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THE CANADIAN PRACTITIONER

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DISEASES OF THE ORBIT.

BY R. A. REEVE, B.A., M.D.,

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General Hospital.

(Read at Meeting of Canadian Medical Association.)

The position, relations, and nature of contents of the orbit, and the fact that the organ of vision is often implicated and may be lost, and that life itself may be jeopardized and is sometimes sacrificed as the result of its affections, render the latter of some importance in the category of disease. The object of this paper is simply to refer to some points of practical importance in this interesting class of cases. The interest attached to diseases of this cavity is enhanced by the acknowledged difficulty in many instances of making a correct diagnosis.

I need but cite the *pulsating tumors* in regard to which the old view of orbital aneurism being the cause of the exophthalmus and pulsation, has been disproved. Statistics show that orbital aneurism is very rare and that in nearly all such cases there is no disease in the orbit proper, but generally either an obstructed or dilated cavernous sinus or arterio-venous communication posterior to the orbit. The precise nature and site of other morbid conditions, as, for example, tumors, are sometimes an enigma which is only solved by direct exploration.

Cellulitis. Following traumatism or other

causes of inflammation, erysipelas, pyæmia, etc., the rapid onset of inflammatory œdema of the eyelids with marked chemosis, protrusion of the eye and inability to move it, and great increase of pain in attempts to do so, together with pyrexia, etc., indicate pretty clearly acute cellulitis of the orbit (or the more rare diffuse suppurative periostitis). The less rapid develop-



FIG. 1.—Periostitis and caries of outer half of upper margin of orbit

ment and milder character of these symptoms, especially when there is circumscribed tenderness on the orbital margin or walls with displacement of the globe, points rather to local periostitis, (fig. 1) which, except in syphilitic subjects, is apt to end in suppuration and caries unless aborted.

[In "abscess" of the frontal sinus the external swelling is generally greatest at the upper inner angle of the orbit, the brow is prominent and the orbital roof, which is depressed, yields to pressure from beneath; and the eye is displaced downward, outward and forward. If

fistula have formed, the discharge would be muco-purulent and the probe could be passed into the frontal sinus, and simple caries, etc., be thus excluded.]

In *cellulitis*, *periostitis*, etc., the early resort to deep incisions carefully made and entering the orbit near its margin, above, below, or at the side, is of great value in relieving the tension and pain; and by promptly giving vent to pus generally saves both sight and eye-ball, if not life itself.

The degree of protrusion of the globe compatible with retention of good vision is sometimes truly astonishing. In cases of intra-ocular growth, when the eye has ceased to rotate about its normal turning point and its movements are limited, perforation of the sclera and invasion of the inter-muscular space have likely supervened, and interference is imperative.

When in injury or inflammation of the eye or intra-ocular growth, œdema, chemosis, with more or less fixedness and perhaps prominence of the eye-ball, there is inflammation of tenon's capsule (*tenonitis*) and *cellulitis* is imminent. And if the eye is beyond recovery its prompt removal is indicated in order to prevent *cellulitis* and other mischief.

It has happened to me time and again to meet with cases of malignant growth which had already reached the condition termed fungus hæmatodes or encephaloid cancer, or had at least seriously invaded the orbital tissues, where the recognition of the primary intra-ocular mischief and timely enucleation would likely have proved radical, and prevented the need of the somewhat formidable *visceratio orbitæ*.

I am satisfied from personal experience that, in cases of malignant orbital disease which seem desperate, material if not radical relief can be given by the operation of emptying the socket, removing periosteum if not bone, with or without the use of zinc chloride paste, etc. Sometimes glioma of the retina gives timely notice of its presence by the bright, creamy reflex from the depths of the eye. Sarcoma of the orbit may spring from the walls or connective tissues, and in adults it is also secondary to that of the choroid.

An early correct diagnosis of intra-ocular growth cannot always be made, even by the

aid of the ophthalmoscope; but, at any rate, if eyes which are blind, painful, and hard were looked upon with suspicion, and as a rule extracted, after a fair trial of proper means, there would be less fatality from sarcoma or other malignant disease. In an eye that was blind, hard and intensely painful which I enucleated eight years ago, a malignant tumor had just penetrated the sclera near the optic nerve. Fortunately all the diseased tissue was removed, and the patient was reported in good health and free from orbital disease several years afterwards.

I show a photo and specimen (in a fatal case) of sarcoma of the orbit in a young subject, in which the growth reached a circumference of twenty-one inches and weighed three pounds.

The question of prophylaxis in malignant orbital disease leads one to advert to another class of cases, in which the disease primarily attacks the lids or superficial parts. Here there is a double reason for an early operation, first, because the sooner done, the less of the normal tissue is lost,—an important point in the region of the eye; secondly, for the reason which applies universally in malignant disease. In subjects of fifty years and upwards, little or no harm would accrue, and much trouble or misery might be saved, were all warts, tumors (not chalazia), and ulcers of the lids treated as if actually malignant or at least in "pre-cancerous" stage. Happily, in some instances, even when the disease is of long standing and has destroyed the lids in whole or greater part and invaded the orbit to some extent, the removal of all the diseased parts gives permanent relief.

At the meeting of our Association at Ottawa, I detailed such a case with, for two years at least, a satisfactory result, no relapse occurring, and might cite others.

Orbital tumors often grow slowly and painlessly, and it is a moot point to what extent the malignant varieties should be interfered with; but as growths vary so much in nature, and if malignant should be extirpated early, it is advisable to employ every diagnostic aid. One which yields pretty certain results without any serious risk, is the resort to an exploratory incision carefully made beneath the brow or perhaps between the lids and the globe; the little finger

(aseptic) can then be utilized with or without the careful use of a probe or a mirror and speculum. Sometimes tumors, even malignant growths, may thus be found, when they can be removed without sacrificing the eye.

It is necessary also to become satisfied as to the state of the nasal passages by anterior and posterior rhinoscopy, and of the maxillary sinus,—at least by exclusion, before giving the prognosis or resorting to operation. In the case of orbital disease with protrusion and lateral displacement of the eyeball, shown in this photo (see fig. 2),



FIG. 2.—Secondary invasion of orbit by sarcomatous growth.

I declined to interfere because I found the left nasal meatus plugged with a sarcomatous growth which, from the history, antedated the orbital trouble; rhinoscopy also showing that the growth was creeping into the posterior naris of the opposite side. The exploratory puncture which had been already made had given the patient great relief from the pain caused by excessive tension and pressure upon the tarso-orbital fascia. In another case which proved to be schirrus and which was not operated upon, the exploratory incision (left unstitched) also gave marked relief; and although such incisions may favor the more rapid sprouting of growths, the relief they afford is not to be under-estimated, and should be given.

It is worthy of mention that bony growths can be removed with least danger and most quickly by separating them from the seat of attachment rather than by chiselling, etc., at the mass itself, care being taken to first peel off the enveloping membranes,—the “sub-periosteal removal” of Maisonneuve and H. Knapp.

[Since the paper was read (1882) various cases have occurred in the writer's experience to

emphasize several points, *e.g.*, the importance of early correct diagnosis, great benefit of prompt relief of orbital tension or evacuation of pus, and value of exploratory incision, and of early operations. A word as to injuries: In contrast with the well-known risk of fatal result from penetrating wounds of the roof of the orbit, notable instances might be cited of tolerance of large foreign bodies in the socket and the successful removal of good-sized bony tumors. In cases of penetrating wounds of the orbit, careful search should be made for foreign bodies possibly lodged within.]

22 Shuter Street.

LIFE INSURANCE AND THE RELATIONS EXISTING BETWEEN IT AND MEDICAL MEN.

BY DR. JAS. THORBURN, TORONTO,

Professor of Pharmacology and Therapeutics, University of Toronto; and Medical Director North American Life Assurance Company.

(Read at meeting of Ontario Medical Association, 1888.)

Life insurance is now one of the principal institutions of the civilized world, whether we view it financially or as a provision to succor and maintain those who depend upon the heads of families for their present and future support as well as comfort and happiness, or to maintain one's self in after years, when unable, from various causes, to battle with life. The history of it is interesting and instructive.

In earlier years annuities were common, and these were granted by Jews and usurers, and extortion and vice of all kinds prevailed. Policies of all kinds were issued, not only for mercantile purposes, but also against wind and weather, against particular diseases, providing safe passes even through purgatory, etc. Intrigue and wars, with pestilence, carried off tens and hundreds of thousands, and there was no provision for those left behind. In its infancy life insurance was conducted in a hap-hazard style, and partook very much of a gambling nature. Often the healthy and strong died suddenly. It is only within the last century that anything like a scientific basis has been established. The observations of medical men and statisticians have deduced the probable duration of human life to an exact period of

time, for while nothing is more uncertain than human life taken individually, yet with a vast number of men, say 100,000, or better still, 1,000,000, the expectation amounts almost to a certainty. The early insurers lived on the follies of fools, and many were made to feel the power of the insurer when once in his clutches.

Pascal was the first to introduce the study of probabilities. The Breslau tables, formulated by Dr. Hally, were the first of any importance mentioned on the expectation of life. In the year 1697 a policy was issued on the life of Sir Robert Howard for one year from the 3rd of September, and on the same day a year from date Sir Robert died. The merchant refused to pay the policy, on the ground that it had expired. Lord Holt, however, ruled that from the day of date excluded the day itself, and that the underwriter was liable. This is the first insurance on a life of which there is any positive legal record.

I might mention many frauds that have occurred in the history of life insurance; but the study of early insurance, how and where it originated, is of no practical importance to us at the present time. It is now before us as one of the greatest financial-saving institutions of the world, and speaks much for the thrift and unselfishness of man in providing for breakers ahead and in alleviating distress and poverty. Man does not live for himself alone, and he who does not provide for his dependents falls short of his moral obligations. And here life insurance shows itself as a most valuable institution. For many years, from small beginnings, surrounded by enemies and ignorance, superstition and vice, its progress was spasmodic and slow; but as man became more intelligent and civilized, ignorance disappeared, and we now find it a valuable humane institution, the widow's hope and help, the orphan's protection and salvation, and the enfeebled and aged insurer's maintenance, in thousands of instances.

The growth of life insurance during the past thirty years, more especially on this continent, has been something wonderful. In the year 1859, the date of the earliest American official reports, there were only fourteen Life Companies doing business in the State of New York and one Home Company here; there are

now twenty-nine in that State, and during the intervening years the number of companies has fluctuated from fourteen to seventy-one, the latter number being that for 1870. The greatest increase in the number occurred during the inflation period, following the close of the American civil war, when men, without any knowledge whatever of the science of life insurance, undertook to speculate in Life Companies, as they had done in railroad and mining stocks, with the usual consequences resulting from inexperience.

In 1859 the true purpose and great benefits of life insurance were but little known by the general public. In that year the total amount of business written, namely, a little over \$30,000,000, would scarcely now satisfy a single company for one year's transactions, and the entire amount of insurance then in force, about \$141,500,000, is but little more than was written by one company alone last year. During the last thirty years there has been an increase of nearly five hundred per cent. in the number of policies and amount of insurance in force, while the gain in assets has been somewhat greater. During 1887 the official reports show that twenty-nine United States companies wrote \$531,170,773, while the amount in force at the close of the year was \$2,837,926,053, being an improvement over the record of the previous year of \$82,556,541 in amount of insurance written, and of \$252,094,070 in the aggregate amount of insurance carried by these companies.

In Canada the amount of new business written last year was \$23,560,849 by the Canadian Companies; \$3,112,160 by the British Companies; and \$11,435,721 by the United States Companies, and the total amount in force \$191,679,852. Of the newly-issued business our Home Companies did over twice the amount done by the United States Companies, and nearly eight times that of the British Companies.

A most rapid growth in the business done on this continent has taken place during the last few years. For example: in round numbers the new insurances written in 1885 by the United States Companies was \$400,000,000; in 1886 it was \$600,000,000; and in 1887 it exceeded \$700,000,000. The total amount of

insurances in force in them is now \$2,837,926,053, which comprises a larger amount than has been in force for many years and proves that the people believe in it, because, as a whole, it has proved itself trustworthy, a quality which distinguishes it from the worthless counterfeit furnished by companies doing business on the co-operative system.

During 1887 the total payments made to policy-holders by the United States Companies amounted to over \$70,750,000, and their gross assets amounted to over \$614,000,000. The payments made to policy-holders by our Canadian Companies in 1887 amounted to \$1,405,417, and their aggregate assets to \$14,352,475.

In former times any adult in apparent good health could be insured without a medical examination, and, as a consequence, many doubtful and bad risks were accepted. The weak in body, in family history, or occupation, were sure to apply for insurance, while the stronger ones did not trouble themselves about it. Dr. W. Brinton, in 1856, published a number of insurances effected without medical examination. From three or four pages of these he collected no less than forty instances of death by pulmonary consumption at periods that averaged eighteen weeks from the date of effecting the policy, but often did not exceed four or five weeks. The average loss to the society on these policies was exactly forty times the premium paid.

The medical man has many important functions to perform in relation to life insurance, and on his skill and careful selection the success of a company mainly depends; for, on the one hand, the rejection of a candidate may prove most disastrous to him and his family, while, on the other, the greatest importance attaches itself to a careful and searching examination, as well as the importance of preventing applicants from concealing facts that indicate depraved habits and tainted constitutions.

