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CANADA MEDICAL RECORD

FEBRUARY, 1898.

Original Communications.

REPORT OF TWO CASES IN WHICH A FIBROID TUMOR WAS EXPELLED FROM THE UTERUS AFTER ELECTRICAL TREATMENT.*

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S. Eng.

Prof. of Clinical Gynæcology in Bishop's University; Surgeon in Chief of the Samaritan Hospital for Women; Surgeon to the Western Hospital and Gynæcologist to the Montreal Dispensary, Montreal, Canada.

The specimen which is now shown is about the size of a large orange and weighs about one pound, and consists of solid fibrous tissue. It was removed from a patient in my private hospital about two weeks ago. The following is a brief history of the case.

Miss X., 31 years of age, was referred to me by Dr. Sinclair of Gananoque for electrical treatment for fibroid tumor of uterus, which was causing such profuse hemorrhages that the patient was hardly able to go about. She had begun to menstruate at twelve, and had always suffered at her periods, so much so that she would cry and sometimes faint with pain. Her nervous system was completely broken down so that she had become very hysterical. During the last two years her abdomen had visibly increased in size. Her bowels were regular, but her appetite and digestion were very poor. She had had typhoid, rheumatic and malarial fever at different times. During the last year she had been under the best of treatment in Toronto without much benefit, and as a last resource the leading gynæcologist there recommended the removal of the tubes and ovaries in order to check

* Read before Medico-Chirurgical Society, Montreal, 18 Feb., 1898.

the hemorrhage and the growth of the tumor. This she would not consent to on account of the dread of the operation. Her physician then sent her to me. On examination a hard mass about the size of a foetal head was felt in the anterior wall of the uterus, and the tubes and ovaries were tender to the touch. Before undertaking the electrical treatment I fully explained to her that it was tedious and troublesome, and would require two or three months stay in the city, and although it was pretty certain to arrest the flow, having done so in more than sixty cases, it was by no means certain to make the tumor disappear. On the other hand, I told her I could remove the uterus with the tumor in half an hour, and if she recovered that would be the end of it. She insisted upon the electricity, which was accordingly begun on the 18th December. From that date until the 18th January, she had about forty applications, a considerable portion of the time being lost by the periods and by two weeks absence at Christmas.

By this time the amount of the flow was reduced to normal; she had quite a rosy complexion and a splendid appetite, better than she had ever had in her life. The headaches which she had had almost constantly before left her entirely from the first treatment. Also the backache, which had been severe before, completely disappeared. She and her friends were satisfied with the result, and I would have allowed her to go home but she suggested that I should first curette her, as I had suggested this as one of the alternative treatments instead of electricity. Thinking that this would make her cure more certain I agreed to do it, and she entered my private hospital for the purpose. While curetting under anæsthesia I discovered that the sound could be passed in a distance of seven inches by passing it in a certain direction instead of four and a half inches, to which distance it had generally entered while using electricity. Iodine and carbolic were thoroughly applied, and the cavity was packed with iodoform gauze. As she was to go home in a few days she wished for one more application of the galvanic current, and this I gave her with the sound six inches in the uterus. Next day severe bearing down pains set in, and the patient became very hysterical and nervous. She could not tolerate opium

or morphine. A few days later there was complete blocking of the pelvis, her water having to be drawn with the catheter, and it being impossible to move her bowels even by enema. She became very distended and vomited a good deal. On examination on the 4th of February, the os was still long and narrow and closed, but after many severe labor pains and pains in the back like those of the first stage of labor, she was examined again on the 5th, the next day, when the vagina was found to be tightly plugged or filled with a hard mass the size of a full time foetal head; the cervix could not be reached. As the obstructive symptoms were urgent, she was on the sixth anæsthetized, and with the help of Dr. Sinclair of Gananoque and Dr. Field of Montreal, the ecraseur wire was passed around it as high as possible, but although of Delta metal, it broke; wounding my fingers in several places. Another and more successful attempt was made in getting the wire farther back, with the result that its connection with the uterine wall was severed, and it was delivered by strong tractions as one would deliver the foetal head with forceps. As the patient was a virgin it was impossible to avoid a laceration of the perineum, which was, however, at once repaired. In the meantime the contractions of the uterus had caused gangrene of the lower end of the tumor, and this probably became infected from the vagina, for her temperature gradually rose to 104, but was brought down somewhat by quinine, and a few days later it returned to normal. That the discharge from the uterus was very acrid, was evidenced by the fact that three of the little wounds on my hands suppurated and the patient's thighs were much excoriated. The patient is now convalescent and is up every day and will soon be going home with her abdomen flat and her uterus reduced to normal size.

Case II. was a patient about thirty years of age, married but sterile, from Holyoke, Mass., who had a fibroid the size of a foetal head in the posterior wall of the uterus. She was having very severe hemorrhages. She received ten applications, at the end of which time she had a period which only lasted three days, and was otherwise so natural that she believed herself cured and insisted upon going home, as she felt so well. She had been able to take in several inches in her

belt. While on the train, and about half way home, she was suddenly taken with labor pains and a rather free hemorrhage. The pains were described as of a tearing character. In about a half an hour the tumor came away entire. I am sorry that I am unable to show this specimen although I went down to Holyoke to get it, and saw it completely filling a quart fruit jar. She would not part with it unless at a fabulous price.

In Albutt and Playfair's recent work on Gynæcology, page 327, the following words appear: "It is well recognized, of course, that the continuous current has a marked effect in producing powerful contractions of the uterus. This can be demonstrated experimentally; and it is also shown clinically by the considerable number of intra-uterine fibroids which have been expelled during electrical treatment, in some cases after a very few applications. It is further quite probable that we must look to this contraction-producing effect for an explanation not only of the hemostatic results, but also of the alteration of nutrition and consequent diminution in size which not infrequently result from electrical treatment."

I might add, as bearing out this opinion, that case No. I. would invariably experience strong contractions of the bladder whenever the current was continued longer than five or six minutes.

I thought it worth while to report these two cases of absolute cure, in addition to the many I have reported of women with fibroids having been restored to health by the electrical treatment, because it is no more than right that women with bleeding fibroids should have the choice of this alternative with all its faults, if they wish it, rather than take the heavy risk of absolute and speedy cure by the knife. And I feel the more free to say this because personally I much prefer the latter method, while the treatment by electricity is exceedingly irksome to me when I am so pressed for time.

But four of the fourteen women upon whom I performed abdominal hysterectomy are dead, while all of the sixty and odd whom I treated by electricity are still alive—a few of them, it is true, no better, but the majority of them in perfect health.

250 Bishop St., Montreal.

Montreal General Hospital.

EXOPHTHALMIC GOITRE.

Clinical Lecture by F. W. CAMPBELL, M.A., M.D., L.R.C.P.L., D.C.L.,
Professor of Medicine in the University of Bishop's College.

GENTLEMEN,—The patient now before you is a young girl, employed in a factory, of the age of about nineteen years. Her mother, who is with her, says she has enjoyed fair health, eating and sleeping fairly well. She first noticed protuberance of the eyeballs about three months ago, and soon after enlargement of the thyroid. This was followed by nocturnal restlessness and palpitation on the least exertion. It is about six weeks since she was first brought to the clinic. Her general condition then was as follows: marked protuberance of the eyeballs—well defined enlargement of the thyroid—no cardiac murmur—sounds normal, except that the second is markedly accentuated—pulse 140—tongue clean but trembles on protrusion, and trembling of the hands was very marked. She was placed upon tincture of the muriate of iron with tincture of digitalis and enforced rest, either on bed or sofa. To-day, while I cannot say that the eyeballs are less prominent or the thyroid diminished, still there is a marked improvement in her general condition, and I have the hope that in time she will completely recover. As the disease is not common, I have thought that having a case to illustrate it, it might be to our advantage to give a brief survey of it, as recorded by the latest authorities.

It was not till the second quarter of the present century that the attention of the profession was drawn to cases of cardiac palpitation, with an enlarged thyroid and staring eyeballs. In 1835, Dr. Graves, of Dublin, wrote on the subject, and it is still by many called Graves' disease. As a rule it sets in very gradually, and no definite cause can be assigned for it. It has been known to follow mental shock. Trousseau records a case of this kind, where a lady, who had lost her father, cried all night. She suddenly felt her eyes swell and lift up her eyelids, at the same time she had profuse nasal

hæmorrhage. violent palpitation of the heart, throbbing and enlargement of the thyroid. The case was diagnosed as one of exophthalmic goitre. Men are seldom attacked by it. It is chiefly met with in young women about the age of twenty to thirty years, and is sometimes met with in several persons in the same family. Persons who are anæmic or chlorotic are especially liable to it, as are also hysterical and neurotic subjects.

Symptoms.—Increased action of the heart is first noticed. At first and for a time this may only be occasional, but it soon becomes constant. The pulse rate varies from 120 to even 200 per minute. The cardiac impulse is exaggerated, the sounds loud and ringing, and not infrequently a blowing systolic murmur is heard at the base or apex. The area of cardiac dullness is not increased. The carotids throb, and with the hand a pulsation or thrill is felt in the thyroid. The pulse in the radials is not unusually forcible. Swelling of the thyroid may not come on for some little time, or it may appear simultaneously with the increased cardiac action. The enlargement may be symmetrical or it may be only one side, and then generally the right. It generally is not excessively enlarged, though cases are recorded where it has caused inconvenience by pressing on the trachea. The third cardinal symptom is prominence of the eyeballs, which varies greatly in degree. In some cases the stare is only a little more than is natural, in others it gives a fierce and savage expression. Cases of great prominence are recorded, where the eyeballs have been forced so far forward as to expose the insertion of the recti muscles into the sclerotic. Trousseau records the most notable case on record, in which one of the eyes actually came so far out of the orbit that it had to be pushed back by the fingers. In moderate cases the eyeballs may be so prominent as to prevent the closing of the lids during sleep, resulting in inflammation of the cornea. Fatigue in using the eyes is at times complained of. The ophthalmoscope shows tortuous and dilated condition of the retinal veins. The cause of this prominence of the eyeballs is not settled, and has been attributed to turgescence of the vessels in the orbit or an overgrowth or swelling of the fat in the cavity. When death supervenes, the prominence of the eyeballs, as a

rule, disappears almost entirely. The other symptoms which have been noted are irritability of temper, insomnia, headache, impairment of memory, unfitness for employment, voracious appetite, flatulence, constipation, amenorrhœa, leucorrhœa, and epistaxis. Irregular febrile attacks sometimes occur in which the temperature rises 2 or 3 degrees F. The patient often becomes greatly emaciated. The spleen is at times enlarged.

Pathology.—This is obscure, and as there is not anything definitely known, it is of no practical importance to discuss the numerous theories which have been proposed. Everything which so far has been suggested as to the cause has proved so full of errors and impossibilities, that we are no further advanced in the pathology of the disease than we were when it was first brought to the notice of the profession.

Prognosis.—Upon the whole this is favorable, though deaths from it are recorded, but they are rare except in very severe cases. Its course is generally chronic, lasting several years. After persisting six months or a year, all the symptoms not infrequently gradually disappear.

Treatment.—Medicinal treatment is notoriously uncertain. A combination of the tincture of the muriate of iron with tincture of digitalis is advised when the patient is anæmic, and sometimes appears to do good. Aconite and veratrum viridi have been used, but the consensus of opinion is unfavorable. Some writers advise ergot in solution. Strophanthus has in some cases reduced the action of the heart. Atropia in doses of $\frac{1}{120}$ or $\frac{1}{200}$ of a grain is advised to be given till its constitutional effect is produced. An ice bag to the cardiac region or at the nape of the neck, with complete rest in bed, has given relief. Osler says he has known this treatment reduce the pulse from 140 to 90. Electricity has been used, and cures from it are recorded. Use the galvanic current, placing the cathode at the back of the neck, and the anode along the course of the sympathetic or over the heart. Ligation of the arteries of the thyroid have been tried, but not with satisfactory results. Iodine has also been tried. To sum up, we have not any sure means of relief, and fortunately nature comes to our aid and relieves the patient after months of great discomfort.

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.

TO CURE ITCH IN TWO HOURS.

Employ fresh sulphuret of calcium, made as follows :

R Sulphur (flowers of).....	3 ounces
Quicklime.....	6 ounces
Water.....	2 pints

Boil together till combined, then allow to cool and settle. Decant, and preserve in hermetically sealed bottles.

Rub patient all over with soft soap for half an hour, then place in a tepid water-bath for another half hour. Next rub over with the solution and allow it to dry on the skin for a quarter of an hour. Complete by washing in the bath.—HIEMINKX (Belgium.)—*Med. Age.*

CARDIAC NEUROSES.

At a recent meeting of the Italian Medical Society, a report of which is published in the *Independance Medicale* (*N. Y. Med. Rec.*), Dr. Silva stated that he had made a special study of paroxysmal tachycardia and bradycardia. The former, he said, was developed especially at maturity, without distinction as to sex, under the influence of great emotion or from excessive mental and physical exertion. It was manifested by sudden attacks, vertigo, buzzing in the ears, and contractions of the neck and of the epigastrium. The heart beats were accelerated, and the number sometimes reach 250 or even 300 pulsations. If the thoracic region was examined at the time of an attack, an undulatory trembling would be perceived near the cardiac region, and auscultation would reveal a fetal rhythm of the beats. The cardiac sounds were so accelerated that it was scarcely possible to distinguish the different periods. Sometimes, however, a systolic souffle could be perceived, which disappeared after an attack. The pulse was small and the face pale. In addition to the vertigo, there were delirium, insomnia and oliguria, but there was no fever. Mydriasis or myosis of the eyes was observed.

It was not possible, said Dr. Silva, to determine the cer-

tain cause of these attacks, which manifested themselves without any apparent cause and lasted from a few minutes to several hours. They became grave when they exceeded the latter duration and terminated then in death during an asystolic attack. More frequently the attack was terminated suddenly at the end of a few hours by polyuria and profuse sweating, when the patient recovered. Attacks of tachycardia might follow each other at intervals of a few days, or there might be very long respites.

