of incision, into the muscles of the front and into those of the back of the fore-arm, and also into the three main nerves of the part, which had previously been exposed. Lastly, cocaine was injected under the periosteum of the radius and ulna. It was only under very special circumstances that we decided to make use of cocaine in such a serious operation, and one which, in my opinion, should not as a rule be performed except under chloroform. In this case the patient was exhausted by prolonged and extensive suppuration, and he was eighty-three years of age. I have long ago been able to convince myself of the

fact that cocaine is better, or less badly, borne than chloroform by cachectic and debilitated patients.

Cocaine and chloroform have each their own indications. I consider that cocaine is not to be used in extensive operations, and those the limits of which are not very well-defined from the outset. Whereas, on the one hand, it seems to me to be indicated in excision of subcutaneous tumours, the opening of abscesses, ingrowing nails, amputations and excision of the phalanges or of the metacarpal bones, in kelotomy, the operation for the radical cure of hernia and hydrocele, in dilatation of the anus, circumcision and castration, in abscesses and hydatid cysts of the liver, and in the formation of an artificial anus; I believe, on the other hand, that chloroform should be preferred in the surgery of the uterus and abdomen generally.—*The Medical Week, Paris, Jan. 27th.*

Selections.

LARYNGEAL SYPHILIS IN CHILDHOOD.—Dr. Hermann Strauss (*Archiv für Kinderheilkunde*) says syphilis of the larynx occurs in general in probably from three to six per cent. of all cases of syphilis. In childhood laryngeal syphilis seems very rare. Some of the reasons for this may be that laryngeal examinations in early childhood, being very difficult, are often not undertaken; the laryngeal symptoms may be very slight, and syphilitic ulcerations show such a tendency to spontaneous healing that, if other syphilitic manifestations are present, the laryngeal ulcers may heal without being diagnosed. The writer reports three cases, in all of which the epiglottis was much swollen, in one ulcerated. In one case there was a large ulceration on the posterior laryngeal wall. He cites fourteen cases reported by others, and divides the cases into those in which the appearances of syphilis were present in the first months of life, and those in which they were absent. Only one case could be proved to be hereditary. In these cases changes were seen in the epiglottis, the ary-epiglottis folds, and the posterior laryngeal wall. Characteristic for this affection is: (1) The seat of the process; preponderating in the epiglottis, having in general the appearance of a perichondritis with relatively frequent necrosis of the carti-

lage. The ventricular bands are not rarely affected. (2) The preference which the process shows for appearing in a papillary form, if not in the form of a simple swelling. In only two of the cases were ulcerative or cicatricial processes wanting on the pharynx or palate. In one of these there were extensive changes in the epiglottis. In another case ulceration of the uvula appeared only after extensive changes in the epiglottis. The disease is more rapid and prognosis worse than in adults: Laryngeal examination is important for diagnosis. The cases seem to yield readily to specific treatment.—*International Medical Magazine.*

A SIMPLE METHOD FOR THE DETECTION OF TUBERCLE BACILLI IN THE SPUTUM.—Dr. P. Kaufmann, of Cairo, (*Centralbl. für Bakteriologie u. Parasitenkunde*), suggests, as a simple substitute for the acids used in the differentiation of the tubercle bacilli in the ordinary methods of staining, boiling water, or water of the temperature of 98° or 99° C. He suggests that the sputum be spread as usual upon a cover-glass, dried, and fixed over the flame or in alcohol, and then stained in warm carbol-fuchsin in the accepted manner. Instead, however, of exposing the preparation next to the action of some acid, the author would gently pass the cover-glass to and fro through hot water until but a faint rosy tinge remains. The tubercle bacilli retain their stain for about five minutes in hot water, and as a rule the exposure of the preparation to the water should not exceed three minutes; generally speaking, one or two minutes suffice. The preparation may be at once placed under the microscope for examination, or may be counter-stained by the usual methods.—*International Medical Magazine.*

EXPERIENCES RELATIVE TO THE EXPLORATORY PUNCTURE AND EXPLORATORY IRRIGATION OF THE ANTRUM OF HIGHMORE.—Prof. O. Chiari (*Revue de Laryngol. et Otol.*) says that washing out the antrum through the ostium maxillare gave a positive result in only one case. In many others pus was not discovered, although afterwards found by injection through an artificial opening, the tube evidently having entirely obstructed the ostium. In other cases it was impossible to penetrate the opening at all, because it was either too narrow or in an

unfavourable situation. Enlarging the opening by galvano-cautery, or removing a part of the middle turbinated seem too severe operations for mere diagnostic purposes. The writer has employed exploratory puncture under the lower turbinated with a relatively strong steel needle twelve times. The puncture failed six times on account of the thickness of the bony wall. He has also tried injection of fluid through a hollow needle introduced in this manner. For about a year he has used for this purpose a straight hollow needle with a bevelled point. This method has been tried in six cases. In only one was it impossible to perforate the bony wall. This method of injecting fluid is preferred to simple exploratory puncture as a diagnostic measure in cases where the pus may be very thick or very small in amount. It is also useful in treatment. Under antiseptic precautions the reaction is insignificant in both methods. If this method is unsuccessful, the writer resorts to puncture and exploratory irrigation through the alveolar process.—*International Medical Magazine.*

SEROUS ABSCESSSES.—(*Revue de Chirurgie*). By Dr. E. Nicaise. By the term "serous abscess" Nicaise would designate those curious collections of serous fluid which occur especially under the periosteum (more commonly known as "albuminous periostitis") and similar collections elsewhere, in the cellular planes under the skin, for instance. He believes that they are like ordinary abscesses, true inflammatory processes, due to bacterial irritation, but for some reason, either attenuation of the virus or unusual resistance of the tissues, unaccompanied by the production of leucocytes. The fluid may be pure serum, or may be sticky by admixture of mucin. He regards them as analogous to the blebs often formed in the epithelial layers of the skin, a comparison, by the way, which would be happier if there were not such a great difference between the epithelial and connective tissues in many biological aspects. Their course may be acute or chronic, the latter form being claimed by some as due to an absorption or solution of the cell elements of the pus in a cold abscess, a transformation which Nicaise does not deny, but considers rarer than the serous abscess. These abscesses appear to be most common in connection with tubercular osteomyelitis.—*Inter. Med. Magazine.*

PRIMARY UNCOMPLICATED TUBERCULOUS PERICARDITIS.—Virchow (*Berl. klin. Woch.*) recently related a case of this very rare affection at a meeting of the Berlin Medical Society. The patient, a man aged forty-nine, had taken cold eight weeks previously, having till then been in perfect health. When brought three weeks afterwards to the Salzwedel Hospital, there were signs of fluid in the pericardium, with ascites, effusion into both pleural cavities, and œdema of the legs. No fever was present, and but little dyspnoea. The necropsy showed considerable serous effusion into the peritoneal as well as into both pleural cavities, and the pericardium was filled with a large quantity of dark thin hæmorrhagic exudation. The other organs were normal. The patient was an unusually strong man, without any indication of carcinomatous, tuberculous, or kidney disease: nor had he suffered from acute rheumatism, or any infectious disorder. Virchow showed the heart and pericardium. The former exhibited notable general hypertrophy, while the pericardium was much distended, and its surfaces covered with fibrinous exudation, worked into ridges and tufts by the cardiac movements. On section of the much-thickened pericardial walls, an immense number of tubercles could be seen in the deeper layers. Those examined microscopically were full of unusually large giant cells, but contained comparatively few bacilli. Virchow regards this case, like the others previously observed by him, as one of protracted latent pericarditis, going on to the production of a highly vascularized new connective tissue; and considers the tubercles to be a secondary pathological development in the inflammatory new formation, like those observed in many other situations—for example, the pleura. The first case of the kind which came under his notice—that of an old man of eighty, in whom there was otherwise no trace of tuberculosis—impressed him very strongly as evidence against the then prevailing view of the prior existence of a specific dyscrasia as the essential condition of local tuberculous lesions. In all these cases, also, the pericarditis was the sole affection present, and in most of them the hæmorrhagic exudation was so great as to suggest at first a rupture of the heart. Virchow adds that he is not in a position to explain them.—*British Medical Journal.*

FOR HÆMORRHOIDS. — External hæmorrhoids are first washed with an aseptic lotion, and an application of the following ointment is made three or four times a day :

℞ Iodoformi gr. v.
Ext. belladonnæ gr. x.
Chrysarobin gr. xv.
Vaselin ʒj. — M.

Internal hæmorrhoids are treated with suppositories, each containing :

℞ Ext. belladonnæ gr. ʒ̄.
Iodoformi gr. ʒ̄s.
Chrysarobin gr. j.
Ol. theobromæ ʒss.
Glycerini q.s.

—*Medical News.*

Ontario Medical Journal

Medical Council affairs are under the direction of
DR. ORR.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, FEBRUARY, 1893.

DR. SANGSTER'S CIRCULAR TO THE MEDICAL PROFESSION OF ONTARIO.

A short time ago, Dr. Sangster, of Port Perry, issued a circular letter to the medical profession of the Province. After the time spent by him in enquiring into Council matters, the least that might have been expected would be a rigid adherence to facts; but unfortunately he astutely garbles them, and in many cases makes use of statements which are incorrect, and arguments which are misleading. The JOURNAL will, as briefly as possible, deal with this circular, taking up the various clauses in their order.

The schools and universities gave up their right to grant degrees—which included licence to practise—so also did the homœopaths, on the distinct understanding that they would have representatives in the Council about to be formed.

Of the twenty-seven members in the Council, twelve are territorial, five are homœopathic, and ten collegiate. Of the ten collegiate members, the representative of Regiopolis has not been appointed for years, while the representative from Ottawa University has not taken his seat for years, so that there have been practically but eight collegiate representatives. If, as it is alleged, they combine against the profession in the interests of the schools, is it likely they would rest satisfied with allowing one-fifth of their number to absent themselves?

The homœopaths also gave up their rights and powers, and in return were given a certain number of representatives in the Council.

The schools and universities have not the rights and privileges of the British Universities, but they had them before the establishment of the Council. On the other hand the British Medical Council have sought similar powers to those possessed by the Ontario Medical Council; but on account of the opposition of the universities and schools have not been successful.

The British Medical Council is not analogous to the Ontario Medical Council, for the simple reason that the British universities and schools will not permit the British Council to take full charge in Britain as the universities did in Ontario. When the Registrar in Great Britain writes a letter to any member asking his address, with a view of keeping a correct register, if no answer is received in three months, the name may be erased.

As to vested rights of universities and schools, they certainly exist. The argument put forth is, that because the profession did not concede the privilege to these bodies, they never had any. The writer of the circular does not tell the profession that, until the universities and schoolmen, assisted by a few of the general profession, combined and secured the Act, and got the medical profession incorporated and a governing body established, the general practitioner had no voice in matters pertaining to medical education in this Province. Such matters were entirely under the control of the schools and universities, whose degrees carried with them the right to a license.

The standard of the profession has been advanced by the medical schools, and the College of Physicians and Surgeons of Ontario of to-

day is the result of the combined action of the universities and schools. If Dr. Sangster thinks that the College of Physicians and Surgeons of Ontario exists merely for the benefit of the profession, he is entirely mistaken. Its chief object is the protection of the public.