The history of life insurance reveals many instances of gross frauds perpetrated upon Life Insurance Companies. Personation, forgery, and murder have been employed, and frequently with success. The medical man must weigh carefully the statements of the applicant and friends. Many persons of intemperate

habits conceal the fact; and it is often difficult, without inquiring minutely, to ascertain their habits in this respect. The medical man should remember that negative evidence is often as important as positive indications. In order that a life insurance institution should succeed, it must be conducted on a proper financial basis, and on the proper securing of good risks. From this you will understand that the position of medical examiner is one of great responsibility and trust. Formerly, agents of companies were allowed to select their medical examiners, and you can readily understand how this has led to many unpleasant results, the interests of the agent and the company not being identical. Oftentimes this pecuniary and other interest led to the appointment of medical men unworthy of the position. Nowadays the examiners are appointed from the head office, entirely separating them from or making them independent of agents. Better men, by this rule, are selected, and they are better paid for their services. The medical examiner should be quite free from any influence, pecuniary or otherwise. He is the official of the company, and while paying due respect to all information received from the applicant and friends, as well as from physical examination, he must bear in mind that to the company alone is he responsible. This is sometimes a difficult matter for the medical examiner, as his decisions may affect him pecuniarily in the locality in which he practises. In all such cases where there is any doubt or information that might not be expedient to hand over to the agent, he should write on the same day to the medical director of the company, giving his views and stating full particulars. This, of course, is strictly confidential.

The legal duty of the medical officer is to ascertain and report to the company, in accordance with instructions furnished him, the health and physical condition of the applicant, or whether he is laboring under or suffering from any disease or defect that may have a tendency to shorten life. He should also take into consideration the sanitary surroundings and occupation of the applicant.

No man in the business of life insurance fills a more honorable or responsible station than the medical officer who is thoroughly trained in

his work, and who should always do it without fear or favor. No one should accept the appointment of medical examiner who has not given, or is not willing to give, care, time and study to it.

It is important that the medical examiner should carefully consider the statement of the applicant and his friends. They often conceal important facts, especially in reference to habits, and any answers that are not explicit should be carefully examined into. The medical man must not think that his duties are finished when he has answered all that he can ascertain by a physical examination. For instance, in the matter of temperance it is impossible to lay down fixed rules as to where temperance ends and intemperance begins. He must try to ascertain if there is any evidence of injury to the constitution by the well-known effects of alcohol. Oftentimes careless and slovenly reports are sent in, and, as it has been said, some examiners satisfy themselves to the soundness of an applicant by "a thump on the chest, a poke in the belly, a guess at the pulse-rate, and consequent estimation of respiratory action." I need not tell you that such an examination is no use to the company and is a disgrace to the profession; the man who thus acts is receiving a fee for services not rendered. A thorough examination must be made in all cases,—appearances are often deceptive. It is important that the applicant should at all events appear not to be older than the age he assigns.

The employment of an applicant is also of considerable importance, hence companies divide risks into different classes. Chiefly through the instrumentality of the medial men the mortality of the trades has been materially diminished; the mortality from sickness of the British army has been reduced one-half during the last few years.

The surroundings of an applicant are most important in arriving at a correct conclusion. This is nowhere better shown than in the mortality of lying-in women within the last hundred years. In 1786 the mortality of the Hotel Dieu was one in 15, forty years later it was one in 112. In the British hospitals in 1750 it was about one in 42, and in 1820 one in 1205.

Among hereditary considerations tubercle

ranks first. When the physical signs are developed it is not a difficult matter to make a proper diagnosis, but often these have not as yet become manifest; hence the importance of ascertaining the causes of the death of the ancestors and collaterals, as well as of any descendant.

For it is a well-known fact that this disease is often latent for one or two generations, or even more, when it returns with fatal violence. Cancer is another disease which is generally acknowledged to be frequently hereditary. Rheumatism and gout are often hereditary; also diseases of the nervous system; acute insanity shortens life materially; diseases of the heart and circulation are often handed down from father to son. The occupation of an applicant sometimes tends to shorten life, as that of a painter or plumber, which is due to the absorption of lead. Seamen, miners, engine-drivers, brakesmen, hotelkeepers and bartenders are all risks that should not be taken at ordinary rates. Among the best risks are professional men. The question of epilepsy is one in which the medical examiners do not seem to be unanimous in their opinion of its effects on life. The fact of his having had an epileptic attack in early life and no return for five or ten years, should not prevent the applicant from being accepted, if he is otherwise satisfactory. If the disease occurs in manhood it is of more serious import, and should reduce the expectancy by a very considerable amount. If only one attack has occurred and a long period has elapsed, the risk might be considered insurable. However good the general health of a man may be, he is in danger of accidental death, which he cannot guard against. Vertiginous attacks, especially if the person is fond of alcoholic drinks, is a suspicious indication of apoplexy. Paralysis, if from centric causes, even if the general health be good, is a bar to all life insurance.

The fact that an applicant has had some condition of body that rendered him uninsurable at one time is not necessarily a just cause for a subsequent rejection. For instance, if a person had suffered from paralysis, the effect, say, of diphtheria or typhoid fever, all indications having been removed for at least upwards of a year, the life would be insurable. It is customary

for insurance companies to exchange with each other their decisions in rejected cases, when required, and by this means frauds, made either purposely or in ignorance, are frequently detected. Hence the importance of the medical examiner eliciting every fact connected with his case as far as possible, for his own reputation if for nothing else. If he has any doubt as to the insurability of an applicant, the benefit of that doubt should be given to the company.

Died in childbirth is a very common answer to the cause of death of mother and sisters. Now, we all know that persons dying from this condition pure and simple are very few, and unless some epidemic, such as puerperal fever, prevails, very few die in this natural process; and in nine cases out of ten, if the correct answer were given it would be some form of phthisis. Hence the importance of the medical examiner trying to get negative as well as positive evidence, as is proven by the following statistics:—

In 1886 the number of births registered in Ontario was 46,458.

Mortality for childbirth	174
Post-partum	11
Puerperal fever	98
Total	283

or, in other words, 1 death for childbirth in 200 cases of labor. How many of the above cases were affected by phthisis is not given. The population of Ontario was 2,000,000.

Life insurance is a contract entered into by an applicant or his friends and the company to whom representation is made,—it must be mutual and correct, or else it is not valid.

A learned English judge speaks as follows on this question:—"Not only must the party proposing insurance abstain from making any deceptive representations, but he must observe in the utmost degree good faith, *uberrima fides*. Not only is he required to state all matters within his knowledge which he believes to be material to the question of the insurance, but all which, in point of fact, are so. If he conceals anything which he knows to be material it is fraud, but besides that, if he conceals anything that may influence the rate of premium which

the underwriter may require, although he does not know that it would have that effect, such concealment entirely vitiates the policy. An entire disclosure must be made of all material facts known to the insured, and not only so, but all representations made by him as to material facts must be substantially correct, and to this may be added that, where representation amounts to a warranty, it must not only be substantially but literally true." The same judge further on states that the responsibility of giving full information rests with the proposer: "If the proposal leads the insurers into error by inducing them to compute their risks upon circumstances not founded in fact, so that the risk actually run is different from that intended to be run, the contract is as much at an end as if there had been a wilful and false allegation or an undue concealment of circumstances." Hence the importance of the medical man protecting both the proposer and the office.

The medical examiner should be perfectly frank and make a full statement of everything within his knowledge which is likely to affect the contract, otherwise the entire transaction is jeopardised and the examiner himself is liable to prosecution and fine. According to the work published by John M. Taylor, of Hartford, Conn., quoted by Dr. Foster, of the Maine Mutual Life Ins. Co., "It can no longer be successfully argued or maintained at home or abroad that solicitors, examiners, referees or other company representatives are agents of the parties who become insured, and when the significant fact is added, that with us the examiner receives his appointment from the company, acts under its instructions, deals with it in all its particulars, and is paid by it for his services, it must be assumed upon authority that the office or relation of a medical examiner to his company is one of agency for certain important purposes." Further on he sums up his case in the following manner: "To the medical examiner, however, these judicial definitions have a special present necessity and value, for they declare what his true office is, what his limitations are, and in what relations he stands to a company and his statutory disqualifications as a witness under given circumstances." It must be granted upon these authorities that the legal

duty of the medical officer is to ascertain and report to the company in accordance with the instructions furnished him, the health or the sanitary condition of the applicant, or whether he is laboring under, or is subject to, any disease or defect which may have a tendency to shorten life.

The responsibility of medical examiners is controlled by the principles of common law in all countries. For instance, in the State of Michigan, U.S.A., the law is as follows: "Any person who, as a medical examiner for any such company, or as a referee, or any person seeking insurance therein, shall knowingly make any false statement to the company, or any officer thereof, concerning the bodily health or condition of the applicant for insurance, or concerning any other matter or thing which might affect the propriety or prudence of granting such insurance, shall be guilty of a misdemeanor, and on conviction thereof shall be liable to a fine not exceeding \$1,000, or to imprisonment in the county jail not exceeding three months, at the discretion of the court, and he shall also be liable to the company for an action on the case for the full amount of any insurance obtained from such company by means, or through the assistance, of such false statement or report."

In conclusion, gentlemen, I hope that I have honestly endeavored to show the high moral responsibilities of medical men connected with life insurance. Although on many occasions I have noted the shortcomings of some of them, it affords me much pleasure to state that as a general rule they have made their examinations in an honest and thorough manner. I have already stated that life insurance involves interests of the greatest importance to individuals and to society, and the medical man is one of the chief guardians of social morality and civilization, and the more he is convinced of this fact the more he completes the great objects which he takes upon himself in joining the noblest and most unselfish of all professions.

106 Wellington Street West.

A law has been passed in Switzerland permitting a limited number of English physicians to practise in that country.

RUPTURED TUBAL FŒTATION—A CASE SUCCESSFULLY TREATED BY ABDOMINAL SECTION—WITH REMARKS.

BY WILLIAM GARDNER, M.D.,

Professor of Gynecology in McGill University; Gynecologist to the Montreal General Hospital; one of the Vice-Presidents of the British Gynecological Society.

(Read before the Eighth Annual Meeting of the Ontario Medical Association at Toronto, June, 1888.)

The remarkable advances of obstetric medicine in the last decade have been evidenced as much, perhaps, if not more, in everything connected with the subject of extra-uterine gestation than in any other direction. The transactions of every important meeting of obstetricians and gynecologists is enriched by one or more papers on the subject, generally with reports of cases; followed usually by a vigorous discussion, which shows usually some divergence of opinion by able men as to the best course to pursue in the treatment.

The last annual meeting of the American Gynecological Association, held in September, 1887, and the February (1888) meetings of the British Gynecological Society, as well as the Section on Obstetrics of the American Medical Association at its meeting last month, each discussed the subject. Dr. Herman, of London, has recently published in the *Lancet* for May 26th and June 2nd, 1888, an exceedingly able and thoughtful paper on the early treatment of extra-uterine pregnancy.

The fearful tragic nature of the illness and too frequently of the death of women so affected when left to nature, and the brilliant success of the modern surgical treatment of this condition amply account for such wide-spread interest. Under these circumstances I venture to believe that the recital of a recent case in my own experience may be of some interest and value as a contribution to the literature of the subject. The, to me, unexpected presence of my friend, Dr. Johnstone, of Danville, Kentucky, who has recently written very ably on the subject, will, I am sure, enrich the discussion of my paper.

Mrs. —, aged 29, was married in July, 1887, and had a miscarriage at between two and three months the following October. In

this she was attended by my friend, Dr. Arthur Browne, of Montreal, and she recovered easily enough. Her first following menstrual period was on the 2nd of December, and was normal. She remained well during the rest of the month, except that she presented some of the signs of pregnancy, slightly marked. Early in January, a slight bloody discharge appeared and lasted two weeks; it was not like her ordinary menstruation. About the middle of January she was seized with intense pelvic pain and a most alarming condition of collapse, lasting for two days. During a good part of this time Dr. Browne feared she would die. She, however, slowly rallied and partially recovered, when, a fortnight later, during the first days of February, there were alarming recurrences of the pain and other symptoms. Under these circumstances Dr. Browne came to ask me to see the case with him, and he told me that he believed he had a case of extra-uterine foetation.

I found the woman suffering very severely from pelvic and abdominal pain, imperfectly controlled by full doses of morphia. There was marked distension and frequent vomiting, and the pulse was rapid and very weak. On vaginal examination, there was a tolerably free bloody vaginal discharge. The uterus was markedly softened, bulky, and fixed, and to the right of, and behind it, there lay a painful and firm mass of some kind or other.