The diagnosis, said Dr. Silva, was established by the abruptness of the paroxysms, which were not accompanied by sounds of organic lesions of the heart. This abruptness of the symptoms, which broke out and disappeared suddenly without leaving behind them any alteration in the general health, was also a guide to the clinician in distinguishing tachycardia from true endocarditis; and in angina pectoris arrhythmia, which was generally absent in tachycardia, was present.

Regarding the pathogeny of this affection, Dr. Silva said that many theories had been advanced. According to certain authors, it was an excitation of the great sympathetic; according to others, it was, on the contrary, an ephemeral paralysis of the pneumogastric nerve which caused the attack. Debove and Courtois Suffit thought it was a bulbar neurosis; Frantzel thought it was an undiscovered lesion of the myocardium. The speaker thought that the beginning of the attack depended upon the pneumogastric nerve, and that later this attack was kept up by the poisons produced by the excessive work of the heart.

Regarding bradycardia or the slow pulse of Charcot, the author continued, this syndrome was manifested especially in old persons. The patient was attacked suddenly with malaise, the face became pale, and he fell to the ground in a condition of trembling and profuse sweating. The pulse slackened and did not reach more than from 7 to 10 beats. Soon the patient recovered consciousness himself, and all the alarming symptoms disappeared at the end of a few minutes. The attacks might break out without any apparent cause or after emotion, anger, etc. The patient might succumb after the first attack. More frequently the attacks occurred every two weeks or every month; in the interval the patient, who might live many years, was very well.

Dr. Silva stated that the diagnosis of bradycardia was very easy and the prognosis very grave.

Charcot and Caracretti had thought it was a circulatory or functional anatomical lesion of innervation, but Dr. Silva thought, on the contrary, that brachycardia depended sometimes upon a lesion of the centre of the pneumogastric nerve,

sometimes upon arteriosclerosis, and at other times upon a lesion of the myocardium.

The two affections, he thought, should be treated in the same way—that is, with hydrotherapy, electricity, thoracic massage and climatic treatment.

SYPHILIS OF THE INTERNAL ORGANS.

Bourdieu (*Annals de Derm. et de Syph. ; Jour. Cuta. and Gen. Urin. Dis.*) contribution to pulmonary syphilis related to a man in life showing asthmatic, bronchitic, and bronchiec-tatic symptoms. At autopsy there was found a thickening of the connective tissue skeleton of the lung everywhere, in addition to a generalized sclerogummatous change in all the tubes, with dilatation, to which the fibrosis was secondary. Diagnosis in such a case is made by the presence of other accidents, and the therapeutic test. The symptomatology is by no means characteristic.

Champenier sums up his investigations on neuritis as follows: It appears during the first six months of infection. The patient complains of pain and formication, which may be intense and persistent, with paroxysmal crises. There are motor disturbances as well, loss of power and atrophy, and diminution of electrical contractility. The cause is a peripheral, not a central lesion. In the absence of other causes, an osseous disease, exostosis, periostitis, may involve the nerve. Neuritis may be considered as an indication of malignant, precocious syphilis.

Burdury, writing on the cerebrobulba phenomena in association with medullary symptoms of syphilis, says that they may precede or follow spinal accidents; more often the former happens. The disturbances most frequently seen are those of the eye, paralysis, diplopia, hemianopsia, diminution of visual acuity. The third nerves are oftenest attacked, and the appearance of ocular paralysis is presumptive evidence of syphilis in a myelitis. Cerebral syphilis in congestive form comes next in importance; vertigo, fainting, transitory loss of speech and intelligence, possibly fleeting paralysis, epilepsy, aphasia, neuralgia, sensory disturbances. Without being able to give figures, Bardury believes that the phenomena occur in more than half the cases of spinal syphilis.

Schwab maintains that the prime cause of premature delivery in syphilis is disease of the placenta. All authors agree that it is pale, hypertrophied and edematous. Placental lesions accompany hereditary, fetal or congenital disease, except in a few postconceptional in origin, attacking fetal and maternal elements. The first lesion is an endoperiarteritis and an endoperiphlebitis. The vascular disease is constant

and results in perivascular infiltration and vessel obliteration. The stroma of the villi is altered and their epithelium proliferated or destroyed. Gumma is seldom seen. The changes are usually general, but may be localized with greater or less intensity in one part or another.

Hector has succeeded in gathering only 9 cases of tertiary epididymitis. It appears 2 to 20 years after infection, and in individuals in full sexual activity. Traumatism, gonorrhoea, or previous inflammation determine its appearance. To be called tertiary, an epididymitis must exhibit: 1. Co-existence with other tertiary accidents; 2. rapid regression under iodid. One organ is attacked unusually in its entirety. It is moderately hard and painful, and nonadherent to the testicle. The duration may be long and the termination be in sclerosis.

Rochon reports two cases to show the virulence of spermatic fluid in syphilis. The first was a chancre of the subumbilical region in a woman whose husband was in the habit of ejaculating extra genitally. The second occurred in a young woman whose lover transmitted syphilis to her, although he had no urethral lesion.

Stanziale describes two cases of gumma of the spleen. In one, the disease consisted in a solitary nodule; in the other, they were numerous, small, isolated and irregularly disseminated through the parenchyma. Some showed central caseation. The vessel walls had undergone amyloid degeneration in other parts of the organ than the gummata. The arteries of the splenic corpuscles showed a fibrous adventitia, a sign which may differentiate syphilitic from other splenopathies.

Rona remarks that bone fracture due to syphilis is of rare occurrence, and describes two cases in which the cause was gummatous osteomyelitis. The first had a benign attack at first, and was scarcely treated at all. Later he developed a frontal periostitis and thickening of the clavicles, cured by inunction. Shortly after, fracture of the left bone followed an abrupt movement. Complete union resulted. The second showed cutaneous lesions, osteoperiostitis and myelitis, fracture of the humerus, acromion, and both bones of the forearm, and gummatous arthritis. Spontaneous amputation ensued. A third case is given in which the left leg was amputated spontaneously in hereditary disease. The stump healed without treatment.

Mosca gives the history of a similar condition, the fracture occurring at the juncture of the upper and middle thirds of the sternum. Complete repair followed treatment.

GUAIACOL IN CHRONIC COUGHS.

A. Goldhammer (*Medical Record*, October 23, 1897) claims to have had remarkable success with this drug in many cases of cough of long standing, in which no tuberculous element could be recognized. He was first led to the employment of this remedy in a case in which the cough had existed for two years and numerous other drugs had been used without avail. Under the use of guaiacol daily for one month the cough disappeared, and the patient has been entirely free from it ever since—a period of ten months. Since then he has used guaiacol in every case of cough of more than two weeks' duration, irrespective of origin. He has found it of decided value in cases of chronic bronchitis with or without asthma. In the chronic coughs of children guaiacol has proved especially beneficial. He has employed it even in several cases of whooping-cough with excellent results. The paroxysms were rendered less severe and less numerous, and the duration of the attack was cut short to two or three weeks. For children of a delicate temperament, who have a poor appetite and who occasionally have a slight cough, guaiacol is a valuable remedy. It stops the cough entirely in a short time, increases the appetite, and causes the patient to gain in flesh. It is his opinion that many a case of incipient tuberculosis could be prevented, if every old cough, no matter how slight, were treated by the administration of guaiacol. In acute coughs guaiacol does not act beneficially and should not be employed.

The author has recorded thirty cases of cough of varied origin and description, in which no distinct tuberculous element could be recognized, and in which he employed guaiacol as a remedy. In twenty-six of these cases the cough disappeared entirely after the drug was used for periods of from two to six weeks. In the four remaining cases the cough was decidedly improved, although not entirely cured. Eighteen of these cases were in children under ten years; nine were in adults, three of whom were over sixty-five years of age. The article is accompanied by the history of five cases.—*Medicine.*

THE USE OF DIGITALIS IN AORTIC INCOMPETENCY.

That property of some minds which causes them to extend particular experiences into general conclusions has led to much difference of opinion as to the rôle of digitalis in the

treatment of aortic regurgitation. The tyro who discovers that a patient consulting him for some reason, has an aortic regurgitant bruit, and forthwith prescribes digitalis, need not be surprised if in a day or two his patient is seriously ill with the evidences of an embarrassed circulation. Even the patient who evinces aortic incompetency with lost ventricular compensation may after a few doses of digitalis find his condition considerably aggravated. On the other hand the agent which has proved so disastrous under the circumstances narrated may prove unquestionably beneficial in cases showing the same valvular lesion. Setting aside individual peculiarity as an incalculable factor when discussing therapeutic agents, it is desirable to arrive at some explanation of the seeming inconsistency in the action of digitalis in these cases.

In his recently published work on *Heart Disease* (p. 161), Sir William Broadbent remarks that when the preponderant character of the symptoms in aortic inadequacy is that of venous obstruction, and with aortic physical signs there are mitral symptoms, digitalis is frequently beneficial and justifies the statements of those who find this remedy of the same service in aortic as in mitral disease. "In the absence of mitral symptoms, it is rarely," he adds, "that digitalis is called for in aortic incompetence or is of service, and it may undoubtedly do harm." There is of course nothing novel in this conclusion, as the same distinction has been pointed out before, but it is satisfactory to chronicle the decision on a moot point, of one who has had much practical experience in cardiotherapy. Digitalis, in other words, to be of use in aortic incompetency, requires not only the evidences of lost ventricular compensation, but of compensation lost to such an extent that dilatation of the ventricle and its impotent contraction permits of mitral reflux. It is in the addition of the aspirative to the propulsive difficulty, that the factor indicating the employment of digitalis in aortic inadequacy consists.

—*Treatment.*

THE TREATMENT OF EXOPHTHALMIC GOITRE.

One of the indirect consequences of the comparatively satisfactory explanation and altogether satisfactory treatment of myxœdema seems to have been to invest with additional investigative interest other disturbances in which the thyroid gland plays a part. The occasional success which has attended removal of that organ in Graves's disease appears to indicate that in many, if not all cases, disturbance of secretion in it lies at the bottom of the manifested clinical phenomena. Ablation, partial or complete, has, however, proved sufficiently often fatal to cause surgeons to enquire whether

there be not some safer method of diminishing the exaggerated secretory activity of the organ. Among these, various forms of section of the cervical sympathetic have been advocated and practised. In the *Lyon Medical* for October 31st, 1897, M. Jaboulay claims that to him exclusively belongs the credit of having shown that paralysis of the fibres of the cervical sympathetic ameliorates the symptoms in exophthalmic goitre. He mentions some particulars of the usual cutting, tearing, wrenching and squeezing methods which have been practised by surgeons in this region of the body. A ganglion more or less cleared out seems to be all in the day's work, and then the operator seems to adopt a sagacious Micawber-like attitude and waits for something to turn up. It does, I suppose, sometimes, but it seems also to be necessary to enter a word of caution when these heroic methods are in the air. In the first place, what does the surgeon aim at beyond the broad fact of reducing somehow the complex of systems constituting the disease? Does he expect to diminish the glandular activity of the thyroid? If so, how does he know that the sympathetic is the chief secretory nerve involved? That it may to a certain extent have such a function may from analogy with other glands be admitted; but that it is the chief secretory nerve may as certainly be denied. The secretory nerve of the thyroid gland is in all probability the pneumogastric, and if nerve section for this purpose is to be practised, it would seem that the sooner the surgeon pays attention to the thyroid branches of the pneumogastric the better, always supposing that the manipulations involved do not so disturb the main trunk as to cause—well, an inconvenient duration of cardiac inhibition. If on the other hand his object be to quiet the tachycardiac heart, it would seem a pity that the patient should have to part with so much of his indispensable nervous system to secure that end. If, finally, he aims at the removal of exophthalmos, inasmuch as the sympathetic is essential to vaso-constriction, it would seem unfortunate that he should give a free hand to vaso-dilators and over-secretors by destroying the sympathetic. If there be any cogency in these comments it would appear advisable, in the mean time, that the surgeon and the physician alike should restrict their endeavors to diminishing, if possible, and by less heroic means, the secretory activity of the gland. I have known the electrical treatment of the thyroid (galvano-puncture) shrivel a large gland causing respiratory difficulty, to a mere nodule, and belladonna, from the days of Begbie till now, has apparently been capable at times of diminishing thyroid secretion just as it does that of the salivary and pharyngeal glands.—

Treatment.

A THEORY OF ACTIVE AND PASSIVE IMMUNITY FROM THE BACTERIA OF CHOLERA, TYPHOID FEVER, AND THE LIKE.

The various theories of immunity have been occupying the periodical medical press extensively for several years. They bid fair to be settled soon on experimental lines. We reproduce the conclusions of Max Gruber, of Vienna, which have been communicated to *The Lancet* of October 9, 1897, by H. E. Durham. Both of these investigators have been employed upon this work for the past eighteen months.

1. A high degree of long persisting immunity can be obtained by means of intraperitoneal injections (in guinea-pigs) of microbes killed either by chloroform or by exposure to a temperature of 60° C. Such killed cultures of cholera, and other vibrios, of typhoid, and coli bacilli, etc., have little or no poisonous properties; the guinea-pigs show trifling symptoms in the course of treatment; they recover rapidly, even when such large doses as 0.5 gramme per one kilogramme are eventually exhibited. The only constant symptoms arising from these injections are to be attributed to the peritonitis, which is caused by the proteins of the bacteria. It follows from these facts that the dead bodies of the bacteria are not poisonous in themselves; and, furthermore, that the immunizing constituents of the bacteria are not identical with the bacterial toxins.

2. The animals, when immunized by this method against the above-named bacteria, are truly infection proof, but they are by no means toxin proof. At the present time we are not dealing with toxin proof immunity, and we are far from saying that animals cannot be rendered proof against the toxins of the above-named bacteria by the use of suitable methods.

3. The destruction of the bacteria takes place through the medium of the juices in actively immunized animals as well as in animals which are protected passively by means of the serums of immunized animals. This fact has been correctly observed and emphasized by Pfeiffer. The (polynuclear) phagocytes only play a secondary and comparatively unimportant part in the process.