The annual assessment is called an unjust tax, but lawyers, dentists, druggists, pay one, and much larger than is levied on the members of the College of Physicians and Surgeons of Ontario, yet the members of this College get in return a larger measure of protection through the enforcement of the Medical Act. The tax levied from the year 1874 to 1890 was one dollar.

There never was in the history of the Council an application to the Legislature to increase the annual fee to ten dollars; five dollars was mentioned, but was rejected. As to the probability of the Council asking powers to increase the annual assessment to fifty dollars, the probabilities are all the other way, and the Council frequently expressed the hope that they would soon be able to do without the annual assessment.

The Ontario Medical Act is looked upon the world over as one of the best and most just laws regarding the medical profession, and has been copied in many instances in forming the laws governing the profession in many States in the Union, and of the other provinces of the Dominion, Quebec is trying to get it to-day. The British Medical Council have tried it again and again, because the Act is regarded by all medical authorities as being the most complete law upon any statute book.

The amended Act of 1874 was not secured by fraud. The Act directed the Council to do certain things, such as, establish examination boards and otherwise look after the interests of the profession. It also provided for the prosecution of quacks and unregistered practitioners, and this was looked upon as a protection to the regularly registered practitioner, and a benefit for which he could afford to pay a trifle annually, viz., not less than one dollar or more than two dollars, and the Legislature felt it a reasonable tax for each member of the profession to pay.

The recent legislation compelling the Council to

maintain a Discipline Committee, entails a heavy expense, but it is most necessary for the purpose of investigating the conduct of any member of the College who may be charged with "unprofessional conduct," or disgraceful conduct in a professional respect, by any four members of the College. As a number of applications were made to the Council, they had to investigate the conduct of Dr. B. H. Lemon, Toronto; Dr. Nelson Washington, Toronto; Dr. J. C. Bright, Chatham, Ont.; Dr. John McKeown, Windsor, Ont.; Dr. Wm. Anderson, London, Ont.; Dr. S. E. McCully, Toronto, Ont. The first and second names have been ordered for erasure; in the third case the order of erasure is held in abeyance; the fourth, ordered for erasure, to be made as soon as he can be served with notice; the fifth and sixth, to be reported upon to the Council in June, 1893.

As to the receipts being in excess of expenditure in early years, this is owing to the fact that the Council had to use borrowed rooms, for which they paid no rent, for their meetings, and also for examination purposes.

There was no design on the part of the Council to make the medical electorate pay for the Toronto structure, for the sole benefit of the members of the profession in Toronto. It must be remembered that the site and building were not purchased until the year 1878, the old church being used for Council purposes for ten years, until the wretchedness of the Council premises became a standing disgrace to the medical profession; then the present building was erected.

Is the protection afforded by the enforcement of the Medical Act not worth more to every practitioner than two dollars per annum? The annual fee which can be levied in some of the other provinces of the Dominion is far in excess of Ontario, viz., five dollars a year. The necessity of forcing all to pay the annual tax was urged upon the Council again and again by a number of the profession, and the Council endeavoured by the powers of statute to collect by ordinary process in the Division Court, but it was found too costly and impracticable, to say nothing of the unpleasantness and humiliation caused by suing a doctor in his own town; hence the Council were advised by their solicitor to secure legislation similar to the Law Society.

Notwithstanding Dr. Sangster's opinion, triennial elections are not desirable, as any member of the Council will tell you, it takes some time to become familiar with the work, and even five years is not too much for this purpose—it would involve an increase in expenses if elections took place oftener than five years.

In reference to controverted elections being decided by the Senior County Judge in the electoral division where the election in dispute took place, the Council originated this idea after the last general election in 1890, and again in 1891, when several closely contested elections were brought before them.

Regarding the functions and powers of the Council in fixing the remuneration of members and officials by statute, surely the members who are obliged to sacrifice their time are the most capable judges as to the remuneration they should receive, and also the amount they should pay officials for services rendered; and when compared with the remuneration paid directors of companies, who often receive at least twice as much, in addition to travelling expenses, it cannot be shown that the present power has been abused.

Regarding the alleged clandestine methods pursued in 1862 and 1868, and again in 1891, the JOURNAL is informed that Dr. Sangster was a member of a School Faculty during the first-mentioned period and therefore equally responsible with other schoolmen for the irregular methods adopted in '65 and '68, did anyone ever hear of his protesting, and why this appeal for leniency on behalf of the whole profession regarding the arrearages for the last eighteen years? Is he not really asking for relief for himself and a few others (himself in particular)? This same gentleman acted on more occasions than one as an examiner for the College. He has always availed himself of the protection as well as the privileges afforded him by the Act, and received Council money for services rendered on the Board of Examiners for years. He has, however, succeeded

in evading the responsibilities imposed by the same Act, and has never paid the one dollar a year, levied upon himself. Is it just to allow a delinquent to share largely in the division of "the loaves and fishes," who always refuses to pay his just dues, dues which the majority of the profession have paid since 1874?

The JOURNAL does not find this gentleman asking the Legislature to repeal that portion of the Medical Act that permits the Council to appoint Dr. Sangster an examiner, but he does ask for the repeal of that portion of the Act that asks him, with others, to pay from \$1 to \$2 per annum, and he takes the ground that the Council should not levy a tax upon members of the profession, as he looks upon the Council as an irresponsible body. To be consistent, Dr. Sangster should have refused to act as an examiner for a body so irresponsible as the Ontario Medical Council. But did he do so? No; he accepted office and drew his pay from the Council, and yet he has never contributed a dollar to its treasury, except the \$5 registration fee he paid in 1866. How is it that Dr. Sangster had been blind to the sins of the Council in past years, and never had his eyes opened until the Act of 1892 required him to pay the dues that other physicians were paying? Or, if he was cognizant of these offences, should he not, as an honest man, have called the attention of the profession to the need of reform, instead of condoning the sins of the Council by his silence?

Those who properly understand it do not regard the erasure power as an arbitrary enactment, for the members of the College are protected in every way, and are notified many times, so that they cannot be taken by surprise. The ordinary laws of the land might as well be called arbitrary.

The lawyers' fee is spoken of as not analogous to the fee levied on the members of the College. Quite true. The lawyer is taxed \$18 a year, the druggist \$4, the surveyor \$5, and the doctor only \$2.

The lawyer is not only liable to erasure, but is fined, if in arrears six months, \$20, twelve months, \$40; and if all fines and arrears are not paid forthwith, erasure follows, and when he applies for rein-

statement all fines and arrears must then be paid. The privilege which it is stated the lawyer has, if he is taxed by the benchers is, this: That they are self-governed, and that if they, the profession, do not approve of the tax or like the penalties, they can, at the next succeeding election, turn out every bencher concerned in imposing the one or the other. This plan is also open to the Defence Association, but have they followed it? On the contrary, they do not appeal to the electorate, but to the Legislature.

Judging from the bills that were presented to the Legislature last session, the profession should recognize the danger of permitting legislation of any kind affecting the Ontario Medical Act to come from any source but the Medical Council of Ontario. Here is a sample of one bill presented to the Legislature last session as an amendment to the Ontario Medical Act: "The application of a plaster or plasters, with the object of healing or removing cancers or other growths, shall not be considered as practising medicine or surgery within the meaning of this Act." Now, if legislation can be introduced by any "Tom, Dick, or Harry" to amend the Ontario Medical Act, then the members of the profession have everything to fear as to their position.

In early years the Council was accommodated by other bodies, rooms were borrowed for their meetings and examinations, but this system of living upon neighbours and imposing upon good nature had to cease. In the matter of remuneration of examiners and officials, it may not be known, that in the early days some of the examiners received nothing. In many instances members of the profession sacrificed their time and money with a view to husbanding the resources of the Council, hoping that some day the examinations would be held in a building of their own, and in a proper and scientific way, and this the Council has endeavoured to accomplish.

What member of the College thinks that \$10.00 a day, and \$3.50 for hotel allowance with travelling expenses extravagant? Anything less would result in a direct loss to the members of the Council, who are all very busy men.

Comparing the duties of the Treasurer and

Registrar of the Ontario Medical Council with Quebec and saying they are analogous is incorrect. Quebec has no examinations to hold, (also no Discipline Committee,) while in Ontario one or two are held annually, which involves an immensity of work on the part of the Registrar. The Registrar must also be conversant with the law, he holds a position, in some respects, analogous to the head of a detective bureau. His carefulness in the discharge of his duties, as the Secretary of the Discipline Committee was subject to a searching scrutiny this month before the Queen's Bench Division of the High Court, and no flaw was found in his procedure by S. H. Blake, Q.C., C. Moss, Q.C., and R. G. Smyth, and thus the action of the Council on the erasure of the name of Nelson Washington from the register was sustained by the High Court.

The Registrar is Secretary of the Medical Council and of all its committees, also of the Board of Examiners and all of its committees; he has charge of the building, and of the conducting of the examinations; his duties are heavy and onerous, and his correspondence large; he does not receive more than a second class clerk under the Dominion or Provincial Government; eight hours a day will not do his work the year round. When his position is compared with those of other officials (it will be found that he is greatly underpaid). For example, the Collectors of customs and inland revenues, Postmasters, Inspectors of asylums and hospitals, superintendents and assistants of asylums, first-class clerks in any of the government offices, officials of law societies, and others. That men can be secured to undertake the duties for less remuneration, is no doubt true, but men can always be found who are willing to work for less than those already in office, from the Premier down to the messenger. Every efficient servant should receive sufficient salary. The Treasurer did his part for years without pay, but was it reasonable to expect that this should continue for all time? Surely his work is well worth what is paid for it (\$400). The cost of examinations has necessarily increased as efficiency has advanced in the conducting of them. Does any member of the College, who has acted as an examiner, consider the examiners are too highly paid?

A plain statement of the cost of the site and of the building is to be found on pages 222 and 223 of this year's Announcement.

The site	\$13,000 00
New building	75,046 54
Total	\$88,046 54
Less old building sold	100 00
Total cost	\$87,946 54
Paid on building and site	27,946 54
Balance due being mortgage	60,000 00

which bears interest at 5 per cent. per annum.

We cannot understand how the alleged deficit of \$5,000 per annum, in the Council's accounts in carrying building, is arrived at, the statements made in the circular are manifestly incorrect. Take the mortgage on building at \$60,000 at 5 per cent., that costs \$3,000 a year. Insurance, say, \$100; taxes, say, \$600 (this year we understand they are less than \$450); running elevator, \$260, water, say, \$500; fuel, say, \$650; gas, say, \$200, and commission on rents, say, \$200, making a total annual expenditure of \$5,510.

When the building was being erected, the Registrar was provided with a small office in a blacksmith's shop opposite, and halls had to be provided for examination purposes, which were found totally unsuitable and inadequate for examination purposes, yet \$750 was spent for this mediæval accommodation. It was at this time that the public press was resorted to for the purpose of pointing out that the examinations were farcical, and that the examination hall was so crowded that candidates could read each other's answers and compare notes in spite of all supervision; and it is most unfair to say that the accommodation provided in the present building is not worth more than \$750—what it cost per annum for outside unsatisfactory accommodation when the building was being erected.

The present Council apartments, offices, store-room, examination hall and waiting-room are worth at least, and could not be provided for in another building, for less than \$2,000 a year. This is the estimated present value placed upon the Council's accommodation in the new building by a practical real estate agent.

