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# The Canada Medical Record.

VOL. XXI. MONTREAL, APRIL, 1893. No. 7


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## Original Communications.

### VALEDICTORY ADDRESS ON BEHALF OF THE FACULTY, READ AT BISHOP'S COLLEGE CONVOCATION, April 5th, 1893.


BY W. GRANT STEWART, B.A., M.D.


GENTLEMEN,

This is one of the red letter days of your life's history. The long looked for day has come, and you are full fledged M.D.'s at last. For four years we have steered your bark through the difficulties and dangers of college life; and now to-day, with flying flags and favoring breezes, we send you forth on the wide ocean of life as captains of your own fortunes. You have our good wishes, and with interest we shall watch your progress. Your success will be our success; and as you reflect credit on yourselves, in so far will you reflect credit upon us your teachers and shed a lustre over your beloved *Alma Mater*.

You have chosen a profession than which there is none more noble. We congratulate you upon your choice. And if you can only realize the dignity of your calling, and strive ever to be men earnest and true, to be diligent and faithful workers, success will come. The road to success is no easy one, but ofttimes long and arduous and rugged, but "all things come to him who waits." You will all have to wait, and wait patiently, for practice. Don't expect a rush of patients the first day or week or month that your plate is on the door. But this waiting time need not be wasted time. Read, read and study and ever be students. Don't go away with the idea that all that is worth knowing in Medicine is stored away in your little brain. When you get into practice, you will find that there are a few things, perhaps many things,—in fact, a great deal—that you have yet to learn, and that you have only been picking up crumbs of knowledge. This is an age of advance

and progress, and no science is making greater strides than Medicine; then advance with the times, acquaint yourselves with the work of others by reading books and monographs and medical journals. Life is short; select the best and study them well. Be systematic, and carefully improve your time. Time is often said to be money; but, as Sir John Lubbock says, "it is more—it is life; and yet many who would cling desperately to life think nothing of wasting time."

Now that you have graduated, you will of course be looking around you for a place to settle in. Don't be in a hurry. Settle, if you can, in a growing place, some place where you will permanently locate and grow with the place. If you move too often it will seriously interfere with your prosperity and advancement.

Some of you will doubtless settle down in the quiet retirement of country life, far from the ignoble strife and worrying cares of city life, and there in peace and plenty along the cool sequestered vale of life pursue the even tenor of your way and do a good and noble and useful work.

Some of you may make your home in some ambitious village which your foresight sees in years to come a thriving town and busy city where you shall be looked upon as the old and leading practitioner.

Some of you may at once launch out in the busy mart and great city. But wherever you settle, be it in the quiet country the ambitious village, or the great city, if you would succeed and I would say here start out on your career with the determination that you must and will succeed—I say if you would succeed you must commence by being painstaking and earnest students. And "whatever your hands find to do, to do it with your might." Life is made up of a mass of little things, but the way to succeed is by attention to the apparently trivial things and doing them well.

Be always neat and tidy. People do not like an untidy doctor. And always act the gentleman. Am I going too far when I say it will be to your advantage to be total abstainers? I think not. You will be physically, mentally and morally better. If at the commencement of your career you are thought to be a drinking man, mark my words, it will act as a brake to your success, and it will very materially interfere with your progress. Nor is this mere sentiment. Many a young man, whose bark like yours has started out with flying colors, has been sadly wrecked on the rock of intemperance, and his life has been to him and to his friends worse than a failure.

When you locate, try and get near a corner when you can. Don't start in a back street and hide your light under a bushel. Have a neat and tidy office. You will find that this will pay. Show people that it is the office of a real hard worker and that of a man who is first and last and always a physician.

In your conduct with your confrères be always straightforward and honest. At the outset of your career you might make a few more dollars by being unprofessional but remember that life is ahead of you—and, I trust, a long one; remember that the kindly feelings and the respect of your confrères is worth more than a few extra dollars that might be in your pocket. I you are earnest and industrious men you can all gain practices in a legitimate way. Your talents will be appreciated some day Don't feel disappointed at the rebuffs and snubs you will occasionally meet with. Some people would not have Dr. So-and-So to doctor their cat. Others would not have Dr. So-and-So; he is a mere boy. Don't fret or be discouraged, you are remedying these things fast every day. Live down the snubs and rebuffs. Some day you may yet be the respected friend and physician of that same family, and your advice and counsel may be sought after by your confrères who may now pass by on the other side.

It will be necessary for you to have business tact as well as professional ability. Ofttimes the learned and skilled physician may be left behind in the race of life by some one who perhaps knows much less but who has tact. In Medicine as in business a man's manner often has a good deal to do with his making his fortune. Don't for a moment think that I would discount skill and talent; but add to these the manners of the true gentleman and the way to success is certainly easier. Cultivate a cheery, pleasant manner; when you go to see your patients carry sunshine with you. "A merry heart does good like a medicine." Your whole duty does not consist in writing out prescriptions or diagnosing disease Cultivate the gentle touch of sympathy.

"Of kindly hands to feel the pressure true,
A word of hope—such trifles will renew
The sinking heart, give courage to the mind,
And like the soft sweet breath of summer wind
Upon a bank of drooping flowers, which blow
'Mid rain and sleet, but now revive anew,
So in our lives, such influences kind
Will make the sorrowing heart a home of joy,
All that oppressed before and caused annoy
Seems eased of half its load."

Most of you, no doubt, will start as general practitioners, and I think you do wisely and well. Practise as such for a few years and get a thorough knowledge of general medicine. If then there is any specialty for which you have a preference, devote your time to it. If you would succeed as a family practitioner you must have the mother on your side; if you have not the full confidence of the mother you will be sadly handicapped. She cares not whether you can diagnose a tumor in the motor area of the brain or remove a kidney. She wants a man who can tell her how to make a poultice and how to arrange all the little details of the sick room. She wants a physician who is affable and pleasant; a physician who will patiently listen to her as she relates in her own way all the real and fancied ills of her baby; a physician who can give that undivided attention as if her baby was the sole and only baby in the world. She wants someone whom her children will love and respect. The man who has these qualities with a fair amount of professional ability will often succeed when perhaps a more learned confrère may be left behind.

Do not be stinted in your services to the poor. "The poor ye have always with you." We do not always work for the amount of dollars and cents we make out of our profession, and you will find it a pleasure indeed to minister to the poor; and the gratitude one ofttimes receives from the poverty-stricken sufferer is far more heart-satisfying than the rich man's gold. Be kind then to the poor. This is one of the privileges of our noble calling. Remember that kindness to the poor is bread cast upon the waters which will surely return to you after many days.

"His life is longest, not whose boneless gums,
Sunk eyes, wan cheeks, and snow-white hair bespeak
Life's limits; no! but he whose memory
Is thickest set with those delicious scenes
'Tis sweet to ponder o'er when even falls."

