Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- ☐ Coloured covers/ Couverture de couleur
- ☐ Covers damaged/ Couverture endommagée
- ☐ Covers restored and/or laminated/ Couverture restaurée et/ou pelliculée
- ☐ Cover title missing/ Le titre de couverture manque
- ☐ Coloured maps/ Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black)/ Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations/ Planches et/ou illustrations en couleur
- ☑ Bound with other material/ Relié avec d'autres documents
- ☑ Tight binding may cause shadows or distortion along interior margin/ La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure
- ☐ Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/ Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
- ☐ Coloured pages/ Pages de couleur
- ☐ Pages damaged/ Pages endommagées
- ☐ Pages restored and/or laminated/ Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached/ Pages détachées
- ☑ Showthrough/ Transparence
- ☑ Quality of print varies/ Qualité inégale de l'impression
- ☐ Includes supplementary material/ Comprend du matériel supplémentaire
- ☐ Only edition available/ Seule édition disponible
- ☐ Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image/ Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible.

☑ Additional comments:/ Commentaires supplémentaires: Continuous pagination.

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						✓					

THE

Canadian Medical Review.

EDITORIAL STAFF:

W. H. B. AIKINS, M.D.,
Physician to Toronto General Hospital.

A. B. ATHERTON, M.D.,
Surgeon to General Hospital, Fredericton, N.B

J. H. BURNS, M.D.,
Surgeon to St. John's Hospital for Women

J. FERGUSON, M.D.,
Physician to Western Dispensary.

ALBERT A MACDONALD, M.D.,
Gynæcologist to Toronto General Hospital.

G. STERLING RYERSON, M.D.,
Oculist and Aurist to Toronto General Hospital.

ALLEN BAINES, M.D.,
Physician to Hospital for Sick Children.

Vol. VI. TORONTO, DECEMBER, 1897. No. 6

Original Communications.

Toronto Clinical Society—President's Address.

DR. ALBERT A. MACDONALD, Toronto.

GENTLEMEN,—I must thank you for the honor conferred by electing me to the highest office in our Society, the first of its kind in the country and the foremost in this city of many medical societies. I can assure you that the kindness is duly appreciated by me, and that my efforts will all be directed towards making this season worthy of the jubilee year in which we live.

"One year—one year—one little year
And so much gone!
And yet the even flow of life
Moves calmly on." (H.B.S.)

In this, the first meeting of our season, we are reminded that as time passes we are not left untouched by its ravages. Whilst we are

all occupied with our pressing duties and spurred onward by our desires and ambitions we are nearing the end.

"Like as the damask rose you see,
Or like the blossom on the tree,
Or like the dainty flower in May,
Or like the morning of the day,
Or like the sun, or like the shade,
Or like the gourd—which Jonas had—
E'en such is man, whose thread is spun,
Drawn out, and cut, and so is done."

(S. WARHEL.)

Two stalwart forms and kindly faces will be missed from amongst us this season. The places of F. W. Strange and C. H. Cook are vacant. They hardly waited until they could feel the "langour of age stealing on," or until they could say, "What can an old man do but die?" but were taken off in a moment, leaving for us the blank not easily filled.

During the past beautiful summer Canada attained an eminence far beyond anything we had expected for her at this early date in her history, and the medical profession here was honored in a way which is flattering in the extreme. Men of the greatest eminence in the scientific world visited our country and our cities, and left behind them words of wisdom which should spur us onward towards higher and better achievements than we ever dreamed of. And I am pleased to be in a position to say (having met some of them on their return to their homes) that they have carried away a favorable and lasting impression of the value of this New World to which many of them were introduced for the first time here in our midst. We cannot help but admire the pluck and determination which enabled such eminent men of science—many of them grown grey with years—to cross the North Atlantic, and return at a time when the gry waves were at their worst, in order that they might meet together in a new place, and expound their theories or lay bare the truths ferreted out from nature by vast and patient effort. Let us take example by their energy, so that we may not flag in our work.

"The only real and lasting enjoyment in life is to be found in work. The conditions of health, happiness, development, mental, moral and physical vigor and unimpaired faculties for old age, are found only in the full exercise of all our powers to the limit of their capacity."

We have many bright examples of men who, though engaged in the most arduous work of active medical practice, have found

time to write good things, not only bearing upon their professional lines, but also upon others more tedious and less tempting. We are pleased to think that in this age of exact science and its application to the every-day affairs of life our profession is not left entirely on one side. It used to be remarked without comment that our profession was necessarily experimental. Now such statement could not go unchallenged. We now know that medicine is no longer entirely an experiment, but that by long years of study it has been raised above the level of the empyrical and experimental. When thinking along this line I am naturally carried back to what I can remember in my earlier medical days, when following "Lister," now Lord Lister, around the wards in old Edinburgh, we saw the vast difference between his work and that of other surgeons, and recognized the hard fight that he had to convince his colleagues as to the value of his new discoveries. Have those wonderful advances been suitably rewarded? In some ways, yes; for no man could be more truly beloved and honored, but in other ways, no. We need not pause, all has not been discovered yet; something remains, and there is no knowing but what some amongst us may one day make as valuable a discovery as Lister did, but we may easily surmise that none of us here will ever have the distinguished honor of making an income out of our profession equal to that of Sir Astley Cooper and others who are said to have made over $100.000 in one year.

Though this is an age of charity and money it rarely "sets in" towards the medical man. We do not live in the Augustan era when "the Emperor Augustus granted to doctors only, of all the citizens of Rome, the exemption of their property from taxation." Some of us would not gain much if our property were exempt, but it would be nice to feel that we were recognized.

It is a little curious that though vast sums are given to found and equip medical charities, there is not a general appreciation of the efforts of the medical profession. "But the gratuitous services rendered by physicians every day to the poor are larger contributions in proportion to their incomes and estates than any of the noble donations which have given fame to the generous."—(C. M. D.)

Whilst on this subject, I may be pardoned for calling attention to some abuses which exist, and in doing so I may say that I speak as much from information gained during my recent visit to the older countries as from knowledge of conditions existing here. It is a fact to be regretted that there are men who do in hospital practice what they would not do in private. Names creep into the public press and

descriptions of wonderful performances, operations, etc., and even cuts of corners of consulting rooms, are dished up by the ubiquitous reporter, who seems to know all about it, in a way that would do credit to a cross-roads journal from a back township or school section. Any one of us may be unfortunate enough to be thus paraded at some time during our professional career, and he who unconsciously meets with such misfortune deserves the sympathy of his colleagues. During my recent visit to England and Germany, I took some trouble to find out about the condition of some of the hospital charity patients, and found that, at least in some hospitals, little care was taken to ascertain whether the applicant for relief was a pauper or not. In one instance I saw the wife of a sea-captain, who could well afford to pay for the services of an expert, accept as a pauper in a public ward the time and energy of an able surgeon. I noticed in passing that the time consumed was quite two hours at the operation alone. Doubtless there are many such cases in the larger cities, and though remedies have been proposed, none can succeed without the co-operation of the medical staff and the hospital authorities. The great number of cases for operation in the hospitals of the Old World seems to have had different effects upon different operators, making some more careful and neat, while others grow careless and slovenly. I saw every variety of method of closing the abdominal incision in celiotomies, and was most struck by that adopted as a rule by Cullingworth, who does not take much trouble with the peritoneum, but closes the muscles and fascia by buried catgut, continuous suture, using silk-work gut for the entire walls. He claims that with the fascia and muscles in apposition there is little danger of hernia, and when we think of the considerable number of cases of rupture after operation, we will not consider any trouble too great if it will ensure a perfect closure of the wound. In Berlin, I was struck with the amount of silk used in tying a pedicle, and the rapid way in which they got over the washing out of the pelvis after rupturing a pus sac.