The receipts amount, for the year ending 1892,

according to statement made on page 223 of the Announcement, to \$4,097.34. To this should be added the estimated value of the Council's accommodation, say, \$2,000, or a total of \$6,097.34. Taking this amount of total revenue to be then \$6,097.34, and total expenditure, \$5,510, it leaves a balance of \$587.34.

Upon this estimate the building is now more than paying for its maintenance. Of course it may be argued that \$2,000 is too much to pay for the accommodation of the Council; but if the Council of the College of Physicians and Surgeons of Ontario, the Medical Parliament of a great profession, is to have a permanent place of abode, a suitable place for the conducting of its business, a less unpretentious place would hardly be in keeping with the times. When the Council occupied the little vestry of the old church, it was the laughing-stock of the profession and the whole community, and was characterized by the profession as a disgrace to medical men.

As to disposing of the property for whatever it would now bring, any reliable real estate dealer would advise against such a course.

Not satisfied with undertaking to misrepresent the case to the profession, the statements made by Dr. Burns, when President, have been garbled with a view to bolstering up a weak brief. See Dr. Burns' letter, page 306.

A NATIONAL BOARD OF HEALTH.

The readiness exhibited by the Federal Government in accepting advice from the sanitary experts of the Provinces, and the probability that most of the recommendations made, many of which must necessitate large expenditures of money, will be carried into effect, show that public opinion is in favour of strenuous action to prevent the introduction of epidemic disease into this country. So far this is well; it seems reasonable to think, however, that in sanitary matters affecting the Dominion, the Department of Agriculture would occupy a much stronger position if it were backed by a National Board of Health, composed of representative sanitarians from all the Provinces, who would advise on a course of action to be taken in preventing the inroads of foreign epidemics, and of an executive, who would be responsible for the carrying-out to the letter of whatever plan

of defence might be adopted. All municipalities could then be advised and concerted action taken so as to obtain a uniform system of sanitation throughout the country. If the Chairmen of Provincial Boards of Health and the Solicitor General of the Federal Government were to be appointed *ex officio* members of the National Board of Health, the work of constructing the new Board could be easily and satisfactorily accomplished. Such an establishment would also be an inducement to some of the Provinces, in which the appointment of Provincial Health Boards has been neglected, to pay attention to the formation of these important bodies. For instance, while Ontario, Quebec, and New Brunswick have Provincial Boards of Health in active operation, Nova Scotia, Prince Edward Island, Manitoba and British Columbia have none.

The necessity for a National Board of Health seems to grow with the growth of the country. Ocean ports on the Atlantic and Pacific coasts, with a trans-continental line of railroad and a land frontier of about 2,500 miles, open channels for the introduction of epidemic disease. For obvious reasons immigration must not be stopped. It should, however, be controlled so as to prevent, as is done in England, the immigration of all who would come under the caption of "filthy and unwholesome aliens." Canada would thus secure, with every coming year, a notable increase of population without being exposed to loss of valuable lives from preventable diseases such as small-pox and cholera. A National Board of Health would also be of great benefit in investigating the diseases of domestic animals, thus begetting a feeling of confidence in foreign countries as to the status of live stock in Canada. Registration and vital statistics, the adulteration and deterioration of food and drugs would naturally fall under the sphere of such a board.

Finally, even from the low standpoint of expediency, the establishment of a National Board of Health, which need not be expensive, would be a capital advertisement for the Federal Government, showing that whilst Canada is anxious to secure the better class of settlers, she is determined that their health interests, as well as those of the inhabitants of the country, shall be protected from the inroads of preventable diseases.

THE OTTAWA SANITARY CONFERENCE.

The Quarantine Commission of the International Conference of State Boards, which last autumn investigated the actual conditions of the various American, Canadian and Mexican quarantine stations, has been fruitful in good results to Canada. For instance, during the prevalence of the cholera scare last year, among other improvements a new McEvoy disinfector, greater facilities for fresh water supplies, a bacteriological laboratory, and a bath and closet building were provided at Grosse Isle. This year the Federal Government has taken a forward step by assembling at Ottawa a conference of heads of Provincial Departments and sanitary experts, in order to consider the relations between Dominion and Provincial sanitation, and to recommend any necessary improvements in the quarantine of Canadian maritime and inland ports. The Conference met in the Department of Agriculture at Ottawa, January 31, at 2 p.m., the following gentlemen being present: Mr. Lowe, Deputy Minister of Agriculture, representing the Federal Government, Hon. J. M. Gibson, Hon. R. Harcourt and Hon. Mr. Bronson, representing the Provincial Government of Ontario; Hon. L. P. Pelletier, the Provincial Government of Quebec; Hon. James Mitchell, the Provincial Government of New Brunswick; Hon. Senator Macdonald and Mr. L. H. Davies, M.P., the Provincial Government of Prince Edward Island; Dr. Cassidy, Chairman Provincial Board of Health, Ont., Dr. Bryce, Secretary, Dr. Lachapelle, Chairman Provincial Board of Health, Quebec; Dr. Pelletier, Secretary, Dr. O'Donnell, Manitoba; Dr. Davie, British Columbia. Nova Scotia was unrepresented. Dr. Montizambert, Medical Superintendent of the Grosse Isle station, was present, at the request of the Minister of Agriculture. The work of preparing a report, showing the duties and responsibilities to be assumed respectively by the Dominion and the Provinces in the matter of taking precautions against and dealing with any threatened invasion of Asiatic cholera was entrusted to the following committee.—Dr. Cassidy, Dr. Bryce, Dr. Lachapelle, Dr. Pelletier, Hon. Mr. Mitchell, Dr. O'Donnell and Senator Macdonald, with instructions to report to the Conference next morning at 10 a.m. This was done, and the report of this committee,

the text of which appears at page 301, was adopted at the ensuing session of the Conference, February 1st.

At this meeting, Hon. Mr. Angers, Minister of Agriculture, was present, and presided.

This concluded the work of the Conference, with reference to preparing defences against cholera. A special session was, however, devoted to considering the best means of providing for the collection, compilation, and publication of the vital statistics of the Dominion. The conclusions arrived at by the Conference on this important subject will be found attached to the report.

THE DEBATE ON THE MILITIA MEDICAL SERVICE.

The report of the debate on the militia estimates in the House of Commons contains food for thought for the medical profession. It is quite apparent that the medical service has received no consideration whatever at the hands of the Department, for, in answer to a question as to medical supplies, Surgeon-General Bergin stated that he "had not been consulted since 1885." It is almost incredible that so important a branch of the public service should be treated with such utter indifference. Mr. Lister said, during the debate: "It is notorious that the medicines furnished to the different battalions are of such a kind as to call forth complaints and protests from medical officers. Although the ex-Minister of Militia promised over and over again that this matter would be rectified, no steps were taken to remedy the things complained of by the medical gentlemen connected with the different regiments. I ask the Minister now, whose duty it is to furnish this medicine, from whom it is procured; is it by contract, and on whose requisition? If there is a Surgeon-General, he ought to be the man to make the requisition, and upon him ought to rest the responsibility. If he is not consulted at all, and if some under-strapper in office undertakes to deal with it, I want to know it." The Minister of Militia replied: "There is a military hospital chest furnished from headquarters to each camp, and the surgeon in charge may supplement that with any article he requires upon requisition." Mr. Lister: "That is

not correct; surgeons have told me that they have had to pay for the medicines themselves."

Dr. Borden said: "For over twenty years I have been in the active militia of this country, and the difficulty which has been referred to, has been experienced by me during all that time. A box of drugs is sent into camp. *It is largely useless, containing things that are no good, and lacking things which are wanted.* I have made half a dozen reports, but *not the slightest attention has been paid to them*; and my brother surgeons have informed me that their requisitions have met with the same fate. During camp I have sent for medicines which were urgently required, and I have had the greatest difficulty to get them paid for. In one case the D.A.G. and myself divided the cost of getting medicines between us, because it was impossible to get them out of the Department."

This journal has stated all along that the condition of the medical service is disgraceful, but we did not think it was quite as bad as the debate has shown it to be. The Government can rest assured that we will keep the medical affairs of the Department of Militia before the profession until such time as justice is done, and the citizen soldiers of Canada are treated with common humanity.

BICHLORIDE OF GOLD CURE.

A circular has been sent through the post, and, from what can be learned, it has been sent out generally to physicians in the city. To address a circular to medical men, advocating the claims of an institution which hopes to derive its income from the treatment of patients by some secret method, is an act of the supremest impudence. It is about time that medical men everywhere put down their foot, with lion sternness, on all such plans of benefiting their fallen and unfortunate fellowmen. If this bichloride of gold cure company has anything worthy of note, let it give it to the public, and make known the full nature of the treatment before it asks for the favour and patronage of the medical profession. It is surprising that any reputable physician could be found to take charge of an institution professing to cure patients by some secret remedy. Does such an act render a medical man liable to have his name removed from the register of those entitled to practise? If

vending to the public a secret remedy is not sufficient cause for removing a physician's name from the register, it would be difficult to find what constitutes a cause. The profession are most urgently warned to give no countenance to such an institution, until it makes known fully its entire method of treatment. Until then it must be ignored and condemned by all, as belonging to the same secret order of remedies as the Prince Mattei cure for cancer.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

• DR. MCGUIGAN, Associate Editor for British Columbia.

A WORD OF APOLOGY.

We have to apologize to our readers for the non-appearance in last month's issue of this journal of the editorial matter. The editor was in the midst of a municipal election, and had not time to prepare the material for that issue. We asked several of our medical friends to help us, but though they promised to write something, it appears they did not. We sincerely hope and trust that the medical men of this province do not mean to let one man conduct this department. There must be lots of matter worthy of publication, which, if sent to the editor, would make interesting reading for the subscribers of this journal. Any communications sent to Box 311, Vancouver, up to the first of every month will be carefully read, and if found interesting will be sent for publication.

OVERCROWDING THE PROFESSION.

There seems to be an idea prevalent among the medical men of the East that British Columbia is the Eldorado to which all practitioners should fly when elbow room at home is getting restricted, and fees and patients are conspicuous by their rarity. As this province is away from the crowded centres, and the cost of coming here high, a word or two to our brethren on the other side of the continent might be seasonable, and might be the means of preventing disappointment and chagrin to many of them in the future. We therefore hasten to say to

any medical men who may be thinking of coming this way, that at the present time the profession here is full, and if a physician wants to make money he had better go elsewhere. The population of this province is confined almost entirely to the sea-coast, and the four cities of Vancouver, New Westminster, Nanaimo, and the capital, Victoria, contain the bulk of the inhabitants. Up the Fraser on each side there are some flourishing settlements which are gradually enlarging, and in the vast interior, known as the mining regions, little towns are springing up here and there. Now Victoria has a population, say, of twenty thousand, of which a large number are Chinese, who have doctors of their own, and rarely employ white physicians. To look after the health of the remainder there are twenty-nine medical men, or one to every eight hundred of the white population. Vancouver has a population of fifteen thousand, and has twenty doctors, besides herb and root men, an occasional visit from travelling quacks, and druggists who prescribe over the counter. Westminster has eight doctors and a population of six thousand, and Nanaimo seven, with probably five thousand inhabitants, a large number of whom are coal miners and employ a physician by the year, each man contributing so much per month.