4. Protective or antagonistic substances (antikörper) are always present in the blood and juices of the immunized animals. They are already formed, and are not suddenly produced at the moment that a further inoculation is given, as has been asserted.

5. Both in actively and in passively immunized animals these substances (antikörper) react directly upon the

bacteria, whether the contact occurs within the body or *in vitro*. There is no evidence that they undergo any changes or transformations in conjunction with the normal juices when animals are protected passively by their aid.

6. These protective substances are the characteristic constituents of the blood and juices of immunized animals. They are not capable of actually killing the bacteria by themselves.

7. The actual destruction of the bacteria is effected in all animals, whether actively or passively immunized, by means of the alexins of Buchner. These alexins are general protective substances entirely without specific action; they are universally present in all animals. Phagocytosis only takes a secondary share in the destruction.

8. The essential action of the protective substances of the blood and juices of immunized animals consists in making the bacterial cell walls adhesive. This is shown by the fact that the bacteria become sticky when treated by these juices; in consequence, they adhere together in clumps and lose their motility. This fundamental phenomenon in the action of protective sera has been entirely overlooked by Pfeiffer and his pupils; it has been seen by Metchnikoff and Bordet, but they have neither recognized its importance nor its true meaning. On account of this fundamental action it is proposed to call the specific antagonistic substances of immunized animals "agglutinins."

9. The agglutinins act upon the sheaths of the bacteria and make them more penetrable. The alexins are enabled thereby to reach the bacterial protoplasm and to destroy it—in other words, to kill the bacteria. This process takes place quite indifferently inside the living animal or *in vitro*, the only condition necessary being that both agglutinins and alexins are present.

10. The agglutinins are used up during the process, perhaps by chemical combination or perhaps by actual destruction. It therefore follows that the extent of action of the juices of an immunized animal is directly proportional to the amount used.

11. Active immunity never occurs without evidence of the presence of agglutinins.

12. Active and passive immunity are identical in nature. Both forms of immunity depend upon the presence of agglutinins.

13. It has been asserted that active immunity persists even after complete disappearance of the protective substances—that is to say, after the tissue juices have lost the power of conferring a specific passive immunity. This in reality is only the expression of the fact that the degree of

concentration of the agglutinins gradually diminishes as time goes on; eventually the proportion of agglutinins present is insufficient to be effective in producing passive immunity.

14. He has been able to prove the presence of agglutinins thirteen months after the last immunizing injection. How much longer they persist he is unable to say, as at present he has not any animals which have been kept a longer time since their last treatment.

15. Agglutinins are specifically different. Each kind of bacterium has its own kind of agglutinin.

16. The influence of these specific agglutinins is, however, not limited specifically; it shows gradations in intensity of reaction, the maximum intensity of action being manifest upon its own kind. On other species the action is the more intense the more closely allied the microbe is to that by means of which the agglutinin was prepared.

17. Pfeiffer's assertion that an absolute specificity exists in the action of protective sera is not in accordance with, or supported by, observed facts.

18. The agglutinins are without doubt derived from certain constituents of the bacteria themselves (specific proteins?). They are produced only in the bodies of actively immunized animals, probably by combination with some constituents of the animal body. The site of production is perhaps in the macrophages; these cells ingest and destroy the polynuclear leucocytes which are laden with bacterial products.

19. The above conclusions are drawn from experiments with the microbes of cholera and allied vibrios of typhoid fever, and the like. In diphtheria and tetanus other factors are probably present.—*Medicine.*

ICHTHYOL IN THE TREATMENT OF AFFECTIONS OF THE RESPIRATORY ORGANS

Le Tanneur (*Journal de Médecine de Paris*, Oct. 17, 1897) has employed this remedy extensively in a variety of affections, and has found it especially useful in the treatment of pulmonary tuberculosis, dry and purulent catarrh of the bronchi, and also dilatation of the bronchi with profuse fetid expectoration.

The only form in which the drug is acceptable to the stomach is capsules, which should be surrounded by gluten envelope in the hope that they will pass through the stomach and be absorbed from the intestine. Each capsule should contain 0.25 centigrammes. Most of his patients received from eight to twelve capsules per day. He did not notice

any disturbance of digestion, though some patients continued to take this dose for a period extending over fourteen months.

In the treatment of bronchial catarrh Le Tanneur found that it made the secretion more fluid, and that it was consequently expelled with a less degree of effort. He also noticed a revulsive effect, a decrease of the congestion, and a return of the bronchioles to their normal size. An antiseptic effect was also noted which diminished the absorption of toxins and consequently lessened the systemic infection. Especially in that form of catarrh accompanied by dilatation of the bronchioles he noted a very rapid improvement in all the symptoms, and he regards the action of the drug in these cases as quite as efficient as it is in tuberculosis.—*Medicine.*

SURGERY.

IN CHARGE OF

GEORGE FISK, M.D.

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IMPERFECTIONS IN INTRA-ABDOMINAL DIAGNOSIS.

By BYRON B. DAVIS, A. B., M. D.

Dr. Davis enters a plea for more accurate diagnosis before abdominal operation, on the ground that valuable time is gained by being better prepared to do the operation rapidly. To diagnose accurately no point should be lost by omitting to investigate in every way possible, whether it be by the aid of physical examination, chemistry, the microscope, or other instruments of precision, or by sifting carefully the history of the patient for years before. He cites a case of a woman dying from ruptured tubal pregnancy who was seen by three prominent gynæcologists who had no suspicion of the real condition for the reason that they were unable to obtain a proper history. As to gall bladder surgery he speaks as follows: "It is yet no uncommon thing to explore for stones in the gall bladder or ducts, and find disease of the hepatic flexure of the colon or cancer of the pylorus, and sometimes to find nothing at all. An abnormally long transverse colon, as pointed out by McGraw, doubtless figures frequently in these cases. As he states, if the transverse colon is too long it must bend up or down; it cannot bend up, therefore it bends down at the middle, assuming a V-shape. When fæces accumulate at the point of the V, the bowel becomes heavy enough to put the hepatico-duodenal ligament upon the stretch and twist it suffi-

ciently to occlude the common duct, and symptoms analogous to those of gall-stone obstruction. McGraw shows that when doubt exists, if the knee-elbow position relieves pain, the symptoms are due to an abnormally long transverse colon and not to disease within the gall ducts."

As a moveable kidney or retro placed uterus are often due to a general ptosis of the abdominal viscera, operation to anchor these in proper place has failed to relieve symptoms as a usual result.

A SERIES OF SIXTY-SIX OPERATIONS UPON THE KIDNEY.

ALBARAN (*Rev. de Chir.*, November 10, 1896) reported a series of sixty-six operations upon the kidney to the French Surgical Congress, with a mortality of only 9 per cent., or six deaths.

The operations were the following : seven nephrectomies with one death ; one partial nephrectomy, no death ; twenty-four nephrotomies, two deaths ; five nephrolithotomies, two deaths ; anuria, operation on tenth day, death ; twenty-three nephrorrhaphies, no deaths ; four exploratory nephrotomies, no deaths.

The author observed after a number of his operations reflex phenomena of a very grave nature, always accompanied by an oliguria of more or less marked character. The most marked symptoms were incoercible vomiting, with marked epigastric pain, or the lumbar regions became painful subjectively and on pressure ; the patient was pale, anxious, with contracted pupils, small, rapid pulse, and a temperature about normal. These symptoms cease at the end of from twenty-four to thirty-six hours, or, on the other hand, they may continue without any interruption and despite the intravenous injection of artificial serum. In two cases of movable kidney these symptoms persisted for two and three days, and after great anxiety had been caused by the patient's condition all the symptoms ameliorated and disappeared upon the ingestion of hot grog. The author observed death occur in a case of nephrotomy and one of nephrolithotomy on the third day ; the autopsy, however, failed to reveal the cause of the deaths.—*American Journal of Med. Sciences*, May, 1, 1897.

THE STERILIZATION OF HYPODERMATIC SYRINGES BY BOILING.

HOFMEISTER (*Cent. für Chir.*, July 4, 1896) details a method which he has found successful for the sterilization of hypodermatic syringes by boiling. It is based upon the fact,

which he discovered, that ordinary leather which has lain for twenty-four hours in a 2 to 4 per cent. solution of formalin can be boiled without losing its strength, softness, and suppleness.

This method can be applied only to such syringes as are made of metal, glass, and leather, and are not cemented but screwed together.

The cap and piston are moved and freed from oil by the use of ether. They are then placed for from twenty-four to forty-eight hours in a 2 to 4 per cent. solution of formalin. After a thorough washing to free them from the formalin they are ready for boiling.

In boiling care should be taken to expel all the air from the syringe by holding it under water and moving the piston in and out. It should then be placed in cold water to prevent the glass from cracking, and gradually brought to the boiling-point.

The formalin solution should be employed from time to time, but is not necessary every time the syringe is boiled.

If the piston fits properly after the oil has been removed, it will fit after the boiling.—*American Journal of Medical Sciences*, May, 1, 1897.

ABSENCE OF UTERUS AND OVARIES.

Dr. R. D. Garcin, of Richmond, Va., reports (*Charlotte Medical Journal*, May, 1897; *Medicine*, Oct., 1897) the case of a 20-year-old married nullipara who consulted him for amenorrhea. The patient had never menstruated, neither had there been any vicarious hemorrhage. After a careful examination of her general condition, and finding that she was not pregnant, but somewhat anemic, gave her a few general directions and a tonic suitable for her condition, with direction to report in a month. She presented herself with no improvement. A thorough examination resulted in finding neither uterus nor ovaries; the vagina was entirely absent. The urethra would in the undilated state admit the thumb and index finger easily. The husband stated that his wife had sexual appetite. After intercourse she complained for several days of irritable bladder and painful micturition, showing positively that he had intercourse through the urethra into the bladder.

URETHRO-RECTAL FISTULA.

Dr. James P. Tuttle, of New York, in a paper read before the American Association of Genito-Urinary Surgeons (*Boston Medical and Surgical Journal*, July 15, 1897; *Medicine*, Oct., '97), laid down the following principles as underlying

ing successful treatment of these: (1) Remove all obstructions to the passage of urine or intestinal contents through their normal channels. This involves the treatment or removal of rectal or urethral stricture, polypi or other tumors, the overcoming of sphincteric spasm and obstruction at the anus. (2) Protect the parts from abnormal passage of urine or fecal matter and gas. (3) The therapeutic and surgical treatment of the fistulous tract itself. The application of stimulating agents or cauterization should be patiently tried before resorting to more radical measures. He cites three illustrative cases. In one the fistula opened into the rectum about half an inch above the external sphincter, and was large enough to admit the end of the index finger. The urethral floor was absent to a considerable extent and required to be rebuilt. There was much connective tissue around the opening and a stricture of the membranous urethra anterior to the fistula. After several days' sterilization and treatment of the urethro-intestinal tract Dr. Tuttle incised the sphincter thoroughly and cut away the cicatricial tissue with scissors, thus freshening the fistula edges at both ends. The intestinal wall was then dissected from its anterior attachment up to a point three-fourths of an inch above the fistula and half an inch to each side. The urethral stricture was then dealt with by perineal section, the incision being carried backward into the fistulous opening. A flap was then dissected from the soft tissues at either side of the urethra large enough to replace that portion of the floor which had been destroyed. These were sewed together with catgut sutures over a full-sized sound introduced through the meatus, in order that the caliber of the canal might be accurately re-established and no pocket left. The fistula being thus closed the sound was withdrawn and the fresh perineal wound and anterior incision in the urethra left unsutured. The edges of the intestine were then sewed together with chromicized catgut and the rectum packed with iodoform gauze, a drainage tube having been introduced into the bladder through the meatus and fastened there. It seemed to cause no inconvenience and was left in for eighteen days, the bladder and perineal wound being irrigated daily with Thiersch's solution. The perineal incision was loosely packed with absorbed gauze and dressed with an ordinary T-bandage. Convalescence was uneventful, the perineal wound healing in about six weeks. The patient left the hospital perfectly well three months after.

Two other cases are reported by Dr. Tuttle in which the operation proved successful.

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.

THE EARLY SYMPTOMS OF PUERPERAL INFECTION.

Ferré (*L'Obstétrique*, ii, No. 5, p. 425, September 15th, 1897) points out that the general notion of the sudden onset of marked symptoms of puerperal infection after a longer and shorter period of silent incubation is inexact. Even in the period of incubation important, although attenuated, symptoms may be present, and their recognition will greatly conduce to successful treatment. These early symptoms are: slight elevations of temperature occurring once (or twice) daily, and usually in the evening; a pulse rate of 80 or more, especially if in the morning, when the temperature is not yet raised; relative or absolute insomnia, which is a very important indication of serious infection and requires careful inquiry; headache, at first intermittent and slight, usually always in association with the other symptoms mentioned; sometimes diminution or suppression of the lochial discharge, although as a rule this is a later manifestation: and, finally, vague impressions of cold, but not usually a distinct rigor. The later symptoms, such as marked rigors, high temperature, local pain, etc., are well known; it is to the recognition of the early symptoms that we must trust for the successful treatment of such cases.

VOMITING OF PREGNANCY.

W. S. Gordon suggests the theory that the nausea and vomiting of pregnancy may be due to impoverishment of the maternal nervous system by the withdrawal of phosphorus for the growth of the uterus and its contents. To substantiate this belief he cites the fact that nausea is most intense in the mornings when the mother has been longest without food, and is relieved by the morning meal; that it is most severe in the first half of the pregnancy, when the fetal development is most rapid, and that there is a diminished elimination of phosphorus by the kidneys. The treatment indicated by this hypothesis includes careful attention to the digestive organs, persistent or forced feeding, and the administration of phosphorus in the form of hypophosphite of calcium and sodium with bromides or other nerve sedatives.—*Amer. Jour. Obstet.*

PLACENTA PRÆVIA THE RESULT OF UTERINE FIBROID.

