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Dominion Medical Monthly

VOL. IV.]

TORONTO, ONT., JUNE, 1895.

[No. 6.

ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

METALLIC SUTURES IN FRACTURE OF THE PATELLA, WITH AN IMPROVED METHOD OF INTRODUCING THE SUTURES.

By J. J. CASSIDY, M.D.,

Member of the Consulting Staff Toronto General Hospital, Toronto.

J. R.—, æt. 34, male. The history of this case showed that in December, 1883, the patient sustained a fracture of the right patella, which was treated for three months in the usual manner. In June, 1884, he stumbled in getting off a waggon in Toronto market, and owing to the muscular strain made in recovering the erect position, a second fracture, or rather a recurrence of the original fracture took place. For this accident I treated him at the Toronto General Hospital, using Langier's splint. The result of the treatment, which lasted three months, was fairly satisfactory, though bony union did not occur. As the sequel will show, a cartilaginous union took place about a quarter of an inch in depth, uniting the anterior parts of the fragments. Previous to the first fracture, he had done farming work, but subsequently he was obliged to confine himself to light work, such as attending to horses and driving. Occasionally, also, he was laid up, owing to strains of the injured part, and was obliged to give up work for several weeks at a time. On one occasion, when climbing down from a hay loft, he slipped, and being unable to use the injured leg freely, he was obliged to throw himself to one side for fear of breaking the patella, and, in falling to the floor, sustained a Colles' fracture of the wrist. In

September, 1893, he lost a month's time, owing to pain in the fractured patella, from an effort made in getting into a tram-car. A similar accident and loss of time occurred in the following November. The patient being only thirty-four years' old, of good constitution, free from rheumatism, and obliged to support himself by hard labor, I advised him to submit to an operation in order to secure bony union of the twice fractured patella. Dr. L. McFarlane, of Toronto, concurred in this opinion, and subsequently assisted me at the operation. The patient was then sent to the Toronto General Hospital and remained in bed for a few days while the seat of the operation was thoroughly cleansed with anti-septics.

December 1, 1894. Chloroform having been given, a free transverse incision was made across the centre of the right patella, down to the bone. I found the upper and the lower pieces of the injured bone united by a firm cartilaginous plate, about a quarter of an inch in thickness. This plate was so firm in structure that it was necessary to use a finger-saw in dividing it. The plate was completely removed, exposing a fresh surface of bone in each fragment of the patella. Strange to say, instead of finding the open knee-joint behind the patella, there was a kind of thickened capsule, which covered the front of the knee-joint. In liberating the fragments, this capsule was opened at one spot, so that the interior of the joint was exposed. It was also necessary to remove some cartilaginous tissue from the sides of the fragments, so as to bring the edges of the bone together. Two holes, parallel to each other, were then drilled with a small hand drill in each piece of the patella, extending from the anterior to the posterior surface of each fragment. Heavy silver wire sutures were then passed through from the upper to the lower fragment, twisted, and nailed flat to the anterior surface of the bone, the ends of each strand being buried where the fresh surfaces of bone came together. The external wound was sutured with silk, no drains being used. The wound was dusted with iodoform, covered with antiseptic gauze, bandaged and attached to a well-padded posterior splint.



would enable a surgeon to rapidly pass a ligature about a bleeding tonsillar artery, which might have been wounded in tonsillotomy.

Either of these needles will be found useful in drawing or withdrawing sutures, which may be required to steady fragments of bone in fractures of the maxilla, etc. A flexible aluminium needle, armed with a steel tip,

In the subsequent treatment, slight suppuration occurred at the inner angle of the wound in the soft parts; the remainder of the wound united by first intention. There was no synovitis. The patient remained in bed two months and a half, afterwards he walked about with the aid of a cane.

March 1. Three months after the operation, the fragments were united firmly. When standing erect, he could advance his right foot to the front, without previously flexing the knee; and when lying down he could raise his knee from the couch, the limb being extended, without previously flexing the knee. It was clear that the union of the fragments was completed. He could walk, but could not flex the knee. Though not ankylosed, the movement of the knee was restricted, and this was due to the fact that the patella was attached by adhesions, and could not be moved from side to side when the leg was extended. To remove this disability, massage and passive motion were tried for two weeks unavailingly; and, finally, as the patient would not be satisfied with the result which had been attained, I decided to try forcible breaking-up of the adhesions.

March 6, 1894. The patient having been chloroformed, a stout tenotome was introduced and some of the patella adhesions severed. The leg was then grasped and flexed on the thigh; some adhesions yielded easily, but on continuing the flexion the patella was fractured at the junction of its upper and middle thirds above the place where it had been sutured. The fracture was partial, there being little separation, and the parts came together perfectly when the limb was extended. The amount of flexion gained at the knee-joint was equal to a right angle. The limb was subsequently bandaged in extension to a posterior splint and kept at rest for fourteen days. Passive motion and massage were then practised regularly for a month. The last fracture in the patella healed readily, and when he left the hospital about the middle of May the patient was able to walk without difficulty. In June, the following month, he went to work at a brewery, and, though steadily engaged there up to the present time, he has not lost a day.

March 1, 1895. When the leg is extended, the patella on being grasped, can be moved freely from side to side. The leg can be flexed at a right angle, and when extended the heel can be raised from the couch without flexing the knee. The quadriceps femoris, which, from long disuse, had become wasted, is enlarging, the right thigh above the knee being only half an inch smaller than its fellow. He walks well and lifts heavy weights without fear.

REMARKS.

I claim to have devised a method of introducing the wire sutures, which, if not original, at least facilitates the most difficult part of this operation. After the holes are drilled opposite each other in the fragments of the patella the silver wire is pushed down through one hole in the upper piece and an aluminium needle, with a eye in its point, is pushed through the opposite hole in the lower piece. When the silver wire appears in the gap between the two pieces, it is caught in the eye of the needle, deftly twisted, and the needle

is then drawn back through the hole in the lower piece, carrying the suture wire with it. If there should be any difficulty in pushing the silver wire through the hole in the upper fragment, it may be attached to the eye of the needle and pushed down to the gap; the needle is then detached from the wire, drawn back through the opening in the upper piece, introduced through the hole in the lower piece, reattached to the wire, and the operation finished as in the first instance. Another plan would be to draw a suture in the ordinary way, through a drilled hole in the upper fragment, by means of the shorter needle, to detach the wire from the needle in the gap, and to finish the operation by pushing the larger needle down through a hole in the lower fragment, attaching the suture to its eye, and withdrawing it as already described. There can be no doubt that a really formidable difficulty in introducing the sutures is easily and rapidly overcome by the use of the flexible aluminium needles, which I have just described. Each needle is of such a size that it passes easily through the holes made by the drill and the soft cancellous tissue of the patella is not injured. The needles were made for me by Messrs. Chandler & Sons, Toronto.

SCIENCE IN MEDICINE.*

By F. OAKLEY, M.D.

The word science is now in everybody's mouth, and we all imagine that we have a clear conception of its true signification. I, for one, however, confess that I had but a vague idea of its true meaning until I saw a paper, read by Dr. Ray Lankaster, at a late meeting of the British Association. That eminent naturalist and physician says: "Science is not any and every kind of knowledge. Knowledge of art and literature is not science. Knowledge of the various manufacturing processes is not science; nor is knowledge of the stars or of the joints of a beetle's leg. The truth is, a man may have an acquaintance with all the facts in every branch of knowledge, and yet be devoid of science. All the inventions and machinery in the world may be obliterated without causing a moment's concern to a single student of science. It is of the utmost importance for the progress and well-being of science that this should be understood. The true devotee of science troubles himself little about pecuniary reward, but ever faces nature with a single purpose—to *ascertain the causes of things*. We may say that of all kind and varieties of knowledge, that only is entitled to the name science which can be described as knowledge of causes, or the order of nature. In science, as in the problems of every-day life, an appearance has to be accounted for—a hypothesis or guess is the reply. The truth of that guess is then tested, this testing is an essential part of the process. If my guess be true, then so and so as to which I can decide by inspection of experiment must be true also. In every-day life we have often to be content without fully testing the truth of our con-

* Read at the meeting of the Ontario Medical Association.

tures, and hurry into action based on such unverified suppositions. Science, on the other hand, can wait and demand again and again the testing and verification of guesses before they are admitted as established truths, fitted to be used in the testing of new guesses and the building up of scientific doctrine."

In applying the foregoing considerations to medicine we may say *en passant* that the history of the healing art may be divided into (1) ancient medicine, (2) modern medicine. Ancient medicine was almost purely empirical. Modern medicine deserves to be regarded as scientific. Modern medicine is by no means like modern history—coeval with Christianity—but had its rise probably with the Renaissance, and, like religion, had to struggle against the accumulated errors of ages; nor can it be even yet considered free from the crude unverified theories and superstition of the past. The weakness of ancient medicine and the barrier to progress was a slavish adherence to authority. To doubt the dicta of Hippocrates, Galen or Cullen was rank heresy, and ruined the unfortunate sceptic. The present time may be considered the high tide of modern or scientific medicine.

Science, as defined by Dr. Lankaster, is the guiding light of medical investigation. A deep, earnest desire—I might say, a passion—has taken possession of the best men in the profession to use to the fullest extent that—shall I say, divine—faculty of guessing; not mere idle guessing, but scientific guessing, followed up by patient, laborious and painstaking verification. Our best workers are the least impatient for results, and prefer to await the gradual process of thought evolution, rather than snatch a premature notoriety, which too often ends in discredit to the profession and mortification to the impatient investigator.

In reviewing the whole field of medicine, who will say that we have not made the most marvellous progress within the last quarter of a century? The scientific guesses of Lister have robbed surgery of its terrors. The almost infallible hypothesis of Pasteur will, in the near future, tend to equal success in the treatment of diseases depending on micro-organisms and the poisons generated by them. Prophylaxis and hygiene are now so thoroughly understood as to produce a sense of security of human life never felt before. By an intelligent and energetic guardianship of the public health, we can now laugh at cholera and small-pox; and the denizens of our cities feel as secure as those who live in healthy rural districts. Science is even teaching us that many of the phenomena of disease which were formerly looked upon as enemies to be combated by the most powerful weapons of the armamentarium of the *materia medica* are, in reality, salutary; and the phenomena of disease are simply the operation of cause and effect, in other words, *vis medicatrix naturæ* of our forefathers. The limited time at my disposal for the reading of this paper necessarily prevents me from alluding to many other considerations of the highest interest in connection with the subject of "Science in Medicine." On some future occasion I hope to do more justice to a subject which would require a volume instead of a ten minutes' essay.

