Technical and Bibliographic Notes / Notes techniques et bibliographiques

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

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

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

THE

CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:
A. H. WRIGHT, B.A., M.D. Tor., M.R.C.S. England.

Business Management, - - THE J. E. BRYANT COMPANY (Limited), 58 Bay Street.

TORONTO, OCTOBER 16, 1891.

Original Communications.

OPENING LECTURE OF THE FIFTH SESSION OF THE RESTORED MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

BY ADAM H. WRIGHT, B.A., M.D.

Mr. President, Ladies, and Gentlemen:

We are now entering upon the fifth session since the re-establishment of our Medical Faculty, and it becomes my pleasing duty, on behalf of our staff, to extend a hearty greeting and a cordial welcome to our students. We are glad to see the faces of those who have been with us in former years, and yet are well-pleased to see faces that are new and strange. Instead of new and strange, I might use a word that usage has made more suitable in this connection—fresh. The freshmen, frequently designated the "freshy" by the senior, is ever an object of interest in all well-regulated colleges. To the sophomore especially appears to be relegated the duty of looking after him and watching for the first appearances of that supposed essential characteristic in him, which was called by the poets in ages past—"cheek." The sophomore before referred to is generally disappointed if he sees no sign of this important commodity, which it would be his pleasing duty to promptly extinguish. I may say that the freshmen class is apt to be carefully scrutinized by teachers as well as students. When small, it creates a feeling of sadness; when large and good-looking, as in the present instance, it makes every one look pleasant and happy.

It is not long since I heard a friend of the University state that the two most important events in the recent history of the University of Toronto were federation and the re-establishment of the Medical Faculty. I was much impressed with that statement, and am firmly convinced that it is correct. Professor Ramsay Wright, in his opening lecture four years ago, gave us many interesting facts about the formation of universities in mediæval times. He told us that the prime function of the university in those days was teaching by accomplished masters. In more modern times opinions on this point differed, and many thought that the main duty of a university, especially in relation to the professions, was to conduct examinations and grant degrees. The friends of this University were for a time largely possessed with this idea. It was thought that it would be well to make a high standard, frame a curriculum in accordance therewith, and encourage all the medical colleges in the province to enter into affiliation with this institution. These apparently broad views contained many features that were very good, especially on paper, and for many years those who had demonstrated the correctness of such opinions with almost mathematical precision waited for the appearance of the crowning glories of the wondrous scheme. Our doors were opened wide for the entrance of both friends and enemies to our council chambers.

We gazed upon our graduating classes from year to year expecting to see considerable and somewhat rapid swelling. We had proved by some very logical reasoning that such results must necessarily follow.

Strange to say, while we gazed our eyes were somewhat saddened by the fact that our graduating lists were growing smaller and beautifully less from year to year. In the spring of 1887 we find that the numbers of medical graduates of the larger universities of Canada were as follows: Trinity College, 52; McGill, 43; Victoria, from Ontario, 35; Queen's, 28; Toronto, 25. As I have before indicated, we had logically and mathematically proved the impossibility of the existence of such a condition of things. We were somewhat in the position of a certain Dr. Tomès, a worthy worshipper of Hippocrates and Galen, who lived in the 17th century. On a certain occasion a wordy battle ensued between the doctor and a maidservant as to whether a coachman whom the doctor attended a few days before was alive or dead. Dr. Tomès finally closed the discussion as far as he was concerned by stating positively and with great solemnity: "It is impossible; Hippocrates says that these diseases end only on the fourteenth and twenty-first days, and he has only been ill six days." The maid, who was left alone by the positive doctor, cried out in despair: "Hippocrates may say what he likes, but the coachman is dead all the same." So likewise we who had lived in the clouds, wrapped in the folds of our beautiful theories and our logical syllogisms, began to think that we had better come down to the earth and recognize facts like ordinary mortals.

As we awoke and threw off our lethargy, we saw, to our surprise, that the great universities of other countries, such as Edinburgh, Cambridge, Oxford, Harvard, Pennsylvania, and many others, indulged in no such absurd views about their proper functions. These grand institutions had found that their highest aim and their noblest duty was to teach; and, in teaching, they thought it not unbecoming to include medicine among the subjects taught. I need not now detain you by referring in detail to the great work which has been accomplished by the medical faculties of these various universities, and the great lustre that has been added to them in consequence of such work. When we decided to take advantage of the provisions of the University Federation Act, it took but a short time to complete the organization of a teaching Faculty of Medicine in this University.

I desire at this time, on behalf of our teaching staff, to give some expression to the feelings of gratitude which we entertain towards the many in university circles who have always shown us so much kindness and sympathy, and at the same time have given us such substantial assistance from the date of our organization until the present time. Where kindness has been so general it is difficult to particularize, but I cannot refrain from making a few special references. First of all, I wish to speak of the kind and intelligent consideration we have ever received from the Chancellor, the Vice-Chancellor, and the other members of the Senate. Their cordial support and generous approval of our work have given us greater satisfaction and more encouragement than any words of mine can tell.

In making some reference to our relations with the distinguished President of the University, I feel that I am utterly unable to give expression to my appreciation of his unfailing kindness and courtesy towards us on all occasions. It is one of the most pleasant features of the new condition of things that we have to acknowledge him as our head, although we have to regret that our existence adds so largely to his responsibilities, which before were sufficiently heavy. We were all gratified to learn of the honor done him by his native city, Edinburgh, where the citizens recently met to confer on him the greatest distinction in their power—the freedom of the city—an honor reserved for those renowned in politics or highly distinguished in letters. Among the members of the professorial staff, to whom we are deeply indebted are Professors Loudon, Ramsay Wright, and Ellis, who have ever shown a willingness and even a strong desire to assist our Faculty in every possible way.

I have good reasons to think that I fully represent the feelings of our teaching staff when I say that we highly appreciate the substantial assistance we have received from the other faculties of the University and the affiliated institutions. At the same time, we have a due sense of the responsibility we assume when we under-

take to make this Medical Faculty a credit alike to our country and our provincial University. I may go a little further and say that we are quite ambitious, and have a very strong desire to make our Faculty equal in all respects to the best medical colleges in the world. We have no wish to shine simply by reflected glory from the institution which has honored us so highly; but are extremely anxious to bring to it some solid strength and add something to its reputation. We would like to do for it what the medical faculties have done for Edinburgh, Cambridge, and other universities to which I have before alluded.

We have certain views about the duties of the State in relation to the teaching of science, especially biology and bacteriology, but I have nothing special to say in that connection to-night. Our views are known to the authorities of the University, and are likely to receive due consideration at the proper time. Unfortunately, the urgent needs of all departments increase more rapidly than our revenues. We may differ in opinion as to where the greatest urgency exists, but all agree that at the present time the greatest possible caution is required in deciding upon any new expenditures. The recent report of the committee appointed by the Senate and the Board of Trustees respecting the revenues and requirements throws a flood of light on many important questions connected with the growth of our University. It is well known that we are deeply indebted to our distinguished Chancellor for the immense amount of labor he expended in connection with that report, and for the great good which has been accomplished therewith. It is a grand thing for our University to have among her governors and advisers such a man as Edward Blake, especially when he is so ready to give her the full benefit of his marvellous capacities for work and the wondrous intellect which directs his methods.

I may say, without going into particulars, that the Medical Faculty has agreed to act for the present in consonance with the spirit of that report. We have to consider the fact that we are now recovering from the effects of the sad calamity which befel us when a large portion of our main building was destroyed by fire on the night of February 14th, 1890. We have to remember that the chief force of that severe blow fell on the Arts Faculty; and while we extend to her our warm sympathies, we desire to go farther, and give her all the assistance we can in her hour of need.

However, from our own point of view we have some very urgent needs, which we feel none the less because we are not at present asking for assistance from the Government or the Senate. One of the most important of these is the necessity for a better equipment of our pathological department. We reached the conclusion some time ago that something must be done in this direction, and the members of our Faculty with a number of their friends subscribed between four and five thousand dollars to be expended for the purposes of pathology. The amount is not large, but the act shows that we have occasionally a very practical method of overcoming any difficulties which may beset us. We claim no special credit for it, however, as we are simply following in a humble way the good examples that are so frequently presented to us by the generous friends of the University in various directions. I am glad to be able to announce that a certain portion of this money is now being expended in fitting up a pathological laboratory which will be available for our students during this session.

It gives me much pleasure to refer to a very generous act on the part of our students, who appear to have as keen an appreciation of the necessities of the times, in a medical sense, as the members of the teaching staff. An organization exists among the students which is called the "University of Toronto Medical Society." This society decided last session to appoint a pathologist and pay him a salary of $200 per annum. He will be expected to work under the guidance of our lecturer in pathology, to assist the students in their study of this important subject, and also to engage in original research. So far as I know, this action is unprecedented in the history of medical colleges. The amount may not seem large, but our students are not, as a rule, millionaires; their fees are high, their wants are many, and they can ill afford to indulge in many extras. It gives me unbounded satisfaction to offer my hearty congratulations to our students for the generous impulses which have caused them to contribute this sum of money towards so worthy an object.

I have the good fortune to be able to make another announcement which will be highly appreciated. It is an old story that Professor Ramsay Wright has ever done noble work for our Faculty. It is well-known to you that he has been enabled, through the generosity of the Vice-Chancellor, to spend several months in Berlin, participating in and watching the progress of investigation in what will always be one of the most memorable times in the history of science and medicine; for whatever value the future may assign to Koch's treatment for tuberculosis, which is still *sub judice*, there can be no doubt that it opens up new avenues of research in the effort to combat human bacterial diseases, and that no more powerful stimulus to investigation could be conceived of than the announcement of its discovery has proved.

