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# CANADA MEDICAL RECORD

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SEPTEMBER, 1898.

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## Original Communications.

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CANADIAN MEDICAL ASSOCIATION.

ADDRESS OF THE PRESIDENT, DR. J. M. BEAUSOLEIL, 31ST  
ANNUAL MEETING AT QUEBEC.

GENTLEMEN,—It is now almost thirty-one years since our Association sprang into existence in this hospitable and picturesque city of Quebec. Professional brotherhood then received recognition in all quarters of this country. The Canadian medical family was then formed. Now it may march onward to the accomplishment of the object for which it was given life: The promotion of science; the protection of professional interests. A distinguished man, one of the Fathers of Confederation, Dr. Tupper—Sir Charles Tupper—was our first President. Since that time, a great number of distinguished physicians have succeeded him in this chair. Indeed, I am greatly confused and moved, though profoundly grateful, when I consider the honor done me by calling me to preside at your meetings. There could have been no question of personal merit; your kindness, gentlemen, directed your choice. I am an admirer and sincere friend of my predecessors, and I desire to follow in their footsteps. I ask you, therefore, to allow me, for a few moments, to dwell upon that part of our programme which touches upon Unity in the Canadian Medical Profession. Gentlemen, if there is a profession that requires liberty of practice in any country, it is certainly the profession of the physician. French civil law not being recognized in all the Provinces of the Dominion, it is easy to understand why a lawyer from Quebec may not

practice his profession in Ontario ; but there is only, and can only be, the same anatomy and the same physiology for all the Provinces ; the physician is the same everywhere. Why, therefore, this anomaly, that a Canadian physician may not practice in every quarter of the nation's territory ? This country, which is so dear to us, can she not nourish her children without dividing them into castes ? Why should a practitioner of Ottawa cease to be a practitioner in Hull ? Because the British North America Act reserved to the Provincial Parliaments the right, the exclusive right, to legislate in educational matters. Consequently, instead of one Medical Council for the entire nation, we have as many Medical Corporations as there are federated Provinces ; and everywhere, of course, as many different legislative enactments. This lack of uniformity has delayed the accomplishment of our professional unity. Notwithstanding this drawback, it cannot be denied that medical science has made real progress in this young country. A loftier idea of medicine, inspired by more intimate relations with the European schools, has given wonderful stimulus to our institutions. The number of schools has diminished, but the quality of the teaching has been made better. Admission to study has been rendered more difficult. The courses, or lectures, consisting of three terms of six months each, have been replaced by lectures which extend over a period of four years. The progress made during twenty years in medical learning has demonstrated the necessity of subdividing the fundamental matters. As a result histology, general pathology, gynæcology, internal and external pathology, ophthalmology, bacteriology, etc., etc., are the subjects of special teaching. Heated theoretical debates of olden times are now decided in the laboratory positively but calmly. To the glory of our great schools must it be said, their students carry off in a few months, and with marked ability, the diplomas of Paris, of London and of Edinburgh. Every year men of learning from France, Germany, England, and the United States honor us by their visits ; last year the British Medical Association held its scientific meetings in our midst. A generous rivalry reigns amongst us. In a word, we have reason to be proud of the progress which we have made ; and if, as we

hope, the march continues onward, if we know how to concentrate our forces, the Canadian Medical Association will make itself felt in the grand scientific movement that stirs the world. At the sight of the results obtained, and in order to obtain these others that we are now seeking, we ought to consider that it is the proper thing to demolish the barriers that divide the Provinces. Is it not time to give free scope to healthy competition? Why any longer place restraint on the legitimate aspirations of our youthful students? Are our medical schools not tired of the restrictions imposed on the professional liberty of their students? Are our Medical Boards not dissatisfied with the small importance given to the licence that they confer? Without doubt. And a proof of this is the fact, that the majority of the Provinces of Canada have signed the preliminaries of an interprovincial understanding in regard to practice. Our great sister Province of Ontario seemed to desire to remain on the threshold, but she had been stopped, not on account of ill-feeling, but on account of considerations of special legislation, of which she alone could be the judge. To-day she shows excellent dispositions; the Medical Council of that Province has sent a delegation of distinguished men, who are ready, I have no doubt, to bring about the union of the Canadian medical profession. Gentlemen, before ending, I would like to draw the attention of the Interprovincial Registration Committee to the want of preparation of the candidates seeking admission to study medicine. In general, the candidates answer fairly well the questions on languages, history, geography and others, but they are weak in physics, chemistry and natural history. Why should these matters not be the subjects of examination for all the candidates and be of practical value? Such a method would greatly help the work of the student as well as that of the professor. You all know how painful it is to teach a student who is insufficiently grounded. In France a bachelor is only admitted to study medicine after having passed a year in the Faculty of Physical Sciences and in the Chemical Laboratory, after having also, during that year, studied the natural sciences and passed examination on these matters that are regarded as elements in the preparation for study of medical science. Without going so far, let us at present profit

by the lessons of experience, and endeavor to make easy for our students the noble, but arduous work, which they have undertaken. Gentlemen, the considerations that have prevented a great number of physicians from working energetically for adoption of only one licence, which would be recognized throughout all Canada, are:—1. Restrictive legislation granted to each Province by Federal agreement. 2. The fear of destroying Provincial autonomy created by this agreement. To the first objection, I answer that it is true the Federal Parliament cannot legislate in educational matters belonging to the Provinces, but a question that interests two or more Provinces, or better still all the Provinces of our Dominion, ceases, *ipso facto*, to be a Provincial question; it becomes Federal by the coalition of all the local forces. Who can prevent all the Provinces, united, from obtaining from the Federal Parliament the approbation of their union? Moreover, without adopting this means, the Provinces of Manitoba, Quebec, and New Brunswick have already enjoyed reciprocity in regard to their licences; and nobody cried out at the illegality. To the second objection, we may answer that there is no question of destroying Provincial autonomy. In fact there is nothing to prevent the maintenance of the local organization whilst, at the same time, allowing it to delegate its powers to some of its members, who would be charged to form a general commission for the whole Dominion. You all know the old saying: "Where there is a will there is a way." Let us understand one another, and it will be easy to make the competent authority understand us. Gentlemen, when we shall have obtained for the whole of British North America a central bureau of admission to study, a board of medical examination for the conferring of a uniform licence to practise medicine, then, I say, we shall have come upon an era of progress in the annals of Canadian medicine. Our diploma of practice shall be recognized throughout the whole of the British Empire and will meet with the respect of the scientific world, and the Canadian Medical Association will have deserved well of the country. And your humble President will be happy to find that he had helped, ever so little, in the solution of that great national question: Unity of Rights and the Freedom of Practice of our Profession.

## THE PIONEERS OF MEDICINE IN THE PROVINCE OF QUEBEC.

By W. H. DRUMMOND, M. D.,

Prof. Medical Jurisprudence, University of Bishop's College.

MR. PRESIDENT AND GENTLEMEN,—Meeting as we do, here at Quebec, the very cradle of our nationality, the place and the occasion is, I think, peculiarly appropriate for recalling to your memory a few of the old-time worthies of our profession; the men who were first to plant the *Æsculapian* banner on the soil of Canada. It is difficult to write or say anything about the ancient city of Quebec without picturing some of the great events which have occurred in her history for history surrounds us on every side, from the banks of the St. Charles, where Jacques Cartier held his conference with King Donnacona, and erected the sacred emblem of Christianity, to the Plains of Abraham, where fell the gallant Wolfe and chivalrous Montcalm—but I must forbear, and pass on at once to the subject in hand. It was indeed a motley crew that followed in the train of the French merchants, who were first attracted by visions of the fabulous wealth to be acquired in trading with the aborigines of the New World. Warriors fresh from the battle fields of Europe, men of the proudest lineage of France, and who had breathed the atmosphere of courts,—missionaries whose souls were fired with zeal at the alluring prospect of evangelization awaiting them in the forests of America—and adventurers, daring as ever, followed the standard of William of Normandy. Picture to yourselves, if possible, the harbor of Port Royal, or what is now Nova Scotia, on the morning of July 27, 1606. There is unusual bustle and excitement down by the shore, where the little ship "Jonas," commanded by Captain Poutrincout, is engaged in discharging her complement of passengers, mostly hailing from La Rochelle. Among the band of newly arrived emigrants there is one sturdy figure which I want you to study well, for it is the figure of Louis Hébert, the pioneer physician of Nouvelle France. We can imagine this young fellow, fresh and enthusiastic, as he strides along, gazing with curious, and occasionally : mused eyes, on the strange sights surrounding

him on every side, and startled when addressed by some wild-looking *Coureur de Bois* or fur-trader, whose semi-Indian attire and savage bearing seemed so inharmoniously to blend with the language of France. From what we are told by L'Escarbot, the historian of the expedition, very little, if any, serious work was done at Port Royal during the succeeding fall and winter. Hunting and feasting, in which, doubtless, our great-great-grandfather bore his part, were the chief occupation of the little colony, and it was only when the wine and kindred supplies became exhausted that the associates of the "Jonas" dropped into the current setting towards Quebec, and with them drifted in the following spring, Dr. Louis Hebert. Quebec at this time, and even some years before, had been merely a fur-trading centre, frequented by roving bands of Frenchmen, who came to barter with the Indians. Hebert, besides practicing his profession of physician, seems also to have engaged in ordinary business enterprises, for we are told by Abbé Ferland that he "Began in 1617 to grub up and clear the ground which forms the site of the present Catholic Cathedral and Seminary, and constructed a house and the first mill erected in the colony, thus becoming not only the premier citizen of Quebec, but also of all Canada." And here it may be well to note that the first time a notary's services were put into requisition in Canada was at the instance of the heirs of Hebert, the physician, thus proving that, in this country, the profession of medicine antedated that of law. Contemporary with Hebert was the surgeon Bonnerme, who came with Samuel de Champlain, when the latter founded Quebec in 1606. Evidently all was not peace in the camp of Champlain, for shortly after his arrival some of his followers hatched a murderous plot against the life of the great navigator. The scheme, however, leaked out, the ringleader was arrested, found guilty and executed. In teaching of the children and nursing of the sick, and the faithful manner in which the original intentions have been carried out, even to the present day, entitle the good sisters to a place among the medical pioneers of this Province. In 1690 when Phipps knocked in vain at the gates of the ancient city, the population under the vigorous administration of

Frontenac had increased to 1,500, and education had made considerable advance. The Jesuits' College, Seminaire des Missions Etrangères and Petit Seminaire were on a firm footing, and we find practicing at Quebec Drs. Gervase Beaudoin, physician to the Ursuline Nuns, Timothé Roussel, physician to the Hotel Dieu, Nicholas Sarrasin, Jean Leger de la Grange, Armand Dumanin and Pierre du Roy. Of the number Sarrasin was perhaps the most noted. Born in France in 1659, he emigrated to Canada shortly after completing his medical course, and died at Quebec in 1736. He was physician to the King, a member of the Sovereign Council, and published during his long life-time a number of volumes of natural history, botany and medicine, besides discovering the pitcher-plant which perpetuates his memory in the name "Saracenia Purpurea." When Peter Kelm, the Swedish Botanist, visited Canada in 1749, seven years after the discovery of the Rocky Mountains by La Verendrye, a native Canadian, his constant companion during many a woodland ramble was Dr. Gaultier, himself an accomplished botanist, and from Dr. Gaultier, Kelm acquired most of the information which appeared some years later in the shape of two large volumes illustrated with plates. A well-known surgeon who figured during the historic period before and following the conquest of Canada by the British in 1759 was the famous Phillippe Badelard. Badelard was present at the battle of Abraham, and, seeing that the French troops to which he was attached were giving way, directed his steps to the rear, where he met a wounded Highlander named Fraser, who was bleeding profusely. The doctor immediately attended to the soldier's injuries, and then gave himself up to Fraser as a prisoner of war. Both Dr. Badelard and John Fraser lived to a very advanced age, and ever maintained for each other the closest ties of kindly friendship. Dr. Badelard was a person of most gentlemanly presence, and constantly wore a sword, as was customary with the Bourgeoisie de Paris. A contemporary of Badelard, Dr. Arnoux, lived for many years in Quebec, and it was in Arnoux's surgery that Montcalm's wounds were dressed while the great soldier was being borne through St. Louis Gate. Another well-known surgeon of this period, Dr. Lejuste, of the French army, came



to Quebec after the fall of Louisbourg in 1758, and later among the noted medical men of the Province we find Dr. Francois Blanchet, the father of the first Education Bill in Lower Canada. The cause of education had also in Dr. Jean Baptiste Meilleur an able and successful advocate. Meilleur, who was born in 1756, and died in 1830, had the honor of being the first Superintendent of Public Instruction for Lower Canada, and during his lifetime contributed many articles to *Le Journal de Medicine*. He was also a voluminous writer on geology, botany, agriculture and other scientific subjects, and took a prominent part in the foundation of L'Assomption College. Dr. Jacques Labrie, born in 1783, and who graduated at Edinburgh, sat for several years in the Lower Canadian Assembly, and, besides doing good work as a medical man, also wrote a "History of Canada," which while awaiting purchase by the Government, was unfortunately destroyed by fire at St. Benoit during the Rebellion of 1837. The mention of 1837 will recall to the minds of every student of Canadian history the names of at least three members of our profession, who were prominent among the agitators of that stormy period, namely, Nelson, O'Callaghan and Chenier. Wolfred Nelson, although an English-speaking Protestant, warmly espoused what was then termed the national cause, and led the insurgents at the Battle of St. Denis, where the British forces were obliged to retreat. Twice he was elected to the Presidency of the Provincial College of Physicians and Surgeons, and he also sat in the Lower Canadian Assembly. He constantly contributed to the Medical Press articles on preservation of Public Hygiene, "Reports on Penitentiary Prisons," etc., and although he suffered for a while political banishment, yet his genuine disinterestedness and other noble qualities ever retained for him a very large share of public esteem and respect. Dr. Edmund O'Callaghan, a brilliant Irishman, was a member of Parliament, Editor of the *Montreal Vindicator*, and author of several historical works. He also was an active participant in the troubles of 1837, after which he took up his abode in the United States, and the gallant Chenier immortalized himself by dying a soldier's death at the Battle of St. Eustache. A man who followed the more peaceful paths of life was Dr.

Andrew Fernando Holmes, born at Cadiz in 1797. Dr. Holmes, who was one of the foremost medical men of his time, collected while a student in Scotland an extensive herbarium of plants, which later on he presented to McGill University. He was a recognized authority on Botany, Geology and Mineralogy, and contributed many articles on these subjects, as well as writing the History of Cholera in Montreal. In 1827 he established, with others, "The Medical Institutions," which finally in 1828 merged into that of McGill, of which Dr. Holmes was Dean, and where he lectured on "Practice of Medicine" till the time of his death.

The doctor continued his sketch down to comparatively modern times, dealing with Doctors Wolfred Nelson and Chenier and with others of as late a date as Doctors Morrin and Marsden, of Quebec.

## TREATMENT OF INEBRIATES.

### ABSTRACT OF PAPER ON THE TREATMENT OF PAUPER INEBRIATES.

By A. M. ROSEBRUGH, M.D., Toronto.