Emulate the examples of the great men who have preceded you, Sydenham Abernethy, Simpson, Richard Bright Palmer Howard, Geo. Ross—these are names that shine out on the page or medical history. Of Richard Bright it has been said that he was sincerely religious both in doctrine and practice, and of so pure a mind that he never was heard to utter a sentiment or to relate an anecdote that was not fit to be heard by the merest child or the most refined female. Of all these illustrious names Geo. Ross perhaps comes closest to us. Although he was not intimately connected with our own school, yet he was a man whose attainments and ability and intellect were retained by no one school. A man he was whose reputation extended from sea to sea. And throughout this continent today his memory is respected and his loss

mourned by hundreds of successful practitioners. To know him was to love him; to know him was a liberal education. George Ross has gone, but he has left an unsullied name behind him. Such lives are like "rays of sunlight which gladden the world while they shine, but leave it dark and chilly when they depart. Oh! for an art in the moral sphere, equivalent to that of the photographer in the material, whereby we might seize and fix and perpetuate those rarer rays which stream through the mass of human history like veins of feldspar in a quarry." Take such examples and let your ambition be fired and your enthusiasm be rekindled as you read and think of such great men.

> "Lives of great men oft remind us
> We can make our lives sublime,
> And departing leave behind us
> Footprints in the sand of time."

You are now going forth to fight disease and death. Remember that prevention is better than cure. One of your great duties will be to try and prevent disease. "To what extent the prevention of disease, the prolongation of life and the improvement of the physical and mental powers may be carried, we do not know. Yet, that the average length of human life may be very much extended and its physical powers greatly augmented; that in every year in this commonwealth thousands of lives are lost which might have been saved; that tens of thousands of cases of sickness occur which might have been prevented; that a vast amount of unnecessarily impaired health and physical debility exists among those not confined by sickness; that these preventable evils require an enormous expenditure and loss of money, and impose on the people unnumbered and immeasurable calamities, pecuniary, social, physical, mental and moral which might have been avoided; that means exist within our reach for their mitigation or removal, and that measures for prevention will effect more than remedies for the cure of disease, will probably be admitted by everyone who has carefully studied the subject."

"Disease and death are parts of the plan of creation," so says Cathell. Disease daily afflicts millions of earth's children in every clime, while death on his pale horse is busy from pole to pole. Fear of the former and dread of the latter are parts of human nature, and these (fear and dread) cause mankind everywhere to employ physicians: the prince in his palace, the peasant in his cottage and the beggar in his hovel; the citizen in his mansion, the laborer in his shanty and the felon in his dungeon; the millionaire and the penniless; the prince and the conqueror; the lord and the serf; the sailor on the pathless ocean and the soldier on the tented field; the purple of authority, the ermine of rank and the rags of squalor; the man of religion, the man of law, and the man of science; the Christian, the Jew and the Pagan; the pale-faced Caucasian, the painted Feefee and the oily savage on the burning plains of Africa; the tatooed, naked, fierce and brutal New Zealander and the sinewy savage of our own far West; those in the blood-chilling Arctic regions and those in the pestilential swamps and jungles of the tropics; man, man, man! sick and suffering man everywhere turns to our guild for relief. Yea, we stand at the gates of life as humanity enters the world, and at the gates of death as it goes out of it. And the children of Adam everywhere at noon and midnight, from helpless infancy to old age, in dread of the sick bed and death bed, the hearse and the grave, turn their eyes and their hearts to the physician whenever sickness seizes or death threatens to hurl the spear which strikes but once.

Bear therefore the greatness of your trust and the responsibility of your almost divine mission. Remember at all times

that every phase of your conduct, every word you utter, every look, every nod of your head, tremble of your tongue, quiver of your lips, wink of your eye and shrug of your shoulders will be observed and considered. Therefore strive to make your manner and your methods as faultless as possible, and strive to do the greatest absolute good for each one of your patients

Gentlemen, I could not close without giving you the words of an eminent surgeon on the spirit that should animate the true medical man : " Our manners should ever be the expression of the habitual frame of our mind, and the habit and temper of mind which should animate us in our ministrations to the sick. I can in no way so well indicate as by reverently paraphrasing the words which so expressively tell us of the Divine Physician's tender care and true sympathy for us in our soul's sicknesses, namely, we must be touched with a feeling of their infirmities. The refining and elevating influence of such true sympathy will keep us from ever making our noble office subservient to any ignoble end ; and though it may interfere with our becoming rich, yet it will raise us into a higher and purer atmosphere above the petty vexations and disappointments of professional life. For what if by overwork we become neither rich in worldly wealth nor great in the world's esteem ? Surely a good name is rather to be chosen than great riches, and loving favor rather than silver and gold ; and though we may achieve no social distinction, we may, by the Divine help, one day find, as many have found who have now gone to their rest, that the conscientious discharge of our duty in that profession which brought us neither wealth nor rank has been to us none other than the house of God, aye the very gate of Heaven."

Gentlemen, we send you forth. Go, go, and do your duty. Farewell.

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## VALEDICTORY ADDRESS ON BEHALF OF THE GRADUATING CLASS. READ AT THE CONVOCATION OF BISHOPS COLLEGE, 5th April, 1893.

By Dr. Armstong.

Mr. Chancellor, Members of Convocation, Fellow-Students, Ladies and Gentlemen.—

On looking back at a period four years ago, one easily remembers a group of students gathered at Bishop's College, all of whom were anxious to be initiated in the healing art. Since then many of them have dropped out, but their places have been filled by others. Among those students were a few from a distant land in the sunny South—an island in the Caribbean sea, whose seasons are untarnished by frost and snow, on whose shores and hills are strewed vegetables in their tropical luxuriance and natural beauty, and whose plains and valleys are rich in fruits, flowers and ferns of every variety. This island—Jamaica—has had for several years many of her sons educated at Bishop's, and I trust many more will find it of advantage to spend some time in this country of snowy mountains, fertile valleys boundless lakes and rivers, of freezing cold and burning heat—a land with immense natural resources, and on whose fertile soil the maple tree stands as the proud insignia of a rising nation.

On looking at the curriculum with its long list of subjects, on all of which we were to satisfy our examiners, we naturally felt timid as to the degree of success which we would achieve. This timidity has not been without some foundation, as the sequel has shewn ; for to-day we stand sadly reduced in number, as little more than half has survived the fatal onslaught of the examination room. For with examiners in front of us, examiners behind us, examiners to the right of us, examiners

to the left of us, for boldly we had worked, and well, many in that conflict fell, but not the present survivors.