Provision is consequently being made for the teaching of bacteriology in universities where none previously existed; and I am glad to say that we are not to be behind in this respect. The subject has indeed been included in the curriculum of the Honor Natural Science Department in Arts; but Professor Wright is prepared to devote an entire month, after the ordinary work of the session is over, to giving a course suitable for graduates in medicine similar to that given in the institutes of Koch and Pasteur. This he is prepared to do without remuneration, and the participants in the course will merely pay such a charge as will meet its running expenses; but Professor Wright requires $1,000 to convert one of his laboratories into a bacteriological workroom suitable for the all-day work of some twenty students, and to provide the apparatus necessary. I would be pleased to hear within a week that some wealthy and generous citizen of Toronto had sent him a cheque for this amount.

It was announced last spring by our Dean that the Medical Faculty had decided to make our post-graduate course of lectures an annual one. In our efforts in this direction in the past, we have been much indebted to distinguished physicians and scientists from the United States who have given us such valuable assistance on various occasions. We do not propose to impose on their good nature for our next course. We have decided that our course next April or May will cover two weeks, and the lectures and demonstrations will be given exclusively by the members of our own Faculty, who have offered to give their services free of charge, for the benefit of the profession of this province.

The wondrous advances in modern medicine were well described by Professor Graham in his admirable opening address delivered last year. One of the things most frequently told to classes of students in recent years—and it can scarcely be told too often—is that all our knowledge must rest on a scientific basis. Science is not especially interesting excepting to her devotees, and it is somewhat difficult to get even educated and intelligent physicians to appreciate in full the importance of the modern methods of teaching, which have reached such perfection in Germany.

A large proportion of our profession think that physics is an unimportant and useless subject added to modern curricula by visionary enthusiasts. Others think that our modern ideas about chemistry are all wrong. It would certainly be difficult to obtain a consensus of opinion even among the scientists of the present day as to the exact amount of work which should be required from medical students in the various departments of science. All would probably agree, however, that their early work should be directed chiefly towards physics, chemistry, and biology, inasmuch as all vital processes are regulated by physical and chemical laws, and physiology has been well defined by Roscoe as the physics and chemistry of the animal body.

When we look back a couple of centuries and compare the medicine of that time with the medicine of to-day, we find a marvellous contrast presented to our view. Renouard tells us that before the "reform period" medicine was a mixture of dogmatism, empiricism, and mysticism. It was considered a rank heresy to question the authority of Hippocrates or Galen. Molière, who lived in the seventeenth century, which is described by Conklin of Dayton, Ohio, as the dividing line between ancient and modern medicine, indulged in some of his keenest satire at the expense of some of the physicians then attached to the court of Louis XIV. He described a consultation of four doctors, who had a profound reverence for authority and a keen appreciation of the beauties of medical etiquette. After giving an outline of the treatment to the

father of the patient, they gave the following guarded prognosis: "We do not say that your daughter may not die for all this; but you will at least have the satisfaction of having done something, and the consolation of knowing that she died according to rule. It is better to die according to rule than to recover in violation of it."

At this juncture many important discoveries were made, especially in physics and chemistry. Harvey gave the world correct ideas respecting the circulation of the blood. It may be of interest to you to learn that the table over which he worked and demonstrated his wonderful discovery is now the property of this University, having been presented by Dr. Clarke, of Toronto. The old school men fought the new idea with considerable vigor for many years, but gradually the truth prevailed, and in due course of time a proper foundation was laid for what we now call modern scientific medicine.

Under the new régime our reverence for the so-called authorities is very weak, our respect for tradition is almost annihilated. Dr. Conklin, in his recent presidential address to the Ohio State Medical Society, well described our present position when he said: "Modern medicine acknowledges no intellectual restraint. Every new hypothesis is at once submitted to fair but rigid laboratory and clinical tests, and by the result of these must it stand or fall."

I am addressing students who have chosen the profession of medicine as their life work. I hope you have done so after careful consideration and due appreciation of the difficulties you will have to surmount, and the responsibilities you will have to assume. Modern achievements and discoveries have made the field you will have to traverse a very broad one; but I believe that faithful, honest work will enable you to succeed. Our University has placed at your disposal grand opportunities, and I hope that you will make the most of them. The members of our Faculty are your friends, and will endeavor to give you all the assistance possible.

Our profession has often been called a noble one. I sometimes think the expression is to a certain extent misleading, and have more than once expressed my opinions in that direction. From some points of view, there is nothing essentially noble about it. I regret to say that we have in our ranks many who would cast huge blots on any standard of nobility we might assume. Without going back so far as the dark ages, I may say that I have seen even medical students who have shown by their actions that they are little, if any, above the level of the worst hoodlums who sometimes infest our streets. I am making no personal allusions, however; I know of no such individuals in the medical colleges in this city; I have recognized, with the greatest pleasure, in recent years, that our students fully appreciate the condition of things in medical matters, and show by their actions a determination to do credit to themselves, their university, and the profession they have chosen.

While I have refused to adopt the idea that there is any essential nobility in our profession, I have no desire to cast any slurs upon it. As a matter of fact, I place it second to none in the world; but I would like to impress upon you the fact that it will be exactly what we are pleased to make it. You as students will be judged by your actions. This great student-city is proud of the position she occupies as the educational metropolis of Canada. Her citizens will give you a cordial welcome and rejoice in your success. Let it be your aim to be worthy of such a welcome and such good wishes for your well-being; may you never do an act which will bring the blush of shame to those who desire to be your friends.

In conclusion, I have simply this to say: Our profession is a great and noble one in the sense that it gives us grand opportunities for good work in the interests of suffering humanity. Our responsibilities are many; at the same time our opportunities are great; and if we, one and all, as students and practitioners, do our work honestly and conscientiously, having regard to our duties to God and man, we will make our profession good, great, and noble, in the best sense of the words.

COCAINE is chemically incompatible with the salts of mercury. If a trace of cocaine hydrochlorate be mixed by means of a dry glass rod with a very minute quantity of calomel, and the mixture be breathed upon, the moisture that condenses is sufficient to cause it to blacken immediately.—*Medical Chronicle.*

SUPPURATING CYSTS DEVELOPED FROM ADHERENT OVARIES AFTER REPEATED ATTACKS OF INFLAMMATION—SECONDARY OPERATION FOR THE REMOVAL OF INTRA-LIGAMENTOUS CYSTS.

BY RUFUS B. HALL, M.D., CINCINNATI, OHIO.

Read at the New York meeting of the American Association of Obstetricians and Gynecologists, Sept. 17, 18, 19.

In presenting this paper, I have selected three cases from my work of the past few months which illustrate some interesting points and teach a very valuable lesson, which, in the judgment of the writer, cannot be too forcibly emphasized by men engaged in abdominal and pelvic surgery. I report the cases as illustrating three of as difficult abdominal operations as it has been my misfortune to have ever seen. While it is not a pleasant task for an operator to report the cases which have not recovered, it is my practice to do so, for it almost always occurs that, from the careful study of these unfortunate results, much valuable information is gained, and I am quite certain that we shall not be disappointed in the present instance in that particular. Even though the task be an unpleasant one, it is one which every operator should do as promptly and carefully as he reports his successful cases; yet I am in a position to say it is not always done.

Case 1. Mrs. W., æt. 33, Troy, Ohio, mother of one child 9 years old. One year after the birth of her child the patient had an attack of pelvic inflammation, from which she never fully recovered, yet she was able to move about the house after a few weeks. For a period of four years just preceding the operation, she was so ill that she required constant treatment. The last two years she suffered constant pain, and for four months before the operation was confined to the bed. Being the wife of a physician, she received attentive care during all of those years. The treatment gave temporary relief only, and after each recurring attack the patient was conscious of the fact that she did not fully regain her health. As she expressed it to me, she was slowly but surely becoming a chronic invalid. The question of an operation had been often discussed by the patient and her husband, and as often discarded. It was only after the discovery of the tumor that the patient and her husband could be convinced that an operation must be performed if they hoped to effect a cure or avert a speedy death. When I was asked to see the patient in January, 1891, I found that she had a tumor about the size of a child's head at birth, and had been suffering for weeks from an attack of peritonitis and sepsis. She was in such a miserable condition then from long suffering and the effects of morphine, having a high daily temperature, that I advised a short delay, with the hope that we might put her in a better condition for an operation. The morphine was taken away and phenacetine substituted, and the patient was urged to take as much liquid food as possible. She improved to some extent, and after six weeks was moved to my Home for the operation, which was done February 28, 1891, and the specimens here presented were removed with the greatest possible difficulty. You will observe the shreds of adhesions attached to every portion of the cyst wall, also the exceedingly thin wall of a part of the cyst. The cyst contained pus, much of which escaped before enucleation could be completed. The patient had a slow recovery, but was able to go home in five weeks, and is now in good health.