In this paper Dr. Rosebrugh recalls the fact that a Commission appointed by the Ontario Government in 1890 strongly recommended the establishment of one or more industrial reformatories in the Province, that this recommendation has been endorsed by the Ontario Medical Association as well as by a large number of influential bodies. That notwithstanding this the Ontario Government declines to give effect to these recommendations on the ground that the number of inebriates in the Province is so large that it would be impossible to undertake the great expense involved in the erection of buildings and the maintenance of the inmates. Under these circumstances the Prisoners' Aid Association of Canada, for some time past, has been looking about for some plan less expensive that might be adopted at once for the scientific treatment of these unfortunates pending the establishment of a reformatory or reformatories in Ontario. In January last, Dr. Rosebrugh was asked by the Association to visit institutions, interview specialists, and, if possible,

formulate a scheme for the economical treatment of pauper inebriates. This was done and the scheme submitted to the Association. The following is an outline of the plan proposed:—1. The appointment by the Provincial Government of an inspector of inebriate institutions. This inspector should be a qualified medical practitioner who has made the medical treatment of inebriates a special study. 2. The inspector should organize in the city of Toronto a hospital for the medical treatment of pauper male inebriates of the more hopeful class, and in other cities of the Province an inebriate department in the existing general hospitals, and more especially for pauper male inebriates. 3. An industrial reformatory should be established on the farm colony plan for the custody of the more hopeless or incorrigible class of drunkards, and where they should be detained on indeterminate sentences. 4. In the adoption of scientific treatment the Norman Kerr-Crothers system or general plan of treatment is recommended. In the interests of science and good morals, proprietary remedies should not be used. 5. The adoption of the "probation system" and giving a helping hand to patients subsequent to treatment for inebriety. 6. In the case of habitual female drunkards my recommendation is that they be sent to the Provincial Reformatory for the full term of two years, and that this be repeated in case of relapse. In case of the more hopeful class of female drunkards I recommend a few weeks' special treatment in any of the existing "Homes" or refuges for females, followed up by subsequent judicious supervision. Arrangements to this end should be made by the Government Inspector. As will be seen there are two unique features in the proposed scheme: firstly, treating inebriate patients in the General Hospitals, and, secondly, the adoption of machinery for finding employment for and giving a helping hand to patients subsequent to treatment for inebriety. Reformed men cannot be expected to remain reformed if they fail to obtain employment. This scheme has not, as yet, been presented formally to the Ontario Government, but the Government Inspector of Hospitals, Prisons, etc., is understood to favor the plan. Dr. Rosebrugh suggests that the proposed scheme be adopted in each of the other Provinces of the Dominion.

# Progress of Medical Science.

## MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine  
University of Bishop's College; Physician Western Hospital.

### ELECTRICITY IN INCONTINENCE OF URINE.

Capriati (*Edinburgh Medical Journal*) records a case of involuntary enuresis successfully treated by means of the currents introduced into medicine by Morton, of New York. These are known as induced static currents, and are furnished by the oscillatory discharge of Leyden jars connected with an electrical machine. The patient is not insulated, but is connected with one of the jars, while the other is connected with the earth. The intensity of the current is regulated by merely altering the distance between the jars. Capriati's patient was a previously healthy man of 35, who was gradually attacked by weakness and wasting in the left leg, with club-foot and exaggerated knee jerk on that side. There was no reaction of degeneration, but incontinence of urine was very troublesome. The author considers the symptoms to point to limited lesion of the spinal cord in the lumbar region. At first galvanism was tried with the kathode over the dorso-lumbar spine, and the anode on the perineum; this was continued for 10 minutes daily for more than 20 days without any benefit resulting. Endo-urethral faradisation (Guyon) was next adopted, but was so painful that it had to be abandoned after two sittings. Finally, Morton's currents were used in conjunction with the spino-perineal galvanisation. Immediate relief followed, and after the treatment had been carried out every other day for two months, cure was complete as regards the incontinence. As galvanisation by itself had proved ineffectual, the credit must be given entirely to the method of static induction. It was extremely well borne when used in the manner laid down by Bordier. A sound, the end of which formed an electrode, was introduced into the urethra as far as the sphincter of the bladder, and its free end was attached by a chain to one end of the Leyden jars; the machine was regulated to give 6 to 8 sparks a second, and each sitting lasted 5 minutes.—*The Charlotte Medical Journal*, July.

### NOSE-BLEEDING.

Dr. Lermoyes advises, in slight cases of nose-bleed, compressing the nose between the thumb and forefinger for ten minutes; if that be insufficient then apply locally a tampon moistened with a 10 per cent. solution of antipyrine, which is an excellent hæmostatic and much superior to cocaine 1.5, which latter not only has the disadvantage of being toxic, but also of being possibly followed by further hæmorrhage after the vaso-constrictor action has passed away. It is also to be preferred to solutions of iron-chloride, which are strong irritants and may give rise to gangrenous ulcers. In more severe cases a canal speculum is introduced, and the anterior portion of the nose tamponed with fine strips of iodoform gauze four inches in length and one in breadth. These are introduced with fine forceps. As the hæmorrhages nearly always arise from the anterior portion of the nasal cavity there is no necessity of tamponing far back. Tamponade of the posterior nares is not only entirely unnecessary, but often brutally dangerous.—*The Charlotte Medical Journal*, July.

### VENESECTION AND THE APPLICATION OF LEECHES IN THE TREATMENT OF DISEASE IN CHILDREN.

Abstract of a Paper by Prof. ADOLF BAGINSKY, of Berlin, in the *Berlin Klin. Wochenschrift*, No. 21, May 23rd, 1898.

By LUDWIG FREYBERGER.

In a most interesting, exhaustive, and practical paper Prof. Baginsky discusses the important question, "Should bleeding be tried as a last resource in certain diseases of children?"

After reviewing the history of venesection as a therapeutic measure in the treatment of diseases in children, Prof. Baginsky quotes three cases in which venesection had been recently performed by him, with the result that the lives of the patients were saved.

Case I. A girl, seven and a half years old, was admitted to Prof. Baginsky's clinic for diseases of children, with the diagnosis "pneumonia and morbus cordis"; there was orthopnoë, extreme cyanosis, and recession of the intercostal spaces; the heart's action was galloping and arrhythmic. Injection of camphor, inhalation of oxygen, and tinctura strophanthi internally had only a temporary effect. Face, thighs, and legs became œdematous; numerous large and

subcrepitant râles were heard in both lungs, even over the area of heart dullness; the liver was large—its lower margin could be felt two inches below the costal margin; the urine scanty, concentrated, contained half a volume of albumen, red and white corpuscles, epithelial and granular casts.

Two days after admission, after all medical treatment had proved ineffective, and the pulse became impalpable at the wrists, venesection was performed on the right arm, and 120 cubic centimetres of dark purple blood were withdrawn. The cyanosis disappeared almost instantaneously, the lips became red again, the pulse at the wrists returned, and the child slept quietly for some hours. In the evening the child was slightly delirious, and the breathing became somewhat stertorous. One leech was applied to the left mastoid process. The next morning there was considerable improvement; pulse 130 to 160, respiration 40, temperature 100° F. The lungs were inflated, the area of heart dullness small; at the apex there was heard a loud systolic bruit; the first aortic sound was muffled, the second loud.

Under treatment with digitalis, calomel, and Wildunger water, the amount of urine rose to 1000 cubic centimetres *pro die*, fever and dyspnoea subsided, and the child was convalescent on the fourteenth day after admission. There were now definite symptoms of mitral incompetence.

Case II. A boy, nine years old, who had previously been treated by Prof. Baginsky, for chronic fibrous pneumonia, with bronchiectasis, was again admitted (after two years) in a condition of extreme dyspnoea. The face and hands were dusky; there were numerous rhonchi in both lungs, which could be heard at a distance; there was marked inspiratory recession of the intercostal spaces. No pulse could be felt at the wrists. The child was somnolent. Mustard baths and injections of camphor had no effect. The right median vein was opened, and about 100 cubic centimetres of dark cyanotic blood were slowly withdrawn. During the venesection the cyanosis lessened, but the dyspnoea remained the same for about seven hours afterwards, when the pulse became fuller and palpable; its beats numbered 116 per minute, the respirations 52.

The boy fell asleep soon after midnight, and, although the first hours of this sleep were restless, he became quiet towards the morning, and woke up at eleven o'clock practically convalescent. The number of respirations was 38, the pulse 100. He asked for and took a considerable amount of milk. There was consolidation, with harsh bronchial breathing, in the left lower lobe posteriorly; catarrh, with moist râles, in the rest of the lungs; the heart sounds were muffled

and weak ; the urine contained albumen, and numerous hyaline and granular casts. The expectoration was copious, nummulated. Some days afterwards the boy was discharged in a materially improved condition of health.

Baginsky, in commenting on these two cases, says that in both cases death was imminent at the moment when venesection was decided upon ; and although in case No. II. the effect was less obvious, the improvement which set in a few moments after the vein had been opened was unmistakable.

Case III. A girl, seven years old, suffering from "pneumonia," was admitted in a state of extreme dyspnoea and collapse ; no pulse could be felt at the wrists ; instead of the heart sounds there was a muffled double murmur ; the cyanosis was very great. Injections of camphor and mustard baths had no effect. There was loud tracheal rattling.

Venesection, first on the right and then on the left arm, was performed, but no blood would come ; as the child was practically moribund, the left radial artery was opened, and 80 cubic centimetres of deeply venous blood were withdrawn. The cyanosis decreased almost at once, the pulse at the right wrist became palpable, the dyspnoea lessened, the child became brighter, and on being questioned, answered that she felt better. There were now moist râles heard in both lungs, which were considerably inflated ; there was no dullness on percussion. The area of cardiac dulness was small. When the cyanosis had entirely disappeared a livid measles rash was noticed on the chest.

The child soon became convalescent, and was discharged cured.

Prof. Baginsky explains the instantaneous and life-saving effect of venesection (in Cases I. and II), and arteriosection (Case III), by the sudden and effective relief which is given to the engorged and tired heart.

The effect is purely mechanical ; naturally the right ventricle of the heart ought to be sought to be relieved first, but if this has no effect, as in Case III., then the left ventricle must be relieved by arteriosection. The author compares the effect of venesection to that of tracheotomy or intubation ; just as the latter mechanically removes the impediment to respiration, and thus relieve the respiratory asphyxia, so does the former remove the impediment to circulation, and thereby lessens the danger of asphyxia from over distension of the heart.

More than temporary mechanical relief must not be expected from venesection. In cases in which the reserve force of the patient must have already been spent, or the poisonous effect of the toxins had been too great, Prof. Baginsky

has not been able to avert death, even by repeated venesections. The cases which thus ended fatally, were one of pneumonia, one of capillary bronchitis, and one of broncho-pneumonia.

The author recommends the application of leeches in cases of simple and uræmic eclampsia, provided there is much engorgement of the vessels of the brain, and the child is strong; but he emphatically—and we think rightly—condemns the practice of withdrawing blood by venesection in cases of infectious or other diseases, and during convalescence, in order to search for micro-organisms or toxins in the blood of children.

We have abstracted Prof. Baginsky's paper at some length because we believe that, practised within the limits which are set by the author—namely, engorgement and impending paralysis of the heart in cases of acute capillary bronchitis, broncho and lobar pneumonia, bronchiectasis and chronic fibrosis of the lungs when complicated by heart disease; and simple and uræmic eclampsia—venesection may in certain desperate cases prove to be life-saving; and, secondly, because we hope that some of our readers might perhaps be induced to favor us, for the purpose of publication in this journal, with an expression of their opinion or experience as regards venesection as a last resource in the treatment of certain diseases in children.—*Treatment*, July.

## ON THE ORIGIN OF POST-MORTEM ECCHYMOSES.

By PROF. DR. ALBIN HABERDA (*Viertelj. f. ger. Med.*, April, 1898.)

The late Prof. von Hofmann at Vienna was the first to draw attention to the important fact that in dead bodies ecchymoses may not only become more extensive owing to hypostatic congestion, but that capillaries may even burst, and thus produce hæmorrhages which differ in nothing from those petechial hæmorrhages which occur during life.

When bodies, twenty-four to forty-eight hours after death, are suspended, it is possible to produce extreme degrees of hypostatic congestion, but no ecchymoses—a result which has been confirmed both by the author and Prof. Lesser; but if bodies were suspended a *short* time after death the results obtained were as follows:—

In all the bodies of seven newly born infants which were suspended shortly after death, small punctiform or streaky hæmorrhages were produced in the conjunctiva of the eyeball a few to twenty-four hours after suspension, which could not be distinguished from ordinary ecchymoses which had been produced during life.

It was also possible to watch the gradual enlargement of these hæmorrhages; in some instances small petechiæ were produced, even in the cortex of the hemispheres of the brain over the con-



vexity, which looked like those produced by commotion or capillary embolism.

If one considers that before the suspension of the bodies there was not the slightest evidence of conjunctival hæmorrhages, even if examined with a magnifying lens, then there can hardly remain a doubt as to the causation of these ecchymoses by hypostatic congestion.

The author has been able to confirm his experiments at many *post-mortem* examinations made both by himself and the late Prof. von Hofmann.

It is not a rare thing to find numerous petechiæ in the skin over the chest or abdomen, the shoulders, arms, neck, and face of bodies of people who have been found dead, lying in bed with the upper part of the body hanging out over the edge of the bed.

These hæmorrhages vary from the size and appearance of a flea-bite to that of a small lentil, and are either bright red or dark brown. They are found not only in bodies of people who died of epilepsy or of suffocation, but also in bodies of people who have died in the course of disease, as the following cases will show :—

A woman, forty years old, was found dead. She had in the night previous to her death complained of shortness of breath. The body was found lying on the stomach across the bed, so that the head and thorax were outside the bed, resting on a box which stood by the side of the bed. The skin of the face, neck, chest, shoulders, and arms was dark violet, and showed numerous petechial and slightly larger ecchymoses. A great many ecchymoses were found in both conjunctivæ, and the mucous membrane of the pharynx, larynx, and trachea. The *post-mortem* examination revealed the presence of an enlarged thyroid gland, atheroma of the aorta, and a flabby fatty heart.

Another woman, seventy-four years old, was found dead in a position similar to the one described above. At the *post-mortem* examination was found an adherent pericardium and brown atrophy of the heart, purulent bronchitis, and pneumonia of the right lower lobe. The skin of the face, neck and back showed numerous petechiæ, which varied in size from that of a pin's head to that of a lentil; several large ecchymoses were found in both conjunctivæ, and one large one on the left upper eyelid.

But it is not necessary that the bodies should be found in a dependent position; even those which are stretched out horizontally on their back show sometimes—especially when their blood remains liquid for a long time—quite a number of petechiæ on the back and the lateral sides of the chest and abdomen.

The fact that these petechiæ are more often found in old people justifies the supposition that the greater vulnerability of the walls of the capillaries in old people predisposes their bodies to ecchymoses of this kind.

Occasionally these ecchymoses are found in the bodies of persons who died from prussic acid poisoning, and in children who have been suffering from rickets or acute and chronic gastroenteritis. It is quite possible that the origin of these *post-mortem* petechiæ is to be sought in minute capillary hæmorrhages which occur in the agonal stage, and become only visible after death

owing to hypostatic oozing of blood from minute rents in the capillary walls. This explanation holds good especially in cases of death from suffocation (strangulation, epilepsy), where one finds numerous petechiæ in *post-mortem* stains, besides ecchymoses in mucous and serous membranes, which are in such a position that they cannot be explained by hypostasis. Small hæmorrhages in the subcutaneous tissue, between muscles, and in mucous membranes must be considered to be due to hypostatic rupture of small vessels, if any coarser lesions (as laceration of muscles, *e.g.*) are absent.

