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The Canada Medical Record

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CONTENTS.

Original Communications.

THE CANADIAN MEDICAL ASSOCIATION MEETING.

BANFF, Alberta, Can., August, 1889.

Editor CANADA MEDICAL RECORD.

SIR,—

When the Canadian Pacific Railroad Company's Pacific Express, steamed out of the Dalhousie Square Station, Montreal, on the night of the 6th of August, it had three sleepers well filled with medical men from Montreal, the Lower Provinces and the United States—all bound for Banff, in Alberta Province, North-West Territory, to attend the annual meeting of the Canadian Medical Association on the 12th, 13th and 14th of August. The start was made ten minutes late, and this was increased to fully an hour at the Mile End Station, waiting for connection with the train from Boston. When North Bay was reached next day we were four hours behind. Here we were joined by a number of medical men from Toronto. From this westward, we gradually fell behind, partly from the heaviness of our train, and partly also to a hot box. Time passed pleasantly, although on the 7th and 8th inst. we only had two meals a day, not striking a dining car till late in the forenoon. This *contretemps* was taken in good part by most—but writing now for the public, I think this misfortune ought to have been avoided. It was not pleasant to have to wait to 2 p.m. for breakfast as many had to do. The scenery through which we passed on the borders of Lake Superior was very grand. On Friday, 9th inst., at 4 p.m., we reached Winnipeg. Most of the members drove at once to the residence of His Honor Dr. Schultz, Lieut.-Governor of Manitoba, who gave a garden party in our honor. The music was supplied by the band of the Mounted Infantry School; a couple of hours was thus passed most agreeably; at 9 p.m. the profession of Winnipeg and vicinity gave a dinner at the Queen's Hall, at which Goldwin Smith was present. The *menu* and service of this repast was almost perfect—a better dinner or a more liberally served one, I think is rare. Speech and sentiment followed rapidly and it was 2 a.m. on Saturday before the party broke up. At 9.30 the entire party were taken by special train to Stoney Creek Penitentiary, where they were received by Superintendent Col. Bedson. The Indians incarcerated here for the Frog Lake Massacre, during the North-West Rebellion, were paraded in full war paint, and went through a war dance, and various other performances. The party returned

to Winnipeg about noon, and shortly after one o'clock left by special train for Banff. The trip across the prairie was enjoyed for a time, but by night became somewhat monotonous. About ten o'clock the cry of "prairie on fire" drew our attention to a magnificent spectacle—one which I will not soon forget. For a mile or more the prairie was a mass of flames. Being a special, our train made few stops. On the day after we left Winnipeg the prairie was undulating, with patches of trees here and there. We passed many dry alkaline lakes, the deposit making them often look like marble quarries. About five o'clock p.m. we approached Calgary, striking the Bow River, a beautiful stream, whose wooded banks were a great relief to the eye, after the hundreds of miles of prairie land we had crossed. After leaving Calgary, we followed the Bow River for some thirty miles, the land gradually rising into good sized hills, and then into magnificent mountains, which to our amazement we learned were only the foothills of the Rockies. About eight o'clock we reached Banff, and the entire party were rapidly conveyed in busses and carriages to the hotel. This was not capacious enough for the new arrivals, many of whom had to double in rooms. The manager, Mr. Matthews, however did all he could to make us comfortable. At ten o'clock on Monday, the 12th, the meeting of the Canadian Medical Association was called to order in the theatre by the ex-President, Dr. George Ross, of Montreal, who introduced the newly elected President, Dr. Wright, of Ottawa. This gentleman delivered a very able and instructive address—but altogether too long—tiring out many of the members. The afternoon was passed in sight-seeing, the only business done being a meeting of the Nominating Committee at five o'clock. In the evening the Association undertook to amend its by-laws, the whole evening being occupied in this work. On Tuesday the real work of the Association was entered upon, and many valuable papers read; one of the most interesting being on the Climate of Southern Alberta, by Dr. Kennedy, of Macleod, formerly surgeon in the North-West Mounted Police. In such a letter as I am writing it is impossible to give details of the Association's proceedings. This Dr. Bell, Secretary of the Association, has promised me in a few days, and will be duly sent to you. The situation of the Banff hotel is grand almost beyond imagination—nestling on the side of a high hill at an elevation of 4,500 feet above sea level—it is surrounded on all sides by gigantic mountains, many of whose sides are well wooded by pines, whose odor fills the air. The springs are several in number, one known as the Hot Sulphur Springs issues from the mountains 500 feet above the hotel and is conveyed by pipes to the splendid bath-house attached to the hotel. Those who may wish to take baths from this spring, in its immediate vicinity, may do so, there being bathing houses on the spot. The temperature of this spring is 113 f. in summer and 118 in winter. The water has a very strong sulphurous odor, and I learned from several who were using it that in chronic rheumatism it had been productive of excellent results. The cave is a series of hot springs issuing in a cave dome-like in character and deep and large enough to allow several persons to swim in it. It is much frequented, and the temperature of its water is about 96 f. The basin, only a few feet from the cave, is another series of hot springs enclosed, and filling a large basin to a depth varying from 8 feet 2 inches to 4 feet. Its water is of a light blue and so clear that the bottom is very distinctly seen. Its water is also quite warm. Separate hours for male and female is arranged for at each, and both are much patronized. In addition to the Banff Hotel, Dr. Brett, formerly of Winnipeg, has erected a fine commodious sanitarium, which, I am glad to say, seemed well patronized, and is destined to be a very

popular establishment. Unfortunately, during the stay of the Association at Banff the weather was smoky, and much of the grandeur of the scenery was lost. At the closing meeting of the Association Dr. James Ross, of Toronto, was elected President, and it was decided to hold the next meeting at Toronto in September, 1890.

VANCOUVER, Aug. 17, 1889.

The members of the Association left Banff for the Pacific Coast in three contingents, the last arriving here to-day, where the second contingent was fog-bound. The fog was so thick that the steamer from Victoria did not arrive this morning. As I write the atmosphere is clearing, and all are in hope of getting off to-morrow. Most will terminate their journey at Victoria, returning from thence homeward. A few will, however, proceed to Seattle, in Oregon, and one or two will go as far as Alaska Regarding the scenery in the Rockies and Selkirks, I will content myself by saying it is grand and majestic beyond description. This meeting has been most successful. No one who helped last year at Ottawa to decide in favor of Banff for this year's meeting could have hoped for a more representative gathering. They came from the east as far as Cape Breton and Nova Scotia. In fact every Province of the Dominion, except Prince Edward Island and New Brunswick, was represented. One gentleman, Dr. McInnis, of Edmonton, rode from there to Calgary, when he took the train, a distance of two hundred miles, to attend the convention. From the United States there were many and distinguished visitors, among them Dr. Barker, of Philadelphia; Dr. Bulkley, of New York; Dr. Gibney, of New York; Dr. Marcy, of Boston; Dr. J. A. Gordon, of Quincy, Mass.; Dr. Connor, of St. Louis, Ills; Dr. Whittaker, of Cincinnati, and many others.

To the Canadian Pacific Railroad the thanks of the Association are due for the care and attention it gave to the excursion. They sent a special agent, Mr. Lalande, in charge of the party, and to his untiring energy and forethought much of its pleasure and success is due. It was a long journey, but so easy and comfortable was it made that I think no one was fatigued. I had almost forgot to say that many of the members were accompanied by their wives, and that these ladies not only stood the journey well, but contributed much to its enjoyment.

F. W. C.

OUR LONDON LETTER.

(From our own Correspondent.)

DEAR EDITORS,—

In a previous letter I referred to Mr Howard Marsh's extremely interesting lectures on "Some of the Surgical Aspects of Tuberculosis," delivered lately at the Royal College of Surgeons. An abstract of these lectures has been published, and I venture to send you that portion which sums up the results obtained from the treatment of hip joint disease—to me the most important part of the whole subject—by continued rest of the joint, etc., as opposed to operative procedures. The following conclusions may be drawn in regard to hip disease when it is treated by continued rest and without operative interference, except the opening of abscesses as soon as they are discovered :—

1. In the first place, the anticipation which would naturally be entertained that suppuration adds largely to the immediate danger of the case, and is injurious to the ultimate condition of the limb, is confirmed. In the stage at which patients are brought to the hospital suppuration is either already present, or it occurs after admission in about half of the total number of patients. In the previous report the proportion of suppurating cases was much higher (69 per cent.), and this decrease is a source of marked improvement in the general result.

In order to prevent suppuration it is of the highest importance that the disease should be recognized early, and be treated while it is still incipient. The more perfectly these conditions are fulfilled, the

more limited will the proportion of suppurating cases become; and it is in this direction that the greatest improvement in the treatment and results of hip disease will, in the future, be attained. My own estimate, from what I have seen in the hospitals and elsewhere, is that the formation of abscess may be averted by early treatment in at least 80 per cent. of the total number of cases.

2. In suppurating cases which recover, about 65 per cent. are good, and 35 per cent. moderate, cures. The average shortening is 1 inch; 50 per cent. are moveable and 50 fixed; 65 per cent. walk well and 35 indifferently.

3. In cases without suppuration which get well 77 per cent. are good and 23 per cent. moderate recoveries; the average shortening amounts to two thirds of an inch; 50 per cent. are freely moveable; 25 per cent. have slight movement, and 25 per cent. are fixed; 80 per cent. walk well and 20 per cent. indifferently.

4. The mortality due to the disease, as far as it can be ascertained in the cases I have reviewed, amounts to about 6 per cent., or if a wide margin be allowed for cases that may have ended fatally since they were lost sight of, although, when they were last seen, they were doing well, it may be safely said to be well under 10 per cent., while the mortality from general tubercular infection arising from the joint disease as a primary centre is well under 5 per cent.

A question that may naturally present itself is whether the figures I have quoted are representative, or whether they are exceptional, and such as would not be confirmed were a larger number of instances taken into account.

I believe, from all I know of the subject, that they may be accepted as typical; and I will add my conviction that the next group of a similar or larger number of cases that is published will show, not only as good, but still better results.

Now if we place the results of excision, so far as they have been recorded, side by side with the results of continued rest, I think there can be no doubt as to the conclusion at which we must arrive. Mr. Barker, in his lectures last year, dwelt emphatically on the necessity of reducing the mortality attending tubercular joint disease; but the figures he quotes have reference to the mortality that follows excision. Thus, he gives Sach's table of 144 excisions of the knee, with 25 deaths (of which 13 were due to tuberculosis); Mr. Croft's 45 excisions of the hip with 18 deaths, 6 caused by tuberculosis; and Grosch's analysis of 120 excisions of the knee, with a mortality of 36.7 per cent. more than half of which depended on tuberculosis. The mortality here is undoubtedly so high that Mr. Barker's desire to reduce it is both natural and praiseworthy. In Mr. Wright's case, again, the mortality cannot be estimated at less than 20 per cent. On the other hand, in cases of suppuration treated without operation the mortality, I am confident, is not more than half this amount—that is, not more than 10 per cent. My strong impression is that it is materially less than this.

As to the ultimate condition of the limb, our information respecting the results of excision is limited. But, if we take Mr. Wright's table, we find that in less than 20 per cent. of his cases had the wound healed, while in 37 suppurating cases, treated without operation, and taken without selection, there were only four in which sinuses were still discharging; and in 65 per cent. the patients walked well and firmly, and without material lameness, on the limb. As to shortening, the average amount in 30 of Mr. Wright's cases was 1½ inch; and in 35 cases treated without operation the average amount was 1 inch.