Case 2. Mrs. S., Mt. Auburn, Cincinnati, æt. 39, mother of three children, the youngest nine years old. She was conscious of the fact that she had some pelvic trouble after the birth of her last child. When it was 15 months old, she first sought relief on account of pelvic pain. Soon after the physician began to make local applications, the patient had an attack of peritonitis which confined her to the bed for several weeks. Three weeks of that time the whole abdomen was covered with flaxseed meal poultices as hot as the patient could stand. After the patient could move about, she had local treatment for twelve or eighteen months regularly until she revolted. Then that was for a time suspended. For the following two years she was more or less under the care of her physician, always conscious of a tender lump in the right side of the pelvis. In April, 1887, the patient again had an attack of peritonitis which confined her to the room twelve weeks. Nine weeks of the time she could not leave her bed. The first three weeks of that time she was again poulticed as before. After

that date she suffered constant pelvic pain which could only be relieved, not cured, by her attentive physician. The enlargement, or tumor, was discovered some time before the operation. It was variously diagnosed by different physicians. Early in July, 1890, a well-known physician of Cincinnati thought electricity would be just the thing for a growth of that kind with such a history, and so applied it; but unfortunately for the partient it did just what every man engaged in this work knows it will do—it set up an attack of peritonitis which nearly cost the patient her life. Another well-known physician saw the case with the attending physician with reference to an operation after the patient had been treated by electricity, and many months after the tumor had been discovered; yet he could see no reason why an operation should be advised, and so expressed himself, notwithstanding the facts that the patient was a confirmed and suffering invalid, confined to the bed for weeks at a time with peritonitis from the most trivial causes, and had a well-defined tumor in the pelvis and abdomen. The patient came under my observation in April, 1891, after she had been suffering for weeks with peritonitis and sepsis. The pelvis was partly filled by a tumor which extended into the right side of the abdomen. The tumor was somewhat larger than a cocoanut. The operation was performed April 27th, 1891. There were dense adhesions to intestines, omentum, and pelvic floor. Every portion of the cyst was adherent, except the space of two square inches upon the upper surface. One who has not had experience in removing ovarian cysts which have developed from an ovary bound down by adhesions where the patient has suffered for many years from repeated attacks of peritonitis cannot quite appreciate the difficulties to be overcome in such cases. You will observe by this specimen that every portion of the cyst wall, except the little space in front, is covered by ragged shreds illustrating the adhesions. The tumor contained pus. The patient rallied better than any one could expect, but died the fourth day from the pre-existing sepsis, which had existed for weeks before the operation.

Remarks: Both of the preceding patients had been sufferers for years; both had suppurating cysts developed from adherent ovaries of long standing: both had chronic sepsis at the time of operation. The facts to be derived from them are worthy of careful consideration by every physician in the land. I have thus gone into details more than I otherwise would had it not been that I wanted the expression of the fellows of this association upon non-interference in such cases. The first fact to be derived from these cases is that when a woman is rendered an invalid from repeated attacks of pelvic inflammation, with adherent ovaries and tubes which are evidently the cause of the attacks, threatening life and rendering existence a burden, she should be advised to submit to an operation for the removal of the diseased organs. That advice should be given as early as it is evident that nothing but an operation can bring the hoped-for relief, and not deferred as it was in these cases. Particularly is this true of the last case, where the patient was known to have a tumor in the abdomen for many months. In my judgment, the physician who does not thus advise his patient is more than negligent of his duty. If the operation had been made years before in both cases, the patients would have been saved untold suffering; and who can say that both patients would not have recovered? I cannot understand why any one who is himself an operator could not see the necessity for an operation in the last-named case with the history of the case to guide him and a well-defined tumor in the abdomen.

Case 3. The third case, Mrs. D., æt. 39, of Cincinnati, is one of more than ordinary interest from the fact that the case was one of double intra-ligamentous cyst. Twenty months before the operation, the patient had been subjected to an abdominal section by a physician, who found an intra-ligamentous cyst of the right side, which he stitched to the abdominal wound after tapping it. After five months of purulent discharge and sepsis, the external wound closed: but after a few months the abscess opened into the vagina and discharged pus ever afterwards. The operation did not relieve the patient of pain, and after it she had a number of attacks of peritonitis which confined her to her bed for months at a time. When she came under my observation early in July, 1891, she was convalescing from an attack of peritonitis which

commenced early in March and was yet unable to leave the bed. There was a ventral hernia at the old scar and a tumor about the size of a cocoanut in the pelvis and abdomen. She had constant pain, and frequent, almost daily, attacks of pain lasting for hours, which could only be made tolerable by large doses of opium. The patient was a hopeless and suffering invalid unless she could be relieved by an operation. Her suffering surpassed anything I have ever witnessed, except in the last stages of malignant disease of the uterus. The patient and friends were anxious for any operation which promised relief, and thoroughly understood that the operation only promised the last and only chance of relief. I was not anxious to operate after the abdomen had once been opened and a cyst stitched to the abdominal wall, which had been followed by months of suppuration and sepsis. I knew we would have the old cyst wall pus sac which was left after the first operation to dissect from the broad ligament as well as firm and extensive intestinal adhesions of twenty months' duration to deal with, and possibly a second intra-ligamentous cyst upon the opposite side, yet as a matter of duty I could not decline to operate. If we encountered all of these conditions, the case would be a desperate one at best. After all of the facts had been plainly stated to the patient and friends, they decided to take the chance which an operation promised. The operation was made August 31st, 1891, in the presence of Drs. Drake, Reed, and Ricketts, with Drs. Johnston and Colter assisting. The abdomen was opened above the old scar. It was found that there was an extensive intestinal adhesion to the abdominal wall and the old cyst wall. The incision was now enlarged toward the pubis to the left of the median line, so as to avoid the intestine. After an hour's tedious dissection, for the adhesion was so firm that they could only be separated by the knife and scissors, the intestine was liberated so as to give working room. It was found that there was an intra-ligamentous cyst on the left side the size of a cocoanut, which was completely dug, as it were, out of the broad ligament, after which the one that had been stitched to the abdominal wall was dissected out of its broad ligament. I here present both cysts. You can see that they were completely enucleated. There were extensive intestinal adhesions in the pelvis, but no attempt was made to liberate them. The hernial sac was cut away, a glass drainage-tube placed, and the cavity closed. The patient rallied well from the shock, but died from intestinal obstruction on the fourth day. There was no leakage from the intestine into the abdominal cavity as demonstrated from the drainage-tube, which remained in until near the time of her death. In reviewing this case, I am certain that it would have been vastly better for the patient if the operation had been completed and the cyst removed at the first attempt. I believe that no operator is justified in leaving an abdominal operation incomplete except in malignant disease, for the reason that all other growths can be removed, and should be, when once attempted. I am confident that the intestinal adhesions from the former operation had much to do in causing the fatal result. While I much regret the fatal termination, I feel that I did right in operating, and would again do so under similar circumstances.

So long as the general practitioner persists in pursuing what he pleases to call conservative treatment in these cases and keeps the patients under his care just as long as he can keep breath in them, and while surgeons of the older class turn these patients from their consulting room as non-operative cases, and while others make the conditions still more complicated from incompleted operations, we shall continue to see just such desperate cases, and the men engaged in this special work must of necessity meet many such neglected cases which are sent to them for operation. While this state of affairs exists, what can we hope for other than a high mortality in these delayed cases—and who should be held responsible for the deaths?

IT has always been a problem in therapeutics how best to introduce iodine within the system. The iodides of potash, soda, ammonium, have been regarded as the most feasible, and have proved fairly satisfactory. Nevertheless there has been a lurking feeling that there must surely be something better, evidenced by the fact that all the antiseptics of iodine origin have been administered internally, with but small success, however.

ADDRESS DELIVERED AT THE ANNUAL CONVOCATION OF THE UNIVERSITY OF TORONTO AND UNIVERSITY COLLEGE, MONDAY, OCT. 5, '91.

BY L. MACFARLANE, M.B., TORONTO,
Professor of Clinical Surgery.

Mr. President, Ladies, and Gentlemen:

It affords me great pleasure to be present at the first convocation in the restored University building. The University authorities are to be congratulated on the rapidity with which the building is approaching completion, and also on the improved condition of its interior. The class accommodation, lighting, and ventilation are in marked contrast with what we had in the old building. In place of the old dingy class-rooms there are bright, cheerful rooms, well lighted, and fairly well ventilated, and also the corridors have had a flood of light let in upon them, which will prevent students from running against each other in passing two and fro in the dark. In all respects the building has been so completely remodelled as to render it more suitable for modern academic teaching. When I look back to the time when I graduated and compare the University of that date with our present, I am utterly astonished at the advance made in higher education. At that time our University was on paper. Her functions were very limited, being confined to framing a curriculum, appointing examiners, and granting degrees. One or two medical schools were in affiliation with her and some of their students took advantage of her examinations and degrees; but the large majority passed over to other institutions where a cheaper degree could be obtained in less time and with far less labor. Even many of those who passed their examinations and got their degrees in this University were but lukewarm friends. This can be easily understood when we remember that they did not receive any part of their education within her walls, but simply came up for examination. It is a well-known fact that a student has no strong affection for the board that examines him, especially if he has been plucked on one or two occasions. It will thus be seen that up to a recent date our graduates in medicine were comparatively few, and many of those lacked that filial affection which an alumnus should always have for his *alma mater*. Some of us had hoped from year to year that the order of things would be changed, so that the University would become a teaching institution and have her teaching faculties in law, medicine, and arts. For many years we never lost an opportunity of impressing this fact on all the friends of the University with whom we came in contact, but we were doomed to disappointment and discouragement, and met by a multitude of arguments to show the impracticability and impossibility of such a course. Yet we hoped on; and thanks to the friends of higher education who met in conference in 1885 to discuss the feasibility of federating the various universities and colleges of Ontario with the Provincial University, the Legislature passed the Act of Federation in 1887 which gave power to the Senate to establish teaching faculties in law, medicine, and arts. Thus were our long-cherished hopes realized. I feel proud to-day that we have no longer a University on paper, but one possessed of all her faculties and each faculty of all its members, thus constituting a vigorous, healthy, and active teaching institution which is bound to be the leader in all literary and scientific work, not only in this province, but in the Dominion, and I hope, ere long, on the continent. I do not know any university outside of the great educational centres of Great Britain (such as Oxford and Cambridge) where you have a greater number of educational institutions centred than you have around the University of Toronto. If you look to the north you see Wycliffe College, just completed, and in federation and close sympathy with us. Further north is McMaster Hall, now known as McMaster University, which for a number of years was a close ally of this University, and whose great benefactor was for a number of years an active member of our Senate. I hope, ere long, to find her again joining hands with us in building up a great university centre in this city. If we cast our eyes to the north-east, we see an imposing structure in course of erection by the Methodist people of this province which will be a credit to themselves and a great benefit to the rising generation of this country. The General Conference of the Methodist Church, after due deliberation, decided to accept the terms of federation and remove their headquarters from