In the settlements on the Fraser a medical man is to be found in all of them, and the same is to be said of the interior, so that for all the wants of the present population, particularly on the coast, the supply of physicians is greater than the demand. Then again, this is a healthy country, a land of sea breezes and ozone, rendering the services of the physician unnecessary for the great bulk of the people. In one branch of our profession, however, viz., midwifery, this cannot be said. The prolificacy of the Pacific Coast has passed into a proverb, and if any of our medical friends in the East have any patients requiring a change of climate with the view of increasing the size of the family, by all means send them out here. But even with this advantage our medical men here have lots of spare time on their hands, for as I said, the climate is healthy, and when people are well they laugh at the doctor. The overcrowding of the profession, it goes without saying, must be detrimental to the *morale* of its members.

In Ontario the battle is raging fiercely between

honest and dishonest practitioners, and one naturally asks why things should be so, and that so many men who should be gentlemen go astray. Leaving out the number of those whose incorrigible "cussedness" leads them to do wrong by choice, we think the answer to the question must be, bread. A man must live, and in the struggle for existence, some who struggle honestly at first in the keen age of competition, and the limited field for exertion, are left behind, and with them it is a question of to be or not to be. One can hardly blame these tainted wethers of the flock if they resort to expedients which are not professional in order to live.

Hitherto in this province the medical profession has been spared the humiliation of having to witness departures from good ethics on the part of its members, but the day has arrived now when that cannot be said so emphatically as in the past. In Victoria, where overcrowding is greatest, a class of men, not large at present, is springing up, which threatens the profession. There, one physician has painted on his window the legend, "Patients Treated Homœopathically or Allopathically." The one individual who conducts this wonderful establishment transforms himself alternately from an allopath into a homœopath to suit the wishes of his patients.

Another one has adopted the device of having his name printed in red letters here and there through the books supplied to subscribers of the telephone company, so that in hunting up a name the eye of the searcher will fall upon this particular medico's cognomen, and as he is somewhat of a notorious character, he thinks people may be induced to visit him out of curiosity by seeing his name constantly in conspicuous places. We do not wish it to be understood that in writing these facts we do so with any unkindness or bitterness; far from it. Our object is, by illustration, to show how the wind blows, and we trust the warning will not be unheeded.

During the past few months the writer of this article has assisted two stranded medical men—who came here with great expectations—out of town. Through the kindness of a shipping agent, they were sent on lumber vessels to various ports of the world. We hope what has been written may be read and digested by any of our brethren who

may be thinking of coming out here, and if our words do any good, we have received our reward.

EDITORIAL NOTES.

Pasteur institutes have been opened in Lisbon and Brussels.

The total number of beds in the hospitals of Paris is 12,486.

During the past year, 44,317 deaths were reported in New York City.

The American Gynæcological Society will meet this year in Philadelphia, on Tuesday, May 16th.

The Hon. G. W. Ross, Minister of Education, has returned from Europe, much improved in health.

The Columbian University in Washington has decided to close its doors to female medical students.

We regret to announce the death of Dr. Worthington, of Clinton, which occurred on the 6th of this month.

There are over one hundred and eighty "poly-clinics" in Berlin; some of them are merely private dispensaries.

The Medical Week is the title of the English edition of the *Semaine Médicale*, of Paris. It is also published in Spanish.

In Missouri the Legislature has under consideration a Bill to abolish execution by electricity, and return once more to the rope.

Sir Joseph Lister, Sir Geo. Johnson and Dr. Bristowe are the latest acquisitions to the teaching staff on the London post-graduate course.

Dr. Harris, of Brantford, furnishes us with a very good letter on Medical Council affairs. He deals very lucidly with the old arrangements between the Schools and Council.

An endeavour is now being made to secure funds to build an extension to the Golden Square Throat Hospital, which will be known as the Morell Mackenzie Wing.

The 87th annual meeting of the Medical Society of the State of New York was held in Albany on the 7th, 8th and 9th of this month, under the presidency of Dr. L. S. Pilcher, of Brooklyn.

Judging from the inaugural address of Professor Adami, of McGill Medical College, it is evident that that institution has secured the services of a gentleman who will prove a source of great strength to it.

The Spring Examinations of the College of Physicians and Surgeons of Ontario will take place in their examination halls, Toronto and Kingston, on the 11th of April, at 9.30 a.m. Notice of the same is given on tenth advertisement page.

THE PAN-AMERICAN MEDICAL CONGRESS.—The names of Canadians in connection with the section on diseases of the mind and nervous system are, Honorary President, Dr. Joseph Workman, Toronto; Secretary, Dr. Stephen Lett, Guelph.

SYMPHYSIOTOMY.—Dr. H. C. Coe, of New York, has recently performed this operation with a successful result. The conjugate diameter was a little over three inches. Dr. Sprengle, of Montreal, also operated successfully on the fifth of December.

The Eleventh International Medical Congress will be opened in Rome, Sunday, September the 24th, and will continue in session until October 1st. Italian has been admitted as one of the official languages in addition to English, French and German.

The Legislative Committee of the Council will meet next week. They will most likely take the necessary steps to have a bill drafted ready to submit to the House, on the lines of their agreement with certain members of the profession with whom they held a joint meeting last fall.

There are four physicians on the High and Common School Board (united) trustees of Sterling, viz., Dr. Butler (ex-M.P.P.), Dr. G. W. Faulkner, Dr. J. S. Sprague (the ex-chairman), Dr. Robt. Parker. Not long since there were two more M.D.'s on the Board. The M.D.'s are well represented in the village of nearly 1,000 inhabitants.

GREATLY APPRECIATED.—The following courteous notice regarding this journal appeared in the brilliantly edited *New York Medical Journal*: "The fifth number of this new journal, for December, 1892, gives tangible evidence that it has a decided *raison d'être*. We congratulate the editors on the value of the matter contained in the JOURNAL, and on the attractive form in which it appears."

IDEAL SURGERY.—Dr. Gurley Broome, of St. Louis, in an article in the *Journal of the American Medical Association*, for February 4th, 1893, concludes with the following remarks: 1. That surgery has undergone a complete change within the last five years, due to the doctrine of cell proliferation. The discovery of the laws of repair and regeneration, and the introduction of Lister's antiseptic system.

2. That surgery is so intimately interwoven with a knowledge of bacteriology that an acquaintance with the latter is necessary to the surgeon.

3. That surgical operations are experiments in bacteriology.

4. That the merely antiseptic era has passed; and the great aim is now aseptic procedures. Disinfection is rendered unnecessary by avoiding infection.

THE TREATMENT OF MYXŒDEMA BY THYROID GLAND.—Dr. Constantine Holman, in *British Medical Journal* for January 21, relates a case of myxœdema that had been recognized by Dr Ord seven years ago. The patient was fed a preparation of thyroid glands obtained from sheep. The animal was slaughtered as the gland was required. Half a lobe every other day was given the patient. The gland was prepared by being cut into small pieces in a glass, to which were added a little brandy and water. From the commencement of the treatment the patient steadily improved. There is nothing to be seen, on meeting her, that would

indicate that she had ever had myxœdema. A large quantity of mucus was passed in the urine from almost the first dose.

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SULPHO-CARBOLATE OF ZINC IN TYPHOID FEVER.

—Dr. Ernest B. Sangree, of Philadelphia, in *The Times and Register*, for 4th February, 1893, relates his experience in the treatment of typhoid fever with the sulpho-carbolate of zinc. He claims that small doses are of no use; and gives gr. v. every three or four hours to an adult until the temperature falls. In all his cases he found that the temperature fell one to two degrees in from twelve to thirty hours. The reduction in temperature, he holds, is due to an antiseptic action of the drug on the intestinal canal, lessening the formation of ptomaines, etc. The patient's strength is greatly conserved by the reduction of temperature and the controlling virtue of the drug on the decomposition processes in the intestinal tract. Complications are also to a great extent avoided.

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BRONCHIAL ASTHMA.—Dr. O. Torstenson, in January number *Edinburgh Medical Journal*, claims that as the result of his observations on four hundred cases of this illness, he has found the following to hold good:

1. History. Most of the able observers regard the disease as a neurosis of the vagus.

2. The author found that in every case of bronchial asthma the superior and sometimes the middle turbinated bones were always swollen, so as to come close to the septum.

3. The application of irritants to this region induces attacks in persons subject to asthma and breathlessness.

4. The use of anæsthetics to the same region relieve.

5. As the cause of the disease is the irritation from the nasal pressure, etc., the hypertrophied tissue must be removed. The author uses the galvano-cautery sometimes, but generally prefers chromic acid, which he applies by means of a silver probe with a hollow bill in its end. By means of this crystals of the acid are applied to the proper place. The author has never experienced any bad effects or been troubled with hæmorrhage. The results have been of the most gratifying character.

HYDROTHERAPY IN THE TREATMENT OF NERVOUS AND MENTAL DISEASES.—Frederich Peterson, in the February number of *The American Journal of the Medical Sciences*, discusses fully the above subject. During his article he makes the following remarks:

1. He does not propose this treatment to the exclusion of other means of treatment, such as massage, dietetics, etc.

2. He says that, during his tour of inspection of the asylums for the insane, in Germany, Holland, France, Belgium, Italy, and Austria, he found that hydratherapy was very generally used in the treatment of certain forms of insanity.

3. In his own practice in the Hudson River State Hospital for the Insane, he found that warm and cold baths, wet packs, wet compresses, and ice-bags, accomplished much in the treatment of insomnia, congestive conditions, states of mental excitement, restlessness, and the like.

4. Among neurologists generally, the author claims that there is a tendency to regard, more and more favourably, hydrotherapy, properly carried out, in the management of nervous diseases.

His general rules are as follows:

Cold baths excite and warm baths diminish irritability of the central nervous system.

Short cold baths combined with sprinkling are tonic.

Prolonged warm baths, steam or hot air, are relaxing and soporific.

Cold baths stimulate reflex action, specially visceral.

Warm baths mitigate reflex action and spasm.

Cold applications increase blood pressure.

Warm applications lessen blood pressure.

Prolonged warm bath or hot pack allays irritation in particular nerves and in the entire nervous system.

In anæmic and debilitated states, the temperature of the body should be raised by the hot-box, the warm room, or in bed with extra clothing, before resorting to hydropathic treatment.

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THE TREATMENT OF CHOLERA.—Roberts Barthelew, in the *Medical News* of 4th February, 1893, deals extensively with the treatment of cholera. He states the origin of the disease is due to the germs getting into the digestive canal.

The results of their development are: 1. The excessive alkalinity caused by germ action, and 2. The diffusion of blood serum into the intestinal canal.

After reviewing the various methods of treatment, such as, 1. Intestinal antiseptis, by salol, creolin, naphthalin; 2. The use of calomel in from 1/2 to 2 grs. frequently given; 3. Enteroclysis, or the irrigation of the intestinal canal by some solution, as 5 to 20 grammes of tannic acid to 1 to 2 quarts of water; 4. The injection of saline solutions into the veins, such as Hayem's sod. chloride 5i, sod. sulph. 5i, aq. destil. sterilized, 1 quart, 5. The method of hypodermatoclysis, or the injection of saline solutions under the skin, 6. The use of opiates to control the diarrhoea, 7. Klebs' anti-cholerin.

After reviewing all these plans, the author states that he has had by far the best results from the use of sulphuric acid to control the diarrhoea.

This he gives with an opiate in the following manner:

Acid sulph. arom. ʒv.
Tr. opii. deod ʒiii.

Sig. Ten to twenty drops in water every hour or two.

During the algid stage, the author recommends with confidence the use of the bath 104F., and friction afterwards to the surface.