Maygrier (Bull, Paris, 14th January, 1897) publishes full notes of a bad case of placenta prævia. The patient in the eighth month of pregnancy was brought into the hospital already exhausted by profuse hæmorrhage. A dead child was extracted by version. The detachment of the placenta offered extraordinary difficulties. Maygrier was fairly puzzled by a soft mass, which he detected on introducing his hand into the uterine cavity. It was very resistant notwithstanding its softness, and the process of separation of the intimately adherent border of the placenta fatigued him so that the midwife had to conclude the process as far as possible. In spite of subcutaneous injection of ether and intravenous injections of serum the woman died an hour and a half after the delivery. The uterus was removed after death. A tumor was found occupying the posterior and left aspect of the lower segment of the uterus nearly reaching the os. It measured six inches in the longest diameter and was a pure fibroma, very soft, yet being made up of very resistant white fibres. The placenta, altered by disease, was closely incorporated with its lower surface. Thus was explained the fatal complication in a condition always perilous during parturition.—*Univ. Med. Mag.*

IODIDE OF POTASSIUM AND LACTATION.

G. Fieux (*Rev. Obstet. Internat.*) has tested the effect of iodide of potassium on nursing women. He finds from six observations that the coming of the milk after labour is not delayed, that the course of the lactation is not interfered with, and that the infant does not suffer, as is shown by the increase in weight during the administration of the iodide. There is no reason, therefore, to fear that the administration of iodide of potassium to a syphilitic mother will interfere in any way with her functions as the nurse of her own child. The fears that it will do so are imaginary.

ABORTION.

For the treatment of abortion, H. J. Garrigues advises instrumental dilatation of the cervix and removal of the fetus by blunt forceps with heart-shaped or oval rings, and of the placenta by the finger and dull wire curette. Before and after curettage the uterus is flushed with one per cent. creolin. If pregnancy has passed three months he then packs the uterus with iodoform gauze before tamponing the vagina, otherwise the latter is sufficient. The tampons are removed

on the second day, and a vaginal douche of one per cent. carbolic acid is given twice daily. The patient remains in bed at least for a week.—*Amer. Jour. Obstet.*

HEMORRHAGE DURING AND AFTER LABOR.

A source of the hæmorrhage during and after labor is illustrated by a case, D. A. Hodghead. Delivery was rapid, the head being born during the third pain after rupture of the membranes. A tear of the vestibule occurred extending to the median line from just below the clitoris nearly to the meatus.—*Amer. Jour. Obstet.*

PUERPERAL INFECTION.

Of the treatment of puerperal infection, E. E. Montgomery says that when examination determines the absence of anything within the uterus which should afford a cause of high temperature associated with profuse discharge, or possibly in the beginning an arrest of lochia, and particularly where there is redness or swelling of the vagina, exfoliation of the mucous membranes, presence of diphtheritic exudation upon or ulcerations of its surface, the condition should be recognized as sepsis and treated with antistreptococcic serum, local cleanliness and constitutionally supporting measures. He reports several cases successfully treated in this manner. R. R. Kline strongly condemns the use of the curette and tampon and of opium and coal tar derivatives except as temporary measures in cases of extreme pain and very high temperature. He advises drainage with the softest, most pliable and largest sized tubing the cervix will admit, with plenty of openings in the uterine portion and three openings in the vaginal portion below a cross-bar by which it is retained. This should be removed and disinfected once or twice daily, and the uterus freely irrigated with boiled water or weak solutions of carbolic acid, boric acid, creolin, or with the tincture of iodine if the uterus is flabby. In severe cases a strip of gauze may be used along the side of the drainage tube. The bowels should be kept open with salines. Bumm observed 750 confinement cases, in 22 per cent. of which he noticed a rise of temperature. In 15 per cent. the fever was due to causes not related to labour. In 29 per cent. no cause could be found. In the remaining 55 per cent. the fever arose from infection of the genital tract, streptococci causing 13 per cent., gonococci 7 per cent., putrid infection 35 per cent., while in one case colon bacilli were found. The latter case ended fatally. Streptococci infection was characterized by mildness of the attack. Savor administered anti-streptococcic serum in 19 cases of puerperal infections, and

concludes that it is of absolutely no value in the treatment of this condition. In every one of these cases the presence of the streptococcus was conclusively demonstrated. The serum produced no bad symptoms. This serum has been employed by C. J. Stansley in two cases of puerperal infection in which the patients were delirious. In each, consciousness was regained, the temperature fell, and subsequently recovery occurred.—*Amer. Jour. Obstet.*

GONORRHOEA.

J. F. W. Ross considers that when a woman is delivered with proper aseptic and antiseptic precautions, even after she has undergone frequent vaginal examinations, there is ground for suspecting gonorrhœal infection if fever develops. Gonococci in the lochia may confirm the diagnosis. The curette should not be used in the presence of acute gonorrhœa, as it is one of the surest ways of causing extension of the disease to the tubes and ovaries.—*Amer. Jour. Obstet.*

CEREBRAL EMBOLISM DURING LABOR.

Shortly after rupture of the membranes, and while the os was not fully dilated, a 11 para became suddenly unconscious and fell to the floor. There was a slight hæmorrhage. She had general convulsions, especially marked in the left extremities. After the convulsions had ceased it was noticed that she had left hemiplegia and paralysis of the facial nerve. A second attack soon followed, resulting in complete aphasia. Novelli terminated labor by rapid extraction of the child. Except for a remaining weakness the woman recovered entirely. The author believes the paralysis was due to cerebral embolism caused by the premature detachment of a part of the placenta.—*Amer. Jour. Obstet.*

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Editorial.

PROVINCIAL MEDICAL BOARD'S RECENT AMENDMENTS TO THE REVISED STAT- UTES OF THE PROVINCE OF QUEBEC.

Several important additions and amendments to the law respecting physicians and surgeons received the sanction of the Lieutenant-Governor at the last session of Parliament. They are as follows :

(ASSEMBLY BILL NO. 93.)

AN ACT TO AMEND THE LAW RESPECTING PHYSICIANS AND
SURGEONS.

HER MAJESTY, by and with the advice and consent of the Legislature of Quebec, enacts as follows :

1. Article 3973 of the Revised Statutes is amended :

(a) By replacing the word : " forty," in the second line, by the word : " forty-two " ;

(b) By replacing the word : " nineteen," in the sixth line, by the word : " twenty-one " ;

(c) By replacing the word : " ten," in the thirteenth and sixteenth lines, by the word : " twelve."

2. Article 3987 of the Revised Statutes is amended by adding, at the end of the third clause, the following words :

“Such certificate shall be registered in the register of the registrar of the council, and the council of discipline may annul the same if well founded complaints are made against the person who had obtained it.”

3. The following paragraph and articles are added after article 3997 of the Revised Statutes:

“§ 3a.—*Council of Discipline.*

I.—ORGANIZATION OF THE COUNCIL.

“3997a. The Board of Governors may form a council called: “Council of Discipline,” of four governors selected by the board.

The president of the board shall in addition form *de jure* part of the council.

3997b. The council is entrusted with trying, hearing and deciding all accusations or complaints brought against a member of the college for any infringement of his professional duties or for acts derogatory to the honor of the profession.

“3997c. The quorum of the council is three.

The president of the Board of Governors is *de jure* chairman, and the secretaries of the board act as clerks *ex-officio*.

“3997d. The powers of the members of the council expire at the general meeting held for the election of the Board of Governors following their appointment, but the council may, notwithstanding the expiry of its powers, render judgment upon any complaint which it has heard upon the merits.

“3997e. The council shall sit at Quebec or Montreal whenever it is so required by the chairman or by two members.

The secretary of the place where the council meets acts as clerk.

“3997f. The Board of Governors is authorized to make regulations to define the manner of convening the council, and all other regulations concerned with the exercise of the powers of the council, provided such by-laws shall not in any wise restrict the right of the members of the corporation to practice their profession with a philanthropical and charitable object for the members of benevolent and mutual benefit associations and the charitable institutions of the Province; but such regulations do not come into form until after they have been approved by the Lieutenant Governor in Council.

II.—PROCEEDINGS UPON COMPLAINTS.

“ 3997*g*. Complaints do not require to be drawn up in any special form, and, in the exercise of the powers conferred upon it, the council may have recourse to all the means which it deems suitable to investigate the facts to be proved and to permit the accused to defend himself.

“ 3997*h*. The person who presides may swear the parties and their witnesses, and the Board may compel them to appear and to answer under oath, and punish them by fine in case of refusal, and, as regards such objects, it possesses generally all powers of the Superior Court.

“ 3997*i*. The decision of the council is rendered by the majority of the members sitting.

“ 3997*j*. If the council find the accusation brought to be well founded, it may, according to the gravity of the case, condemn the accused to one of the following punishments :

1. Censure ;

2. Deprivation of the right to be elected to the office of governor of the college, and even of the right of voting at elections of governor of the college, for a certain time ;

3. Deprivation, for a certain limited and definite time of the right to practice his profession.

“ 3997*k*. The council may condemn to such costs as it deems expedient the unsuccessful party, or divide such costs, and, in addition, may condemn such party to pay to the successful party a sum intended to indemnify him for his personal expenses incurred respecting the complaint.

III.—APPEALS.

3997*l*. Every decision or judgment of the council of discipline which imposes one of the disciplinary punishments enumerated in article 3997*j* is subject to appeal to the board of governors.

Such appeal is made by letter containing a copy of the decision, addressed within fifteen days after the same is rendered to one of the secretaries of the board.

Upon receipt of such notice, the secretary of the Board of Governors of the place where the next meeting of the board is to be held, is bound to cause the record in the matter to be sent to him, and to keep it to lay it before the Board of Governors at its next meeting.

“ 3997*m*. The Board of Governors decides the appeal in summary manner at its earliest meeting after the receipt of the notice of appeal by the secretary.

No other evidence than that adduced before the council of discipline can be admitted on the appeal.

The Board of Governors may, however, hear the complainant and the accused or their counsel.

“3997*n*. The Board of Governors may confirm the decision of the council, or pronounce the judgment it should have rendered, and, in either case, decide, as it may deem equitable, as well as upon the costs of the first instance as of those in appeal.

“3997*o*. The decision of the council of discipline, if not appealed from within the required delays, and, in case of appeal, that of the Board of Governors are final.

IV.—EXECUTIONS OF JUDGMENTS.

“3997*p*. In default of any party paying the costs to which he has been condemned, and in default of payment of the fine by a witness condemned to pay such fine within fifteen days after the decision of the council of discipline, if there has been no appeal, or of the Board of Governors if an appeal has been taken, the party to whom such costs are due may obtain from the Superior Court of the district in which the complaint was made an execution against the moveables and immoveables of the person condemned to pay the same by depositing in the office of the prothonotary a detailed statement of such costs duly certified by one of the secretaries of the board, with a copy, certified in the same manner, of the judgment adjudicating upon the costs.

If the costs do not reach forty dollars no execution against immoveables can be issued.”

4. Article 3998 of the Revised Statutes is amended by adding after the words: “such delays,” at the end of the seventh clause, the words: “or by a prosecution before a justice of the peace, in conformity with the provision of Part LVIII of the Criminal Code, 1892.”

5. This act shall come into force on the day of its sanction.

(ASSEMBLY BILL No. 188.)

An Act to amend the law respecting admission to the practice of medicine in certain cases.

Whereas there are at present in the universities of this Province nearly two hundred students who have commenced attending the medical course before having obtained a certificate of admission to the study of medicine :

Whereas the fact of their not having been regularly admitted to the study of medicine exposes them to lose the benefit of several years of medical studies ;

Therefore, Her Majesty, by and with the advice and consent of the Legislature of Quebec, enacts as follows:

1. Notwithstanding article 3978 of the Revised Statutes, the College of Physicians and Surgeons of the Province of Quebec is authorized to admit to practice the medical students who, on the first of November, 1896, had commenced attending the medical course in a duly incorporated university of the Province of Quebec before having obtained a certificate of admission to the study of medicine, and to grant them the necessary license to practice medicine, surgery and obstetrics in the Province after having passed the examinations required for admission to study and those required for admission to practice.

2. This act shall come into force on the day of its sanction.

It will be noticed that Montreal is to have two additional representatives. These, it is understood, will represent the English Protestant and Irish Catholic element. Until now only four were elected in Montreal besides those who represent the three Universities, and these were all of French Canadian nationality—so that the English speaking portion of the profession in the city had not directly any representative on the Board. The rectification of this defective arrangement is a timely action on the part of the Board.

The appointment of a council of discipline is a very important addition to our means of maintaining a high standard of medical ethics in the profession, and some important reforms, it is stated, will be initiated and carried out under its protecting influence, including the abolishment of the Lodge Doctor in his present relations to lodges.

TRIENNIAL ELECTION OF THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

Unusual interest is being manifested in the approaching election of representatives to the Medical Board of the College, which takes place in Montreal on the 10th of July next, by members of the profession representing various interests; and it will not be amiss to draw the attention of the members to matters connected with this important body. All physicians registered in this province

are members of the College of Physicians and Surgeons of the Province of Quebec, and, if in good standing, are entitled to vote for those whom they wish appointed on the Provincial Medical Board or Board of Governors. It consists of forty-two members, who are elected to act for three years: fifteen from the district of Quebec, twenty-one from the district of Montreal, three from the district of Three Rivers and three from the district of St. Francis. The city of Quebec elects eight and Montreal twelve members. Laval University in Quebec elects two members, and Laval, McGill and Bishop's Universities each elects two members in Montreal from among members of the College residing in the city. The district of Quebec comprises the present judicial districts of Quebec, Gaspé, Saguenay, Chicoutimi, Rimouski, Montmagny, Beauce and Kamouraska; the district of Montreal includes Montreal, Terrebonne, Joliette, Richelieu, Bedford, St. Hyacinthe, Iberville, Beauharnois, Ottawa and Pontiac; Three Rivers comprises the present judicial districts of Three Rivers and Arthabaska, and, finally, St. Francis comprises the present judicial district of St. Francis. At each election, members can vote by proxy. The Board meets twice yearly, alternately in Quebec and Montreal. Members are paid ten dollars per diem and travelling and hotel expenses. A secretary at Quebec and one at Montreal are paid two hundred and fifty dollars each. The president, according to recent legislation, receives four hundred dollars per annum, and the registrar three hundred, and the treasurer two hundred and fifty dollars. All members of the College are required to pay an annual contribution of two dollars, and unless this is paid he is not entitled to vote at the triennial elections.