The results of the history given are by Dr. Browne, and my examination of the patient was fully concurrent in the diagnosis of ruptured tubal foetation previously made by him and Dr. George Ross, who had also been consulted. This being our diagnosis, what was to be done? We discussed the propriety of using electricity, or of performing abdominal section. Electricity, we considered, to be precluded by the evident hemorrhage and peritonitis. At our second visit the patient was decidedly worse, and in great danger, and then we decided to open the abdomen. This was accordingly done on the 8th of February. On opening the cavity a quantity of blood clot, of varying age, and bloody serum was revealed. On the right of the uterus, in the region of the ovary and tube, lay a ragged, granular mass. On attempting to raise this to apply a ligature

to it, it was torn away. I made no further attempt to tie the torn base, but proceeded to scoop out what I could of blood clot, of which there lay a large quantity in the Douglas pouch. The cavity was then well washed out with a large quantity of warm water. In this part of the operation, the signal advantage of Lawson Tait's large ovariectomy trocar became very apparent. This tube measures about seven-eighths of an inch in diameter, and at its free end is a blunt beak, with two lateral openings. The large rubber tube attached to it was immersed in a pitcher of warm water held aloft by assistants. The water was then sucked through till it flowed from the trocar tube, which was then carried to all the deep parts of the pelvis, the powerful strain bringing away masses of clot and fibrine, an operation which could in no other way have been so effectually managed. The blunt beak of the instrument precludes all possibility of any injury to intestines or other structure. A glass drainage tube was carried to the bottom of the pelvis, where it was retained for a week. It will be observed that I applied no ligature to anything, yet the torn vessels yielded no more than a moderate amount of bloody and blood serum, as shown by the fluid sucked from the tube. The wound was closed as usual and the patient put to bed in rather an alarming condition. Her pulse was 140° and small. Nothing was given by mouth for three days. She was fed *per rectum* with beef-tea and brandy. Under soap-suds turpentine enemata flatus was passed within sixteen hours, and a fecal motion obtained in twenty hours. The distension was thus rapidly reduced and the pain soon relieved. Not a particle of morphia or opium was given at this stage. She made a tedious but complete recovery. The tedious nature of the convalescence was entirely due to a severe attack of cystitis.

At the time of operation no semblance of a foetus was seen, but on careful examination afterwards of the mass removed, a blood-stained foetus about an inch in length, as well as characteristic chorionic villi were discovered by Dr. Johnstone, the Pathologist to the Montreal General Hospital. From the appearance of the foetus and parts when removed, I have no doubt

that the vitality of the foetus ceased at the time of the first serious symptoms, but that it did not escape. Such a condition of course shows that electricity would have been useless at any time after this patient was first seen by her physician.

The diagnosis of the extra-uterine pregnancy is on all hands confessedly difficult, and yet it is probably not so difficult as imagined by the inexperienced. The first thing to be sure of is the possibility of pregnancy. If then the patient present the signs of abortion—pelvic pain and vaginal discharge—the pelvic pain being usually severe and attended with faintness or collapse, and the discharge containing fragments of, or a complete decidual cast of the endometrium; and if, on examination, we discover the characteristic softness, enlargement of the uterus and the violet discoloration of the genitals, but above all the rapidly growing tumor on one side and behind the uterus, the diagnosis is established with such a measure of certainty that we must act. The next question is, what shall we do? This part of the subject—the treatment—is by no means settled to the satisfaction of all parties, and some of the most recent discussions have indicated a wide difference of opinion the part of high authorities as to what shall be done, or perhaps more correctly, what shall first be done. The treatment of extra-uterine foetation may be spoken of under three heads: foeticide by electricity, abdominal section to remove the foetation, and expectancy.

Electricity.—The form of electricity which has the greatest number of adherents is the Faradic current; it is the simplest and most easily applied, and there must be few medical men who do not possess the necessary apparatus. Certain eminent abdominal surgeons strongly oppose it, and yet there is a mass of evidence in its favor which seems to me to make its position unassailable. I grant that the evidence in some of the cases will not bear close scrutiny, but this is not the case as regards the bulk of it. I have published a case in which I take it the evidence as certainly proved the condition as anything short of seeing the foetus or chorionic villi.

Abdominal Section.—Mr. Tait, Dr. Johnstone,

Dr. Imlach and some others say that as soon as we have diagnosed the condition the operation is indicated, and in this they are supported by the fact, as they claim it to be, that we rarely see such cases until there are evidences of rupture. What are these evidences of rupture? The pain and collapse. The advocates of electricity say the pain and collapse in its mildest form is not due to rupture, but to contractions of the dilated tube. On the other hand, it is asserted, and with perfect justice, as there are many sad cases on record, that the first symptoms demanding medical aid may be those of fatal rupture, and as Dr. Herman, of London, says, in a very thoughtful and temperate paper which has just appeared in the London *Lancet*, if we judged of the fatality of extra-uterine foetation, by the results of abdominal section cases and of *post-mortems*, we should regard it as one of the most fatal conditions we know of. But this is misleading. Some very high authorities regard extra-uterine foetation as far more common than is generally supposed, that rupture often takes place with hemorrhage into the peritoneal cavity, and that the bleeding ceases spontaneously. The foetus may escape and be absorbed, or may die and be retained in its sac and be dissolved in the liq. amnii and absorbed. A remarkable instance of the possibility of the absorption of the foetus is the case of Dr. Petch, in which a foetus so advanced that the heart sounds could be heard, died and was almost completely absorbed. Experiments on animals (rabbits) by Leopold have demonstrated such a fact beyond doubt. Hence the explanation why, as in many cases, no foetus has been found either at autopsy or on section during life. And all such cases cannot be accounted for by the operator having overlooked the remains of the foetus, a thing easily understood by any one who has done the operation and removed the clots, etc., by a process of scooping and washing out. These facts with reference to the solubility and capacity of the foetus for being readily absorbed lend support to the opinions of certain authorities, notably Veit, Leopold and Lesonej, to the effect that most, if not all, pelvic, especially retro-uterine hematoceles, are the result of ruptured extra-uterine foetation.

(tubal). If this be true, then extra-uterine foetation is by no means so fatal as it has been hitherto supposed, and the practice of opening the abdomen to remove a tubal gestation sac directly we have diagnosed it, is to needlessly expose many women to the dangers of a serious operation. I speak of it as a serious operation. It is not so in the hands of experienced abdominal surgeons, as Mr. Lawson Tait; but such men cannot always be had to operate in an emergency. In competent hands this is one of the most brilliant of the life-saving operations of surgery. But if all the cases on record were available for statistics the showing would by no means be so good. Notwithstanding what I have just said, I desire to appear on record as holding that in all cases in which the diagnosis having been made with reasonable certainty, there are serious symptoms of loss of blood, or of the peritonitis which may be set up, if the patient survive the hemorrhage, and also in all cases of urgent pelvic or abdominal symptoms of doubtful character, this grand life-saving operation must be promptly done, and it will be done with the assurance that there is no state of the patient, however low, in which it may not be successful. That abdominal section may be necessary, after electricity has killed the foetus, must, I think, be admitted. Serious symptoms have arisen at a variable interval after all activity about the gestation sac has subsided. I know of no case in which this has already been done, but my own case is an illustration of the fact. I quote from the report of that case (*Canada Medical and Surgical Journal*, August, 1885):

"After this she improved so much that I ventured to consent to her leaving her bed and going to a couch in the same room; but this proved unfortunate, for she immediately began to suffer from what we took to be symptoms of inflammation and suppuration of the tumor. It became very painful, tender and swollen, and presently a red blush, with slight oedema of the surface appeared. Temperature rose three or four degrees, and altogether her condition gave us much anxiety for a week or two. These symptoms occurred on the closing days of March and first week of April. During this period, while I was absent in New York, she

was seen by my friend and colleague, Dr. Shepherd. The question of incision and drainage of the supposed abscess cavity was seriously considered, but, unexpectedly, she began to improve in every respect, and a few weeks afterward was able to leave her bed.

"On the 15th of June, I had an opportunity of visiting and examining the patient. I found her out of bed, dressed and able to go down stairs. She was pale and thin, but expressed herself as having a fair appetite and good digestion. She had menstruated twice since the beginning of April; profusely on both occasions. Slight pain of hypogastrium still complained of, increased by exertion. Bladder still irritable. On examination, the tumor, in the right iliac region is still present, but greatly reduced in size. Per vaginam, the mass to the right of the uterus is to be felt, but also reduced in size. The uterus is decidedly firmer and smaller, measuring three and one-half inches."

The more advanced the period of gestation at which electricity is employed, the greater must be the danger of such symptoms, as here described arising.

Expectancy.—Are we ever to let the patient alone, except for the medical treatment of certain symptoms? If Veit and others be correct in their opinion that all cases of retro-uterine hematocele depend on ruptured extra-uterine gestation sacs, then I think that sometimes the patient must, or more correctly, may, be left to Nature while we closely watch her. But then, I take it, there are cases that have not been diagnosed, but in which only the suspicion of ectopic gestation has arisen, so that, practically, the treatment of a case of extra-uterine gestation is narrowed to the employment of electricity to kill the foetus, or of ex-section of the sac, after abdominal section, and it must also be clearly kept in mind by the medical man in charge of such a case, that while using electricity or having successfully employed it, it is his bounden duty to hold himself in readiness to immediately perform abdominal section if this should become necessary.

The cost of the last International Medical Congress, in Washington, was over \$54,000.

THE OFFICIAL GERMAN ACCOUNT OF THE ILLNESS OF THE LATE EMPEROR FREDERICK III.

ANNOTATIONS BY

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This narrative, which professes to be the official and, therefore, truthful account of the malady of the late Emperor Frederick is remarkable for at least two reasons—1st, the chief consultant, Sir Morell Mackenzie, is not allowed to make any report; 2nd, the whole report is pervaded with a strong animus against Sir Morell. Certainly it is an unique production of medical literature. One is led to think that it has its existence solely in the attempt to decry and defame Sir Morell, and to excuse his German medical attendants. He is accused directly and by implication of almost all the errors of omission and commission a physician could be guilty of. Never was national and professional jealousy exhibited in so concrete a form as in this book of a hundred pages. The main accusation against Sir Morell Mackenzie is that he stood in the way of the proposed "Spaltung des Kehlkopfes" or thyrotomy, to the risks of which operation they were ready and eager to submit the august patient. Dr. Mackenzie opposed this; hence the vials of wrath have been poured out on his head.

Now this operation is a very serious one, and as it was by no means proved, either microscopically or clinically, that the growth was malignant, and as it was, moreover, of very small size, it is not probable any English or American operator would have felt justified suggesting such a procedure. The statistics of results compiled by Mackenzie in his work on the nose and throat (published 1880) are as follows:

Aphonia	40 per cent.
Dysphonia	20 "
Modified voice	11.11 "
Defective voice	6.66 "
Recurrence	38.48 "

No mention is made of any case being cured. Encouraging results, truly!

Dr. Paul Burns, in his work on the throat, says: "I quite agree with Mackenzie that laryngotomy is only justifiable when an experi-

enced laryngoscopist has declared the removal per vias naturales impossible, only, I should say, after he has attempted the removal in vain."

Lennox Browne* writes of thyrotomy: "It should not be performed except for the relief of vital symptoms, nor until an expert has failed to remove the growth by an endo-laryngeal operation . . . the procedure is not without a certain amount of immediate danger to life. Certain foreign practitioners have not hesitated to divide at one operation two or three rings of the trachea, the cricoid cartilage, the thyroid cartilage, the crico-thyroid membrane, the thyrohyoid membrane, and even the hyoid bone, for the removal of a small and non-malignant growth, causing little annoyance; and all this with apparently no thought of such a consequence as perichondritis or caries."

But then we know German devotion to abstract science overrules such commonplace things as prudence and justice to the patient! Again, the Germans deny that a benign growth may take on malignant action.

Professor Gerhardt writes:† "The great statistics of Felix Semon show that of 8,300 cases of benign growths, 40 appear to have changed into a malignant form. Most people see in these statistics diagnostic errors, but not metamorphoses." He further denies that irritation can change the character of a growth. Perhaps he would also deny that prolonged local irritation will cause a morbid growth, or that irritation will increase its activity! It is further alleged by Dr. Gerhardt that Sir Morell Mackenzie lacked the manual dexterity necessary to remove the obtruding growth; and that instead of removing the growth from the left cord he tore out a piece of the right! He states,‡ Dr. Morell Mackenzie extirpated on the 8th of June two more pieces of the growth. Such an inconvenient observer as I was, must this time be kept at a distance."

It would seem Sir Morell was able to remove the growth this time, and, no doubt, he was very much afraid of Gerhardt. Still, again, it is alleged by Gerhardt, who seems very sore, that Mackenzie removed a portion of the surround-

*Diseases of Throat and Nose. London, 1887.

†Page 14.

‡Page 11.

ing tissues, accidentally apparently, and sent it to Virchow for examination, hence his microscopical diagnosis, "Pachydermia verrucosa." That is how he shifts the responsibility from Virchow's shoulders. The history of the case is enveloped in a great mass of verbiage. Each consultant vieing with the other to make his short story long. I will endeavor, in the next issue of the PRACTITIONER, to extract the clinical history from its envelope, and lay the German version before its readers.

60 College Avenue.

EARLY FACIAL PARALYSIS IN SYPHILIS.

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

Member American Association of Genito-Urinary Surgeons.

The occurrence of facial paralysis is by no means a rare event in connection with syphilis, but it is usually a late sequence, and ushered in with prodromata similar to other nervous affections, such as prolonged headache, a general dulness, etc. The case in point, however, developed suddenly.