The number that has received degrees to-day, entitling them to practise Medicine, although comparatively small, helps to make up the thousands that are annually trained to join the great army of medical men. We have just entered upon a new profession—a noble one, no doubt—but one which we are told is overcrowded. This we do not doubt, but I believe there is still room for earnest workers. We cannot wait for opportunities, but as young men we feel it imperative to *make* opportunities. There is still a wide field in the science of Medicine, the workers are many, but the higher we climb the ladder of scientific researches the fewer are the workers. Fortunately or unfortunately, we all *cannot* reach the same acme of success, but we all *can* be toilers in this field of interesting knowledge; and it is only by making strenuous efforts that we can hope to achieve anything like success. Medicine to-day is far different from what it was in the earlier ages; great advances have been made, particularly on the surgical side of the field. The advances are based principally on the introduction of *anæsthetics* and the practice of strict *antisepsis*. Armed with these two great agencies, the skillful surgeon of to-day can explore and remove with comparative impunity what his forefathers did not probably dream of. While the members of the profession on which we have just entered are to be congratulated on the progress that has been made, particularly in surgery and bacteriological researches, yet we are compelled to acknowledge that Medicine—on the basis on which it exists to-day—*i. e.*, the cure of disease, has not by any means proved a brilliant success, for with the exception of one or two diseases for which we possess almost specific remedies, we can in the majority of cases do little more than alleviate symptoms and support the frame, until the disease has run its course. We believe that in the not far distant future, the practice of Medicine will be constituted on an altogether different basis, that the *prevention* of disease shall be the main object of the physician's study. At that time in our colleges, the subject of Hygiene, which now receives but a paltry three months course of lectures, will be the most important subject, and shall receive the greatest attention. In referring to that part of Hygiene called Dietetics, the ignorance of whose laws acts as the most fruitful cause of disease, and which now receives but scant attention in our colleges, *can* we not say that this subject is well worthy of as much attention as is now given to any subject in the curriculum?

Medicine demands for its successful practice not only a thorough knowledge of its science and art—which of course is a *sine quâ non*—but it requires a certain amount of judgment and forethought in dealing with the various classes of persons with whom the physician has to come in contact. Acquisition or neglect of this, although apparently secondary consideration, goes far in raising a young practitioner, or in keeping him within the pale of mediocrity. Therefore let us strive to acquire the power of reading the looks, words and actions of our fellows, so that we may interpret their inmost thoughts, for knowledge in this respect undoubtedly gives the practitioner immense power.

Within a few weeks of this, some of us will be on the other side of the Atlantic, to join in the great army of students at the large and well equipped medical schools and hospitals of Great Britain and the Continent—some to study special branches, but *not* to become, as it is now the tendency of many specialists, ignorant of the fact that through the *great* sympathetic diseases of many organs produce

like symptoms; others to acquire that wider knowledge of the various branches of our profession which alone can make a man capable of arriving at a correct diagnosis after due consideration of the various parts of our complex organism.

It may be that some of our first cases will be of that most dreadful of dreaded diseases—cholera. Of course we would prefer not to encounter battle with such a powerful enemy as the comma bacillus, particularly in its intractable form—laying low almost everyone that comes within its range with a rapidity that almost equals in destruction the armament of modern Europe; but if such should be our lot, we must be prepared, and, if possible, keep the enemy from our shores. We believe that should this dreaded enemy of our race make its appearance among us, not one of our number will be found wanting either in an accurate knowledge of the most modern methods of treatment, or in that courage or self-sacrifice which probably more than anything else have throughout all ages characterized the members of our profession.

Before closing this address, I would like to refer briefly to a few points concerning our Alma Mater. During the last session, probably as never before, the students of the Medical Faculty of our University have been conscious of the fact, that while among the advantages of our students may be mentioned the most varied and abundant hospital practice at the service of any student in this Dominion; while we have undoubtedly beyond all comparison the most extensive practical experience in Obstetrics and Gynæcology of all students in this city yet we are conscious of the fact that the public has not yet begun to realize that if our city is to become a grand educational centre, all support should not be given to any one institution.

To my classmates of '93 I would say, let us remember that we are still students; and if we wish to accomplish anything like success, we must *ever* be students in the truest sense of the word.

To my junior fellow students, I would say that books are the best friends a student can have, and if carefully selected will never betray him. I therefore advise a judicious combination of careful reading with regular hospital attendance, as I think such a course is the only direct road to acquire useful medical knowledge.

And finally, to the different members of our tutorial staff, for their patient, persevering and painstaking instructions, are due our most hearty thanks. Long may they continue to administer to the intellectual wants of the aspirants a thorough knowledge of the healing art.

## Society Proceedings.

### THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, November 25th*, 1892.

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

*New Members.*—Drs. H. D. Hamilton, N. D. Gunn and J. G. Adami were elected ordinary members.

*Dislocation of the Eleventh and Twelfth Dorsal Vertebræ.*—DR. ARMSTRONG brought before the meeting a man upon whom he had operated for this injury. Last September, the patient, while driving under a gateway, was doubled up between the top of the gate and his load. On entering hospital, on examination, a distinct interval of one and a half inches could be felt between the spines, just as if one had dropped forward. There was no paralysis but marked pain and hyperæsthesia, patellar reflex and ankle clonus absent, and no loss of control over the sphincters of the bowel or bladder. On the third day (the patient having up to that time refused to allow anything to be done), he was etherized, and, after an unsuccessful attempt was made to reduce the deformity, Dr. Armstrong cut down, and found that the articular processes of the eleventh vertebra, instead of being behind the twelfth, had slipped up and become caught, but, on bending the man forward, he managed to get them back into place. The immediate result

was the relief of the pain and hyperæsthesia, but the patellar reflexes are still absent. He had last summer met with a similar case, in which, on failing to reduce the deformity, he had cut down, but found a fracture with injury to the cord. Shede has reported a number of cases, and recommends cutting down and finding out the exact condition; if the cord is much injured nothing can be done, but if spicules of bone are removed, a better result may be expected than if they were allowed to remain.

DR. JAMES BELL emphasized the necessity of early operation in such cases. Experience has shown that not infrequently pressure may be removed and the integrity of the cord restored, while, if left alone, softening would follow. He does not even despair of cases in which there is extensive injury. He had operated upon dogs, and found that the cord can be stretched, but suturing is almost impossible on account of the soft structure. Prof. Maydl, of Vienna, has been making similar experiments, but his reports are not favorable. He (Dr. Bell) thought that it is just as bad surgery to leave such a case to nature as it would be to leave a case of intestinal obstruction.