I think that undoubtedly the best work is done in London, where some, at least, of the operators are as careful, clean and rapid in their methods as one could wish for. The courtesy received at the hospitals was far in excess of anything which one could anticipate, and of such a nature as to make one feel thoroughly at home.

To return to ourselves. There is something in the clear skies and pure air of our northern country which puts life, energy and ambition into each and every one. In our intercourse with the public and our colleagues, let us always feel that we must remember others. Those of us who have been a long time in practice are often consulted by

our fellow-practitioners on cases of medical ethics. I always make such answer their own questions. No study of the law is necessary. When in doubt, act towards another, be he doctor or patient, as you would wish him to act towards you if the positions were changed, and you will not be far wrong. Never forget the facile courtesy which marks the gentleman; he only can be the true physician.

A few words about our society, and I will have done. In the past we have had some papers and discussions which were hardly up to the mark; but we have had others which were as bright with eloquence and as pregnant with scientific facts as one could wish for. I would urge upon you all to keep not merely abreast of the times. The man who will be successful will keep not only abreast of, but well ahead of what has gone before. Let me urge upon you each and every one to attend regularly to the meetings, and come prepared to take an active part in the proceedings. We want constant and incisive criticism; not carping at, but judging of the proceedings with the clear eye of science.

I thank you very much for the patience and attention with which you have listened to me to-night, and close with strong hope of having your full and earnest support in the endeavor to make the meetings of this year surpass those of any former season.

Odor as a Symptom of Disease.

By J. H. McCASSY, M.A., M.D., of Dayton, Ohio.

(Former Superintendent of Kansas State Insane Asylum.)

THE chief functions of the nose are: (1) Respiration; (2) olfaction; (3) resonator to the voice; (4) office of regulator of the aeration of the middle ears. The normal daily secretion of the nasal chambers is about one pint, which comes chiefly from the turbinated bodies, and is used in moistening the air before it reaches the lower respiratory organs. The nasal chambers heat the air for respiration and aid in modulating and modifying the voice sound, giving it proper resonance. Infinitesimal odorous particles dissolved and floating in the air are carried into the nasal fossæ and impinge upon the hairy terminations of the nerve filaments; thence the sensation is conveyed to the olfactory centres. There is but little loss in weight of musk and other strongly odorous substances after they have freely evolved their effluvia for several years. It is the mucous membrane of the upper half of the

nasal fossæ that is capable of appreciating odorous impressions. Like the other special senses, olfaction may be cultivated by attention and practice. Experts can discriminate qualities of wines, liquors, drugs, etc.

Diseases have their characteristic odors. Persons who have visited many insane asylums recognize the same familiar odor of the insane. General paresis of the insane affords us a typical example. It is a true cerebral disease, physiologically, pathologically and psychologically. In it the substances of the convolutions of the brain undergoes a process of degeneration or atrophy, which finally invades the whole nervous system. The nerve and mind tissue die slowly and progressively. The blood current carries the waste tissue to the lungs for aeration, and the result is the foul characteristic odor of this disease.

It is not insane asylums alone, but prisons, jails, workhouses, armies in camp, churches, schools, and nearly every household, that have their characteristic odors. It is when the insane, the prisoners and the soldiers are aggregated in large groups or battalions that their characteristic odor is recognized by our much-neglected "smeller."

Most diseases have characteristic odors, and by the exercise of the sense of smell they could be utilized in differential diagnosis. For example, favus has a mousey odor; rheumatism has a copious, sour-smelling acid sweat. A person afflicted with pyemia has a sweet, nauseating breath. The rank, unbearable odor of pus from the middle ear tells the tale of the decay of asseous tissue. In scurvy the odor is putrid; in chronic peritonitis, musky; in syphilis, sweet; in scrofula, like stale beer; in intermittent fever, like fresh-baked brown bread; in fevers, ammoniacal; in hysteria, like violets or pine apple. Mesales, diphtheria, typhoid fever epilepsy, phthisis, etc., have characteristic odors.

The acuteness of the sense of smell is far greater in many of the lower animals—for example, the dog—than in man, and they employ it in guiding them to their food, in warning them of approaching danger, and for other purposes.

The sense of smell is capable of great cultivation. For example, in the well-known case of James Mitchell, who was deaf and blind from birth, the sense of smell was his chief means of distinguishing persons and perceiving the approach of strangers.

Among many savage tribes the sense of smell is almost as acute as in many of the lower animals. Humboldt says the Peruvian Indians are able in the middle of the night to distinguish whether an approaching stranger is an European, American Indian, or negro.

Society Reports.

Toronto Clinical Society.

THE meeting of the Clinical Society was held in St. George's Hall, November 10th, 1897. Dr. Albert A. McDonald presided. The opening address was then given (see page 179).

Cerebral Abscess.—Dr. G. S. Ryerson reported two cases of cerebral abscess following middle ear disease. Most cases of abscess of the brain, he said, arose from neglected disease of the ear. In the first case, the patient was a young lady aged 18, whose ear had been discharging for fifteen years until three months ago, when it ceased suddenly. When she came under treatment she was suffering from a great deal of pain in the head; there was considerable swelling of the external parts of the ear and a slight fœtid discharge. There was no marked tenderness of the mastoid, but some redness. There were not indications enough for trephining. Caries seemed to be in the external auditory process. The patient gradually fell into the comatose condition and died. Attention to the suppurating ear would no doubt have prevented this untoward result.

The second case was that of a little child, seen once or twice suffering from acute inflammation of the middle ear, although the discharge was not profuse. For three months it had been in failing health. The mother said that its head had felt hot. Gradually it lost power in its lower extremities. It had slight outward squint and ophthalmascopic examination showed double optic neuritis. Tenderness over the mastoid was not marked. Again, indications were not sufficient to justify surgical interference. The patient died. The moral of these cases, Dr. Ryerson maintained. was bad. All cases of discharge from the middle ear should be attended to primarily and not be allowed to run on until the children "outgrew it." Cleanliness should be maintained, and every effort made to bring about closure of the drum membrane.

Dr. H. B. Anderson said he was struck with the fact of having seen five cases of abscess of the brain in the post mortem, during a comparatively short period of time, all resulting from ear disease. It seemed to emphasize the necessity of following Dr. Ryerson's advice of attention to discharges from the ear. In some cases the diagnosis was not made until the post mortem was performed. The sequelæ

observed by Dr. Anderson were abscess of the cerebellum, general septicæmia from streptococcus infection, abscess of the tempero-sphenoidal lobe, thrombosus of the cavernous sinus and extension into both orbits with suppuration.

Dr. Charles Trow said that he had enquired into the cases spoken of by Dr. Anderson and had found that only one had been under the ear specialists. In this one case the patient was deaf in both ears, and it was difficult to get any information from her. Dr. Trow thought if there was one disease in this country which was neglected it was middle ear suppuration. He had frequently heard persons say that their doctor had said it would get better itself, and, as a result, they did not consider it serious. These cases required time and patience, and should not be let go until they were perfectly cured. He had had two cases of death from middle ear suppuration. In one case most of the disease was in the attic. This was a frequentsite of the mischief. In one case he had seen, post mortem, pus was to be seen all around the cerebrum and cerebellum, and also down the spinal cord. In McEwen's book it was stated that most brain abscesses arose from disease of the middle ear.

Dr. W. H. B. Aikins asked as to the value of pyrozone and hydrogen peroxide in these cases.

Dr. Brown asked what the essayist had found to be the best treatment for the obstinate cases.