I do not doubt that, as operative surgery improves, the immediate results of excision will be greatly superior to those I have referred to. This is foreshadowed by the results reported by Mr. Barker and Mr. Pollard. They will be so good indeed, especially when the operation is performed early, that unless the results to be obtained without operation are kept well in view, excision will, as I venture to think, be much too commonly performed. It must be remembered that the mere healing of a wound does not show that an operation was the best thing for the patient, or afford any proof that it ought ever to have been undertaken.

The main defect of excision will lie in the ultimate result, as regards the usefulness of the limb, when this is compared with a limb in which no operation has been performed, and in which the joint, instead of having been removed, has been restored to that

considerable degree of usefulness which can generally be secured by rest.

I believe it is now recognized by most surgeons that, although the immediate result of excision of the knee, in children, may be all that could be desired—the wound often healing by primary union, or at least very quickly—the ultimate result is unsatisfactory. The union between the bones gradually, in many instances, yields; the bones do grow imperfectly, deformity ensues, and the functions of the limb are materially interfered with. It will, I venture to think, be much the same in the case of the hip. The wound may heal by primary union, and the earlier the operation the more probable will this form of union be; but deformity will often ensue, and the limb in many cases will be weak and deficient in usefulness. In short, it will be seen in both cases alike—in the knee and in the hip—that when one of the principal joints of the lower extremity has been removed during childhood, the patient has been seriously crippled.—*British Med. Journal*, Aug. 3, 1889.

I do not know whether any interest is taken in Canada in that *cause celèbre* the Maybrick poisoning case, but in London it is the topic of the hour both in and out of medical circles.

From a medico-legal standpoint and divested of the side lights, which rather confuse than assist the student who desires to reach a conclusion as to the guilt or innocence of the prisoner, the facts so far proved are these: A Mr. Maybrick, elderly and wealthy, married a young wife who was proved to have been unfaithful to him. A short time ago he died, with symptoms which corresponded rather closely to those produced by a narcotico-irritant poison.

The wife was suspected and arrested, and the prosecution tried to prove not only that Mr. Maybrick died from arsenical poisoning, but that the arsenic was given him by his wife, both statements being strongly contested by the defence. Arsenic was found after death, but none in the stomach and none in the coates of the stomach. 8 ozs. of intestines, however, yielded 0.015 grains of arsenious oxide; 4 ozs. of liver gave 0.027 grains; in the kidneys traces. The analyst, Dr. Stevenson, stated that at the time of patient's death the body contained approximately a fatal dose of arsenic, and that in cases of admitted arsenical poisoning which he has examined, he had found in some instances less in others more than was discovered in this instance. The gastric symptoms present might be explained in view of the fact that no poison was found in the stomach, by remembering that the poison was taken in solution. Again the symptoms came on directly after the patient had taken something given him by the prisoner. Once it was a cup of tea, at another it was his medicine, and again it was some Revelenta Arabica, and it was shown that in his medicine arsenic was present, although it had not been ordered for him. It was also shown that the jug in which he had last taken his luncheon to his office contained arsenic. The main symptoms were referred to his stomach, mouth and throat; there was much straining and hawking but not much vomiting, very little pain or tenderness of the stomach, modifications of the ordinary symptoms, due doubtless to the fact that the drug was given in solution, and in small and repeated quantities. To this cause are probably also due the late setting in of the tenesmus and the mildness of the diarrhœa.

Post-mortem signs of gastro-enteritis were found. It was also proven that the prisoner bought at two different shops arsenical fly paper, which she soaked in water, and it was not disproved that she had put arsenic into some Valentine's meat, which the deceased would have taken had he not been prevented by the nurse. The prisoner was allowed to make a statement—in every way a damning statement—that she had put *a powder* into the meat juice, while it was shown that the arsenic used was in solution. For the defence it was established that the deceased was in the habit of taking arsenic freely and for a number of years, and that on the day of

his last illness he had gone to some races and had got wet, and that these facts explained the occurrence of the gastro-intestinal symptoms and the finding of arsenic in the various organs of his body. Again, it has not been proved that Mrs. Maybrick actually administered any arsenic to her husband, and it was asserted that any purchases of arsenic she had made were for use as a cosmetic. Not only is the British public strongly in favor of the prisoner's reprieve—for the jury found her guilty and the judge concurred in the verdict—but the propriety of carrying out the death sentence is questioned by many of the medical men I have spoken to on the subject. Among the profession it is believed (1) that the symptoms above referred to can be explained only on the theory of poisoning by an irritant poison (probably arsenic), given at intervals in solution, during the six weeks of his last illness; (2) that the deceased did not die from gastro-enteritis alone; (3) but that the proof that the prisoner administered the poison is weak, and she ought to have the benefit of the doubt. In the meantime petitions from "all sorts and conditions of men" and women are pouring in addressed to persons high in power, and there seems little doubt but that she will be reprieved or pardoned. A certain cause of delay in carrying out the sentence, *i.e.*, the fact of her being *enceinte* will also likely tell in her favor.

Not only is there no institution for the treatment of rabies in England, but very little help is extended to Pasteur's Institute in Paris as a sort of compensation for the large number of pauper English patients annually treated there. A foreigner studying insular characteristics might easily conclude that the English mind does not object to, if indeed it does not rather favor, the continuance of rabies in our midst if he were to observe the rapid opposition to the attempts made by the London authorities to have all dogs in the kingdom kept muzzled. There is a society here, as there is also a society for the propagation of almost every idea, good, bad and indifferent, which has obtained a hold upon half a dozen humane minds, called the "Dog Owners' Protection Association," whose special purpose appears to be to prevent the "dear creatures" from wearing those inconvenient, unartistic and "horrid" things called muzzles.

The transition from the worship of that peculiarly British fetish the "liberty of the subject" to the advocacy of license for the "subject" dog is easy enough. The secretary of the above named society thus delivered himself: "An ill-fitting muzzle (as most muzzles are) is undoubtedly calculated to produce a state of mind and body favorable to the development of rabies." The work of this society for the spreading of hydrophobia and sickly sentiment largely consists in writing letters to the press threatening with the utmost rigors of the law those who use ordinary muzzles, "most of which," etc.

I have just returned from the annual meeting of the British Medical Association, held this year at Leeds. So far as I could judge, there were not nearly as many members present nor were the proceedings quite as interesting as at a previous meeting which I attended at Brighton, but the difference in the outside attractions may easily have made a large difference in the attendance. Many practitioners regard this meeting as their annual holiday, and the opportunities for recreation afforded by the town and neighborhood where the meeting is held must be considered. However, the number and value of the papers read were both very great, and I am sure most men were well repaid by hearing and joining in the discussions which followed them. Dr. Hughlings Jackson's profound and thoughtful address in medicine on the comparative study of diseases of the nervous system was really a tribute to the value of the doctrine of evolution in

attempts to generalize from the long array of facts, grouped and isolated, which we have in the past come to know about the brain and cord, both in its healthy and diseased conditions. Given certain symptoms and signs of disease, what meaning have they in the light of the evolutionary theory? Again, does this doctrine help us to understand better than before the true nature and relation of the phenomena thus recognized? Dr. Jackson thinks it is of invaluable service to us in the higher and difficult study of nervous manifestations, and he deals from the evolutionary standpoint with the numerous questions that arise in the course of his address.

I fancy that it is late in the day to remind the well read and thoughtful physician (using that term in its strictly derivative sense) that the doctrine of evolution has obtained almost universal acceptance among the leaders of our profession, and that none whose opinion is entitled to any weight among us can be found to take up the cudgels upon the other side—that function being reserved "for those who, while looking for truth, ever cast sidelong glances at the safety of their souls"—but its application to the explanation of physical phenomena is something new in a public address. Ten years ago even a respected teacher like Mr. Hughlings Jackson might have found it incumbent upon him to apologize for the introduction of such heretical matters into his essay; as it is, it was certainly good to hear quotations from Spencer, Darwin, Kingdon, Clifford and Huxley, without even a suggested apology.

I suppose you have not only the sweetmeat and stick-of-gum automatic machine, but also the weighing machine, which, for a trifling sum, hands out a certified and dated form giving correct weight; but has the automatic sight tester yet reached your shores? The ametrope deposits the necessary penny in the waiting slit, stares through two apertures corresponding to his two eyes, manipulating the while a handle which rotates a disk furnished with test types. He then reads off the number which appears below the types which he most plainly sees, preceded by the word "concave" or "convex," opens a little drawer and takes out—not the spectacles which possibly he expected to get—but an order for a pair of glasses at a rate somewhat higher than they could have been bought at the nearest opticians. The order must be filled in with the number and description of the glasses which the experimenter has just read within the machine, as well as his age and address, and the result will probably be as near satisfaction as he will get outside of a hospital or an oculist's office.

H.R.H. the Prince of Wales has been suffering from a gouty affection of the leg. He has been obliged to take rest and a visit to Homburg, where he is now undergoing treatment which will probably restore him to his usual health.

C. A. W.

London, Aug. 21st, 1889.

Society Proceedings.

PROCEEDINGS OF THE CANADIAN MEDICAL ASSOCIATION.

(*From our own Correspondent.*)

BANFF, August 12th, 1889.

The Twenty-Second Annual Meeting of the Canadian Medical Association was called to order by Dr. Ross at 11 a.m.

Dr. Hingston, a past president, was invited to a seat upon the platform.

The following members by invitation were introduced by Dr. Ross:—Drs. Whittaker and Wigging, of Cincinnati; Drs. Bulkley and Gibney, of New York; Dr. Marcey, of Boston; Dr. P. S. Connor, of Cincinnati; Dr. Gordon, of Quincy, Mass; Prof. Barker, of Philadelphia; Dr. Hannon, of Hoosac Falls; Dr. Lathrop, of Dover, N.H.

Dr. Brett, of Banff, on behalf of the citizens of Banff, presented the following address of welcome :—

" *To the President and Members of the Canadian Medical Association:*

" GENTLEMEN,—We, the members of the " Citizens' Committee, representing the com- " munity of Banff, on this, the occasion of your " assembling here for the purpose of holding " the Twenty-Second Annual Meeting of your " important Association, desire to express our " appreciation of the honor which the gathering " of so learned a body implies, and, in the " absence of a demonstration worthy of the " occasion, beg to tender you, through this " unpretentious address, a sincere and cordial " welcome to our midst.

" We venture to assert that the selection of " this spot for your place of meeting is singu- " larly felicitous, inasmuch as you, as members " of an association distinctively national, could " find no more appropriate place in which " to conduct the important and useful affairs of " your Association than at this little town of " Banff, the heart of the Canadian National " Park.

" We hope that your brief stay here may not " be altogether without interest to you ; that in " the grandeur of the scenery, the extent and " diversity of mountain, forest and river, or in " the healthful qualities of the springs which " abound in these parts, and whose sanative " properties are now so well known, you may " find something worthy of more than a passing " notice; worthy, in fact, of being treasured, " when this short visit is over, among the " memories which it shall be a pleasure to re- " call.

" Assuring you of our desire to make your " sojourn among us as agreeable as possible.

" We have the honor to be,

" Yours, &c.,

(Signed) { " R. G. BRETT, " F. J. BOSWELL, " R. B. C. O'DONOGHUE,

" On behalf of the Citizens' Committee."