Mr. T., aged 24, consulted me on December 15, 1887, for a sore on the glans penis, which had developed rapidly. I made the diagnosis of serpiginous chancre, and it was with great difficulty that I succeeded in causing it to heal. He had the usual sore throat and a very slight rash, but all the secondary symptoms were very slight, a fact I attribute to the early period at which the patient was put on specific treatment, to which he was very attentive for about three months, when he lost his position, and, being out of money, neglected himself. I lost all track of him until July 18, when he again presented himself with facial paralysis on right side, which had occurred on July 15th, just seven months from the time of the initial lesion. The attack came on quietly, and without warning. He lay down to rest in the afternoon, and when he awoke the paralysis was complete in the ocular muscles, and by morning the whole face was involved. The pathological changes which may cause this trouble are either gummata, which occur late in the disease, thickening of the bone and its peri-

osteum, which also occurs late, and the thickening of the walls of a blood vessel, and occlusion of one supplying some particular part, which was the cause, I believe, of the trouble in the present case. The cure rapidly followed the continued taking of hydrarg. perchlor. and potas. iodid. About August 10th he had again control of the facial muscles.

40 Queen Street East.

FOOD FOR INFANTS — FOOD IN FEVERS AND IN SURGERY.

BY J. H. M'CASEY, M.D., CONCORDIA, KAS.

Food in conjunction with air supplies the elements requisite for growth and vitality. Man's energy, happiness and even goodness largely depend on his bodily condition, and what he eats and drinks. The bran-bread and pea-soup philosophy taught by Graham has long since passed into oblivion. Good cooking and good eating is only another name for economy, health and long life. Food should contain all the elements found in the body, as carbon, hydrogen, oxygen, nitrogen, sulphur, phosphorus, etc.

Water in itself does not undergo chemical changes, and, consequently, is not concerned in the production of force, though it aids chemical action in other bodies, and may be said to act by catalysis.

The field of general medicine has become so large that one makes a specialty of the eye and ear, another obstetrics, another skin diseases, another surgery, etc., but dietetics belong to them all. All are concerned in dieting in the several branches. The establishment of a chair of dietetics in connection with our colleges is a "want that has been long felt." Who can doubt that many serious diseases, as gout, rheumatism, diabetes, Bright's disease, scurvy and many skin diseases, have had their origin in eating and drinking. Diet sheets should be written about as often as prescriptions.

FOOD FOR INFANTS AT BIRTH.

Cow's milk, one part; water, three parts; gradually increase the strength of the milk till about the third month. The food should then

consist of about equal quantities of milk and water. At the end of the sixth month we use pure milk. Some physicians use cream, one part to six of water. I generally use equal parts of milk and water at birth; sometimes I add a little sugar. Some authorities maintain that the milk should be obtained from one cow, while others claim that the milk from one cow will likely be either too rich or too poor, and therefore it should be obtained from different cows to give it a better average.

The strength of the milk should be determined by experiment. Some strong children can use it full strength, while others will do better on one-third strength. Condensed milk is a convenient form of food in the large cities where it is difficult to obtain pure natural milk.

I think it is better to prepare your own foods, where it is at all practicable. Human milk is neutral, but cow's milk is more or less acid, and therefore a little lime water may be added to render it neutral. In most febrile states of the child, water may be given to satisfy thirst and obviate overloading the stomach. Often when the child's stomach is irritable and rejects food and drink, the mouth may simply be moistened with ice water or lemonade.

It is often necessary during the period of lactation, in consequence of failure of the mother's health, to supplement the natural way of feeding. The child should satisfy itself in ten or fifteen minutes at the breast, then drop to sleep or remain quiet. If it tugs at the nipple for half an hour it has not obtained sufficient nourishment, and the cause should be inquired into. To test this, you may weigh the baby before and after feeding. The weight after feeding should be increased several ounces. Ordinarily the mother should not run down in health, still it often happens that the drain of a healthy infant proves too much for the weakly mother, and we must come to the rescue with artificial aid. It is undesirable to wean a baby in hot weather, except under the most favorable hygienic surroundings. At the same time we must consider the danger of causing rickets by too late breast feeding. The reappearance of menstruation should be an indica-

tion for the mother to wean her little fondling. Cow's milk and lime water, broken bread or crackers, etc., may be used after the age of four to six months.

NUTRITION IN FEVER.

St. Martin Beaumont says, that during fever the gastric mucous membrane is "irritable, almost dry, and fails in the secretion of gastric juice." The hydrochloric acid is lessened in proportion to the amount of pepsin present. It is probable that febrile dyspepsia depends upon the arrest of saliva, gastric juice and other secretions. The constitutional condition of the patient, his previous dyspeptic habit, his medicine and food have much to do with it.

The modern physician will nourish his patients to the extent of safety. He knows that the stomach and digestion are disordered, and will not assimilate large quantities of food which, if poured in indiscriminately, will decompose, irritate the stomach and intestines, and cause distressing flatus.

Proteid substances especially should be given with caution. At the termination of long fevers it is striking what curious articles are asked for, as cheese, eggs, prunes, pork, fish, etc. I think it is proper in the hands of the physician to allow the patient a taste of what he craves, as a mere taste may satisfy and foster an appetite for something more desirable, except in brain fever, when collapse is impending, instead of pushing food seize upon stimulants to support the failing powers of life. Solid food should especially be avoided in enteritis, peritonitis, dysentery and typhoid fever. If it is feared that nausea and vomiting will occur, administer liquid food in small quantities and at frequent intervals. Since alcohol retards oxidation, reduces fever and is slightly nutritious, it may be given freely in the latter stages of exhausting diseases, and especially in lung and typhoid fevers.

FOOD IN SURGICAL CASES.

In the domain of surgery so much attention has been called to antiseptics and cleanliness as to almost ignore dieting. It must be conceded that dieting in the treatment of wounds has been sadly neglected. In the repair of

wounds an abundance of blood is necessary, and the quantity and quality of the blood depends upon nutrition. Barwell observed that in persons who abstained from animal food—the so-called vegetarians—the vitality of the tissues was very low, cicatrization took place slowly, and that suppuration or secondary hæmorrhage was quite common.

GENERAL REMARKS.

The nutritive value and digestibility of food must be taken into account. It is said that boiling milk will retard fermentation, but will lessen its nutrition and digestibility. A convenient mode of fixing it up is the following :

R Ex. pancreatis	grs. v.
Sodii bicarb	grs. xv.
Milk (fresh)	O. i.

Put the above in a clean bottle and put the bottle with its contents into pretty hot water for 30 minutes. Then place on ice or in a cool place till ready for use. This will greatly facilitate digestion and nutrition. The next is vegetables, then meats. Of the meats, mutton and beef are most easily digested. The flesh of young animals is more easily digested, but not so nutritious as that of full-grown animals.

Of the products of the sea, oysters stand first.

Roasting or broiling is the only proper method of cooking meats. Raw beef is both appetizing and nutritious. Soups are only slightly nutritious, except when combined with vegetables, flour, etc.

RECTAL ALIMENTATION.

Samuel Hood was the first to write about it in 1822, and Steinhausen in 1845. It is recorded that the Italians used this method two centuries ago. It should not be employed to the entire exclusion of the natural method. It should be used as a supplement or a substitute, and especially when the stomach rejects food, or when there is stricture of the throat or esophagus. The rectum is supplied with lymphatics and glands adequate for absorption and digestion. It is believed that the presence of food in the rectum stimulates the glands of the stomach and intestines. It does not usually

benefit diarrhœa, but is always beneficial in exhausting diseases. Beef soup, beef tea, milk, milk-gruel, cream, eggs and coffee may be used. Three to six ounces every two to eight hours will suffice. In times of apparent collapse a little brandy or spirits of turpentine might be added. Tepid enemata and bathing the body will diminish thirst. If the bowels are very irritable, 20 to 40 gtt. of tr. of opium may be added. Patients will not only get along, but will actually gain flesh under this treatment. If there is constipation, instead of giving aperients or purgatives, use injections of milk, which will serve as a nutrient and relieve constipation.

Selections.

PYOSALPINX AND ITS SURGICAL TREATMENT.

This interesting paper contains a summary of 31 cases of laparotomy, undertaken by Dr. Gusselow, during the last three years, for the surgical treatment of pyosalpinx. Under the term pyosalpinx are included only those cases in which the collection of pus in the Fallopian tubes constituted the primary disease; purulent collections in the oviducts, when occurring as a complication of other pelvic diseases, such as uterine fibroids, are excluded from the list, as are also cases of hydro-salpinx and hæmato-salpinx.

In every case recorded in the paper evidence was obtained of preceding or accompanying perimetritic attacks. Indeed, Dr. Gusselow looks upon perimetritis, and the consequent closure of the uterine opening of the oviduct, as an essential condition for the production of pyosalpinx. The longer the duration of the perimetritis and the severer its character, the more likely is it to lead to pyosalpinx. In many of the cases there was reason to believe that there had been antecedent attacks of gonorrhœa; in several others the history was strongly suggestive of such attacks. In many of the earlier cases the contents of the oviduct were submitted to microscopic investigation, but the conclusion come to with regard to the existence

of gonococcus was invariably a negative one. Parturition and abortion are alluded to as additional antecedents of pyosalpinx; in one case curetting of the uterine endometrium preceded the disease.

The presence of labor-like pains during or shortly before the menstrual period is frequently noted in the history of the cases. Dr. Gusserow looks upon these pains as highly suggestive of pyosalpinx, but not pathognomonic of it. They are sometimes entirely absent in cases of pyosalpinx, and, on the other hand, present where there is no purulent distension of the oviduct. Irregularities of menstruation, especially a tendency to menorrhagia, were noticed in the majority of the cases. The more the tumor interferes with the circulation of the uterine vessels in their course through the broad ligament, the more pronounced are menstrual irregularities likely to become. Not unfrequently the history of these cases of pyosalpinx is one of prolonged suffering, so that it would appear that, contrary to expectation from general surgical principles, pyosalpinx may exist for many months, if not years. In many of the cases the usual pelvic pains are increased considerably from time to time; in others the disease apparently begins after an accidental fall or injury, as an attack of acute perimetritis. These are to be looked upon as recurring attacks of local perimetritis, due to the accidental discharge of minute quantities of pus from the oviduct into the peritoneal cavity. If the possibility of the presence of an inactive or latent pyosalpinx be kept in mind, we may account for the onset of dangerous results which sometimes follow slight gynecological operations, such as the introduction of the uterine sound, the production of artificial prolapse, desiccation of the portio vaginalis, etc.

The differential diagnosis of pyosalpinx is not always easy. The situation of the tumor in intimate connection with the broad ligament must be kept in mind as a reliable landmark. As a rule, there is no difficulty in diagnosing a pyosalpinx from a small fibroid, but it must be remembered that, as recorded in one of these cases, pyosalpinx of one or both tubes may exist as a complication of uterine myoma. It is not easy in every case to distinguish clinically ovarian

from tubal growths; indeed, even after their removal, it is sometimes difficult to determine by a cursory examination which is ovary and which oviduct. Fortunately, such exact diagnosis is uncalled for as far as the essential treatment of the case is in question. It must be remarked that from a diagnostic point of view, a valuable source of information is the chart of the pelvic and the general bodily temperatures. There is no mention of any such observation having been made in the history of the cases under consideration.

For the ultimate success of the operation, Dr. Gusserow thinks it necessary, first, to minimize the chances of the subsequent formation of hernia; and, secondly, to assail all cases leading to attacks of parametritis or recurring perimetritis. The chances of hernia are diminished by making a small incision. This adds apparently to the difficulties of an operation, often as difficult as any in abdominal surgery; but in reality a long incision in no way lessens the difficulties peculiar to this operation. These arise mainly from the imbedding of the diseased tube in the surrounding tissues, and from the inaccessible situation of the mass deep in the pelvis. Dr. Gusserow insists strongly on the raising of the uterus and the appendages through the vagina by an assistant, to render the field of the operation more accessible to the fingers.

The question as to whether one or both tubes and ovaries should be removed is not decided. It is urged that removal of both ovaries and tubes brings on early climacteric, with its consequent comparative freedom from risks of perimetritis and parametritis. In practice, however, Dr. Gusserow removes the tube which is diseased with the corresponding ovary, and it is noted that a patient subjected to this one-sided operation, subsequently gave birth to a child. It must be remarked, however, that this woman, as well as another one mentioned in the paper, had to undergo a second operation at a subsequent date for the removal of the other tube and ovary.—*A. Gusserow, Archiv. für Gynäkologie. —Med. Chronicle.*

The American Association of Obstetricians and Gynecologists will hold its first Annual Meeting at Washington, Sept. 18th, 19th and 20th.

ANTISEPTIC ACTION OF IODOFORM AND SOME ETHEREAL OILS.—Riedlin finds that iodoform has no action on the staphylococcus aureus, but in view of the fact that the different forms of micro-organisms are differently affected by the same antiseptic agent, it will not do to draw general conclusions. On the other hand, iodoform manifests strong antiseptic powers on Koch's cholera bacillus, even in the form of vapor. His experiments with some of the ethereal oils and other substances lead him to the following conclusions:

1. Oil of turpentine in 1 per cent. emulsion quickly arrests the growth of bacteria, but has no destructive action on the spores of the anthrax bacillus.

2. Oils of lavender, eucalyptus and rosemary are the most efficient of the other antiseptic oils, but it is impossible to make emulsions which have antiseptic properties.

3. Oil of cloves possesses some antiseptic powers; all other antiseptic oils (fennel, peppermint, juniper, as well as camphor) are of subordinate value.