Special Reports.

THE PRESENT STATUS OF THE ANTITOXINE OF DIPHTHERIA IN ONTARIO AND IN LONDON, ENG.

By J. J. CASSIDY, M.D., Toronto.

Subjoined I present a condensed statistical report of fifty-one cases of diphtheria treated by twenty-one different physicians in Ontario. These physicians have been supplied with the antitoxic serum of the New York Pasteur Institute, through the agency of the Provincial Board of Health of Ontario. Contagious disease hospitals, as at Toronto, have been supplied gratis; physicians in private practice have paid for the serum supplied at the rate of \$2.50 per 20 cc. The price is now reduced to \$2.25 per 20 cc. In two instances Behring's serum was used.

Report of cases of diphtheria treated by antitoxic serum under the auspices of the Provincial Board of Health of Ontario: Total cases, 51; physicians reporting cases, 21; recoveries, 44; deaths, 7; percentage of mortality, 13.72; percentage of recoveries, 86.28; bacteriological examinations of membrane made, 13. No other treatment used, except in some instances, local treatment of throat, 14; internal treatment, viz., tr. ferri per, hydrarg. bichloride, stimulants, calomel fumigation, inhalation of steam and slaked lime, 25; treatment not mentioned, though probably similar to that called usual, 12.

This report would be more satisfactory if a bacteriological examination

of the secretion from the throat of the patient had been made in every instance. The bacteriologist of the Board, Mr. J. J. McKenzie, examines specimens of membrane, sent to him, at the Bacteriological Department of Toronto University, and reports by telegram or telephone, if required. That his services have not been availed of, in every instance, indicates on the part of the physicians who have reported cases, either gross negligence or else a failure to appreciate, at their true value, the really striking differences manifested in a study of the life histories of the bacteria, whose battle-ground is the human tonsil. It is earnestly to be desired, that, in future, all physicians reporting cases of diphtheria will not fail to send the report of the bacteriologist, appended to the history of each case.

The subjoined quotations from the very latest report of the medical superintendents of the infectious hospitals in London, Eng., contain some encouraging references to antitoxine. I am induced to present them, in this form, having culled them from the report of the Metropolitan Asylums Board, so that Canadian readers may be in a position to estimate, at their true value, any disparaging references or remarks which may be made at Medical Society meetings, or elsewhere, about the curative virtues of the antitoxic serum. While the best friends of science are quite prepared to admit that the remedy is yet on its trial, it would be regrettable if the victories already won should be forgotten.

Dr. E. W. Goodall, Medical Superintendent of the Eastern Hospital,

writes: "Last June (1894) I was furnished with a small quantity of the antitoxic serum, obtained from the Institute Pasteur, and I employed it in certain cases, of which, however, the number was too few to enable me to come to any definite conclusion as to its merits. In October, through the kindness of the Council of the British Institute of Preventive Medicine, I was supplied with a quantity sufficient for a considerable number of patients. The results of the treatment in these cases have already been made known; they went to conform the conclusions to which various foreign observers had previously come, viz.: that the remedy was one of much value. At the end of the present year the medical officers of the Board will doubtless be able to pronounce a very decided opinion upon the merits of the treatment. For the present, I have only to add that in my opinion the method is full of hope and encouragement, and that during the next few months it will be subjected to criticisms and inquiries more keen and searching than have, I venture to say, been applied to or undertaken in the case of any other remedy or form of treatment."

Dr. William Gayton, of the North-Western Hospital, writes: "The large number of 1,163 cases have come under treatment during the year, and although a proportion might not, if submitted to a bacteriological examination, have shown the distinctive 'Lœffler's bacillus,' yet from all clinical points of view they were such as could not be placed in any other class of disease. The serum or antitoxine treatment of this fatal, loathsome and contagious disease has,

within the last twelve months, sprung into sudden and world-wide notoriety, and as all are more or less interested, any hint or procedure cannot be passed over with indifference, neither can it be denied that the evidence produced apparently shows that some remarkable results may accrue, so that possibly a perfect revolution in the mortality statistics may eventually be the outcome. If only a fraction of lives now lost—in England alone, during the twenty-five years, 1868–1892, they have amounted to 97,000, or a yearly average of 3,900—can be preserved, the names of the introducers of this treatment will deservedly be immortalized. The questions as to its freedom from danger, its effects on those severe cases that unhappily form so large a proportion of those coming under observation in our special hospitals, its action on the post-paralytic seizures so unfortunately common, and, further, the immunity that it may give against future attacks, can hardly for some extended time be answered with confidence; but all the evidence, nevertheless, thus far points to an essentially satisfactory conclusion. Accurate clinical observations and the collection of cases arranged particularly as regards ages and degrees of severity will settle the, as yet, many doubts; some, however, will possibly remain beyond our generation. If any field for testing conclusively this remedy be sought, it would seem to be difficult to find a more suitable and extensive one than that afforded by the Metropolitan Asylums Board's hospitals; combined, however, with the use of the remedy, bacteriological cultiva-

tions must imperatively go hand-in-hand."

Dr. F. F. Caiger, Medical Superintendent of the South-Western Hospital, writes: "There is little doubt that the diphtheria mortality would have been somewhat higher had it not been that from the 26th November, owing to the courtesy of the Council of the British Institute of Preventive Medicine, and to the exertions of its director, Dr. Armand Ruffer, we were enabled to treat all the severe cases with antitoxic serum. The efficacy of this remedy, in cases which can be brought under treatment at a reasonably early date, is beyond question, and the Board is to be congratulated upon having made arrangements which will ensure all the hospitals being continuously supplied with the serum at an early date. Owing to the public-spirited way in which the Council of the British Institute of Preventive Medicine have continued to supply us with serum in the meantime, a good many lives have been saved which, there is little doubt, would have been lost if we had been obliged to wait until the Board's own supply could be made available. The process of manufacture takes a considerable time, and the demand for the remedy has hitherto been far in excess of the supply. The arrangement entered into with the Conjoined Board of the Royal Colleges of Physicians and Surgeons, for the systematic examination of all cases admitted under a certificate of diphtheria is a move in the right direction. It not only lightens to some extent the stress of work which the recent advances in our knowledge of the life-history of diphtheria has thrown

upon the medical staff of the fever hospitals, but it also tends to lessen our responsibility in respect to the accurate diagnosis of the disease in doubtful cases, by providing an appeal to the judgment of a skilled and competent bacteriologist. The arrangement can never do away with the necessity of having a limited laboratory equipment at each individual hospital, but it provides a supplement of undoubted value."

Dr. C. E. Matthews, Medical Superintendent of the Fountain Hospital, writes: "The new remedy, serum antitoxine, was only employed in the last month, and upon too few cases to justify any deductions; but if the hopes of those who are best entitled to give an opinion as to its value are fulfilled, we may confidently expect to lower the death-rate in the current year, as well as to alleviate in no small degree the sufferings of those who are attacked by this deadly and pitiless disease."

Special Selections.

HAVE WE ANY MEDICAL FACTS?

By JOHN R. HAMILTON, M.D., M.C.P.S.,
Port Dover, Ontario.

Inasmuch as the practice of medicine is largely composed of anomalies, we are often led to regard the classification of diseases as greatly at fault, and to believe that the earlier teachers were often in error both as to classification and therapeutics.

A few decades since venesection was considered an essential factor in the management of each and every ailment of the human race, to be fol-

lowed almost as unvaryingly by some of the depressants—antimony, for example; but to-day the demand is for stimulation and general supporting measures. It would now be difficult to point out a practitioner who dares practise blood-letting except perhaps in some rare and special instance. The old-time calomel, while it still holds place in the *armamentarium therapeuticum*, no longer serves the purpose of a cholagogue, for which action it was originally extolled. In a case in which cholecystotomy was performed by a medical friend it was found the flow of bile (which was collected for several days) was actually decreased by the administration of mercurous chloride; also that it was greatly stimulated under the use of bismuth salicylate, a drug for which hitherto no such specific action had ever been claimed.

When we look back upon the myriad of new remedies that within less than a decade have become candidates for place in the *materia medica*, only to shine for a month perhaps and then flicker and die, is it any wonder that doubt succeeds doubt, and that the beliefs inculcated at the inception of the medical career are constantly being weakened? Look at the coal-tar derivatives and imitations in their numberless forms and striking nomenclatures! Each and every one has been claimed as a specific, true and absolute, in some form of febrile or nervous disease; and yet all, when put to the test, proved to be either flat failures or of so uncertain and dangerous a character that they can be employed only in conjunction with some powerful heart and nerve restorative. In the near future—

indeed, the reaction has already set in—we will be compelled to fall back upon less persuasive but much more safe and satisfactory drugs, such as obtained before these new medicaments made their *début* in the medical world and set all rational therapeutics at naught. Another potent reason for discarding these synthetics and pseudo-synthetics is the prevalent practice of indiscriminate prescribing by the counter chemist—a practice that is so demoralizing and so fraught with danger to the public as to demand special legislation; it is well known these products can only be safely prescribed by a qualified physician, and even then their action requires to be critically watched, yet the percentage marketed through legitimate dispensing methods is known to be but a tithe of the great total of sales.

The arguments employed, *pro* and *con*, regarding the use of alcohol in medicine, are enough to befog the brain of the most faithful student; yet how few medical men can be found who, after a few years of practical experience, would undertake the duties of their calling without the aid of this drug! When we reflect on this and many other questions of like nature that confront us at every turn of life, it must be concluded that, leaving anatomy aside, there are very few medical facts.