This Medical Board of forty-two members has power to legislate for the College, and have supervision of all professional matters in connection with the teaching and practice of Medicine in the province, subject to the assent of the Lieutenant-Governor of the Province in Council.

There are thirteen hundred and four licensed physicians in the province, about three hundred and fifty of whom reside in the city and suburbs of Montreal. In the province there are about one thousand of French nationality and some three hundred English-speaking, one hundred and fifty of whom reside in the city of Montreal.

As a result of this disparity, the Provincial Medical Board is composed almost entirely of French-speaking members, and in the elections the English element will count for little as they are so scattered, although they have a fair representation on the Board; so that in regard to election to the Board, the strife is mainly between the French factions. At the present time, the division is represented on one side largely by Laval University and its adherents and the Montreal Medico-Chirurgical Society, and on the other by Dr. Beausoleil and his supporters. The latter are now in full control of the Board, and have been so for some nine years. A strong effort is now being made by both the English and French practitioners of the Province to depose the leading members of the present *régime*. A circular has been sent out by each French section, translations of which we give in full, as they are supposed to fully represent the claims of each upon the suffrages of the general medical electorate. The Provincial Medical Election Committee of the Medico-Chirurgical Society have also issued a circular to the English speaking members of the College which we also print.

While the present Board has certainly some results to show which would indicate an effort made to improve the conditions of the profession, a history of its methods of doing things disposes one to minimize the credit which would seem to be due them and which would otherwise be accorded. For we would be more disposed to support a Board composed of the true representatives of the Profession at large and the University representatives, than one in which one University would be supreme. But the present Board is the result of the abuse of the Proxy system of voting and a determined effort on the part of the unscrupulous to gain the reins of power, and has been a regime in which persistent and systematic canvassing for proxies has enabled it to remain in control during three terms, and where an autocrat has held supreme sway. While we recognize the fact that some combination must be in power, we might overlook even this state of affairs if the results showed a true interest in the welfare of the profession.

The Board has certainly stiffened the entrance examinations to the study of Medicine, lengthened the course of

medical study, made many additions to the curriculum, supported inter-provincial reciprocity in the granting of licenses, secured the appointment of a council of discipline and a better method of disposing of irregular practitioners, and now advocates election by districts. But many of these reforms and others not yet accomplished were attempted some ten years ago by the representatives of the profession in a bill which was prepared after prolonged study and thought. This, we learn, was defeated largely by the rulers of the present Board, who favoured and were especially interested in the retention of the proxy system, and they have only recently, owing to the persistent clamor of the general profession, acceded to some of the latter's just demands. The influence of McGill was also potent at this time in defeating this bill, as some of the teachers were opposed to a central Board of examiners, which was one of its provisions, and one which was a prime requirement in order to have Ontario even consider the subject of reciprocity in licenses.

We are glad to note the wakening up of the Medico-Chirurgical Society of Montreal to questions of Provincial medical politics. No greater evidence of the existence of a need for reforms could be conceived than the unanimity which would seem to prevail among those signers of the circular of the Laval professors and that bearing the signatures of representatives from members of the Medico-Chirurgical Society, most of whom are members of the Faculties of McGill and Bishop's. It is a synthetical compound apparently from the same laboratory. We notice the names of members of the present Board on both these circulars, while that purporting to be the Board's issue has no signatures. Whether that of the Board and the twin productions are largely the emanations of a pair of individuals especially interested and in opposition, we will not attempt now to conjecture. In any case there is a prospect of a lively contest, and the consentaneous demand for reforms by all, bids fair to result to the benefit of the profession at large, and gives promise of terminating at least in a more desirable method of electing the Board.

Members of the College should remember that in order to vote, all dues should be paid to the Registrar, and as the

coming election of the Board will be on the old lines, those wishing to vote by proxy may receive forms from the Registrar or from the Montreal Medico-Chirurgical Society's District Electoral Committee, and to be valid they "must be in the hands of the Registrar on or before the first day of July preceding the triennial meeting, and the Registrar shall return it certified within five days from the date of its reception." The latter committee is sending proxy forms to all the English-speaking members in the province, and if they are returned to its secretary by those who cannot be present, they will be used for the purpose of electing men who will have clean records, and who can be depended upon to carry out their behests for reform in the methods for the election of governors, and who will have the true interests of the profession as their motive, and will be free to act in accordance with their own judgment on all matters pertaining to the welfare of the College. Active committees among the French speaking members in Montreal and Quebec have been formed, and are working along similar lines.

It has been attempted, on several occasions, to change the present method of voting by proxy, and the practice of the whole body of the profession voting for governors without respect to representation by districts, as it was very generally known that the present Board had abused the privileges of voting by proxy. But on each occasion the motion received only a few votes. It is quite apparent that, unless members can vote by proxy or ballot, only a few can cast their votes, as it is not always convenient, nor would many be sufficiently interested to leave their practice and come many miles simply to cast a vote. This, undoubtedly, could be done more readily if the election was confined to districts, a change which the present Board promises, and which is the leading plank in the platform of the opposition. If the leaders of present Board are in earnest in regard to election by district, this may be regarded as already an accomplished fact, but there will be the possibility of manipulating the electorate even as it is now done if the proxy system is still retained. The present Board does not pronounce itself on this subject, but generously trusts to the opinion of the next general meeting. As the proxy can only be used for the election of governors,

a full representation at the meeting of those opposed to the proxy system should be present.

We think that a system of voting by ballot paper would be less subject to abuse than any other. Each district might have an electoral committee which would prepare a list of the members in good standing, and it or the Registrar would furnish each with a ballot paper which could be forwarded by post or deposited personally.

ELECTORAL COMMITTEE OF THE PROVINCE OF QUEBEC.

Circular.

DEAR DOCTOR,

A large number of physicians have for some time been desirous of having the elections to the Medical Board made by districts, so that each portion of the Province should choose for themselves their own representatives. The present Medical Board, or rather those who act in their name, have been constantly opposed to this legitimate demand. They have rejected every motion presented to the Board with this object in view. They were not willing to allow the Quebec Legislature to amend the law upon this subject. It would be rash then to give credence to the promises which they make to accord us election by districts . . . later . . . after the elections! ! If such had been their desire, they should not have omitted to insert in the laws which they have just had passed at Quebec an article to this effect, and they should not have opposed so strongly the amendment which asked for election by districts, and which one of us had brought before the Legislative Council. The financial administration of this Medical Board is not satisfactory, and permits abuses to occur which it is easy to prove from reading the official reports. It is necessary to regulate the financial administration and the keeping of the books of the Board, and rectify the positions respectively of treasurer, registrar and secretaries. If the receipts and expenditures were properly controlled; if the salaries of officers had not been increased, or uselessly created; if the treasurer would see that all physicians in the Province paid their subscriptions regularly each year, the an-

nual contribution could easily be reduced, the running expenses be met and the accumulation of arrearages be prevented. This constitutes a real injustice to those who pay, and causes so much trouble to those who from forgetfulness and from not receiving their account do not pay their annual contributions, placing them in a position in which it is impossible to obtain their rights before the tribunals, or to take part in the triennial elections. It is to obtain these ends that the signers of the present circular, at the request of a large number of physicians, formed themselves into an Electoral Committee, and ask you to give them your support in order to elect a Board of Governors composed of physicians who will formally engage themselves to have the law amended, so that we shall have elections by districts and to get rid of the existing abuses.

The interests of the profession will thus be confided not to governors elected for the most part by some holder of proxies, but by governors which the profession will choose themselves in each district and for each district of the Province of Quebec.

J. L. LEPROHON, Montreal.

SIR WM. HINGSTON, Montreal.

J. P. ROTTOT, Montreal.

R. CRAIK, Montreal.

E. P. LACHAPELLE, Montreal.

F. W. CAMPBELL, Montreal.

J. J. GUERIN, Montreal.

T. G. RODDICK, Montreal.

P. PELLETIER, Sherbrooke,

L. J. A. SIROIS, St. Ferdinand.

L. S. BOUIET, Joliette.

L. A. DEMERS, Montreal.

A. A. FAUCHER, Montreal.

L. J. V. CLEROUX, Montreal.

L. N. DELORME, Montreal.

J. A. LALONDE, Montreal.

A. N. RIVARD, Joliette.

J. A. S. BRUNELLE, Montreal.

J. B. A. LAMARCHE, Montreal.

J. I. DESROCHE, Montreal.

L. E. FORTIER, Montreal.

M. T. BRENNAN, Montreal.

G. T. MOREAU, Montreal.

E. P. BENOIT, *Secretary*.

P. O. Box 2189,

Montreal.

February 1st, 1891.

MONTREAL, March 1st, 1898.

SIR AND MUCH HONORED *Confrère* :—

In 1985 the members of the present Medical Board were elected on the following programme :

1. To amend the law concerning the illegal practice of medicine.

2. To obtain the necessary powers for creating a Council of Discipline to regulate the differences which might spring up between physicians.

3. To found a provincial medical library.

4. To establish a free laboratory for clinical researches.

The present Board can flatter themselves in having honored these engagements.

I.

The medical law has been amended, giving power to arrest charlatans or unlicensed practitioners and bring them before either a Justice of the Peace, the Police Court, or a Magistrate's Court, or the Circuit Court.

It was well known that until now the *rôle* of the Circuit Court—the only Court that the law permitted us to make a complaint to—was always so occupied that it required not less than 10 or 15 months to obtain a judgment. This delay was of a nature to delay the best intentions.

This grave obstacle does not now exist, thanks to the new legislation, which permits us to obtain justice promptly.

II.

The Medical Board since last session has been invested with the necessary powers for the formation of a Council of Discipline. This Council will be composed of five members the President of the Medical Board being a member *ex-officio*; for the choice of other members the Province will be divided into four sections, each of which will have a representative.

This Council will have the right to annul certificates given by a physician to midwives unlicensed. Here is a great reform, calculated to render great service to the medical profession, and the sooner they are put into force the better.

III.

For over twenty years, at each meeting of the General Assembly of the College of Physicians and Surgeons, eminent voices have been raised calling for a provincial medical library similar to that of the Bar.

Thanks to the generosity and devotion of Mr. Brouardel, Dean of the Faculty of Paris, the College of Physicians has the first nucleus of a library formed of more than eighteen hundred theses from Paris. This gift will be perpetuated by the reception of six or seven hundred theses annually. These works represent the latest scientific contributions; they are from the great masters of French medical science.

We are indebted to the members of the Medical Board for authorizing the Library Committee to procure copies of the best treatises on modern medicine, in surgery, medicine and obstetrics, and in the specialties.

The number of volumes will soon be sufficient to permit of free circulation throughout the province.

IV.

As to the Laboratory, a French scientist, M. Minier, who has resided in Canada, will be here shortly from Paris, with complete apparatus for a laboratory for physics, chemistry and clinical research. This commencement, which the Minister of Instruction of France, the Dean of the Faculty of Medicine and the Dean of the Faculty of Science, of Paris, have encouraged by rich presentations, will be at the disposal of the licensed practitioners of this Province.

It is then with sentiments of obligations accomplished that the present members of the Board come again before their peers, and ask from them in all confidence a continuation of the mandate which they entrusted to them in 1895.

From a purely administrative point of view the Board has performed its duties better than the preceding term.

1. It has published and distributed the proceedings of the meetings.

2. It has sent to each physician a copy of the Medical Register.

3. It has collected arrearages of the annual contribution.

4. It has had the books audited each year.

5. It has had given by the Treasurer, the Secretaries and the Registrar, as a guarantee, a policy of two thousand dollars each.

6. It has established scientific relations with the University of Paris, which honors our matriculation examination by an equivalent certificate.

7. It has put into practice a better system concerning assessors.

8. In order to give to our young graduates a wider field for professional work, the Medical Board has approved of inter-provincial registration of licenses between six of the provinces of Confederation.

This regulation establishes uniformity in the examinations for admission to study, in the curriculum of studies, in the control of the examinations for Bachelor and Doctor, so that in the future students who conform to these rules have only to present their license in order to be able to practice in the following Provinces: Prince Edward Island, Nova Scotia, New Brunswick, Quebec, Manitoba and British Columbia. To crown this work of Canadian professional unity, the Board has appointed two of its members to confer with the Ontario Board with a view of its entering the league of inter-provincial registration. Negotiations are proceeding, and they justify us in hoping that in a few months from now this anomaly will disappear—that a Canadian physician can practice his profession only in a corner of his country.

Before soliciting your suffrage, it will be well to submit for your appreciation the programme proposed for the three coming years.

I.

When the Medical Board were before Parliament to secure the approval of the amendments concerning the illegal practice of medicine and the formation of a Council of Discipline, some physicians must needs ask for the abrogation of the clause permitting members of the College to vote by proxy at the election for governors.

As the applicants did not propose any remedy for the very grave abuses which they failed to disclose, their aim was simply to disenfranchise seventy-five per cent. of the physicians of the Province. Audacious *coup de main* work of a *master-schemer*.

We were then before the Legislative Council. The Hons. J. J. Ross and Dr. Marcil declared from their seats, in the name of the Medical Board, "that this body had not the authority to change the method of election without having previously consulted the electorate. That it would be the duty of the coming Board to change the method of voting in a manner to meet the wish which would be expressed by the general meeting of physicians of the Province in July, 1898.

Observe then our programme :

1. *To change the method of electing governors in conformity with what may be decided upon by the majority of the next general meeting on July 10th, 1898.*

2. *To give to each district the right to elect its own representatives without the participation of members in the other districts of the Province.*

II.