Dr. Ryerson replied. He said these cases required sometimes much patience, but with few exceptions they would heal so far as the ulceration and discharge were concerned. In most cases it was necessary to clear out any fungoid growths, and for this purpose he had found silver nitrate, from one to two drachms, very useful. Weaker solutions would not do. Three or four drops of this should be dropped in from a dropper after the ear had been gently and properly syringed out. This treatment was painless. It should not be given immediately after an acute or sub-acute attack or great pain or trouble would ensue. In most cases he used a saturated solution of boracic acid for cleansing purposes. Pyrozone and peroxide of hydrogen were useful as cleansing agents, but for the ulcerative condition it would not; the silver solution was needed. They were useful in acute diseases. Iron locally should neve. be applied.

Dr. A. Baines said he had followed Læffert's advice, who advised against using the syringe at all for fear of driving the pus further in, but in its stead recommended applications made by a small swab of cotton batting.

Dr. Ryerson said there was no danger from the syringing if done so as to allow an outward current.

Punctured Wound of the Heart.—Dr. A. H. Garratt presented a heart showing a wound made by a pair of scissors through the right auricle and on into the aorta just outside the valve. The man lived about ten minutes after receiving the wound. The pericardium which had a small hole in it about the size of a pea, and both pleural cavities were filled with blood. Upon his arrival, the man gave a few gasps, but there were no heart sounds to be heard.

Dr. Trow reported a case in which scissors had been the weapon. They had penetrated the left ventricle and through the septum into the right ventricle. The man lived half an hour.

Dr. Bingham said that wounds of the auricle were usually more rapidly fatal than those of the ventricles. In the case reported it was surprising life lasted so long. The pressure of the blood which had escaped into the pericardium was likely the immediate cause of death.

Dr. Greig saw that the wound was five and a half inches in depth. The scissors had pierced the vest, shirt, the skin and fasciæ, the two pectoral muscles, the intercostals between the third and fourth rib, perforated the right lung, passing through four pleural layers, through the pericardium, the auricular appendage and the aorta. The question arose whether an old man could inflict so extensive a wound with scissors three-fourths of an inch thick. The death was, he believed, caused by the wound in the auricular appendage.

Spina Bifida.—Dr. Geo. Bingham reported a case of spina bifida and showed the specimen. He had removed it from a child nine months old. There were no symptoms which would lead him to suspect the spinal cord was seriously involved. He had aspirated some ten days before as it seemed almost ready to burst. This procedure enabled him to ascertain the size of the opening in the spinal column, which was found to be about the size of his thumb. The only difficulty in the operation was in securing sufficient flap to close the wound. There had been a slight rise in temperature. The great point in the operation was to secure absolute asepticity. The child was kept lying on its side and close attention paid to the removal of the excreta. Quietude was secured by the administration of two grains of chloral, followed by one-half a grain every hour for several hours, and repeated when restlessness appeared. The doctor had treated two other cases by the injection of Morton's fluid, but had not good results. Morton's results showed in sixty-seven cases fifty-eight recoveries and ten deaths. The investigation of the Clinical Society of London showed in eighty-seven cases thirty-five cures only. In cases where the knife had been used a series of 150 cases showed only 29 per cent. fatal.

Dr. Pepler said he had one case in which he used Morton's fluid with good success.

Dr. Grey asked how Morton's fluid acted.

Dr. Bingham replied by saying that it produced an adhesive inflammation which obliterates the sac. He alluded to the possibility of relieving the hydrocephalic condition which sometimes followed by spinal puncture.

Toronto Clinical Society.

The forty-first meeting of the Clinical Society was held in St. George's Hall, Elm, St. December 8th, 1897. Dr. A. A. Macdonald occupied the chair.

The following Fellows were present: Drs. McDonagh, G. A. Peters, H. Parsons, G. Boyd, Garratt, J. A. Temple, G. S. Ryerson, M.P.P., A. Primrose, A. H. Wright, A. A. Macdonald, F. Fenton, C. Murray, G. Bingham, E. E. King, Wm. Oldright, F. Grasett, H. J. Hamilton, I. H. Cameron, F. N. Brown, and J. T. Fotheringham.

Dr. Graham Chambers was elected a fellow of the Society.

Dr. Fotheringham reported a case of hysteria in a girl aged 10. Three years before he saw the patient it had an attack of diphtheria which probably may have been considered to have given rise to paraplegic symptoms which presented themselves quite suddenly on November 31st, 1895, disabling the child from feeding herself for ten months. One eye was closed for three months, and the movements of the other were impaired. Some weeks following the paralysis there were twitchings in the arms and legs, but not spastic. For a time there were also rhythmic movements of the head, which were carried an rotatorily against the fists, causing lumps to appear on the side of the head. The paralysis disappeared during sleep. There was no tendency to bed sores, and there was no marked wasting. There was some headache at first and some insomnia. The patient was hyperæsthetic in the presence of the mother; less so in the doctor's. There were two sensitive spots over the two upper lumbar vertebræ. Under purely suggestive treatment a cure was effected in a few days at the Victoria Hospital. After inquiring of the patient why it had come to the hospital, and receiving the answer "To get well," the doctor said that the next day at 12.15 he would come and set the child at a chalk line which was drawn on the floor, and it would walk. Concluding, Dr. Fotheringham said the diagnosis depended on the following points: The interval between the diph-

theria and the onset of the paralysis ; the suddenness of the onset ; the distribution of the paralysis and its disappearance during sleep ; there was no active atrophy : the absence of bed sores ; the increased knee jerk ; the position of the legs —that of simple helplessness ; the rhythmic spasms ; the twitchings ; the hyperæsthesia, more marked in the mother's presence, and the hysterical stigmata.

Dr. Bingham called attention to a case in which he had operated for an empyæma. Although complete recovery took place, the child would not allow its mother to touch the affected side.

Dr. Oldright said that it was stated that there was an absence of the faucial reflex in these cases.

Dr. Fotheringham replied that he did not think this was so. It might by one of the anæsthetic areas in certain cases.

Dr. Primrose presented a child, aged seven, who had come to the Children's Hospital with a psoas abscess. The treatment consisted of opening the abscess, curetting with the finger-nail, injecting a ten per cent. emulsion of iodoform and glycerine and stitching up and sealing with collodion. Healing had taken place by first intention. In a similar case he had presented at the Ontario Medical Association, the abscess subsequently became infected. It was opened and drained, when cultures showed that a streptococcus as well as the bacillus of tubercle was present. The patient had a kyphotic condition of the spine, which led the speaker to refer to the new practice of treating these cases by immediate reduction. He was not aware that this operation had been tried in Canada yet. Objection had been raised to it by a Liverpool surgeon, who held that after correction of the deformity, it was doubtful if there would be sufficient consolidation of bony growth to support the spinal column anteriorly ; and in consequence the individual would have to wear some apparatus to support the spine : that a mechanic with a rigid hump-back could do good work, while one with a wobbly hump would be incapacitated for work. However, Calot, had reported 204 cases with two deaths : one from broncho-pneumonia, and the second from tubercular meningitis.

Dr. F. Grasett considered this result very satisfactory, as it was well known how protracted these cases of psoas abscess were. As to the treatment of kyphosis of the spine, he had been taught that where there was consolidation that any attempts to cure by interference was unsatisfactory and unsurgical.

Dr. G. A. Bingham presented a child upon whom he had done an œsophagotomy in the Victoria Hospital. Five days before the child had swallowed a button about three-quarters of an inch across. The

incision was made from the thyroid cartilage down to the sterno-clavicular joint on the left side. The structure which gave the most trouble in dissecting down was the inferior thyroid artery. The button at one point had just begun to ulcerate through. He did not attempt to close the œsophagus, but packed the wound loosely with iodoform gauze. Rectal enemeta were given for ten days. Since then he had been occasionally passing a stomach tube to prevent stricture, which he considered might probably be a sequela. In reply to a question, he stated that the X-rays had been tried, but "they were not working that day." (Laughter.)