A man, thirty-eight years old, a notorious drunkard, died suddenly while he was having his dinner, in consequence of the impaction of a large piece of meat in the larynx. The skin of the face, thorax, especially on the left side, and that of the left arm, was dark violet colour, and contained an enormous number of small ecchymoses. Both crico-thyroid muscles were perfectly infiltrated with blood, as was also the adventitious coat of the great vessels of the neck on the left side. There were also two small hæmorrhages in the deeper layers of the pectoralis major. The heart was covered with small subepicardial ecchymoses and contained perfectly liquid blood.

In the absence of any muscular or coarser vascular lesions one cannot do otherwise than ascribe the petechial hæmorrhages to hypostasis.

The differential diagnosis between *post-mortem* ecchymoses and those produced during life is very difficult as long as the hæmorrhage is only small. Theoretically, one might say that in *intra-vitam* hæmorrhages the blood ought to be coagulated; but we know now that the blood retains its coagulability for some hours after death; and if, as is often the case, a *post-mortem* hæmorrhage takes place in between muscle fibres, it may be impossible to remove it from thence with water. But when one finds on cutting into an ecchymoses that the blood flows out by itself or on gentle pressure, then it is clear beyond doubt that the ecchymosis has occurred after death.

Microscopically, one finds in *post-mortem* ecchymoses the capillaries and smaller vessels distended with blood; the tissue round the vessels—in an unstained section—has a yellowish tint owing to the diffusion of blood-colouring matter. The blood clot formed by the hæmorrhage is not uniform, but consists of numerous smaller hæmorrhages, which, in the skin for instance, are found in and around the papillæ of the cutis, or are grouped round the cutaneous glands and hair follicles. The blood corpuscles are quite distinct, not caked together, and pale.

Hypostatic ecchymoses may also be found in internal organs, so in the posterior parts of the lung and of the heart; such ecchymoses are not to be found in cases of suffocation only, but also in the bodies of persons who died from other causes, as, *e.g.*, subacute phosphorus poisoning.

In the body of a man who had shot himself, and whose body was found floating in a river, the author found numerous petechiæ on the anterior surface of the heart. In the bodies of two men who committed suicide by hanging in such a manner that their

bodies were found lying on the stomach while their faces nearly touched the ground, the ecchymoses were nearly all on the frontal aspect of the body; one body had a single ecchymoses over the back, the other had no ecchymosis on the back at all.

A similar distribution of ecchymoses is often found in infants who died somewhat suddenly.

A girl two and a half months old was found dead in her cot. *A:* the *post-mortem* examination it was found that she had died of acute capillary bronchitis. The left side of the face, thorax, and the left lung, and the epicardium over the left ventricle showed numerous ecchymoses; the right lung none.

Another girl, seven weeks old, died of purulent bronchitis. The back and the left side of the thorax, the left lung, and the left ventricle showed a great number of large and small ecchymoses. The right side of the body was practically free from them.

A third girl, fourteen days old, died suddenly of acute bronchiolitis. In this case the organs on the right side of the body showed many ecchymoses; those on the left side none.

In the fourth case, a girl, six months old, who had died suddenly of acute bronchitis, the ecchymoses were found in the organs on the left side.

In a fifth case, a girl, four months old, who died suddenly while suffering from acute gastro-enteritis, both lungs, the heart, and thymus showed numerous ecchymoses scattered throughout the organs without any definite distribution.

In all cases the blood was fluid.

The cases which we have just quoted are very important, because they restrict considerably the diagnostic value of ecchymoses, even of the internal organs. Our daily experience teaches us that during life ecchymoses are much more frequently observed in children than in adults. The same seems to hold good also as regards *post-mortem* ecchymoses in internal organs, whereas cutaneous ecchymoses are more frequent in adults than in children. It cannot be doubted that occasionally ecchymoses are formed in the lungs, the heart, and the thymus in consequence of the pressure of the blood, which, following the law of gravitation, after death is collected in the dependent parts of the body; but it must also be remembered that in many instances minute lesions may have occurred in the walls of capillaries during the agonal stage, which, after death, become larger, and therefore visible to the naked eye.

Nothing could be more injudicious than to diagnose death from suffocation because a few ecchymoses have been found under the pleura or the pericardium of children who have been found dead in bed. Such ecchymoses are of diagnostic value only when they appear in parts where there is not or never has been any hypostatic congestion, when there are signs of hyperæmia and congestion which have existed during life, and when infectious and septic diseases, diseases of the blood, and indications of poisoning can be absolutely excluded.—*Treatment*, July.

### CYSTINURIA.

The presence of cystine in the urine is of rare occurrence, and but few cases are recorded in which this substance has been

detected in the secretion. In the *Practitioner* for May, 1898, Dr. Walter Smith gives an article on Cystinuria. The author in referring to the history of the affection remarks that it is nearly ninety years since Wollaston described the presence of a substance, to which the name cystine was given, in a urinary calculus. From this time not more than eighty cases have been reported in which cystine has been found in the urine. Clearly, therefore, the condition is of very rare occurrence. In the first case recorded by Dr. Smith, a boy of eight, the general health was in all respects good. The mother had noticed that the odour of the urine was peculiar, like that of orris root. It deposited a greenish sediment. Only once was cystine discovered. The second patient was a female, aged fifty-two. She had complained of pain in the legs, but the general health was good. The urine was greenish yellow in colour, and threw down a white sediment. This consisted of six-sided crystals of cystine. There does not appear to be any morbid symptom, or chain of symptom, which can be connected with the presence of cystinuria. Its occurrence seems to be more or less purely accidental. Dr. Smith considers that cystine is a result of disordered metabolism. He gives an account of the views which have been held as to its chemical constitution. It is scarcely necessary to say that physiological chemistry does not throw much light on the significance (if any) of cystinuria. As regards treatment, Dr. Smith lays stress on the necessity of disinfection of the intestines. This proceeding can do no harm; but in view of the fact that we are altogether ignorant of the mode of production and origin of cystine, whilst at the same time we know of no morbid changes (beyond the formation of calculus) associated with its occurrence, disinfection of the intestines seems quite superfluous.—*Treatment, July.*

### THE TREATMENT OF CARDIAC AFFECTIONS DEPENDENT UPON ARTERIO-SCLEROSIS.

In the *Journal des Praticiens* the following treatment for this condition is given:—

The diet is carefully regulated, and small quantities of meat are administered. Potatoes are to be avoided, and green vegetables employed. In regard to medicinal treatment the following potion may be employed for the purpose of increasing elimination of calcareous material: bicarbonate of sodium, two and a half drachms; neutralize this with a sufficient quantity of lactic acid, and add lactic acid and simple syrup, two and a half drachms, and distilled water six ounces. Take this quantity during a period of twenty-four hours. It is stated that the lactic acid will augment the elimination of calcareous materials and increase the quantity of the urine, and that under this treatment the patient will be relieved to a great extent of symptoms of cardiac dilatation or asthenia, dyspnoea, cyanosis, œdema, and attacks of angina.

### DIGESTION FEVER IN CHILDREN.

(*Med. Mod.* No. 14, 1898.)

Dr. Comby describes under this name an intermittent fever which is produced by the absorption of faulty products of digestion, and

is most frequently observed in children between three and ten years old. Nearly all of the children thus affected are suffering from chronic dyspepsia, and had been hand fed; most of them are also rickety. One frequently finds in these children insufficiently nourished and exhibiting the symptoms of atonic dyspepsia and distension of the stomach. About eighty per cent. of the cases of digestion fever occur between the months of May and July, probably, as Grasset thinks, owing to the ingestion of large quantities of water. It is more frequently found in boys than in girls.

Without any definite symptoms, the children feel ill, look pale, are anorexic, and dull. Two or three hours after meals their temperature rises to a moderate height ( $100^{\circ}$  to  $101^{\circ}$  F.), their sleep is disturbed, heavy, they perspire much in their sleep, and dream often and bad. In the morning the children wake up with normal temperature, but look pale and ill. These attacks recur with more or less regularity and frequency. The fever sometimes reaches  $102^{\circ}$  to  $104^{\circ}$  F, and usually lasts for a couple of days. Exacerbations of this kind are fortunately rare. Liver and spleen are not enlarged; there is constipation and utter loss of appetite. Voracity is rare, whereas the children frequently complain of much thirst.

There is a strong tendency for this affection to run on to troublesome gastro-enteritis, or even membranous enteritis.

Regulation of diet is the most important feature in the treatment of this affection.

The children must not be given wine and hot and spiced dishes, sweets, cheese or tea. They must not eat beef or pork. Toast, soup, spinach *à la purée*, stewed fruit, sheep's or calf's brain, veal or mutton cutlets, roast or boiled fowl, or pigeon, for the mid-day meal, is all that ought to be allowed. There ought not to be more than three meals a day, of which the mid-day meal must be the principal one. No more than half a pint of milk or water may be allowed for a drink at each meal.

Quinine and alcoholic tonics make the condition only worse. If the constipation cannot be overcome by regulation of the diet, then Comby orders the following powder, of which he lets one be taken twice daily before meals:—

R.	Sodii bicarb.....	gr.	5
	Magnes. levis.....	"	10
	Naphthol.....	"	3
	Pepsin.....	"	$1\frac{1}{2}$
	Ext. nux vomica.....	"	$\frac{1}{8}$

Da. in wafers; tales doses twenty.

S. One cachet before the morning and evening meals.

Or—

R.	Sod. bicarb.....	gr.	4
	Magnes. levis.....		
	Pulv. rhei.....	āā	3
	Pancreatin.....	"	1
	Ext. nux vomica.....	"	$\frac{1}{8}$

Da. in wafers; tales doses twenty.

S. As above.

If diarrhoea be present, then magnesia and rheum may be re-

placed by bismuthum salicylicum. If the tongue is much furred and the motions fœtid, the calomel in doses of one-sixth to one-third of a grain, with five grains of saccharum lactis, repeated every two hours four or five times a day for three days, will be found very useful.—*Treatment*, July.

## THE DIFFERENT FORMS OF COLITIS IN CHILDREN.

(*Revue Mensuelle des Maladies de l'Enfance*, March, 1898.)

Dr. L. Guinon, of Paris, in a very interesting paper describes the different forms of colitis in children in the following manner:—

In the acute form of colitis the most prevalent symptoms are repeated vomiting, meteorismus, and tenderness of the abdomen, which might almost lead one to suspect the onset of peritonitis or typhoid fever; but frequency of motions and flatus and tormenting tenesmus soon lead one to make the correct diagnosis.

In the localized form of acute colitis, the ascending colon and the cæcum are mostly affected; the right iliac fossa and epigastrium are distended and the seat of violent colic pains. This affection differs from appendicitis by the less severe character of the pain, the diarrhœic motions, and the fact that the application of the ice-bag makes the pain worse. The diagnosis is very difficult if both affections are present at the same time. In most cases the symptoms subside rapidly; in others the inflammation creeps along the colon.

When the descending colon, the sigmoid flexure, and the upper part of the rectum are affected, then the pain is localized in the iliac fossa, and there is much tenesmus at defæcation.

In the dysenteric form of colitis the symptoms are more or less those of sporadic dysentery.

Chronic colitis is much more frequent than is commonly believed, especially in children over two years old when they had been suffering from chronic constipation. The onset may be sudden or slow. The children look pale and anæmic, the skin of the face and the neck is pigmented, dark rings encircle their eyes; their lips have a peculiar red color; they are very thin, very susceptible to cold weather; their feet are cold, but their hands are burning hot. The base of the tongue is covered by a thick white fur; their breath smells bad. The abdomen is in most cases distended and tender; in others flat and painless. The pain is mostly localized in the iliac fossa. The children are excitable and quarrelsome, or depressed and languid. The attacks of griping pains come on suddenly, often while the child is at play, or when his abdomen is slightly touched with the finger. Constipation is prevalent; hard, black, globular fæcal masses are expressed with difficulty; there may also be prolapsus recti. The motions are covered with streaks of slime and blood; their smell is foul. In other cases diarrhœa and constipation alternate with one another; the motions are fœtid, and mixed with brownish green frothy mucus. This kind of motion is especially frequent in children who have been put on exclusive milk diet. Fæcal concretions are sometimes to be found in the motions during these attacks of diarrhœa. The

appetite is bad or varies; digestion is painful, slow, and often accompanied by rise of temperature (digestion fever); the urine has a strong, repulsive smell, and contains much indican. Such children grow very slowly, their bones and muscles remain very slender, their thorax narrow; signs of rickets are always absent. The affection is very troublesome to treat; neurasthenia is one of its commonest sequelæ; appendicitis is a rare complication, but cystitis is pretty frequent.

Papillar and pustular rashes on the extremities and abdomen are common; the face is seldom the seat of eruptions of that kind; purpura, diffuse morbilliform erythema, convulsions, and symptoms of meningeal irritation may sometimes be found to accompany acute or chronic colitis.—*Treatment*, July.

### A NEW DIAGNOSTIC SIGN OF MEASLES.

Under the above heading Dr. Henry Koplik, of New York (*Med. Rec.*, April 9th, 1898), describes a phenomenon which he considers a very valuable sign in the very early stages of measles. It consists of an eruption which appears on the mucous membrane lining the cheeks and lips. It can be seen only in very strong daylight falling from a window direct on the mucous membrane. It is then necessary to evert the mucous membrane covering the lips and cheeks, either with the fingers or by means of a spatula. One can then see by close study the infinitesimally minute bluish white specks on a reddish punctate area in beginning measles, and on a more diffusely reddened background in advanced cases, which are absolutely pathognomonic of measles.—*Treatment*, July.

### THE ALKALINE SILICATES IN WEAKLY MINERALIZED WATER.

The therapeutic action of simple thermal springs has been variously attributed to their thermality, to the action of ordinary water when used internally and externally, and to peculiar electrical conditions. Dr. J. Felix (*Gazette des Eaux*, May 19th 1898) discusses the possibility that these waters may owe some of their beneficial properties in various diseases to the alkaline silicates which they contain. This question has been already to some extent considered by various writers, and Dr. Alvarenga, of Lisbon, has attributed to the silica and alkaline silicates the curative effects of certain springs in cases of gout and rheumatism. Duhourcau, of Cauterets, and Schlemmer, of Mont-Doe, think that the alkaline silicates contained in many thermal waters can exercise a certain antiseptic effect. A few years ago a brewer, wishing to obtain a good supply of pure water for his brewery, had an artesian well sunk at considerable cost to himself. Great was his disappointment to find that with this water the necessary fermentative process was hindered, so that he could not make any beer. Analysis of the water showed that, though weakly mineralized, it contained several centigrammes of alkaline silicates in the litre. Felix finds that solutions of one or two grammes alkaline silicates in a thousand grammes of distilled water have a decided antiseptic action, similar to that of perchloride of mercury and carbolic acid, but are not corrosive,

toxic, or irritating—at least, in quantities of one or two grammes in a thousand grammes of water. This antiseptic action of solutions of silicates may explain their action in cutaneous affections, vaginal discharges, conjunctivitis, etc. In another article (*Annales d'Hydrologie*, March, 1898) Dr. Felix mentions that alkaline silicates have a solvent action on uric acid. If a bottle of the water of Sail les-Bains (which contains about 0.13 per mille silicates) or a litre of a two per mille solution of sodium silicate be poured into a vessel the walls of which are encrusted with uric acid ("red sand"), the uric acid will be dissolved in a very little time. If, on the other hand, the muriated water of Châtel-Guyon be poured into the vessel, the uric acid will not be dissolved, but will be detached from the side of the vessel and held in suspension, as if Châtel-Guyon and similar waters have the power of dissolving the mucous material by which the uric acid is attached to the side of the vessel, but cannot dissolve the uric acid itself as well as waters containing little else in solution except alkaline silicates.—*Treatment*, July.