4. Peru balsam is a fairly energetic antiseptic, especially against the cholera bacillus.

5. Sodium sulphoichthyolate in 5 per cent. watery solution has but slight anti-bacterial action.—*Centralblatt für Bacteriologie.*—*Journal American Medical Association.*

SYRINGOMYELIA.—Prof. Kahler, in an important paper which he read before the Society of German Physicians, at Prague, discussed the possibility of a more exact clinical diagnosis of syringomyelia. He first directed the attention of the audience to a case observed by him in former years, in which the *post-mortem* examination confirmed the diagnose of syringomyelia in the cervical part of the spinal cord. The same complex of symptoms which had been present in that case was also, for the greatest part, to be found in the case which he now brought before the Society. The patient, a man, 26 years old, suffered for three years from emaciation and wasting disturbances on the hands. The affection first set in on the left side, and was then observed also on the right. No pains, but paræsthesias, and for the last time,

also, disturbances of sensibility were present. For the last year particular trophic disturbances came on. They consisted in the formation of vesicles and ulcers, which first supervened over the skin of the right hand, and later on over the skin of the shoulders and upper-arms. The ulcers healed and hypertrophic and keloid scars remained behind. The muscular atrophy corresponded, as far as its intensity and its spread was concerned, to the type "Aran-Duchenne," and had hitherto remained confined only to the internal muscles of the hands. The patient, presented some symptoms on the part of the sympathetic nerve. These symptoms consisted in narrowing of the left eye-cleft and retraction of the eye-ball, as well as in narrowing of the left eye pupil. Prof. Kahler, in conformity with the German physicians, considered these symptoms as being essential for syringomyelia, and this was especially true of the ocular papillary symptoms which pointed to a participation of the centres of the sympathetic nerve in the cervical part of the spinal cord. When the disturbances of sensibility were for a long time the sole symptoms observed in such a case, this condition pointed to a preceding participation of the funiculi posteriosis of the spinal cord in the formation of the cavity in the matter of this organ.—*Vienna Correspondent, in Journal of American Medical Association.*

CALOMEL AS A DIURETIC.—Professor Nothnagel (*Therap. Monatsh.*), is of opinion that calomel is of extraordinary value in dropsy due to heart disease, but inefficacious in dropsies consequent on nephritis, cachexia, or liver affections.

He prescribes—

R Calomel 3 gr.
 Sacch. lactic 7½ gr.
 Fiat pulv. Mitte x.

Four powders are taken the first day. On the first and second day the excretion of urine is not increased, but on the third or fourth day, the urine flow often rises from 300 ccm. to 5,000 and even 7,000 ccm. The quantity during the next eight days sinks gradually. With intervals of two to four weeks the treatment may be taken up again. If no success is obtained

after the first four days, a new series is commenced after eight days. If even then no diuresis follows, the drug has to be abandoned.

In this treatment it is most important to pay special attention to the care of the mouth. Potassium chlorate, tincture of myrrh, tincture of rhatany, and solution of permanganate of potash are employed for this purpose.—*Med. Chronicle*.

CORROSIVE SUBLIMATE AS AN ANTISEPTIC.—Dr. C. M. Poole, in the *Medical Times*, says: Hofmeier reports a case of ruptured perineum, extending very high up, which was stitched up and the wound irrigated with a 1 to 1,000 sublimate solution. The patient died on the twelfth day, of mercurial poisoning. There was extensive gangrenous destruction of the entire mucous membrane of the large intestine, continuing also into the ileum. A similar case is reported by Stadtfeldt, in which a puerpera was given, on the fifth day, an intra-uterine irrigation of sublimate solution, 1 to 1,500. During the irrigation there was slight collapse, and five days later increased diarrhoea, vomiting and suppression of urine. The case terminated fatally. In the large intestine there were likewise numerous ulcerations, and, besides, parenchymatous nephritis.

These two cases, in which comparatively small quantities of a moderately concentrated solution of bichloride of mercury were employed, must certainly impress upon us the need of the greatest caution in its employment in puerperal women. Not only in using bichloride of mercury, but in making any kind of injections into the uterus we should be very cautious.

THE CALOMEL TREATMENT OF TUBERCULOSIS.—(*Prager medicinische Wochenschrift*), MARTELL. The author has used calomel in the treatment of various tubercular processes for three years, with good results. The basis of the treatment is that corrosive sublimate has a marked toxic effect on the bacillus of tubercle, and that calomel in the presence of sodium chloride, and especially at the temperature of the body, is changed into the perchloride. The reason that poisonous symptoms do not develop during the exhibition of the calomel is that an albuminate is formed, a more insoluble com-

pound than the sublimate. In external tubercular diseases calomel is dusted on the parts, and in pulmonary tuberculosis the powder is brought into contact with the diseased part by using it in Kabierske's spray. He gives the drug in powders for intestinal tuberculosis, and prepares a calomel soap to rub over glandular swellings.—*Med. Chronicle*.

WHOOPIING-COUGH.—The writer has been having good results in quite a series of cases of whooping-cough from the following prescription:

℞ Antipyrin gr. xxx.
Potass. bromid ʒj.
Syr. tolu ʒiiss.
Aqæ, q.s. ad. ʒiij.

℥ S. Teaspoonful to a dessertspoonful, according to age, when required, but especially at bedtime. The ages varied from three to twelve years. The combination is useful in both stages of the affection.—*New Orleans Medical and Surgical Journal*.

VIRCHOW ON THE DISTOMUM HÆMATOBIIUM.—Professor Virchow, ever active in many and varied pursuits, having recently been up the Nile, has just returned to Cairo and devoted his immense influence towards stimulating the Egyptian authorities to a systematic examination into the *habitat* of the bilharzia hæmatobia, and in the manner in which this parasite makes its entry into the human body. There is no doubt that this distomum is abundant in Egypt, but what remains to be ascertained are the localities where it undergoes its development, and attains its maturity. Dr. Fouquet, of Cairo, has had great success in treating the disease with the fluid extract of male fern, which is surprising, as it has usually been considered not amenable to treatment, when once the parasite had established itself in the urinary tracts.—*Maryland Medical Journal*.

THE TREATMENT OF DIABETES MELLITUS.—Eichhorst cautions against the sudden institution of an absolute meat diet, as this carries with it certain dangers. Saccharin is useful in the dietetic treatment of diabetes, but must not be given indiscriminately, lest an unpleasant, sweetish after-taste remain or nausea or disgust arise.

The author considers saccharin-cocoa a useful beverage, notwithstanding that it contains a not inconsiderable quantity of starch. Little is to be expected from medicinal treatment, though Eichhorst saw a case treated with arsenic and another with opium, in which the sugar disappeared from the urine. Of treatment at the springs, the author gives Carlsbad the preference. The majority of patients return from Carlsbad with urine free from sugar. The cure is, however, not permanent. Antipyrin is not available in diabetes mellitus; in a case of diabetes insipidus, on the contrary, in which three gallons and a half of urine were daily passed, the amount was permanently reduced to the normal upon the exhibition of seventy-five grains of antipyrin daily.—(*München. medicin Wochenschr.*) *Medical News.*

EDUCATED CORPUSCLES. — “The future of preventive medicine,” said Prof. Ray Lankester, in the fascinating lecture which he delivered at the London institution, “is the education of the white blood corpuscle.” A corpuscle is a minute cell of protoplasm which floats in the human blood. This minute creature eats and lives and flourishes and dies almost like a human being. Its special function, said the lecturer, is to eat up the poisonous element which finds its way into the blood. When a wound heals it is because these indefatigable corpuscles have found their way to the sore and have eaten away the injured part. When bacteria gets into the system the duty of the corpuscles is to go for them and eat them up. If they succeed, the patient recovers. If they are out of appetite, or the bacteria too tough a morsel for them to attack, the patient dies. Sometimes, with unconscious heroism worthy of Marcus Curtius, they purify the bodies in which they live by eating up poisonous particles and then ejecting themselves, thus sacrificing their own lives. But such heroic self-immolation is not necessary if you educate your corpuscle. His education proceeds by inoculation. By accustoming your protoplasmic cell to a low diet of mildly poisonous matter. Such as the vaccine lymph, it becomes acclimatized, as it were, and is strong enough to eat up without inconvenience the germs of small-pox, which would otherwise

prove fatal. It is these invaluable corpuscles which enable confirmed arsenic eaters to swallow with impunity a dose sufficient to kill six ordinary men, and Prof. Lankester is of the opinion that they can be trained so as to digest the most virulent poisons and deal with a great number of diseases.—*Pall Mall Gazette.*

EDINBURGH SCHOOL OF MEDICINE.—“Between the years 1860-1865 the Edinburgh School of Medicine was at the zenith of its fame as a teaching school. Goodsir and Christison, Syme, Simpson, and Hughes Bennett within the University, Spence, Gairdner, Warburton Peggie, and Littlejohn in the extra-mural class-rooms, made a school of extraordinary power. The new infirmary and the new university buildings, with all the magnificent teaching appliances of the last decade, were still unthought of; but with the small class-rooms, starved laboratories, and cramped hospital wards, still good work was done, and immense enthusiasm was roused in the leading students. In those days there was probably more room for individuality, and oddities were probably more characteristic and less noticeable. Nowadays the constant grind which is absolutely essential even for a pass, the multiplication of text-books, and the much less powerful personality of the professoriate, with the stern discipline of a students' representative council, tend in the direction of producing a complacent, self-satisfied mediocrity, a level—probably a high one—of general education in the profession; yet we sometimes miss the outstanding characters of an earlier age.—*Edinburgh Medical Journal.*

BURNS.—Burns are common enough to speak of, as we often have to treat them; and a writer in one of our medical journals gives the following formula:

Tannin,
Alcohol at 95° āā . . . 4 grammes
Ether sulph. rectified . . 30 grammes
Paint the parts with this two or three times a day.

After the evaporation of the ether there remains a fine pellicle of tannin over the burn, that takes away the pain and inflammation, and the cure is much more rapid than with the

various collodion preparations. The first painting of the part should always be preceded by a careful antiseptic washing, to take away any foreign substances that may have adhered to it, and all blisters must be punctured before applying the remedy. If there has been some time passed without any treatment, a slight coating of iodoform should be powdered over the part first.—*Paris Letter, Med. Times.*

THE INFLUENCE OF ERGOT ON INVOLUTION OF THE UTERUS.—A discussion upon this subject was introduced at the February Meeting of the Obstetrical Society, by Drs. Herman and Fowler. In their cases the criterion adopted was the height of the uterus above the pubes upon successive days of the lying-in in two series of cases, (1) where ergot was administered systematically for fourteen days, and (2) where one dose was administered and no more; the result was that the uterus diminished more rapidly in the first than in the second class of cases; with the regard to the cessation of the lochia there was no appreciable difference. Dr. Boxall had made similar series of experiments, and found that ergot tends to prevent the formation and hasten the expulsion of clots, diminishes the frequency, intensity and duration of after pains—has no appreciable effect on the cessation of the lochia. Dr. Dakin did not accept the criterion as trustworthy; his results had been contrary. He found that with a single dose of ergot the uterus sank to the brim in 9·2 days, with three days of ergot in 12·3. That with one dose lochia lasted 9·8 days, with three days' use of the drug the duration was 11·3 days. That in the ergotised cases there was less after-pain, but more clots, which, however, ceased on the 6th day, while in the unergotised cases they lasted till the tenth.

The same question is discussed by Dr. Blanc in a paper in the *Annales de Gynécologie*, March, 1888. The conclusion, which he considers his experiments amply justify, is that ergotin when administered during the first five to ten days of the puerperal period, so far from exerting a favorable influence on uterine involution, actually interferes with the process, as tested by external measurement combined with internal.—*Birmingham Medical Review.*

THE "AFTER-TASTE" OF THE SALICYLATES.—When salicylic acid or salicylate of soda are given in solution, an unpleasant taste is so important an after consideration, that nausea followed by vomiting is often the result. This has been almost a universal objection of patients. This condition of affairs can frequently be averted by placing a small quantity of table-salt upon the tongue immediately before the administration of these preparations.—*Dietetic Gazette.*

GLYCERIN SUPPOSITORIES FOR HABITUAL CONSTIPATION.—Boas, in the *Deutsche medicin. Wochenschr.*, states that in a large number of cases he has had good results from the use of glycerin enemata as a purgative; but in some cases, particularly those with hemorrhoids, or in individuals with an irritable rectal mucous membrane, which readily bleeds, the use of the syringe is no slight objection, so that the injections must be intermitted or entirely refrained from. The use of the syringe is also inconvenient. For these reasons he has prepared suppositories consisting of capsules containing 16 minims of pure glycerin, which he has used in twenty cases, with the best results. The suppositories have been found to retain their form and efficacy for many weeks. Fifteen to twenty minutes after using one there is a desire to go to stool, but without tenesmus or other discomfort; soon followed, as a rule, by a copious evacuation. The employment of glycerin per rectum seems specially indicated when, with the constipation, there exists gastric disorder.—*Medical News.*

TUBERCULOUS HÆMOPTYSIS.—(Chauvin.)

R. Iodoform gr. $\frac{3}{4}$

Extract of gentian or of liquorice, q.s.
Take three to five pills per diem.

Or better:

R. Iodoform gr. $\frac{3}{4}$

Tannic acid gr. $1\frac{1}{2}$

Excipient gr. $1\frac{1}{2}$

In an interesting work the authors form the following conclusions: Iodoform is a powerful and rapid hæmostatic remedy. Relapses are rare. Iodoform has relieved where ergot has failed.—*Revue de Ther.*—(*Medical Times.*)

TREATMENT OF ULCER OF THE STOMACH.