Now that the Medical Act concerning the illegal practice of Medicine is amended so that we can have recourse before several tribunals in the country as well as in the city, we believe that the best means of protecting the profession and the public against charlatans is to institute in each district, represented by a governor, a special agent. In this manner each section will protect itself in matters requiring prompt justice.

3. *Decentralization of the agency for preventing the illegal practice of Medicine, by giving to each district a special agent.*

Until now the assessors were chosen largely from among the physicians of the large cities. We believe that, in distributing this charge among the different districts, the profession will take a more lively interest in the questions of the progress of medical education. The responsibility will also be divided among the different sections of the Province.

4. *To perfect the system of assessors in giving to each district a representative named for three years, charged to assist at the examinations made at the different faculties.*

These are the *planks in the platform* of our programme, but we shall be happy, if we are elected, to put into study and practice all the reforms which the General Assembly may adopt.

A GRAVE PERIL.

Until the last few years, harmony reigned among the different sections of the Medical Board, composed of thirty-two elected governors and eight delegates from the Faculties of Medicine. The delegates from the Faculties have contented themselves with representing the interests of the body which nominated them, leaving to the elected members the care of questions which concerns the profession generally.

The majority of the Board were always happy to recognize the eminent qualities of the University delegates. They have taken their turn on the list of the honours as presidents, vice-presidents, secretaries, etc.; they never had any regrets in regard to this arrangement; on the contrary, it was quite satisfactory. But this happy state of things threatens to be overthrown by those who are attempting to disfranchise the medical electorate of this province.

Examine with us the list of subscribers to a certain circular, issued by a certain *electoral committee*, and you will find the following names, a consideration of which would indicate that there is peril threatened.

J. P. Rottot, President and Dean of the School of Medicine of Laval of Montreal.			
E. P. Lachapelle, Prof. of Hygiene,	"	"	"
L. A. Demers, Prof. of Medicine	"	"	"
J. A. S. Brunelle, Prof. of Surgery	"	"	"
J. B. A. Lamarche, Prof. of Obstetrics	"	"	"
A. A. Foucher, Prof. of Clinical Ophthalmology.	"	"	"
M. T. Brennan, Assistant in Histology and Gynæcology	"	"	"
L. N. Delorme, Demonstrator of Anatomy	"	"	"
G. T. Moreau, Adjunct Professor	"	"	"
Sir Wm. H. Hingston, Prof. of Clinical Surgery	"	"	"
J. J. Guerin, " " Medicine	"	"	"

Is it not to be feared that there is here a well concerted attempt to take possession of the control of professional interests?

Of the four Faculties of Medicine of this Province, the School of Medicine of Laval of Montreal, at least the greater part of its members, are desirous of supplanting the present Board, and for what? Is it because the examination for admission to study is too severe, and from that the crushing fact leaks out that about fifty per cent. of the students of this school are without matriculation certificates?

Is it because the present Board has suppressed the 'six months' annual vacation?

Is it because the present Board exacts more than an eight months' course ?

Is it because the present Board has placed the medical curriculum as high as the most advanced colleges ? Is it because the present system of assessors inconveniences these gentlemen ?

These are some of the questions which we leave with you for reflection and answer.

As a matter of fact, these are the only points of contact of the Board with the students. We still refuse to believe that these gentlemen have reduced their onslaught to a question of personality. In any case, the conduct of the majority of the Professors of this school is an intrusion upon the ground of the general profession, and we register our most energetic protest against this invasion, which nothing justifies unless it is the ambition, *ôte-toi de là que je m'y mette ! caveant consules.*

Sir, and most honored *Confrere*,—You ask, why do the present governors look for re-election ? Indeed, we are among the first to recognize that there are any number of physicians capable of serving with dignity the general interests of the profession, and, therefore, the great public ; but we ask you, is it not prudent to confide to those who have modified so advantageously our medical law, the care of putting these reforms into full exercise ? Have they not the special quality to accomplish this task ?

Have they not for this, study, observation, and experience, and the unity of action which guarantees success ?

Do you prefer by chance to have the medical body towed by an insignificant portion, irresponsible to electorate ?

Factionous opposition turns always against those who encourage it.

Be advised by us ; if, owing to false representations, your good faith has been shaken, regain your liberty of action whilst there is still time. If there are any possibilities which you foresee that would prevent you from coming to Montreal on the 10th of July next for the General Meeting, give your proxy to a governor of your district, or to a regular physician in whom you have confidence, in order that he may accomplish for you the supreme duty of an elector.

You have the right to indicate for whom you wish to vote, but do not lose sight of the fact that a proved and faithful servant is worth more than all the lobbyists that ambition will throw in your path.

We have the honour to be, Sir and honored *Confrère*, with consideration, yours very devotedly.

DISTRICT ELECTORAL COMMITTEE OF THE
MEMBERS OF THE MONTREAL MEDICO-
CHIRURGICAL SOCIETY.

Circular to the Profession.

SIR:—

For some time past many members of our profession have urged that the elections to the Board of Governors of the College of Physicians and Surgeons of this Province should be made by districts, so that each part of the Province might choose its own representatives on the Board. In that case each representative would be responsible to his constituents in his own district for his acts and votes, and such an arrangement would make it practically impossible for any one or two men to control the election for the whole Province, as is now practically done.

The present governing body, or more correctly speaking those who presume to act for it, have persistently opposed this reasonable demand, and have managed to defeat every motion having that end in view which has been brought forward at the meetings.

They have also used every effort to defeat any Legislative amendments to the Medical Act which would render territorial representation possible. It would be vain, therefore, to hope that they will ever spontaneously accord to the profession this right; for, during the passage of the recent Medical Legislation at Quebec, they actively opposed and managed to defeat an amendment, having this end in view, which had been brought before the Legislative Council of the Province.

The Board has not resisted, as it should have done, the numerous applications made by different individuals at every session of the Legislature to obtain an irregular entrance into the profession; and it is hard to believe that all the reports

which are current of licenses obtained by these undesirable methods are purely mythical.

The financial administration of the Council is not satisfactory, and lends itself to abuses which are so noticeable in the official reports. Reforms in the manner of keeping and collecting the accounts are urgently needed, and the duties of the Treasurer, Registrar and Secretaries should be clearly defined and enforced. If the salaries of the officials were not augmented, and new ones needlessly created; and if the Treasurer collected yearly the dues of all the medical men in the Province, it would be easy to lessen the amount of the annual assessment.

The present system of allowing arrears of dues to accumulate is not only a serious injustice to those who pay, but it is also a source of annoyance to those who desire to pay, but to whom no notice of the amount due has been sent; as the latter are thereby debarred from voting at the triennial election of governors, and their legal rights before the courts are endangered.

To remedy these, and other abuses in the present state of things, the undersigned, at the request of a large number of the profession, have been chosen as an Electoral Committee. This Committee begs you, at the coming election, to aid it in electing as governors only men who can be depended upon to work for the reforms indicated in this circular, so that the affairs of the College may be managed in a straightforward, business-like way; and that a sincere effort may be made to give to the profession proper representation and protection from illegal competition; in short, to make to the Members of the College of Physicians and Surgeons of this Province adequate return for the dues collected from them.

D. C. MACCALLUM, M.D.
 R. CRAIK, M.D.
 WM. H. HINGSTON, M.D.
 F. W. CAMPBELL, M.D.
 G. P. GIRDWOOD, M.D.
 T. G. RODDICK, M.D.
 JAMES PERRIGO, M.D.
 JAMES STEWART, M.D.
 F. J. SHEPHERD, M.D.
 A. C. MACDONNELL, M.D.
 WM. GARDNER, M.D.
 D. F. GURD, M.D.
 J. A. MACDONALD, M.D.

A. D. BLACKADER, M.D.
 F. BULLER, M.D.
 GEO. WILKINS, M.D.
 H. A. LAFLEUR, M.D.
 A. A. BROWNE, M.D.
 F. R. ENGLAND, M.D.
 JAMES BELL, M.D.
 A. PROUDFOOT, M.D.
 GEO. ARMSTRONG, M.D.
 LAPHORN SMITH, M.D.
 I. J. GARDNER, M.D.
 WYATT JOHNSTON, M.D.

J. M. ELDER, M.D.,
Secretary.

Book Reviews.

Orthopedic Surgery.—By James E. Moore, M.D., Prof. of Orthopedic and Clinical Surgery, College of Medicine, University of Minnesota, etc. Philadelphia, W. B. Saunders, 1898. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

This is a work of 354 pages, containing 177 illustrations, all well selected, and many of them excellent photographs. The type and binding are of the best, and the paper is above the average.

The author has wisely chosen descriptions of what is most modern and useful, and has eliminated tedious details of what "has been." It is eminently the work of a close observer and not of a theorist, and as such commends itself to the student and busy practitioner alike. While this branch of surgery, in which actual operation is so often replaced by mechanical apparatus, demands such careful adjustment and prolonged attention that the patience and resources of the surgeon are taxed to the utmost, it is indeed convenient to have at hand so practical a work for ready reference.

The ready ingenuity of the Americans have brought them well to the front in this branch of surgery, and to those of a mechanical turn of mind it is a pleasure to observe the way in which diseased bodies are strengthened by cleverly arranged supports.

A Clinical Text-Book of Surgical Diagnosis and Treatment. By J. D. Macdonald, M.D., Professor Surgery and Clinical Surgery, Hamline University, Minneapolis, etc. Cloth \$5.00 ; ½ mor. \$6.00 net. W. B. Saunders, Philadelphia, 1898. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

What a good work on physical diagnosis is to Medicine, this work is to Surgery, plus a most concise description of modern surgical treatment. It is well illustrated, containing 328 illustrations, many of them original photographs. The treatment of the various headings is especially adapted for students and busy practitioners, who have not the time to wade through a long history of the gradual development of each succeeding theory with its accompanying statistics and criticisms, but who desire the most recent knowledge in a compact form.

The various points concerning similar affections arranged under the heading "diagnosis" are of great value, and give light to many a confused observer. Although the articles are terse, yet the exhaustive range of the work produces a volume of 781 pages.

As an up-to-date work it touches on that fourth state of matter, *i.e.*, radiant matter as utilized in the form of X-rays for surgical diagnosis.

Students and practitioners will find in this a volume of real practical value, and should not fail to secure it.

The Care and Feeding of Children.—A Catechism for the use of mothers and children's nurses. By L. Emmett Holt, M.D., Professor of Diseases of Children in the New York Polyclinic; Attending Physician to the Babies' Hospital and the Nursery and Child's Hospital, New York. Second Edition, revised and enlarged. D. Appleton & Co., New York.

A lot of new matter has been added to this edition, which contains over a hundred pages. The information is invaluable for mothers and those in charge of children. It is arranged in the form of questions and answers, and covers numerous points in regard to the care and feeding of children. On such subjects as bathing, clothing, weight, growth and development, dentition, nursing, weaning, mother's milk, preparation of cow's milk, how to feed, various food formulas, bowels, sleep, exercise, lifting babies and children, various minor accidents, colic, earache, croup and contagious diseases, bad habits, etc. These and other subjects are discussed and clear explanations and advice given, which, coming from so eminent an author, conveys information from the best authority on many points which are of paramount importance in regard to the welfare of the little ones. Physicians would promote their comfort by recommending this little work freely.

Saunders' American Year-Book of Medicine and Surgery.—A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books, of the leading American and foreign authors and investigators. Collected and arranged by eminent American specialists and teachers, under the editorial charge of George M. Gould, M.D. In one imperial octavo volume of about 1200 pages, uniform in size with the "American Text-Book" series. Profusely illustrated. Prices: cloth, \$7.50 net; half morocco, \$8.50 net. W. B. Saunders, publisher, 925 Walnut St., Philadelphia. Canadian agents, J. A. Carveth & Co., Toronto, Ont.

"The design of this work is to give in a compact form an epitome of the new and progressive medical truths or suggestions published during the preceding year. A work that places before the physician in convenient form an epitomization of this literature by persons competent to pronounce upon the value of a discovery or of a method of treatment cannot but command his highest appreciation. It is this critical and judicial function that will be assumed by the Editorial staff of "Saunders' American Year-Book of Medicine and Surgery," in reviewing not only recent monographs and the contributions to American journals, but also the methods and discoveries reported in the leading medical journals of Europe."

The publishers thus announce the third issue of the Year-Book.

The matter has been collected and arranged with critical editorial comments by the following :

S. M. Abbott, M.D. ; J. J. Abel, M.D. ; J. M. Baldy, M.D. ; Chas. H. Burnett, M.D. ; Archibald Church, M.D. ; J. Chalmers DaCosta, M.D. ; W. A. Newman Dorland, M.D. ; Louis A. Duhring, M.D. ; Virgil P. Gibney, M.D. ; Homer W. Gibney, M.D. ;

Henry A. Griffin, M.D.; John Guitéras, M.D.; C. A. Hamann, M.D.; Howard F. Hansell, M.D.; Barfon Cook Hirst, M.D.; E. Fletcher Ingalls, M.D.; Wm. W. Keen, M.D.; Henry G. Ohls, M.D.; Hugh T. Patrick, M.D.; Wyatt Johnston, M.D.; William Pepper, M.D.; Wendell Reber, M.D.; David Riesman, M.D.; Ls. Starr, M.D.; Alfred Stengel, M.D.; G. N. Stewart, M.D.; J. R. Tallinghast, jr., M.D.; Thompson S. Westcott, M.D.

We understand that the success of Saunders' Year-Book has been beyond expectation, and that there is this year an unprecedented demand for it. The size of the volume remains the same, and it is intended not to enlarge it, as in its present condition it is sufficiently elaborate for the needs of the profession. Works of this kind, which are more comprehensive, are undoubtedly popular with teachers and specialists, and useful to those engaged in medical literary work.

The bulk of the profession do not desire any but a concise epitome of the progress made in the different departments of Medicine and Surgery, and this want is admirably met by the present work.

Each department opens with a general summary of the year's work, indicating the various lines in which progress has been made. Throughout the department critical notes are made by the compiler which are of the greatest value, and one recognizes the work of an authoritative leader throughout the section, choosing that which is of value and eschewing the doubtful, or referring to similar work in the previous year. One can then in a short time become informed in regard to the progress made throughout the world, and receive information culled from scores of writers and hundreds of journals.