BANFF, August 12, 1889.

The following gentlemen were next elected permanent members, the President having declared an adjournment of ten minutes to allow the candidates to send in their names and pay the annual fee to the treasurer.

Proposed by Dr. Cameron, and seconded by Dr. Roddick, that the following gentlemen be elected members of the Association :—

Dr. Spencer, Brandon, Manitoba ; Dr. J. W. Smith, Galt, Ont ; Dr. G. A. Kennedy, McLeod, N.W.T.; Dr. W. A. Ross, Barrie, Ontario ; Dr. H. B. McPherson, North Sydney, Nova Scotia ; Dr. Geo. Riddell, Crystal City, Manitoba ; Dr. A. J. Rutledge, Moosomin, Manitoba ; Dr. H. L. McInnis, Edmonton, N.W.T.; Dr. D. Young, Selkirk, Manitoba ; Dr. G. Fleming, Chatham, Ontario ; Dr. W. J. Mitchell, London, Ontario ; Dr. Lewis Johnston, Sydney Mines, C.B.; Dr. Samuel Webster, Norval, Ontario ; Dr. W. P. Chamberlain, Morrisburg, Ontario ; Dr. Alex. Thompson, Strathroy, Ontario ; Dr. John J. Farley, Belleville, Ontario ; Dr. P. Robertson, St. Andrew, Quebec ; Dr. G. Loughead, Petrolia, Ontario ; Dr. C. Selby Haultaine, Maple Creek, N. W. T.; Dr. W. J. Lindsay, Calgary, N. W. T.; Dr. P. Aylin, Calgary, N. W. T; Dr. Chown, Winnipeg, Manitoba ; Dr. O. C. Edwards, Qu'Appelle, N. W. T ; Dr. LeFevre, Vancouver, British Columbia, and also the President and Secretary, *ex officio*.

The Secretary then announced the programme to the meeting, explaining why there were no printed programmes prepared for this meeting.

Dr. Wright then read his inaugural address.

The meeting then adjourned until 8 p. m. for discussion of the amendments to the by-laws.

After a prolonged discussion the by-laws of 1874 were amended as follows :

Dr. Trenholme of Montreal gave the following notice of motion :

" That the nominating committee shall be appointed by and for each province by the members present thereof at the annual meeting."

It was then decided that the by-laws as thus amended above should be brought up for adoption at the next annual meeting.

The meeting then adjourned.

BANFF, August 13th, 1889.

The meeting was called to order at 9.30 a. m., Dr. Wright presiding.

The minutes of the previous meeting were read and confirmed.

Mr. Niblock, Asst. Supt. of the Western Division of the Canadian Pacific Railway, was introduced by the President and addressed the meeting on behalf of the new hospital now being built at Medicine Hat.

Drs. F. W. Campbell and T. A. Rodger, of Montreal, gave information on behalf the committee on reciprocity of registration.

Dr. Campbell expessed the opinion that it would be impossible to secure reciprocity between England and Canada, under existing circumstances.

The committe was continued.

Without dividing into sections, the reading and discussion of papers was then proceeded with.

(1.) The first paper was read by Dr. A. H. Wright, on haematoma of the vagina and vulva.

Discussed by Drs. Jas. Ross, Muir, Marcey, Roddick, Trenholme and Sloan.

Dr. Wright spoke in reply.

(2.) Dr. G. A. Kennedy, of McLeod, N. W. T., next read a paper on the "Climate of South Alberta," with special reference to its advantages to those suffering from pulmonary complaints.

Discussed by Drs. Oldright, McInnis, Praeger. Bentley, Henderson, McLellan and Spencer.

Dr. Whittaker, of Cincinnatti, spoke on this subject, dealing chiefly with the origin of tuberculosis.

Dr. Ross reported a case in which he had discovered a gross evidence of tubercular disease in an eight month's foetus which died soon after delivery.

Dr. Kennedy replied.

(3.) Dr. V. P. Gibney apologised for not having his paper with him, but opened a discussion upon the subject upon which he had intended to write: "The Management of Hip Joint Disease." He proposed to call the disease "Tubercular Ostitis" of the hip joint, and recommended absolute immobilization. The American idea of traction with motion had become obsolete. Auxillary crutches with spica plaster bandage including pelvis and calf, or if a splint is desirable a crutch splint from the Perineum.

Discussed by Dr. P. S. Connor, who stated that 93 per cent. of all cases of hip joint disease were tubercular. For treatment he recommended, in early disease, immobilization; in later stages of the disease he recommended arthrectomy, excision or amputation, the essential principle being complete removal of tubercular matter.

Dr. Strange did not favor excision. He considered traumatism a common cause.

Dr. Roddick agreed with the previous speakers and suggested traumatism as a common cause in addition to the ordinary cause, tuberculosis. He believed in extension.

Dr. Oldright related two cases.

Dr. Praeger related a case caused by a blow upon the left hip.

Dr. I. H. Cameron recommended the American plan of treatment; recommended Buck's extension until rigidity of the muscles is overcome, then splints and movement.

Dr. Shepherd drew a distinction between the treatment of hospital cases and those who have the means of resorting to climatic and other hygienic conditions.

Dr. Gibney replied.

The meeting then adjourned till 2.30 p.m., for lunch.

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(4) The first paper after lunch was by Dr. Buller upon "Preventible Deafness."

Dr. Reeve spoke upon the desirability of keeping the post-nasal and pharyngeal cavities clean and healthy.

(5) Dr. Grasett read a paper upon "Colles' Fracture," dividing the subject into three sections.

(*a*) Those in which the fracture is complete.

(*b*) Where there is great displacement which is hard to reduce.

(*c*) The form occurring in old people.

This was discussed by Drs. Roddick, Sloan, McLellan, Geikie, I. H. Cameron and Dr. Stockwell.

Dr. Grassett replied.

(6) Dr. Ross read a paper upon "Empyema successfully treated by free incisions."

No discussion.

(7) Dr. James Stewart read a paper upon Sulphonal.

Dr. Whittaker corroborated the remarks of Dr. Stewart in his paper. He considered Sulphonal and Paraldehyde are the greatest hypnotics we have and are harmless.

(8) Dr. Whittaker read a paper upon Varicella.

Discussed by Drs. Geo. Ross and Bulkley.

(9) Dr. Reeve of Toronto read a paper on "The relief of pain in Eye and Ear Affections."

(10) Dr. Shepherd read a paper upon Nephro-Lithomy.

Discussed by Drs. Connor, Dupuis, Ball and Roddick.

(11) Dr. Bulkley read a paper on "The early recognition and treatment of Epithelioma," dealing with the subject from a clinical standpoint. He deprecated the use of mild caustics such as nitrate of silver, and recommended soothing and mildly stimulating applications in early cases and in the more advanced cases either excision, curretting or a cautery, claiming good results from Marsden's Paste which consists of Arsenious Acid and Gum Acacia in equal parts by measurement.

Discussed by Drs. Muir, Dupuis, Chamberlain, Wright of Ottawa, Shepherd, Roddick and Connor.

Dr. Bulkley replied.

The meeting then adjourned until 8.30 p. m.

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(12) The meeting was re-opened at 8.30 p.m. by the reading of a paper by Dr. I. H. Cameron, on "Hernia," in which he gave the views of Mr. Lockwood.

Discussed by Drs. Marcey, Gardner and H. P. Wright.

Dr. Cameron replied.

(13) Dr. Praeger narrated several surgical cases.

(14) The President announced that Dr. Jukes had withdrawn his paper on the "Endemic Fever of the Northwest Territories."

(15) Dr. Dupuis was called upon to read his paper, "Some Improvements in Medical and Surgical Instruments." As the hour was late he contented himself with showing and explaining the instruments without reading his paper.

The following papers were then declared read by title, the authors not being present:

(1) Mineral Springs, by Dr. H. P. Small, of Ottawa.

(2) Vertigo, an Eye and Ear Symptom, by Dr. J. W. Stirling, of Montreal.

(3) A common and easily preventible case of retro-displacements. by Dr. A. L. Smith, of Montreal.

(4) "A case of Necrosis following a compound fracture," by Dr. John Campbell, Seaforth, Ont.

Dr. Stewart of Pictou moved, seconded by Dr. Roddick, that the President nominate a committee to confer with the Provincial and Local Societies and approach the Federal and Local Governments with a view of reducing the tariff on surgical instruments. Carried.

Dr. P. S. Conner, on behalf of the American visitors, in a happy manner thanked the association for having invited the American delegates.

Cheers were then given for the American delegates.

The Treasurer's report, audited by Drs. Buller and Lachapelle, was received and adopted by motion.

The Treasurer reports as follows:—

TREASURER'S REPORT.

Canadian Medical Association meeting at Banff, August 12th and 13th, 1889.

August 12th and 13th, fees received by Acting Treasurer from members (82).....		$164.00

LIABILITIES.

Balance due Dr. Sheard, former Treasurer.....	$29.07	
Times Printing Co., Hamilton.....	13.00	
Somerville, Benallack & Co., Montreal.....	52.50	
Secretary for Post, Stamps, Stationery, &c.....	30.75	
Moulton's Theatre Co.....	20.00	
Burland Lithograph Co.....	2.75	
	$121.07	
Balance.....		42.93
Reduction in charge for use of Theatre.....		5.00
		$47.93

Examined and found correct.

Dr. Stewart, of Pictou, convener, reported on behalf of the Nominating Committee as follows:

(1) Place of meeting: Toronto.

(2) *Officers.*—President, Dr. James Ross, Toronto, Ont.; Secretary, Dr James Bell, Montreal, Que.; Treasurer, Dr. W. H. B. Aikins, Toronto, Ont. Vice-Presidents—For British Columbia, Dr. D. Eberts, Nanaimo, B.C.; for the North West Territories, Dr. Brett, Banff, N.W.T.; for Manitoba, Dr. R. Spencer, Brandon, Man.; for Ontario, Dr. Bruce Smith, Seaforth, Ont.; for Quebec, Dr. E. P. Lachapelle, Montreal, Que.; for New Brunswick, Dr. Holden, St. John, N.B.; for Nova Scotia, Dr. L. Johnson, Sydney Mines; for Prince Edward Island, Dr. McLeod, Charlottetown, P.E.I. Local Secretaries—British Columbia, Dr. Fagan, New Westminster, B.C.; N.W.T., Dr. Rutledge, Moosomin, N W.T.; Manitoba, Dr. H. Higginsson Winnipeg, Man.; Ontario, Dr. J. J. Farlay, Belleville, Ont.; Quebec, Dr. John Elder, Huntingdon, Que.; New Brunswick, Dr. Raymond, Sussex, N.B.; Nova Scotia, Dr. W. S. Muir, Truro, N.S.; P.E. Island, Dr. Warburton, Charlottetown.

The following standing committees were appointed:

(1) *Necrology.*—Drs. Hingston, A. H. Wright and Geo. Ross.

(2) *Medical Education and Literature.*—Drs. Dupuis, Kingston; Dr. Cameron, Toronto; Dr. Mullin, Hamilton.

(3) *Prize Essays.*—Moved by Dr. Bell, seconded by Dr. Stewart (Pictou), that no committee be suggested this year, as there are no prizes offered. Carried.