On turning to pathology it is discovered that there is an even more marked division as to cause and effect than in therapeutics; and when was added the pathogenic microbe, confusion seemed to have reached its maximum. Perhaps at no time in medical history could this fact be

more fully realized than in the present juncture, when it is found that the most beautiful platform erected by pathogenic bacteriology speedily crumbles before calm and dispassionate investigation. In Germany the Klebs-Loeffler bacillus first saw the light of day, and was claimed to afford certain settlement of all diagnostic disputes; but alas for the theory! the same little microbe is found in a score of maladies other than diphtheria, and moreover is frequently entirely lacking in the latter. So, too, the "cholera bacillus," so-called, is no more pathognomonic of the Asiatic scourge than of every-day rural scabies. We find another example of doubt when turning to a disease more generally prevalent than either diphtheria or cholera, viz., typhoid fever. In this malady, only a short time since, the careful physician hesitated before he presumed to prescribe that mildest of cathartics, castor oil; but now, forsooth, it is found, according to the report of a Toronto practitioner, these cases should all be treated by active purgatives at the very outset, whereby the percentage of mortality will be greatly lowered—I give this statement for what it is worth, but decline to stand sponsor thereto. And so we have a labyrinth of conflicting opinions, all doubtless the outcome of honest conviction and research, but which tend only to more impress the opinion that the profession is deficient in absolute medical facts.

In corroboration of the foregoing divergencies of opinion, I have to dwell on an epidemic of very unique character that occurred in my own neighborhood during the autumn and

early winter of 1894. For any parallel to this the young practitioner would search his text-books in vain, as the only approximate classification is a few lines by some author on herpetic tonsillitis, and even here the most striking symptoms are conspicuous only by their absence. This malady at times presented more the signs and symptoms indicative of diphtheria than those of tonsillitis. So prevalent was the epidemic that scarcely a family escaped its visitation. On examining the throat the exudate was generally found so exuberant as to form large patches in the same region of the fauces as the diphtheritic deposit occupies, remaining about the same length of time, and producing in many instances slight hæmorrhage from the nose and throat. There was the same tumefaction of tonsils, swelling of cervical glands, and serous infiltration of surrounding tissues causing enlargement of the neck—of shorter duration, however, than in true diphtheria. In only one case did I see suppuration of the gland in a strumous subject.

The affected children generally had a decided rise in temperature, sometimes to 103° at the evening exacerbation. The pallor and listlessness of diphtheria were largely wanting, although in some cases drowsiness presented itself as one of the symptoms. The difficulty in deglutition, so common to all diseases of the throat, was perhaps more marked, but in most cases the appetite for food was not wholly wanting, and in many the amount of daily nourishment taken was about the normal quantity of health. The color of the exudate appeared to the naked eye to be

nearly that of diphtheria, but perhaps not so ashen, and when removed from the throat dissolved more readily. The duration of the disease in most cases was about seven days, and convalescence supervened and progressed much more rapidly than in the more malignant disease. In no instance that I can recall did paralysis present itself as a sequel, the only thing of this character being a hoarseness, or a nasal twang to the voice, that soon passed off.

Of this peculiar form of tonsillitis we must have had in this small town and neighborhood at least one thousand cases, while in the country at large two thousand would probably be nearer the mark; and of this vast number, not one death was ever chronicled that I could discover, either from the disease *per se* or from its sequelæ; in fact, as soon as the dread of the epidemic, with its very diphtheria-like symptoms, had passed off, and it was discovered to be self-limited, many families declined all medical attendance, nursing their sick through the trouble as in ordinary cases of cold or mild bronchitis.

Every practitioner has not the time or appliances to make a culture test, nor the knowledge of the bacillus that would enable him to detect it when made; therefore during the prevalence of this epidemic, as a matter of satisfaction to himself, one of my medical compeers sent a piece of membrane to an expert in a neighboring city, who promptly reported it harbored the Klebs-Loeffler germ. The case from which this was taken in nowise differed from the others; it made the same rapid recovery, and exhibited none of the symptoms of depression

or paralysis, or any other diphtheritic sequelæ. Now, if in this case the Klebs-Loeffler bacillus was present—and I have no cause to doubt its presence—we certainly have good grounds for accepting Hansemann's statement, corroborated as it is by a score and more of equally reliable observers, that the so-called diphtheria bacillus is often wanting in true diphtheria, and as often present and harmless in many other diseases of the throat.

The question now naturally arises: Have we this bacillus with us at all times? Does it remain dormant, merely awaiting an opportunity, when the fortress is not guarded, to assert its virulence? In other words, is it always a stealthy enemy lying in wait for the moment when atmospheric pressure is suitable and the vital force of the patient at low ebb, as some pathologists claim of the tubercle bacillus?

In view of the foregoing history of an epidemic, the like of which every medical man must have seen, or something similar in the way of anomalies, we are forced to the conclusion that the most learned of our profession have yet much to learn of diphtheria and its allied diseases, and when the antitoxine treatment has been in use for a few years, we may still discover we have only a few medical facts.

When one comes to the practical part of this or a similar epidemic, he can readily pardon the young man who calls it diphtheria, who naturally thinks his treatment specific, and wonders at his marvellous success; but unfortunately, sooner or later after this great run of success, he is certain to encounter an epidemic of the genuine death-dealing

diphtheria, in which he loses every third case, when he will be apt to lay the blame of ignorance upon his teachers and text-books, because neither were sufficiently explicit in the differential diagnosis of diphtheria, and gave next to nothing as to the pathology and treatment of herpetic or follicular tonsillitis—nothing to enlighten him as to whether he is dealing with a simple and harmless case or with one of great dread and danger—in fact, whether he has on hand a case of life or death. While we excuse the younger man for his rashness in pronouncing a disease diphtheria which is not, we can never forgive the more aged schemer who pronounces it diphtheria for a sinister purpose. He sees in it a grand opportunity to increase not only his statistics, but his popularity and his purse; by doing so he gets the ear and attention of the thoroughly frightened parents, who have seen (according to their limited sense of vision) just such cases in the families of Jones and Brown during a former epidemic, where every third case died, while their present subject's advisor is not losing a case. Such fireworks are, however, generally, and fortunately, of short duration, and the owner is soon only in possession of the rocket-stick; nevertheless, he will re-light this when the next epidemic of roseola visits his constituency, which, of course, will be called "scarlet fever," and treated with unprecedented success.

When we see nosologists, and all medical writers, in fact, going to great trouble to give the differential points between diphtheria and scarlet fever—a fact ten times more easily discovered by the student of medicine

than the differential diagnosis between the former and the epidemic malady just under consideration—we are again forced to believe that the authors of the future will view diphtheria in a different light than they have done in the past, and not try to convince us (as many eminent men of the British Isles have done) that croup and diphtheria are one and the same disease; in fact, a few good men still cling to that belief. We, of course, who have practised in this country think we see such a marked contrast between the sthenic croup and the asthenic listless diphtheria, that we wonder at such a conclusion, and wonder more whether we have any medical facts.

TREATMENT OF HYDROCELE.—

A letter from France to the *Medical Press and Circular* says that the classical treatment of hydrocele, puncture and injection of tincture of iodine, or some other irritating liquid, has been rendered much more simple by a surgeon who has published the result of several cases cured rapidly by the method. He inserts the trocar into the most dependent part of the tumor and removes the liquid; he then injects a 5 per cent. solution of carbolic acid, which is removed almost immediately. The trocar is introduced a second time into the canula, and, pushing it up toward the highest point, a counter-opening is made. The trocar is again withdrawn, and a drainage-tube is passed through the canula and left in position, the canula being removed. The patient can immediately get up and walk about. The drain is withdrawn on the fourth day, and in a week the man is cured.

Reports of Societies.

AT THE MEETING OF ONTARIO MEDICAL ASSOCIATION THE FOLLOWING PRO- GRAMMES WERE CARRIED OUT.

The first paper was read by Dr George A. Peters, of Toronto, the title being, "Delayed Union in Fractures." The paper was discussed by Drs. F. J. Shepherd, T. K. Holmes, F. LeM. Grasset, T. H. Cameron, W. J. Gibson, C. R. Dickson, T. D. Meikle and T. S. Harrison.

The second paper was read by Dr. F. J. Shepherd, of Montreal, on "The Operative Treatment for Bronchocele," and was discussed by Drs. A. B. Atherton, F. LeM. Grasset, T. H. Cameron and J. C. Mitchell.

At 2 p.m., the proceedings were opened with the address of the president, Dr. R. W. Bruce Smith, of Hamilton. Then came a paper by Dr. R. N. Fenwick on "The Primary Repair of Genital Lesions of Child-birth," which was discussed by Drs. H. T. Machell, A. A. Macdonald, A. H. Wright and J. A. Temple.

In the Medical Section the first paper was read by Dr. S. Lett, of Guelph, on "Narcotic Addiction," and was discussed by Drs. R. J. Trimble, C. R. Dickson, W. H. Harris, J. Noble, D. Clark and P. H. Spohn.

The next paper was by Dr. N. H. Beemer, of Mimico, on "Puerperal Insanity," discussed by Dr. D. Clark.

Then came a paper by Dr. G. Hodge on "The Use of the Stomach Tube," which was discussed by Drs.

A. McPhedran, H. A. Macallum, J. Noble, J. Hunter, P. E. Doolittle.

Papers were then read by Drs. P. P. Burrows on "The Intelligent Use of Rectal Injections, with Improvement of Ordinary Rectal Syringe" (by title); and A. McPhedran, on "A Case of Morphæa."

In the Surgical Section the chair was occupied by Dr. A. B. Welford, and Dr. J. C. Mitchell acted as secretary. Proceedings were opened with a paper by Dr. H. Howitt, of Guelph, on "An Operative Procedure for Spina Bifida," and was discussed by Dr. Ross.

Next on the programme was a paper from Dr. F. LeM. Grasset on "Tumors of the Bladder." It was discussed by Drs. A. Groves, E. E. King and A. H. McKinnon.

Dr. A. Groves read a paper on "An Operation for Hare-Lip," discussed by Drs. G. A. Bingham, G. A. Peter; and N. A. Powell.

The next paper was by Dr. G. McDonagh, the title being "Some Remarks on the Operation for Cleft Palate," which was followed by one from Dr. T. K. Holmes, entitled "Remarks on Appendicitis," the latter being discussed by Drs. A. B. Atherton, H. Howitt, W. C. Jeffers and A. H. McKinnon.

Dr. J. C. Mitchell concluded the proceedings with a paper on "Traumatic Septicæmia."