Dr. G. A. Peters examined the case on the day of operation, and could feel the button with his finger, and thought it might have been reached with a coin-catcher. He did not think there was any danger of stricture.

Dr. Harold Parsons related the case of a woman who had swallowed her false tooth, in which he had assisted at its removal by opening the œsophagus. Although all precautions were taken and the wound stitched up, healing by first intention did not occur. This was to be attributed to the infection of the wound from within by the saliva.

Dr. Edmund E. King had had two cases of foreign body in the œsophagus. The first case was that of a child, aged four, in whose gullet a Canadian cent had lodged four weeks before. The X-rays showed it to be just opposite to the second rib under the sternum. He got it out with the probang. The other case was one in which an oyster shell ¾in. by ½in. had been swallowed. This, too, was withdrawn by means of the probang.

Dr. Garratt reported a case, seen by Dr. W. H. Harris and himself, in which the cent was seen by the X-rays to be below the clavicle. Forceps and probang were tried, but nothing withdrawn. On examination after, however, it was seen to be dislodged, and was seen in the stomach. It passed per rectum in due time.

Dr. G. McDonagh said he had a case in which a child had swallowed a flat tin whistle, which he was able to touch with an ivory bulbed bougie. He was able to remove it with forceps.

Dr. Bingham said he was pleased he had not persevered in the use of the forceps in his case, when he saw how far ulceration had proceeded. In looking over the statistics of these cases he had noted that the mortality was very high, due principally to sepsis.

Dr. A. Primrose made some remarks on "The Physics of Surgical Dressings." His remarks arose from the perusal of a recent paper by Preobajensky, of St. Petersburg, who holds that the success in the treatment of wounds by Listerian dressings, is not attained so much by the antiseptic qualities of the dressing as by the allowance for a

continuous stream of evaporation from the wound which carried with it germs and their toxic products. As a basis for his statement the writer had shown that by actual bacteriological examination of wounds, treated aseptically and antiseptically, only about 15 per cent. were actually aseptic. The author had shown that even a poison like strychnine might be powdered over a wound, and if dressings allowing for evaporation were applied, there would be no toxic symptoms; whereas if a protective were applied which did not allow of evaporation poisoning shortly ensued. The speaker said that so noted an authority as Tait held that antiseptic measures were not necessary. This evaporation theory would be an explanation of why his wounds healed so well. The principle would also explain why a drainage of aseptic wound is so valuable in preventing septic absorption. His own practice was to remove a dressing whenever it became saturated, and not to reinforce the dressing, as was the practice with some.

Dr. I. H. Cameron said there was nothing new in what had been adduced regarding the physics of the surgical dressing, if one gave the matter any consideration. Although he liked to have saturated dressings changed, yet he thought the additional dressings would keep up the capillary stream in the direction outward. The objective of the prolective which used to be used was to divert the stream laterally when it had reached the surface at one place. A point that had been brought out was that micro-organisms were carried in the direction of the current, and if evaporation was prevented a septicode was formed. In that case they would go in the direction of the fusion.

Dr. Oldright did not believe that by the reinforcement of the dressing the stream would be continued outward on account of the drying of the surface of the first. His plan was to change dressings if saturated, even lifting the edges to see if the dressings were only partially saturated, in which case he would change them.

Dr Parsons bore evidence to the statement of the essayist, that it was a customary practice with some surgeons to reinforce saturated dressings. When with Halsted he had seen the prolective used next the wound, and likewise the application of various metals; but they had been discarded. He had proven that most wounds, no matter how carefully the antiseptic technique was carried out, still contained germs. This led to the use (in Johns Hopkins) to a change from the aseptic method to the antiseptic. He had found, however, in the treatment of ulcers the protective was very useful.

Dr. Bingham said he would give notice of motion that the Society meet fortnightly instead of monthly.

Dr. Edmund E. King moved that the constitution and by-laws be consolidated and printed.—Carried.

Editorials.

The Victoria Order of Nurses in Canada — Revised Edition.

In medical circles of late there has been quite a ripple of excitement owing to the strong efforts at establishing the above order in our midst. Though the motives of our esteemed representatives of royalty have not been doubted, some strong opposition has been found, the cause of which may easily be explained. Some months ago pamphlets were received by many medical men throughout the land explaining the objects and nature of the proposed order. In these it was intimated that the nurses were to come in here from abroad, that the training was much less than that recognized here, and that they were to be allowed to practice midwifery, etc., etc. To this scheme both the members of the Canada Medical Association and the Ontario Medical Association were opposed, though the British Medical Association at a meeting near its close, when there were but fifteen or twenty members present, passed a resolution endorsing the movement. Now we are presented with a scheme with many of the objectionable clauses cut out. Her Excellency the Countess of Aberdeen has been most indefatigable in her efforts both to please the medical men and the nurses, and also alter the scheme so that it will meet with their approval. Indeed she has succeeded to some extent. A medical man devoted to nursing has been brought to the city from Waltham, a town in Massachusetts, U.S. He has talked, travelled and lectured, explaining the workings and benefits of the order, though he has not answered one pertinent questioner who asks how to raise the golden dollars up to the million mark in order to make a complete success of the scheme. From his remarks we learn that the nurses of the order are not for the very poor or very rich ; the latter class can afford to pay the ordinary trained nurse, and those of the former class are to be looked after in another way, but the members of the Victorian Order are to look after the middle class—those who can pay something but cannot stand the strain of having a trained nurse to pay. To the plan as originally presented we had a decided objection. To the present Provisional Constitution which we understand is to be still farther amended we do not offer the same serious objection. We are all agreed that there is need for thoroughly trained nurses in the

homes of the sick poor. Such work has been admirably done, and is now being done by such organizations as the Nursing-at-Home Mission, the Deaconesses and others. In the first flush of excitement about the new order we must not forget those who have done faithful and good work amongst the poor. On the other hand, we must not oppose anything which will raise the standard and improve the efficiency of our nurses, for well do we know that many lives are sacrificed by the employing of inefficient nurses. It should be insisted on that only those who have undergone a regular course of instruction at a Canadian institution at least equal to that now demanded by the Toronto General Hospital shall be admitted to the order, and that our present staff of nurses will not be seriously interfered with. So far as the towns are concerned the matter is simple enough and might work well if managed with skill and judgment. As to the country districts we can hardly see how it would work out. In the cities we are already abundantly supplied with hospitals that find it hard to keep supplied either with funds or patients. We do not quite understand where the "small cottage hospitals" would come in.

At a meeting of the medical men of Toronto, recently held in St. George's Hall, where the objects of the Victorian Order of Nurses were set forth by Dr. Alfred Worcester, the vast bulk of opinion expressed was against the scheme, and though some of the speakers dwelt chiefly with the sentimental, many and chiefly those whose every-day work brought them into close touch with the people who are proposed to be reached by the new order, were extremely practical in their remarks which were opposed to the scheme. Those who were in favor of it were the men whose work found them amongst the more well-to-do people who could afford to employ trained nurses. Whilst we know that it is true that "he gives twice who gives quickly," we must not forget our obligations to our existing institutions which have done and are doing good work in our midst. Let us, then, learn more of the scheme; study it out as we find it in other places; take the best and reject the worst elements, and then when the present interests have been duly guarded, let us give to it that amount of support which it deserves.

The Fall in Professional Potential.