(4) *Climatology and Epidemic Diseases.*—Drs. Oldright and Bryce, Toronto; Campbell and Lachapelle, Montreal; Parker, Halifax; Jukes, Regina; Robillard, Ottawa; Patterson, Winnipeg; Milne, Victoria; Kennedy, McLeod, N.W.T.

(5) *Ethics.*—The President and President-elect and the eight Vice-Presidents.

Committee of Arrangements.—Drs. James Ross, W. E. Geikie, Oldright, Graham, Strange, Grasett, A. H. Wright, O'Reilly and W. H. B. Aikens, Toronto.

Publication Committee.—Dr. A. Morrow, Halifax; Dr. James Stewart, Montreal; Dr. Sheard, Toronto.

The report was adopted and the above-named officers and committees declared elected for the ensuing year.

The following resolutions were then proposed, seconded and carried:—

Moved by Dr. Buller, seconded by Dr. Chas. O'Reilly,

"That this Association has great pleasure in conveying to the Canadian Pacific Railway Company its most cordial acknowledgments for the facilities that they have been accorded in coming to Banff, and kind attention they have received from all the employees of the Company with whom they have had to deal, as well as for the superb accommodation and the great enjoyment they have derived from their sojourn in the world-renowned Banff Springs Hotel.

"Taking into consideration the length of the journey, the season of the year, and the unavoidable imperfect information as to the location and numbers of those who formed the main body of the excursion, the arrangement as carried out by the Company have been such as to excite the admiration and grateful recognition

of the Association. The thanks of the Association are specially due to Mr. William Whyte, General Superintendent of the road, for his exceeding kindness in accompanying them from Winnipeg to Banff, and giving his personal supervision in all matters concerning their safety and welfare."

Moved by Dr. Geikie, seconded by Dr. Bruce Smith,

"That the cordial thanks of the Association be and are hereby given to the citizens of Banff, for the kindness and courtesy exhibited towards the Association during the annual meeting just held, and especially for the address of welcome presented by the citizens to the Association at its first session, which contained so many expressions of interest in the Association and of good will towards it."

Moved by Dr. Ross, seconded by Dr. McLellan,

"That this Association hereby tenders to His Honor, Dr. Schultz, Lieutenant-Governor of Manitoba, its grateful thanks for his cordial reception of them at the Government House during their passage through his province. That they rejoice to observe that the press of political duties has not interfered with the continuance of keen interest on the part of His Honor in everything calculated to advance the interests of that profession in which he is so proud to number himself amongst its loyal members.

"That this Association assures Dr. and Mrs. Schultz, that their generous hospitality in Winnipeg has been highly appreciated, and will in retrospect make one of the brightest memories of an ever memorable meeting."

Moved by Dr. Farley, seconded by Dr. Edwards,

"That this Association appreciates and will gratefully remember the Grand Trunk Railway Company for kindly co-operating with the Canadian Pacific Railway in making our trip to Banff a pleasant one."

Moved by Dr. Oldright, seconded by Dr. Lachapelle,

"That the Canadian Medical Association do respectfully submit to the government of the Dominion that it is highly desirable in the public behalf as well as in the interest of medical science, that the profession should be in possession of reliable statistics of the climatic conditions of Banff and other resorts in the North West Territories, as well as of the chemical composition of the soil and waters of the district, in order that we may act with greater confidence in sending patients to these resorts, and that the Association do further memoralize the government to establish a signal station at Banff, with branches at such other points as may be found necessary. A competent person being appointed to superintend the observation at such station or stations."

Moved by Dr. W. S. Muir, Truro, N.S., seconded by Dr. Shepherd, Montreal,

"That the local provincial secretaries be requested to ascertain the feeling of the medical societies of their respective provinces on the subject of affiliation with the Canadian Medical Association."

A vote of thanks to the medical men of Winnipeg was moved by Dr. W. S. Muir, of Truro, N.S., seconded by Dr. Geikie.

Moved by Dr. Lachapelle, seconded by Dr. Oldright,

"That this Association hereby declares its opinion that it is the duty of all practitioners to loyally comply with the regulations in force in the different provinces, and to report cases of contagious disease to their respective local authorities, so as to enable these authorities to give suitable advice and take such measures as might be required in order to prevent the spreading of contagious diseases and prevent epidemics."

Moved by Dr. Strange seconded by Dr. Henderson,

"That the cordial thanks of the Medical Association be tendered to the Manitoba and other clubs of the city of Winnipeg for the privileges conferred on its members."

Proposed by Dr. Shepherd, seconded by Dr. Lachapelle,

"That the thanks of the Association be conveyed to Mr. Lalonde for his great care and attention and unfailing kindness to the members during the trip from Banff to Montreal."

Moved by Dr. Campbell, seconded by Dr. Proster,

"That the thanks of the meeting are hereby tendered to Dr. Wright, the President, for the impartial and business-like way in which he has conducted the business of the Canadian Medical Association."

Moved by Dr. Campbell, seconded by Dr. Sloan,

"That the thanks of the Association are tendered to Dr. Bell, general secretary, for the able and courteous manner in which he has performed the large amount of work which has of necessity fallen to him in organizing what has been the most remarkable meeting in our history."

The following letter was received from His Honor the Lieutenant-Governor, Dr. Schultz, of Manitoba:—

GOVERNMENT HOUSE,
Winnipeg, Man., Aug. 12, 1889.

MY DEAR SIR.—In answer to the wish expressed by the officers and many of the members of the Association that I would be present at your Banff meeting, I regret to say that I find other duties will, for a time at least, call me in

another direction, though I will make an effort to meet you all somewhere in British Columbia before your return. Kindly allow me to say to the Association through you, how gratified I am personally, and how pleased I know the profession here to be at the choosing of a place in the North-West for the meeting of the Association this year. In my mind Banff is particularly appropriate, for it is one of our national sanitariums. There are questions of medical and other scientific importance which may be better observed and discussed there than almost anywhere else in Canada. You are on a range of mountains memorable with recollections of several great medical men. Dr. and afterwards Sir John Richardson followed their course down our mighty Northern River till their grand heights slowly descended to the flat plain which forms the shore of the Arctic Sea. This worthy companion of the great Arctic voyageur, whose dust is sepulchered in the snows and ice of the Arctic Archipelago, first gave to the world the knowledge of Arctic and Sub-Arctic Flona, and much of their knowledge of the animal life of the great Northern wilds. Dr. Hector gave most valuable information in the same direction, and of the diseases of northern tribes, when with Captain Palliser he explored the Rocky Mountain passes to the south of the one in which your meeting is now being held. Dr. Cheadle, Surgeon to Lord Milton's party, wrote that most interesting and valuable book "The North-West Passage by Land," describing one of the passes to the north of where you now are; and I feel sure that so many men learned in the profession, to which I am proud to belong, when discussing in council, cannot fail to throw light upon many of the questions which will naturally present themselves for solution; such as, for instance, whether the high temperature of these springs is due to the disintegration of the sulphites and sulphates, or is the result of volcanic action; and whether if from either of these causes, the temperature varies, and the proportion of chemical constituents changes from the published analysis. The effect of high altitudes upon the bacilli of phthisis and upon other disease germs, and the effect of large areas of non-absorbable granite rocks upon the life of such bacteria as may be found at these elevations; and I would ask my learned confreres, when the discussion of more scientific questions shall have been completed, to pauze, and reflect for a moment, that they are where for economic purposes Canada is widest, and no longer a mere arable strip on the banks of the St. Lawrence, where on the east, and northward from the boundary line, Canada measures thirteen hundred miles of arable and pastoral land, and to the west nearly an equal north and south width of one of the richest mineral districts in the world.

I am dear sir,
very faithfully yours,
JOHN SCHULTZ.

The Secretary, Canadian Medical Association,
Banff, N. W. T.

As the meeting had been concluded, it was decided by the President and Secretary to acknowledge the receipt of the letter and to request the various medical journals to publish it in full in their next issues.

Progress of Science.

PRURITUS ANI.

The following is an excellent application in cases of pruritus ani.

℞.—Hydgr. chl. mit.	ʒi
Balsam Peru.	ʒiss
Carb. acid.	grs. xx
Lanolin.	℥i

M. Ft. Ointment.

Sig.—Apply once or twice daily after sponging with hot water. M.—*Progress.*

HOT WATER IN HÆMATEMESIS.

For the treatment of hæmatemesis, Dr. Flasher (*Algem. med. centr. Zeitung*, No. 55, 1888) considers hot water as the safest and most pleasant remedy. He gives it in successive quantities of one-half to three-fourths of a tumblerful of water as hot as it can be borne. Coagulation of the blood occurs quickly, as shown by the subsequent vomiting of pieces of clot which are discharged without further hæmorrhage.—*Medical Chronicle.*

DIGITALIS IN THE TREATMENT OF PNEUMONIA.

In this disease digitalis acts on the factor of fever, which in pneumonia is often the most prominent symptom. It also circumscribes the area of disease in the lungs, but the main indications for its use are to be found in the constitutional disturbance. In an uncomplicated case of pneumonia, it should be given whenever the pulse exceeds one hundred, irrespective of the extent of the pulmonary lesion. It should be borne in mind that in fatal cases death supervenes between the eighth and tenth day, and digitalis attains its maximum effect from the seventh to the tenth day. It is therefore necessary to prescribe the drug not later than the third day.—*Cincinatti Lancet Clinic.*

INTESTINAL OBSTRUCTION.

Mr. A. W. Mayo Robson formulates the following conclusions regarding intestinal obstruction: First, that in chronic cases, that is, where obstruction is the prominent symptom, there being no signs of strangulation, medical treatment may relieve, or, if the obstruction be due to fæcal accumulation, may cure; but that in many such cases colotomy, or some other operation, will be so plainly indicated as to leave no doubt concerning what should be done. Secondly, that in cases where acute symptoms supervene on chronic, medical and expectant treatment may at first be wise, but that, if relief do not come rapidly, laparotomy should be performed. Thirdly, that in initially acute cases laparotomy should be performed without loss of time, delay being as dangerous as would be the postponement of kelotomy in strangulated hernia.—*Lancet, April* 20.

HYPODERMATIC INJECTIONS OF BLOOD IN ANÆMIA.

Westphalen (*Centr. f. Ther., No.* 5, *News*, June 22,) reports a case of extreme anæmia cured by Ziemssén's method, in a man, æt. 36. The number of red corpuscles was only 840,000 per cubic mil. Tonic treatment had previously been used without result. Five ounces of blood were taken from the median vein of a healthy person, being caught in a vessel and defibrinated by stirring with a glass rod, then strained through gauze to remove the larger particles of fibrine, and then injected under the skin of the thighs, 6 or 7 drachms at each puncture. The limbs were then vigorously rubbed and manipulated in the direction of the lymphatic stream. Nothing unpleasant occurred. The pulse fell in 24 hours from 100 to 80. Eight days later the blood contained 1,240,000 red corpuscles in a cubic mil. In one month he was well.

DIAGNOSIS OF BRAIN CYSTS.