*Excision of the Wrist.*—DR. ARMSTRONG presented a man from whom he had removed the wrist joint for tubercular disease. The case was instructive as illustrating the amount of motion that can be obtained, flexion and extension are well performed, and the hand is not in the least œdematous. All the carpus, except the pisiform bone, the ends of the radius and metacarpal bones were removed, but unfortunately the disease has gone on in the pisiform bone and it will have to be removed.

*Multiple Aneurism; Aneurism of Superior Mesenteric; Abdominal Aorta; Right Subclavian and dissecting Aneurism of Aorta; Cirrhotic Kidneys.*—DR. FINLEY exhibited the specimens from a case of multiple aneurism. The subject was a female, aged 48 years, rather thin, much blanched, and with slight œdema of the lower extremities. A considerable quantity of partially clotted blood was found in the peritoneal cavity. There was an aneurism of the superior mesenteric artery about an inch from its origin, lying behind the pancreas, third portion of the duodenum and the mesentery. On section, the wall of the vessel was surrounded by recently clotted blood, bounded by the above named structures and communicating with the peritoneal cavity by a small opening on the right side of the mesentery. A true aneurism of the superior mesenteric artery was thus formed which had evidently recently ruptured: first, into the surrounding structures, and later, into the peritoneal cavity. A small sacculated aneurism of the abdominal aorta arose just to the left of the cœliac axis, and was lined with laminated decolorized fibrin. A dissecting aneurism forming a firm, solid mass in front of the thoracic aorta and alongside the œsophagus arose an inch above the cœliac axis and passed up as far as the bifurcation of the trachea, where it terminated in a blunt conical end. This mass was traversed by an irregular channel containing blood; its wall was formed of a distinct layer formed by the outer coat of the aorta, and was lined with a reddish-colored thick adherent layer of fibrin. A fourth aneurism was found on the anterior wall of the subclavian artery, an inch in diameter, and lined with a thick layer of laminated decolorized clot.

The aorta presented a few gelatinous raised plaques, but no calcareous change. Both kidneys were small, the right weighing 110 grams and the left 100, and presented the microscopic and macroscopic appearances of fibroid change. The heart weighed 350 grams. The left ventricle was thickened, the anterior papillary muscles transformed into a fibroid mass, and the coronary arteries showed a few irregular areas of atheroma. The other organs were normal. The brain was not examined.

DR. SHEPHERD, who had had the patient under observation, gave the following history: For two years she had been troubled with dyspeptic symptoms, with gradual weakness and emaciation. Six weeks before admission she began to suffer from abdominal pain of a continuous gnawing character, and occasionally referred to the back. Three weeks later she suffered from persistent vomiting.

On admission, August 15th, somewhat emaciated, muscles small and flabby. Vomits frequently without any relation to taking of food, and with relief to pain. A pulsating tender mass about the size of a hen's egg is felt two inches above the umbilicus and half an inch to the right of the median line, and readily moved from side to side. Urine normal.

There was a clear history of syphilis, alcoholism and rheumatism.

An exploratory incision was made by Dr. Shepherd on August 17th, and, on pushing the finger well down toward the vertebral column, a pulsating sessile aneurismal tumor was found in front of the aorta, and evidently connected with the superior mesenteric artery. The abdomen was closed and good union took place on September 5th, the pain which continued after the operation greatly increased and the tumor increased in size. Death took place rather suddenly on September 11th, the patient becoming blanched and pulseless.

Dr. Shepherd remarked that he had refrained from tying the artery about the aneurism owing to the probability of causing gangrene of the intestine, as this vessel supplies all the small intestine and half the large. He also remarked on the rarity of aneurism of the superior mesenteric artery, the usual vessel affected being the cœliac axis. The other aneurisms had not been recognized before death.

The PRESIDENT remarked that it was most fortunate that Dr. Shepherd had refrained from tying the mesenteric artery. Last summer he had seen two cases of plugging of the mesenteric arteries followed by gangrene of sixty-nine inches of the bowel, death having occurred in thirty-six hours. The diagnosis had been peritonitis.

*Double Nephro-lithotomy.*—DR. JAMES BELL exhibited calculi, and gave the following history:—

A. B., aged 45, was admitted to hospital in January, 1892, for calculous pyelitis of the right kidney and stricture of the deep urethra. The stricture was first treated by internal urethrotomy, and the right kidney operated upon in March, 1892 (nephro-lithotomy), a large branched calculus being removed. The patient recovered satisfactorily without bad symptoms, but the urine never became quite clear, and, after the wound had healed, and the patient allowed up, the amount of pus in the urine increased. Pain in the bladder was complained of, but exploration failed to discover any stone. The patient was discharged in May but returned in October, weak, pale, ill and feverish, with evident pyonephrosis of the left kidney. The kidney was opened, six medium-sized calculi, with much calcareous debris and many fragments of stone removed with nearly a pint of pus. The operation was not prolonged nor difficult, and the patient was sent back to the ward in good condition. For fifty-four hours after the operation not a drop of urine was secreted; the symptoms were: great restlessness, pallor, vomiting, headache and a small rapid pulse (150); the general symptoms resembled those in a patient suffering from exhausting hemorrhages. The loins were cupped frequently, normal saline solutions infused beneath the skin daily and hypodermic injections of Tr. Digitalis given from time to time. From the time of the first secretion of urine the general symptoms improved, and within a week the patient's condition was excellent; and, now a month after the operation, he is passing daily 40 to 50 ounces of clear urine, containing only a trace of albumen, and the wound is healing rapidly.

The noticeable features of the case are prolonged suppression of kidney function and the spontaneous product of stones in the kidneys. Double nephro-lithotomy for calculous pyonephrosis followed by recovery is also comparatively rare.

Dr. SHEPHERD said that this case showed that we should not too hastily remove a kidney, for, if this man had had his kidney removed last winter, he would not have lived, as the remaining kidney could not have performed its function for the whole body.

Dr. SMITH asked if ether had been the anæsthetic used, as he understood that suppression of urine often follows the use of ether; he had never heard of such an occurrence after the use of chloroform.

Dr. BELL said that he had never observed suppression after ether, but there are numbers of deaths after operation on the urethra where chloroform had been used.

Dr. G. G. CAMPBELL had never seen suppression after ether,—in fact, he had frequently seen an increased amount of urine.

*Excision of the Wrist.*—Dr. BELL exhibited the forearm and hand of a woman aged 44, whose wrist he had excised in January, 1887, for tubercular disease; he had removed all the bones of the wrist joint except the pisiform; the result was quite a stiff wrist, not nearly so good as in Dr. Armstrong's case. Dr. Springle had obtained the specimen from the dissecting room.

*Ovarian Abscesses.*—Dr. ARMSTRONG exhibited the specimens, and said that the patient from whom they were removed had given a history of recurring attacks of peritonitis for ten years, and for the last year has been in bed; she came to the hospital with her pelvis full of fluctuating masses. The chief point of interest is the extreme degree of adhesions between the intestines. There was free oozing, after operation there had been no obstruction to flatus or fæces, and the patient made a good recovery.