FOR the reason suggested by this title the *Philadelphia Polyclinic* explains why the medical officers of the United States Navy have failed to attain rank as ward-room officers, why a western state has decided to allow only $1.00 per day and mileage (if he can get it) as an expert witness, and why there has been some cavil at the medical experts in the Luetgert trial for being unqualified to pass judgments on points of comparative anatomy; and asks, like A. Ward, "Why is this thus?" The editorial proceeds to say that there is not as much being done for the support of the professional character as there should be, and lays the blame largely on the sad condition of affairs at medical colleges. It says: "What do we find when we enter the halls of the average medical college? Uncleanness in all its phases. The floor of the lecture-room is slippery with tobacco juice, the atmosphere of the halls reeks with the odor of tobacco smoke, the conversation of the students is loud and often coarse, worse than all, gray-haired professors do not hesitate to relate indecent stories to men young enough to be their grandchildren. These conditions are not all permitted because they are unnoticed by, or acceptable to, the college authorities. No doubt, many medical teachers would wish for better surroundings, but dare not oppose the existing state of affairs, for fear that some disgruntled students would go elsewhere and the college would lose fees. Woe betide the professor whose standard of admission and conduct cuts down the college class.

"Why should not the student be taught by good example the manners of a gentleman, and if this is not sufficient, by strict discipline be made to exhibit at least the outward show of such manners.

> 'This monster, custom, . . .
> . . . is angel yet in this,
> That to the use of actions fair and good.
> He likewise gives a frock or livery
> That aptly is put on.'

"Smoking and spitting should be absolutely prevented in the college building. Noisy demonstrations should be reserved for the outdoor exercises on the athletic field, indecency of speech or action should be discouraged and especially a good example set by the older members of the corps of teachers. Moreover, some real significance should be given to the requirement of good moral character which is printed in so many college announcements, but which seems there for show rather than use.

"We do not entertain the hope that these reforms will cause the Navy Department to alter its rulings, or secure a reversal of the decisions of the courts, or lead veterinary authorities to accept doctors as experts in the delicate question of distinguishing between the bones of a woman and those of a hog; but we do believe that a material advancement of the standing of the profession would result from a better life at medical schools, and that something more is needed than the extension of the course of instruction and the increase of entrance requirements."

The above, we must confess, represents a shocking condition of affairs, and invites the opprobrium of every right and pure-thinking man, be he physician or layman. We are glad to be able to state that this criticism cannot be made of medical colleges of Canada. Our professors and students are not Puritans; they are men fond of genuine fun and amusement, but know that smut talk, filthy stories and other beastialities are not synonymous with wit and humor.

As the Medical Faculty of Victoria University has ceased to exist in consequence of the federation of the University with Toronto University, is it not advisable that the last named institution give *ad eundem* degrees, as evidence of such amalgamation? That such is necessary, we have lately heard of an instance wherein a Victoria M.D., in a foreign country, had some considerable difficulty in proving his M.D. claims. M.D. Vic.

TREATMENT OF INSOMNIA.—Dr. Reynold W. Wilcox, in *Post-Graduate* for November, has an article on this subject. He states that while insomnia is often the result of organic disease, it never in itself causes organic disease of the brain. We have not as yet a satisfactory theory of sleep. The theory that the neuron is the principal factor in causing sleep has much in its favor. It was promulgated first by Robt. Ruckhard. It has since been advocated by others. According to this theory, under the influence of fatigue or certain drugs the neuron changes its shape. The action of these is to cause the neuron to retract the dendritic processes. The drugs that would act best according to this theory would be those that cause the contraction of these neuron processes and at the same time not poison the neuron. The hot bath is the best physical means known. It should be used at about 104 F. and kept until the skin is thoroughly reddened. When all is said against drugs that can be said it usually ends in the use of some one. In all cases hypnotic drugs should be dispensed by the physician, and so disguised that the patient would

not know what is being ordered, and in this way avoid the narcotic habit. This is specially true of chloral where the tendency to form the habit is strong. Dr. Wilcox took strong ground that opium is not a hypnotic at all. That it would relieve pain and thus permit sleep is quite true. They are narcotics. Trional is safer than sulphonal and has not the prolonged action of the latter.

DIARRHŒA.—Dr. R. C. M. Page, of New York, in *N. Y. Polyclinic* for November, has an article on diarrhœa. He classifies the trouble as follows: (1) Irritative diarrhœa due to the disturbing effect of improper diet, purgative medicines, poisons, worms. In severe cases there may be inflammation. (2) Mechanical diarrhœa is due to some obstruction to the portal circulation and consequent hyperæmia of the mucous membrane. This disorder is found in mitral disease, obstructive or regurgitant. Cirrhosis also causes it, and it occurs in general vascular emphysema. (3) Secondary or symptomatic diarrhœa is met with as the adjunct of some other disease, as typhoid fever, tuberculosis, malaria, pyæmia, Bright's disease, in exanthemata. It sometimes occurs in anæmia, Hodgkin's disease, leucocythæmia and over lactation. It is called critical if it occurs suddenly during the crisis of a disease; colliquative when it occurs towards the end of a wasting disease. (4) Nervous or lienteric diarrhœa is due to excessive peristaltic action, and is seen in children during dentition, and in women at the climacteric period. On account of the hyperæsthetic condition that exists, food is rushed through the digestive canal and has no time to become digested. Hence the name lienteric or slippery diarrhœa. (5) Vicarious diarrhœa is due to the arrest of the function of the skin, kidneys or lungs, and an extra tax is placed upon the mucous membrane of the bowels. It is often called compensatory diarrhœa, and is generally salutary in its effects. (6) Fatty diarrhœa is a rare form. It is due to imperfect pancreatic or hepatic action. If there is an absence of bile in the intestines the pepsin acts on the pancreatin and fatty diarrhœa results, as the bile should precipitate the pepsin. (7) Choleriform diarrhœa is due mainly to heat, bad air, faulty hygiene, bad milk. The stools are abundant or scant according as the small or large intestines are affected. The stools are offensive, and if from the large intestines there is much mucus. (8) Chronic cachectic diarrhœa is due to the injurious effects of some wasting disease as syphilis, cancer, comsumption, malaria. In treating diarrhœa it is always necessary to keep the cause well in mind. In intestinal catarrh a mild cathartic may be given to remove any irritating substance. Bismuth and morphia make a good combination. If the

stools are very watery and frequent some astringent as kino may be added to the above. In the more severe types of diarrhœa, such as catarrhal enteritis and cholera morbus, the above treatment should be followed, with the hypodermic administration of morphia when required. The greatest care must be taken over the diet in these cases. The author does not attach much value to intestinal antiseptics.

Book Notices.

International Clinics. A Quarterly of Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, etc, and specially prepared articles on Treatment. Edited by Judson Daland, Philadelphia; J. Mitchell Bruce, London, England; D. W. Finlay, Aberdeen. Volume III., Seventh Series. 1897. Philadelphia: J. B. Lippincott Co.

This volume sustains the high aim of its compilers in containing a series of communications by men of wide reputation for their knowledge of medicine which are of much interest to all medical men who wish to keep fully abreast with the times, and in touch with the leaders of the profession. In the department of medicine there are ten contributions: One on "Hæmaturia," by Tyson; another on "Enteroptosis," by Devove; a third, on "A Case of Pernicious Anæmia," by Alex. James, which show the kind of subject treated, and the sort of man who writes upon it. The most of the work reported on is not of that superfine scientific excellence which involves complicated and expensive apparatus, fine analyses and much computation, but that which every general practitioner may carry on if he will but take some time and pains to make use of the means at hand in his own sphere. In Neurology J. Madison Taylor writes on "The Repair of Will-loss," in which he throws considerable light on certain so-called cases of neurasthenia, which are found so hard to treat. Dr. Jas. F. W. Ross, of Toronto, presents an elaborate article on "The Surgical Treatment of Gall-Stones," which will be read with special interest by our medical men. G. M. Boyd, in the section on Gynæcology and Obstetrics, presents an essay on "The Importance of Exploring the Berth-canal in Search of the Seat of Puerperal Infection." Leonard Remfry writes on "The Diagnosis of Abdominal Tumors from a Gynæcological Point of View." These are but selections made almost at random of those found on perusal to guarantee a recommendation of the entire work, although an occasional article is found to interest the specialist only.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

The Victorian Order of Nurses.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—This cause seems to have been subjected to a typical boom. But the august character of those promoting any scheme should not blind our reason, nor prevent us expressing our opinions against it if we do not approve of it.