For the cramps the following formula is recommended:

R Chloral hydrate ʒiii.
Morphia sulph gr. i.
Atropia sulph gr. 1/4.
Aq. chloroformi ʒi.
Aq. destil. ʒss.

Sig. Twenty minims repeated in ten minutes, and then as needed.

While the digestive canal is desquamating, food is worse than useless. Stimulation should not be overdone, and iced champagne, carbonic acid water, or apollinaris may be used to relieve the thirst.

THE TREATMENT OF ATROPHIC RHINITIS.—Dr. M. D. Lederman, of New York (*Annals of Ophthalmology and Otology*, January, 1893), goes over the ground under the above caption. He states that

in this disease there are the following conditions. A decrease of the epithelium, a profuse desquamation, and a destruction of the granular layer. The author believes that this form of rhinitis may follow the hypertrophic form, when it is due to the pressure of the increased cellular proliferation upon glandular structure, causing atrophy of secreting epithelium. Ozaena is the most prominent symptom of these cases. There is sometimes ulceration of the septum, leading to hæmorrhages and perforation. He divides the treatment into preventive and stimulative. The author says that if the atrophy of tissue has existed for some time, we can only hope for improvement. The preventive treatment includes all the measures at our disposal for dealing with the hypertrophic stage. The author puts in a caveat against the removal of all enchondromata, hypertrophics, spurs, and turbinated bones. It is here where a halt should be cried, as much harm is done by cutting away the middle turbinated bone too freely. With regard to the stimulative treatment, the first step is to clear the nasal cavities of all crusts. For this purpose, the cotton-wrapped probe may be used, along with the post nasal syringe. For home treatment, the patient may use either a douche or spray. The douche is the better plan. In the douche or spray, one teaspoonful of the following mixture:

R Sodii bicarb.
Sodii chlorid.
Sodii biborat aa

to the pint of water. This solution may be used two or three times a day. One of Seiler's tablets dissolved in two ounces of water, makes a good solution. For the atrophic process, small pledgets of cotton wool may be introduced into the nares. They act as foreign bodies, and stimulate secretion, and prevent the formation of crusts. They should be changed every two or three days. Another good stimulant is

R Argenti nit. gr. 3/4
Amyli pulv. gr. 154

This is used as a powder insufflated, and the strength gradually increased to gr. 15 of the silver to the same amount of starch. Another good formula is

R Thymol.....gr. iss
 Alcohol
 Glycerine aa.....ʒiss
 Aq. dest. ad.....ʒi

which is to be used as a spray. Or again, in cases of ulceration, the following often yields excellent results :

R Aristol.....ʒi
 Collodion flex.....ʒi

The author speaks very highly of the results he has obtained from the use of euprophen. This he employs in solution with benzoinol grs. 48 to the ounce. The crusts are carefully removed, and the above applied to all parts of the nasal cavity by means of a good atomizer. This should be applied twice daily after the cleansing.

duct in connection with some patients in Kingston in the last stages of consumption, taking money from them and guaranteeing a cure ; and that he had published statements showing the symptoms of catarrh, thereby leading ignorant persons to believe that they were afflicted with that disease. The appellant contended that the complaints made against him were not proved, and that they did not come within the purview of the statute quoted above. The Court held that some of the charges against the appellant were not made with sufficient particularity, but that the evidence before the Committee fully sustained their findings that the appellant had been guilty of disgraceful conduct in a professional sense except in one of the instances, and that the appellant's name had been properly erased from the register.

THE MEDICAL COUNCIL SUSTAINED BY THE COURT OF QUEEN'S BENCH.

The order appealed from by Dr. Washington was made in June, 1892, the appellant having been originally registered in 1872. Section 34 provides that "where any registered medical practitioner has either before or after the passing of this Act, and either before or after he is so registered, been convicted either in Her Majesty's dominions or elsewhere, of an offence which, if committed in Canada, would be felony or misdemeanor, or been guilty of any infamous or disgraceful conduct in a professional respect, such practitioner shall be liable to have his name erased from the register * * * provided that the name of a person shall not be erased under this section on account of his adopting or refraining from adopting the practice of any particular theory of medicine or surgery, nor on account of a conviction for a political offence out of Her Majesty's dominions, nor on account of a conviction for an offence, which, though within the provisions of this section, ought not, either from the trivial nature of the offence, or from the circumstances under which it was committed, to disqualify a person from practising medicine or surgery." The complaints against the appellant were chiefly that he advertised extensively in Ottawa and Toronto, publishing in the newspapers certificates from persons he had cured ; that he had been guilty of disgraceful con-

THE SANITARY CONFERENCE.

At the Sanitary Conference held at Ottawa, January 31st and February 1st, between the Federal and Provincial authorities, satisfactory and unanimous conclusions were reached by a sub-committee. Their report, which was adopted by the Conference, is as follows :

" 1. That the following maritime quarantine stations, namely, Grosse Isle, Halifax, St. John, and William's Head, should be equipped with deep-water wharves, steam cylinders, tanks for bichloride of mercury solution, sulphur dioxide blasts, suitable water supply, hospital and accommodation buildings for the detention of the various classes of passengers, and with such other requirements as pertain to first-class stations, and that Chatham, New Brunswick, be also equipped with all the appliances necessary for a quarantine station on the Gulf coast.

" 2. That in the opinion of the Committee it is necessary that provision be made whereby quarantine inspection by properly trained medical officers be established at Rouse's Point, St. Alban's, Niagara Falls, Ontario, McAdam Junction, and such other ports of entry from the United States as may be decided upon as necessary, according to circumstances ; and that such ports of entry be equipped with disinfecting plant, houses of detention, and such other appliances as may be necessary for efficiently protecting the country against the

invasion of cholera. Further, that at Winnipeg, the entrepot of immigrants east and west, a fully equipped quarantine station be established and maintained.

"3. That in the opinion of the Committee, it is urgent in the public interest that the supervision of the various quarantine stations be under the charge of an experienced quarantine officer, appointed by the Federal Government, who shall direct such quarantine measures as the emergency shall demand for the protection of the country, and he shall from time to time inspect such stations, with a view to maintaining them in a state of efficiency.

"4. That in the case of vessels coming from foreign ports, they shall report for medical inspection before receiving customs entry. Should infectious disease have occurred during the voyage, or cases of infectious disease be found on board, the medical officer appointed by the government shall order the said vessel to report for inspection and disinfection at the nearest quarantine station.

"5. That in the opinion of the Committee, it is necessary for the safety of Canada that the baggage of every immigrant coming into this country during periods of foreign epidemics, be disinfected by the methods already recommended by the Committee, and that such disinfection be performed at a regularly appointed station.

"6. That vessels coming from infected European ports, no cases of infectious disease having occurred on board during the voyage, should be thoroughly disinfected at a regular quarantine station.

"7. That vessels having had cholera on board during the voyage, should be disinfected and detained at quarantine during seven days from date of last case.

"8. That in the opinion of the Committee, it is necessary during epidemic periods that immigrants be followed to their destination. That this can be done by the government insisting that every shipping company shall provide each immigrant while on shipboard with a health ticket of form satisfactory to quarantine and provincial health officers, which shall be a passport of health to the point of destination, and to officers wherever inspection takes place. All municipal health officers should also be notified of any immigrants arriving within

their districts, by letter or by telegram, from the quarantine to a provincial or state health officer.

"9. The following rules do not apply to immigrants who are provided for elsewhere:

"(a) When a train arrives at the railroad station, and the passengers do not come from a place where disease is epidemic, they will be allowed to proceed.

"(b) When passengers are not sick, but coming from an infected place, their soiled clothing will be disinfected, and they will be allowed to proceed, on condition that they report to the clerk of the municipality to which they are bound. The quarantine officer will notify said clerk, and also the Provincial Board of Health.

"(c) When there are passengers sick, or apparently sick, from an infectious disease, they will be landed at the infectious disease hospital. Passengers occupying the same car will be detained for forty-eight hours, and the effects which they brought on the same car will be disinfected. They will then be released, on condition that they report to the clerk of the municipality to which they are bound. The quarantine officer will notify such clerk, and also the Provincial Board of Health.

"(d) Passengers travelling through Canada with no intention of remaining in the country, who are only suspected of having infectious disease, will be allowed to proceed to their destination, the quarantine officer notifying the Provincial or State Board of Health to which they are bound.

"(e) The cars in which there have been sick persons shall be disinfected.

"(f) Cars coming from an infected district will have to be provided with latrines containing disinfectants.

"10. Should the United States Government adopt a twenty-days' quarantine against cholera in 1893, the Federal Government of Canada should enforce the same rule against immigrants who may wish to travel from European points through Canada to the United States.

"11. When cholera is epidemic abroad, the importation of rags from, or collected in, infected countries should be prohibited.

"12. Cars containing merchandise which is susceptible of infection (baggage, wearing apparel, rags, hides, leather, feathers, horse hair, animal

remains in general, unbaled manufactured wool, etc.), coming from an infected district, should be properly disinfected."

It was moved by Dr. Bryce and seconded by Dr. O'Donnell, that the report as read be adopted. Carried.

The question of health statistics next came up for consideration, and, after discussion, it was moved by Dr. Bryce, seconded by Dr. O'Donnell, "(1) That in the opinion of this Conference, it is desirable that the Federal and Provincial authorities co-operate in the work of collecting, compiling, and publishing the vital statistics for the Dominion. (2) That the cost be divided between the Federal and the several Provincial governments on some basis similar to the following: (a) That the amount paid for registration be an equal charge upon the Federal and any Provincial Government collecting the same; (b) that in any case the amount of indemnity paid by the Federal Government for collection of returns by any Provincial registration bureau, shall be made upon the basis of the relative number of registrations returned. (c) That for obtaining the best results, it is desirable that the schedules and forms for collecting returns be as nearly uniform as possible for every province." Carried.

At a subsequent meeting held at 8 p.m., February 1st, it was moved by Dr. Cassidy, and seconded by Dr. Pelletier,—“That the report of the sub-committee be amended by adding to it certain resolutions containing further recommendations.” Carried.

Moved by Dr. Bryce, and seconded by Dr. O'Donnell,—“That in the opinion of the Conference, it is urgent that the various provincial health organizations do carry out thoroughly the work of municipal inspection with regard to: (a) The protection of public water supplies. (b) The systematic disposal of garbage. (c) The disposal of manure, and lane and road refuse. (d) The cleansing of polluted creeks, bays, etc., in the various municipalities along the lines of railways and elsewhere, and those municipalities be required to supply medical officers, places of detention, and disinfecting appliances to render innocuous any cases of cholera which may occur within provincial jurisdiction.” Carried.

It was moved by Dr. Cassidy, and seconded by

Dr. Pelletier,—“That the Conference urge upon those provinces having no Provincial Boards of Health, or other health organization, that their Legislatures do take early action towards passing legislation providing for the establishment of such boards, both for their own protection and that of neighboring provinces.” Carried.

It was moved by Dr. Bryce, and seconded by Dr. Cassidy,—“That a copy of the report of the proceedings of the Conference be furnished to each of its members and also to the several Provincial Governments represented.” Carried.

The Conference then dissolved.

THE WINDSOR PHYSICIANS AND SURGEONS' ASSOCIATION.