Cobourg to the Queen's Park, and cast in their lot with the Provincial University. This I consider a very wise move, and one that will greatly benefit their students, not only by contact with the students of the other colleges, but by enjoying the advantages afforded by the University in her scientific teaching. While we regard this move as a great advantage to Victoria College, we cannot overlook the fact that it is also a source of strength to the Provincial University by adding another strong pillar to those already supporting her. The interests of both institutions are now identical, and consequently their line of action in case of an attack will be in harmony. If we go a little farther east we meet with St. Michael's College, the educational home of a large number of the Roman Catholic youth of Canada, as well as quite a number from the United States. This institution is doing a noble work and is presided over by an esteemed graduate of the University of Toronto (Father Teefy). It is also in close affiliation and sympathy with us. Let us now retrace our steps westward, and we come to our old and tried friend, Knox College. This institution has been in affiliation with the University for a number of years, has proved herself a staunch and true friend, and since the passage of the Federation Act has been, if possible, more closely allied with us. I fear not that she will continue in the old lines, loyal and true. Looking to the south we see that large red brick structure, with numerous windows, the School of Practical Science. I cannot call it a thing of beauty nor define its style of architecture, but one thing I know: that, under the management of my friend and fellow-graduate (Prof. Galbraith), good work is being done which reflects credit on the institution as well as on the province. This school is also in affiliation with the University. The expansion of the University does not stop here, for in 1888 the Ontario Agricultural College became affiliated with her, and a curriculum of study for the degree of Bachelor of the Science of Agriculture was adopted. The affiliation of the Royal College of Dental Surgeons of Ontario also necessitated the adoption of a curriculum and an examination for the degree of Doctor of Dental Surgery. Lastly, the application of the Toronto College of Music for affiliation was accepted by the Senate and a curriculum prepared for the degree of Bachelor of Music. You will thus see the vast strides made by the University within a few years, and appreciate my great surprise when I compare her present condition with that of 1867, when I graduated. I hope you will pardon me if I make a brief reference to a department of the University with which our work is more closely identified, and from which our medical students receive their preliminary scientific training. I refer to the Biological department. I believe our Biological buildings and their equipment are equal to any on the continent, and far superior to many. As to the teaching, it is an admitted fact by those who are more capable of judging than I am that it is all that can be desired as far as it goes, but unfortunately it does not embrace all the subjects that I consider necessary to complete the department. The subjects of anatomy, pathology, and bacteriology are not taught by special professors in these subjects. I am aware that the urgent wants of the University in other directions are so great that we cannot expect appointments to be made to these positions till such time as the more urgent wants are supplied, but I hope that in the near future the Government will see its way clear to make such appointments, and thus complete the noble work so admirably begun. In conclusion, allow me to say a few words to the students. I wish to let them into a secret, and it is this, that the faculty in medicine has determined to hold up its end and not stand second to any of the other faculties; and I will tell you how this is to be done, viz., by hard work, careful preparation of lectures, promptness in the delivery of the same. These will constitute the principal factors in our method of attaining the end we desire. Now, what we want of you is to co-operate with us in this matter by strict attention to your work, by attending regularly to lectures, and, above all, I would say to the third and fourth year men, by attending faithfully to the clinical instruction in the hospital. Do not any of you run away with the idea that you are a genius and can do more work in one week than your neighbor can do in a month. I can tell you now that the genius who can pass his examinations in medicine and get his degree without work is dead. He died years ago. In fact, I never saw him. The

genius of to-day is the man who works constantly, and not periodically—the man who works systematically and with an eye single to success in the profession which he has selected for his life-long work. I wish to say to you, medical students, that the facilities you have in this city, and in connection with this University, will compare favorably with those of any other institution that I know, and I have visited nearly every institution of importance both in Great Britain and on the Continent. I therefore speak advisedly.

REPORT OF SIX CASES OF COMPLETE LACERATION OF THE PERINEUM WITH INCONTINENCE OF FÆCES OPERATED ON BY THE FLAP-SPLITTING METHOD WITH COMPLETE CONTROL OF THE SPHINCTER ANI MUSCLE IN EACH CASE.

BY DR. JAS. F. W. ROSS,
Lecturer on Abdominal Surgery, Toronto University, etc.

In these days of accusation and counter-accusation, one must be precise. In the present record I do not intend to weary the reader by precise detail, but will preface my remarks.

I have done a great many operations for repair of incomplete laceration of the perineum by the flap-splitting method, but with these the present article does not deal. The following testimony of the efficacy of the simple flap-splitting method of repair in cases of complete tear speaks forth in no uncertain tones to the adverse critics. My cases are well known to my professional friends, and I mention for reference Drs. A. H. Wright, J. T. McMahon, Alex. Davidson, H. T. Machell, I. H. Cameron, J. Orr, Dr. Sisley, Miss Graham, M.D., all of Toronto. The patients are all living to speak for themselves. In only one case, the last recorded, and one in which the immediate operation was done, were the ends of the torn sphincter joined by stitches. It is not necessary to hunt for the fibres of the sphincter ani. The muscle acts like an elastic band that is fixed at its two ends, but these two ends must be approximated so as to diminish the calibre of the ring to about its original dimensions. Theories are without the weight carried by actual experience learned from results. The opinion just expressed was formed by watching the cases to be narrated.

Case 1. Mrs. G., a patient sent by my friend Dr. Orr. She had borne one child, and a complete laceration of the perineum occurred. The incontinence of fæces was very trying to her. Operation was done by a professional friend by the paring method, but for some unexplained reason the parts did not unite. She came under my care and I operated by the flap-splitting method. She remained under observation for some time, and the result was perfect. She had complete control of the bowel.

Case 2. Mrs. E., daughter of a physician and wife of a clergyman. Had one child a year before I saw her. Laceration through the sphincter. She was very wretched through incontinence of fæces. Operation done by flap-splitting method, resulting in complete control of the bowel.

Case 3. Mrs. ——, colored. She has a contracted pelvis. Craniotomy had been performed twice before I saw her. Vesico-vaginal fistula and complete laceration of perineum resulted. I first closed the fistula, and allowed the eroded and ulcerated skin and mucous membrane around the vagina and rectum to heal. I then operated by the flap-splitting method and the result was perfect. She has now complete control of both bladder and bowel, and is one of the most grateful patients I have ever had.

Case 4. Mrs. ——, a patient torn 23 years ago and operated upon three times before coming under my care. The parts had been so pared away by the former operations that I feared that my stitches would not hold. The rectum protruded and looked like a bunch of red worms the size of the adult fist. The operation gave her complete relief and was done by the flap-splitting method. No other stitch would have held the parts in such apposition. The patient returns every little while to allow me to show her to students and to show her gratitude. The operation was witnessed by my confrères on the staff of St. John's Hospital for Women, and they were all amazed at her wretched condition before operation.

Case 5. Mrs. E. Attended by me in two labors subsequent to the one in which the complete laceration occurred. Her condition from

incontinence of fæces was wretched, but she refused to have an operation done. Shortly after the birth of her last baby, I persuaded her to submit. An operation by flap-splitting was done in the presence of my friend, Dr. A. H. Wright. It was completely successful. She returned to town a few days ago from her summer outing looking the very picture of health, and said that during the summer she had had diarrhœa and found great comfort from her ability to control the bowel.

Case 6. Mrs. S., wife of a physician. Laceration five inches into rectum and vagina. I stitched the mucous membrane of vagina and that of rectum together, leaving the sutures on vaginal and rectal sides respectively. These stitches were of fine silk. I then introduced the sutures suitable for flap-split operations, of silk-worm gut, and completed the operation. I arrived at the house some hours after delivery, but notwithstanding that fact the parts healed perfectly by first intention. I drove out two days ago and took out the sutures, just four weeks after the operation. I dilated the rectum to get out a couple of the silk sutures and did the same with the vagina, using a speculum in each case. The action of the sphincter ani was perfect, and one could scarcely tell that the patient had ever been torn.

Selections.