In the case of the Victorian Order of Nurses, some things took place that deserve more than a passing notice. In the first place, a certain doctor is imported from the United States to lecture us on the many advantages of district nursing. This may be all right for his country where there are plenty paupers to spend such attentions upon, but we do not need it here. He also took pains to tell us how good a thing it is for us to be loyal. On this head we can mind our own business and take care of our own seals. Then, again, certain doctors in Toronto seem to have been patted a little on the back, and used their good offices to help the scheme through. During the agitation some very sudden changes of heart took place, and some became born again in a very mysterious way.

The scheme so far has had but a very one-sided hearing. At the meetings there seems to have been a goodly number ready to whoop it up and move and second resolutions approving of this, that and the other. But there are only three centres in which district nursing could come into any use in this country, viz, Toronto, Montreal and Quebec City. By no manner of operation could it be made to work in the thinly peopled farm districts or in the smaller towns or villages. Then say what you may, the tendency will be to reduce the nursing profession to one of practical pauperism. The tendency will be for people to apply to the Order of Victorian Nurses, and thus avoid, as far as possible, paying a fair fee to a regular nurse. Many of the order nurses will drop out of its ranks, and in this way crowd out those trained in hospitals. There is no guarantee as to the status of these nurses. They shall be such as are approved of by the Central Executive Committee. This committee may accept any inferior training, or take them in from the States or Britain.

Then the whole scheme is wrong in theory. A large sum of money

is to be collected to set this order on foot. These nurses are to be placed in the field to take the work from the nurses now trained. It will be to the nurses as a crop of free doctors would be to the doctors. I notice by the by-laws I have that they may attend maternity cases. This will introduce into this country one of the curses of Britain. The whole scheme is simply unworkable in this country, and sooner or later will come to naught. If unfortunately it should continue, both medical men and nurses will have good cause to look back and wish it had never been started.

Because some physicians who are regarded as "eminent in their profession" have been won over, that is no reason why the rank and file of the profession should fall into the same mistake. The frogs asked for a king and they got one. He was not a good king as he ate them up. The Victorian Order of Nurses will do some eating. They will eat up much of the work of our regular hospital trained nurses. They will also eat up much of the midwifery practice of the general practitioner. Once the order is started, depend upon it it will assume more and more enlarged privileges and powers from time to time. The Central Committee will not look into all these things, and the many lady superintendents will only be too glad to see their nurses going ahead.

I am sorry to have to speak thus plainly. But the time will come when all will be convinced that we have no need for such an order in this country. Perhaps there may be a few medical "Sirs" as the outcome of all this.

MR. TORONTO.

Redlands, Southern California.

To the Editor of the CANADIAN MEDICAL REVIEW:

DEAR SIR,—Had some one said to me when reading your November issue that ere I saw another copy I would be cozily located in this semi-tropical place, walking its streets and making a new circle of friends, I would have been astonished. However, the protracted and dangerous illness of a brother necessitated his prompt removal to a warmer "clime," and my coming with him. I intended getting him suitably located, then have his wife come and relieve me so that I could return. Although my patient was helplessly weak and taken off a sick bed to which he had been confined by lung trouble for nearly three months, he stood the long journey well, and within the two weeks he has been here has improved so much that he goes up and

down stairs alone, and to-day took a three hours' drive over the peerless Smiley Heights, where one sees the most exquisitely beautiful panorama on earth.

The weather has been like our brightest, balmiest June days, and nights like our May and September ones. Barring a few rainy days in winter patients can live and enjoy themselves out of doors the whole year through. The summer is just as easily borne as ours and the nights are always cooler.

Redlands is the prettiest and perhaps most favorably located of the many beautiful towns in San Bernardino Valley. It has splendid public buildings, schools churches and hotels. Rates about same as Toronto. Many patients, however, prefer renting rooms, and either boarding themselves or boarding out. It is surrounded on all sides but west by lofty mountains, and in the valley are miles upon miles of the richest orange orchards in the world. Flowers of endless variety are always in bloom. There is a prodigal profusion of everything in the way of fruits, palm trees, shrubs, etc. Patients are so charmed that they seem to forget all their ills. You meet everywhere people who were doomed to an early death at home, now active, busy, prosperous citizens.

I must be very brief this time, but will gladly furnish REVIEW or any of your readers with minute details.

Yours truly, J. HUNTER.

421 Orange Street.

The Title "Doctor."

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—It is most pleasing to me to read Dr. Burrows' article, "Medical Doctor," and we have often wondered why our fellow-readers of the REVIEW, or other established journals, do not give their views on subjects named in said article. Indifference, indisposition, or other similar causes, may act as factors which occasion the scarcity of subjects in our journals. However, there is, I feel assured, among those who wish our profession a perpetuity of its established honor, a hearty endorsement of Dr. Burrows' statements, and it would appear that in this generation, especially at this time, there is surely a need of efforts to curtail the powers of our universities *in re* bestowal of the doctor's degree to such inferior callings as dentistry, veterinary practice, pharmacy, etc.

The title "Doctor" is being actually debased by our universities,

inasmuch as they are establishing new faculties, from which the various testamurs of Baccalaureus, *Magister* and *Doctor*, are within the grasp of some "mooney and molluscous men," and as evidence of this assertion we are satisfied that a glance over the announcements of Canadian universities will satisfy the reader on the subject of new faculties. Fortunately for the honor of the *doctorate*, it is given to vets. and dentists by very, very few honored universities of the United States and Canada. Such facts I learn from "The Universities of Canada," etc., the author of which is the Hon. G. W. Ross, LL.D.

Cicero used to say, "Tria esse omnius, genera quae in disceptationem cadere possint : quid fiat, factum, futurumve sit ;" that is, "that there were only three kinds of questions that could fall into controversy : What was doing ; what had been done, and what would happen." Therefore, as regards the first statement, such has been already made in this article in effect, that the title of "Doctor" was being debased by our universities. That such has been done is equally evident, yet fortunately by very few of our schools, who either through a want of shekels for their treasury, or unwise zeal to satisfy the degree-crazed multitude, have broken down the landmarks.

As to *what would happen*, we, although not given but ordinary prescience, can easily understand that the degree of Doctor, instead of being coveted by students in divinity, law, medicine and philosophy, as it has been for many centuries, will not be wanted by these learned professions, but will be meretriciously given to the rabble.

As evidence that during the last century, during defined periods, "the title had fallen into discredit and was a common theme for ridicule," is on record, and the subject furnished fine material for the comic authors and caricaturists ; and as evidence of what the Bengoughs of that period would have done, we enclose three sketches (more fully illustrative of our views), of which we wish a *fac simile* copy could be seen by your subscribers.

JUVENAL.

Nusquam, November 17th, 1897.

Selections.

The Heredity of Acquired Characteristics.