Professor Edmond Souchon, of New Orleans, has suggested that in cases in which the diagnosis of cyst or abscess of the brain is doubtful, the brain may be explored with a fine aspirating needle introduced through a small hole made in the skull with a watchmaker's drill, furnished with a gauge and screw so adjusted as to prevent the "bit" from penetrating too deeply after working through the bone. He has performed the operation several times on dogs, and these animals, after recovering from the chloroform, did not seem to have been in any way affected by the operation, and remained afterwards in perfect health. In an animal killed before recovering from the chloroform there were seen only small extravasations under the scalp and under the pia mater. Professor Souchon thinks that the "bit" used should be large enough to make a hole in the skull to admit a needle twice the size of an ordinary hypodermic needle.—*British Med. Jour.*

THE ETIOLOGY OF EXOPHTHALMIC GOITRE.

In reference to this vexed question, we have, as it seems, at least one certain fact that points to a solution of the mystery. Dr. White found in a post-mortem examination numerous hæmorrhages close under the floor of the fourth ventricle, near the nucleus of the sixth nerve, and extending outward to the inner part of the restiform bodies.

Though this is but a single case, yet, occupying this location, these lesions are sufficient to account for the peculiar, threefold symptom-complex. The disease, it is true, was of long duration and the hæmorrhages of recent date, but Dr. White believes that the molecular and microscopical changes of the fourth ventricle, that had undoubtedly preceded, were the true cause of the later hæmorrhages and of the exophthalmic goitre.—*Brit. Med. Jour.*

THE LOCAL ACTION OF HYDRASTIS CANADENSIS.

Felsenberg (*Weiner Med. Blatter*) writes a laudatory notice of this drug, as regards its influence upon the blood vessels of mucous membranes in gynecological cases, and in diseases of the mouth, nose, and similar parts, where there is congestion. Felsenberg, after giving the credit to American physicians of having introduced the drug, then goes on to tell us that it has been found to be not only an astringent, but, in addition, to possess local anæsthetic properties. In relation to his own experience with the drug, he mentions his success in the treatment of chronic pharyngitis combined with enlargement of the tonsils. In every instance he painted the fluid extract over the diseased mucous membrane, thoroughly covering all portions that were inflamed. The application was not found to be exceedingly disagreeable, and was very effective. Exceedingly good results were also reached by local application in chronic inflammation of the vagina.—*Medical Standard.*

SULPHONAL IN NIGHT SWEATS.

In addition to the hypnotic properties enjoyed by sulphonal, this drug is capable, according to Dr. Bottrich, of Hagen, Westphalia, of exercising a most beneficial influence in night sweats. It acts, he thinks, very similar to atropine, but, unlike it, is quite free from any undesirable effects. He found this property out by accident, having prescribed a quarter of a

gramme (nearly four grains) for an old woman of eighty as a sleeping powder. The patient had been suffering from the most profuse night sweats, obliging her to change her things twice during the same night. After the first dose she asked the doctor whether he had not put something into the powder to prevent the sweats. On making further observations Dr. Bottrich convinced himself that as a rule half a gramme (seven grains and a half) of sulphonal will stop night sweats. Its effects seem fortunately to be somewhat permanent, as even after the drug has been stopped the night sweats are found to be much less severe than they were previously to taking it.—*Lancet*, April 27, 1889.

A NEW METHOD OF ADMINISTERING COD LIVER OIL.

The method of Lafaki of administering this disagreeable drug is mentioned in the *Lyon Medical*. If equal parts of the oil and lime water be mixed, a milky liquid is obtained, inodorous and of a syrupy consistence, which may be flavored as desired, for instance with essence of citron or vanilla.

The oil saponified in that way is said to be very agreeable to the taste, does not adhere to the walls of the buccal cavity, nor leave that nauseating after-taste which often prevents patients from retaining it even after it has been swallowed.

And in other ways the saponified oil presents advantages rendering it far preferable to the much vaunted emulsions of to-day. The saponification, instead of becoming altered with time, preserves, on the contrary, its homogeneity and lactescence; it is easily assimilable by weak stomachs; it may be administered even during a diarrhœa; and it is a preparation easily and quickly made and at a price placing it within the reach of all—a consideration of no small importance when it is remembered that this treatment is generally one of long continuance.

SALICYLIC ACID IN CHRONIC TUBERCULOUS JOINT DISEASE.

Dr. Robert W. Sorett, in an interesting article on the above in the *Bost. Med. and Surg. Jour.*, after citing a number of cases, gives the following as his conclusion in the matter:

That salicylic acid in large doses is useful as an aid to the mechanical treatment of chronic tuberculous joint disease, not in routine conditions, but—

(1) When night cries are present.

(2) When the diseased joint is very painful and sensitive to jar.

(3) When vomiting and general discomfort are associated with an increase in the local disease.

That relief from pain, and diminished sensitiveness follow at once, as quickly as in acute articular rheumatism, and that the drug should be given in as large doses as for that affection until the pain is relieved or the physiological effect is produced.

The writer calls attention to the fact that mechanical means were constantly used while the drug was exhibited, but that such mechanical means had failed to relieve the pains in connection with the disease.

NATURE AND TREATMENT OF RACHITIS.

In a discussion of the above subject before the British Medical Association, Dr. W. B. Cheadle formulated the following conclusions:

1. It is primarily a diet disease which can be caused at will by rachitic diet just as certainly as scurvy can be produced by a scorbutic diet, and which can be cured as certainly by anti-rachitic diet as scurvy by anti-scorbutic diet.

2. That the chief defect in diet which causes rickets is want of animal fat.

3. With this, probably, also deficiency of the earthy salts in form of phosphates.

4. A deficiency of animal proteid in conjunction with the preceding intensifies the condition.

5. The rachitic state is accentuated by evil external hygienic conditions, such as foul air and want of light, although these are not essential to its production.

6. Rickets is modified in character by the concurrent existence of congenital syphilis and of scurvy.

7. That the treatment is primarily and chiefly dietetic and that drugs are of minor import, though lime and lime salts, warm clothing, fresh air and sunlight, in conjunction with proper diet, may do good service.—*British Medical Journal.*

LOCAL TREATMENT OF DIPHTHERIA WITH SALICYLIC ACID.

Dr. A. d'Espine, in a paper upon the subject, concluded as follows:—

1. From the experiments made it is safe to say that salicylic acid, in dilutions of one to two thousand, is an excellent parasiticide of the bacillus of diphtheria.

2. Its entire harmlessness in such doses permits its being used without fear, which cannot be said of carbolic acid or sublimate.

Irrigations of salicylic acid should also be used as a prophylactic remedy in diphtheria, in all simple throat affections, which in time of an epidemic might be the means of receiving the bacillus of Loffler.

This treatment should be especially applied to all scarlatinal sore throats which, owing to

the streptococcus of Heubner, might easily become the seat of narcotic pharyngitis or true diphtheria.

The author only claims originality for the large quantities of liquid used in the irrigations, which are repeated hourly until an improvement in the existing conditions is observed. It is evident that salicylic acid cannot prevent any accidents which are the outcome of an enfeebled constitution; hence the necessity of an early diagnosis of diphtheria becomes the more apparent.—*Med. News.*

IMPROVED TREATMENT FOR TINEA TONSURANS.

The *Med. Rec.*, June 1, gives the principles of Dr. Harrison's treatment of this affection as presented by him in the *Brit. Med. Jour.*

He uses two sets of agents—first, a solvent, by the action of which the fungus is exposed in its hiding places in the cuticle and hair-follicles; and, second, a parasiticide to come in contact with and destroy the fungus.

For the first, he recommends a solution of liquor potassæ, spts. wine and iodide of potassium; for the second, a solution of mercuric chloride in spirits of wine and water.

After the application of the first solution the softening action of the alkali allows the iodide to soak into the parts, afterward combining with the mercuric solution, forming in the tissues about the fungus a very excellent parasiticide, the bin-iodide of potassium.

He finds that ointments are better, however, because of the fact that they are more readily applicable, and are longer retained in contact with affected parts.

The ointment is composed of the following ingredients: Caustic potash, gr. ix., carbolic acid, gr., xxiv., lanolin and oil cocoa nut, each ℥ss. M. Rub well together and add some essential oil if desired.

To be applied night and morning.

HYPODERMIC INJECTIONS OF ERGOT IN FACIAL NEURALGIA.

For the relief of facial neuralgia hypodermic injections of ergot are incomparably superior to aconite or gelsemium. Any one who has used it will never resort to either of the above named remedies. I have used it the last six years and have never had it fail in but one case. In that case there was evidently organic disease. Ordinarily one injection relieves the pain permanently. Sometimes two, and in one very severe and obstinate case which had gone through the hands of several physicians without relief, it required three. After the third injection he never had a twinge of pain. I put it in the temple, as nearly over the seat of pain as convenient. I use the plain extract, and have it made on purpose for hypodermic use. One minim represents two grains of ergot. Of this I use from eight to twelve minims blood-warm, at one injection, and without diluting. In order to make this a success, two things are essential. One is, to have a fresh and pure article of ergot to make the extract from, and the other is, to have the extract reasonably fresh. If kept long, it is not only worthless, but irritating. When properly prepared and fresh, it produces more or less pain for ten or fifteen minutes, and when the pain from the injection subsides the neuralgia is usuily gone, and does not return.

I have used this treatment for sciatica and other forms of neuralgia, but not with very satisfactory results.—Dr. Stewart in *Peoria Med. Mo.*

CONTAGIOUSNESS OF PNEUMONIA.

Netler, *Arch Gén. de Méd. Boston Med. and Surg. Jour.*, has a long article reviewing the epidemics of pneumonia which have been recorded, and adds a few other instances which have come within his own experience. His most important conclusions are as follows:—

1. Pneumonia is a contagious disease of parasitic origin, and is transmissible either directly or by the intervention of a third person, or by inanimate objects, such as wearing apparel, etc. 2. The pneumococci are not destroyed by desiccation, and are diffusible through the air, but not to great distances, at most the interval between three hospital beds. They maintain their virulence for a period which has not yet been definitely determined, but probably never more than three years. 3. Contagion is possible during the entire course of the disease and even after recovery. 4. The period of incubation averages from five to seven days, but may vary between one and twenty. 5. Patients who have passed through a pneumonia are dangerous both to themselves and their neighbors as living micrococci may be found in their saliva many years after. Thence in part the epidemic appearance of the disease in certain families during long periods, and also its frequent recurrence in certain individuals who have once survived it. 6. Rigid quarantine of the patients seems unnecessary, but other patients and healthy persons should not be brought into too intimate relations with them. The sick-room must be kept well ventilated and clean, the sputum disinfected, and the cocci lurking in the mouth destroyed so far as possible.

ANOTHER TEST OF LIVE-BIRTH IN INFANTS.

Dr. Nitkin of Moscow, lately read a paper on this subject, giving his experience of the test, *Am. Jour. Med. Sciences*, as derived from *post-*

mortem examinations of one hundred and twenty-four new-born children in Moscow. His conclusions are as follows:—(1) The gastro-intestinal test not only supports the lung test but it is even able in some cases, in which the lung test, is negative, to afford evidence by itself of live-birth. (2) If in the fresh corpse of a new-born child, the stomach, and especially if also the intestines contain air, and float in water, it may with certainty be concluded that the child survived birth; provided air was not artificially introduced into the stomach, as by inflation. (3) If the body is well advanced in putrefaction, the gastro-intestinal test is less reliable than the lung test; but if the body is only moderately putrefied, the former test is as trustworthy as the latter. (4) A negative result from the gastro-intestinal test is not proof of the child having been stillborn, no more than is a negative result from the lung test; but if such a result is obtained from the application of *both* tests in fresh, but especially in putrid bodies, then it may be inferred that the child was stillborn, unless in rare cases in which signs exist of sudden death by violence applied immediately after birth. (5) If the stomach and a portion of the intestines are well filled with air and the corpse is fresh, it may certainly be concluded that the child did not die immediately after birth—excepting always cases of artificial inflation. (6) The first bubbles of air reach the new-born child's stomach by swallowing. (7) The possibility of "atelectasis secundaria neonatorum"—that is, of the complete disappearance of air from the lungs of a new-born child—is highly probable.