The first evening general session was opened with a paper by Dr. T. F. McMahan on "Calomel Fumigation in Treatment of Diphtheria."

Dr. W. J. Wilson, of Richmond Hill, then read a paper on "Diphtheria," followed by one on "The Present Position of Antitoxine in the

Treatment of Diphtheria," by Dr. Charles Sheard.

A paper was then read by Dr. J. T. Fotheringham on "Pseudo-Hypertrophic Muscular Paralysis," and was discussed by Drs. T. K. Holmes, A. McPhedran and H. A. Macallum.

Dr. W. F. Chappell, of New York, read a paper on "Laryngeal and Tracheal Tuberculosis," which was discussed by Drs. G. S. Ryerson, L. L. Palmer, P. H. Bryce, Price Brown and W. J. Wilson.

The next paper was by Dr. A. Primrose on "The Use of the Projection Microscope in the Teaching of Anatomy," which was illustrated with limelight views. It was discussed by Drs. E. E. King and N. A. Powell.

The proceedings were concluded by the election of the Committee on Nominations, which resulted in the appointment of the following members: Drs. Wright, Powell, Temple, Ross, Holmes, McPhedran, Sheard, McFarlane, Wilson, Harrison, Macallum, McKinnon.

At the morning session on Thursday Dr. Taylor, of Goderich, occupied the chair.

The first paper read was by Dr. A. R. Sturgeon on "Hydrotherapy in the Treatment of Exanthematous Fevers," followed by a paper entitled "A Few Remarks on Home and Foreign Climate in Consumption," by Dr. E. Playter, of Ottawa (read by title).

Dr. George Acheson then read a paper on "Cases of Post-Pharyngeal Abscess, Double Cephalæna toma, Lacoma, Colitis," etc., which was discussed by Drs. H. T. Machell and G. A. Peters.

Mayor Kennedy was then introduced to the members, to whom he made a short address.

The next paper was from Dr. L. McFarlane on "A Case of Anterior Abdominal Nephrectomy for Calculus," followed by one on "Seminal Vesiculitis," by Dr. E. E. King, and discussed by Dr. G. A. Peters.

Dr. J. D. Edgar then read a paper on "Antitoxine in the Treatment of Diphtheria," discussed by Mrs. Dr. J. B. Gullen. The next paper was by Dr. G. A. Bingham on "Movable Bodies in the Knee-Joint," discussed by Dr. F. J. Shepherd.

Dr. H. T. Machell described a case of "Infantile Scurvy," the paper being discussed by Drs. Bethune and Shepherd.

The next paper was by Dr. W. J. Gibson, and treated of (a) "A Case of Ectopic Gestation;" (b) "A Case of Mental Aberration following Removal of an Ovarian Cyst," discussed by Drs. Oldright and J. F. W. Ross.

Dr. J. F. W. Ross read a paper on "Modern Experimental Surgery on Man and Woman," which was discussed by Drs. Oldright, Cronyn and F. J. Shepherd.

The Committee on Nominations then handed in their report, the following being the substance of it:

Place of meeting decided on by majority vote—Toronto.

For President, Dr. F. LeM. Grassett; 1st Vice-President, Dr. McKinnon; 2nd Vice-President, Dr. Gibson; 3rd Vice-President, Dr. Wilson, Richmond Hill; 4th Vice-President, Dr. Macallum, London; Secretary, Dr. J. N. E. Brown; Assistant Secretary, Dr. Charles A. Temple; Treasurer, Dr. George A. Carveth.

The visiting members were then entertained by their local colleagues at the Royal Canadian Yacht Club. The luncheon at the club-house reflected great credit on the Committee of Arrangements and the steward of the club, and everyone present seemed to enjoy himself immensely. Not the least enjoyable part of the entertainment was a post-prandial cruise on the yacht *Cleopatra*, which came as a cooling balm between two sessions of mental energy.

At the afternoon session the proceedings were opened by a paper from Dr. J. Campbell on "Phlegmasia Dolens," which was discussed by Drs. H. H. Wright, W. H. Harrison, Walker, J. L. Addison and J. Campbell; followed by one from Dr. W. B. Thistle, entitled "The Antiseptic and Eliminate Treatment in Typhoid Fever," discussed by Drs. H. H. Wright, J. E. Graham, W. H. Harrison, H. J. Saunders, A. H. McKinnon and A. Bethune.

Dr. F. Oakley then read a paper on "Science in Medicine."

Papers from Drs. Reeve, Davison and Teskey, Sweetnam and Ryerson, were read by title.

Dr. D. Marr then read a paper on "The Treatment of Pulmonary Tuberculosis;" and one entitled "Notes on Paresis," by Dr. E. H. Stafford, was read by title.

Dr. D. C. Meyers followed with a paper on "Traumatic Neurasthenia."

At the opening of the evening session, Dr. A. H. Wright moved that the report of the Committee on Nominations be accepted, which, after a spirited debate, was done, with the exception that Windsor was decided

on as the next place of meeting, instead of Toronto.

The usual reports of committees were handed in by their respective chairmen, and with the votes of thanks in accordance with the ordinary routine the Association adjourned.

THE ONTARIO MEDICAL ASSOCIATION.

The Fifteenth Annual meeting of the Ontario Medical Association was held in the Council Building, Toronto, June 5th and 6th.

R. W. Bruce Smith (Hamilton), presided.

Drs. F. W. Chappell (New York), ex-president, W. H. Moorehouse (London), F. J. Shepherd (Montreal), and A. Williams (Georgetown, Demarara), were invited to seats on the platform.

Delayed Union in Fractures. --The opening discussion was led by Dr. Geo. A. Peters (Toronto). The essayist detailed the various causes of delayed union, and discussed at length the ultimate results of the various sorts of fractures. He dealt first with the preventive treatment of delayed union. When the condition was such as to excite apprehension as to the ultimate result, the medical man should secure his safety by consultation with a fellow-practitioner as to the line of treatment and the prognosis. The first essential was to secure good position, and then to retain it. Meddlesome surgery was bad. He believed in removing the bandages and loosening the splints if there was discomfort, or for the purpose of expos-

ing the limb to the air and sunlight, but in no circumstance should one move the fragments. No testing should be done till full time for union had elapsed. If union did not occur after a reasonable time, general constitutional treatment should be adopted; and locally the ends of the fragments should be rubbed under anæsthesia. Perhaps it would be necessary to cut down to bring the ends together. In certain cases of non-union in the upper extremity, the inconvenience was often so slight as not to justify operation.

PRESIDENT'S ADDRESS.

Dr. R. W. Bruce Smith, in opening his address, said, he felt especially honored, as he was one of the youngest men who had ever occupied the position of president of the Association, and he felt grateful, both for the honor and for the hearty co-operation of the other officers. The presidential work had revealed much valuable knowledge regarding the work and scope of the Association. The annual meetings fostered scientific investigation, and engendered a mutual respect and kindly feelings among the members. The President paid the following tributes: "He, who two years ago presided with characteristic grace over the deliberations of this Association, is missing from our gathering to-day. I refer to the late Dr. R. W. Hillary (Aurora), who died in October last. Known, as the deceased was to many members of our Association, as a worthy and upright man, and an honor to the ranks of the profession he adorned, no words of mine are needed to add lustre to his memory. In the early years of this Associa-

tion, when much of its future success depended upon the foundation upon which the organization rested, we were favored with the services of a most energetic Secretary, whose zeal might be described as almost boundless. The name of J. E. White will not soon be forgotten, as one to whose earnestness for the welfare of this Association much of its present strength is indebted. His very sudden death a few months ago was deeply regretted by the large circle of friends his geniality had won for him." While such meetings, the speaker continued, exercised such an important influence on the advancement of professional character and attainments through the discussion of medicine and surgery, they also tended to promote that unity among the members of the profession which difference of location and environment and varieties of specialism were liable to disrupt. Formerly there was much sameness in the professional lives of medical men, now there was a great difference. The specialist in laryngology, for instance, whose vision was confined to the illuminated spot, resembling in size the gold piece which would be the reward of his skill, would not likely to be able to understand the trials of the man who went from shanty to mansion, who turns in a moment from measles to broken bones. All these diversifying elements were bound together in such associations as this. The study of the origin of disease was the aim to-day—prevention rather than cure. This was an important stage in the study of medicine as a result of the trial of serum therapy, the outcome of bacteriological investigation. The

essayist then discussed at some length the matter of thyroid feeding, of auto-intoxication, and surgical pathology. He pointed out that we were beginning to detect strong conservatism in the surgery of the female pelvic organs. Now, perhaps man's pelvic extremity was in greater danger than woman's, through the attempt to relieve the enlarged prostate. He referred to the interest the public were more and more taking in the work of medical men in their increased confidence and respect. The question of "immunity" all were interested in. Doctors should teach mankind with patience and charity, the dangers to the physical system of intemperance and other vices, and to aim at the perfection of the race.

Pneumonia.—Dr. Bray (Chatham) made some general remarks on the subject of pneumonia, and related the history of a case. The onset was marked by soreness in the abdomen and general malaise; but shortly the classical signs presented themselves, and both lungs became affected, delirium supervening. Large doses of sedatives had little or no effect. The asthenia was marked, and the patient suffered greatly from insomnia, going without sleep for five days and nights, due to his restlessness, occurring after the temperature became subnormal.