At a meeting of the Windsor Physicians and Surgeons' Association, held Feb. 13, 1893, the following resolution was unanimously adopted:

“Whereas a number of medical practitioners are endeavouring to secure legislation in a manner subversive to the usefulness of the Ontario Medical Council,

“We, who daily contrast the medical legislation of Michigan with the efficient legislation of Ontario, beg to express our entire confidence in our Medical Council,

“And we beg to urge that any change in legislation that we may desire, should be brought about only through the Council, by the representative whom we elect.”

Correspondence.

The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

DR. SANGSTER'S CIRCULAR LETTER.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—I desire to make a few remarks in regard to the circular issued by the Medical Defence Association. In doing so I wish to be understood, not as undertaking to speak for the Medical Council of which I am a member, nor for Trinity University of which I am the representative, but merely as stating my personal views as a member of the

medical profession, on some of the matters referred to in the circular.

The complaints made by the Association may be briefly stated as follows :

1. That the Medical Council has made a serious blunder in erecting a costly and unnecessary building, and have generally conducted the business of the Council in an expensive and extravagant manner.

2. That to meet the expenses thus incurred, they have imposed upon every physician who wishes to practise his profession in Ontario, the compulsory payment of an annual fee, the highest possible they were by the law allowed to impose, namely, the sum of two dollars.

3. That the Medical Council is composed according to law of twenty-seven members ; seventeen elected by the profession, and ten elected by the medical schools and universities ; that under this constitution the schoolmen have secured an undue influence in the Council, and that consequently the profession at large may be unable to obtain a remission of the annual two dollar tax referred to.

The above statement, I think, fairly covers the whole ground of complaint. Everything hinges on the two dollar fee, because if that is not objected to, there can be no difficulty in handling the real estate acquired by the Council.

It will doubtless be said that, admitting that this two dollar fee for an annual certificate is a very trifling matter considering what other professions have to pay, and admitting that it would be ridiculous to take exception to it, if it were applied to any necessary or useful purpose, that does not justify its exaction when but for reckless speculation and extravagance it would not be required.

That is true, and I wish to say on this point that there has been neither reckless speculation nor extravagance. Reckless and extravagant charges have been made, but I regard it as impossible for any man to look at the facts carefully, dispassionately and impartially, without coming to the conclusion that they are wholly unfounded.

Aside from the building question, the moderate increase of the general expenses has, in my opinion, been amply justified by the increased efficiency of the work done. There is no room here to enter into details, but anyone who will look into the matter cannot fail to be convinced on this point.

Now as to the Council building. Well, notwithstanding the opinion attributed to Dr. Burns in 1889, and notwithstanding the collapse of the Toronto boom, the building stands to-day a successful investment, and an evidence of the wisdom and prudence of the Committee of the Council, of which I was not a member, who carried through the undertaking.

I need not go into figures to show this. I do not fear to challenge the opinion of any real estate or financial man in Toronto to prove it. The simple facts that the Council paid \$750 a year for unfit accommodation, that to carry this building at the present time only involves an additional expense of \$300 a year over the \$750, and that the accommodation is far more than worth the additional money, settle the whole question without taking into account the large expected revenue from offices yet to let. The suggestion of the Medical Defence circular to abandon the property to the mortgagee, a property which to-day would be a snug fortune, although subject to a \$60,000 mortgage, is an illustration of the extravagant kind of statements they have resorted to. Indeed the whole attack of the Association upon the Council consists of a cloud of wild and extravagant statements. Evidently conscious that a large majority of the medical profession of Ontario would probably regard the great benefits secured to the profession by the Medical Act, as cheaply obtained by the payment of a trifling annual fee of \$2, they endeavour to excite indignation and alarm by asserting that this fee or tax is "liable to be at any moment increased to \$10, or \$20, or \$50, to be spent in Toronto real estate."

A cause must be weak indeed which has to be promoted by such a statement, which is not only wildly extravagant but which is absolutely wholly untrue. They know perfectly well that it is absolutely impossible that the fee or tax can be increased beyond two dollars.

There are doubtless many members of the profession who will say that, granting that there may be really no just grounds of complaint against the Council, and no good reason why a small annual fee should not be exacted from the profession, nevertheless, now that the question has been raised—would it not be well "to have the Medical Council reconstructed so as to make the medical

profession strictly self governed." Should the medical profession approach the Legislature with any degree of unanimity, asking for material alterations in the Medical Act, no doubt their wishes would demand attention, and the Legislature would be bound to consider how far they might be acceded to, having due regard to the rights and interests of all parties concerned. The first and most important of these interests are those of the general public outside of the profession. Then there follow to be considered, the rights and interests of the general medical profession; the rights and interests of the homœopathic section of the profession; the rights and interests of the universities, and the rights and interests of the medical colleges and the medical students.

All these matters were carefully weighed when the present legislation was enacted and they will all require to be carefully reconsidered. It is probable that a moderate increase in the number of territorial representatives might be made without serious danger to any of the several interests above named, but any material change beyond that would be at least dangerous and probably injurious to every one of those interests.

Whatever may be said as to other professions or occupations or trades, it is clearly not in the interests of the general public that the medical profession should be handed over entirely to itself, with power to convert itself into a close corporation or monopoly, to make it difficult or nearly impossible to obtain access to its ranks.

That the interest of the general profession itself would be served by disturbing the present Medical Act, is more than doubtful. There is perhaps no country in the world where the profession is in a better position than it is in Ontario. We have received a valuable franchise from the public and are taxed nothing for it. Some of us even object to pay towards the current expenses of the profession a paltry two dollars—less than a cabman has to pay for driving his hack—and it is proposed to go to the Legislature about it. Dr. Williams, in his address to the Council in June last, said that when you go to the Legislature for something you do not know exactly what you will bring away. It might occur, for instance, to Sir Oliver Mowat, if the profession applies for a larger franchise, to ask them to contribute a trifle to the public purse. This is

done in other places, as recently in North Carolina, where the medical profession were each asked to contribute \$25 per annum, in consideration of the valuable privileges granted them. I wonder what kind of a fit the representatives of the Medical Defence Association would have if they found some provision of this kind in their amended Medical Act.

Then, as to the interests of the homœopathic section of the profession. They made large concessions, and received certain guarantees. Does anyone in the general profession wish to open up that difficult matter again? Are the homœopaths prepared to assent to the proposals of the Medical Defence Association? The circular of the Association states that they now co-operate with the schoolmen on the Council.

The universities and the medical schools have no issue with the homœopaths, the general profession have an issue. Are the homœopaths ready to hand themselves over to the tender mercies of the general profession, or will they ask to be reinstated with their old licensing power? It will be well for the general profession to consider these points.

There would also have to be considered the rights and interests of the universities. Anyone reading the circular of the Medical Defence Association, who was not cognizant of the facts, would suppose that the medical profession had formerly possessed entire control of medical education, licensing, etc., that the limited powers the universities now have, had been "held for the last twenty years on sufferance," that these powers had been "usurped by them," that they had "intruded" themselves where they had no right, that they were "occupying an intolerable position," were "treating a noble profession ungenerously," etc.

Now, there is probably not one in a hundred of the medical profession in Ontario who does not know that all this is directly opposite to the facts. They know that prior to the formation of the Medical Council, the profession never had any voice whatever in medical education or licensing.

Beginning in about 1820, the Act, 59 George III., provided that the persons entitled to practise were those "duly authorized by any university in His Majesty's dominions, or those licensed by the

Governor, on receiving a certificate of fitness from a Board appointed by him."

After 1827, the graduates of universities were also granted licenses, but every graduate and every student who had passed the Medical Board was entitled to a license. The "may" of the Act was imperative, and in no instance in forty years was it construed otherwise. It would have been totally impossible to have refused a license, except for grave cause shown. The whole matter was therefore in the hands of the universities, and the Medical Board appointed by the Governor.

The only rights the medical profession had in the matter were such as the Legislature, acting in the interests of the general public, saw fit to give them. Prior to 1865 they were granted the right to licenses, when the educational institutions or the Government Board certified to their fitness. After 1865 they were endowed with large additional rights and privileges; they were, in fact, given a dominant voice in all matters of medical education, licensing, etc. (See note.)

What, then, is the meaning of all the blatant vociferation of the Executive of the Association about "intrusion," "usurpation," "powers held on sufferance," etc.? The profession know that there is nothing in it. It looks like "talking to the gallery;" in other words, to the uninformed general public, and through them possibly to the Legislature.

The Legislature, I suppose, have the power to wrest from the universities what little remaining control they have in the matter of medical education, on the broad ground that their rights must, if necessary, be sacrificed to the public good.

I take leave to doubt whether the medical profession itself can desire them to take any such serious step as depriving the universities of any voice in the matter. In any case, I trust and believe that the Legislature, before doing so, will take a long pause, having regard to the rights of the universities, and to the other rights and interests involved, but especially to the public interests, which are profoundly concerned in the question of granting extended powers, privileges, and franchises to the medical profession.

The limits of this letter will not permit me to refer to the remaining point, namely, to the rights of the medical schools and of the medical students,

besides, there are others better qualified than I am to deal with that part of the subject. I may say, however, that the powers of the medical colleges, colleges of which the profession and the country are justly proud, have been already greatly curtailed by the Medical Act, and if the crusade of the Committee of the Medical Defence Association achieves any success, it will be unfortunate, not only for the colleges and their splendid classes of students, but it will certainly be most unfortunate for the profession at large.

I remain, yours sincerely,

WILLIAM T. HARRIS.

Brantford, Feb. 14th, 1893.

NOTE.—It is rather odd that, at this session, there is a Bill before the Quebec Legislature to grant the medical profession similar powers to those now possessed by the profession in Ontario, and the McGill College and Laval are strenuously resisting such a curtailment of their rights.

THE MEDICAL COUNCIL'S BUILDING.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In view of the fact that in the circular letter addressed by the Medical Defence Association to the members of the College of Physicians and Surgeons of Ontario, my name has been given much prominence in reference to the question of the propriety of holding such real estate as is in the possession of the Council in Toronto, permit me to say that my opinion is there misrepresented.

The circular in question quotes from my retiring presidential address as follows: "That I strongly advise that body (the Council) to sell its building, and with the proceeds erect another less pretentious in character, commensurate with its wants and exclusively for its own use." This is only half truth.

Upon reference to my address, I find that when alluding to the subject, I used the following words: "I cannot resist the temptation to indulge in the hope that some future Council may find it profitable to realize upon the investment in this building, and with the large amount of money it will then have at its disposal, secure another site. It appears to me desirable that when it is practicable to

erect a building solely for the use of the college, it should be done. It will confer a boon upon the profession in this Province by supplying a common centre for all matters pertaining to medicine and to medicine only, not the least of which, in addition to what we already possess, will be surgical and anatomical museums and larger library space." I still hold this view, but while doing so, submit, first, that the investment may not as yet have proved as profitable as expected, but it has been a fairly advantageous one; secondly, that of all time since the erection of the Council's building, the present is the least opportune to sell; and thirdly, situated as it is upon one of the best streets in the city, and most central and convenient for all purposes, its near future value can hardly be estimated.

Granting that the opinion of a medical man upon fluctuations of value of real estate in Toronto might not be considered as of much weight, I venture to say no real estate agent in this city would at present consider it good business to advertise the property for sale. I may only point out to your readers that since the Council completed its building, within a radius of two blocks of it have been erected some of the largest office structures in Ontario; for instance, the Canada Life, Confederation Life, Bank of Commerce, Freehold Loan, Methodist Book Room, etc., structures which have cost from \$100,000 to three-quarters of a million dollars each, and it must be remembered, these institutions are managed by the best financial ability in Ontario.