A CASE OF ANKYLOSIS FOLLOWING EXCISION OF THE ELBOW-JOINT, TREATED BY HYPNOTIC SUGGESTION. (Under the care of Mr. Hare, in Ancoat's Hospital, Manchester.)—Much has been written of late on the use of hypnotism in medical practice, and it has been somewhat extensively tried in various conditions widely different in character. The most beneficial results have been obtained in morbid states of the nervous system; but what will be the ultimate verdict of unbiased investigation upon its usefulness, it is difficult to say. This case is a further contribution to those in surgery where its employment has been found of service, for such are, as a rule, difficult to treat satisfactorily without the use of chloroform or other anæsthetic. For the account of the case we are indebted to Mr. H. T. Mursell, senior resident surgeon.

E. S——, æt. seventeen, was admitted to this hospital on August 22nd, 1890, under the care of Professor Hare, suffering from ankylosis of the elbow-joint of long standing. Prior to admission various methods of treatment had been tried without success. On examination some thickening and enlargement of the joint structures were made out, but nothing of a very marked character. The limb was slightly flexed, and, as regards flexion, there was almost absolute immobility; pronation and supination were also impaired, but to a less extent. Any forcible attempt at movement caused great pain. Under an anæsthetic there was still difficulty in obtaining movement, and as the limb was practically useless in its present position excision of the joint was decided upon, the operation being performed by Professor Hare on Aug. 25th. All the bony surfaces entering into the formation of the joint were removed, and on examination an exostosis growing from the articular surface of the head of the radius was found to be the cause of the condition. The limb was dressed antiseptically, but unfortunately did not heal by first intention. Passive movement was commenced as early as was deemed advisable, but the highly neurotic temperament of the patient rendered the efficient carrying out of this part of the treatment extremely difficult. Ultimately, in spite of everything, the limb became immobile at the site of the elbow-joint, and almost in the extended position. Under chloroform the limb was freely moved and adhesions broken down, but the patient was not amenable to passive movements, and ankylosis in the extended position again occurred.

With Prof. Hare's sanction, Mr. Mursell tried what could be effected by hypnotic suggestion. The girl was easily hypnotized by causing her to gaze steadily at a retinoscopy mirror held in her hand, by the verbal suggestion of sleep, and by pressure on the frontal prominences. The patient responded to almost any suggestion which was made, and anæsthesia could be readily induced in any part of the body by verbal suggestion. She was told that she could move the affected arm without pain or difficulty of any sort, and readily bent the elbow sufficiently to touch the mouth with the hand when commanded to do so. She was told that this free movement would remain and be quite

painless after she woke up. This post-hypnotic suggestion proved to be still existent and effective two or three days later. Movement was still somewhat imperfect, and she was again hypnotized about a week later. This time the same method was employed, and by verbal suggestion the patient was able readily to touch the back of the head with the hand, and to perform flexion, supination, and pronation without any difficulty. She was assured this condition would remain permanently when she awoke. From this time she had no difficulty in using the affected arm, and completely regained the efficient use of the limb. The patient was discharged cured on November 18th, 1890.

Remarks by Mr. Mursell.—The most rational explanation of the treatment is probably that the immobility following the operation was due partly to fibrous adhesion between the ends of the bones, a comparatively small portion of the humerus having been removed, that any attempt at movement caused pain, and thus the patient was afraid to make the attempt, and there was a mental impression of inability to move the limb. By suggestion pain and the mental impression of inability to move the limb were removed, and the movements executed in consequence of this were sufficient to break down and overcome the fibrous adhesions. The unusual method of treatment and the success attending it must be my excuse for publishing a single case. I am indebted to Professor Hare for permission to do so.—*Lancet.*

ALCOHOLIC PHTHISIS.—Hector McKensie (Clinical Lecture, Brompton Hospital, London, June 17, 1891. Personal Report) gave his experience in relation to phthisis in alcoholic subjects, as found upon the examination of cases, their course, and observations made on *post-mortem* examinations. It was remarked by the lecturer that the subject was one of great importance and very little had been written upon it, some authorities denying altogether any relation between alcoholism and phthisis, but there was conclusive proof that alcohol did very markedly modify and control the disease. In a series of seventy-five *post-mortem* examinations on alcoholics, tubercular lesions had been found in each case. Of this number, sixty-seven had the lungs principally affected. In the remaining cases the lesions were found in the peritoneum and pleura. Hepatic cirrhosis was found in forty-five cases. Miliary tubercles, cheesy degeneration, consolidations, and excavations were found. The cases where an excess of connective-tissue formation existed were very few. The vomicæ were generally small and their presence frequently was not found during life. In only ten of the seventy-five cases was there any family history, making a marked distinction from non-alcoholic forms of the disease. The diagnosis in many cases, especially early in the disease, could be made only by examination of the sputum, as the phthisical symptoms might be masked by the hepatic and nervous. Repeated examinations of the lungs were necessary. When tubercular formations once commenced, the progress was very rapid, and a fatal termination almost inevitable. The patients were sometimes fat and pasty, and again emaciation was present. The circulation was always bad. The lecturer here stated that he believed in all cases of consumption the best guide in prognosis was the pulse. Troublesome cough is usually present. The treatment is unsatisfactory. It is best not to use alcohol in any form, as the habits of the patients would probably cause the amount prescribed for medicinal purposes to be exceeded, with the most harmful results. In all cases of marked alcoholism, even when the liver or the nervous system seem to be the part affected, examination should be made of the lungs. If there is ever expectoration, the sputum should be examined.—*Brooklyn Med. Jour.*

STRYCHNINE IN THE TREATMENT OF CHRONIC ALCOHOLISM.—In 1888 appeared a short article by Portugalow-Samara (*Nedelja*, No. 8), in which this writer claimed wonderful success in the treatment of chronic alcoholism by the hypodermatic use of strychnine. The article attracted little attention except in the Russian journals, and nothing further on the subject has appeared until the recent paper of Jergolski (*Wratsch*, No. 10, 1891). This author reports a series of ten cases treated by this method with gratifying results. A marked example was that of a joiner, æt. 42, who had for ten years drunk daily a half to one litre or more of brandy. The first day of treatment he received a hypodermatic injection of one-fortieth grain of nitrate of strych

nine. Upon presenting himself the next day, he reported that he had had no restlessness or dragging at the stomach, and had not touched a drop of liquor. One-twentieth grain was injected on this and the seven subsequent days, and he was then dismissed with one grain of the drug in sixty pills, which were to be taken one a day every alternate week. At the end of fifteen months the patient reported himself completely cured. The other nine cases were similar to this, and in all some good effects were noted—in the majority a permanent cure—though in several a relapse occurred from various causes. Portugalow-Samara (*Nedelja*, No. 13, 1891) follows with a report of 455 cases of cure since his first experiments in 1887. According to his experience, ten to fifteen daily injections are required.—*University Med. Magazine.*

FIBRINOUS FORMATION IN THE ILEUM; PERFORATION OF APPENDIX WITH LOCAL ADHESIONS, ETC., BUT NO FEVER; DEATH AFTER A WEEK'S CONSTIPATION.—Dr. Markham Skerritt, of Bristol, has recorded in the Clinical Society's Transactions a remarkable case in which a fatal attack of obstruction was caused by fibrinous effusion into the ileum, three inches above the ileo-cæcal valve ("exactly like the false membrane in croup"). There were also peritoneal adhesions and an abscess cavity. The attack had lasted one week, and had been wholly unattended by fever. It had begun with pain and sickness. On the first day there had been diarrhœa, but constipation ever afterwards. It appeared almost certain that perforation of the vermiform appendix had been the starting point. In commenting upon the obscurity of the symptoms, Dr. Skerritt states that in his experience febrile symptoms are often absent in serious abdominal cases, and writes: "I have seen, again and again, patients suffering from acute general peritonitis almost free from local and general symptoms."—*Hutchinson's Archives of Surgery.*

NON-SURGICAL TREATMENT OF CANCEROUS UTERI.—Reed (*Journal of the American Medical Association*, July 11, 1891) thinks that complete removal of the uterus or even amputation of the cervix is unnecessary in many cases of cancer of the cervix. He has used the following treatment with success: Once a week the sharp curette is used, followed by an application of the pure chromic acid. He prepared a swab of absorbent cotton, as large as would pass into the cervical canal. After he had rapidly reamed it out with the curette, and on withdrawing the latter, immediately dipped the swab into water, then into the dry chromic acid, and carried it as far as possible into the cervix and cavity, and held it there until the hissing and smoke ceased; then withdrew the swab, packed the cervix with cotton saturated with the pure persulphate, which was directed to be removed by a string attached for that purpose in three or four days. The hemorrhage from the use of the curette was fearful, but immediately stopped on contact with the chromic acid. He has tried this treatment on but a single patient. She was directed to let him know if hemorrhage should occur in the interval of his visits, and but once did she send for him. The treatment was continued for several months; and now, some four or five months later, she is apparently perfectly well, with no tendency to a return of the growth.—*University Medical Magazine.*

ADULT, male, æt. 25. Ottorrhœa in left ear; hearing nil. Hearing in right ear some better, but very poor. When he first presented himself he stated that previous attempts by aurists both in Chicago and Los Angeles to improve the latter resulted in lessening the hearing power. I was privileged to examine it and removed a good quantity of hardened cerumen, but with the result of making the hearing much worse than before. The next day a mucopurulent bloody discharge began to flow from the ear, and I found a large rent in the anterior or nasal portion of the drum-head. The mucopurulent discharge soon yielded to treatment, and after a few days rest I applied a portion of egg skin to the rent in the drum-head. The result was marvellous. He could hear a whisper at the distance of fifteen feet. The section remained in the ear for six weeks, when the hearing once more became poor. Suspecting some displacement, I removed the piece, when I found the rent in the drum much smaller than at my first examination. I then applied a new membrane and the hearing was again restored. Patient still using them. I remove them every four to five weeks. No irritation ever accom-

panies their use, and the patient would not think of going without them. The aperture in the tympanic membrane is now almost closed. —*Dr. Cleary in report of Proceedings of Denver Medical Association.*

THE
Canadian Practitioner

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

When a change of address occurs please promptly notify the Publishers, THE J. E. BRYANT COMPANY *(Limited), 58 Bay Street.*

TORONTO, OCTOBER 16, 1891.