Treatment of Diphtheria.—Paper by Dr. W. J. Wilson (Richmond Hill). The doctor stated that the disease was mostly of early life, when the glands are in a greater state of activity and the secretions more abundant. Enlarged tonsils predispose greatly to diphtheria, as do also an irritated stomach, with coated tongue

or decayed teeth filled with food. Other predisposing causes are the proximity to manure heaps and kitchen garbage, and, in the country, the storing of large quantities of vegetables under the house during the winter. The presence of the Klebs-Löffler bacillus in city sewers is due to bad plumbing. The doctor then treated with the membranous attack, stating that deposits have been found in both the stomach and intestines, the tonsils being usually the first point. The pseudo-membrane is formed of poisoned epithelial cells, leucocytes, fibrine, the Klebs-Löffler bacillus, and various pus-forming and pathogenic germs. The paper then treated of the various toxic and other complications of the disease. Epistaxis is a dangerous symptom, as it is caused by hyaloid degeneration of the capillaries. Dilatation of the heart cavities is commonly found, and may be increased by congestion of either lungs or kidneys. In diagnosis of diphtheria, the doctor stated it as his opinion that in epidemics of the disease a great many cases show a membranous deposit which contains no Klebs-Löffler bacillus, and that it is criminal to send a patient to an isolation hospital without having first made a bacteriological examination. He also says that cultures should be made before the discharge of a patient. Speaking on prophylactic treatment, the doctor said: "At present we are anxiously looking to antitoxic serum as a proficient prophylactic; but while using it we must not neglect other means." In infected districts he advises as much out-of-door exercise as possible, antiseptic sprays to throat and nose, frequent washing of

mouth and teeth, and, above all, strict attention to the digestion. Dr. Wilson looks upon good dietary in diphtheria as one of the most important matters in the whole treatment, and combined with early and repeated stimulants, good nursing and general management, as more than half the battle, and that a defect in these often turns the scale in spite of the most judicious medication. The doctor does not have much faith in scraping or rubbing off the pseudo-membrane, and the application of germicides to the abdomen, but speaks highly of hydrogen peroxide and pyradine as great solvents and disinfectants. He then treated tersely with some of the applications which have been and are being used with more or less success, including acid carbol., hydrarg., perchloride, or bin. iodide, sulphur, solutions of chloral, etc. (as germicides), hot poultices and cold application. When the nasal passages are affected every effort must be made to keep them free, as failure in this particular, as a rule, means absorption of a fatal dose of poison. Here again, the doctor states, hydrogen peroxide and pyrozone do excellent work. The doctor then dilated on the increasing popularity of calomel fumigation, and gives some interesting statistics with regard to the efficacy of the treatment, not only its intrinsic benefits *par seulle*, but also in cases where the remedy has been resorted to in connection with tracheotomy and intubation. Dr. Wilson's paper ended with a plea for early operation in laryngeal diphtheria, whether it be tracheotomy or intubation, and he claims that it is a matter of indifference as to which is used.

Metallic Sutures in Fracture of Patella.
—Dr. J. J. Cassidy (Toronto). After giving the history of an interesting case of fractured patella, the doctor described the following method of applying sutures to the same. "In the performance of the operation, I claim to have devised an original method of introducing the wire sutures. After the holes are drilled opposite each other in the fragments of the patella, the silver wire is pushed down through one hole in the upper piece and an aluminium probe, with an eye in its point, is pushed through the opposite hole in the lower piece. When the silver wire appears in the gap between the two pieces, it is caught in the eye of the probe, deftly twisted, and the probe is then drawn back through the hole in the lower piece, carrying the suture with it. If there should be any difficulty in pushing the silver wire through the hole in the upper fragment, it may be attached to the eye of the probe and pushed down to the gap, the probe is then detached from the wire, drawn back through the opening in the upper piece, introduced through the hole in the lower piece, reattached to the wire, and the operation finished as in the first instance. There can be no doubt that a really formidable difficulty in introducing the sutures is easily and rapidly overcome by the use of the flexible aluminium probe, which I have just described. The probe is of such a size that it passes easily through the holes made by the drill, and the soft cancellous tissue of the patella is not injured. The probe was made for me by Messrs. Chandler & Sons."

The Primary Repair of Genital Lesions of Child-birth.—The discussion in ob-

stetrics was led by K. N. Fenwick (Kingston) on the above subject. The matter of recent tears, he said, required special attention under the light of asepsis. They occur in the best hands. The fault was not in their occurring, but in their being neglected. The careful physician should always examine by touch and sight. Too often through fear of anæsthesia bleeding or septic trouble, lack of assistance, these cases were allowed to go. When left to nature, the ends of muscles, nerves, fasciæ mucous membrane are drawn into the cicatrix, and various reflex disturbances follow, together with subinvolution, prolapse, retroflexion, etc. The question of immediate repair of the cervix was still under discussion. The essayist said in view of the disastrous consequences which may follow he rather favored immediate repair where possible. The reader of the paper referred to a case in consultation where he found the perineum and recto-vaginal septum had been torn through and closed by skin sutures—a case where septicæmia was present. He re-opened, irrigated thoroughly and did a flap-splitting operation. His method in recent tears of the perineum is to place patient on left side, tampon the vagina, and take deep stitches with a curved needle, commencing at the vaginal part. The doctor then dealt with the matter of cervical tears. This operation was so simple, he said, as to require neither assistant, anæsthetic nor speculum.

Treatment of Pulmonary Tuberculosis.—Dr. Marr (Chatham, Ont.). After discussing the etiology of the disease and relating three interesting cases, the essayist spoke of the treat-

ment. There were two objects to keep in view—the strengthening and innervation of the tissues of the body so that the animal cells might be in such a condition as to successfully combat the invasion and increase of the bacilli; and, secondly, the neutralization and destruction of the toxæmic substances already generated by the specific micro-organisms whose deteriorating influence upon the blood was so well marked. In the pre-tubercular stage, when the most prominent symptoms were the gastric, he used creosote combined with ol. meth. pip., spt. chloroformi, tr. gent. co., tr. nucis vom. and spt. frumenti; for the pyrexia quin. sulph. and podophyllum, the latter being replaced by opium when diarrhœa was present. The cough is relieved by morphine in small doses; this drug also lowers the temperature and lessens the pulse rate. The hæmoptysis is treated by a mixture of dilute sulphuric acid, ergot, gallic acid and tincture of cinnamon. The reader closed his paper by discussing the hygienic treatment.

Synopsis of a Paper on Some Unusual Cases in Practice.—By Dr. Geo. Acheson (Galt). He gave a brief account of half-a-dozen cases of unusual occurrence which he had met with during the last three years. The first was an example of double cephalhæmatoma with enlarged thyroid occurring in a second confinement after forceps delivery. Complete recovery with practically no treatment. The second was a case of leucoma in a woman occurring on the inner side of the lower jaw and floor of the mouth, resulting probably from the irritation of a badly-fitting tooth-plate. The third was a case of retropharyngeal abscess, com-

plicating capillary bronchitis in an infant five months old. The patient was at death's door before the diagnosis was made, but after the condition was recognized and the abscess opened through the pharynx, the recovery was rapid and complete. The fourth case was one of deep atheromatous cyst in the neck, a rare tumor of congenital origin developed in connection with the fourth bronchial cleft. Simple evacuation would not effect a cure, so the whole cyst was dissected out. The next was an instance of complete loss of sight in one eye following acute dacrocystitis with stenosis of the nasal duct. The blindness persists. The last case was one of membranous colitis in a little girl three and a half years old, cured by attention to diet, washing out the bowel with a solution of cup. sulph. gr. ij . to ʒ j . of distilled hamemetis half strength, and for medicine perchloride of mercury and syr. phosph., co.

An Operative Procedure for Spina Bifida.
—Dr. Howitt (Guelph) presented this paper. After stating his ideas regarding spina bifida in his pre-operative experience, he describes his plan of operating as follows: "When normal skin covers the tumor, the outlines of the skin-flaps are traced on the surface of the tumor. After perforation of the skin, the probe-pointed blade of the scissors is introduced between it and the membranes of the sac, and the skin divided. The flaps are now by the fingers or the scalpel handle separated from the cyst down to the fascia of the back. By the same means the base of the tumor is parted from its loose attachment to the fascia beneath it till the

pedicle is exposed. A prepared silk or other suitable ligature is tied as deeply as possible on the pedicle, and all external to it removed. After oozing has ceased, the wound is closed and dressed; a pad of gauze is placed next the wound and covered with absorbent cotton, and the whole covered by a piece of oiled silk, the edges of which are sealed to the back with collodion to prevent the ingress of urine. If the tumor has been very large, drainage may be required. When part of the tumor has no cutaneous covering the line of the primary cut for making the flaps should run in the skin at least a quarter of an inch from the margin. The patient should be kept at rest for two or three weeks. The essayist reported seven cases treated, four of whom are living. In only one case, an unfavorable one, was death attributable to operation.

Phlegmasia Dolens.—Dr. J. Campbell (Seaforth, Ont.). It consisted of a report of two cases of phlegmasia dolens occurring in his practice—one a few years ago and the other recently—with treatment. Both had a fatal termination, but from different causes. In case one the woman had varicose veins of the leg in a pronounced degree, which laid her up for two or three weeks before labor. After confinement multiple abscesses formed along the course of the femoral vein, developing a well-marked case of perivenous cellulitis, resulting in blood-poisoning and death from exhaustion on the ninth day from confinement. The second case occurred in a woman who had borne several children. The woman was delivered of twins; the labor was easy. She lost a good deal of blood, and the doctor had to

remain with her after delivery for some time. On the fifth day she took a severe chill, which was followed by high fever and rapid pulse. The milk was secreted abundantly; the lochia was not suppressed. There were no signs of inflammation or puerperal fever. The usual treatment was pursued, but the temperature ranged from 101° to 102° . On the ninth day after delivery the patient complained of pains in the calf of the left leg, and a well-marked case of phlegmasia dolens developed, and it bid fair to run a mild course. On the sixteenth day after delivery another physician saw her, and pronounced her, to all appearances, out of danger. On the evening of the same day she was taken with pain in the calf of the other leg, which the friends, contrary to the doctor's warning, rubbed. They turned her over on the side, and even made her sit up. She almost immediately died, death occurring from embolism of the pulmonary artery.

The Intelligent Use of Rectal Injections, with Improvement of Ordinary Rectal Syringe.—By Dr. P. P. Burrows (Lindsay). The doctor deplored the fact that the household rubber syringe of to-day is wanting in the fact that the nozzles are invariably too hard, too short and too thin for ordinary purposes; that even the vaginal douche should be of sufficient width to straighten out the rugæ in the vagina, and the nozzles supplied for administering enemata are ridiculously short, as they reach little further than the sphincters, and it is impossible with them to reach an impaction with a solvent agent. The doctor advises the use of a soft rubber tube 18 to 30 inches long, and gave an interesting

case of long-standing impaction which he relieved by introducing the full length of a 30-inch tube, and using an injection of soapsuds and glycerine.