BY PROFESSOR GERHARDT, BERLIN.

As regards treatment, diet took the first place, and besides regard to the etiological condition and the character of the contents of the stomach were of importance. It had been proposed to feed the patient per rectum, but in many cases this was not practicable, as frequently there was a persistent hypersecretion of gastric acid. In recent cases milk diet often sufficed, but in old ulcers in which structural changes had taken place, milk was frequently not borne at all. Peptones he could not praise. Even if they could be taken, they caused a secretion of gastric juices, as Schiff had shown. In cases of profuse hematemesis and perforation, on the other hand, they were very serviceable per rectum. Peptones were therefore very suitable for cases in which alimentation by the stomach could not be carried out. In many cases a continuous secretion of gastric juice was present, this was diverted from the ulcer by meat or egg diet. Most physicians therefore recommended a diet mainly animal, meat, milk, or eggs. In cases of stenosis of the pylorus in which a tendency to lactic and butyric acid fermentations was present, one was compelled to give a diet consisting principally of flesh meat, and to avoid the hydrocarbons as much as possible.

As regarded drugs, he did not think the use of morphia justified except in extreme cases, as under its use the patient was more easily inclined to indulge in errors of diet. In cases of doubtful diagnosis hydro-chloric acid was much employed, in cases of anæmia it was advisable in exceptional cases. He had obtained good results with perchloride of iron. Alkalies had not obtained much repute in the treatment of circular ulcer. Bicarbonate of soda and bismuth were principally employed, on account of the property possessed by the latter of covering the mucous membrane of the stomach. It was much more useful to bring the walls continuously into contact with weak alkaline fluids, with the mineral waters of Carlsbad, Ems, Tarasp, etc. The first-named had, according to Jawoiski's experiments, the property

of checking by its steady use the acid secretion, or of converting it into its' opposite. Washing out the stomach with solution of common salt, and the treatment by nitrate of silver introduced by G. Johnson, were noted, and the frequent good effects of the latter. Condurango had a favorable influence. The most important advance of recent times was washing out the stomach. In old cases it was strongly to be recommended, but in those of recent origin there was danger of hemorrhage being set up. Moreover, some patients submitted to it with difficulty. It acted as a reliever of pain, and excitor of appetite; constipation and dilatation of the stomach ceased, and healing often took place.

The question of definite healing was a very difficult one. He had once had the experience of a patient coming to thank him one day for curing him of an ulcer of the stomach, and of being invited the next day by the patient's regular attendant to the *post-mortem* examination. On his return journey home he had committed gross errors of diet, and on the day following his ulcer gave way. It was to be noted that patients were frequently weeks and months without pain with the ulcer still present, the pain at once returning on indigestible food being taken. It was, therefore, advisable to extend the treatment until the weight had increased, spontaneous pains had ceased, and tenderness on pressure was no longer present. It was not possible with our present methods to prove a definite cure with absolute certainty.

—*Medical Press and Circular.*

AIR-EMBOLISM IN PLACENTA PRÆVIA. — Kramer (*Zeitschrift für Geburtshülfe*), reports a case of placenta prævia (centralis) in which turning was just accomplished when following a uterine contraction and contraction of the abdominal muscles, the patient collapsed and died. *Post-mortem* examination revealed the right heart distended with air; in the deeper layers of the decidua the open mouths of veins were seen, through which air had entered. No air was present in the uterine veins; that which entered when the uterine and abdominal contraction relaxed and the blood-pressure in the abdominal veins became negative had passed at once to the heart.—*Am. J. Med. Sciences.*

SPECIAL CLINICS IN VIENNA AND NEW YORK.
 —Six years ago it was my pleasure to stand in close relation and serve my apprenticeship in some of the largest throat and ear clinics in London and on the Continent, and I am more than convinced now of their unexcelled superiority over those found in New York. The student who followed these special clinics exclusively could in one day, in Vienna, examine from 100-120 cases of throat and ear trouble carefully, and treat personally from ten to thirty cases. I have often catheterized the Eustachian tubes in twenty different cases a day, besides treating any variety of ear and throat cases. Such opportunities for individual practical familiarity with diseased organs can be found neither in New York nor any city of America that I know of. The painstaking care, the personal supervision, the careful elucidation of cases, which most of these eminent men give to their students, is also a great point in their favor. The facilities in the way of space, instruments for treatment and examination are also far superior to our American institutions. The Golden Square Throat Hospital, in London, is a perfect palace compared to our clinic-rooms,—a model of simplicity, neatness and practicability that I have never seen equalled. Everything in this institution seems to have been worked out in its minutest particular by a master hand. Every patient, every instrument, every medicine for treatment, and everything connected with this hospital has its properly allotted place, and everything works like a watch in motion. Of course, in other departments, New York has gained a reputation equal, if not superior, to that of many of the great European cities, and offers advantages to the American student which would be folly to seek elsewhere. In advantages for the study of throat and ear diseases, however, New York will occupy for some time to come an inferior position.—*Dr. Eric E. Sattler, in Lancet-Clinic.*

GENERAL ANTIDOTE FOR ANY POISON OF UNKNOWN NATURE.—

Magnes. ust.	} Equal parts with sufficient water.
Carbon. lig	
Ferri. oxid. hydrat. }	

—*Pharm. Rundschau.—Am. Jl. Med. Science.*

TYPHOID BACILLI IN THE KIDNEYS.—*Dr. Konyaeff* has published some researches, which he has made with the help of *Dr. N. V. Uskoff*, on the microscopic structure of some little nodules found in the kidneys of typhoid fever patients, in 20 cases out of 120 *post-mortem* examinations of bodies dead of this disease in the Alexandroff Hospital of St. Petersburg, during the year 1887. The preparations were stained with a solution of methyl in dilute spirit and fuchsin in a 5 per cent. solution of carbolic acid. In all the cases examined there were found in the centre of the nodules colonies of slightly colored bacilli precisely like those of typhoid. No others were seen. In two cases these were successfully sown in nutrient jelly, and from them a double kind of colony was developed exactly like typhoid colonies. Potato cultures were also reared, and the microscopical examination of these left no doubt that the jelly cultures were cultures of true typhoid bacilli.—*Lancet.*

CASE OF BESTIALITY.—A singular case of this kind has been reported to the Société de Médecine légale de France by a physician of Orleans (*Annal. d'hyg. publ.*), who desires to conceal his name. The physician was called to a male domestic servant, aged eighteen or nineteen years, who was suffering from a large wound in the anus, which had bled profusely. The wound was about two inches long and was of the nature of a large rupture of one side of the anus. After much hesitation the boy confessed that for some time before he had frequently permitted a large, strong spaniel to have connection with him. The connection had been, until the last occasion, unattended by injury. On this occasion, however, the boy having been called in the middle of the act and afraid of being surprised by a visit from his master, endeavored to detach himself as speedily as possible from the dog. This was rendered difficult by the non-collapse of the large swelling toward the base of the dog's penis, which was grasped within the anus. The boy, however, in spite of the cries of the dog and his own suffering, contrived finally to separate himself forcibly from the dog, but not without producing the large rupture of the anus referred to.

This case is interesting in view of the statement made by Bouley and Brouardel and others that connection of dogs with men is highly improbable.—*Am. Jl. Med. Science.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

Where a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.

TORONTO, SEPTEMBER, 1888.

UNIVERSITY OF TORONTO MEDICAL FACULTY.

The re-established Medical Faculty of the University of Toronto is now so well recognized and so generally supported by the profession and the public, that we can scarcely realize the fact that the statutes bringing it into existence were only sanctioned by the Governor in Council about a year ago, *i.e.*, August 22nd, 1887.

The second session since the re-establishment will commence on Monday, October 1st, when the formal opening exercises will take place in the Convocation Hall of the University, at 4 p.m. It is expected that Professor Richardson and others will deliver short addresses.

It is confidently hoped by those immediately interested in the work of the Medical Faculty that the coming session will be very successful in all respects. All arrangements in the various departments at the University, Medical College and the Hospital are completed. The lectures in the science department during the first part of the session will be given in the School of Practical Science and the class-rooms of the University, as they were last session.

The new Science Hall is being built as

rapidly as circumstances permit, and promises to be one of the finest and best equipped buildings of the kind on the continent. It is being erected on a site near that of the old building, which was at one time occupied by the Toronto School of Medicine, and which was lately known as Moss Hall.

THE UNIVERSITY OF BOLOGNA.

The famous University of Bologna, in Italy, is the oldest in the world, having been established in 1088. The eight hundredth anniversary of her foundation was celebrated in June by a festival, which was attended by representatives from all civilized countries. A very interesting account of the celebration is given by A. Lagerio in the *Chicago Medical Journal and Examiner* for August.

The University of Bologna at first taught only law, while at the same time the School of Salerno taught medicine. Before long, however, the teaching was divided into four faculties—law, medicine, theology and fine arts. The number of students at present in attendance is 1,338. It is said the number at one time was over 10,000.

The approximate dates of the establishment of the various celebrated universities are as follows: Bologna, Italy, 1088; Paris, 1230; Naples, 1224; Rome, 1245; Oxford, 1249; Cambridge, 1254; Prague, 1340; Vienna, 1365; Heidelberg, 1386; Cambridge (United States), 1636; Berlin, 1810; Toronto (King's College), 1827.

The festival must have been a grand affair. Lagerio says: "Bologna was unrecognizable; the streets were full of people, and animated; every train brought thousands of persons. The hotels were crowded, and the foreign representatives were lodged in private houses. Crowds of happy students were seen in every street, and recognized by their caps. The law students had on blue caps; those of medicine, red caps; the mathematicians, green; those of philosophy and letters, white. . . . But the 12th of June will be remembered as the most glorious day that Bologna has ever witnessed. It was the greatest day of the festival. From early morning the professors began to meet at

the university building. Their different costumes and languages blended in the common brotherhood of science. All were dressed in their rich college robes. The whole city was grandly decorated, and the streets were packed with people eager to witness the grand procession."

CHLORATE OF POTASH AS A POISON.

Chlorate of potash is a medicine well known and largely used by the public, and very generally recommended by the profession. A box of tablets fits nicely in a vest pocket, and a good quantity of these tablets can be taken in a day. Few appear to know, or at least realize the fact that chlorate of potash is a poison.

Jacobi, of New York, has protested very strongly against the indiscriminate administration of this drug, and has reported eleven deaths from its use. Peabody, of New York, in the *Medical Record* of July 21st, has reported two deaths. Among the symptoms of poisoning are obstinate vomiting, severe intestinal pains, suppression of urine, feebleness of the heart and dyspnoea.

It has proved fatal in single doses of four drachms to an ounce, but such cases are rare. The more common dangers are associated with its too general use in the form of tablets, by its effects especially on the blood, kidneys and heart. According to Jacobi a child one year old should not take more than one scruple in twenty-four hours, and an adult no more than one and a half to two drachms in the same time.

THE MEDICAL COUNCIL. GALLANTRY.

A note appeared in the July issue of *THE PRACTITIONER* respecting a female doctor, educated in the United States, having a Normal School Certificate about thirty years old, and also a certificate of a certain science course, who made application to be registered as a matriculant and have her chemistry allowed her at her primary examination. The Council allowed her the whole primary examination, and many worthy members of the College of Physicians and Surgeons have felt that the spirit of chivalry was carried altogether too far and would be glad to know the vote

which was taken on the motion to refer the report back in order to strike out the portion granting the primary examination. Those opposed to the motion were Drs. Bergin, Bray, Campbell, Fenwick, Grant, Harris, Henderson, Husband, Logan, MacArthur, Moore, Orr, Philip, Roseburgh, Ruttan, Vernon and Williams (17). While the following believing in equal rights to all, were uninfluenced by any considerations of sex, viz., Drs. Buchan, Burns, Cranston, Fowler, Geikie, Henry, Russell and Wright (8). Dr. Day was absent when the vote was taken.

THE DANGERS OF ANTIPYRIN.

The antipyrin craze is one of the most remarkable in a medical sense during the present century. The drug was found to act very promptly in a certain proportion of cases in relieving pain and reducing temperature. As far as pain is concerned, however, its effects are very uncertain.

After its introduction, it soon became exceedingly popular with the profession, and is now used by many indiscriminately in all cases where there is pain, high temperature, or a tendency towards convulsions, or any combination of these conditions. The infection has reached the general public, and the victims of headaches, and backaches, and, in fact, all kinds of aches, proud of their knowledge of therapeutics recently attained, frequently buy their own supplies, and take the drug freely in scruple doses.

It has been found that its use is frequently accompanied with very grave danger, and the conclusion naturally follows that it should never be administered without careful consideration. It is especially dangerous, as has been well pointed out by the "Alienist and Neurologist," when there is organic embarrassment of either heart, lungs, or kidneys. We fear that a large number of physicians give large and frequently repeated doses to reduce the temperature, or relieve pain, without taking any trouble to ascertain the causes giving rise to such symptoms.

Our advice would be, when your patient is close to the border-line between this world and the next, beware, lest your big doses of antipyrin turn the scale the wrong way.

CANADIAN MEDICAL ASSOCIATION.