THE MEDICAL COLLEGES OF TORONTO.

The first of October is an important date for medical students. It is the "commencement" day for the regular winter session, and the opening exercises create considerable interest among professors and students. The classes this year are large, probably more numerous than they have been for some time. As the new regulations of the Ontario Medical Council, requiring a higher standard for matriculation and a longer course of study, will come into force next July, it is probable that a certain number are commencing their studies this session in order that they may work under the present rules.

It is likely that there will be a falling off next year to some extent, but we do not share the views of those who think it will be so considerable as to seriously cripple our medical schools. Such considerations will not, however, carry much weight with the mass of the profession throughout the province on account of the general impression that we have already too many in our ranks.

The opening exercises of the Medical Faculty of the University of Toronto were conducted in the Biological Laboratory, the president, Sir Daniel Wilson, being in the chair. The inaugural address was delivered by Dr. Adam Wright. Dr. A. H. F. Barbour, the distinguished obstetrician and gynecologist, of Edinburgh, was present and delivered a short address, in the course of which he said that "in looking around among the different departments he had been specially struck with the biological section, and although he had before thought that the biological section of Edinburgh University was far in advance of any other, he was not now so certain of that fact."

The session in Trinity Medical College was opened on the afternoon of October 1st, when Dr. John L. Davison, the professor of materia medica and therapeutics, delivered an address which aroused the enthusiasm of the students, among whom he is very popular. Trinity's prospects for this session are said to be good, especially so far as a large freshman class indicates prosperity.

The inaugural address at the opening exercises of the Woman's Medical College was delivered by Susanna P. Boyle, M.D., a former student and now demonstrator of anatomy in the College. We have been informed that the address was an able one and was highly appreciated by those present. Dr. James Beatty, who occupied the chair, in opening the proceedings congratulated the friends of the College upon the fact that the faculty and students were comfortably settled in their new and commodious quarters. He stated that the whole number of students was about forty.

THE WOMAN'S MEDICAL COLLEGE, TORONTO.

The Faculty of this College have established a midwifery dispensary which will provide gratuitous attendance on patients in labor at their own homes. They promise that such patients will receive proper professional attention before, during, and after their confinement; the only condition imposed being that one or two female students shall have the privilege of being present. A nominal fee of fifty cents will be required from each patient on registering her name, and the fees thus received will be used in helping to defray the necessary expenses connected with the equipment of the dispensary.

After registration by the janitor at the College, one of the staff will visit the patient and take a history of the case, and arrangements will be made for calling in the physician of the district when labor commences. In difficult cases the

lecturer on obstetrics will be called in consultation. The system adopted is complete and said to be similar to the plan which has been carried out by the Harvard Medical School, of Boston, for several years, with the remarkable record of an attendance on 1000 patients in labor at their own homes without a death.

We presume that this dispensary has been organized by the Faculty in the interests of their students; but, if their efforts are successful, the institution will be a great blessing to poor women who have not the means to procure proper assistance in their hour of need. We hope it will be remembered and supported by the profession and those of the public who take some interest in such efforts to relieve the sufferings of humanity.

DR. BARBOUR'S GIFT TO THE MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The friends of the Medical Faculty of the University of Toronto received with much pleasure the announcement of Sir Daniel Wilson, at the recent University convocation, that a friend of his had given the sum of five thousand dollars for the establishment of an annual post-graduate scholarship in the Faculty of Medicine, to be awarded to a member of the graduating class who has shown proficiency in the subjects of chemistry, anatomy, physiology, and pathology, during his course. The graduate who has received this distinction will be expected to engage in original research in science, and do work in that department which will be acceptable to the proper authorities.

It is an open secret that the generous donor is Dr. Barbour, of Edinburgh, who has recently been in Toronto. It is peculiarly interesting and satisfactory that, while this Medical Faculty has largely followed the methods of teaching which have done so much to give the great University of Edinburgh her distinguished position among the medical teaching institutions of the world, one of her greatest clinical instructors and one of her most scientific and learned professors should thus show his high appreciation of the work done in our Provincial University, and give such generous encouragement in the direction of original scientific research.

Meeting of Medical Societies.

AMERICAN ORTHOPEDIC ASSOCIATION.

FIFTH ANNUAL SESSION, HELD AT WASHINGTON, D.C., SEPT. 22, 23, 24, AND 25, 1891.
(Abstract of the proceedings.)

ORTHOPEDIC SURGERY AS A SPECIALTY.

Dr. A. B. Judson, of New York, in the president's address, said that orthopedic surgery is specially the domain of physical demonstration where subjective symptoms give place to objective signs, where treatment is chiefly mechanical, and where results are recorded in degrees of a circle and fractions of an inch. It exists and thrives as a specialty because the general practitioner concurs with the public in committing patients who, from the nature of the case, generally recover with some deformity and disability to the care of experts.

CRURAL ASYMMETRY AND LATERAL CURVATURE.

Dr. H. L. Taylor, of New York, described two instances in which the leg was two inches and one and one-eighth inches short respectively. Both cases were in young women. The short limb was larger and stronger; the shortening was chiefly below the knee, and there was no lateral curvature.

Dr. A. Hoffa, of Wurzburg, Germany, described a specimen which proved that in one instance the shortness was due to union of the neck and shaft of the femur at an acute instead of an oblique angle.

Dr. F. Beely, of Berlin, illustrated with specimens of lateral curvature and ingenious models the changes which occur in the bodies of the vertebræ preceding rotation, explaining how the paraspinous sulcus is shallow and broad on the concave and deep and narrow on the convex sides, a condition which is reversed in the lumbar region by the absence of ribs.

TREATMENT OF HIP DISEASE.

Dr. Phelps said that traction and fixation should be enforced to prevent destruction by intra-articular pressure. Ankylosis is the result, not of fixation, but of disease. The patient should be put to bed from three weeks to four months, and should then wear a lateral traction fixation splint, which was exhibited. Children under three years are placed in a plaster of Paris portable bed, which was also shown.

Dr. Wirt exhibited a new device for traction in which the force of the lever is changed into rectilinear instead of circular motion without key, screw-driver, wrench, buckle, or strap.

Dr. R. H. Sayre, of New York, said the invention gave accurate and easy adjustment in the direction of traction, but in the direction of relaxation the control was defective.

Dr. Taylor practised rest in bed with traction in the acute stage, to be followed by a splint which allows locomotion.

Dr. Sayre thought but few cases required lateral traction. When the inflammation had ceased he applied passive motion. If the pain and tenderness following last more than twenty-four hours, the passive motion had not been rightly used.

Dr. E. M. Moore, of Rochester, believed that a joint only moderately inflamed demands motion. He employed traction with a certain amount of motion.

CONGENITAL DISLOCATION OF THE HIP.

Dr. Phelps exhibited apparatus for the treatment of this affection, and described his method and its results.

Dr. E. H. Bradford, of Boston, had modified the apparatus in previous use by adding an appliance with which the patient is allowed to walk about. The joint is thus protected as in convalescence from hip disease. These appliances he had made of aluminum for the sake of lightness.

Dr. C. C. Foster, of Cambridge, said the best recorded result had been obtained by Dr. Buckminster Brown, whose patient was treated by mechanical means in bed.

Dr. A. Hoffa had operated by deepening the acetabulum, which is practicable from the thickness of the pelvis at this point. At first he sewed a periosteal flap over the trochanter, but this is unnecessary. Two months ago he examined his first case, two years after the operation, and found a movable joint, freedom from the characteristic gait, and absence of lardosis.

Mr. Howard Marsh, of London, divided these cases into (1) those in which the bone slips about on the wall of the pelvis, and (2) those in which it is fixed. The majority belong to the second class, and in these operation is useless, but is more properly applicable to those cases of the first class in which the head is high up and movable. The anterior position is the most favorable, because lordosis, which depends on the backward displacement of the head of the femur, is absent.

MALIGNANT DISEASE AND POTTS' DISEASE.

Dr. Judson reported three cases in which Pott's disease and malignant disease of the vertebræ had been confounded by himself and other observers. In one the diagnosis was made *ante mortem*. The patients were four and a half, thirty-five, and forty-two years respectively. The chief diagnostic points are: (1) Deformity present in Pott's disease, absent in malignant disease: (2) local disability; and (3) local pain; both absent in Pott's, and present in malignant disease.

Dr. Willard had seen two cases in which his diagnosis was confirmed *post mortem*.

Dr. Gibney reported a case in a man of forty years, in which he and others had been baffled in diagnosis. There was sarcoma of the fifth and sixth cervical vertebræ.

Mr. Marsh related the case of a child which was extremely difficult to diagnosticate, and which proved to be malignant in character.

SYPHILITIC POTTS' DISEASE.

Dr. Ridlon said that in this form the onset is more rapid, the pain and disability greater, the kyphosis sharper in outline, and abscesses often appear before deformity. If recognized lesions of hereditary or tertiary taint are present, treatment should be by large doses of mercury and iodide of potassium.