Septicæmia.—Dr. J. C. Mitchell (Enniskillen) reported a case of septicæmia or pyæmia, where from a very insignificant incision through integument of knee there was systemic poisoning from absorption into the wound of some micro-organism. There was thrombosis of left femoral vein, extensive infiltration of the connective tissue between the integument and the superficial layer of muscles, the limb being swollen to twice its normal size, followed by great destruction of the infiltrated portion. Before the pus discharge began the limb had assumed a gangrenous appearance, being covered with a number of plebs and ecchymoses, and the general symptoms pointed to a fatal termination. The treatment consisted of incisions and the free use of milk, whiskey, quinine and iron. At the end of the third week the patient had a very severe attack of nervous trouble, characterized by tonic and clonic spasms of nearly all the muscles of the body, except the head. The doctor classified this as tetanus. The seizures returned for over a week, when the patient made a good recovery.

Notes on an Epidemic of Herpetic Tonsillitis.—By Dr. John R. Hamilton (Port Dover). The writer of the above paper was not present, but a short *résumé* of it will not be out of place. The doctor begins with a strong doubt as to the efficacy of antitoxine in diphtheria, saying that many of the profession must look with suspicion at the marvellous suc-

cess claimed by its advocates. He then gives the principal features of an epidemic, which occurred in Norfolk County, in 1894, where most of the symptoms resembled those of the dread disease, with the exception of pallor, loss of appetite and listlessness. The doctor says that the exudation resembled that of diphtheria in all that it was not so ashen colored. There were hundreds of cases in the village, and yet there was not a single death reported, either from the disease itself or its sequelæ. During the epidemic one practitioner in the district sent a piece of membrane to the Ontario Board of Health for examination, and received in answer that the microbe of diphtheria had been found in the specimen. From this fact the writer concludes that some German pathologists are right in the fact that the Klebs-Lœffler is to be found in other anginas besides diphtheria. The doctor also claims that it would be absurd in such a case to send all those afflicted to the Isolation Hospital, or to close the Public Schools. In conclusion, the writer pleads that too much stress is placed on the fact that the Klebs-Lœffler bacillus has been found in diphtheric exudation, and that much investigation is needed still with regard to the etiology of diseases which we are trying to force ourselves to believe, are due to one bacillus and one only.

Extra-Uterine Pregnancy.—Dr. W. J. Gibson (Belleville) reported a case which had run four and a half months. The first symptoms were those of cramps, followed by peritonitis. One month after relief from this she was attacked with severe pain and flatulence. A tumor, the size of a child's

head, was found in the pelvis. There had been no signs of menstrual flow; the breasts were not enlarged; the os was patulous, and the uterine cavity clear. Being very weak, supporting treatment was given for a week. After exploration per vaginam a large aspirating needle was introduced, and four ounces of watery fluid, followed by an ounce of dark blood, escaped. In four days a similar procedure was carried out. Improvement followed for three weeks, after which examination revealed fœtal movements. After opening, the sac was seen to have no adhesions. Seizing it with forceps, the membrane broke, allowing contents to get into abdominal cavity. The fœtus was extracted, but enormous hæmorrhage followed, which was with great difficulty controlled. The child was living. The cord was tied low down and dropped into the pelvis. Although the collapse was very great the patient made a good recovery.

Dr. Gibson read a second paper dealing with, "Mental Aberration, following removal of an Ovarian Cyst." He outlined the general symptoms and the local condition. The uterus was almost completely atrophied. The operation was moderately difficult. After operating, temperature never rose above 100°. On the sixth, seventh and eighth days she began to talk foolishly, but no attention was paid to it. On the tenth she became quite unmanageable, and in spite of the nurse's efforts to restrain her, got out of bed. She began screaming at the top of her voice, alternately shouting and muttering. Dr. Tracey and Dr. Gibson at once went to see her, and took her hus-

band along. She could not be persuaded to lie down again. A reclining chair was brought, and she was asked if she would sit in that. To this she finally consented. After this she was less excitable, but still would persist on being up. There was no use attempting to reason with her, and she was allowed to sit in an easy chair. She imagined she was in prison and that an attempt was being made to kill her. She begged to be taken home, so we concluded to do so. During all this time there was no rise of temperature, and, in spite of all her struggling, no accident happened to the wound. Strange to say, in a day or two after reaching home she became quite rational, and has, in every way, made a good recovery. He said he should like to have an expression of opinion as to the causes which tend to produce mental aberration after abdominal operation.

Seminal Vesiculitis.—Dr. E. E. King (Toronto) read a most interesting paper on this subject. The doctor, in beginning, gave it as his opinion that a great many cases of so-called cystitis, prostatitis, abscess of the prostate, etc., are, in reality, nothing more nor less than seminal vesiculitis, which disease he describes as presenting three states, viz.: acute, sub-acute and chronic. It was the latter state which the essayist dealt with entirely. He then gave an exhaustive description of the anatomical status of the seminal vesicles, and quoted the assertion of authorities that they are the analogous of the fallopian tubes. The doctor stated that, while in a normal state, the seminal vesicles are hard to differentiate from the vas deferens; yet in a state of distention they are easily manipulated per rectum.

Dr. King describes the functions of the seminal vesicles as not being clearly defined, some authorities claiming that they act as reservoirs for the semen; but it is certain that they secrete an albuminous fluid which dilutes the testicular secretion. In treating with the symptoms of seminal vesiculitis, the doctor asserts that the seminal vesicles being the analogous of the fallopian tubes, it is clear that seminal vesiculitis and salpingitis are analogous. In continuing, he said: "They are rarely or never primary diseases, but are secondary to some inflammatory trouble, and in a large number of cases it is a common factor, viz., gonorrhœa, that produces it." The patient will complain of symptoms similar to those of stone or prostatitis, such as pain at the neck of the bladder, frequency of micturition, pain on evacuating the bowels, and consequent discharge from the penis, etc. Erection may be frequent and painful. The discharge from the meatus may be copious and without any apparent cause, and the case may be easily mistaken for a relapsing clap. The doctor stated that no diagnosis could be made without a rectal examination. This should be done while the bladder is full, the patient standing with his body bent at right angles over the back of a chair. When the vesicles have been mapped out, downward pressure should be used. The patient should then be directed to urinate in two vessels. The first will contain whatever fluid has been squeezed out of the vesicles, and the second will contain normal urine if there is no inflammation existing in the bladder. Dr. King then gave a summary of the literature and teachings regarding

seminal vesiculitis, proving that the subject has evidently never been given much investigation. For treatment, the doctor advises, first, a lateral movement with the fingers while the patient is in the position above described, and then a downward pressure to express the contents of the vesicles through the ejaculatory duct to the urethra. This should be followed by micturition and then an astringent injection. The manipulation should be repeated every fourth day until the trouble is relieved. In conclusion, the doctor said: "I would draw from the foregoing: (1) That seminal vesiculitis is an analogous disease with salpingitis; (2) that it is of very frequent occurrence; (3) that it is the so-called cystitis, prostatitis and prostatic abscess which follows gonorrhœa; (4) that with proper treatment it is a curable disease; (5) that it is easily recognized per rectum. The doctor then gave the histories of some very interesting cases of the disease.

Special Forms of Ulceration of the Cornea. By Dr. Ryerson (Toronto). He referred to the *round* ulcer, its indolence, its resistance to treatment, and to the fact of its duration for months; to the *funnel-shaped* ulcer, how it tended to perforation, its painfulness, and its obstinacy; to the *crescentic* ulcer and its peculiarities; to the *ring* ulcer, showing how it made its way around the entire cornea, causing that structure to slough off; to the *rodent* ulcer, described by Mooren, its characteristic undermining of the edges, its healing and recondescence, and the final destruction of the whole of the superficial layers of the cornea; and, last, to the *serpentine* ulcer of Sæmisch, which is often attended by hypopion. Re-

garding treatment after, he stated that eserine was more beneficial in cases where there was much sloughing, but that a common mistake was to use it in too strong solution; $\frac{1}{4}$ - $\frac{1}{8}$ gr. ad $\frac{3}{4}$ j is the proper strength. Special reference was made to the use of hot water in form of a spray as a new form of application. He regarded the actual cautery as the sheet-anchor in all serious forms of ulcerations of the cornea, but more especially in those of primary origin, not secondary to conjunctival diseases.

Traumatic Neurasthenia.—This was the title of a paper read by Dr. D. Campbell Meyers. It consisted in the relation of the history of a case: A man, aged 30, was knocked down senseless by a colt which he was leading. After three or four attempts he got up and found that he had sustained a large bruise over the left parietal region. Bleeding took place from the left ear. He suffered from muscular asthenia for some months, being unable to exert himself much. Finally, owing to pain over the seat of injury, he had to quit work. He experienced a crawling sensation over the forehead, and suffered from vertigo. He sleeps badly; has a singing sensation in the left side of the head; bowels are constipated; has lost seventeen pounds in a year; complains of formication over hands and feet; is down-hearted; leads a miserable life; reflexes normal; no disturbance of sensation; no paralysis; eye sight and hearing good; pulse 120, weak. The treatment consisted of central galvanization, followed later by static electricity. Internally, bromide of soda, arsenic, ergot and strychnine were given at various periods in the case, according to the symptoms; sul-

phonal being given for the insomnia. These cases were comparatively rare. Oppenheim and Thompson proposed the name traumatic neurosis for them, rather than neurasthenia or hysteria, on account of their traumatic origin, and the tenacity of the symptoms. Charcôt proposed the name traumatic hysterio-neurasthenia. In most of his cases the hysterical element prevailed, but in the patient presented by the essayist, the absence of hemianæsthesia, paralysis, contracture, disturbance of the field of vision, relegated it to the neurasthenic form of the disorder. Dr. Meyers pointed out that the element of fright in the causation was entirely eliminated, on account of the suddenness of its occurrence, and the fact that his first thought, on recovering consciousness, was for the safety of the colt.