The following papers have been promised, in addition to those mentioned in the August number :

1. Some new Instruments—Dr. Thomas R. Dupuis, Kingston.
2. "Myxœdema," with report of case—Dr. John Campbell, Seaforth.
3. Mania after Operations—Dr. Shepherd, Montreal.
4. Some Eye Symptoms due to Central Lesions—Dr. J. W. Stirling, Montreal.
5. The Influence of the Nervous System on the Nutrive Processes—Dr. T. W. Mills, Montreal.
6. Massage in Cases of Obstinate Constipation—Dr. W. Halford Walker, Hamilton.
7. A report of a case of Extreme Rapidity of the Heart's Action—Dr. J. E. Graham, Toronto.
8. Indications for, and Comparative Merits of, Emmett's and Schrœder's Methods of Operating upon the Cervix Uteri—Dr. T. J. Alloway, Montreal.
9. A few facts relative to the Communicable Diseases in Man and Animals.
10. Ophthalmoplegia Externa—Dr. R. P. Howard, of Montreal.
11. A Case of Exostosis Bursatæ—Dr. James Bell.

NOTES.

Prince Louis Ferdinand, of Bavaria, has passed his final medical examination.

Dr. Alexander McPhedran has been appointed a Lecturer on Clinical Medicine in the Medical Faculty of the University of Toronto.

A committee has been formed with the object of founding in Berlin a permanent memorial to the memory of the illustrious Professor Von Langenbeck.

We express the hope that *The Medical and Surgical Reporter*, of Philadelphia, established over thirty years ago, will not be confounded with a recently introduced medical paper adopting a similar name published in Toledo.

The medical journal of Tokio, Japan, reports an epidemic outbreak of cerebro-spinal meningitis among the soldiers of the Osaka garrison.

Dr. Herrmann Knapp has been appointed Professor of Ophthalmology in the New York College of Physicians and Surgeons, as successor to the late Dr. C. R. Agnew.

LESLIE DEFENCE FUND.—Dr. Angus McKinnon, Guelph, \$5 ; Dr. H. Howitt, Guelph, \$5. The Secretary of the fund will be glad to receive subscriptions, address Dr. J. White, Hamilton.

The American Dermatologist is another new journal in the field for professional favor. It is the only journal in America devoted solely to diseases of the skin. R. St. J. Perry, M.D., is the editor. It is published at Indianapolis.

Professor Hegar, of Freiburg, has performed sixteen consecutive enucleations of myomatous tumors of the intraligamentous variety without a death, and within a period of less than two years has done six cæsarean sections without a fatal issue.

On the electrical treatment of disease of the uterus Sir Spencer Wells pronounces as follows : In my opinion, with the option before her, it would be neither wise nor charitable to give a patient strong advice in favor of an immediate cutting operation.

Le Sage states that the non-bilious green diarrhœa is bacillary, contagious, and transmitted most frequently through the air. It is caused by the introduction into the intestines of a bacillus which has a special form and reaction. This bacillus gives a green tint to the stools.

Dr. Henry Morris in an elaborate paper on the radical cure of hydrocele, in the August number of the *Journal of the Medical Sciences*, gives notes of two cases of the excision of the tunica vaginalis followed by a recurrence of the hydrocele.

Dr. J. B. Mattison, of Brooklyn, is translating Erlenmeyer's "Die Morphiumsucht und ihre Behandlung"—The Morphia Disease and its Treatment—third and last German edition, the

latest and largest work on the subject, which, with notes and comments by the translator, will be brought out the coming autumn.

HOSPITAL APPOINTMENTS.—We are happy to note the following excellent and important appointments to the staff of the Toronto General Hospital:—Drs. A. McPhedran and W. B. Nevitt to the regular staff; Dr. G. R. McDonagh, Laryngologist; and Drs. A. Baines, T. Covernton, J. F. W. Ross, George A. Peters and B. Spencer, to the extern department.

TREATMENT OF TYPHOID.—Ziemssen especially recommends the lukewarm bath gradually cooled (*Journal Medical Sciences*). The patient sits up in a bath 87°—92° and the water is kept in constant motion and splashed continuously on the parts out of water. It is to be cooled down about 10° by cold water poured on to the patient's feet. The duration of the bath should be not under fifteen minutes, nor over thirty.

Dr. Buckhan, in the last number of the *Medico-Legal Journal*, on the subject of the relation of the menopause to insanity, concludes: "When a woman becomes insane at the age of forty-five or fifty, we believe the time is simply a coincidence, as there is no adequate cause in the menopause to produce an organic lesion of the brain, the conclusion appears to be inevitable that it cannot *de nova* cause insanity, *ex nihilo nihil fit*."

CHLOROFORM WATER AS AN ANTISEPTIC.—Prof. Salkowski (*Deutsche Med. Woch.*), speaks highly of the antiseptic powers of chloroform water. It is also an admirable disinfectant. From experimental evidence (*Am. Jl. Medical Sciences*), Salkowski draws the following practical hints:

Chloroform water is a superior agent to add to all ferment solutions, albuminous fluid, etc. Its volatility is of great advantage, permitting its removal by heat or air current when necessary. To preserve urine unchanged it is of great value. It is useful also for the preservation of smaller anatomical preparations. In cholera it should certainly be tried.

COMPLIMENTARY RESOLUTION.—The Secretary of the Huron Medical Society has forwarded the following complimentary resolution, unanimously passed at the last meeting of that society at Seaforth on the 10th ult. Moved by Dr. Bruce Smith, Seaforth, seconded by Dr. Worthington, Clinton, "That whereas, Dr. Geo. Hodge has expressed his intention of removing from the town of Mitchell, where he has for many years been an honored member of our profession, and of taking up his residence in the city of London, the members of this Society desire to avail themselves of this opportunity of expressing regret at losing Dr. Hodge from this vicinity, where he has always enjoyed the respect and esteem of his fellow practitioners and that we assure him that in his removal he is followed by the well-wishes of his medical confreres here, who will ever cherish pleasant recollections of his many good qualities while a practitioner in this section of the province."

Sir Morell Mackenzie has sent the following dangerously ironical reply to a firm of publishers who informed him that they had received for publication a translation of the official pamphlet recently issued in Germany by Bergmann, Landgraf, Gerhardt, Schiothen, and others: "I am much obliged to you for your courteous letter. I am not surprised to find that Messrs. Schenk, the Imperial publishers, of Berlin, are offering their thoroughly professional and strictly veracious publications for sale in the London market. I do not think, however, that any respectable publisher in this country will jump at securing the honor and profit necessarily contingent on the reproduction of the edifying document. But should any enterprising firm, emulous of the fame attaching to Curl in the past and Catnach in the present century, be found to swallow the delectable bait, I shall not shrink from a prompt vindication of my professional reputation through the medium of the law courts."

TORONTO GENERAL HOSPITAL TRAINING-SCHOOL FOR NURSES.—The following letter, from the Medical Superintendent of one of the largest institutions in the United States, was

received recently by the authorities of the Toronto General Hospital, and speaks for itself:

"You have been kind enough on former occasions to refer me to some of your unemployed graduates. The last nurse you supplied me with—Miss G.—has just left us, after staying a year. I much prefer the young ladies from your school to any I have obtained from elsewhere. They are better educated and better disciplined. If you should know of any seeking institution work, I should be very much obliged if you will place me in correspondence with them. Miss G. has left amid universal regret, and greatly beloved, and you cannot do us a greater service than by recommending one like her.

"I am, yours truly,

"Signed _____

"Resident Physician."

MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

—We take pleasure in calling the attention of the profession in Canada to the meeting of the Mississippi Valley Medical Association, which will convene at St. Louis, Sept. 11, 12 and 13, 1888.

Dudley S. Reynolds, A.M., M.D., Louisville, President; John L. Gray, M.D., Chicago, Ill., Secretary.

A good programme is being arranged with a full supply of able papers and interesting discussions.

"This is the most desirable time to visit St. Louis, it being during the great exposition and carnival season. All the doctors should bring their wives and families, as there will be ample enjoyments for the latter while the meetings of the Society are in progress.

"Liberal arrangements will be secured from the various railroad and telegraph companies. We trust that every member of the profession, eligible, will consider himself and family most cordially invited to St. Louis at the time above mentioned. Please address Chairman of Committee of Arrangements for further information.

"Committee of Arrangements, H. Tuholske, Y. H. Bond, Frank R. Fry, R. M. King, A. H. Meisenbach, H. H. Mudd, Josephus R. Lemen, H. C. Dalton, Spencer Graves, A. H. Ohmann-Dumesnil, Robert L. Thomson."

RECENT STUDIES ON MALARIA.—In a paper read at the Medical Congress at Pavia, (*London Medical Recorder*) Prof. Marchiafava said that he found in great quantity amœboid bodies without pigment, in the blood of patients suffering from grave and continued malaria; in the typical intermittent forms he found the pigmented bodies of Laveran and Richard, the cycle of development of which has been demonstrated by Prof. Golgi. In grave remittent forms, he did not find the scission described, the prompt administration of quinine being necessary to save the patients' lives. In the comatose forms he found the cerebral capillaries invaded, and a precocious scission of the amœboid bodies within the blood-corpuscles themselves. This shows that the virus is produced continually, and not only in the spleen, but also directly in the blood. Another alteration of the red corpuscles is the following: The red corpuscles appear atrophic, in color similar to that of old gold; finally they are consumed by the white corpuscles, which also devour the plasmodes. He was able to watch a white corpuscle devour one by one all the round bodies, which are formed by the scission of a free pigmented body.

Correspondence.

MATRICULATION EXAMINATION IN MEDICINE.

To the Editor of THE CANADIAN PRACTITIONER.

SIRS,—In the July issue you refer to me in a very kind and complimentary manner—"a very worthy and conscientious member!" As to the former, I have grave doubts about it myself; but certainly, it was from purely conscientious motives that I moved and advocated the resolution that was rejected by Medical Council at the last meeting. It is, perhaps, proper that I should give my reasons for advocating the change in the examination. It must be apparent to every medical man in the Province of Ontario that the profession is becoming fearfully filled; that the number of young men entering upon the study of medicine is greatly in excess of the wants or requirements of this young country.

Such being the case, it struck me very forcibly that possibly the great number of High Schools in the Province, and the professional tendency of the teaching therein, might have something to do with it.

But, on reflection, I believe the trouble rests with ourselves. We have, in the past, accepted as the matriculation standard in medicine the third-class non-professional teacher's certificate, as prescribed by High Schools; but at present the second-class non-professional is exacted from all persons matriculating in medicine. It is quite true that the change is an improvement on the former, and probably may, in future, be conducive to the best interests of the profession. There is no doubt in my mind that the acceptance by Medical Council of third-class teachers' certificates, as the matriculant standard in medicine, has been the means of coaxing into the profession numbers of young men who, if we had a separate and distinct curriculum, would probably never have entered the profession; would have turned their time and attention to other professions or business more congenial to their tastes.

If my view of the situation be correct, would it not be better for the Council to take sole control of examinations? Or, if not disposed to do that, we surely could formulate a curriculum of our own (equal to second or third year in arts) independent of teachers' examinations in High Schools, and on a higher and more professional basis than at present exists. The Council has the power to deal with the question, and in my humble opinion it is their duty to act promptly, and give effect to the crude views I have endeavored to point out. By doing so, they would be acting as much in the interest of the students as members of the profession. There surely could be no difficulty in procuring any number of competent men in Toronto, Kingston and London to act as examiners, and fees derived from students would be quite ample to defray the necessary expense. In advocating this change, I demur to the charge of "placing obstacles in way of students, or acting from selfish motives." I contend that the change is as much in the interest of students as members of the profession; on the contrary, I have unbounded sympathy for a young man

who evinces a taste for the profession, who spends the necessary time and large sums of money to fit himself for the duties and grave responsibilities of the noble profession he has chosen, but who, when he graduates, finds it a most difficult matter to secure a place to locate in, without encroaching upon the very circumscribed territory of a brother practitioner. Your reference to the older members of the profession being afraid of the "advent of young graduates," I accept as a joke, being of too mercenary a character to require a moment's consideration.

If disposed to retaliate, I might say you look at the question from a Medical School point of view, while I champion the cause and grievances of the profession. If this assumption were correct, our views would be irreconcilable; but being intimately acquainted with self and other gentlemen connected with the journal, I must admit that no warmer friend or more able exponent of the wants and grievances of the profession exists in Ontario; and if you have gone slightly astray on the present occasion, I am charitable enough to think that you were actuated by a desire to give the existing state of things a trial before instituting something new.

I am, yours sincerely,

JAMES HENRY.

Orangeville, July 27, 1888.

ANTIPYRIN.

To the Editors of THE CANADIAN PRACTITIONER.

In answer to your note for information regarding antipyrin, I beg to state:—

1st. As an antipyretic, I do not like it very much. The action is of short duration and attended by a good deal of sweating and, at times, much prostration. In cases such as "cold-taking," with high temperature and dry, hot skin, a few doses do good service.

2nd. In rheumatism I have tried it in several cases, and with very doubtful results. Certainly, I like the salicylates much better.

3rd. In some cases of obscure cardiac and other visceral neuralgiæ it has sometimes yielded much relief.

4th. A builder came home very hot and put his head under the cold tap to bathe his head. He was seized with fearful pains in his head, ears and eyes. Gr. xv. every hour for four doses gave him great relief.

5th. An elderly man, while cleaning out the basement of Knox Church, got cold in his head, and had a severe attack of neuralgia of side of face and head. Six 15-grain doses gave him relief.