### ACTION OF MUD AND PEAT BATHS.

Behse (*St. Petersburger Med. Woch.*, 1898, No. 10), who practises in Pernaу in Livonia, where both peat baths and mud baths are employed, discusses the action of both these kinds of baths. He agrees with Braun and Kisch that semi-solid peat baths can be taken at a higher temperature than ordinary baths of water. Braun compares them to thermal baths at high elevations. Kisch says that peat baths at 39° C. (= 102.2° F.) can be regarded as indifferent in temperature. Behse explains the phenomenon in the following way. He supposes that the particles of peat next the skin rapidly give off heat to the skin until they fall to the same temperature as the surface of the bather's body. The result is that, owing to the firmness of the material used for the bath, the bather soon after the commencement of the bath, unless he changes his position in the bath, sits enveloped in a layer of peat at the same temperature as the surface of his body. Jacob found that in cool peat baths the skin of the bather during the first five minutes is cooled just as it is in baths of water at the same temperature; however, in peat baths the temperature of the skin then rises again, and after some time is found to be two or three degrees Centigrade higher than when water is employed for the immersion instead of peat. Amongst other differences in action between baths of peat and baths of water he notes the chemical stimulation of the skin in peat baths, and the massage effect on the skin when the bather moves about in the semi-solid material. Behse sums up as follows:—

1. Peat baths stimulate the skin, but influence the bather's temperature less than ordinary baths at the same temperature.

2. Through the friction caused by the bather's movements a mechanical stimulation is obtained in addition to the chemical one.

3. In regard to pulse, blood pressure, respiration, and metabolism, peat baths appear to exert no distinctly different action to ordinary baths, except that, according to Julius Glax, a somewhat lower temperature in peat baths corresponds in these respects to a somewhat higher temperature in ordinary baths.

Dr. Behse proceeds to discuss the various kinds of mud baths.



At Abano, Acqui, and Battaglia, in Italy, the mud is used either for single parts of the body or for the whole body. A layer of mud about six centimetres in thickness is employed. The hot mud is spread over a linen sheet laid out on a mattress, and the patient lies down on it. The front part of his body is then covered in the same way, and with his muddy covering he is then kept wrapped up in woollen blankets for half an hour. After this he is allowed to sweat in a warm bed for half an hour. The mud used in Italy is very hot ( $51^{\circ}$ - $52^{\circ}$  C.), and so it is also at Pistyan, in Hungary. In the south of Russia the patient lays on a slab, and is more or less thickly covered with mud. The mud is used very hot ( $52^{\circ}$  C. on the surface, but  $10^{\circ}$  C. cooler inside). Full baths are heated to  $41^{\circ}$ - $43^{\circ}$  C. Mother-lye is added to the mud. At Plattensee in Hungary, in Norway and in Sweden, the mud is chiefly used for rubbing the body with, in association with warm water affusion, douches, massage, and flagellation with birch twigs. At Pernau and Arensburg, in Livonia, baths of diluted mud (to which salt is often added) and mud compresses are employed. The full baths are not heated beyond  $38^{\circ}$  C., but the mud compresses are employed warmer. [Complete baths of the undiluted mud would be very expensive at Pernau on account of the great cost of carriage.]

It is clear that the action of mud baths must vary very much, according to the various modes of application. In Sweden and Norway there is especially the mechanical stimulation by the rubbing to be considered; in Italy and South Russia the high temperature of the application is a special feature; and when mother-lye is used with the mud, as it sometimes is in Russia, it exerts a chemically stimulating action on the skin. Motschutkowsky, Koretzki, and Troitzki found that in mud baths of  $34^{\circ}$ - $41^{\circ}$  C. the pulse frequency and blood pressure are first raised, then lowered; respiration is increased in frequency; the temperature of the body is raised  $1^{\circ}$ - $3^{\circ}$  C. if the duration of the bath is prolonged. By frequently repeated mud baths the weight of the body is lowered; the amount of urine is lessened and its specific gravity raised; the amount of nitrogen excreted is at first below the normal, but afterwards increased; the sulphates and phosphates are below the normal. The thermal effects of the diluted mud baths employed at Arensburg and Pernau must be, Behse thinks, much the same as those of ordinary baths of the same temperature. According to the analyses quoted, it appears that the Pernau mud is richer than the Arensburg mud in chlorides and in chalky and organic constituents, whereas the Arensburg mud contains more sulphides and silica.—*Treatment*, July.

### TABES DORSALIS AND THERMAL BATHS.

Donadieu (*Gazette des Eaux*, 19th May, 1898), in his paper at the Montpellier Medical Congress, expresses his opinion on the thermal treatment of tabes at Lamalou. During the first period of tabes—that of “lightning pains”—the temporary disorders of sensation (lightning pains, gastric crises, etc.), he thinks, are ordinarily benefited or cured after one or several courses of the spa treatment, though the more permanent disorders of sensation (girdle sensations,

feelings of constriction, patches of hyperæsthesia and anæsthesia, etc.), do not yield so readily. During the second period the ataxy and other motor troubles become more and more resistant to the thermal treatment, and in the third period (that of great inco-ordination of movement) very little benefit can be derived from the spa. As contraindications Donadieu mentions rapidly progressive (malignant) tabes, signs of inflammation, and sudden fever. He considers as unsuitable that class of patients who become hyperæsthetic under the treatment, and on whom the baths exercise no sedative effect. The cases in which the diagnosis can be made early are the ones preferred for Lamalou. Mercurial cachexia, arthritism, and the effects of overwork may be remedied by the spa treatment, and antisyphilitic treatment may in suitable cases be combined with the cure, or employed during the interval between two courses of treatment.

M. A. Bélugou (*Annales d'Hydrologie*, May, 1898) compares the French spas of Lamalou, Nérès, and Balaruc in the treatment of tabes, and comes to the following conclusions. In arthritic subjects Lamalou is specially suitable, while Balaruc is contraindicated. In scrofulous and lymphatic subjects Balaruc is preferable to Nérès or Lamalou. In the case of tabetics with neuropathic inheritance and nervous temperament Balaruc is contraindicated, whilst Nérès suits the erethic and excitable subjects, and Lamalou has advantages in "irritable weakness" and depression. Lamalou, which, besides its baths, has the advantage of ferruginous and arsenical waters for internal employment, is suitable for cases of tabes following on fatigue and exhaustion and excessive venery. Bélugou maintains that the various symptoms of tabes should influence the doctor in his choice of a spa. Thus Balaruc should not be selected in hyperæsthetic and painful cases. Balaruc and Lamalou he prefers when there is paresis of the bladder and intestines, and Lamalou when the sexual functions are enfeebled.

At several health resorts methodical exercises are now carried out for the inco-ordination of tabes, a plan first introduced by Dr. Frenkel of Heiden, in 1890. It seems as if this method of treatment can really be of use for the ataxy of chronic and quiescent cases of tabes. The faulty sensation which is the cause of the atactic movements can apparently really be, to some extent at least, obviated by getting the patients to educate their remaining powers—in accustoming them to rightly interpret whatever sensations (even altered sensations) they have left to them.—*Treatment*, July.

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## SURGERY.

IN CHARGE OF

GEORGE FISK, M.D.

Instructor in Surgery University of Bishop's College; Assistant Surgeon Western Hospital.

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Mayo (*Medical Record*, June 11, 1898) gives some observations on the diagnosis and surgical treatment of certain diseases of the stomach. He speaks especially of cancer of the stomach, and after some discussion continues as follows:

The method of pylorotomy we have followed has been

so speedy and satisfactory that I would like to call your attention to it. The ease with which any desired amount of stomach can be excised is especially noticeable—in one case the upper suture angle lying behind the left costal arch in close proximity to the cardiac orifice and passing obliquely downward and to the right more than six inches in length, making a sort of shovel nose to the amputated end. I make no claim to originality, although I know of no method of equal simplicity; and in the cases referred to and also in a number of cadaver operations the details were readily carried out. The steps are as follows:—

1st. A median incision above the umbilicus, and, if needed, a cross-cut of the rectus.

2d. Double ligation and division of the necessary amount of gastro-hepatic omentum; this allows the pylorus and lesser curvature to be delivered. The fingers are now in the lesser cavity of the peritoneum, and at once slip under the pylorus and act as a guide to the careful double ligation and division of the gastro-colic omentum attached to the malignant area.

3d. The diseased part is isolated by a piece of gauze drawn under it, and a pair of forceps are caught from each side, separating the diseased from the healthy stomach and also preventing leakage from below. With a knife a circular cut is made completely around the healthy portion of the stomach to the mucous coat. The muscular and peritoneal coats are stripped back and a few bleeding points caught with forceps. The mucous coat is cut inch by inch and at once closed with a continuous catgut suture; this is cut short and the detached pylorus and tumor are covered and turned out of the way. A second continuous catgut suture of the muscular coat rolls in the mucous, while outside of this a good silk Lembert of the peritoneum and muscular coats protects and rolls in the two first rows of sutures.

4th. The end of the stomach is slipped to the right and the ends of the tied omenta are sutured to each other and to the suture line, not only making further protection, but also anchoring the stomach to the right and preventing undue traction upon the duodenum after it is fastened in place.

5th. The duodenum is cleanly amputated at a healthy point and buttoned with a Murphy button to the anterior lower wall of the stomach.

We have done this operation once in forty-five minutes, once in one hour and five minutes, and once in one hour and twenty-five minutes. I mean by this, from the time the operation was commenced until the dressings were in place, and in each case from four to six and one-half inches of stomach had been excised.

LEFT SUBCLAVIO-AXILLARY TRAUMATIC ANEURISM—LIGATION OF SUBCLAVIAN ARTERY IN ITS SECOND STAGE—RECOVERY, WITH PERFECT USE OF ARM.

H. G. Croly, Dublin (*Med. Press and Circ.*, London, Vol. CXVI., No. 7, p. 155), places on record the first Irish case of ligation of the subclavian artery in its second stage, the patient being a strongly built garden laborer, aged 37 years. In a dispute he was stabbed with a tailor's scissors below the left clavicle and again above that bone, the hemorrhage being profuse. On admission to the hospital there was noticeable merely an oozing from the wounds, a hematoma, conical in shape, and about the size of half a cocoanut, having formed. Compresses and bandages were applied to the wounds at the time. Gradual improvement followed upon profound collapse. A loud bruit with a distinct pulsation, absence of radial pulse and powerless condition of the arm were noted. Ice-bags were applied to the tumor, followed later on by a shot bag and Esmarch's bandage, and rest. The arm and hand remained powerless for four months, although the hematoma gradually diminished in size. Upon re-admission into the hospital fourteen months later, because of constant axillary pain, he having returned to work in the meantime, a large pulsating tumor was found occupying the subclavicular axillary space, the shoulder raised, the upper extremity wasted and a loud systolic murmur heard above and below the clavicle and in the axilla. After resorting to various measures of treatment the patient consented to operation. After making a vertical incision at the outer edge of the sternomastoid, and a horizontal incision along the clavicle, with careful manipulation a large aneurismal tumor was seen occupying the entire third stage of the artery. The extreme jugular vein was lying at the outside of the subclavian triangle, and the phrenic nerve in its normal position; the cords of the brachial plexus were not seen. An aneurismal needle was then passed through an opening in the sheath of the artery, around the vessel; the ligature being composed of ox-peritoneum, aseptic. The loop being divided, the ligature on the side next the heart was tied by the first hitch of a reef-knot, the artery grooving like a director, and the internal coats being merely approximated. The second ligature was applied in the same manner, the four ends being drawn finally as a single ligature, tying the second hitch of the reef-knot. The long ends were cut off close to the stay-knot, completing the stay-knot of Ballance. After the first half hitch was tied pulsation in the tumor had gone, and the aneurism ceased to pulsate. The patient recovered

perfect health, his left arm becoming as strong and muscular as before the infliction of the wounds. The operation was originally practiced by Dupuytren in 1891.—*American Medico-Surgical Bulletin*, August 10, 1898.

### CRANIOTOMY FOR MICROCEPHALIC IDIOCY.

S. M. Blanc (*Lyons Méd.*, Vol. LXXXV, p. 561) concludes that the operation is not a dangerous one and is, moreover, simple. The results, however, are more apparent than real, since microcephaly is due in all probability to an arrest of cerebral development at the fourth month of intra-uterine development, and that little would be expected for an operation on the bones after birth. In post-embryonic cases only could one hope for any actual benefit. In his experience of seven cases there was but little temporary improvement and no lasting help.—*American Medico-Surgical Bulletin*, Aug. 10, 1898.

### A CASE OF RAPIDLY FATAL ACUTE OSTEO-MYELITIS.

By GEORGE S. BROWN, M.D.,  
of Birmingham, Ala.

E.O., a girl, 6 years old, was brought to the hospital at 8 p.m., June 7, screaming with pain whenever she was moved, and particularly when her right arm was touched. The history elicited at this time was that she had received a blow on the right shoulder on June 3, and that on June 4 the pain and fever began. She was in a semi-conscious condition with pupils minutely contracted, conditions thought to be dependent on the opiates that had been given. Chloroform was administered and the painful arm, which was slightly swollen, was examined for fracture; nothing was found, and the child was ordered to bed with cold applications to the arm and morphine to be given as required. At 4 a.m. I was called, and found her with a temperature of 102.8° and still crying with pain. The report was that she had had four hypodermics of morphine (two of gr.  $\frac{1}{3}$  and two of gr.  $\frac{1}{8}$ ), but, except for a very short time after each, she had not ceased to cry, emitting a bird-like cry of intense agony with every expiration. The mental condition was now clearly seen to be due to the profound sepsis, and the diagnosis of acute osteomyelitis was made. At 9 a.m. an incision was made over and parallel with the fibres of the deltoid muscle, and about half an ounce of pus was let out from under the periosteum. The child slept quietly for 4 hours after this, but the temperature and pulse were not improved in the

slightest degree. At 1 p.m. she was again screaming with pain in the same monotonous voice with every expiration, but was in every other way apparently unconscious. At 1.30 p.m. the dressing was removed. A hole was drilled in the shaft of the bone an inch below the epiphysis. As pus came from this also, a free opening was made in the shaft. The wound was next enlarged upward and downward and the periosteum was found to be fast separating from the bone. Hot, wet dressings were kept constantly applied, but the temperature and pulse kept steadily up, though the temperature could be brought down  $1^{\circ}$  or  $2^{\circ}$  by a cold bath. The mental condition and the screaming remained the same. At 2 a.m., on June 9, the wound was dressed and then drained much better, so that the temperature was then somewhat lower (between  $102^{\circ}$  and  $103^{\circ}$ ) for the next 10 hours. All day the wound drained well, and there were some periods of rest of an hour or so, but otherwise the symptoms of most malignant sepsis were unchanged. All these gradually grew worse again. After another very bad night, and in the presence of a condition just about hopeless, on the morning of June 10, I again explored the wound. Following the disease I found the periosteum entirely separated from the bone. My incision now extended from the upper to the lower epiphysis on the back of the arm, bringing over the musculo-spiral nerve. The upper and lower epiphyses were cut through with bone-forceps and the loose shaft slipped out from under the musculo-spiral nerve. Much to my surprise, after I had done this, I found the shoulder-joint and elbow-joint full of pus. Examining further I found the wrist and ankle of the same side also inflamed. Touching the ankle would cause pain even when the child was so much under the influence of chloroform as not to feel the operation on the arm.