Laryngeal and Tracheal Tuberculosis: the Importance of their Early Recognition and Treatment.—Dr. W. F. Chappell, of New York, read a paper on this subject. He says, two forms of laryngeal tuberculosis have been noted—one somewhat acute, arising from bacillary infection through the mucous membrane; the other chronic, whose probable infection was through the lymph channels, and generally accompanying, systemic invasion. Subjective symptoms were odynphagia, dysphagia, dysphonia, dyspnœa, cough and laryngorrhœa. The pain is usually progressive and continuous, and in pulmonary tuberculosis, a suggestive symptom of laryngeal invasion is a large secretion of frothy, watery mucous. The mirror reveals infiltrations and hypertrophies, ulcerations with infiltrations and hypertrophies, tubercular tumors. The favorite spot of the infiltrations is the interarytenoid

space. The position of these various pathological conditions was pointed out by the essayist. The local treatment consisted in curettement, submucous injection and topical application, the submucous injections being more especially indicated in the primary form, where deposits take place in the mucosa beneath the superficial. The essayist exhibited a syringe and needle for this operation, and also the mixture used containing creosote, oil of gaurtheria, hydrocarbon oil, and castor oil. Details of the method of injection he had published in the *New York Medical Journal*, for March 30th, 1895. For topical applications he recommended creosote, lactic acid, menthol and iodoform.

THE EXHIBITORS.

Not the least interesting feature of the Association were the exhibits of the different firms. Modern medicine demands elegant and scientific pharmacy, and this was unusually well represented. Parke, Davis & Co. (under charge of Mr. Whalen) may be said to have not only developed the scientific department of their business, but also to have specialized it, for they had brought out a series of culture tubes for the use of physicians. These tubes contain culture media ready for inoculation, so that the physician can readily either make cultivations for diagnostic purposes from his own cases of diphtheria, or send the tubes after inoculation to the Provincial Board of Health, who will report on them to him. They also had a new digestive ferment called Taka-dias-tase, derived from a malt fungus, which is considered to far excel malt extract.

Another firm who have been going extensively into meat and pepsin preparations were Armour & Co., of Chicago, represented by Mr. Romans. They had a large number of elegant preparations of meat extracts in various attractive and convenient forms, as well as samples of their high-testing ferments.

* * *

Following them, in what is considered one of the chief necessities in modern practice, the keeping up of the strength of the patient, is a product of the scientific department of Frederick Stearns & Co., represented by Mr. MacTavish. We have all been made acquainted with the history and most of the properties of this drug through the valuable scientific monograph on Kola, by Dr. Stewart. Supposing the detractors of this drug were to say their worst of it—that is, that it depends for its action on caffeine—we are all aware of the value of this agent, and if we were only depending on it, we cannot imagine a more pleasant or assimilable form could be given to it than in preparations such as Kolavin. But for some reason Kola has virtues of its own which all would do well to investigate.

* * *

One of the newest preparations on the market was in charge of Messrs. Evans & Warren, for McKesson, Robins & Co. This was Tartar Lithine, being a return to the old cream of tartar treatment for gout and uric acid diathesis generally, the point being that the base in this instance is lithium; and it is said the treatment combines the advantages of the administration of a vegetable acid, while the more soluble urate of lithium is formed.

In the matter of surgical dressings, plasters, and such accessories generally, the firm of Seabury & Johnson need no recommendation to the profession, as they have been easily in the lead for many years, and their exhibit on this occasion only served as a reminder that they were still in the van. Possibly one of their most convenient and generally useful preparations are their mustard leaves, which, if once used, are not likely to be replaced by the old mustard plaster.

* * *

A most convenient form of storage battery was exhibited by the Hamilton Storage Battery Company. This is certainly the best thing we have seen in this line, and the various kinds are legion. Any physician wishing a reliable electric light or cautery would do well to correspond with them.

* * *

Speaking of accessories, we should not omit to mention a table for use at the bedside, being of such construction that it can be raised or lowered and projected over the top of the bed. We cannot conceive of a greater convenience for invalid or convalescent than this table. The price was not much more than a good kitchen table. The exhibitors were Messrs. T. Eaton & Co., this city.

* * *

In the surgical department there was a very handsome display by one of our oldest firms, Messrs. J. Stevens & Son. This firm needs no recommendation to the profession in Canada, who are all thoroughly acquainted with the reliability of their goods. They have all the most recent improvements, and what is most important, if Mr. Stevens makes a statement you can rely it's so.

Dominion Medical Monthly.

EDITOR:

W. BEATTIE NESBITT, B.A., M.D., F.C.S., LON.

ASSOCIATE EDITORS:

J. J. CASSIDY, M.D. W. A. YOUNG, M.D.

All literary communications, exchanges, and books for review, should be addressed to the DOMINION MEDICAL MONTHLY Editor, 97 Confederation Life Building, Toronto.

Address all business communications to the Publishers, THE MEDICAL PUBLISHING Co., OF TORONTO, Rooms 97, 98, 99 Confederation Life Building, Toronto, Canada.

TORONTO, MAY, 1895.

THE ASSOCIATION MEETING.

The Fifteenth Annual Meeting of the Ontario Medical was in every way equal, if not superior, to the previous meetings of this prosperous association. Much credit must be given to the genial and able President, Dr. R. W. Bruce Smith, the untiring energy of Secretary Dr. J. N. E. Brown, as well as the other officers, who contributed to make the meeting such a success. The papers and discussions covered a large field both in medicine and surgery, and brought every member thoroughly in touch with the most recent developments in medical science. This is undoubtedly a strong feature of such meetings, for, aside from the good fellowship and fraternal spirit they engender, they serve to keep the physician thoroughly posted in a

pleasant and comprehensive way. The proposal to have the meeting next year held in Windsor was greatly appreciated by the Toronto physicians, who enjoyed the idea of it being their turn for a little outing. This spirit was heartily entered into by the visiting physicians, who thought the kind services and attentions of their Toronto *confères* thoroughly deserved the anticipated holiday.

THE COUNCIL MEETING.

While we go to press the meeting of the Council has adjourned until the 25th inst. This is, no doubt, the liveliest session of the Medical Council that has ever taken place. There seems to be a very hearty desire on the part of all the representatives in the Council to work unitedly for the general improvement of the profession. Motions already before the Council for raising the standard of entrance into a profession already greatly overcrowded will be highly appreciated by the physicians throughout the country, and we hope that the Council will by no means cease their efforts in this direction until some modified form of the Arts Degree will be necessary for entrance. There is no doubt that the ideal and withal practical standard would be the first three years of the science course in Toronto University, followed by the present qualifications in medicine, a candidate receiving the double degree, B.A., M.B., on the completion of his course. We will, in our next issue, fully discuss this matter, and invite correspondence from all interested.

Book Notices.

A System of Legal Medicine. By ALLAN McLANE HAMILTON, M.D., Consulting Physician to the Insane Asylums of New York City, etc., etc.; and LAWRENCE GODKIN, Esq., of the New York Bar. With the Collaboration of Prof. James F. Babcock, Lewis Balch, M.D., Judge S. E. Baldwin, Louis E. Binsse, Esq., C. F. Bishop, Esq., A. T. Bristow, M.D., B. F. Cardozo, Esq., C. G. Chaddock, M.D., A. F. Currier, M.D., C. L. Dana, M.D., George Ryerson Fowler, M.D., W. T. Gibb, M.D., W. S. Haines, M.D., F. A. Harris, M.D., W. B. Hornblower, Esq., Chas. Jewett, M.D., P. C. Knapp, M.D., R. C. McMurtrie, Esq., C. K. Mills, M.D., J. E. Parsons, Esq., C. E. Pellew, E.M., Judge C. E. Pratt, W. A. Purrington, Esq., B. Sachs, M.D., F. R. Sturgis, M.D., Brandreth Symonds, M.D., V. C. Vaughan, M.D. Illust.ated. Complete in two volumes. New York: E. B. Treat, 5 Cooper Union. 1895.

DEPARTMENTS AND CONTRIBUTORS.

VOLUME I.

History of Forensic Medicine—Introductory. By Lawrence Godkin, Esq., of the New York Bar.

Medico-Legal Inspections and Post-Mortem Examinations. By A. T. Bristow, A.B., M.D., Demonstrator of Anatomy to the Long Island College Hospital Medical School; Surgeon to the Long Island College Hospital, Brooklyn, N.Y.

Death in its Medico-Legal Aspects. By Francis A. Harris, M.D., formerly Instructor of Medical Jurisprudence in the Harvard Medical School; Medical Examiner of Suffolk County, Mass.

Blood and Other Stains—Hair. By James F. Babcock, formerly Professor of Chemistry in the Massachusetts College of Pharmacy and in the Boston University, and State Assayer of Massachusetts.

Identity of the Living. By Allan McLane Hamilton, M.D., Consulting Physician to the Insane Asylums of New York City, Consulting Neurologist to the Hospital for Ruptured and Crippled, and to the Hospital for Nervous Diseases; author of a "Treatise upon Medical Jurisprudence, with reference to Injuries and Diseases of the Nervous System," etc.

Identity and Survivorship. By Benjamin N. Cardozo, Esq., of the New York Bar.

Homicide and Wounds. By Lewis Balch, Ph.D., M.D., Professor of Medical Jurisprudence, Albany Medical College; Consulting Surgeon to St. Peter's Hospital and Surgeon to the Child's Hospital, Albany, N.Y.; Secretary New York State Board of Health.

Poisoning by Inorganic Substances. By C. E. Pellew, Ph.D., Demonstrator in Physics and Chemistry at the College of Physicians and Surgeons, Medical Department of Columbia College; Fellow of the New York Academy of Sciences; author of "A Practical Manual of Medical and Physiological Chemistry," etc.

Poisoning by Alkaloids and Organic Substances. By Walter S. Haines, A.M., M.D., Professor of Chemistry and Toxicology in Rush Medical College, Chicago; Toxicologist to the Presbyterian Hospital, Chicago; Consulting Chemist to the Health Department of the City of Chicago, etc.

*The Toxicologic Importance of Pto-
maines and other Putrefactions.* By
Victor C. Vaughan, A.M., Ph.D.,
M.D., Dean of the Medical Faculty
and Professor of Hygiene and Physio-
logical Chemistry in Michigan Uni-
versity.

*The Medical Jurisprudence of Life
Insurance.* By Brandreth Symonds,
A.M., M.D., Senior Examining Physi-
cian of the Mutual Life Insurance Co.
for New York City.

Accident Insurance. By Cortlandt
Field Bishop, Esq., of the New York
Bar.

*The Obligation of the Insured and
the Insurer.* By R. C. McMurtrie,
Esq., of the Philadelphia Bar.