Dr. SMITH had been at the operation, and observed the great difficulty in detaching the adhesions. This condition is set up in many young women by gonorrhœa, and such cases should not be left long with the pus leaking from the tubes. He had an opportunity of re-opening a patient in whom he had used the thermo-cautery for bleeding, and eight or ten feet of the intestine could be lifted out in a mass. Yet that patient is in good health and her bowels are regular.

## HAMILTON MEDICAL AND SURGICAL SOCIETY.

### CASES REPORTED BY ARCH'D. E. MALLOCH, M.D.

*Mr. Chairman and Gentlemen:*—Some months since I brought before you several cases of surgical knee-joint affections, and, thinking that a continuation of the series might be of interest, report to-night the cases, other than those of simple synovitis, that have occurred in my practice since then, exhibiting the patients, that you may judge for yourselves of the results. In addition I will report a case of compound fracture of the thigh, and show you the patient.

CASE I.—*Gelatinous degeneration of the knee-joint; tumor albus; tubercular arthritis, incised and scraped; recovery; movable, useful joint.*

J. M., aged 13. Seen with Dr. McCabe on the 8th April, 1891, suffering from disease of the right knee.

Confined to bed, suffering from pain in the joint, chiefly at night, and with "startings" of the limb; is feverish and has little or no appetite. The joint is much swollen, slightly flexed and rigid; the condyles of the femur are expanded, but the swelling is chiefly due to thickening of the synovial membrane; in two places, one above and one below the patella, the swelling is prominent and soft, and gives the impression of fluctuation; the limb is much atrophied; the lameness and swelling have been coming on for some months. Father and mother living; a brother died of phthisis three years ago. Limb to be thoroughly scrubbed and washed, and wrapped during the night in a towel wrung out of a 1 to 1,000 corrosive sublimate solution.

*9th.*—Under chloroform a free incision was made into the bulging swelling above the patella; on pressure being applied, a yellow-greyish, jelly-like mass, three inches in diameter and three-quarters of an inch in thickness, was forced out of the wound; additional incisions were made on each side of the patellar ligament, and through them the bluish-grey thickened synovial membrane was thoroughly scraped with a sharp Volkman's spoon and with the finger-nail, and the *debris* removed by flushings of 1 to 1000 sublimate solution. Finally, the joint was filled with a 10 per cent. mixture of iodoform and glycerine, and then thoroughly moved to bring the mixture into immediate contact with all its recesses; drainage tubes were inserted, the wounds covered with Lister's protective, and the joint enveloped in a large and thick moist sublimate gauze dressing. Limb supported on a posterior straight splint.

*10th*, 10.30 a.m.—Temperature 99°; dressed; skin blistered from the dressings; joint syringed with a 1 to 1000 sublimate solution; tubes replaced; skin powdered over with boracic acid powder, and a well-squeezed out moist sublimate gauze dressing applied. 9 p.m., temperature 101°.

*12th*, 11 a.m.—Temperature 98 2-5°. Very little discharge on dressings. A permanent posterior splint was applied with paraffine bandages.

The case was subsequently attended to by Dr. McCabe.

*July 27th.*—Had been using the limb for some time; the leg can be almost completely extended and can be flexed to a right angle; the limb is almost as large as the sound one; he engages in the games of the other boys, and says that his general health is perfectly good.

CASE II.—*Very severe injury to knee from circular saw. Recovery, with perfect movement.*

*July 20th*, 1891.—J. V., aged 14, a patient of Dr. McGregor of Waterdown. Seen between two and three hours after the accident. Joint completely exposed by an oblique wound from the inner side upwards and outwards, with serrated edges extending from side to side in front, made by kneeling on a revolving circular saw. Patella sawn through transversely a little below its middle; the anterior half of the inner condyle cut through vertically; and only attached above to the soft parts by a narrow strip of periosteum; there is also a short superficial cut with serrated edges at the level of the tibial tuberosity; no hæmorrhage. Dr. McGregor had removed one or two small pieces of bone which the had found lying loose in the joint. After thorough cleansing the almost separated portion of the condyle was removed, the patella drilled and sutured with thick prepared Chinese twist, and its sheath stitched with catgut and the skin wounds with silk sutures, after the insertion of a drainage tube on each side at the most dependent points of the exposed surface; wounds dressed with protective and moist gauze, and the limb supported on extemporized Watson's excision splint, made from Gooch's splinting, which was kept in place by paraffin bandages; limb placed in a Salter's cradle.

*21st*, noon.—Rested pretty well; had complained of some pain in abdomen and on outer side of joint; pulse 86, temperature 100 1-50; dressings saturated with bloody serum; wounds quite quiet; redressed; case left under Dr. McGregor's care.

*Aug. 4th.*—Dr. McGregor reports by letter: "My patient is doing well; there is practically no discharge, except a little blood at the corners of the wounds which were left open; there has been no pus or smell and lately no puffing or swelling; there never was any discharge from the first from the drainage tubes. I have been shortening them little by little, and one is now away; the stitches are all out; wounds have united by first intention. Pulse kept about 76; temperature 98° to 99°; sleeps well and eats well, but always complains of having had a little pain during the day."

*Aug. 16th.*—Seen to-day. Wounds healed with dry patellar suture hanging out of the middle of the scar; limb still in splint. Early this spring (1892), he walked into Dr. McGregor's office with a friend, and at first I did not know which was the old patient. He said that he kept pulling at the ligature every day till it came away two months or so after the accident.

CASE III.—*Ruptured ligamentous union of patella; Lister's operation; recovery; good result.*

A. D., aged 45, admitted into the City Hospital 31st December, 1891. In September last she fractured her right patella; result, ligamentous union; about the 1st of November she began to go about and to do her work. A week since she fell again and hurt the same knee, rupturing the ligamentous band of union.

*Jan. 13th.*—All effusion having disappeared, Lister's operation by vertical incision was performed; it was found that the ligamentous band had separated from the lower fragment; after paring the bones, the pieces were separated by fully an inch; ends of wire brought out of centre of wound; a drainage tube was introduced into the most dependent portion of joint on its outer side; limb dressed with protective and moist sublimate gauze, and then placed on a Watson's excision splint and bound to it with paraffin bandages.

*Jan. 21st.*—Temperature has been normal since the 14th. Dressings removed for the first time and found quite dry where soiled over the wound and the drainage tube; stitches and drainage tube removed; wound healed.

*22nd.*—Leg below knee œdematous without flush; temperature natural; splint and dressing removed, but nothing was found to account for the œdema excepting an erythematous blush where the skin had been covered with the moist gauze. Boracic acid powder and boracic acid, gauze substituted; splints re-applied; 5th temperature natural.