POTTS' DISEASE IN THE OLD.

Mr. Marsh had observed instances of suppurative tuberculosis in the metacarpus, tarsus, testis, cervical glands, knee and hip, in eight patients between sixty-three and seventy-three years. But senile tuberculosis of the spine is most rare. He had seen two cases. The patients were sixty-four and sixty-five years respectively. The College of Surgeons of London possessed an osseous specimen of the action of senile tuberculosis of the upper cervical vertebræ. In his "Studies of Old Case Books," Sir James Paget had recorded a case of Pott's disease in a gentleman of fifty-five attended with angular curvature.

Dr. Sayre recalled the case of a patient, æt. fifty-five, who recovered from Pott's disease with paraplegia and abscesses.

POTT'S DISEASE AND PREGNANCY.

Dr. T. H. Myers, of New York, had collected twenty-five cases of labor in fifteen patients recovered from Pott's disease. In no instance did caries recur. But of seven cases in which the disease developed during pregnancy, three died, and three were left paraplegic. Normal parturition often follows in cases of deformed pelves whose measurement would indicate that it was impossible. These patients should be examined by the obstetrician early in gestation.

Dr. Taylor knew of many cured patients whose marriage had been followed by the birth of healthy children.

Dr. G. W. Ryan, of Cincinnati, thought it was a question of allowing the tuberculous to marry. He knew of married women, deformed by Pott's disease, who had borne and raised healthy children.

Dr. Lee said that one of his patients with a large lumbar kyphosis had borne twelve children who, with the mother, are all in good health. He thought Pott's disease, even in the lumbar region, rarely produced narrowing of the pelvis.

PARAPLEGIA IN POTT'S DISEASE.

Dr. Brackett said that relief from paraplegia may be confidently expected from continuous extension and fixation even in cases of eighteen months' standing. This should be continued for some time after recovery.

Dr. Young reported two cases of complete recovery in which there had been absence of sensation, a feature always of grave import.

Dr. Shaffer referred to a case in which the autopsy showed that a portion of the eighth dorsal vertebra had nearly cut through the cord, leaving but a slender thread.

Dr. Hoffa said that in these cases the spine should be put absolutely at rest. He had collected thirteen operations within the vertebral canal. Two died at once, two recovered, and would perhaps have done so anyway. In the others there were immediate good results, but relapses soon occurred. The operation has no great future before it, and should be limited to those cases in which the processes alone are affected.

Mr. Marsh said that paralysis rarely depends on the pressure of an abscess, but (1) on softening of the cord, (2) pressure of a displaced sequestrum, and (3) most common on pressure from exudation. He would only operate after thorough trial of rest.

Dr. Willard said that we could not absolutely diagnosticate the cause. When there are extensive inflammatory deposits about the arches, laminectomy may relieve the posterior pressure and allow expansion of the cord.

Dr. Lee said that in all cases of this form of paraplegia suspension would materially hasten recovery.

ABSCESSES IN POTT'S DISEASE.

Dr. Townsend thought that, as a rule, these abscesses should not be opened. In some cases aspiration should be done, and in others the cavity should be opened and drained to prevent sepsis and danger to life. His views were based on the history of 380 patients, 75 of whom had abscesses.

Dr. Vance advocated aspiration, repeated as often as fluid is detected. In this way he cures three out of five cases. The depot is thus kept small and the extent of subsequent operations, if necessary, is limited.

Mr. Marsh had rarely obtained a good result by the use of the aspirator. He said that in his observations it is best to open freely, evacuate thoroughly, and then apply pressure to assist in closing the cavity.

Dr. Willard would let dormant and caseating foci alone; liquefacting collections he would aspirate and inject with iodoform emulsion, and if true pus were present he would incise, wash out with sublimate solution, and avoid undue manipulation, which might cause fissures which would let the tuberculous poison into the system. He would then suture the incision and inject iodoform and boiled olive oil.

Dr. Shaffer would not say that incision was never advisable, but generally it is wrong to open one of these abscesses. A very large abscess cannot be washed out, and its disappearance may be confidently expected, especially if efficient mechanical treatment is practicable.

Dr. Myers said that it was proven (1) that it is impossible to completely remove bacilli from the abscess cavity, and (2) that bacilli-infected wounds at times heal primarily. Infection is more imminent after incision, because the wound lays open channels of absorption.

WIRING THE VERTEBRAL PROCESSES.

Dr. Hadra suggested that the spinous processes at the seat of the disease be exposed and then firmly wired together to secure rest and prevent deformity. The operation, as he had performed it for fracture of the cervical spine, was extremely simple and effective.

Dr. Sayre thought the wires would not bear enough force to remove the weight from the vertebral bodies, and that outside protection would be necessary to prevent lateral and rotatory disturbance.

Dr. Judson thought it was a question whether wiring was applicable through the long periods in which consolidation is delayed. Intolerance of the skin always prevents such pressure as we would like to make on the kyphos. The method proposed circumvents this difficulty.

Dr. Moore said it was a most simple and harmless procedure, and, notwithstanding the theoretical objections, he would accept the first favorable occasion to try it.

PROGNOSIS AND TREATMENT OF POTT'S DISEASE.

Dr. Ketch had learned from 75 cured cases that in length of treatment and degree of deformity the upper region of the spine is most favorable, and the middle least of all; that paraplegia more frequently accompanies disease in the upper than in the lower regions, and that cases of traumatic origin recover sooner than those of tubercular origin. Sudden deaths sometimes occur in cervical caries from interference with respiration.

Dr. B. Bartow, of Buffalo, said that the earliest important sign in the dorsal and lumbar regions is lateral curvature dependent on nervous tenderness. Apparatus should be constructed to oppose the rotation accompanying the lateral curvature as well as the antero-posterior deformity. He used the plaster of Paris jacket applied to effect the above objects.

Dr. Foster said that extension in *bed* is the best method in the acute stage. Extension should be made by light weights, the cords leading over the head and foot of the bed and attached to waist-belts, chest-belts, and head-straps.

Dr. Ryan said recumbency was the ideal treatment, but it is in many cases impracticable. He had found split plaster jackets efficient after the acute stage.

Dr. Lee said that many years ago when the plan had fallen into entire disuse he was the first to adopt suspension from the practice of Dr. J. K. Mitchell. The apparatus was Le Vacher's head support and jury mast, attached to a chair or go-cart, or to a door-way swing.

Dr. Sayre said that in the cervical and upper dorsal region a metal posterior splint supported on the pelvis should be used with a jury-mast, and in the lower dorsal and lumbar regions, a plaster of Paris jacket with a jury-mast. Recumbency should be practised in the acute stage; children should be placed in the wire cuirass.

Dr. Ketch had been disappointed with the plaster of Paris and jury-mast in the cervical and upper dorsal regions. He commended the Taylor apparatus and chin-piece. In the lumbar region almost any supporting apparatus will secure a good result.

Dr. Taylor said that the antero-posterior lever secures rest and protection and combats deformity. Old and neglected cases are especially amenable to treatment, just as ankylosis is later and rarer than is generally supposed. Abscesses and paraplegia do not forbid a favorable prognosis.

Dr. Bradford said that the plaster of Paris jacket was the readiest method, but had its disadvantages; that a steel brace gave better support, but demanded more skill and care; and that recumbency was the surest way to prevent deformity, but, as a rule, was impracticable for the long periods covered by the disease.

RHEUMATIC SPONDYLITIS.

Dr. Ryan said that this rare affection should not be confounded with rheumatoid arthritis of the spine. It is usually accompanied by rheumatic manifestations elsewhere. In the early stage the symptoms resemble those of tubercular spondylitis. Later the deformity is not angular but resembles that of senile kyphosis. Treatment should be directed to the relief of pain by support, cautery, and medication. In the chronic form, when pain has lessened, mobility should be encouraged by passive motion.

Dr. Headley deplored the confusion which is found in the nomenclature of these conditions which produce such a variety of results. He thought both rheumatism and osteo-arthritis were microbic diseases. If ligamentous struc-

ures interfere with motion, passive motion was proper.

Dr. Lee was reminded of a case which was at first thought to be spinal myalgia, but which proved to be gouty disease of the cartilages, an infrequent affection. Apparatus afforded relief but of course not cure.

Dr. Ryan said that gouty spondylitis is generally attended by manifestations in other parts of the body. He had failed to state that his patient had limited respiratory movements.

Dr. Vance related a case in which there was, in addition to the spinal affection, complete immobilization of the thorax with chiefly diaphragmatic respiration.

Dr. Bartow had seen a case in which relief was afforded by the spinal jacket.

Dr. Gillette reported a case which, at the first glance, resembled the deformity of Pott's disease, but which proved to be rachitic in its etiology. Improvement followed a few days after suspension was begun.

SACRO-ILIAC DISEASE.

Dr. Lee said the sequence of events is as follows: (1) injury of the synchondrosis, (2) subacute inflammation, (3) irritation of the nerves of the joint, transmitted to the nearest plexus, (4) resulting pain in the sciatic. The sciatica should be considered the result, not the cause, of all the trouble. In nine cases out of ten neuralgia is the effect and not the cause of any trouble. As stooping in sacro-iliac disease is injurious, he had devised a handy instrument with which the patient can pick up an object from the floor while remaining erect.

Pathology.