*Legal Relations of Physicians to
Their Patients and One Another.* By
William A. Purrington, Esq., of the
New York Bar.

Indecent Assault Upon Children.
By W. Travis Gibb, M.D., Examining
Physician to the New York Society
for the Prevention of Cruelty to
Children; Instructor in Gynæcology,
Medical Department, New York
University.

DEPARTMENTS AND CONTRIBUTORS.
VOLUME II.

*Duties and Responsibilities of Medi-
cal Experts.* By William B. Horn-
blower, Esq., of the New York Bar.

*Insanity in its Medico-Legal Bear-
ings.* By Allan McLane Hamilton,
M.D., Consulting Physician to the
Insane Asylums of New York City,
etc.

*Mental Responsibility of the Insane
in Civil Cases.* By Calvin S. Pratt,
one of the Justices of the Supreme
Court of the State of New York;

Lecturer upon Medical Jurisprudence
at the Long Island College Hospital.

Insanity and Crime. By B. Sachs,
A.M., M.D., Professor of Nervous
and Mental Diseases, New York Poly-
clinic; Consulting Neurologist to the
Montefiore Home for Chronic In-
valids, etc.

*Relations of Mental Defect and Dis-
ease to Criminal Responsibility.* By
Louis E. Binsse, Esq., of the New
York Bar.

*Aphasia and other Affections of
Speech.* By Charles K. Mills, A.M.,
M.D., Professor of Mental Diseases
and of Medical Jurisprudence in the
University of Pennsylvania and the
Philadelphia Polyclinic.

*Traumatic Neuroses and Nervous
Disorders from Shock and Injury.*
By Charles L. Dana, A.M., M.D.,
Professor of Nervous and Mental Dis-
eases in the New York Post-Graduate
Medical School and in Dartmouth
Medical College.

*The Effects of Electric Currents upon
the Human Body.* By George De
Forest Smith, M.D., and A. McL.
Hamilton, M.D.

Accident Cases. By Lawrence God-
kin, Esq., of the New York Bar.

*Mental Distress as an Element in
Awarding Damages.* By John E.
Parsons, Esq., of the New York Bar.

*Feigned Diseases of the Mind and
Nervous System.* By Philip Coombs
Knapp, A.M., M.D., Instructor in
Nervous Diseases at Harvard Medical
School.

Birth, Sex, Pregnancy and Delivery.
By Andrew F. Currier, M.D., Gynæ-
cologist to Outdoor Department,
Bellevue Hospital, New York.

Abortion and Infanticide. By Chas.

Jewett, A.M. M.D., Professor of Obstetrics and Pediatrics in the Long Island College Hospital; President of the New York Obstetrical Society, etc.

Medico-Legal Relations of Genito-Urinary and Venereal Affections. By Frederick R. Sturgis, M.D., one of the Visiting Surgeons to the City Hospital, Blackwell's Island, and author of "Sturgis on Venereal Diseases," etc.

Marriage and Divorce. By Simeon E. Baldwin, one of the Judges of the Supreme Court of the State of Connecticut, and Professor in the Law Department of Yale University.

Sexual Crimes. By Charles Gilbert Chaddock, M.D., Professor of Diseases of the Nervous System, Marion Sims College of Medicine, St. Louis, Mo.; Neurologist to Rebekah Hospital; translator of Krafft-Ebing's "Psychopathia Sexualis," etc.

Surgical Malpractice. By George Ryerson Fowler, M.D., of Brooklyn, N.Y., Surgeon to the Methodist Episcopal Hospital, and to St. Mary's Hospital; Consulting Surgeon to the Relief Hospital; Examiner in Surgery, State Board of Medical Examiners, etc.

PUBLISHER'S ANNOUNCEMENT.

The list of contributors to this great work includes the names of thirty of the most distinguished writers and authorities upon medical jurisprudence in America, with upwards of five thousand citations and cases. As a book of reference it will be found an invaluable help to medical men and to those of the legal profession who desire the aid of the most advanced and sound opinions of

practical students of forensic medicine. So much opprobrium has been attached to the word "expert" that the spirit which so often impels men to go into court and become ardent partisans finds no place in this system, and it has been the aim of the editor and his colleagues to give the work a decided judicial and impartial tone, so that it may be consulted with confidence by all as an authority of the first order. Until recently the contributions in the United States to the literature of medical jurisprudence have been exceedingly meagre, if we may except Beck's classical but antiquated treatise, and other works limited in scope. From necessity it has been the custom to consult foreign books, which were written for the benefit of transatlantic readers, and are in many respects inapplicable to our methods, and not in conformity with the legal usages of this country. We therefore believe that the appearance of an American treatise of this character will be especially timely and welcome. A feature of the book is the introduction of short articles upon special subjects, prepared by distinguished members of the American bar, which form appendices to the different articles. The legal gentlemen who have been invited to write articles upon subjects with which they are especially familiar have, in most instances, acted in conjunction with a medical collaborator. The editor has aimed to make the work under consideration a repository of the most advanced ideas and valuable cases, and except when the latter are unique, indispensable, or especially pertinent, it has been his aim and that of his associates to avoid threadbare

material, and to illustrate the articles by new examples. The scope of the work is necessarily very great, but it is trusted that its contents will be found to be practical and concise. Extraneous matter is dispensed with, and the reader is spared dry and uninteresting details and a repetition of valueless decisions. A feature of Hamilton's "System of Legal Medicine" is the presentation of a large amount of new experimental research by contributors who have actually figured repeatedly in notable cases in civil, criminal and probate courts in various parts of the country. The work is comprised in two large royal octavo volumes, of seven hundred pages each, illustrated, when practicable and desirable, by photographic reproductions from nature and other drawings and special diagrams, by chromolithography and engravings in line and half-tone process. The mechanical execution—paper, press-work and binding—equals the best known to the art of book-making. Fully indexed, with four thousand references. In substantial cloth binding, per volume, \$5.50. In full sheep, uniform law style, per volume, \$6.50. Sold by subscription. Orders taken only for the complete work.

The following distinguished members of the New York medical profession are subscribers to "Legal Medicine":

Cyrus Edson, M.D., Commissioner of Health, Health Department, New York, writes: "This work is the best on the subject in the language."

Charles McBurney, M.D.; Professor of Clinical Surgery, College of Physicians and Surgeons, New York; Visiting Surgeon, Roosevelt Hospital;

Consulting Surgeon, Presbyterian and St. Luke's Hospitals.

Andrew H. Smith, M.D., Professor Clinical Medicine and Therapeutics, N.Y. Post-Graduate School; Surgeon, Manhattan Eye and Ear Hospital; Consulting Physician, St. Luke's, Orthopædic, Babies' and St. Mark's Hospitals.

Wm. Tod, Helmuth, M.D., Professor of Surgery, New York Homœopathic College; Medical Superintendent, Flower Surgical Hospital; Surgeon, Hahnemanian Hospital.

E. D. Fisher, M.D., Clinical Professor of Nervous and Mental Diseases, Medical Department N.Y. University; Neurologist, Hospital for Incurables, Blackwell's Island.

John T. Nagle, M.D., Registrar of Vital Statistics, Health Department, New York, writes: "This is a much-needed and very valuable work."

Graeme M. Hammond, M.D., Professor Diseases of Mind and Nervous System, N.Y. Post-Graduate Medical School.

St. Clair Smith, M.D., Professor Theory and Practice of Medicine, N.Y. Homœopathic Medical College.

Valentine Mott, M.D., 62 Madison Ave., New York.

J. West Roosevelt, M.D., Clinical Lecturer upon Medicine, College of Physicians and Surgeons, New York; Attending Physician, Roosevelt Hospital; Visiting Physician, Bellevue Hospital.

After quoting the opinions of such men as the above, it is necessary for us to say but a word. In our opinion, this work is one of the most complete of any yet published on forensic medicine, and we heartily recommend it to not only ordinary

medical practitioners, but especially to those taking particular interest in medical law, as the chapters are by well-known authors versed in legal as well as medical lore.

This or any other of the many excellent works published by Messrs. Treat & Co. can be readily obtained from Mr. A. P. Watts, 5 King Street, Toronto (next door to the Dominion Bank).

DRY SURGERY IN GERMANY.—The American practitioners and students of medicine who have been trained to look upon irrigation as essential to the aseptic handling of wounds in their after-treatment, are always quite astonished at the apparent disregard the German surgeon seems to have for this method of securing good results. While in Göttingen, I was present every day at the surgical polyclinic, held daily by Professor Rosenbach, and I do not believe I saw a drop of water or other irrigation fluid used during the whole time. The patient is brought in, the dressing removed, the wound examined, squeezed lightly, oozing pus is wiped off, and dressings, dry or wet, as may be necessary, are reapplied. Even in the treatment of deep abscesses, or where neurotic processes are going on, irrigation is never resorted to, the surgeon seeming to have all faith in his drainage tubes, without resorting to the stream of bichloride water, as used by our American surgeons. They probably get just as good results here in Germany as we do in the United States, but their methods of wound-handling are certainly not so cleanly as those used in the latter country.

Personal Items.

Dr. Beverley Milner (Toronto) was married at Brampton on June 1st.

Dr. Bertram Spencer (Toronto) has been appointed an Associate Coroner.

Dr. H. J. Hamilton has moved into the late Dr. Fulton's house on Church Street.

Dr. J. A. Amyot (St. Joseph Street) has returned to the city with his bride, nee Miss Keller (Uxbridge).

Dr. Crawford Scadding (Sherbourne Street) was married the week before last in England, and returns home with Mrs. Scadding next month.

Dr. J. D. Deacon was married May 29th at Pembroke to Miss Foster, second daughter of ex-Mayor Foster. Dr. Silverthorn (Toronto) was "best man."

Dr. Allen Baines and Dr. Macdonald have just returned to town, after attending the meeting of the American Pediatric Society at Hot Springs, Va.

Dr. Chas. Hodgetts has removed from St. Patrick Street to the corner of College and Henry Streets, the residence occupied till a few weeks ago by Dr. Spilsbury.

Dr. W. H. Pepler was married to Miss Chadwick a few days ago, and will reside at the corner of Adelaide and John Streets. We congratulate the doctor on this happy event, as also upon his having been appointed on the medical staff of Toronto General Hospital.