The theory of Weismann that acquired characteristics are not transmitted by heredity has not found favor with the medical profession. Apart from all speculations about body plasma, which is *individual* and modifiable, and germ plasma, which is *racial* and not modifiable—speculations which cannot be said to have a very substantial basis—the question to the medical man resolves itself into this: whether acquired peculiarities and morbid conditions are handed down to offspring. Thee physician who sees instances of congenital syphilis—one of the parents having been syphilitic—and congenital tuberculosis, neurasthenia, etc., derived from one or both parents who had acquired the morbidity, is likely to hold to the opposite of Weismann's contention. That certain nervous affections (as hysteria) acquired by the parent under circumstances of shock, great mental strain, etc., may be transmitted to one or more children is also a matter of frequent observation: finding its counterpart in experiments of Brown-Seqrard, whereby guinea-pigs were rendered epileptic and transmitted to their young epilepsy after certain injuries of the "epileptogenous zone."

Cesare Lombroso takes up the subject of the transmission of acquired characteristics in a late number of the *Forum*. He remarks that the question is of the utmost importance not only in explaining the origin of zoological modifications in different species, but also in aiding us to decide whether we can profit organically, so to speak, by the actions of our fathers: that is, whether the labor of the part can be accumulated and transformed into labor that may be called organic, or whether such labor must be wholly lost.

He alludes to the vast number of facts on record to prove that physical characteristics artificially acquired have been hereditarily transmitted. The biological history of the camel makes it well-nigh certain that the hump, which, as in the analogous tumors on porters' backs is only a collection of fat around a slight protuberance of the vertebræ, is a physical modification produced by burden-bearing, the wild llamas, cestors of the camel, having absolutely no hump, while this hump is atrophied in the racing camel. The callosities of the knees and breasts, which arise in the camel from continual kneeling to receive its load, are acquired like the callosities of the human

body, and though wanting in the camel's wild brethren, they are perfectly apparent in the young camel before he has begun to work.

Among the many examples of acquired psychical characteristics which the writer adduces is the following: Civilized man has acquired in the cerebral cortex—in a fold of the parietal lobe—the psychical centre of reading, which in certain maladies (in thrombosis and apoplexy) is paralyzed, causing the reading power to disappear. Now this centre has positively been acquired within historic time; it is certainly not found in men yet savage. The same may be said of the speech centre—the third left frontal convolution—since everything goes to prove that the first man had no language, just as the new-born child has no language, and the Hottentots and Veddahs have but very imperfect ones. The organ tends to become more and more differentiated in our modern civilization.

The above considerations, though fatal, in so far as they contain scientific fact, to Weismann's doctrine, that acquired faculties, etc., are not transmitted to offspring, will not to some readers carry the conviction which attends the demonstration in individual instances of the direct transmission of acquired characteristics. Weismann contends that influences which affect the somatic cells do not correspondingly affect the reproductive cells, so that the modification or defects is entailed to progeny. But, going back to physical changes, does not the fact of hereditary syphilis prove such transmission? Here, apparently, is an external agent, the virus of syphilis, which has profoundly modified both germ cells and somatic cells in the parent and in the offspring. May not a thousand influences, of various orders, produce a similar effect? The syphilitic father cannot hope that in accordance with the Weismann doctrine, his unborn progeny may escape the malefic infection. The true doctrine of heredity lends no support to this view. That there is a direct transmission of moral as well as physical traits has been of common observation from antiquity.

The doctrine of Weismann, lately so strongly assaulted by Herbert Spencer in the *Contemporary Review*, is so contrary to both physiological and pathological facts that we believe that it will be eventually abandoned by its author, as it is being generally discarded by scientific men everywhere.

The maternal influences affecting offspring are very subtle: a bad organic habit of the one may irretrievably blight the post-natal life of the other. Dr. Frank B. Earle recently reported a notable instance of the kind before the Chicago Medical Society. In the preceding December he attended at the birth of a ten-pound girl, whose mother,

a morphinist, seemed specially solicitous regarding her babe. Inquiry revealed the fact that three children had died soon after birth, the first in two and a half days, and the third in four days. In this case, on the third day, the child became sleepless, pale and prostrate; five minutes later died. The mother had taken eight to fourteen grains of morphine daily, commencing soon after marriage.

Physiologists have observed that previous pregnancies have an influence upon offspring. Dr. Austin Flint remarks that this is well known to breeders of animals. "If pure-blooded mares or bitches have been once covered by an inferior male, in subsequent fecundations the young are likely to partake of the character of the first male, even if they be afterward bred with males of unimpeachable pedigree. What the mechanism of the influence of the first conception is it is impossible to say, but the fact is incontestable. The same influence is observed in the human subject." Fookes, of Fairfield, Wiltshire, England, has given instances of the same kind known to himself. Herbert Spencer, from a review of these and other facts with a like bearing, concludes that: "We must take it as a demonstrated fact that during gestation traits of constitution inherited from the father, produce effects upon the constitution of the mother; and that these communicated effects are transmitted by her to subsequent offspring." We are thus supplied with an absolute disproof of Weismann's doctrine that the reproductive cells are independent of and uninfluenced by the somatic cells: and there disappears absolutely the alleged obstacle to the transmission of acquired characters."—*Boston Medical and Surgical Journal.*

NASAL MUCOUS MEMBRANE AS A REMEDY.—Dr. Rivière, of Lyons (*Lyon Médical*, September 19th), reports that he has employed in the treatment of a certain number of nasal affections a fluid extract of the pituitary mucous membrane, prepared by Dr. Jacquet in the following manner: The mucous membrane of the middle and lower turbinated bones of the sheep is macerated for twenty-four hours, at a temperature kept at 149° F., in water containing four parts of resorcin in a thousand: the liquid is then filtered and subjected to the same degree of heat for twenty-four hours more. The results of the use of this preparation, says Rivière, are analogous to those produced with other substances that are efficient in cases of perforation of the sæptum, rhinitis sicca, and rebellious syphilitic disease of the nose. In a grave case of ozæna, that had relapsed after various sorts of treatment, including the employment of electrolysis, applications of the pituitary

extract, after cleansing, were followed by a rapid subsidence of the odor and then by greater benefit in every way than is generally obtained by the use of procedures less innocent or more difficult.—*N. Y. Med. Journal.*

THE VAGINAL DOUCHE.—Dr. Byron Robinson, Chicago, gives the following directions for a vaginal douche: (1) Use a fountain syringe holding three gallons of water with a four-foot head. (2) Begin with (married women) three quarts of boiled water 103 degrees. (3) Increase the heat one degree at each sitting until it is as hot as it can be borne. (4) Increase the amount of the douche one pint each time until three gallons are taken. (5) Use the douche in the morning, and in the evening when retiring. (6) The duration of a three-gallon douche should be twenty-five minutes. (7) The patient should lie on the back with the thighs flexed on the abdomen, and the legs flexed on the thighs. (8) The douche should be taken on a level plane, the ironing-board serving a good purpose, and not in the bed, on the water-closet or in the bath-tub. (9) The douche should never be taken in the standing or sitting posture. (10) A handful of salt (NaCl) and a teaspoonful of alum may be added to every gallon, the salt to prevent reaction, and the alum to astringe and check waste by secretion. (11) The vaginal tube used in giving the douche should be sterilized, and every patient should have her own tube. (12) A vaginal douche given according to the above directions will prove to be of much therapeutic value in the treatment of pelvic disease, an agent to prevent disease and a great comfort to the patient.—*The Daily Lancet.*