This pyemic invasion of the joints was something I had not heard of before in connection with osteomyelitis, and for that reason I overlooked it. I have no doubt now the last accession of the symptoms was caused by metastasis to the joints more than to the trouble in the arm, which was freely draining. The child died 6 hours later.

Cultures and cover-slip preparations from the pus evacuated at the first operation from under the periosteum, as well as that coming from the drill-hole in the bone, gave pure cultures of a staphylococcus that in the culture-tube proved to be the pyogenes aureus.

The brain-symptoms were so pronounced that for a while it seemed that a meningitis was present also. Although no autopsy was allowed, and notwithstand-

ing the metastasis to the joints, I am inclined to believe that the brain condition was due entirely to the toxæmia.

Children often become unconscious under very mild septic conditions, and this case was one of a severity rarely met with. It is the only case of sepsis that I have seen out of about 40 treated similarly in which large subcutaneous infusions of salt solution (400, 500, and 600 cu. cm. in this case) had no effect whatever on the pulse, temperature or other symptoms. It is very probable, however, had an autopsy been performed, that we would have found infection of all the fluids of the body.

I find that the text-books mention such cases as this as being rare. I publish this for that reason, and because it may assist some one to recognize such a condition in time to do something for it. Operation on the first or second day might have saved this child ; though even then, in the hands of one who had not had such an experience before, the chances are that it would not have been radical enough.—*The Philadelphia Medical Journal*, August 13, 1898.

### THE ANATOMY AND SURGERY OF THE CHINESE.

Dr. J. J. Matignon (*Archives Cliniques de Bordeaux*, November, 1897), after three years' sojourn in Pekin, says that a study of Chinese medicine convinces one that China is the paradise of routine. The medicine of the Chinese is less advanced, less intelligent and less scientific than that of Hippocrates. Medical literature is rich ; there are volumes remarkable for their size as well as for their number, but they are entirely lacking in originality. They are simply commentaries on the old masters who were contemporaneous with Machaon and Podaliere, who cared for the wounded after the Trojan war. All races, even savages, get some notion of medicine from the experiences of previous generations and the observations of morbid phenomena, but the Chinese are no further advanced than the most primitive people. They are superficial observers, and have made medicine a speculative science without the solid basis of observation of vital processes. The object of most authors has been to give their theories a mysteriously obscure character, for the Chinese think that the more shadowy and more incomprehensible the idea the more it is worthy of admiration. The Chinese physician never makes any dissections ; all that he knows of anatomy is learned from charts more or less fantastically produced, in which nerves, tendons, veins and arteries are confounded. The head is a solid bone.

Between the arm and the forearm there is a kind of patella. The small intestines communicate with the heart. The colon, which has six circumvolutions, opens into the lungs. They have very peculiar ideas in regard to the functions of the heart, brain, kidney and liver. The heart is the ruler of the body. Ideas of pleasure have their origin in the pit of the stomach. The soul has its seat in the liver, and from this organ emanate noble and generous sentiments. The gall bladder is the receptacle of courage, and the subject is timid or warlike according to its seat. They find sixty-four kinds of pulse in the same subject at the same time. They do not know that the veins have valves. Their histological notions are as follows: The body is composed of five elements—fire, water, metal, wood, and earth—which are in exact harmony with five plants, five tastes, five colors, five metals, and five solid viscera. Disease results from a disturbance of this harmony, which no one but a Chinese has yet been able to perceive. Happily for the Chinese, they have a horror of surgery; it is certainly a fortunate thing so long as their knowledge of anatomy is so limited. Fear of the bistoury is not the result of fear of pain, but of certain notions in regard to filial piety. Any wound of the body is considered an insult to filial piety. The Chinese seldom submit voluntarily to an operation, and when they do they keep the tumors or members that have been removed with the same pious care that eunuchs preserve their sexual organs in a bottle, so that, being buried with them, they may present themselves intact in the next world. The Chinese physician does not operate in the modern acceptance of the term. He really limits himself to the opening of an abscess. The chiropodist is much better equipped than the surgeon. All the instruments known number thirty-six. An insufflation tube for medicated powders is much used, especially in diphtheria. It is of iron and about eighteen centimetres in length. Lancing is very popular, and is employed in fractures, constipation, cholera and ophthalmia. A Chinaman piques himself on the number of lancements that he has undergone. There is, in the Imperial College of Medicine, a manikin of bronze, bearing a very large number of punctures corresponding to the lancing practiced on the living subject. At examination time this manikin is covered with paper, and the candidate for a degree is supposed to have a sufficient knowledge of the topography of all these orifices to introduce his lance through the paper without the least hesitation into the orifice corresponding to the disease upon which he has been interrogated. Nothing is known of speculums, forceps or urethral catheters. Massage has been understood by the Chinese



since its earliest antiquity. It consists of superficial or profound friction with the hand or a piece of money. In the method called "loug fou," they use hammering of the muscle and the bone by the use of a small wooden mallet.—*Medical Record*, March 26, 1898.

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## OBSTETRICS.

IN CHARGE OF

H. L. REDDY, M.D., L. R. C. P., London,

Professor of Obstetrics, University of Bishop's College; Physician Accoucheur Women's Hospital; Physician to the Western Hospital,

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### PUERPERAL SEPSIS.

Munde: Address before the Am. Gyn. Soc. '88. He says:—"With the comprehension that the old-time 'puerperal fever' was nothing less than septicemia, and differed in no sense from septic infection from wounds in other parts of the body, an immense advance was made in the understanding of the pathology, diagnosis and treatment of this dreadful disease." There are recognized three forms of puerperal sepsis. First, sapremia, or the variety in which the septic focus remains localized, and the microbe or germ infection, the staphylococcus, does not enter the general circulation. This form produces its systemic results, not through transmigration of its germs into the general system, but through the local irritation which causes a general elevation of temperature and pulse, precisely as a local inflammation or an abscess in any part of the body may do. Second, septicemia, in which the septic germs (streptococci) find their way into the general system, and by invading the blood produce general and systemic infection. While in the sapremic form the products of decomposition are usually putrid and their odor is exceedingly characteristic and offensive, in septicemia there ordinarily is no distinctive odor, and not necessarily any peculiar pathognomonic discharge from the genital organs. Third, pyemia, or the variety of septicemia in which deposits of streptococci take place in different distant portions of the body and there produce decomposition and abscesses. The first two varieties, sapremia and septicemia, are now-a-days by far the most common, particularly sapremia, while pyemia is comparatively rare at present, and he does not recollect having seen more than two or three cases within the last ten years,—the reason being probably, the septic condition being more quickly recognized and more energetically treated. The sources of infection may begin at a very early period of preg-

nancy—a woman who is aborting, or has aborted, being considered exactly in the same danger as a woman at term. A number of other conditions, such as inflammation of the pelvic cellular tissue of the peritoneum, etc., etc., are mentioned as producing fever in the puerper. The sources of infection are decidedly more positive and obvious. He does not go so far as some who state in every case of puerperal sepsis that the infection has been carried by the attendants, although undoubtedly true in a large number of cases. He believes, besides the attendants, that septic germs may be sucked into the gaping vagina during change of position of the patient, or the retention of decomposed lochia in the uterine cavity by a sharply antiflexed uterus, is not an uncommon cause of rapid and unexpected septic absorption. The prophylaxis of puerperal sepsis is regulated by the prevention and the removal of the various causes of infection. In cases of gonorrhoeal or acrid leucorrhoeal discharges an effort should be made by means of frequent bi-chloride douches to cure this source of infection. He does not believe that it produces a true puerperal sepsis, although it may produce an acute salpingitis and pyosalpinx. An important element of prophylaxis against puerperal sepsis is the thorough emptying of the uterus of placenta membranes and coagula, and the maintenance of as thorough contraction of uterus as is possible by friction, ice, ergot, until such contraction is permanent. He does not hesitate, if necessary, to introduce his hand into the uterus to clear it out, rather than take chances of secundines or coagula remaining within. The diagnosis of puerperal sepsis is not difficult. Chill, followed by rapid rise of temperature, usually within three or four days after the confinement; rapid pulse, running up in severe cases to 140 or 150; repeated chills; temperature varying from 102 to 105 F.; occasional remissions, but scarcely ever falling to 100 F.; tongue coated, in very bad cases furred, brown and dry. The old theory of so-called "milk-fever" is exploded as a reason for prolonged elevation of temperature. Occasionally, when the infection has been gradual, there may be a high degree of sepsis, with little or no elevation of temperature; the rapid weak pulse, history of the case, absence of marked anemia and other causes for a rapid pulse would indicate sepsis. There may or may not be an offensive vaginal discharge. In cases where there is no odor to the discharge, only high temperature and pulse indicating the infection, the prognosis is most unfavorable. He recommends a digital examination, and, if necessary, a specular examination to be made in these cases of sepsis. The first indication for treatment is the removal of all foreign substances from the endometrium,

which may be the source of infection, either with the finger or long blunt curette. When the uterine cavity has been thoroughly emptied, irrigate with a mild solution of permang. potass. or a ten per cent. solution of chloride of zinc, or with Labarraque's solution, or, if the foreign bodies removed are offensive, with Marchand's solution of peroxide of hydrogen diluted one-half. He confesses that the mild solution of permanganate of potassium answers his opinion equally as well as any of the others, with the exception of the peroxide of hydrogen. He very seldom employs intrauterine irrigations of bichloride of mercury, and never stronger than one in ten-thousand, because he fears the systemic absorption of the drug and its consequent bad effects. Iodoform does not do any particular good. He says: "I have seen good from packing the endometrium with iodoform or sterilized gauze to bring about a contraction, the uterus being empty." In very bad cases of septic endometritis with a great deal of inflammatory hypertrophy of the uterine wall, he does not use a curette either sharp or dull, as it removes the tissues, which have already undergone inflammatory obliteration of their absorbent vessels, and the curette simply lays open fresh channels for infection. In such cases apply to the endometrium either a solution of chloride of zinc (20 to 30 per cent.) or pure tincture of iodine, or iodized phenol, through a speculum, wash and pack with iodoform gauze, which may be left for 48 hours or longer, provided symptoms (chill or temperature) do not call for its earlier removal. After such strong cauterization intra-uterine irrigation will be needed for some time. The method recently recommended by Carossa, of introducing a large drainage tube to the fundus, and then packing around the tube with sterilized gauze saturated with alcohol of 20 per cent. strength, has been highly recommended by Ill and others. If the uterine cavity is empty, and there is nothing in it to produce sepsis, if the signs of sepsis be present, there is no use in giving intra-uterine irrigations. Infected vaginal or perineal wounds should be touched with a saturated solution of permang. pot. or a 25 per cent. solution of chloride of zinc. Uterine vaginal drainage should be maintained by thin strips of iodoform gauze gently passed through the internal os as required. The medicinal treatment of puerperal sepsis is not satisfactory. It is simply a question as to which holds out the longest, the patient or the disease. If we can keep the patient alive by means of stimulants—that is, alcohol, caffen, strychnine and nourishing food—until nature has thrown off the septic germs, we gain the victory. If her stomach gives out, the disease wins. He has no faith whatever in quinine as a reducer of temperature, and as for its

action on septic germs it is useless. The reduction of temperature by means of the cold-tar derivatives, as antipyrin, is only temporary. The objection to them is that they depress the heart and mask the fever. However, phenacetene may be given in from three to five grain doses, combined with caffeine, carefully watching it. It tends to render the patient more comfortable. The use of saline laxatives, as advocated many years ago by Seyfert, of Prage, is simply a matter of historic interest. Ergot is useful if the stomach will stand it. The large ice-bag, or ice water coil, frequent sponging with cold water, or cold water and alcohol, or even the bath reduced to a temperature of 70 deg. F., are all potent factors in the reduction of temperature. In conclusion, he says of serum therapy, that is, by hypodermatic injections of the antistreptococcic serum, he has had an experience in three desperate cases, from three to six injections of 10 C. C. of serum were injected at intervals of from four to twelve hours and all three cases recovered. In cases going from bad to worse, he unhesitatingly employs the serum injections, on account of the results already seen. Intravenous saline infusions might be employed to prolong life in desperate septic cases. Panhysterectomy per vaginam for the removal of septic foci invading the pelvic cavity, the appendages and more or less the uterus, has its distinct place in pelvic surgery, but it is well not to be too hasty in the performance of this mutilating operation.

—*Four. of Obstet.*

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“Bacteria of the Vagina and Their Practical Significance, Based upon the Examination of the Vaginal Secretion of One Hundred Pregnant Women,” was the title of a paper read at the American Gynecological Society by Dr. J. Whitridge Williams, Instructor in Obstetrics in the Medical Department of Johns Hopkins University, Baltimore. As a result of his investigations in this direction, the author presented the following conclusions: (1) He agrees with Kronig that the vaginal secretion does not contain either pathogenic streptococci nor staphylococci aureus. Therefore, douching it is not only unnecessary but positively injurious. (2) The discrepancy in the results of various authorities is ascribed to differences in technic in obtaining the secretion for examination. (3) As the normal vagina does not contain pathogenic streptococci nor staphylococci aureus, auto-infection is impossible. (4) If these germs are found in the vagina during the puerperium, they have been introduced from without. (5) If the vagina contained streptococci as frequently as stated by Walthard, Valile and Kottman, vaginal exam-

ination with the sterile finger would be very dangerous, which is not the case. (6) It is possible that in rare instances the vagina contains bacteria which may give rise to sapremia and putrefactive endometritis by auto-infection. Such cases, however, are usually mild and do not lead to death. (7) Death from puerperal infection is due to infection from without, and is usually caused by neglect of antiseptic precautions on the part of the physician. In all cases examined, save one, the bacilli found in the uterus were different from those found in the vagina. In one case, in which the temperature was 102.6° F., a short, thick bacillus was found in the vagina before labor and in the uterus after labor, so, possibly, this was a case of auto-infection.

### PREGNANCY AFTER DOUBLE OOPHORECTOMY.

Dr. Sherwood-Dunn (*Annals of Gynæcology and Pædiatry*, August) relates the following remarkable case. He says that he was consulted about three years since by an unmarried woman of thirty. She had suffered for twelve years from unceasing pain and discomfort in the pelvis. She had been in the hands of some of the leading neurologists and spent periods of several months in some of our most noted sanitariums. Medication, electricity, massage, hydrotherapy, rest-cure, travel—all had been tried with varying success. She had not been free from the feeling of malaise and lack of energy, so constantly present in neurasthenics, except at periods following favorable treatment, all these years. She had local areas of hyperæsthesia and periods of excessive irritability, which during two years previous to his seeing her excited hysterical seizures. He resected two large œdematous ovaries for her; she married, and in a letter written this year she informs him that *she is the mother of a fine boy*, has gained twenty-two pounds in weight, and has enjoyed perfect health ever since the operation. This can scarcely be another case of "castrating the wrong man," with the sexes reversed.

### A BREEDING TIME FOR WOMEN.

According to the *Northwestern Lancet* for August 1st, Eskimo women do not breed during the winter months, and their menstruation ceases at that time. The natives of Queensland are also said to have a special breeding season, though menstruation with them continues throughout the year.

# Medical Society Proceedings.

## CANADIAN MEDICAL ASSOCIATION.

THIRTY-FIRST ANNUAL CONVENTION, HELD AT QUEBEC,  
AUGUST 17, 1898.