*Feb. 22nd.*—Under chloroform free movements of joint made. March 10th, went home to her work with fairly good movement.

*April 5th.*—Wire removed; has been working as usual since leaving the hospital.

*Dec. 3rd*, 1892.—Flexes knee to more than a right angle.

CASE IV.—*Periostitis of patella; abscess with loose necrosed patella; useful joint.*

*July 14th*, 1892.—D. G., aged 11, a patient in St. Joseph's Hospital, under Dr. McGillivray's care. Right knee swollen and red, chiefly on anterior and outer aspect, fluctuating and with a small ulcerated spot from which a thin serous discharge was escaping. History of Traumatism some months since. The appearance suggested a superficial suppuration rather tha synovial. Knee to be thoroughly washed as usual.

*July 15th.*—Abscess opened and the loose necrosed patella which I have here was turned out; sac thoroughly scraped and washed out with 1 to 1000 sublimate solution; dressed in the ordinary way and supported on a posterior splint.

*July 23rd.*—Dressed for first time, wound superficial, cicatrizing; dressed, not seen again.

Necrosed bone is a shell the shape of the patella, one inch long by three-quarters of an inch in breadth and three-eighths of an inch in thickness.

CASE V.—*Compound fracture of the thigh; wired; recovery; useful limb.*

*June 12th*, 1892.—J. McN., aged 12, hospital patient. Compound fracture of left femur with small wound on outer side of thigh, about its middle, from which blood is escaping; three hours have elapsed since he fell from the tower of St. Lawrence church. Fracture had been set by Dr. White and a temporary splint applied. Patient suffering considerably from shock; a six inch incision was made on outer aspect of thigh, having the original wound about its middle; two loose pieces of bones were removed; the ends of the bones presented this appearance. The end of the upper fragment was notched, that of the lower sloped to a point from below upwards and outwards. Wishing to expedite the proceedings as much as possible, and believing that the periosteum would make up for the lost bone, I drilled the upper fragment from the outer side to the summit of the notch, and the lower fragment about the same distance from its point; the wire passed through the openings, when shouldered and locked, held the bones firmly together; wire brought out of original wound. After stopping all the bleeding and washing the wound thoroughly with 1 to 1000 sublimate solution, the wound was stitched with deep and superficial silk sutures excepting the original wound. Wound dressed with powdered iodoform, protective and moist sublimate gauze, snugly held in position by a moist sublimate gauze bandage; the thigh and upper portion of the leg was then thickly padded with sterilized cotton wool; finally, plaster of Paris bandages were applied from the toes to the waist. When placed in bed, a long splint was applied to the sound limb.

A simple fracture of the right radius was put in anterior and posterior splints, but good apposition was not obtained. Between this date and the 1st of July, when it was taken down for the first time, the highest temperature recorded in the chart was on the evening of the 19th, when it was 1010; on the 21st of June it fell to normal and remained subsequently at that. During all these days the lad never complained of his thigh.

*July* 1st.— Plaster cast at upper portion of thigh soft, and giving off a urinous odor; dressings removed; thigh wrinkled; wound perfectly quiet; the discharge had soiled to outermost layer of cotton wool. Re-dressed, and splints applied as before.

*July 24th.*—Since last dressing temperature and pulse have been normal. Wound exposed and silk stitches removed; considerable callus but union not firm; dressings and splints re-applied.

*Aug. 20th.*—Splints taken off and wire removed; bone solid; splints re-applied.

A week or ten days subsequently he was allowed to go about the ward on crutches, wearing a patten on his right boot.

*Sept. 7th.*—He slipped when going down stairs, and hurt his thigh.

*Sept. 9th.*—The plaster was removed, and it was found that he had re-fractured the bone. Put to bed and, splints re-applied.

*Nov. 1st.*—Splints removed; bone solid;

considerable callus; allowed up; passive motion to knee, which is stiff.

*Nov. 14th.*—Able to run about the ward; very slight motion at knee-joint.

*Nov. 28th.*—Learning that chloroform was to be administered and the knee-joint loosened, he ran out of the Hospital.

## THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, December 9th, 1892.*

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

*Paramyoclonus.*—DR. STEWART exhibited a middle-aged patient, who has been affected with a peculiar myoclonic trouble for upwards of fifteen years. The spasms, which are almost constantly present, are partly clonic and partly tonic in character. They affect the muscles of the neck, face and trunk only—the extremities being free.

DR. LAFLEUR asked if there was any hereditary history, and if the case might be one of senile or Huntingdon's chorea.

DR. STEWART replied that as far as he could ascertain there was no neurotic family history. It was not a case of Huntingdon's chorea, which is characterized by the sliding, jerky movements in walking, and which are entirely distinct from the movements in this case.

*Acute Hæmorrhagic Pancreatitis with Fat Necrosis—Glycosuria; Symptoms those of Peritonitis.*—Dr. FINLEY exhibited the specimens, and stated that the case had been looked upon as one of peritonitis. At the autopsy there was no evidence of peritonitis or obstruction. A distinct mass in the position of the pancreas was felt, and on removal the organ was seen to be greatly enlarged, weighing 380 grams. On section the gland was studded with numerous purplish-colored hæmorrhages, varying in size from a small pin head to one-fourth of an inch in diameter. A number of small round opaque white areas, like tallow, representing fat necrosis, were present on the surface of the gland and a few scattered through its substance. None of these were larger than the size of a split pea. There was no fat necrosis in the omentum, but a few small areas in the immediate neighborhood of the pancreas. Some of the fat lobules were surrounded by a fringe of this necrosed fat. There was a small thin patch of lymph lying on the surface of the organ. The mesenteric and splenic veins were normal.

A specimen of the urine analyzed by Dr. Ruttan was found full of mucin, no albumen, sugar 1.66 per cent., no accetone, no diacetic acid, urea 8.5 grs. to fl. oz., bile pigments and bile salts in excess. The usual symptoms of this affection were those of peritonitis. One of the most interesting features of the case was the presence of sugar in the urine, and, so far as he could ascertain, no previous mention of this was recorded.

In view of recent investigations on pancreatic diabetes, it was not unlikely that sugar might prove to be a constant constituent, and, if so, would be a valuable diagnostic sign. The presence of bile pigment might perhaps be referred to pressure on the common bile duct by the enlarged pancreas.

Fat necrosis has been frequently noticed in hæmorrhagic pancreatitis, but its significance is not altogether clear. It has been explained by some as due to trophic changes from interference with the nerves of the solar plexus, and by others it is regarded as due to pressure interference with the vascular supply.

REPORT BY DR. J. G. ADAMI.