APPARENT ANTAGONISM BETWEEN THE GERMS OF ERYSIPELAS AND SYPHILIS.—Horwitz (*Phil. Med. News*, No. 949) notes two cases of syphilis which, until after accidental infection with erysipelas, resisted anti-syphilitic treatment; but, subsequently to the attack of erysipelas, improved rapidly. Apparently the streptococcus of erysipelas antagonized the bacillus of syphilis to such an extent as greatly to modify its virulence. The natural history of the bacteria shows that in many cases they are strongly antagonistic to one another, and that the growth of one frequently means the death of another. Cases of retardation, and even of cure, of new growths by inoculation with erysipelas germs have also been recorded. The pneumonia germ of Friedlander and the anthrax bacillus will not grow together. There appears to be room enough for experiment here and but little occupation of the field. Perhaps the *least* advances in the future, in treatment, will not be in *this* direction. J.C.

MALARIA AND THE CAUSATION OF INTERMITTENT FEVER.—Henry Baker (*Journal of the Amer. Med. Assn.*, Vol. XV., No. 16, 1890, Chicago) attempts to show that malaria depends essentially upon atmospheric relations, particularly upon temperature, and believes that this view accords very easily with that according to which malaria has heretofore been called a germ disease. The opinion of the writer seems to be that the organisms are not the cause of the disease, but that this is rather to be found in the effects of rapid changes of temperature upon the body. The changes in the red blood corpuscles he attributes to the withdrawal of chloride of sodium in the perspiration. He is of opinion that the phenomena of the disease can thus be explained as well with as without parasites, and states his views in these words: "It seems to be a generally established fact that where a highly organized being undergoes decay, organisms take the opportunity of entrance, and when these are of microscopic size we call them micro-organisms." By means of three tables of curves, the writer illustrates his idea of the connection between temperature and malaria. According to this, the relation between elevations of temperature and the progress of malaria is certainly remarkable. J.C.

Book Reviews.

Therapeutics: Its Principles and Practice. By H. C. Wood, M.D., LL.D., Professor of Mat. Medica and Therapeutics in the University of Pennsylvania. Philadelphia: J. B. Lippincott Company.

The three years which have elapsed since the issue of the seventh edition of this work have seen unprecedented advance in therapeutics, necessitating a thorough revision and many additions to bring the treatise up to date.

Practically new are the articles on anæsthetics, cocaine, strophanthus, caffeine, antipyrin, anti febrin, phenacetine, paraldehyde. The newer coal-tar products, such as sulphonal, aristol, etc., are fully dealt with. We know of no work on therapeutics to take the place of this. It holds a place all its own. In none other will be found so complete an account of the advance in knowledge of the physiological action of each drug. Special care is taken to give all necessary references, so that, if desired, the original authorities may be consulted.

Practical Pathology and Morbid Histology. By Heneage Gibbes, M.D., Professor of Pathology in the University of Michigan.

This is not intended as a text-book in pathology, but as an aid to the student in the laboratory. It embraces instructions in preparing, cutting, staining, and mounting microscopic specimens according to the methods employed by the author and thought by him to be best. These, of course, it is difficult to criticise, since every pathologist follows the methods with which he has had most success, and the results of the most competent workers in all methods would require to be compared to form a fair estimate. The latter part of the book is descriptive of morbid tissues. In his preface the author speaks approvingly of the illustrations, which are reproduced by photogravure from photomicographs. We cannot agree with him. Until photomicrographs can be made much more clear and exact in details, they will be of little use for students. The diagram is necessary. As specimens of photomicrography, they are excellent.

Pamphlets Received.

On the necessary precautions to be taken to obtain the most benefit from the climate of Nice and the Reviera. By Thos. Linn, M.D.

Personal.

UNIVERSITY OF TORONTO.—Appointments in the Medical Faculty. The committee of the Medical Faculty, in their report presented to the Senate, Oct. 10, made the following recommendations: A. McPhedran, M.B., to be associate-professor of clinical medicine; G. A. Peters, M.B., F.R.C.S. Eng., to be associate-professor of principles of surgery and clinical surgery; A. B. Macallum, B.A., M.B., Ph.D. Johns Hopkins, to be professor of physiology; Jas. M. Macallum, B.A., M.D., to be professor of pharmacology and therapeutics; John Caven, B.A., M.D., L.R.C.P. Lond., to be professor of pathology. The report was adopted without amendment.

AT the meeting of the Huron Medical Association, Oct. 13, Dr. J. E. Graham, of Toronto, was elected an honorary member. Dr. Bruce Smith, of Seaforth, is president, and Dr. N. Gunn, of Clinton, secretary of the association, which is in a flourishing condition.

DR. HARRY OLDRIGHT, of Toronto, has been appointed Surgeon to the steamer Coanza of the British and West African Steamship Line. He sailed from Rotterdam in September and expects to be about three months and a half on his voyage.

PROF. RUDOLPH, the distinguished German pathologist, is 70 years of age. On his birthday, Oct. 13, the mayor of Berlin presented him with the deeds conferring on him the freedom of that city.

AT the recent Convocation of the University of Toronto and University College, Dr. L. McFarlane, as the representative of the Medical Faculty, delivered an admirable address, which we publish in this issue.

DR. A. H. F. BARBOUR, of Edinburgh, who has for some time been the guest of Sir Daniel Wilson, of Toronto, left for the Pacific coast, October 7th. He is taking a trip around the world.

DR. CHARLIE TEMPLE, one of the resident assistants in the Toronto General Hospital, had a serious attack of inflammatory rheumatism, but has quite recovered.

DR. P. H. BRYCE has gone to Kansas to attend the meeting of the American Health Association.

Therapeutic Notes.

EUROPHEN, the new iodine compound, is a fine yellow powder, of an aromatic, saffron-like smell, insoluble in water and glycerine, slightly soluble in alcohol, ether, chloroform, and oil. It contains 21 per cent. of iodine, and is decomposed by contact with water. Coming into contact with the blood, an alkaline fluid, iodine is given off very energetically, but new compounds are at once formed. Iodine quickly appears in the urine. Europhen is said to be as good an antiseptic as iodoform, possessed of the same property of drying up secretion, and preventing suppuration. It has been used successfully, both externally and internally, in various forms of syphilis.—*Fortschritte der Medicin.*

PRURITUS VULVÆ.—Tarnier (*Rev. international de bibl. Méd*, No. 2, 1891) uses the following:

R.—Sublim. corrosiv.	.	2.0 (grs. xxx).
Alcohol,	.	10.0 (fl. ℥ijss).
Aq. rosæ.,	.	40.0 (fl. ℥jss).
Aq. destill.,	.	450.0 (fl. ℥xiii).

Sig. Apply this lotion morning and evening.

It is of especial service in pruritus vulvæ of pregnant women. Its application may at first produce a sensation of burning, which will necessitate the application of cold compresses.

ECZEMA OF THE ANUS AND GENITAL ORGANS.—Lustgarten advises the following ointment:

R.—Oleate of cocaine,		gr. xij. to xxiv.
Lanolin	. . . .	f℥i.
Olive oil	. . . .	f℥ij. M.

Apply twice daily, and after each application powder the affected part with an absorbent powder.—*Med. and Surg. Reporter.*

SEAT WORMS.—

R.—Tr. Rhei	. .	minim xxx.
Magnesia Carbonat		grains iij.
Tr. Zingiberis	.	minim j.
Aq. q. s. ad.	. .	ounces iv.

M. Sig. Warm and use as an injection ter in die.—*Annals of Gynæcology.*

FOR PRURITUS.—

R.—Chloral Camph.	.	drachms ij.
Bismuth S. Nit.	.	drachms ij.
Aq. Rosæ ad.	. .	ounces jx.

—*Ex.*

Miscellaneous.

AMERICAN PUBLIC HEALTH ASSOCIATION.—The 19th annual meeting will be held at Kansas City, Oct. 20th to the 24th, 1891. The Local Committee of Arrangements announces that all the Railway Passenger Associations of the county have granted a one and one-third rate fare for the round trip on the usual certificate plan, that is, (1) procure a certificate or attendance from the agent at the starting point by paying full fare to Kansas City; (2) have the certificate of attendance signed by the proper officer of the Association at Kansas City. This certificate will then procure return ticket for one-third fare. All the leading hotels of Kansas City will give special rates to delegates. Arrangements are being perfected for an excursion into Kansas as one of the features of the entertainment of the Association. For any information as to the meeting address Dr. E. R. Lewis, Chairman, or Dr. Joseph Sharp, Secretary Local Committee of Arrangements, Kansas City, Mo.

MOSQUITO BITES.—A writer in a German contemporary says that for mosquito bites he has found in his own person nothing better than ordinary soap. If he is bitten he makes a lather over the affected part and allows it to dry on. The burning is at once relieved, and all pain ceases. The application can be repeated as often as required.—*Pac. Rec. of Med. and Surg.—N. Carolina Med. Jour.*

MISS FRANCES CHADWICK is the first lady to enter the profession of pharmacy in Australia. In Russia, Norway, Belgium, Denmark, and some other European countries, women are allowed to practise pharmacy, but they have shown very little interest in the matter.

PEROXIDE of hydrogen has been used to sterilize milk. When mixed in the proportion of five or six tablespoonfuls to the quart of milk, the milk will not curdle or become sour for forty-eight hours at the summer temperature. The cream from such milk is so sweet that butter cannot be made from it for a considerable time.—*T. and R.*

MEXICO has nine medical schools, in each of which the course of study is six years.—*Ex.*