A work of this kind is indispensable to the busy physician, who can, by looking it through, keep fully abreast in all the departments of Medicine. This Year-Book gives evidence of careful and thorough work on the part of Dr. Gould and his staff of collaborators. It is well illustrated throughout with cuts, photographs and colored plates, and contains an immense amount of useful information.

Outlines of Rural Hygiene. For Physicians, Students and Sanitarians. By Harvey B. Bashore, M.D., Inspector for the State Board of Health of Pennsylvania. With an Appendix on The Normal Distribution of Chlorine by Prof. Herbert E. Smith of Yale University. Illustrated with twenty (20) engravings. 5½ x 8 inches. Pages vi-84. Extra Cloth, 75 cents net. The F. A. Davis Co., Publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

Much of the benefit to be obtained from residence in the country may be neutralized by unsanitary conditions in and about the dwelling houses.

This little volume of 78 pages contains much that is useful in the way of advice as to how to prevent the spread of illness through the contamination of drinking water, and how to secure a pure water supply from wells, rivers, lakes and springs.

The disposal of waste is fully considered, such as excreta,

slop waters and garbage. There is a chapter also on the soil, referring to surface soil, ground moisture, ground water and ground air.

In regard to dwellings, advice is given as to the site, drainage, ventilating, heating, etc. Other points considered are the disposal of the dead and the normal distributions of chlorine. The free circulation of the little work throughout the country would prevent much suffering and illness.

Diseases of the Eye. New (5th) and Revised Edition. By Edward Nettleship, F.R.C.S., Ophthalmic Surgeon at St. Thomas' Hospital, London; Surgeon to the Royal London (Moorfields) Ophthalmic Hospital. Revised and Edited by W. T. Holmes Spicer, M.A., M.B., F.R.C.S., Ophthalmic Surgeon to the Metropolitan Hospital and to the Victoria Hospital for Children. Fifth American from the sixth English edition. With a supplement on Color Blindness by William Thomson, M.D., Emeritus Professor of Ophthalmology in the Jefferson Medical College of Philadelphia. Handsome 12mo. of 521 pages, with 2 colored plates and 161 engravings. Cloth, \$2.25. Lea Brothers & Co., Publishers, Philadelphia and New York, 1897.

There is hardly any necessity to express an opinion about this so widely known and thoroughly good work on the eye of Mr. Nettleship's.

The American edition is in some ways an improvement on the English, especially worthy of notice being the additional chapter on Colour Vision written by Dr. Thompson.

As a text-book for both the busy practitioner and the medical student, this work cannot be too strongly recommended.

The contents are the result of the long experience and sound judgment of the author, who is "facile princeps" among the Ophthalmic Surgeons of the day.

Messrs. Lea Bros. & Co. have brought out the book in the usual good style which characterizes their house.

King's Manual of Obstetrics—New (7th) Edition. By A. F. A. King, M.D., Professor of Obstetrics and Diseases of Women in the Medical Department of the Columbian University, Washington, D.C., and in the University of Vermont, etc. In one 12mo. volume of 573 pages, with 223 illustrations. Cloth, \$2.50. Lea Brothers & Co., Publishers, Philadelphia and New York.

That a new edition of this work has been called for is a proof, if any were needed, that it is a work that is appreciated by the medical profession, and particularly by students. Its most marked characteristic is that it gives full details of all that is needful without being verbose. The advances all along the line of the obstetrical art are noted, and much new matter is added. Some of it, especially the chapter on septicæmia, is entirely new. We can heartily recommend this work as being both thoroughly practical and up to date.

The Treatment of Disease by Electric Currents.—A Handbook of plain instructions for the general practitioner. By S. H. Monell, M.D., founder and chief instructor of the Brooklyn Post Graduate School of Clinical Electro-therapeutics and Roentgen Photography; Fellow of the New York Academy of Medicine; Member of the New York County Medical Society, and New York Electrical Society; Editor of the Electro-therapeutic Department of the *Medical Times and Register*, author of Manual of Static Electricity in X Ray and therapeutic uses.

Dr. Monell, the author of this work, is, it is very evident, an inveterate worker and prolific writer. It is only a few months ago that it was our privilege to receive his large work on Static Electricity in X ray and therapeutic uses. The volume before us contains eleven hundred pages, printed in open large type. There are seventy chapters, including all that one needs to know in regard to Electro-therapeutics. In the preface the author states that his aim has been to make the treatise a plain handbook of instruction in the medical uses of electricity, avoiding electrotechnics, and adopts a simplified nosology. He states :

“ I have attempted to clear away many of the perplexities of the subject. The central facts of electro-physics and physiology are condensed into a few chapters, while the major portion of this treatise deals with therapeutics alone. I have aimed to make every chapter as instructive as a clinic. As the name of a disease does not always signify the pathological state or stage of a progressive lesion, I have described the electrical treatment for a variety of different clinical conditions in important diseases, so that the physician can turn to these pages for practical help in the treatment of his own cases. The reader will find explicit indications for the selection of current, choice of poles, application of electrodes, regulation of dose, and duration and frequency of treatment, throughout the therapeutic range of galvanic, faradic and static currents.”

One cannot in a brief review more than hint at the scope of the work, so numerous are the points discussed. The author attempts to separate from the vast amount that is written on the subject, much of which only tends to discourage and confuse the student, that which is essential and which his experience and that of other capable observers has shown to be of practical importance. Few practitioners have had the advantage of a proper training in the use of electricity at College, and have to gain this information in Post Graduate Courses, but this work enters into the elementary points necessary to success in such a manner that one can instruct himself fully from its directions.

Chapter third is interesting from this point of view. There will be found a definition of all the important technical terms used, and the discussion of such subjects as tolerance, electrodes, how to test the polarity of each current, therapeutic polarity, practical operative methods. The essentials of galvanic electrophysics includes reference to cells, elements and switchboards, exciting fluids, milliameters, rheostate, etc.

The physiological and therapeutic action of galvanic currents upon and within living tissues is then described, followed by a description of cautery apparatus. The essentials of Faradic electro-

therapeutics is similarly treated, as is also static electro-physics. The description of the special effects that can be produced by static methods is very interesting, and evidences the powerful and varied effects that may be derived from this subtle force. Interesting chapters follow on indications and contra-indications and electro diagnosis for the general practitioner.

Over three-fourths of the book is taken up with electro-therapeutics. First, some three hundred pages are devoted to gynæcological and pelvic therapeutics. This is the department in which the most progress has been made and the best results obtained. The indications for the use of the various currents of electricity and the results that can be obtained have now reached such a condition of exactness that we must now regard this means of treatment as having wider application than any other.

These pages suggest a brief work on gynæcology, so general does this remedy seem applicable. The treatment of genito-urinary and rectal disease is fully considered, and the good results which may be secured in many of the morbid conditions scientifically demonstrated.

Chapter 37 describes the therapeutic results to be obtained from the electric light, the X rays, sinusoidal current, cataphoresis, metallic electrolysis, thermo-electric currents, electric water bath and douche, etc.

The remainder of the book takes up the details of treatment of gastric disorders, pain, headaches, neurasthenia, insomnia, neuralgia, rheumatism, paralysis and various nervous affections, pulmonary, cardiac and renal disorders and diseases of the eye, ear, nose, and throat, skin diseases and various miscellaneous affections. When one sees how much can be written on a single therapeutic agent like electricity, it excites wonder to know why it is not more generally used by practitioners generally. But reading a work of this kind forces the conclusion that a perfect knowledge of the subject and experience in the administration of electricity, as well as suitable apparatus, are required in order to obtain any measure of satisfactory results. But this does not generally exist, hence the general skepticism in regard to its utility. A feature of this book we do not like is the constant repetition of the same diagrams, sometimes occurring on the two pages of a sheet. These add unnecessarily to the volume of its already formidable dimensions, and would be much better left out or replaced by others that would aid in making clear points in the application of this remedy. Readers of this work, however, may become versed in all the technical uses of this potent remedy, and cannot fail to catch the enthusiasm which characterises this author's work.

A System of Practical Medicine by American Authors. Edited by Alfred Lee Loomis, M.D., Late Professor of Pathology and Practical Medicine in the New York University, and William Gilman Thompson, M.D., Professor of Medicine in the New York University. To be completed in four imperial octavo volumes, containing from 900 to 1000 pages each, fully illustrated in colors and in black. Volume III.—Diseases of the Alimentary Canal, Peritoneum, Liver and Gall Bladder, Spleen, Pancreas and Thyroid Gland, Chronic

Metal Poisoning, Alcoholism, Morphinism, Infectious Diseases Common to Man and Animals, Miscellaneous Subjects. For sale by subscription. Per volume, Cloth, \$5.00; Leather, \$6.00; Half Morocco, \$7.00. Lea Brothers & Co., publishers, Philadelphia and New York, 1898.

In this volume the following subjects are considered: Diseases of the Mouth and Throat by Dr. Richard C. Cabot; of the Œsophagus, by Alma Jones, M.D.; Stomach, by C. G. Stockton, M.D., and Allen A. Jones, M.D.; Intestines, by Wm. Johnston, M.D. and H. M. Lyman, M.D.; Appendicitis, by M. F. McNutt, M.D.; Parasites, by Dr. Geo. Dock; Food Poisoning, by Dr. Victor C. Vaughan; Peritoneum, by H. A. Hare, M.D.; Liver, by Dr. J. E. Graham; Spleen and Purpura, by Geo. Roe Lockwood, M.D.; Pancreas, by Charles J. Stockton, M.D.; Thyroid Gland, by Frank P. Kinnicut, M.D.; Cretinism and Myxœdema, by M. Allan Starr, M.D.; Chronic Metal Poisoning, by F. J. Findley, M.D.; Alcoholism and Morphinism and Beri Beri, by Dr. James Stewart; Infectious diseases Common to Man and Animals, by James Law, F.R.C.V.S.; Hæmophilia Felaria Sanguinis Homnis, by Walter B. James, M.D.; Diabetes Glycosuria, by Warren Coleman, M.D.; Insolation, by Alex. Lambert, M.D. From this list, one ascertains that in every instance thoroughly qualified men have had the preparation of the articles. One is struck with the practical style of writing which characterizes most of the articles. From the vast amount of literature to be worked over, whether as books or journals, the net result is here to be found representing in articles not too extended a clear statement of our present knowledge.

This is well exemplified in the article on Appendicitis, where etiology, pathology and symptoms are given in such a manner as to make exceedingly interesting and instructive reading.

An interesting section is that on food poisoning (Bromatotoxicismus), by Dr. Victor Vaughan. He discusses chiefly food infected with harmful micro-organisms, such as meat poisoning (Kreatoxtismus); here the dangers of tuberculous anthrax and even ordinary bacterial affections, such as diarrhœa, in an animal at the time of slaughtering are pointed out. Sausage poisoning (Botulismus) is shown to be due to harmful saprophytic micro-organisms. Other subjects discussed are milk poisoning (Galactotoxtismus), fish poisoning (Ichthyotoxtismus), cheese poisoning (Tyrotoxtismus), ergotismus, lathyrismus and maidismus.

Several of the articles it will be seen are written by Canadians, That on Disease of the Liver, by Dr. Graham, gives evidence of considerable labour, and he has in the hundred pages devoted to the subject given us a comprehensive view of our present status in regard to this interesting class of affections. Dr. Starr's article on Cretinism and Myxœdema is very fully illustrated with cases showing the appearances, before and after treatment with thyroid extract. The article on Insolation by Dr. Lambert is very complete; plates showing the characteristic lesions in the brain of acute parenchymatous degeneration of the ganglion cells are given from Van Gieson, who first designated them. The pathology of this affection makes interesting reading, and probably nowhere else than in this

article could the literature of the subject be found so fully represented.

This volume is quite worthy of the literary and scientific standard aimed at for this system by its promoters.

PUBLISHERS DEPARTMENT.

LITERARY NOTES.

A beautifully illustrated account of a winter trip to the Sahara Desert, by Prof. Angelo Heilprin, is announced for the March number of *Appletons' Popular Science Monthly*. Professor Heilprin's attractive style and reputation as a careful scientific observer promise an instructive and entertaining story.

Under the title *An Apostate Democracy*, *Appletons' Popular Science Monthly* for March will publish a sharp criticism of the degeneration in American methods of Government, by Franklin Smith, who has during the past two years achieved an enviable place among writers on modern economics by his arraignment of some of the most glaring of our political and educational abuses.

The Pioneer Scientific Society of the West, the Academy of Natural Sciences of St. Louis, is described by Prof. Frederick Starr, of the University of Chicago, in an illustrated article in *Appletons' Popular Science Monthly* for March.

G. P. Putnam's Sons announce that they expect to begin in the near future the publication of a series of volumes prepared by Moses Coit Tyler, Professor of History in Cornell University, which will be issued under the following subject title:

"A Century of American Statesmen: A Biographical Survey of American Politics from the Inauguration of Jefferson to the Close of the Nineteenth Century."

Volume I.—Jefferson, Hamilton, Burr, John Randolph, Josiah Quincy, Madison, Munroe, Gallatin, Marshall, John Quincy Adams.

Volume II.—Andrew Jackson, Calhoun, Webster, Clay, Van Buren, Polk, Zachary Taylor, Cass, Benton, Franklin, Pierce.

Volume III.—Giddings, Seward, Chase, Sumner, Jefferson Davis, A. H. Stevens, Douglas, Buchanan, Lincoln.

Volume IV.—Grant, Andrew Johnson, Conkling, Blain, B. F. Butler, Carl Schurz, Garfield, Sherman, Cleveland, Harrison, McKinley.

As will be inferred from the title, the work, which is to be in several volumes, is based on the idea of presenting a rapid survey of the great events of American history during the century now drawing to a close by presenting in vivid outline the lives and characteristics of the chief statesmen who, whether for good or for ill, have influenced American political life since the 4th of March, 1801. To each statesman included in the plan will be devoted a single chapter, wherein the scale and method of the portrait will be somewhat like that of the same author's work in his little book called "Three Men of Letters."