Are we to assume that medical men actively engaged in practice could fairly criticise the investments of such men as Geo. A. Cox, J. K. McDonald, A. G. Ramsay of Hamilton, Hon. S. C. Wood, J. C. Kemp, and numbers of others familiar in every financial circle in the Dominion? And yet the Medical Council has done what these gentlemen have endorsed by investing their trust funds in precisely the same way. Would these financial experts accept the advice of a medical man and sacrifice their properties at this present juncture? I think not. The Council did not undertake the erection of a building until driven to do so from a sense of decency, for it was a disgrace to the profession in Ontario that its representative body should meet in the "ram-shackle" old building formerly in use.

Permit me to say further that in ten years' service in the Medical Council, I never heard that it was financially embarrassed. While at times the Treasurer and Registrar, with the assistance of the Finance Committee, found it convenient to "finance" in order to meet the requirements of the Council, yet there never was the slightest difficulty in procuring all the money that was necessary to carry it on. Whatever slight hindrances there might have been in having ready money at hand sufficient for its wants, would have been easily met if the profession throughout the Province had one and all sent, as they should have done, their annual fee of one dollar promptly on time.

Yours, etc.,

J. H. BURNS.

Toronto, Feb. 5th, 1893.

THE TORONTO GENERAL HOSPITAL.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—The letter of Dr. Ferguson, in the last issue of the JOURNAL, brings before the profession in the city a question which is felt by many to be a great injustice to those who cannot attend patients of theirs who enter the private wards of the General Hospital.

Limited at all times must the staff be, and for obvious reasons the larger number must be chosen from the medical schools' professoriate. But why should the private wards be the monopoly of this same few? Especially does this monopoly prevent many of the public availing themselves of the excellent nursing advantages of that institution, the fact that they are, when there, debarred the attendance of their family physician, being the great hindrance.

The hospital is primarily for the public benefit; after that, for the education of the medical student. The out-door department, general and private wards, serve the first end, while the regular staff run the out-door department and general wards for the good of the coming medical man, but this is no reason why the private wards should be closed to the patient who wishes to retain the services of his family physician who is not a "staff" officer.

I trust this remnant of ancient exclusivism will be removed by the hospital trustees, and we may soon hear of them having thrown open the

private wards upon the basis indicated by Dr. Ferguson.

Yours truly,

CHAS. A. HODGETTS.

Toronto, Feb. 13th, 1893.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—Will you be good enough to grant me sufficient space in your next issue to say a word or two with reference to that most important subject, treated in an able manner by Dr. John Ferguson in his letter as published in your January number—I mean the attendance of patients in the Toronto General Hospital.

There is not one physician practising in this city but will allow that, under its efficient management, the Toronto General Hospital has proved itself a boon to all. Gentlemen composing the Hospital Board have worked late and early in its interests. There are some points, however, in the management which most urgently require changing, and that as speedily as possible—I refer to the fact that no physician who has not been appointed by the staff can have the privilege of attending his own patient in that institution.

I ask you, Mr. Editor, why should the hospital draw large subsidies from both the provincial government and the corporation of the city of Toronto, and yet dictate to the patients as to what physician they *must* have while in the building? More than that: Is it fair or proper that even private ward patients who are paying \$15 per week, should not be allowed to use their judgment and preference as to what medical man they would rather have?

The claim which Dr. Ferguson has established is certainly a good one, and the Trustee Board of Toronto General Hospital should see that this state of matters is not allowed to go on any longer.

Hoping that this matter will be taken up and the proper remedy applied, I am, yours etc.,

D. A. YOUNG.

Toronto, February 10th, 1893.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—I would just like to state that I approve of Dr. Ferguson's letter in the last number of the

JOURNAL. I think the medical men in the city who are taxed to support the General Hospital, ought to have the privilege of attending their own private pay patients. It would not do the hospital any harm, but a great amount of good; it would make it more popular with the medical profession, increase the number of private ward patients, and increase the confidence of the public in the institution.

I remain, yours,

J. A. TODD.

Toronto, February 11th, 1893.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—Permit me to say that I quite agree with Dr. J. Ferguson in his article in your last issue, concerning the Toronto General Hospital. I am quite convinced that it would be a decided advantage to the public generally as well as the profession.

Sincerely yours,

C. J. HASTINGS.

AMERICAN TEXT BOOK OF SURGERY.

(Published in 1893.)

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—On page 873 I find the following:

“Prostatic Abscess.—When, during an attack of acute prostatitis, the patient suddenly has rigours, followed by increased fever and sweating, it is probable that suppuration has occurred in the gland. If the abscess opens into the urethra, as it usually does, no special treatment is necessary, if it points toward the rectum, however, or if, with unmistakable symptoms of suppuration, the abscess shows no disposition to point in either of these directions, it becomes necessary to evacuate it. An incision should be made in the median line until the pus cavity is reached.”

On page 385, vol. 2nd, International Encyclopædia of Surgery (published in 1882) I find what follows:

“Prostatic Abscess.—When, during an attack of acute prostatitis, the patient suddenly has rigours, followed by increased fever and sweating, it becomes probable that suppuration has occurred in the gland. This does not involve any change in treatment, but digital examination of the rectum should now be made once or twice daily. If

the abscess opens into the urethra, as it usually does, no special treatment is necessary; if it points toward the rectum, however, or if, with unmistakable symptoms of suppuration, the abscess shows no disposition to point in either of these directions, it becomes necessary to evacuate it, as it is very desirable that it be prevented from burrowing between the layers of perinaal fascia, and so finding its way into the perinæum. If this unfortunately occurs, an incision should be made in the median line until the pus cavity is reached."

Those of your readers who have Hare's System of Practical Therapeutics (published in 1892) will find almost the same words on page 597, 3rd vol. From the above, it is evident that the American Text Book and Hare's Therapeutics—the former published this year, and the latter last year—on this one point, have taken the ideas and the language almost verbatim of the encyclopædia published ten years ago. This is book-making of an extraordinary type. No quotation marks are used. Subscribers to these works were assured that they would receive classical works of rare value in a library.

It is, to say the least of it, not very instructive or gratifying, for anyone looking up a particular point to find in their works, intended to be of use for reference, precisely the same language.

Further comment is unnecessary. Medical men should not encourage such methods, especially when the result is to cumber their shelves with mere compilations from standard works already in their possession.

I may add that, on further investigation, I find that the whole article on "Gonorrhœa" (pp. 850 to 881) is a condensation of the article on the same subject in the 2nd vol. of the "International Encyclopædia." In many parts it is a verbatim copy, and I fail to find that it contains any new matter. I am aware that the writer of the article in the Encyclopædia is Dr. J. William White, of Philadelphia, and I am informed that he furnished the article above mentioned for the text book. It would seem that he struck out a phrase, a sentence, or a paragraph, as he thought proper, from his original article, and thus furnished, in quick order, his latest article on this subject. The article may be excellent, but I cannot say that I admire

it so much that I would wish to obtain two or three copies of it.

ANGUS MACKINNON.

Guelph, Jan. 1893.

DR. BULKLEY'S THEORY OF MILK ABSORPTION.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—In the October number of your valuable journal, I notice that in the discussion following Dr. Graham's excellent and exhaustive paper on the "Treatment of Pulmonary Tuberculosis," Dr. Bulkley, of New York State, delegate from that State, advances the theory that milk can be absorbed through the coats of the stomach without digestion. This is, as he rightly states, a question of considerable clinical interest, but it is of more physiological interest when we consider that Dr. Bulkley's theory is in direct contradiction to all physiological teaching, and I am somewhat surprised that the matter was not more fully discussed on that occasion. Being somewhat interested in the matter, I took the liberty of presenting it to Professor Rutherford, probably the greatest authority on such matters that speaks the English language, and with his kind permission I addend his reply to my note:

"14 DOUGLAS CRESCENT,

"EDINBURGH.

"DEAR SIR,—In reply to yours of the 27th ult., I have to say that the account you copied relating to absorption of milk by the stomach, appears to have proceeded from an imaginative, but not strictly scientific, mind.

"You can easily estimate the amount of fat and proteid in cow's milk. Give a measured quantity of the same milk to a fasting cat, taking care to heat milk to temperature of blood. Kill cat half an hour later and estimate the amount of fat and proteid in its stomach, and determine the value of the statement made.

"The salts and water are absorbed at once in the stomach. The casein is soon curdled. If you find the lymphatics of the gastric wall become white, I should be glad to know it.

"Yours truly,

"W. RUTHERFORD."

In the face of this, I would, in the interest of science, like to know on what facts, other than personal experience, Dr. Bulkeley bases his views. Thanking you in anticipation for your valuable space,

I am, etc.,

DONALD MACLEAN, JR.,
Edinburgh University.

January 21, 1893.

THE TITLE OF "DR."

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—The best evidence of our "Americanism" is well illustrated by the adoption by dentists and veterinary surgeons of the title of doctor. That such men have any authority or right to so style themselves is to some extent unwarranted. The certificate of Veterinary Surgeons does not, I think, give the right to be called doctor, and no school or university in Canada gives to dentists the doctor's degree, except the Toronto University, which gives the D.D.S. Yet, it is common for many dentists, whose certificates do not contain the word doctor, to dub themselves doctor. I do not believe that the "vets." or dentists, by any right whatever, should be styled Dr., and are no more entitled to the doctorate than barbers and chiropodists. We are, as Canadians, having too many "Captains," "Colonels," and "Doctors." The tendency of such careless designations to unworthy persons, is to break down the dignity attached to honourable members of the respective professions.

I would like to *know* if the *Mr.* Osler referred to (page 62 *Canadian Practitioner*, January, 1893), is the Dr. Osler or not? Is *Mr.* more respectable than *Dr.*?

Yours, etc.,

J. S. S.

Personals.

We are pleased to state that Dr. J. L. Davison, Editor of *Canada Lancet*, has quite recovered from his severe attack of illness.

Neil McCrimmon, Esq., solicitor for the ONTARIO MEDICAL JOURNAL Publishing Co., will accept our congratulations upon his marriage to Miss Helen

McFarlane, of Thamesville, neice of Robert Ferguson, Esq., M.P.P., East Kent.

THE Parisian Inventors' Academy of Paris France, has bestowed honorary membership and awarded their first-class diploma and gold medal to Dr. C. L. Coulter, the inventor of the Coulter Vaporizer, on the high recognition of the great merit of his invention. The Doctor has recently been appointed Medical Referee for the Independent Order of Foresters for Great Britain and Ireland.

Dr. John A. Creasor, of Spadina Avenue, son of Judge Creasor, of Owen Sound, was married to Miss Lottie Griffiths, daughter of Wm. Griffiths, Esq., of Her Majesty's customs. We wish for him that success in practice which his abilities deserve. He is a graduate in Arts of Toronto University '85, studied medicine in McGill, taking the Sutherland gold medal in Second Year, M.D., C.M., with honors, March, '89.

Book Notices.

A Dissertation on Osteo-Arthritis. By W. H. RUSSELL FIRSBROOK, M.D., M.R.C.S., Consulting Medical Officer to the Government of the Cape of Good Hope; formerly Surgical Registrar to Westminster Hospital. London: H. K. Lewis, 136 Gower St., W.C., 1893.