6th. Another patient had severe inflammation of the right eye. Cornea, iris and ciliary regions were involved. Antipyrin, gr. x., every two or three hours, gave him great comfort.

7th. Tried it in two cases of sciatica; in one it did some good, in the other none.

8th. Tried it in the severe pelvic pains of a malignant growth, but with little benefit.

9th. Used it in one case of troublesome ovarian pains. It gave some relief, but not as much as a good electric current.

Yours truly,

J. FERGUSON.

Book Notices.

Annual Announcement of the Halifax Medical College. Twentieth Session, 1888-9.

University of Toronto Medical Faculty Calendar. Session 1888-9. Toronto: Rowsell & Hutchison.

Report of the Year 1887. Presented by the Board of Management of the Observatory of Yale University.

University of Bishop's College, 18th Annual Announcement of the Faculty of Medicine. Montreal, 1888.

Announcement of Gross Medical College of Denver Medical Department of the Rocky Mountain University, Session 1888-9.

New York Post-Graduate Medical School and Hospital. Seventh Annual Announcement. No. 226 East 20th Street, New York City.

Sixth Annual Report of the Provincial Board of Health of Ontario, being for the year 1887. Toronto: Printed by Warwick & Sons, 1888.

Proceedings and Addresses at a Sanitary Convention held at Albion, Mich., Dec. 6 and 7, 1887. State Board of Health. Lansing: 1888.

Annual Announcement and Catalogue of the College of Physicians and Surgeons, Baltimore, Md. Baltimore: Press of Isaac Friedewald, 32 S. Paca Street.

McGill University Annual Calendar, Faculty of Medicine, 56th Session, 1888-9. Montreal: Printed for the University by the Gazette Printing Company. 1888.

Manitoba Medical College, Winnipeg, in affiliation with the University of Manitoba. Established 1883. Annual announcement of the Sixth Year Session, 1888-9.

Des Progrès accomplis sur la question de La Rage et de la part qui en revient à la théorie nerveuse par Le Dr. Dulone, Paris. G. MASSON, Editeur. Libraire de l'Académie de Médecine.

Forty-third Annual Announcement of the Medical Department of the University of Buffalo for the Session 1888-9, with Catalogue of previous session. Buffalo: Blake, Jones & Co., Printers and Binders.

L'Immunité par les Vaccins Chimiques—Prévention de la rage par le Vaccin Tanacétique ou le Chloral. Par le D^H. PEVRAND. Paris: G. Masson, Editeur, Librairie de l'Académie de Médecine, 120 Boulevard Saint Germain, 1888.

Ptomaines and Leucomaines, or the Putrefactive and Physiological Alkaloids. By VICTOR C. VAUGHN, PH.D., M.D., of the University of Michigan, and F. G. NOVY, M.S. Pages 314. Lea Bros. & Co. Philadelphia: 1888. Price, \$1.75.

The History of Abdominal Section in Albany, with a report of seventy-five cases. By ALBERT VANDER VEER, M.D., Professor of Surgery in the Albany Medical College. Reprint from the Transactions of the Society for 1888 and the Annals of Surgery, May, 1888.

Some Retrospective and Prospective Thoughts on Surgery. By DONALD MACLEAN, M.D., of Detroit. (Reprint.)

This is a thoughtful address by a surgeon

whose position and experience add weight to his opinions. It has also the advantage in these days of being written in excellent English. We commend it to our readers.

A Clinical Atlas of Venereal and Skin Diseases, including Diagnosis, Prognosis and Treatment.
By ROBERT W. TAYLOR A.M., M.D., Surgeon to Charity Hospital, New York, and to the department of Venereal and Skin Diseases of the New York Hospital, late President of the American Dermatological Association. Illustrated with one hundred and ninety-two figures, many of them life size, on fifty-eight beautifully colored plates, also many large and carefully executed engravings through the text. Parts I. and II., Venereal Diseases. Philadelphia: LEA Brothers & Co., 1888; Toronto: J. E. Bryant & Co.

Obituary.

DR. CHAS. ARCHIBALD.

It is a painful duty to record the death of Dr. Charles Archibald, a well-known practitioner of this city, which took place on the 12th of August. He was a man highly esteemed; not only on account of his professional ability, but also because of his kindly disposition, his urbanity of manners and gentlemanly deportment.

The cause of death was Bright's disease. He was born fifty-one years ago, at Gateside, a village in Renfrewshire, Scotland, and emigrated to Canada in 1846, settling in the County of Oxford, where he was engaged as a school teacher for a considerable period. He also taught for a length of time in the Model School in this city. He then took up the study of medicine, and registered as a member of "The College of Physicians and Surgeons" in 1871. Since that time he continued to practise till the commencement of his last illness. He leaves an only son, a lad of twelve years, to mourn his loss.

M.

We frequently hear medical men, who ought to know better, making use of the word allopathic to distinguish the regular from the homœopathic physician. There is no allopathic school and there never was, hence the word is misleading; say *regular* or *scientific*.—*Progress*.

Personal.

Dr. Sisley, '88 is practising on Richmond St.

Dr. A. R. Harvie has removed from Edgar to Orillia.

Dr. Spilsbury, it is expected, will locate on Carlton Street.

Dr. D. A. Dobie has commenced practice on McCaul Street.

Dr. D. O. R. Jones (Trinity, '85) has returned from the Continent.

Dr. W. P. Cavan has returned from England, and will practise in Toronto.

Dr. E. J. McCardel was admitted to the M.R.S.S. on the second of August.

Dr. H. C. Scadding has returned from England, but has not yet located.

Dr. Wm. Nattress, Carlton Street, has been appointed to the staff of the City Dispensary.

Dr. W. A. Richardson has taken charge of the railway hospital of the C. P. R. at Donald, B.C.

Dr. Gilbert Gordon was admitted last July to the L.R.C.P. & S., Ed., and L.F.P. & S., Glasgow.

Dr. Goldsmith, late of Campbellford, has commenced the practice of his profession in Peterboro'.

Dr. Shannon, of McCaul Street, has decided to join his brother who is in practise at Seattle, Washington Territory.

Dr. Carl N. Jensen, of Philadelphia, is dead. He was well known to the medical profession for his preparations of pepsin.

Dr. Edmund E. King goes to Washington September 15th, to attend the annual meeting of the American Association of Genito-Urinary Surgeons.

Prof. Gerhardt, who holds the chair of internal medicine, has been elected Rector Magnificus of the Berlin University. His opponent was Prof. Virchow.

Dr. George Acheson, Toronto, has been appointed examiner in Chemistry and Toxi-

cology at the Ontario College of Physicians and Surgeons, *vice*. Dr. Geo. Wright, resigned.

Dr. Milne, of Victoria, B.C., is taking a vacation, and visiting his many old friends in Ontario, who are glad to welcome him back and to hear of the prosperity in the Pacific Province.

Dr. J. F. W. Ross of this city will shortly leave for England, where he will spend six months with Mr. Lawson Tait and other renowned surgeons, after which he will proceed to the Continent to visit the leading Hospitals, and on his return to Toronto, will pay more particular attention to gynecology and abdominal surgery. He will probably be absent for one year. We trust our readers may be favored with many letters from him.

We regret to learn that Dr. Arnott, of London, will go to California early in September, and remain at least a year. It is possible he may make Los Angeles his permanent home. After he had decided to leave the Province, he tendered his resignation as Teacher of Clinical Medicine in the Medical Department of the Western University. The authorities, wisely, we think, refused to accept it, but have made arrangements to fill the position temporarily with the hope that the doctor will return in time to resume his work for the session of 1889-90. Dr. Arnott, as a physician of the highest type in all respects, and one of our best teachers, will be sadly missed, and we sincerely hope that his health and that of his family will permit his return to Canada within a reasonable time; but, in any case, we wish him and his family health and success.

Miscellaneous.

THE FIRST NEPHROTOMY.—In the *Gentleman's Magazine* for August, 1773, appears the following: "Mr. Paul, a surgeon, at Stroud, in Gloucestershire lately extracted from the kidneys of a woman, by an incision through her back, a rough stone as large as a pigeon's egg, and made an entire cure; it is the first of the kind ever performed in this kingdom."—*Hospital Gazette*.

There are two kinds of hospitals, those devoted to the good of the poor in the community, and those devoted to increasing the bank accounts of their owners. They correspond to the two great classes of doctors, the scientific and the trade doctors. The one labors to find out knowledge and apply it for the benefit of humanity, and the other labors to fill his pockets with dollars.—*Ex*.

A Medical Club has been established in St. Petersburg, the objects of which are purely social. Any physician in good standing is eligible to membership, the only dues being the payment of two roubles each evening of meeting. The entertainment consists of music, dancing, card-playing, and tea-drinking. It is hoped shortly to secure a club-house, and then a permanent organization will be effected.—*N. Y. Med. Record*.

A MISHAP TO AN AMATEUR DOCTOR.—The newspapers record a somewhat amusing incident that lately happened to a person who tried to bring a man out of an epileptic paroxysm by pouring cold water into his mouth and upon his neck. After a slight struggle, according to the account, the epileptic sank back apparently dead, whereupon the manipulator of the water became intensely anxious and placed his ear at the mouth of the patient, who straightway caught the ear between his teeth and proceeded to chew it until "its beauty had vanished." An arrest on a charge of mayhem followed the epileptic's return to consciousness, but a police justice discharged the prisoner, on the ground that he was not responsible for what he might have done while in a fit.—*N. Y. Med. Journal*.

HOMŒOPATHY.—Prof. Bartholow, in his address on medicine, delivered to the last meeting of the American Medical Association, pays his respects to homœopathy in the following language: "Left to its own course, homœopathy has practically died out on the continent. The success of such wretched puerilities, such inanities as the homœopathic practice consists of, does more to lower the position of the medical profession than any other cause. The false statistics published as facts, accepted as true,

and passing unchallenged, are at this moment doing an almost incredible amount of mischief." Crime is progressive. Step by step the victim is led on till conscience is seared, every moral sense is irresponsive, and the blackness of darkness possesses the soul. Homeopaths have for years practised in this country under false representations—the most successful riding all the isms and pathies that can carry them into popular favour.—*Omaha Clinic.*

"ABOUT THE SIZE OF A —."—In a letter to the *Philadelphia Medical Times*, an English physician calls attention to the unscientific terms used by physicians when describing the size of tumors and other pathological objects. He says: "Such time-honored comparisons as a 'foetal head,' (I thought they varied a great deal) or 'a millet-seed' (I never saw a millet-seed, but I believe it to be about as big as a miliary tubercle), we cannot hope to get rid of before the millennium. But when it is a mere matter of length and breadth, could we not state the fact in inches or millimetres? I am moved to write to you by having been just now brought up by the statement that something or other was 'about the size of a dollar.' I was interested in this case up to that point, but I got lost then; the only dollar I ever saw was a tiny gold coin, about the size of a threepenny bit; I beg pardon, about fifteen millimetres in diameter. From the context, I think that the article mentioned must have been bigger than that, but I am not sure, and the statement bewilders me and destroys my interest in the case. Another time I came across the statement that a tumor was 'about the size of a dough-nut.' Now as to a dough-nut my mind is blank; is it a nut that grows on a tree—a cocoa-nut, or a walnut, or a hazel-nut? or is it the other half?—'dough' suggests it is a kind of cake—a 'bath-bun,' or a 'tea-cake,' or, perchance, a cake 'about the size of a piece of chalk?' as the witness said in the famous trial."

THE NEW YORK POST-GRADUATE SCHOOL.—During the Winter Session of 1887-88, more than 335 physicians attended the courses in this School, an increase of more than 60 per cent. over last year.

Births, Marriages, and Deaths.

BIRTHS.

APPELBE—At Parry Sound, on Thursday, August 2nd, 1888, the wife of Dr. J. Appelbe, of a son.

BELT—At Oshawa, on the 12th August, the wife of Dr. Reginald Belt, of a daughter.

DOOLITTLE—At 270 Queen Street East, on the 13th August, the wife of Dr. P. E. Doolittle, of a daughter.

GALLAGHER—On August 9th, at 37 Amelia Street, the wife of Dr. W. E. Gallagher, of a son.

WISHART—On August 22nd, at 30 Carlton Street, Toronto, the wife of Dr. D. J. Gibb Wishart, of a son.

MARRIAGES.

HAMILTON—WALLS—In Toronto, on Wednesday, August 1st, at the residence of the bride's father, by the Rev. George Abbs, assisted by the Rev. James Liddy, Dr. C. H. Hamilton, of Parry Sound, to Miss Ada, eldest daughter of Robert Walls, Esq., Toronto.

TINLING—RYALL—On the 8th August, in the church of St. Thomas, Hamilton, by Rev. Canon Curran, Charles Widdrington, eldest son of the late Charles Tinling, Postmaster-General of Barbadoes, W. I., to Louisa Brett Georgina, youngest daughter of Dr. Ryall.

DEATHS.

TURNER—At Millbrook, Ont., on Tuesday, 14th August, 1888, Charlotte, beloved wife of Henry Turner, M.D., M.C.P.S.I.

WELTON—On Friday, August 10th, at Brooklyn, New York, Horatio H. Welton, M.D., eldest son of Professor D. M. Welton, of McMaster Hall, Toronto, aged 30 years.

WISHART—At 30 Carlton street, on the morning of August 24th, Sarah Staunton, beloved wife of Dr. D. J. Gibb Wishart, in the 25th year of her age.