The recent meeting at Quebec was successful in every respect. Although the number attending was small as representing the profession of the Dominion, some very interesting papers were read and important business transacted. The proceedings were well reported by the *Morning Chronicle*, to which we are indebted for the report of proceedings. The meeting was held in the Convocation Hall of Laval University, under the Chairmanship of the President, Dr. J. M. Beausoleil, and was attended by a great many highly prominent physicians from Quebec, Ontario, Nova Scotia, Prince Edward Island and the United States. In the hall which adjoins the Convocation Hall there was an exhibition of surgeons' and physicians' appliances and requisites, and there was also quite a large pathological exhibition.

In the Convocation Hall, there was a very pretty display of flowers, palms and other decorations, including festoons of evergreen, which gave evidence of great taste, and reflected much credit upon the gardeners of the Sacré Cœur Hospital of St. Sauveur. In the gallery, too, there was stationed an orchestra, which from time to time discoursed sweet music. Altogether, every arrangement which could possibly be made to promote the pleasure and comfort of the delegates was assiduously looked after by the local Committee, which was constituted as follows:—Dr. C. S. Parke, Chairman; Dr. Marois, Secretary; Drs. Ahern, Chs. Verge, A. G. Belleau, E. Turcot, Robitaille, C. C. Sewell.

Those who occupied seats on the platform in addition to President were the following:—Vice and Past Presidents and guests:—Doctors Roddick, Montreal; J. M. Mullen, Hamilton; MacNeill, Stanley Bridge, Prince Edward Island; C. Parke, Quebec; Thorburn, Toronto; Gilvey and Valentine, New York; E. P. Foster, New York; La Place, Philadelphia; Gibson, President Ontario Medical Association. The other members present were:—Doctors M. Ahern, Quebec; Marcil, St. Eustache; Marois, Quebec; Robitaille, Quebec; H. Cholette, Ste. Justine de Newton, J. George Adam, Montreal; Chas. Verge, Quebec; W. W. Dickson, Pembroke; E. Gauthier, Edwin Turcot, Québec; H. Neilson, Kingston; Chas. Smith, Orangeville, Ont.; C. R. Paquin, Québec; Chas. O'Reilly, Toronto; H. Beaumont Small, Ottawa; Chas. R. Dickson, Toronto; Ed. LeBel, Québec; Drum, Québec; G. G. Turcot, Québec; A. G. Belleau, Québec; W. C. Verge, Québec; Jas. Bell, Montreal; A. R. Marsolais, Montreal; R. C. Blair, Québec; W. H.

Klock, Ottawa; Thos. D. Reed, Montreal; H. R. Ross, Quebec; G. H. Parke, Quebec; C. S. Parke, W. J. Gibson, Belleville, Ont.; Wyatt Johnston, Montreal; J. C. S. Gauthier, Upton; F. N. G. Starr, Toronto; George Cloutier, St. George, Beauce; Alfred Morisset, St. Henedine, Dorchester; T. P. Bolduc, Montmorency Falls; W. S. Muir, Truro, N. S.; P. H. Bedard, Quebec; W. A. Young, Toronto; M. D. Brochu, Quebec; M. Brophy, St. Foye, Quebec; Arthur Lavoie, Sillery; G. Sterling Ryerson, Toronto; L. J. A. Simard, Quebec; Jas. M. MacCallum, Toronto; Frs. de Martigny, Montreal; N. Worthington, Sherbrooke; Arthur Simard, Quebec; J. Arthur Williams, Ingersoll, Ont.; A. J. Nicholl, Montreal; J. A. N. Chabot, Ste. Claire, Dorchester; S. Grondin, Quebec; P. C. Coote, Quebec; J. A. Langis, Petit Rocher, N.B.; C. O. Samson, Quebec; Thos. T. Nesbitt, St. Hilarion, Charlevoix.

#### ADDRESSES OF WELCOME.

When the session opened, Dr. Parke, Chairman of the local Committee, made a short and informal, but appropriate, address of welcome to the delegates. He said that he had hoped that His Worship the Hon. S. N. Parent, Mayor of the city, would have been here to welcome them, but he had been called away by departmental business. However, he cordially greeted them all, and hoped that they would derive much pleasure and instruction from their visit to Quebec. In such time as they could spare from their deliberations, the local physicians would have the greatest pleasure in showing the visitors the glories of Quebec, and sights of which few cities in the world can boast. The noble river that flowed at his feet would also, he said, be called upon to contribute to the entertainment, and an opportunity would be found to show those present the famous Falls of Montmorency, etc. He added that though, as he had remarked, the members would not have the pleasure of being welcomed by His Worship the Mayor, still their loss was not so great as it might have been since Alderman Martin Foley was present to replace him. In conclusion, he thanked his audience for the very attentive hearing they had given him, and once more bid them welcome.

Alderman Foley then in the name of the people offered to the delegates the following

#### CIVIC ADDRESS OF WELCOME.

*To the President, Officers and Members of The Canadian Medical Association:*

LADIES AND GENTLEMEN,—In the absence of His Worship the Mayor, who has been called outside of our limits on an official visit as a Minister of the Crown, it is my pleasant duty as Pro-Mayor to welcome you and to tender you the hospitalities of the City of Quebec.

Our people fully appreciate the priceless value of gatherings like this one, composed of men who represent the progressive march and the scientific attainments of the medical profession of Canada.

You are welcome in our midst, and more especially to this ancient seat of learning founded by Monseigneur de Laval, and which has made Quebec famous as the pioneer of higher education in the New World.

We know that your learned deliberations will have beneficial results for the progress of science and the relief of suffering humanity.

I am sure I am voicing the sentiments of our population when I express the hope that the name of Quebec will be inscribed on your list and on the list of all kinds of Associations similar to yours as the favorite spot where assemblies like this to be held in the future will be pleased to meet; a centre of attraction to which everybody should turn, and which offers to the scientist worried by the labour and fatigue of deep research and unceasing mental efforts the refreshing breezes of our mighty river and the unrivalled scenery which captures the eye from the heights of the historical cliff of Quebec.

Gentlemen, you have our best wishes for the success of your convention.

We hope you will make it last as long as possible, for we are sure that your clients have agreed to give you a prolonged furlough and that Providence will see that your absence is not detrimental to their health.

Dr. M. J. Ahern, representing the Medical Faculty of Laval University, then presented its greetings in the following happy retrospective remarks:—

“The few words I have to say to you have been rather pretentiously styled an address in this programme—an address of which I may say with Goldsmith, that ‘If you find it wondrous short it shall not hold you long.’ Mgr. Laflamme, the Rector of the University, was to have met you here to-day, but he is unavoidably absent, so that, in his name and in that of Laval University of Quebec, ever ready to extend the right hand of fellowship to all seekers after truth, I have the honor and the pleasure of bidding you a hearty welcome and of offering to you the freedom of the museum and all the facilities at our command for the fulfilment of those important duties you have assembled here to perform. Nor is this the first time that these walls have re-echoed the scientific discussion of this Association. One memorable morning, 31 years ago, when the Confederation, which binds together as one the different Provinces which comprise this great Dominion of ours, was but a few days old, there met in this building representative medical men from all parts of the country, who did not separate until they had founded the Association which I have now the pleasure of addressing. How well these men did their work and what life they infused into their offspring is shown by the vigorous condition of this Society after an existence of over one quarter of a century. Some of those men are here to-day. Once more, gentlemen, Laval University bids you a hearty welcome, and hopes that your stay here will conduce to our improvement and may also increase your happiness.”

After these addresses, which were briefly and appropriately acknowledged by the President, the delegates adjourned to the various



museums, which they visited and highly admired, and then all went downstairs to the University gardens, where they were photographed in a group by Mr. Livernois. They then returned to the main hall, where, after some routine business, including the reception of visitors, election of members, etc., the President, J. M. Beausoleil, M.D., Officer of the Academy, delivered the President's address. See page 421.

Upon its conclusion Dr. Roddick rose and said in his address, the President, whom he sincerely thanked, had touched upon a subject which he himself had long advocated,—a general examination and registration common to all the Provinces. He was pleased to-day to find that those whose opposition he had most feared—the men from Ontario—entirely favored the scheme. Accordingly, he hoped at no distant date to see matters so arranged that a man holding a diploma in any one part of Canada might practice in any other part of it, or, in fact, anywhere in the British Empire. Such a consummation would mark a new era in the history of Canada, especially as regards her doctors. The Association had been born in Quebec and had since done great things. He hoped this new idea which had first taken root and been seriously considered in Quebec would likewise flourish as had the Association, and that this great project might speedily come into operation. He then moved a hearty vote of thanks to the worthy President, which being put to the meeting by Dr. Thornburn, of Toronto, was carried unanimously.

The first paper read was one by Dr. A. Rosebrugh, of Toronto, on "The Duty of the Medical Profession in the Question of the Treatment of Inebriates." It was read by title by Dr. F. N. G. Small, of Toronto, the energetic Secretary of the Association. See page 429.

The reading of this treatise was greeted with loud applause, and the following Committee were named to study and report upon the matter:—Drs. Thorburn, Muir and J. George Adami.

The next paper taken up was one by Dr. G. Sterling Ryerson, of Toronto, on Monocular Diplopia. This difficult optical subject was handled by the author in a masterly and learned manner, which excited general admiration, and it was universally agreed that, as stated by Dr. Ryerson, the matter was one to which by far too little care and attention were devoted.

Hon. Dr. Marcil followed with a paper on "Septic Peritonitis, Consecutive to Appendicitis, and its Surgical Treatment." In his treatise Dr. Marcil gave a most interesting description of the treatment of the disease, consisting of an operation and washing the peritoneum. His opening remarks showed that the operation was first practiced in 1893 by Dr. Berger, of Paris, but unsuccessfully. However, he fully succeeded in 1894. In 1893, Dr. Reischel, of Germany, had declared the operation was useless. In 1897, Dr. McCosh, of New York, successfully performed the operation, but in August, 1896, Dr. Marcil himself successfully performed the operation on a young man in Terrebonne, and so seems to have fairly earned the credit of having himself performed the first successful operation of the kind on the continent of America.

Dr. Ferd. C. Valentine, of New York, subsequently gave a

most interesting and instructive talk on the subject of the Genito-Urinary instruments required by the general practitioner, and illustrated it by a variety of catheters and other apparatus. Dr. Valentine referred in the strongest terms to the fact that most doctors shrink from the expense necessitated by the purchase of the best instruments to treat the dreadful diseases of the organs referred to, and condemned such parsimony in the very strongest terms. If it were not for this, many who are to-day suffering the most horrible torments might be cured, and he hoped that the matter was more intelligently treated here than on the other side of the line.

Dr. Smith, of Orangeville, exhibited a number of peculiar cases met with in practice of Gall Stones, Vermiform, Appendix, Cancer, Tumour, etc., and made a few general remarks concerning them.

One of the most interesting papers of the afternoon was read by Dr. Thorburn, of Toronto, who dealt with "The Physician and Life Insurance." In the course of his remarks Dr. Thorburn mentioned that the risks at present held in Canada by British and Canadian Companies is \$344,314,448, and that the total amount held in the United States is \$5,183,694,250. The very fact that there was so much money locked up in this business shows how much depends upon the good judgment of the profession and how much reliance is placed in it. A number of other statistics were also given, but we cannot go into them at greater length. However, in connection with the subject, Dr. Thorburn very vigorously protested against physicians permitting either Insurance Companies or candidates to influence them in their examinations and reports. His appeal was almost purely one for thoroughness and faithfulness in examination, and he indignantly scored those who so often give the patient a thump on the back and another on the chest and then let them go.

Dr. Mullin made some remarks very much in the same sense.

Dr. Muir also added a vigorous protest *re* those doctors who make unfair examinations and who treat men banded together in associations at ridiculously low fees.

Dr. Dickson advocated the establishment of a standard and uniform scale of fees for the government of doctors in such cases.

Dr. Gauthier made an extremely warm attack on those doctors who indulge in lodge practice, and claimed that they were prostituting the profession by accepting fees of \$1 and even 50 cents for examinations. Some of them, however, even did worse than that, as there was for instance one society he could name in which the candidate did not have to pay if not accepted. He wanted to know, too, how such things could be stopped when the Presidents of colleges and medical councils acted in this very manner, and threw out some very broad hints which created quite a sensation. He was in favour of a minimum fee of say £5 being established, even if the insurance applied for be only \$1,000.

Dr. Valentine apologized for having, though a stranger, interfered in the discussion, but said that he would like to see a more faithful system of examination enforced. There should be a more rigid examination as to gonorrhœa and other diseases of the genito-urinary organs. In Dr. Valentine's opinion 80 per cent. of children who lose their eye-sight after birth, and a very large proportion of

deaths are due to such diseases. In cases, too, of suicide, etc., he would like to see coroners instructed to examine the genito-urinary organs of the victims, for he was confident that therein the cause would generally be found. In fact, so strongly was he convinced of this fact that he had some years ago read, before the Anglo-American Medical Society at Berlin, a paper on the "Melancholia of Gonorrhœa," and of those who then strongly ridiculed him three had since published papers on the same subject.

Dr. Thorburn said that some means of stamping out cheap doctors must be found. However, with regard to Dr. Valentine's remarks, he must say that Canadians do not appear to be nearly so immoral and subject to venereal diseases as those to whom the latter gentleman referred. He was quite confident that gonorrhœa was not by any means the disease most prevalent among Canadians, and that 80 per cent. of premature deaths could not be traced to it in Canada, as they could be in New York, according to Dr. Valentine.

Before the adjournment the election of the Nominating Committee was proceeded with and resulted as follows:—Dr. Muir, Truro, N.S.; Dr. McNeil, P.E.I.; Longis, New Brunswick; Roddick, Montreal; Bell, Montreal; Small, Ottawa; Ryerson, Toronto; Williams, Ingersoll, Ont.; C. S. Parke, Quebec; Thorburn, Toronto; Marcil, St. Eustache; Myers, Toronto; Wyatt Johnston, Montreal; Dickson, Pembroke, Ont.; Worthington, Sherbrooke.

On the previous evening there was a very pleasant promenade concert at Victoria Park, to which the delegates were invited, and at which all fully enjoyed themselves.

The second day's programme was as follows:—

9.30 a.m.—Reading of papers—Goitre—C. R. Dickson, Toronto.

Traumatic rupture of the bile duct, followed by operation. Exhibition of patient—R. H. Garratt, Kingston.

Case of fracture of pelvis, with rupture of bladder, operation, recovery—R. A. H. Mackeen, Glace Bay.

*On the Recording of Medical Cases*, C. F. MARTIN, Montreal.

A series of cases of Calculous Obstruction of the common bile duct, treated by incision of the duct and removal of the stones—Jas. Bell, Montreal.

11 a.m.—Excursion to Goose Isle Quarantine Station.

4 p.m.—Session on steamer:—

Foreign bodies in the larynx—Hubert D. Hamilton, Montreal.

A case of bicornuate uterus, mistaken for ectopic gestation; a case of strangulated umbilical hernia—W. J. Gibson, Belleville.

Neurasthenia—D. Campbell Myers, Toronto.

Laryngeal Diphtheria, with special reference to cases requiring a choice between tracheotomy and intubation—A. Gandier, Sherbrooke.

#### MORNING SESSION.

On Thursday the meeting opened at 9.45 a.m. sharp. The Secretary first read the minutes, after which the regular business was proceeded with.