Upon section, the pancreas as a whole was of darker color than usual, and presented several blackish blood-stained areas varying in diameter from 3 to 12 millimetres. That organ was surrounded by a moderate amount of fat, having an abnormal appearance, for scattered over its surface and through its substance were small whiter masses, differing also from the rest of the fat by their opacity. The periphery of the gland was altered, there being no well-defined boundary between the gland and its investing fatty tissue.

Microscopic examination showed that the gland had undergone much chronic degenerative change; it was fibroid, and presented abundant evidence of atrophy of the pancreatic follicles. This was especially marked towards the periphery. Here were numerous small regions in which fat cells replaced the atrophied gland tissue. The hæmorrhages into the gland were of sufficiently long standing to have permitted the staining of the cells of the affected areas with blood pigment. Sections made by the paraffin method and stained with hæmatoxylin showed well the extensive fat necrosis, both within and around the gland. The necrosed fat cells contrasted clearly with the unaffected in that they took on a diffuse cloudy stain.

It was noticeable that, while there was evidence of acute inflammation here and there throughout the fatty tissue, there being slight infiltrations of small round cells between the fat cells, nevertheless, these inflammatory foci were not in direct association with the necrosed areas. Between the necrosed cells no infiltration was discernable. The extravasated leucocytes lay between clear unaffected cells at some little distance from the patches of necrosis. In this the sections resembled those brought recently before the Pathological Society, of London, England, by Dr. Rolleston (*British Med. Journal*, Oct. 22nd, 1892, p. 895), and differed from the description generally given. (Fitz. *Med. News*, Feb. 23rd, 1893.)

Thus the sections suggest forcibly that the pancreas in this case had been the seat of long continued changes. The fibroid degeneration, the atrophy of the pancreatic cells proper, the presence of fat replacing the atophied tissue, all point to this conclusion. The hæmorrhages and the small foci of inflammation are evidences of more acute disturbance of the organ during the days immediately preceding the fatal issue. In the absence of satisfactory observations upon the rate at which fat necrosis proceeds, it is not possible to state with certainty whether this necrosis is associated with the acute lesions of late date or whether it had preceded these in its onset. This case, at least, does not show us that the necrosis is a direct result of acute inflammation.

Dr. JAMES BELL said that he had been hurriedly summoned to the hospital to see the man, who was supposed to be in an advanced stage of peritonitis. History given was, that on Tuesday night he had been awakened by a cramp in the stomach, but he went to work on Wednesday morning, but was compelled to go home by the pain in the abdomen. When brought to the hospital there was great pain with the distention and tenderness of the abdomen, inability to move the bowels, vomiting and, in fact, all the signs of a general septic peritonitis. He (Dr. Bell) considered the case hopeless, and was greatly suprised at the result of the autopsy

Dr. J. A. MACDONALD had seen the case before he went into hospital, and thought that it was one of peritonitis; one feature was the great difficulty in passing urine and the diminution of the quantity.

Dr. LAFLEUR referred to a similar case that had been under the care of the late Dr. Ross, and had been reported before this society (*Montreal Medical Journal*, vol. 17, page 380). The patient had suffered for a time from obscure dyspeptic symptoms, and one day was suddenly taken ill with symptoms of general peritonitis, and died. The conditions found were the same, though more intense than in this case; some of the hæmorrhages were recent, while some were old and almost fibroid. He could not say if there had been fat necrosis, as that condition was not recognized at the time. Fitz, of Boston, has written more than anyone else on the subject of fat necrosis, and in performing coroners' autopsies has found that a number of sudden deaths in the streets were due to this cause. He (Dr. Lafleur) asked if the veins in the splanchnic area were dilated, for he thought, if such was the case, the pressure on the cœliac ganglia might have been the immediate cause of death.

Dr. SMITH asked if there were other hæmorrhages throughout the body, and how was it known that the spots were fat and not transformation of blood clot into fibrous tissue. Could the hæmorrhages be due to septicæmia.

Dr. FINLEY, in reply to Dr. Lafleur, said that the veins of splanchnic area were not dilated. In reply to Dr. Smith, said the spots had been analyzed and found to contain stearine and fat crystals; they were distinctly fatty and not fibrous.

*Case of Symphysiotomy.*—Dr. SPRINGLE read the report of a case.

Dr. WM. GARDNER congratulated Dr. Springle for having performed this operation for the first time in Canada. It is a procedure that is bound to become popular, and is another of the revivals in surgery brought about by the introduction of antiseptics.

Dr. SMITH thought the operation a safe one and presented but few difficulties. He understood how that it will increase the total circumference of the inlet, but did not see how it would increase the antero-posterior diameter.

Dr. SHEPHERD thought that a future pregnancy might be affected. He had in his possession several pelves in which the joint is ossified, and thought that after the operation the same condition might be induced.

Dr. LOCKHART had assisted Dr. Springle, and, when he first saw the patient, she had been in labor twenty-four hours. The subject for hesitancy was whether the child should be removed by cæsarian section or symphysiotomy (craniotomy not being thought of). The former procedure would have necessitated the removal of the patient to the hospital, thus causing further delay.

Dr. GORDON CAMPBELL said that there was no difficulty in showing that the antero-posterior diameter was increased. Taking a line drawn from the promontory of the sacrum to the symphysis pubis as the diameter of a circle passing through these points, after the operation this line will be no longer the diameter, and it is a mathematical law that any straight line drawn in a circle, other than the diameter, is less than the diameter.

*Administration of Ether by Clover's Inhaler.*—Dr. GORDON CAMPBELL read a paper on this subject.

Dr. ALLOWAY said that he had been using this form of inhaler for a long time, and it has unquestionable advantages over all other forms.

Dr. GEORGE BROWN had been using it for three years, and agreed with everything mentioned in the paper. With men there is generally a stage of rigidity, and the administration takes longer than with women. He has used the cone and Allis' inhaler, with which there is usually fear and struggling, whereas, with Clover's, patients take the ether quite easily, and, at a subsequent administration, receive it with less fear. He thought that there was less vomiting and less depression after administration, and he never had any ill effects during an operation, except now and then a spasm of the glottis, which is at once relieved by raising

the hyoid bone and pushing forward the jaw.

Dr. Wm. Gardner was first induced to use Clover's inhaler by having seen it in Mr. Lawson Tait's practice in 1886, and has never willingly used any other form since that time. He has given up the use of a mixture of ether and chloroform, and has stuck to pure ether, and now sees no reason to regret it. Another advantage is the prevention of the diffusion of ether through the room, which is a great comfort to a sensitive person. He bore testimony to every word Dr. Campbell had said, and had been struck by the extremely short space of time taken by him to anæsthetize the patient, and also the rarity of vomiting on the operating table, which he thought was due to the care of the anæsthetist to the signs of complete anæsthesia.