One rises from the reading of this dissertation with a feeling of disappointment. In a monograph of more than one hundred pages, discussing a disease concerning which much doubt has existed as to its real nature, it is reasonable that we should look for new light, by the aid of which diagnosis shall be made more certain, pathology be elucidated, or prognosis and treatment be rendered more hopeful. Here, however, little is given that is new, unless it be an ingenious theory which aims at affording a rational explanation of the tissue changes which occur, as shown in the following extracts: "Adopting the opinion of those authorities who consider that this disease is dependent on an arthritic diathesis, I would state my belief in a basic arthritic diathesis capable of division into offshoots, of which osteo-arthritis is one, and gout and rheumatism are others, and that these offshoots, too, may become associated

by marriage in the same way as a tubercular diathesis may be associated with an arthritic offshoot" (p. 47). "I shall . . . consider it as brought about by a vitiated condition of the blood acting on the nervous system in those predisposed" (p. 50). "I hope to show how such deficiency of oxygen may produce the most important phenomena of osteo-arthritis" (p. 52). "This theory of the action of deficiency of oxygen in the blood on the vaso-motor centre, or on this and a hypothetical trophic centre combined, seems to explain many of the symptoms of osteo-arthritis" (p. 53).

Though disappointing in not adding anything substantial to our knowledge of this obscure affection, yet it affords an excellent *résumé* of the latest writings on this subject, and propounds an interesting theory to throw light upon its pathology.

B. E. M.

Various Forms of Hysterical or Functional Paralysis. By H. CHARLTON BASTRAN, M.A., M.D., F.R.S. London: H. K. Lewis, 136 Gower Street.

This is the title of a book by H. Charlton

Bastran, M.A., M.D., F.R.S., whose name the profession generally is familiar with as author of several works on kindred subjects, all books of merit. The present work takes up the subject in a most interesting manner, and commences by endeavouring to make one of the most difficult subjects the medical man has to deal with clear as to pathogenesis, with concluding remarks of great value as to diagnosis, prognosis, and suggestions as to rational lines of treatment. The minutiae of detail of the many cases so carefully gone into cannot but prove to be most beneficial to the general practitioner. It is a work of rapid reference and very readable, which facts in themselves should commend it to every practitioner as something wanted and much desired.

A. R. P.

BOOKS AND PAMPHLETS RECEIVED.

A Treatise on Diseases of the Rectum, Anus and Sigmoid Flexure. By JOSEPH M. MATTHEWS, M.D. With six chromo-lithographs and numerous illustrations. New York: D. Appleton & Co., 1892. Canadian Branch, 170 Yonge St., Toronto.

{OVER.

THE TRUSTS CORPORATION OF ONTARIO.

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Miscellaneous.

Professor Heys reports Hygeia Distilled Water to be free from organic contamination of any kind.

"It is not too much to say that healthy stomachs are cholera-proof." This is the encouraging report of an English physician investigating in Germany. Add that "healthy places are cholera-proof," and the whole truth is told.—*Lancet-Chimic.*

McLaughlin's Hygeia Waters may safely be prescribed by the profession in the present outbreak of dysenterical disorders, undoubtedly occasioned by putrescible organic matter in the present city supply. As soon as possible, after the break in the conduit, arrangements were made for efficiently sterilizing and distilling all the water used in this establishment. After being thus treated, all the waters are stored in large slate tanks before aeration, and thus never come in contact with wood in any form.

THE following is said to have happened in a certain Bible class, at a very noted female college in Boston:—

Lady Teacher—Miss Annie, what do you understand by the word "circumcision" used in today's lesson?

Miss A—It is taking the scalp off a male baby when eight days old.

SUGAR in the urine is no more a proof of diabetes than albumen is of Bright's disease, and it is a great mistake to base the diagnosis upon the one point alone. The presence of the sugar may be due to transient nervous conditions, to temporarily defective action of the liver, to excess of sugar in the diet, as when a new clerk goes into a candy shop, or to a disturbance of the general system like that caused by the retention of the milk in women who have suddenly stopped nursing. Gout, syphilis, heredity and renal disease may also cause glycosuria without diabetes. Ord, of London, says that while he has not frequently met with carbuncle or phthisis in glycosuria, they are common in true diabetes.—*North Lan.*

[OVER.]

The LYMAN BROS. & CO. (Limited).

This old reliable firm, which has been in existence for over fifty years, offers the following specialties:—

PHARMACEUTICAL PREPARATIONS, PILLS, TRITURATE TABLETS and HYPODERMIC TABLETS, CHLOROFORM and ETHER (for Anæsthetic Purposes).

Special formulas for PILLS, TABLETS, Etc., a Specialty.

SURGICAL INSTRUMENTS of all Descriptions.

The following is taken from the *Lancet*, of February, 1892:—

We desire to call the attention of the medical profession to the tablets manufactured by THE LYMAN BROS. & CO. (Limited), 71-73 Front Street East, Toronto. The quinine tablets are especially to be commended, filling as they do a long-felt want, in that quinine can be administered in a tasteless form and not in capsules. Many patients are not able to swallow capsules, and object to quinine in an acid vehicle. These tablets disintegrate in from one to two minutes in water, and when given during such period are wholly tasteless: they can also be placed upon the tongue and allowed to remain for a minute until they soften, and their deglutition aided by a draught of water. We have tried them, and have been so favourably impressed with their use as to recommend them where other modes of administering quinine present any difficulties. The same firm are producing other tablets, which are giving very great satisfaction, notably that of cannabis indica, which, from the purity of the drug employed, has given great satisfaction.

EVERY ARTICLE FURNISHED OF THE BEST QUALITY. PURE AND RELIABLE.

Office and Warehouse, 71-73 Front Street East
Chemical Works and Drug Mills, 147-149 Front Street East } - TORONTO.

OBSTETRICAL PRACTICE "CASH ON DELIVERY."

—The fees for obstetrical practice ought to be strictly cash, as, in the nature of the case, there is ample time to make provision for it. We are sorry to say, however, that these fees are not always ready at the time the services are rendered, and, in fact, are too often never paid. We commend the following from an exchange, as a piece of effective logic: "Night of delivery, all things *secundum artem*. 'Doctor, it is not quite convenient to pay you to-night, but, if you will kindly wait for a week, it will be all right then.' 'Oh, certainly, it will be quite as convenient then, for I never lose any money on my obstetrical cases.' 'Indeed, how so? Why not?' 'Oh, because it is getting to be a well established superstition, based on facts, that parents who allow their baby boy to start out in life with a debt on his head the first thing, are sure to have a ne'er-do-well, shiftless son, and if the baby is a girl she is sure to marry a dead-beat.' A peculiar expression came over the father's face, and the mother gave an anxious wondering look at her baby. Half the bill was paid at the next visit, and the rest soon after." Another physician,

while attending an obstetrical case where the pay is not considered good, when asked, "Doctor, is the child marked in any way?" answered, "It has only one little mark about it, but you can easily remove that." "What is that, doctor?" "It is marked 'C.O.D.'"—*The Physician as a Business Man*.

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THE JOHNS HOPKINS MEDICAL FACULTY.—For several years past the trustees of the Johns Hopkins University have been endeavouring to complete the medical school, of which all the departments have been organized except those of therapeutics and anatomy. Transitory financial reverses prevented the organization of the school three years ago, when the hospital was opened, and the trustees made an appeal for half a million dollars to enable them to proceed with the work of medical education. About two hundred thousand dollars were raised, and it is now announced that Miss Mary Garrett, of Baltimore, has most generously given the three hundred thousand dollars necessary to complete the fund.—*New York Medical Journal*.

[OVER.]

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THE DREAM OF THE OVARY—The charge has been made, with no reason, of course, that surgery is becoming too invasive. If anyone believes that such is possible, he has merely to read the conservative interviews and be at once disabused. With the incoming year each, and all of us will hail this radical change in opinion. With becoming joy what glad news this will be for the little ovary which can now uninterruptedly carry on its particular home industry, instead of becoming domesticated into the pickling jar of the progressive gynæcological pathologist. Its commoner and multiplied diseases will vanish, the innocent cysts will no longer be apologetically demonstrated, and operative statistics will dwindle. The peritonæum will no longer be a thoroughfare, and the surprised gut will less seldom twist its bashful coil from the light of day or join in the unnatural alliances of advanced intestinal anastomosis. The vermiform will gladly return to private life; the wandering kidney will be more likely to stay at home, and even the gall stones will elbow their faceted sizes through the dark tunnel of the common duct in the good old-fashioned style, only to be lost in the harmless embarrassment of a delayed stool. Let us hope then, that the surgical millennium is coming, that the knife shall be turned into a spoon, that the pill shall once more have its right of way, that the ovary shall hereafter peacefully wrap the drapery of the broad ligament about her and lie down to pleasant dreams of families yet to be.—*N. Y. Medical Record.*

INTESTINAL ANTISEPSIS.—R. Antikamma and salol tablets aa grs. v. Num. 24. Sig. :—One every three or four hours. In the Gastric Catarrh of Drunkards.—P. Antikamma and quinine tablets aa grs. v. Num. 20. Sig. :—One every two or three hours.—*Notes on New Phar. Products.*

THE IMPORTANCE OF THE SALIVA upon the digestive act has been generally underrated, because physicians usually think that its action is brief, being the time employed in mastication, and that said action terminates upon its entering the stomach. The fact that Morse's Diastase acts as promptly when exhibited one hour after the ingestion of food as during mastication, proves conclusively

that ptyalin is *not* destroyed by the gastric juice, and probably not even held in abeyance during its passage with the food through the alimentary tract, and it is now possible to estimate the importance of the digestive enzymes by experiment with Morse's Diastase, a definite and measurable diastatic agent, *not* an artificial product due to the interaction of the principal constituents of malt, and which do not represent its molecular arrangement. Morse's Diastase is the only preparation of malt which presents these constituents in their normal condition, and, therefore, properly a therapeutic agent deriving its value from germinated grain.

The ordinary syrupy extracts of malt are commonly concentrated in an open pan at a temperature of 212 F. The result is to destroy the diastase which is rendered inactive by any heat over 180°F., imparting a burnt taste and producing a syrupy extract, composed almost entirely of maltose, the substance formed by the action of the ptyalin of the saliva on starch. Now, what is wanted is the *ptyalin* in a *normal* state, and *not* the product of the completed action of the ptyalin on the starch, as is usually dispensed in ordinary malt extracts. Realizing the value of the diastase of malt ever since the introduction of maltopepsin, in 1886, a preparation containing the precipitated extract of diastase (*dry*) and pepsine, Mr. Hazen Morse, of International Bridge, Ontario, formerly of Toronto, has endeavoured to perfect the process of concentrating malt four times more reduced than the syrupy extracts, and yet to make an extract of the density of an ordinary fluid extract, doing away with the syrup or maltose, and presenting the ptyalin in its most active and normal condition. The value of Morse's Diastase is far ahead of the ordinary malt extracts, which have met with such general favour that it is unnecessary to bring forward the many testimonials from high authorities regarding the value of malt in therapeutics.

Believing this new candidate for favour to be ahead of anything he has before presented, Mr. Morse earnestly solicits correspondence with co-workers, and is ready and anxious to furnish any reasonable quantity free to all physicians desiring to make a thorough test. Address, Hazen Morse, International Bridge, Ontario.