The following members were added to the attendance roll:— Hon. Dr. Guerin, M.L.A., Montreal; Drs. Frank R. Foster, New York; Henry P. Wright, Ottawa; Pierre Ulderic, Princeville; E. McLaughlin, Morrisburg; Edward Marcotte, St. Basile, Portneuf; A. DeMartigny, Montreal; J. Dufresne, Deschambault; Charles F. Martin, Montreal; C. W. Wilson, Montreal; A. Gander Sherbrooke; H. A. Lafleur, Montreal; Sir William Hingston, Montreal.

The first paper read was one by Dr. James Bell, of Montreal. It was, of course, a purely technical one, of little interest to the general public, but valuable in a pathological sense to the profession, the subject being "A series of cases of calculous obstruction of the common bile duct, treated by incision of the duct and removal of the stones."

All those who were present, including the visitors, were loud in their praises of this paper. They also expressed their surprise at the large number of cases of this unusual condition observed in a city of the size of Montreal.

At 10.30 the members adjourned in order to take part in the excursion to the Quarantine Station, which left the Queen's Wharf at 11 a.m.

The trip to Grosse Isle was one of the most pleasant imaginable, and was participated in by fully 200 persons, including a large number of ladies, who lent color and brilliancy to the occasion. The steamer, too, was comfortable and roomy in the extreme, the *Aberdeen* having been courteously placed at the disposal of the Association by the Department of Marine and Fisheries. Commodore J. U. Gregory and Mr. O'Farrel accompanied the party, and did all in their power to promote the general enjoyment, while the members of the local committee were perfectly indefatigable.

At noon a splendid lunch was served on board the *Aberdeen* by Mr. Douglass, who was aided by Mrs. Douglass and a large staff of waiters. It is needless, after mentioning this fact, to state that the luncheon was as fine as anyone could ask for, and it was beautifully served.

Arrived at the Island, the visitors inspected the Quarantine Station from beginning to end, including the passengers' quarters, disinfecting and fumigating apparatus' laboratory, etc., and universally pronounced it equal to any on the continent, and a tribute to the skill and zeal of Dr. Montizambert and his able staff of assistants. The burying ground, too, in which 5,424 victims of the typhus fever plague of 1847 lie buried, was likewise visited, and was viewed with the greatest interest. Shortly before four o'clock the return journey was begun, and as the steamer left the Quarantine Station three hearty cheers were given for Dr. Montizambert—who, with Dr. Church, took the visitors in hand at the island. After a remarkably pleasant sail the *Aberdeen* returned to Quebec at 6.30 p.m.

On the return trip meetings of the Nomination Committee on International Registration were held, and they then finished their labors.

## EVENING SITTING.

Amongst other papers read at the evening sitting was a most interesting one on the "Surgical Treatment of Empyema," by Dr. J. M. Elder, of Montreal. The doctor modestly declined to class his talk as a paper, saying that it was merely an opening of the discussion and grouping of heads upon which he desired to elicit debate and information. The discussion which followed was taken part in by Drs. Muir, Dickson, Hingston and Roddick. Dr. Muir preferred the use of a metal tube to a rubber one, and Dr. Roddick was of a similar opinion. Dr. Hingston believed in operating for chronic cases, and, speaking on the subject of washing out the cavity, said that he believed in the washing with sterilized water, or in some cases a mild solution of carbolic acid. Dr. Roddick described his success with the use of the aspirator for children.

Dr. W. H. Drummond read an exceedingly fine paper upon "The Pioneers of Medicine in Quebec," which displayed a vast amount of original historical research. It dealt with the early history of the profession in this country. See page 425.

## ELECTION OF OFFICERS.

The Nominating Committee reported the following list of officers for the coming year, which was adopted :

President—Dr. Irving H. Cameron, Toronto.

Vice-Presidents—

Prince Edward Island—Dr. J. McLeod, Charlottetown.

Nova Scotia—Dr. Kirkpatrick, Halifax.

New Brunswick—Dr. L. N. Bourque, Moncton.

Quebec—Dr. Jas. Bell, Montreal.

Ontario—Dr. J. A. Williams, Ingersoll.

Manitoba—Dr. R. S. Thompson, Deloraine.

North West Territories—Dr. Lindsay, Calgary.

British Columbia—Dr. S. J. Tunstall, Vancouver.

General Secretary—F. N. G. Starr, Toronto.

Provincial Secretaries—

Prince Edward Island—Dr. S. K. Jenkins, Charlottetown.

Nova Scotia—Dr. W. G. Putnam, Yarmouth.

New Brunswick—Dr. T. D. Walker, St. John.

Quebec—Dr. Charles Marcil, Ste. Eustache.

Ontario—Dr. C. R. Dickson, Toronto.

Manitoba—Dr. George Chigan, Verden.

North West Territories—Dr. Lowe, Regina.

British Columbia—Dr. R. E. Walker, New Westminster.

Treasurer—Dr. H. B. Small, Ottawa.

Publishing Committee—Dr. A. D. Blackader, Montreal; Dr. J. L. Davidson, Dr. W. A. Young, Toronto; and the General Secretary and Treasurer.

By-laws—Drs. C. S. Parke, Wyatt Johnston, Jas. Bell, C. R. Dickson, G. S. Ryan, W. W. Dickson, M. Beausoleil, and the President and Secretary.

The next place of meeting is Toronto.

## THIRD AND CLOSING SESSION.

By far the most important meeting of the Canadian Medical Association, so far as general work is concerned, was the closing session, which opened at 9.30 a.m. yesterday and closed shortly after noon. In this short time an enormous amount of work was achieved, and if all the important measures in which the first steps were then taken are pushed to their legitimate conclusion, the medical profession, and the public in general, will long have occasion to remember this conference just brought to a close.

The first business of the day was the exhibition by Dr. Laplace, of Philadelphia, of an ingenious instrument for the treatment of bowel wounds, or, to use the technical expression, for intestinal anastomosis. It was exhibited by its use on a chloroformed dog.

Dr. T. D. Reed, of Montreal, was then called upon for his remarks upon

## THE BRITISH PHARMACOPŒIA.

He said that it was periodically revised, but that at the last revision in 1885 there were few changes. In that of 1898, however, 189 medicines are omitted, 80 new remedies are added and 180 changes are made. All of this necessitates the very greatest care and attention on the part of the practitioner; it is manifestly important that there should be absolute uniformity in the writing and filling of prescriptions. For this reason then the last corrections to the B. P. must be carefully studied, and it should be adopted as the absolute standard for the Dominion. Accordingly in view of all these considerations and the fact that no date has yet been settled for the coming into force of the new B. P., he moved:—

That, "whereas a revised edition of the British Pharmacopœia has been issued containing numerous and important changes, and whereas uncertainty exists as to the date when the British Pharmacopœia, 1898, is to be considered in force; *Resolved*, That the Canadian Medical Association, in annual meeting assembled, recommends that October 1, 1898, be taken as the date on and after which, in the absence of instructions otherwise, physicians' prescriptions should be compounded with the preparations of the British Pharmacopœia, 1898."

Dr. Roddick also spoke at some length on the matter, and read a communication from Great Britain on the subject, after which he announced his intention to move the appointment of a Committee to consider the matter.

Dr. Reed resuming said that, as this was a Canadian Association, it should be loyal to the British Pharmacopœia, and announced his willingness that such a Committee should be appointed. In some of the Provinces the B. P. was not universally followed, as in Ontario for instance, though it should be so.

Dr. H. B. Small, of Ottawa, said that the B. P. was official in Ontario unless otherwise ordered by the Council, and asked where and when it was not followed in Ontario.

Dr. Reed replied that one instance he had in mind occurred two or three years ago in Ottawa, which was in Ontario, and that

it took place in the Department which deals with the adulteration of food, etc. A number of tinctures were bought all over the Dominion to be tested, and, though they did not conform with the B. P., they were allowed to pass because they were up to the standard of the United States Pharmacopœia. Some time ago the sentiment in Montreal was tested by means of post card circulars, and 99 per cent. of the doctors who replied favored the B. P.

Dr. Beausoleil made a few remarks upon the importance of settling this subject, and hoped that no means of doing so would be neglected.

Dr. MacNeill said that the United States Pharmacopœia included all that was best in the British, French and German Pharmacopœia, and that it was very extensive and full of information. If the B. P. was to be taken as the standard, it should be consolidated, improved and extended.

Dr. Roddick moved the appointment of the following Committee to impress the matter upon the attention of the Federal authorities:—Drs. T. D. Reed and A. D. Blackader, Montreal; H. B. Small, Ottawa; Marois, Quebec; H. J. Cameron, F. N. G. Starr and J. A. McCallum, Toronto. This motion was also adopted.

The other very highly important matters which came before the meeting was the report of the Committee on

#### INTERPROVINCIAL REGISTRATION.

The report was highly favorable to the project in every respect, and not only was it so, but it suggested admirable bases for the rapprochement. See page 469.

The Committee who had the matter under advisement were: Dr. MacNeill (P.E.I.), chairman; Doctors Marcil, Chas. Parke, Marsolais, Roddick, (Quebec); Muir (Nova Scotia); Williams, Thorburn, Mullins, Wright (Ontario).

Dr. Ahern moved that the following Committee be named to continue the good work already begun:—Doctors MacNeill, P.E.I.; Muir, N.S.; Walker, N.B.; Marcil, Quebec; Bain, N.W.T., McKechnie, B.C.; Williams, Ontario. This resolution also acknowledged the Committee's services and was unanimously adopted without discussion.

Dr. Grondin moved that type-written copies of the report be sent to the Registrars of each Province to be laid before their Colleges, and that answers thereto be requested in order to feel the sentiment of the country on the subject.

The papers read at the meeting included "Sero-Therapy," by Dr. Ed. Laberge, Montreal; Laryngeal Diphtheria, by Dr. Gandier, Sherbrooke; A case of Strangulated Umbilical Hernia, Dr. Gibsone, Belleville; Neurasthenia, Dr. Meyers, Toronto; Goitre, Dr. Dickson, Toronto; Infection and Sero-Therapy, Dr. A. DeMartigny, Montreal.

A letter of congratulation to the Association and its President was read by Dr. F. X. DeMartigny, of Montreal, on behalf of Dr. Guepin and Dr. Loze, of Paris, and Dr. Roddick moved that it be suitably acknowledged.

Dr. F. X. DeMartigny also read some communications from Paris on Technical subjects.

The Auditors, Drs. Dickson and Marois, then reported on the Treasurer's books, showing that the balance from last year was \$132, while the receipts this year were \$156, making a total of \$288.52, of which a balance of \$62.40 still remains.

The thanks of the meeting were then unanimously tendered to Dr. Small, in recognition of the able manner in which he had, as treasurer, kept the books.

A vote of thanks was likewise passed to the doctors of Quebec, and especially the Local Committee for the handsome manner in which they had received the Convention.

Another very strongly-worded motion was also moved, seconded, and unanimously passed, expressing the physicians' high appreciation of their delightful trip to Grosse Isle, and their sense of its magnificent equipment. The mover, Dr. Meyers, of Toronto, dwelt upon the magnificent development made by the Station during the last 26 years, until it is now second to none, and embodied in his motion the enthusiastic sense of the meeting, that the Government should

#### RETAIN DR. MONTIZAMBERT

as their Superintendent of Quarantine. He said that almost all that had been done at Grosse Isle was due to Dr. Montizambert, and spoke briefly of his great scholarly attainments, and of the very high stand he took among medical scientists the world over. These remarks were applauded to the echo. Dr. Parke seconded the motion.

Dr. Dickson, of Toronto, moved that the thanks of the Association be tendered to the authorities of Laval University for the use of their splendid building and room.

Dr. Small moved that a vote of thanks be passed to the transportation companies who had carried the members at reduced fare, but suggested that some more convenient means of getting the reduction than the bothersome certificate system be sought for.

Dr. Mullen, of Toronto, moved that Dr. Beausoleil vacate the chair and that Dr. Roddick act as chairman.

He then proceeded to move a vote of thanks to the highly esteemed President for his efforts on behalf of the Association, which had so largely contributed towards the success of the meeting, one of the best that the Association had ever held. He could well remember that the first meeting of the Association, which he attended, was held at Niagara Falls, and was under the Presidency of a Quebec physician, the late Dr. Marsden. Since then he had had the pleasure of knowing many Presidents of the Association, and it was with pleasure that he remarked how prominent the men all had been. Having commenced under a Quebec President, it was gratifying to him to now attend, under a presiding officer taken from among the French-speaking brethren, one of the most delightful and most successful meetings that the Association had held since its foundation. The motion was warmly seconded by two or three gentlemen, and was then put to the house by Dr. Roddick,



who transferred the expression of the meeting's feelings to their object.

Dr. Beausoleil made a characteristically happy reply. After thanking the members for the honor they had done him, he addressed himself principally to his French-Canadian brethren, and showed them how foundationless was the assertion that the Society was an English one. This idea he desired to correct was all wrong, for the Society was essentially Canadian in fact as well as in name. French and English-speaking people must unite together, not necessarily in language but in the effort to promote the general good of the country. That the English-speaking members of the Association were willing to do their share and were eminently fair and just to their *confrères* was exemplified by the fact that in a Committee of 15, on which there were two French-speaking members, one had been elected President. At the Kingston meeting every honor that could be asked by the French-speaking members were accorded them, although they were practically alone, and though the countrymen were only one-fifth of the Dominion's population. Now, the French-Canadians must show by their efforts that they want to maintain Canada's reputation and to keep step with progress, and Quebec Province must realize that, though she has long had a tendency to do so, she must not bashfully lag behind the rest of the Dominion, even though she may very exclusively desire to retain some of her legitimate characteristics. Finally, he asked all the French-speaking *confrères* to rally to Toronto next August, and strongly urged them to busy themselves in securing new members for the Association.

Dr. Dickson, of Pembroke, in a few very neat remarks proposed a vote of thanks and the usual bonus to the Secretary, whom he eulogized in the warmest terms for his assiduous and painstaking though unassuming efforts on behalf of the Association. In fact, he attributed much of its success directly to Dr. Starr. In these remarks he was seconded by Drs. Muir, Small, Roddick, Beausoleil, MacNeill and others.

Dr. Starr then read a number of communications, including an invitation to the C. M. A. to send a delegate next month to the annual meeting of the Electro-Therapeutic Association which assembles in Buffalo.

After the consideration of other routine matters three hearty cheers were called for and heartily given for Dr. Parke, President of the local Committee, who so admirably arranged everything for the Association, and the gathering broke up to assemble next August in Toronto.

In the afternoon the members were entertained to a very pleasant drive to the Falls of Montmorency by their *confrères* of Quebec.

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All communications for the Journal, books for review, and exchanges, should be addressed to the Editor, Box 2174, Post Office, Montreal.

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## Editorial.

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### INTER-PROVINCIAL REGISTRATION.

The movement in favor of reciprocity throughout the Dominion in regard to license to practice medicine is gradually approaching that stage when the last vestiges of opposition are disappearing, and local selfish interests are receding in favor of an arrangement which is fraught with greater benefit to the profession of the Dominion. The report adopted a year ago was approved of by all the provinces except Ontario, where a majority still hold out for examination by their own board for all who wish to practice in the province. As Ontario had a strong representation on the Committee, it is to be hoped that the present report, which was unanimously adopted at the recent meeting of the Canadian Medical Association at Quebec, will be found acceptable by all the provinces. Until this has been done, no further progress can be made towards securing a Dominion Board of Registration, which will place us in a much more desirable position here, and doubtless be immediately preliminary to the recognition of our right to practice in all British countries. The new arrangement proposed is more in accordance with what obtains at present in Ontario, and cannot but fail to be accepted by this hitherto refractory province. We have greater fears of opposition to it from our Quebec Board, owing to the requirement of a central board of examiners. This has been opposed at various times by

both the English and French divisions of the profession here. The system of assessors representing the College at the examinations of the various universities at present in vogue is the only method hitherto found to be generally acceptable in this province, and while it may be regarded as approaching an equivalent of the method now proposed, it would not comply with its literal requirements, and does not in fact offer such a safeguard against candidates passing and not being up to the required standard. We think also that, besides requiring elementary physics and chemistry, botany should have been included.