Professor Tyler has also in preparation a volume which will present the literary History of the American Republic during the first Half-Century of their Independence—1783-1833. This work will form a continuation of the volume previously published on the literature of the Colonial and the Revolutionary periods.

W. B. Saunders, publisher, 925 Walnut street, Philadelphia, sends us an advance bulletin of new books to be published early in 1898.

Mr. Saunders is pleased to announce that arrangements have been completed for the publication of an English edition of the world-famous Lehmann

medicinische Handatlanten. For scientific accuracy, pictorial beauty, compactness and cheapness these books surpass any similar volumes ever published. Each volume contains from 50 to 100 colored plates, besides numerous other illustrations in the text. These colored plates have been executed by the most skillful German lithographers, in some cases twenty or more impressions being required to obtain the desired result. There is a full and appropriate description of each plate (printed, for convenience, opposite the plate), together with a condensed outline of the subject to which the book is devoted. The same careful and competent editorial supervision will be secured in the English edition as in the originals. The translations will be directed and edited by the leading American specialists in the different subjects, and the price will be heretofore unapproached in cheapness.

The following volumes are in active preparation and will be issued at an early date :

ATLAS OF INTERNAL MEDICINE AND CLINICAL DIAGNOSIS.—By Dr. Chas. Jakob, of Erlangen. Edited by Augustus A. Eshner, M.D., Professor of Clinical Medicine in the Philadelphia Polyclinic; Attending Physician to the Philadelphia Hospital. 68 colored plates, and 64 illustrations in the text.

ATLAS OF LEGAL MEDICINE.—By Dr. E. R. von Hofmann, of Vienna. Edited by Frederick Peterson, M.D., Clinical Professor of Mental Diseases, Woman's Medical College, New York; Chief of Clinic, Nervous Dept., College of Physicians and Surgeons, New York. With 120 colored figures on 56 plates, and 193 beautiful half-tone illustrations.

ATLAS OF OPERATIVE SURGERY.—By Dr. O. Zuckerkandl, of Vienna. Edited by J. Chalmers DaCosta, M.D., Clinical Professor of Surgery, Jefferson Medical College, Philadelphia; Surgeon to the Philadelphia Hospital. With 24 colored plates, and 217 illustrations in the text.

ATLAS OF LARYNGOLOGY.—By Dr. L. Grunwald, of Munich. With 107 colored figures on 44 plates; 25 black and white illustrations.

ATLAS OF EXTERNAL DISEASES OF THE EYE.—By Dr. O. Haab, of Zurich. Edited by G. E. de Schweinitz, M.D., Professor of Ophthalmology, Jefferson Medical College, Philadelphia. With 100 colored illustrations.

ATLAS OF VENEREAL DISEASES.—By Dr. Karl Kopp, of Munich. Edited by L. Bolton Bangs, M.D., late Professor of Genito-Urinary and Venereal Diseases, New York Post Graduate Medical School and Hospital. With 63 colored illustrations.

ATLAS OF SKIN DISEASES.—By Dr. Karl Kopp, of Munich. With 90 colored and 17 black and white illustrations.

THE AMERICAN TEXT BOOK OF GENITO-URINARY AND SKIN DISEASES will be placed on the market about the latter part of next month. This will be one of the best books in the American Text Book Series, as it contains a very large number of beautiful and well-executed illustrations which have been specially made for this work. Doctors Bangs and Hardaway have associated with them a large number of the most prominent men in their specialties in this country.

VAL VALZAH AND NISBET'S DISEASES OF THE STOMACH, we expect to be able to send out next month, as well as copies of **KEEN'S SURGICAL COMPLICATIONS AND SEQUELS OF TYPHOID FEVER**, and **DR. CHAPIN'S COMPENDIUM OF INSANITY**.

IN PREPARATION FOR EARLY PUBLICATION.

AN AMERICAN TEXT-BOOK OF DISEASES OF THE EYE, EAR, NOSE AND THROAT.—Edited by G. E. de Schweinitz, M.D., Professor of Ophthalmology in the Jefferson Medical College, Philadelphia; and B. Alexander Randall, M.D., Professor of the diseases of the Ear in the University of Pennsylvania and in the Philadelphia Polyclinic.

AN AMERICAN TEXT-BOOK OF PATHOLOGY.—Edited by John Guitéras, M.D., Professor of General Pathology and of Morbid Anatomy in the University of Pennsylvania; and David Riesman, M.D., Demonstrator of Pathological Histology in the University of Pennsylvania.

AN AMERICAN TEXT-BOOK OF LEGAL MEDICINE AND TOXICOLOGY.—Edited by Frederick Peterson, M.D., Clinical Professor of Mental Diseases in The Woman's Medical College, New York; Chief of Clinic, Nervous Department, College of Physicians and Surgeons, New York; and Walter S. Haynes, M.D., Professor of Chemistry, Pharmacy and Toxicology in Rush Medical College, Chicago, Illinois.

STENGEL'S PATHOLOGY, A MANUAL OF PATHOLOGY.—By Alfred Stengel, M.D., Instructor in Clinical Medicine, University of Pennsylvania; Physician to the Philadelphia Hospital; Professor of Clinical Medicine, Woman's Medical College; Physician to the Children's Hospital; late Pathologist to the German Hospital, Philadelphia, etc.

CHURCH AND PETERSON'S NERVOUS AND MENTAL DISEASES.—Nervous and Mental Diseases. By Archibald Church, M.D., Professor of Mental Diseases and Medical Jurisprudence in the Northwestern University Medical School, Chicago; Frederick Peterson, M.D., Clinical Professor of Mental Diseases in the Woman's Medical College, New York; Chief of Clinic, Nervous Department, College of Physicians and Surgeons, New York.

HEISLER'S EMBRYOLOGY—A TEXT-BOOK OF EMBRYOLOGY.—By John C. Heisler, M.D., Professor of Anatomy in the Medico-Chirurgical College, Philadelphia.

KYLE ON THE NOSE AND THROAT.—DISEASES OF THE NOSE AND THROAT.—By D. Braden Kyle, M.D., Chief Laryngologist to St. Agnes' Hospital; Bacteriologist to the Orthopedic Hospital and Infirmary for Nervous Diseases; Instructor in Clinical Microscopy and Assistant Demonstrator of Pathology, Jefferson Medical College, Philadelphia.

HIRST'S OBSTETRICS—A TEXT-BOOK OF OBSTETRICS.—By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania.

WEST'S NURSING.—AN AMERICAN TEXT-BOOK OF NURSING.—By American Teachers. Edited by Roberta M. West, late Superintendent of Nurses in the Hospital of the University of Pennsylvania.

A WINTER REMEDY.

That Codeine had an especial effect in cases of nervous coughs, and that it was capable of controlling excessive coughing in various lung and throat affections, was noted before its true physiological action was understood. Later it was clear that its power as a nervous calmative was due, as Bartholow says, to its special action on the pneumogastric nerve. Codeine stands apart from the rest of its group, in that it does not arrest secretion in the respiratory and intestinal tract.

The coal-tar products were found to have great power as analgesics and antipyretics long before experiments in the therapeutical laboratory had been conducted to show their exact action. As a result of this laboratory work we know now that some products of the coal tar series are safe, while others are very dangerous. Antikamnia has stood the test both in the laboratory and in actual practice; and is now generally accepted as the safest and surest of the coal-tar products. Five grain "Antikamnia and Codeine Tablets," each containing $4\frac{3}{4}$ grains Antikamnia, $\frac{1}{4}$ grain Sulph. Codeine, afford a very desirable mode of exhibiting these two valuable drugs. The proportions are those most frequently indicated in the various neuroses of the throat, as well as the coughs incident to lung affections.

SANMETTO IN INCONTINENCE OF URINE.

I used Sanmetto in a case of a lady forty years of age, who could not retain her urine more than one hour for years. She had been under treatment before, without any remarkable result. I put her on teaspoonful doses of Sanmetto four times daily, and her improvement was very marked, and she is now practically cured. I desire to keep Sanmetto on hand, as there is nothing better to fill its place in such cases.

SANMETTO A STANDARD REMEDY IN GENITO-URINARY DISEASES.

I have prescribed Sanmetto in a large number of cases of genito-urinary troubles during the last four years, and with uniformly good success. In prostatic troubles of old men, with difficult micturition, it acts like a charm. In cases of irritable bladder with incontinence of urine, I have never met with any remedy that acts so well. I prescribe it frequently, and shall continue to do so, as I look upon it as a standard remedy.

Alma, Mich.

J. F. SUYDAM, M.D.

THE LIVING AGE.

The Living Age needs but to be read to be appreciated. Elevating, entertaining and instructive, it embraces every department of literature, including some of the best fiction of the day and poetry, and contains something for every variety of taste.

The following partial contents of its February issue is suggestive of its wide scope and great value. It is indeed invaluable to one who has neither time nor opportunity for scanning all the magazines, but who is desirous of keeping abreast of the literary current.

"The Degradation of Dreyfus," from the French of Adolph Brisson, in *Les Annales*; "A Session of The Reichstag," from the German of Richard Nordhausen, in *Ueber Land und Meer*; "The Coming of the Slav," by Geo. Washburn, D.D., in *Contemporary Review*; "Lewis Carroll" from the *Spectator*; "The Higher Education of Women in Russia," by Princess Kropotkin; "A Walk thro' Deserted London," by Sir Algernon West; "A Simple Story," from the Polish of M^{me} Marguerite Poradowzka; "A Lady's Life on a Ranch," by Moira O'Neill; "Pilgrims and Emigrants," from the French of Emile Bertaux; "A Woman Learned and Wise," by Alexander H. Japp; "Burns," by Charles Whibley—and many others, with fiction, including an instalment in each number of "With all Her Heart," a delightful serial, translated for *The Living Age* from the French of Rene Bazin, and several short stories, and poetry.

The Living Age is published weekly at \$6.00 a year by the *The Living Age Co.*, Boston. Send 15 cents for a sample copy and special offer to new subscribers.

HERE IS SUCCESS FOR YOU.

"Inside figures" are always interesting, and the following are certainly some striking ones about *The Ladies' Home Journal*. During 1897, 8,183,113 copies of this magazine were printed and so thoroughly sold that the latter-year issues are entirely out of print. It consumes 3,434,362 pounds of paper in a year, and absorbs 30,902 pounds of ink. It runs 28 presses. The advertising columns contained \$498,325 worth of advertising during the last year. The editors received 9290 manuscripts and less than one per cent. were accepted. The magazine employs 22 staff editors. 24,648 letters have been received and answered in the year by the editors of the correspondence columns. The *Journal* has over 15,000 active working agents on the road getting subscriptions. It has educated 442 girls free of charge under its free educational plan. In a single day it has received as high as 18,000 subscriptions. 300,000 copies of the *Journal* are sold each month on the news stands alone—425,000 people subscribe for it by the year.

SPEECHES AND SPEECH MAKING.

BY JUDGE J. W. DONOVAN.

This book upon its appearance obtained an immediate and wide-spread popularity. And that is natural, for it is of practical interest and value to every man who has or hopes for any prominence in his community. It contains nearly 300 pages, giving practical hints and helps both as to preparing and delivering speeches; examples of speeches for the many different occasions on which we are

all apt to be called upon for speeches, when we have not time to prepare and must depend upon the preparation of times past. This book will aid one to prepare for such occasions. The sooner a man begins to prepare the better, for he cannot become a good public speaker at a bound, but public speakers are made as well as born.—Handsomely bound in Cloth, \$1.50 delivered.

MODEL BANQUET SPEECHES.

BY FAMOUS BANQUET SPEAKERS.

Here we offer you the finest collection of after-dinner speeches ever gathered together in one book, for they are not a collection of the utterances of one man, but are the best efforts of many men famous at the banquet board, such as Thomas A. Hendricks, Senator Vilas, James G. Jenkins, Geo. W. Wakefield, Thomas F. Bayard, Gen. J. C. Black, Rev. Wm. E. Park, Dr. Hirsch, John B. Green, Henry Woolman, Joseph C. Hendrix, Judge Grosscup, Senator Foraker, Chauncey M. Depew, and many others "of infinite jest, of most excellent fancy and flashes of merriment that were wont to set the tables on a roar." The speeches here given cover an infinite variety of subjects and occasions—bar banquets, business men's banquets, political banquets, occasional celebrations, and all kinds and conditions of society gatherings. The after-dinner speaker, or one who would be such, wants this book.—Handsomely bound in Cloth, \$1.50 delivered.

NEURECTOMY FOR TIC DOULEUREUX.

Bernays' "Report of a Surgical Clinic," complimentary to the Members of the Mississippi Valley Medical Association, contains the following, in reference to his patient's condition and treatment before neurectomy for tic-douleureux was decided upon:—

"Case V.—The patient, aet. 50, white, female. Family history: Has one sister who suffered from emotional insanity; otherwise the family history is good. Previous health excellent. The present trouble began with a severe neuralgic toothache, localized in the right lower molars. Paroxysms of pain were of daily occurrence, and most severe in the mornings about breakfast time. The pain subsided temporarily whenever the teeth were pressed firmly together or upon any substance held between them, but only to return when the pressure was withdrawn. The presence of anything cold in the mouth immediately produced the most exquisite pain; moderate heat produced a soothing effect. After two months the pain became continuous, and four molars were extracted without in any way relieving it. On the contrary, the pain increased in severity until October when it ceased entirely for a period of two weeks, and then returned as severely as before. Another tooth was sacrificed, but without relief; the pain became continuous until last June, when it again subsided for a period of six weeks. A recurrence then took place together with an involvement of the parts supplied by the second branch of the fifth nerve. Pain has been constant until the operation. She had strenuously avoided the use of narcotics, but during the more active periods of pain antikamnia in ten grain doses was found to be an efficacious obtunder." After describing the neurectomy, Prof. Bernays says: "Eight weeks have now elapsed since the operation and no recurrence of the trouble has taken place."