TREATMENT OF DIABETES.

At the last meeting of the Academy of Medicine of Paris, M. Dujardin resumed the discussion commenced by M. Worms in the previous meeting, and criticised the assertions of the latter. For him glycosuria is only a symptom, while diabetes is a veritable malady, of which there was three forms, the benign, the chronic and the grave. In the treatment milk should be absolutely forbidden; a small amount of potatoes may be allowed, and antipyrin, sulphate of quinine, bromide of potassium, &c., be prescribed, together with physical exercise. Such treatment will not radically cure the patient, but will put him in a condition to strive with advantage against the enervation and prostration so often witnessed in that disease. M. Sée said that in order to treat properly diabetes, a proper conception of the malady is necessary, and he did not believe that the pathology was well understood as yet. All the ideas emitted on the subject up to the present were more or less open to criticism, and several medical societies were actually engaged in discussing the cause of this affection. As for him, he had made a special study of the question for several years, and through his researches he found that urine in a normal state contained sugar, although in very infinite quantities. In order that a healthy person should show any appreciable quantity of sugar in the urine, he should have taken at least half a pound, whereas in diabetic persons the smallest quantity of sugar ingested is found. The origin consequently of diabetes is to be found in the circulation of the liver exaggerated by the vaso-motor system of the organ, which system is influenced by an irritation of the floor of the cerebellum and of almost all the nervous centres.—*Med. Press.*

A HINT FOR FACILITATING THE MICROSCOPICAL EXAMINATION OF URINE.

When attempting to examine urine under the microscope for casts, epithelial cells, and other organic bodies, a good deal of annoyance and difficulty is sometimes caused both by urates and also, when the specimen is not quite fresh, by fermentation and putrefactive products. In order to obviate this difficulty, and with the further view of preserving the specimen, Dr. M. Wendringer advises that the urine should be mixed with a nearly saturated solution of borax and boracic acid. This dissolves the urates and keeps the urine from fermenting, and at the same time exercises no destructive effects upon the casts and epithelial elements which it is desired to examine. The solution is prepared by mixing 12 parts of powdered borax in 100 parts of hot water, and then adding a similar quantity of boracic acid, stirring the mixture well. It is filtered while hot. On long standing a small deposit crystallises out, but clings to the side of the vessel, so that it does not interfere with the transparency of the liquid. The urine to be examined is put into a conical glass, and from a fifth to a third of its bulk of the boracic solution added to it and agitated with it. The urine will be found to become clear in a short time—*i.e.*, if there is no cloudiness due to bacteria; and it will remain unchanged for several days. If it is only wanted to clear the urine and to make it keep for a day or two, the addition of a smaller quantity of the boracic solution is sufficient. If a third of its bulk is added, no fermentation or putrefactive processes take place, even if the glass is left uncovered in warm places. Albumen, too, if it exist, is not coagulated. The organic elements—as epithelial cells, casts, blood corpuscles, etc.—collect so quickly, without undergoing any morphological change at the bottom of the glass, that the first drop taken up by the pipette usually proves a satisfactory specimen.—*Lancet.*

THE DISAPPEARANCE OF CARDIAC MURMURS.

Dr. M. A. Boyd, of Dublin, at a recent meeting of the Royal Academy of Medicine in Ireland, read a paper on the disappearance of cardiac murmurs which have existed sufficiently long, and have led to such changes in the cardiac walls as to be considered organic in character. Such disappearing murmurs are generally consecutive to acute rheumatic endocarditis; cases also occur of chronic endocardial changes which ultimately leave the heart free from all traces of disease. Dr. Boyd gave three instances of cases under his own observation—one the murmur of mitral regurgitation, with consecutive changes in the left ventricle and auricle, which existed for two years, and ultimately disappeared, as did the hypertrophy associated with it; and two others of aortic regurgitation existing for a considerable period, which finally got quite well also. In both these latter cases the existence of hypertrophy and dilatation of the ventricle might be taken as sufficient evidence that they were of a permanent nature, as also the length of time they continued after the primary endocarditis. A well-established constrictive murmur, in his opinion, never gets well; it may disappear or cease to be heard, owing to failure or weakness of the cardiac walls, or to excessive dilatation of either of these or the aorta, but the symptoms associated with it remain, and *post-mortem* evidence shows no cure. Plastic material deposited on or in valves, may ultimately get absorbed when it only interferes with their adaptation, but when deposited around the margin of an orifice it must ultimately, by its contraction, cause obstruction. Such absorption is most likely to take place in young subjects, owing to the rapid metabolic changes which occur in their tissues and to compensation being more easily established; and is more frequent where the valvulitis is rheumatic than where it is the result of alcoholism, gout, or contracted kidney.—*Med. Press.*

"BALLOONING" OF THE RECTUM.

Attention has been called by Mr. Thomas Bryant, in the *Lancet* for January 5, 1889, to a condition of the rectum, which he believes always to exist in conjunction with certain forms of stricture of that organ. This condition he terms "ballooning" of the rectum. When a stricture is quite low down, and within easy reach of the surgeon's finger, this symptom does not exist, although its counterpart—a patulous condition of the anus—may possibly be present. When the stricture is higher up, and beyond reach of the surgeon's touch, the ballooning of the rectum is often present, and when so becomes a symptom of great value. The rectum in its normal condition is a collapsed tube, and when the finger is introduced the walls are found in contact, and have to be separated by the finger for examination. On the other hand, when a stricture of the rectum exists, this does not hold, for often when the finger has passed the sphincters it enters a cavity, the walls of which are expanded or "ballooned." In this cavity the surgeon will be able to move his finger freely, and its walls will only be felt when searched for. The extent of ballooning will vary with every case.

When this condition is found the surgeon will be justified in more than suspecting the presence of a stricture, for he has never found this ballooning of the rectum under other conditions than those of stricture. In cases of obstruction complicated with symptoms which suggest the possibility of a stricture being their cause, ballooning of the bowel becomes, therefore, a symptom of importance, and one which should materially help toward confirming a diagnosis of stricture. Mr. Bryant believes that the described condition of the lower bowel is due, primarily, to the atrophy of its muscular coats, brought about by the arrest of all peristaltic action from above the seat of stricture; and, secondarily, to distention of the atrophied bowel by retained flatus. In stricture of its upper segments this state of the rectum is analogous to patulous anus and incontinence of fæces in stricture of the lower segments. It is not met with in all cases of stricture, and particularly in those of rapid formation, but is present, as a rule, however, in examples of chronic stricture, and should be looked upon as a characteristic symptom.

INGUINAL VERSUS LUMBAR COLOTOMY.

Mr. Harrison Cripps records thirty-seven colotomy operations which he has performed with a mortality of only slightly more than five per cent. Of these operations fifteen were performed in the lumbar regions and twenty-two in the inguinal. Fourteen of the cases of lumbar colotomy were performed for carcinoma, and all of these recovered; the fifteenth case was thus treated for fibrous occlusion, and died of exhaustion on the fifth day. During the past eighteen months he has entirely discarded the lumbar in favor of the inguinal method.

Of the twenty-two cases in which the colon was reached by the latter route, twenty-one were done for rectal cancer, and all but one recovered.

Mr. Cripps' objections to lumbar colotomy are: First, the space in which the operator has to work between the last rib and the crest of the ilium is often very limited, so that to a very great extent he is at the mercy of the anatomical accuracy of the course of the bowel, and even a slight deviation involves a difficult operation;

second, it is not always easy to identify the bowel when reached in the limited wound space, and the longitudinal bands are sometimes impossible of recognition, from which cause numerous instances are upon record where the small intestine, the duodenum, and even the stomach, have been opened by mistake; thirdly, in a fat or muscular person, owing to the depth of the bowel and its want of mobility, there is a difficulty in fixing it to the skin without undue tension; fourthly, and altogether his gravest objection, is that if the colon happens to take an anomalous course, avoiding entirely the lumbar region, the attempted operation entirely fails, as has been observed by the author several times in the hands of other surgeons; and lastly, the posterior position of the wound is inconvenient to the patient for purposes of cleanliness, and to the surgeon in adjusting pads.

In inguinal colotomy, on the other hand, the wound space in front is practically unlimited, and thus allows of a thorough exploration of the part by a clean incision, without the least damaging of the tissues. There can arise no possibility of confounding other tissues for the colon, which, by its clearly marked longitudinal bands, its convoluted surface, and its epiploic appendages, admits of absolute recognition; and, owing to the mobility of the sigmoid flexure and the ease with which the skin can be depressed, there can never arise much difficulty in fixing the bowel in the wound without undue tension on the stitches. Again, abnormalties in the shape or situation of the colon do not, by this method, mean failure of the operation, for it can be searched for and reached at any part of the abdomen. Besides meeting the chief objections which can be raised to the lumbar operation, the inguinal method has, in certain instances, advantages entirely its own. This consists in being able to verify the diagnosis in obscure cases before the bowel is laid open. For instance, rectal examination has thrown no light upon the site of lesion. In such a case the surgeon would hesitate to perform lumbar colotomy, not knowing but that the obstruction might exist above the artificial opening so made; but a mistake of this kind could not occur if the operation were done in the groin, for the bowel would be made subject to direct examination and the diagnosis confirmed before it was laid open.

It has not been the writer's experience that the inguinal method is unsuited to urgent cases, or that it is more often followed by subsequent tendency to prolapsus. He recommends that, if the symptoms are not urgent, the bowel be simply stitched in the wound until it has become sealed off from the peritoneal cavity, when it can possibly be opened with greater safety, but has observed no bad results from immediately opening it with due caution to prevent peritoneal infection.

Mr. Cripps has added to his article a record of his thirty-seven cases in tabular form, a study of which will well repay any who may be interested in the subject.—*British Medical Journal.*

RECENT VIEWS ON GOUT.

At the recent Congress of Physicians held in Wiesbaden Professor Ebstein of Göttingen, and Dr. Pfeiffer of Wiesbaden, contributed two papers of considerable length on "Gout: its Nature and Treatment." Professor Ebstein divides gout into two great classes—1st. Those of joint affections. 2nd. Those affecting the kidneys. The first form is the typical form of gout, where the joints and their surroundings became affected by the morbid process. The attack usually comes on by night, and the favored seasons of its approach are the spring time and the end of the autumn season. After localising it in the great toe, he said accumulations of gouty matter were to be observed in young people afflicted with this disease. These enlargements are closely connected with the uric acid found in gout. Ebstein is opposed to the opinion held by Garrod on these enlargements, that they are caused by an excess of uric acid in the blood, which in the form of the sodic salt, becomes deposited in the tissues of the joint, and by this gradual accumulation and final irritation produces the gouty inflammation commonly accompanying this affection. He holds this deposit of the urate of soda to be the result of the inflammation, and not the cause, as Garrod believes it to be. He next referred to the effect of gout on the nerve system, through which he considers the heart and the blood-vessels become affected. He is quite satisfied that gout was hereditary in families, but it did not confine itself to the indolent and high fed, but rather afflicted the active and moderate liver and the industrious class. In females the attacks are not so intense as in males. Men suffering from gouty affections may reach a good old age, though the diathesis is fraught with much danger to life.