The following are the recommendations of the committee:—

I. There shall be accepted for matriculation:—B. A. from any recognized university, or in lieu thereof, first class or Grade A Provincial certificate in any of the Provinces, for teachers' license, or an examination in the following branches, which shall be compulsory and conducted by the various Councils of the Educational Departments of each Province, viz :

1. English grammar, composition, literature and rhetoric.
2. Arithmetic, including vulgar and decimal fractions and extractions of the square and cube root and mensuration.
3. Algebra to the end of quadratic equations.
4. Geometry. First three books of Euclid.
5. Latin. First two books of Virgil's *Æneid* or three books of *Cæsar's Commentary*, translation and grammar.
6. Elementary mechanics of solids and fluids comprising the elements of statics and dynamics, hydrostatics and elementary chemistry.
7. Canadian and British history with questions in modern geography.
8. Translation and grammar of any two of the following subjects, Greek, French and German.

9. In lieu of the above we also recommend that any student presenting a certificate after examination from the professors of any standard or approved university in Her Majesty's Dominion, of having completed a course in said university, be accepted in any of Provinces of Canada for matriculation and registration.

Fifty per cent, of the marks in every subject shall be required for a pass and 75 per cent. for honours.

II. Professional Education. (a) The curriculum of professional studies shall begin after the passing of the matriculation examination and registration, and shall comprise a graded course in the regulation branches of four yearly sessions of not less than eight months in each year.

(b) The subjects to be Anatomy, Physiology, Chemistry, *Materia Medica*, Therapeutics, Practical Anatomy, Histology, Practical Chemistry, Pharmacy, Surgery and Chemical Surgery, Medicine

and Clinical Medicine, including diseases of eye, ear, throat and nose, mental diseases, obstetrics, diseases of women and children medical jurisprudence, toxicology, hygiene, pathology, including bacteriology,

(c) That at least 24 months out of the graded four years of eight months each be required for attendance in hospital practice.

(d) That proof of attendance on not less than six cases of obstetrics and two post mortem examinations be required.

III. Examinations. (a) All candidates for registration in the various Provinces in addition to having fulfilled the foregoing requirements shall be required to undergo examination before examiners to be appointed in each of the Provinces by their representative Councils.

Fifty per cent. shall be required for a pass and 75 per cent. for honours.

IV. Your Committee recommend that, as soon as the foregoing basis of agreement is ratified by the councils of the various Provinces, each council shall endeavor to secure legislation to authorize the carrying out of the foregoing preliminary and professional curriculum, and to embody the following to secure a Board of Examiners for a Dominion qualification, viz :

“That to soon as the various councils of the Dominion shall establish an Examining Board for the Dominion, conducted by examiners appointed by the Medical Councils of the several Provinces, their candidates passing a successful examination before the said Board and obtaining a certificate to that effect, shall be entitled to registration in the several Provinces of the Dominion on payment of the registration fee, providing he is not guilty of infamous or disgraceful conduct in a professional respect.”

Your Committee desire to recommend that efforts to ascertain the practicability of Federal legislation leading to the establishment of a central qualification which will place the profession in Canada upon an equal footing with that of Great Britain, and Dr. Roddick be authorized to take the necessary steps in said matter.

We further recommend that this Association shall appoint a Committee who shall consider and recommend the details as to the number of examiners to be appointed—the method of conducting examinations,—the fees to be charged and other necessary details to bring the aforesaid scheme into active operation, which details the officers of this Association shall with the foregoing send to each of the respective councils for approval.

The Seventeenth Annual Announcement of the New York Post Graduate Medical School and Hospital, University of the State of New York, for 1898-99 has just been issued. It shows that 523 practitioners of Medicine have attended its courses during the past year. They came from the various States of the Union and the Dominion of Canada. There were ten physicians from foreign countries, two of these being from India and one from Japan. Only 96 were from the State of New York.

# Miscellaneous.

## THE JOHNS HOPKINS MEDICAL SCHOOL.

Twenty-two medical students were graduated from the Johns Hopkins Medical School this year. Four of these were women. Dr. Osler will be dean of the school in place of Dr. Welch. Drs. T. C. Gilchrist and J. W. Lord have been made clinical professors of dermatology, and Dr. Louis E. Livingood has been made associate in pathology.—*Medical Record*.

## THE PASTEUR MONUMENT.

The *British Medical Journal* says that the monument to Pasteur, which is to be erected in Paris in the space in front of the Pantheon, is now almost completed. M. Falguière, the sculptor, has introduced certain modifications into his original design, in which Pasteur was simply represented as overcoming death, which was in the act of flight. Now a group of a mother with her child, thanking Pasteur, has been added on the right, while behind the central figure Fame is shown crowning him with laurels. The international subscription to the memorial now amounts to nearly \$65,000.—*Medical Record*.

## EYE LANGUAGE.

No part of the human countenance engages our attention so frequently as the eyes. When face to face in conversation, we do not look at the lips—although, as a rule, the attention is very quickly taken by any movement—but at the eyes of the person with whom we are speaking. So much is this the case that the habit of many deaf people of watching the mouth always strikes us as peculiar. In fact, one usually feels that there is a sense of incompleteness in the association of mind with mind by means of conversation if there is not a continual interchange of glances making a kind of running commentary on the words spoken. The same may be said of ordinary greetings when two people shake hands: unless there is at the same moment a meeting of friendly looks the ceremony loses much of its meaning.

Now why is there this continual meeting of eyes accompanying all kinds of human intercourse? Partly, no doubt, it is attributable to certain habits of comparatively recent date. The eye, "the window of the soul," is a more truthful exponent of the inward thoughts than the tongue, and seeing that speech is very frequently used not to tell the thoughts but to conceal them, we look to the eye for confirmation or the reverse for what our ears are taking in.—*From Eye Language, by LOUIS ROBINSON, in Appletons' Popular Science Monthly for July.*

## Book Reviews.

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**Essentials of Histology, Descriptive and Practical, for the Use of Students.** By E. A. Schafer, LL.D., F.R.S., Jodrell Professor of Physiology in University College, London; Editor of the Histological portion of Quain's *Anatomy*. New (fifth) edition, revised and enlarged with 392 illustrations. Lea Bros. & Co., Philadelphia and New York, 1898.

This book needs very little to be said of it, for it is well known to all. A "Schafer" means Schafer's Histology in medical language. It is sufficient to say that this is a new edition in which it is brought up to date. The chapters on the nervous structures of the body are enlarged by new material and also by new illustrations. Indeed, new illustrations are apparent all through the book. In all it is some fifty pages larger than the last edition.

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PHILADELPHIA, Sept. 7th, '98.

DEAR SIR:

Encouraged by the large sale of the first two volumes of my New Series of Hand Atlases (two editions of Jakob's *Internal Medicine* having been sold in less than four months), I visited Germany this summer and made a contract with the central publisher, agreeing to purchase from him one hundred thousand copies of the lithographic plates. There are not more than a hundred thousand physicians in this country, and this seems an extraordinarily large undertaking. When, however, you take into consideration the beautiful colored plates, which are produced by the most skilful artists obtainable in Germany, and the fact that the books are sold at a price which would have been impossible unless there had been a combination of some eleven publishers, it does not seem to me a difficult undertaking, as I am convinced that when the profession sees these works they will meet with a very large sale. I especially call your attention to the circular enclosed, which gives you a full description of the Atlases. The mechanical execution of these lithographs is of the very best, and the illustrations are equal to, if not better than, those in the large Atlases, which heretofore have sold for from thirty to forty dollars. I personally examined the plates which are now being produced for *External Diseases of the Eye* and the *Atlas of Skin Diseases*, and found them marvels of beauty. By reason of my new contract, the central publisher has agreed to assert in all new volumes an additional number of colored plates, thus making the newer volumes more beautiful than those that have already been published, and yet they are to be sold at the same price.

Besides the Atlases which were sent to you this summer for review, I have sent you the revised edition of *DaCosta's Modern Surgery*, the second edition of *McFarland's Pathogenic Bacteria*;

and I now have ready, and will send you in a few days, the second edition of *An American Text-Book of the Diseases of Children*, and *An American Text-Book of Gynecology*. Both of these text-books have been thoroughly revised and a large amount of new material added. I will also send you in a few days the fourth revised edition of *Vierordt's Medical Diagnosis*. This work has been entirely re-written and very much enlarged. Vierordt has gone through three very large editions in this country, and is now a recognized standard text-book on Medical Diagnosis both in this country and abroad. Dr. Stuart's translation has met with a very good reception in the English market, where I have placed several large editions. You will also shortly receive the second edition, revised, of *Griffith's Cure of the Baby* and *Butler's Materia-Medica and Therapeutics*. I am pleased to announce that we have almost ready, and will publish on or before October 1, Stengel's *Text-Book of Pathology*. This will be a work of about eight hundred pages, and will be a model text-book on modern pathology. We will also have ready on or about the 15th of October a *Text-Book of Obstetrics*, by Barton Cooke Hirst, Professor of Obstetrics at the University of Pennsylvania. This will be a profusely illustrated text-book on Obstetrics, of about eight hundred pages. Dr. Hirst has embodied in this book a series of original illustrations, which he has collected in his work as Professor of Obstetrics at the University of Pennsylvania. I expect these two works—Stengel's Pathology and Hirst's Obstetrics—to be leading text-books on their respective subjects during the coming season, as they are both written by men of well-known ability in their respective lines.

*The American Pocket Medical Dictionary* will be ready before the first of October. This is an entirely new work, designed as a handy volume for physicians and students. It will contain a total of over 26,000 words, or about 5,000 words more than any other pocket dictionary. It will form a handsome volume bound in full limp leather.

We shall have ready on or about January 1, *An American Text-Book of Diseases of the Eye, Ear, Nose and Throat*, edited by Drs. deSchweinitz and Randall; also Church and Peterson's *Mental and Nervous Diseases*. Both of these books will be well illustrated. I shall be glad if you can give me a preliminary announcement of these forthcoming works, together with a special notice of my Medical Hand Atlases. I more particularly desire to call the attention of physicians in this country to the Hand Atlases, and to explain to them how it is possible to supply these books at so low a figure. This, I think, is partially explained on the third page of the circular which I enclose herewith. I would be pleased, however, if you can lay stress on the fact that the initial cost of publication in the making of the expensive colored plates is borne by eleven publishers instead of one, as is usually the case, thus making it possible to produce them at so low a price.

With kind regards and best wishes for the coming season, I am

Yours sincerely,

W. B. SAUNDERS.

# PUBLISHERS DEPARTMENT.

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## LITERARY NOTES.

*Appletons' Popular Science Monthly* for October will contain an article by Edward Atkinson, entitled "The Evolution of High Wages From Low Cost of Labor." He points out that in every branch of industry there has been a progressive advance in the rate of wages, and that this advance has been accompanied by, and is in fact a consequence of, a general decline in the prices of nearly all products.

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"Russia and the Slavs" is the title of an instructive article by Prof. William Z. Ripley, which will appear in *Appletons' Popular Science Monthly* for October. The rapid growth of Russian civilization, and the prominent position which she is assuming among the modern nations, give the article a popular interest quite apart from its strictly scientific aspects.

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Alice Carter Cook is the author of a fully illustrated paper entitled "Plant Life in the Canaries," which will appear in *Appletons' Popular Science Monthly* for October. These "Fortunate Islands" of Lucian, "abounding in luscious fruits and covered with luxuriant forests," are to-day scarcely at all known or appreciated by the general traveller after health or pleasure. A reading of Mrs. Carter's article, however, will give one a most delightful picture of their beauty and interest, as well as a great deal of information of scientific value.

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"Weather Freaks of the West Indies" is the subject of a short article by Felix L. Oswald, the naturalist, which will appear in *Appletons' Popular Science Monthly* for October. These at present much-talked-of islands are, it seems, peculiar as well in their weather as in their inhabitants, and some of the more curious manifestations of the former are described and explained by Dr. Oswald.

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Chapter IV in the series on "The Evolution of Colonies," by James Collier, is entitled "The Law," and will appear in *Appletons' Popular Science Monthly* for October. It is unusually short, but full of important matter.

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## MAGAZINE NOTES.

*The Living Age*, in its issue for October 1st, begins a new serial story, translated for its pages from the French of Th. Bentzon (Mme. Blanc). The story is entitled "Constance," and it is the study of the life of a young girl. Important ethical questions, especially that of divorce, are touched upon, and the story has a high moral purpose. The translation is made by Mrs. E. W. Latimer, and is authorized by Mme. Blanc.

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With the first number for October, *The Living Age*, the weekly eclectic magazine which for more than fifty years has been a favorite with American readers, begins a new series and appears in a new and attractive dress, suggesting *The Atlantic Monthly* in the clear legibility of its page. The familiar cover is to be retained, but it has been newly engraved and otherwise modernised.



*The Living Age*, being a weekly magazine, suffers somewhat by comparison with the monthly magazines of the first class, if the comparison is made of single numbers. But *The Living Age* actually gives a larger amount of matter each month than any of the monthlies. Thus *Harper's Magazine* contains 172 pages each month; *The Century* 160 pages; *Scribner's Magazine* 128 pages; and *The Atlantic Monthly* 144 pages; while *The Living Age* gives each month from 280 to 344 pages, according as there were four or five issues.

Florence Bell's "Plea for the Better Teaching of Manners" in *The Living Age* for October 1st, will be profitable to all who, as teachers or parents, have anything to do with the training of young people.

*The Cosmopolitan* for September contains the following articles fully illustrated with excellent photogravures:—Frontispiece, "September." Horseless Carriages in Paris, illustrated, C. Inman Barnard. The Tyroleans, illustrated, C. Frank Dewey. The Roc's Egg.—A Study of the Modern Battleship, illustrated, Rupert Hughes. Gloria Mundi, illustrated by B. West Clinedinst, Harold Frederic. A Young Man from the Country, illustrated by Frank O. Small, Brander Matthews. Sonnet, Ella Wheeler Wilcox. Great Problems in Organization.—The Modern Newspaper in War Time, illustrated, Arthur Brisbane. The Equipment of Gladstone, illustrated, T. C. Crawford. Autobiography of Napoleon Bonaparte—IV. The Romance of an Emigrant Boy, illustrated, drawings by F. G. Attwood, Oscar Hammerstein. Captain Dreams Again, illustrated by Peter Newell, Capt. Charles King. The Morality of Perfumes, Harry Thurston Peck. A Question of Ethics. In the World of Art and Letters.

#### RICHARD WAGNER AS HE WAS.

The widow of Richard Wagner some time ago authorised her husband's lifelong friend, Houston Stewart Chamberlain, to write, with her assistance, two articles on "The Personal Side of Richard Wagner." Mr. Chamberlain undertook the work, and *The Ladies' Home Journal* secured the material. The articles are singularly valuable in that they give a complete picture of the man in his home and daily life, and contain much new matter, while many of the illustrations and portraits have never been printed. There will be two articles, "His Personal Side" and "How He Wrote His Operas," and the first one will appear in the October number of the magazine.