IS MALARIA A WATER-BORNE DISEASE.—In a paper with this title, read before the Johns Hopkins Medical Society (*Bulletin of the Johns Hopkins Hospital*), Dr. Rupert Norton said that there were several points in the consideration of this question which make an exact answer extremely difficult. First and foremost stands the fact that the malarial organisms, those forms producing malarial fever in mankind, have not been recognized outside the blood of human beings. Other similar types or species of organisms have been found in the blood of frogs, birds, etc., but these do not seem to be of the same species as that which produces the fever in human beings. Another difficulty is the occurrence of malarial fevers and typhoid fever in the same places at the same time of the year, oftentimes with very similar types of fever. Again, it is generally supposed that the malarial organisms exist in the soil, and we know that typhoid fever may be

communicated by drinking-water, the belief is a common one that malarial fever may be induced in the same way. Malaria is almost as widespread a disease as typhoid, and yet does not occur in epidemics. We do not find in towns or elsewhere groups of patients whose infection can be traced to a single supply of water or milk. All the evidence that has been so far collected to confirm the water-borne theory is not of sufficiently exact quality to carry much weight. To prove that malaria is water-borne in a given case demands certain conditions, and even if these demands could be satisfactorily met, there would at the present time still be the proof lacking that the malarial parasite lived in the water. Outside of the human body we know of nothing of the life-history of this parasite. To confirm our view we have the definite knowledge that drinking-water from malarial places, does not produce the disease experimentally. And finally, it is probable that a large number of the cases attributed to malarial infection are not malarial, but rather typhoid, and if not the latter, then due to some auto-intoxication, from the intestine. Further, says the author, until we know more of the life-history of the malarial parasite outside of the human body, it is fair to question the water-borne theory of malaria.—*Dietetic and Hygienic Gazette.*

THE PRACTITIONER'S ECONOMIES IN TIME AND EFFORT.—The physician who hopes to accomplish much, who has the ambition to do something more than routine medical work, who wishes to keep abreast of the times, must learn not only to seize the day, but the hour and minute of leisure. The secret of accomplishing much consists in having convenient arrangements for utilizing the scraps of time between professional engagements, and in being able to make light of drudgery. Convenience means the performance of many things; inconvenience the neglect of necessary tasks. The average man will examine urine if his utensils are in or next to his office, and if he has a sink into which to throw waste. If he must go up or down stairs for his examinations, or to empty bottle, or if he must push aside writing materials to make room for his test tubes, he will avoid analysis of urine as much as possible, and he will fail in diagnosis in occasional cases. In writing, a typewriter will be found easier than a pen or pencil. Hour for hour, more can be written, and with less fatigue, in spite of the greater amount accomplished. A roomy and well-arranged desk is a great time-saver. Have a drawer for each line of work that you happen to be engaged in, one for business, one for science, one for correspondence; set aside a space for every important undertaking that will occupy spare moments for more than a few days;

in short, have your notes or letters, or whatever your material may be, so that you can pick them up and lay them aside at a moment's notice. Personal comfort is a great factor in increasing one's capacity for work; perhaps it should even be placed before convenient arrangement of materials. Spare your eyes; use a good lamp instead of gas, and make sure of plenty of daylight, not too glaring. Place your furniture so that the light will not be in front of you. All things considered, your private office ought to be the best room in the house for its purpose. Keep warm, avoid droughts, don't stifle for lack of ventilation in summer. If only one room in your house fulfils these demands, take it for the office. You can put up with imperfect hygiene in the parlor, or even in the dining-room, where you will spend only a small part of your time. Have an easy chair, well cushioned, and preferably one that you can adapt to the height of your desk. In general, make your office as pleasant, as convenient, as comfortable as possible. Use your brain to the best advantage, and not too long on any one task. If your professional work for one day has been mostly in the open air, rest yourself by reading or writing, or chemic or microscopic study. If most of your patients have been office cases, and the day is pleasant, refresh yourself by attending the numerous errands that are always in order. Tax your memory as little as possible with unnecessary details. Keep one of the memorandum blanks which are sent you as an advertisement early in the year, and whenever an engagement is made, jot it down under the proper date. As you pay your life insurance premium, or attend a meeting or deliver a lecture, or discharge any other recurring obligation, enter the next in your list. It will take but a moment to consult your memoranda each morning, and you will be free to forget engagements till the proper time, and need not worry about the probability of mistakes.—*Amer. Therapist.*

LITHIUM IODATE IN THE URIC-ACID DIATHESIS AND IN NEPHRITIC COLIC.—Ruhemann (cited in the *Centralblatt für die gesammte Therapie*) gives this formula for subcutaneous use:

℞ Lithium iodate ..... 15 grains;
Distilled water ..... 150 "

M. A Pravaz syringeful to be injected once a day.

The same author recommends the following formula for pills of lithium iodate:

℞ Lithium iodate ..... 2 drachms;
Mucilage of tragacanth..... a sufficiency.

M. Divide into fifty pills. One to be taken three times a day.

AN OINTMENT FOR PRURITIS.—The *Journal de Médecine de Paris* for October 3rd attributes the following formula to Coover:

℞ Yellow oxide of mercury ..... 1 part:
Vaseline ..... 200 parts.

M. The ointment should be applied at bedtime and also, if necessary, in the morning, by firm and prolonged friction, the affected parts having been previously washed with warm soap and water. It is said to allay the most intense itching.

CREOSOTE IN GASTRIC AFFECTIONS.—The following gives excellent results in cases of infantile gastro-enteritis and various dyspeptic conditions:

℞ Beechwood creosote, 3 minims.
Alcohol, 15 minims.
Gum arabic, powdered, 150 grains.
Syrup, 480 minims.
Orange-flower water, 150 minims.
Water, to make 7 ounces.

A teaspoonful for children, or tablespoonful for adults, immediately before each meal.

Creosote in small doses exerts a particularly favorable action, and under its influence gastric affections and diarrhœa, when due to gastric derangement, rapidly recede.—*American Medico-Surgical Bulletin.*

LACTIC ACID AND UTERINE CANCER.—The treatment of uterine cancer by local application of lactic acid, is again being discussed. This acid has a destructive action upon the neoplastic tissue, converting it into a black pulp, easily removed with a swab. Five or six applications have in some recorded instances been sufficient to destroy epitheliomata, which had recurred after operation, at the cicatrix within three weeks. The adjacent tissue must be covered with a protective plaster or ointment. The acid may be applied with a glass brush, or, better, as a cerate spread on cloth, with a piece of waxed paper over it, and held in place with a bandage or tampon. A paste may be used composed of lactic silicic acid. The dressing should remain in place twelve hours, and after removal the wound is to be carefully washed with water. After a lapse of twenty-four to forty-eight hours, water dressing being used meanwhile, a second application is made, this method being continued until the pathological tissue is destroyed. The pain, while severe, is only of a few hours' duration. The resultant cicatrix is soft and pliable.—*American Journal of Surgery and Gynæcology.*

Miscellaneous.

PROFESSOR BOGOSLOWSKY ON "APENTA."—"W. S. Bogoslowsky, from clinical observations on the action and value of a constant bitter water, draws the following conclusions ('Transactions of the Moscow Section of the Society for the Preservation of Public Health, No. VI.'): 'Systematic treatment with Apenta Water is especially indicated for constipation produced by atony of the bowels, and it has the advantage that its use does not give rise to subsequent constipation. Its action is more gentle than that of some other bitter waters, because it contains less calcium sulphate and no magnesium chloride. It is probably owing to this circumstance that it does not cause crampy pains. The efficiency of Apenta as a remedy for the systematic treatment of obesity is clinically established.'"—*The British Medical Journal, August 28th, 1897.*

INDEX, 1897.

VOL. V.

ORIGINAL COMMUNICATIONS.

SOCIETY REPORTS.

EDITORIALS.

SELECTED ARTICLE.

SELECTIONS.

CORRESPONDENCE.

BOOK NOTICES.

OBITUARY.

MISCELLANEOUS.

PERSONALS.

VOL. VI.

ORIGINAL COMMUNICATIONS.

CLINICAL NOTES.

SOCIETY REPORTS.

EDITORIALS.

INDEX.

SELECTED ARTICLES.

SELECTIONS.

CORRESPONDENCE.

BOOK NOTICES.

MISCELLANEOUS.

PERSONALS.