Pfeiffer, who followed with a paper on treatment, holds the view that uric acid is diffused through the fluid tissues of the body in a very insoluble form, which soon becomes deposited throughout the body, or is localised in the form of swellings. The earliest effects are the retention of the uric acid, which rapidly accumulates in the system until every organ becomes more or less affected, or if it happens to expend its force on a single organ, death may be the result. The first indication, therefore, in the treatment would be the excretion of a proper amount of urea and uric acid in the urine, since the retention of this product soon produces a low

cachectic condition of the system. After this the administration of a salt that will convert the insoluble substance into a soluble substance allowing of rapid elimination, soon relieves the pain and reduces the swelling. The first important step is to correct the diet. This should consist largely of albuminous matter, as beef, eggs, &c., as well as fat and green vegetables; but fermented drinks, starch and sugar should be forbidden. The use of a meat diet is very important, as the retention of the urea and uric acid quickly produces a cachectic condition of the system which must be early combated in the treatment, but the meat diet does more than supply this necessity, for the salts of the meat when taken into the system have a solvent influence that speedily raises the elimination of urea and uric acid to even more than the normal quantity. The same may be said of all proteid substances, and more particularly of eggs. Sour milk and cheese should be avoided, but fruit and salads are beneficial, as they alkalise the alimentary canal, while wine and beer have the opposite effect, and should be strictly prohibited.

The medicinal treatment should consist in the administration of some alkaline salt, and the carbon salts seem to be the best, though phosphoric acid and boracic acid have, in some cases, proved beneficial. Hydrochloric acid and sulphuric acid are objectionable. All alkaline and mineral waters should be given in small doses to begin with, and gradually increased. The mineral water of Fachingen is the most efficacious, although those of Kaiser Friedrichquelle of Offenbach are to be commended. Dr. Pfeiffer knows of nothing that could surpass the mineral baths of Wiesbaden in the treatment of gout. One week with the thermal bath of 28° Reamur daily will restore to health the most gouty patient, and a prolongation of the treatment will soon dissolve any old chronic swellings that might happen to be present. In very rapid and acute cases he thinks the best good can be obtained by the free use of the salicylate of soda.—*Medical Press.*

TREATMENT OF PUERPERAL ENDOMETRITIS.

With the increase of knowledge concerning the nature and etiology of puerperal septic processes, and the methods of preventing infection, there has been a corresponding decrease in the percentage of cases of puerperal sepsis. This is especially true in well conducted hospitals. Whereas formerly the mortality from septic processes varied in maternity hospitals from three to twenty or more per cent., now, through the beneficent influence of antiseptic midwifery, the mortality from this cause is perhaps less than one per cent. And what is almost equally important, the percentage of morbidity has correspondingly decreased. Still, with the best of care, cases of sepsis do occur, and the practitioner must then face the problems of treatment rather than those of prophylaxis. Removal of particles of secudines, clots, and septic discharges, with the finger and disinfectant douche, together with the use of iodoform locally, and the administration of proper food and constitutional remedies are usually sufficient to arrest promptly the septic process and bring about a cure—especially in the hands of careful men who institute treatment early. But when cases are seen late and marked septic endometritis is present, or when the latter is present in spite of early treatment, the methods of treatment already mentioned are often ineffectual; salpingitis and peritonitis, or cellulitis and true pelvic abscess, or grave constitutional infection frequently follows, resulting in death, or more or less complete invalidism.

When septic endometritis occurs, the process of involution is arrested. The fatty metamorphosis in the layer of the decidua which remains attached to the uterus after labor is changed into a condition of necrosis. This layer of detritus and pus cells forms a favorable nidus for the multiplication of such microörganisms as have gained access to the cavity of the uterus, and thus favors infection of the muscularis and contiguous structures; in addition, the absorption of ptomaines, which result from the putrefaction of this material, causes grave constitutional poisoning. When the process has advanced so far as this, many obstetricians question the advisability of trusting to irrigation to remove this detritus, and assert, with apparent justice, that the irrigation removes only such matter as is free in the cavity of the uterus. They advocate, instead of repeated and continued douches, the thorough scraping of the uterus with the dull curette, whereby the necrosed decidua is thoroughly removed; and they declare that when the use of the curette is followed by a thorough irrigation, the cavity of the uterus is left in a relatively septic condition, and thus course of the disease is much shortened and the the necessity for repeated douching avoided.

Among others, Dr. Grandin, of New York, has recently advocated this method of treatment in a communication in the *New York Medical Journal*, Feby., 16, 1889. He states that as soon as fetor of the lochia appears he proceeds to find out its source. He considers that a thorough vaginal douche of boiled water or of some antiseptic solution will cause this fetor to disappear, if it be due to decomposition of the lochia or a clot in the vagina. Should the fetor reappear after the lapse of a few hours, an intra-uterine douche is administered, as the cause may be the retention *in utero* of a clot or of loosened *débris*. If, notwithstanding this douche, the fetor reappears Dr. Grandin believes that the time for active treatment has

come. The position of the uterus is determined by bi-manual examination, the patient is put in Sims's position, a tenaculum is hooked into the anterior lip of the cervix to steady the uterus, and a properly curved curette is inserted into the uterine cavity. Then the entire endometrium is thoroughly scraped. In this way Dr. Grandin says that he has literally removed handfuls of degenerated *débris*. When the curetting is done the patient is turned on her back and the uterus thoroughly washed out. Dr. Grandin asserts further that in his experience it has never been necessary to repeat the curetting, and rarely has an additional douching been called for. He moreover affirms that in certain aggravated cases of septic endometritis which he has seen, in which the fetor was intense, the pulse rapid, and the aspect bad, there has been such a marked improvement within twenty-four hours after the removal of the putrid products that it was difficult to realize that he was dealing with the same patient.

There are fashions in medicine as well as in dress, and just now it is becoming the fashion to advocate the use of the curette in cases of septic endometritis after labor. The method of treatment outlined in the first part of this article has been thoroughly tested, and when it has been instituted early the result usually has been good. Hence we believe that the cases are exceptional in which the use of the curette is necessary—those in which the usual treatment has proved ineffectual, and those seen late. In these proper cases, we believe that the use of the curette is clearly indicated, and that it will yield prompt results, especially when the exploring finger is also employed to determine that the uterine cavity is thoroughly emptied. An indication for the utmost care is the co-existence of parametritis, salpingitis or peritonitis; and interference is positively contra-indicated unless it be certain that a centre of infection is located within the cavity of the uterus.—*Med. and Surg. Reporter.*

ITCHING OF JAUNDICE

Dr. Goodhart has used pilocarpine successfully in relieving the itching of jaundice in six cases, with not a single failure. One patient had one-third of a grain injected many times, and always with this result, that during the first twenty-four hours he was quite free; the second he was fairly free and the third he was considerably troubled again, and the dose had to be repeated. When we consider that there is really nothing that can be relied upon to relieve this distressing sympton of jaundice, Dr. Goodhart's plan may prove of service. *Br. Med. Jour.*

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MONTREAL, SEPTEMBER, 1889.

THE BROWN-SEQUARD INJECTIONS.

As we predicted in our last issue, we would not have very long to wait before the profession would know exactly what this new method of treatment was worth; a great many competent observers have been experimenting, and the conclusion which they have unanimously come to is that the injection of a very small quantity of spermatic fluid under the skin, so that it may be absorbed, will act as a prompt and pleasant stimulant. But its effects are only temporary and transitory, and the wild hope that was at first held out that it was an Elixir of Life which would enable mortal man to defy Death has been dashed to the ground. Brown-Sequard's discovery, however, is not without value, for it teaches the moral that if we would possess the vital fluid in our old age we must not recklessly squander it in our youth. But, as we stated in a former article, even this has long been known.

PREVENTION OF CONSUMPTION.

As our readers are aware, we have for some time supported the view that consumption was contagious, and every day observations are being made which render

this opinion more and more tenable. The authorities of the German army have adopted it, orders having been issued to remove from the service any soldier presenting the slightest symptoms of the disease. Another enlightened body, the New York Board of Health, has also issued regulations for preventing the spread of the disease through the infection of houses. We have at present a case of phthisis in a young woman whose family history is almost perfect, and whose health was up to the average until she moved into a house saturated with tubercle bacilli, the former tenant having succumbed to the disease, expectorating all over the house. Had this tenement been disinfected according to the rules of the New York Board of Health, the patient referred to would probably have been well to-day, instead of being in mortal conflict with a fell disease. The principal measures of prevention should be directed toward destruction of the sputa, for microscopical examination shows them to contain myriads of infective germs. For this purpose a very useful little article has been sent to us by Messrs. Lyman & Sons, of Montreal. It consists of a neat tin box with handle, into which fits a stiff paper box. A number of cut sheets are supplied with it at a trifling cost, so that when soiled they may be thrown in the fire. Among the poor a small wooden box half filled with sawdust, into which a little coal tar has been thrown, provides a cheap cuspidore or spittoon the contents of which can also be burned twice a day, and which can be filled with clean sawdust. For disinfecting the patient himself we have tried creasote internally and by inhalation with the results that the septic symptoms such as hectic and nausea were markedly diminished. But we have found that saturating the room of the patient with the vapor of boiling coal tar to be even more effective in this respect, all that is required being to suspend a tin pan filled with tar by wires from the ceiling at a sufficient height to be just over the ordinary coal oil lamp. These two precaution are so simple that we would urge upon our readers who have cases of phthisis to treat to give them a trial.

TREATMENT OF WHOOPING COUGH.

An unusually widespread epidemic of whooping cough has been lately visiting this part of the country, and, from conversation with a number of practitioners, the disease seems very intractable. During our six months' residence at the East London Children's Hospital, under Dr. Eustace Smith, the routine treatment was to put the patient as rapidly as possible under the influence of belladonna, beginning with five or ten drops of the tincture and increasing the dose until the pupils were thoroughly dilated, when somewhat smaller doses were sufficient to keep the patient under it. Of course the same drug in the form of atropine is more scientific and more suitable. In using belladonna on children, it must be remembered that they tolerate comparatively much larger doses than adults. During late years, and in this country at least, quinine seems to have become the favorite remedy. It seems to us particularly suitable for children who are old enough to tell us when the full measure of its physiological action has been reached. In such cases and in adults a grain may be given every hour or two until ringing in the ears sets in, when it is advisable to reduce the dose. We have been assured by leading practitioners of the city that the quinine treatment is exceedingly satisfactory, cutting the disease short, in some cases, at the end of a week or two. In infants it does not seem to work so satisfactorily, possibly because enough of it is not given. Those who are most in favor of the quinine treatment, and have had much experience with it, say that it is essential that it be given in an acidulated solution, without any syrup, the idea being that it is the local germicide action of the drug upon the fungi on the rima glottis which are now

known to be the cause of the disease which is effectual. There is one other and very modern treatment, namely, that by antipyrin, which is highly praised by some. We have also tried it, but in our opinion it is rather a palliative measure. It is claimed for it that it diminishes the reflex irritability of the pneumogastric, but in our experience it, at the same, time seriously weakens the heart's action.

Jacobi, in the archives of Pediatrics, for July, 1889, states, after a very large experience with all three of these remedies: "Of all medicines advised against whooping cough, I prize belladonna most highly." This is quite in accord with our experience, but in order to obtain the good results of the drug it is necessary to push it to constitutional symptoms, one of the first of which is the flushing of the skin. The action of the medicine should be kept up to this point at least, and even as far as slight dilatation of the pupils, although the latter stage is not essential. "As a rule," Jacobi says, "far too small a dose of belladonna is given." For our part, we prefer the use of the alkaloid on general principles, for the same reason that we prefer liq. morph. and liquor strychniaæ to tinct. of opium and tinct. of nux vomica. We have for the past two months had ample opportunities for trying their respective merits, on the persons of our own three children, aged respectively one, two and a half and four years. To the youngest a quarter of a drop of liquor atropiæ ($\frac{1}{480}$ of a grain) was administered every three hours with marked benefit, reducing the number of paroxysms to three or four a day during the acme of the disease, although he had previously taken for a whole week, without much benefit, one grain of quinine every two or three hours. This, apparently, kept his ears ringing nearly all the time, as he would frequently strike his ears with his hands. The actual quantity of quinine taken was forty-eight grains. Antipyrin was also tried for two nights on this infant, five grains per night in two doses. It caused marked diminution in the number of paroxysms but left the child very exhausted next day. The atropine seemed to have no bad effects whatever, but rather to act as a tonic.

Another therapeutic measure which has been highly praised is the disinfection of the air passages by saturating the atmosphere of the sleeping-room with the vapor of cresoline or among the poor with coal tar, which is evaporated by being suspended over a coal oil lamp, in a shallow tin pan. In several cases this has seemed to be of considerable value, but to render it effective the air of the room must be confined and saturated with the germicide. Long before the bacillic nature of whooping cough was known we had seen undoubted benefit from keeping the children for a large part of the day in the purifying house of the gas works, the air of which is saturated with germicidal vapors. On the other hand, one of the best of remedies in this or in other germ disesases is pure air, nearly all cases being greatly improved by a trip on the water. On the whole, the treatment has hitherto been so unsatisfactory, and the death rate is so small that many patients do not even call the doctor in when this disease makes its appearance, the general idea among the laity being that the doctor can do very little for the malady, which, on the other hand, is well known to disappear of itself after two or three months duration.

TENTH INTERNATIONAL MEDICAL CONGRESS.

We, the undersigned, do hereby give notice, that according to the resolution passed at the Washington meeting, Sept. 9, 1887, the Tenth International Medical Congress will be held in Berlin.

The Congress will be opened on the 4th and closed on the 9th day of August, 1890.

Detailed information as to the order of proceedings will be issued after the meeting of the delegates of the German Medical

Faculties and Medical Societies at Heidelberg on the 17th of September in the current year.

Meanwhile, we should feel sincerely obliged if you would kindly make this communication known among your medical circles and add in the same time our cordial invitation to the Congress

VON BERGMANN,
VIRCHOW,
WALDEYER.

The Queen has been rather troubled with rheumatism and insomnia again lately. Her Majesty has been ordered to take scarcely anything besides whisky and Apollinaris, as it is found that that pleasant and wholesome combination is most beneficial to her. The black crutch walking-stick has been painfully *en évidence* since the Queen's return from the North, but except for this Her Majesty's health is as good as it usually is in the summer.—*Lady's Pictorial*, London, July 6, 1889.

BOOK NOTICES.

WOOD'S MEDICAL AND SURGICAL MONOGRAPHS Consisting of Original Treatises and of Complete Reproductions, in English, of Books and Monographs selected from the latest literature of foreign countries, with all illustrations, etc. Contents—The Treatment of Syphilis at the Present Time, by Dr. Maximilian von Zeissl; The Treatment of Inebriety in the Higher and Educated Classes, by James Stewart, B.A.; Manual of Hypodermic Medication, by Drs. Bourneville and Bricon. Published Monthly. Price, $10.00 a year; single copies, $1.00. New York, William Wood & Company, 56 and 58 Lafayette Place.

French and German literature is far richer in syphilographic works than English, in which language there are but few classical treatises on the subject. The first part of this volume is therefore a welcome addition to the English speaking practitioner's library. The latter part of the work shows how far hypodermic medication can be pushed; but this can be said of it that it is complete on that subject. In the middle portion Dr. Stewart pleads strongly for the Home treatment of inebriety in which most authorities now concur.

BOOK ON THE PHYSICIAN HIMSELF AND THINGS THAT CONCERN HIS REPUTATION AND SUCCESS. By D. W. Cathell, M.D., Baltimore, Md. Ninth Edition, Revised and Enlarged. Philadelphia and London: F. A. Davis, Publisher. Price, $2.00 nett.

In giving his reasons for writing the book the author says:—"Impressed with the belief that a 'Book on the Physician Himself and Things that Concern His Reputation and Success' would be of decided benefit to numerous members of the profession, and finding that no such work existed, the author, with diffidence, attempted the duty of writing one. This book is the result. The marked favor with which it has been received by the medical press, the expressions of approval by many well-known members of the profession, and the demand for edition after edition of it, are taken as proof that such a work was greatly needed, and that it is finding its way into the hands of many of those for whom it was written. Grateful for this result, and desiring to render it more worthy of the flattering commendations it has received, the author has carefully revised the entire work, and made such alterations in it as greater experience and more mature reflection have dictated. He has also added a great deal of new material, the result of further thought and of later observations. It is confidently believed that the revision and new material make this, the ninth, edition a very great improvement on the older ones."

We have read this book a great many times but it has not lost in the least its interest. There are so many little things which go to make a successful practitioner besides pure science, and for the lack of which many very able men turn out professional failures. There is hardly a page of this book that does not contain suggestions which are worth more than the entire cost of it. We have always maintained that the medical schools should devote at least a few of their not always useful lectures to telling the young graduate how to succeed, which is the real goal and object of his studies. As the author says many a highly qualified man utterly fails in the battle of life simply for want of tact and business capacity. In recommending every one of our readers to at once send for this book we feel that we are doing them a service, which they will surely appreciate when they shall have read it.

PERSONAL.

Dr. Eberts, (M.D. McGill, 1885) has settled in Wellington, B.C.

Dr. John Gardner sailed on August 29, per Allan Royal Mail S.S "Parisian," for a hurried visit to England.

Dr. A. H. Ferguson, of Winnipeg, Man, returned home early this month after an absence in Europe of about 14 months.

Surgeon-Major Grier, of the British army at Halifax, attended the Banff meeting of the Canadian Medical Association.

Dr. Gaherty Montreal (Bishop's, 1870), Professor of Medical Jurisprudence in his Alma Mater, is, we regret to learn, confined to bed by a severe attack of synovits.

Sir William Jenner has advised the Queen to give up champagne and claret for the present, and to drink whisky and Apollinaris Water.—*Truth*, London, July 11, 1889.

Dr. Spencer (M.D. McGill, 1879), of Brandon, struck Brandon at the right time, and with the steady growth of the town he has prospered, and to-day is one of its leading physicians.

Dr. Lefevre (M.D. McGill, 1879) is the leading physician of that phenomenal city of western Canada, Vancouver, B.C. He has been successful not only in practice, but in real estate, and is to-day one of its monied men.

Dr. W. E. Fairfield (Bishop's, '87), who has for some time been located in Wequoick, Wis., U. S., was in Montreal the end of August and favored us with a brief visit. He looks to be in perfect health and is working up an extensive practice.

Dr. Robert Howden (M.D. McGill, 1857), is in Winnipeg, and doing well. We recently gave our old fellow-student a call and had a pleasant chat over old times and college days. The sight of his face brought back pleasant memories.

Dr. Schultz, the Lieutenant-Governor of Manitoba, was particularly agreeable to his medical confreres at the garden party which he gave in honor of the Canadian Medical Association, as its members sojourned in Winnipeg for a day while en route to Banff.

Dr. A. A. Henderson (M.D. McGill, 1880) formerly of Calgary, N.W.T., but now of St. Paul, Minn., was one of the guests at the Winnipeg banquet to the Medical Association, on the 9th August last. His keen wit was as fresh as ever, and repeatedly he brought the house down by the quickness of his repartee.

The Hon. Dr. O'Donnell, who presided at the banquet given in Winnipeg to the members of the Canadian Medical Association, is in the front rank of Winnipeg's medical men. He was in Montreal twenty-five years ago, but went to Winnipeg when it had but few houses. With its wonderful growth he has steadily advanced with it, and to-day is esteemed by all his confreres.

Dr. De Wolf Smith (M.D. McGill, 1884) is doing well in New Westminster, B.C. He is at present the acting physician to the British Columbia Penitentiary, Dr. True, the late incumbent, having died a year ago. We know Dr. Smith to be well qualified for the position, and as he has done the work for a long time, we hope soon to hear that the Government has regularly appointed him.

Dr. McInnes, of Edmonton, N.W.T., travelled last month 200 miles by waggon, to Calgary, when he took the train to Banff, to attend the meeting of the Canadian Medical Association. Our Quebec friends, who did not even take the trouble to attend the meeting of the Association three years ago in their city, should read this paragraph and ponder. Dr. McInnes told me he felt repaid for his long journey, not only by what he heard, but by the friendships made.

Dr. Kennedy, of McLeod, N.W.T., read an admirable paper on the climate of Southern Alberta, at the meeting of the Canadian Medical Association, at Banff. It was among the best presented. Dr. Kennedy was a surgeon in the North-West Mounted Police for some time. He has collected a large amount of statistical material, quite enough for more than another paper. Dr. K. is too good a writer to allow his pen to remain quiet. Now that he has made such a good start, we hope much for him in the future.

In nearly every issue we try to find room for a column or two of "Therapeutic Briefs and Class-Room Notes," for which we are indebted to our esteemed contemporary, *The College and Clinical Record* of Philadelphia, which for many years has made a specialty of this interesting kind of information. The CANADA MEDICAL RECORD, in the interests of its subscribers, is omnivorous and has a powerful digestion, so that its pages contain every month the very essence of the immense amount of literary pabulum contained in over a hundred weekly and monthly exchanges. In this busy age this is just what our readers want and we are daily receiving gratifying proof that our RECORD is appreciated by its subscribers. It may occasionally happen that in the hurry of going to press the name of the exchange from which we have extracted our information has not appeared at the end of it, but it is far from our wish that such should ever happen, and we shall always be happy to have our attention called to such an omission, in order that we may rectify it.

CLASS-ROOM NOTES.

(From the College and Clinical Record.)

In cases of hospital gangrene never amputate till the line of demarcation forms.—(Prof. Gross.)

In the treatment of the diarrhœa of phthisis, oxide of zinc, guarded by a little opium, is useful.—(Prof. Da Costa.)

Prof. Da Costa regards the diagnosis of cancer of the stomach as uncertain in those cases in which no tumor is appreciable.

For the itching skin of scarlet fever Prof. Da Costa advised the following :—

R. Sodii salicylat.,	℥ss
Lanolin,	℥j. M.

In cases of varicocele which do not demand an operation, Prof. Brinton directs the constant wearing of a proper suspensory bandage.

In the treatment of dislocations, particularly those of the shoulder and hip joints, manipulation is always preferable to force.—(Dr. Mears.)