Dr. Birkett, when resident in the General Hospital, had kept a record of eighty cases of the administration of pure ether with Clover's inhaler, and his observations confirmed the remarks of Dr. Campbell. He had used it with all sorts of patients, and it was the most successful method employed.

Dr. Bell did not think that there was any difference of opinion as to this method of giving ether, when it was in careful hands, but considered it dangerous in inexperienced hands. A case had nearly ended fatally from the neglect of one point, that of putting ether into the inhaler, and the patient was almost asphyxiated. He could not help but think that the patient must inhale vitiated air from the bag, but the precautions mentioned would reduce this danger to a minimum. He felt that the more concentrated the vapor at the beginning of anæsthesia the better, but the great danger arose in giving too much ether after the stage of complete anæsthesia had been reached, and the respiratory centre may be so blunted that it may fail to act. He admitted the advisability of giving it well diluted at the start, but it should be rapidly concentrated. He had never seen suppression of urine or bronchitis following ether, nor any pulmonary condition, except secretion of mucus.

Dr. Shepherd thought from his own observation that the method was valuable. He did not think that the paper referred to alcoholics, and asked if Dr. Campbell had observed tremors, amounting almost to rigors, which condition would make him stop ether and substitute chloroform.

Dr. McConnell said that everyone present seemed to prefer Clover's inhaler, the chief points in its favor being the small quantity of ether used and the rapid effects; but the latter is a matter of skill in administration. He did not like the idea of re-breathing air. It is a mistake to think that if we use a large amount of ether with Allis' inhaler that the patient gets a larger quantity than if a much smaller quantity is used in Clover's. He thought Allis' is far safer for general use.

Dr. Wm. Gardner regretted to have to record a death last summer. The patient was blanched by prolonged hæmorrhage from malignant disease. He had decided to remove the disease through abdominal incision. The patient was at first placed in the lithotomy position, and everything went well for fifteen minutes when she stopped breathing, and soon afterwards the heart stopped; but though artificial respiration was kept up for three-quarters of an hour, she died. In this case he in no way blamed the inhaler or the anæsthetist.

Dr. Stewart asked if observations had been made as to the condition of the shallow and deep reflexes.

Dr. Campbell, in reply, said that he had seen marked tremors in one case. A recent writer in the *British Medical Journal* had ascribed this condition to asphyxia, and it indicated that ether should be given in a less quantity. He agreed with Dr. McConnell that the patient requires about the same amount of ether to induce anæsthesia, independent of the kind of inhaler used. The skill in using Clover's is very much over-rated, for, if one would read the article on the subject in *Treves' Surgery*, he could easily use it. He had had no experience in emergency cases. The abolition of the corneal reflex is not indicative of full anæsthesia, and the reflex from the perineum and anus is the last to disappear. At present he is trying to work out the action of ether on the secretion from the kidneys, and will give the results later on.

## MONTREAL MEDICO-CHIRURGICAL SOCIETY.

### Report of the Special Committee appointed at the Last Meeting of this Society.

Infectious disease is preventable disease, whether the mode of infection be direct—from person to person—or whether it be indirect through the agency of water, soil or clothing. As such it ought to be prevented. It is for us and for the community at large to use every endeavor towards that end.

Granted that we can recognize surely the nature of a given infectious malady at a sufficiently early date, we can then stay that malady from spreading so as to affect other individuals, we can prevent it from assuming an epidemic character.

Thanks to the bacteriological discoveries of late years, we now possess this power of early diagnosis in connection with not a few of the most important—that is to say, the most widespread and fatal of infectious disorders. We

can demonstrate the minute organisms which are the cause of such diseases as tuberculosis (phthisis), typhoid, diphtheria and cholera.

With respect to typhoid, the infection has long been known to be indirect, but now we can determine the presence of the specific bacillus of this disease in the intestinal contents of those suffering from the disease; we can trace its presence in the excreta and in water which has become contaminated by the leakage into it of the sewage of an affected locality, and from this water can trace its passage into milk and other fluids that have been placed in vessels washed in water.

So, too, with respect to cholera. Here also the infectious agent passes often with the excrementitous matter into the water supply of a large area, it may be, and thereby the disease becomes widespread. In this water, as in the intestinal contents, the presence of the minute organisms associated with the disease may be demonstrated. If, then, with any of the above mentioned diseases the nature of a solitary case be recognized, we can prevent the extension of the disease to others by isolation of the patient and by rigorous disinfection of excreta, clothing, and of the sick chamber and its attendants. The case will remain isolated.

It is evident, therefore, that the early diagnosis of infectious diseases is of the highest importance to the community.

The more perfect the system whereby each case of infectious disease is promptly notified, and any doubtful isolated cases subjected to careful bacteriological investigation, the greater the security of the community at large, the less the death roll.

In Montreal, as in every large centre of population, it is necessary in the first place that there be compulsory notification of infectious disease to the central authority—namely, the Medical Health officer; and, in the second place, that there be a competent bacteriologist to control the clinical diagnosis of doubtful cases, and to trace bacteriologically the channel by which a given disease has spread from one individual to another.

Taking first the subject of compulsory notification, your Special Committee has learned, with regret, that not a few practitioners in this city have evaded their duties in this respect, and instead of helping, have thwarted, however unintentionally, the efforts of the Medical Health Officer. At the same time your committee would call attention to the fact that, with his office undermanned, it is impossible for the Medical officer to perform his duties satisfactorily. A staff of assistants is urgently required whose duties it would be to gain particulars connected with each case notified—duties which one individual, however willing, clearly cannot perform—duties which unperformed render notification of little avail.

Nevertheless, had each case at the commencement of the recent outbreak of typhoid in our midst been properly notified, the necessity for action in connection therewith would long ago have been discovered.

In the second place, the fact that bacteriology is a very special new branch of medical education, requiring not only special training but also special laboratory appliances, renders it impossible for the ordinary practitioner satisfactorily to undertake the bacteriological diagnosis of disease. It is therefore necessary that there should be attached to the Health Office a bacteriological laboratory in the charge

Your special committee has taken into consideration the question as to whether the bacteriologist and his laboratory should preferably be in connection with the Provincial Board of Health or with the City Health Office. They hold that while, in view of the very possible invasion of this Dominion by cholera, this forthcoming summer, it is undoubtedly of the highest importance that the Province be provided with a competent bacteriological adviser, whose duty it would be to determine the nature of every doubtful case of choleraic diarrhœa, and to advise with regard to effectual disinfection of immigrants and their belongings; nevertheless, since their present mission is to report upon matters concerning Montreal and its immediate neighborhood, they must advise that a skilled bacteriologist be attached to the City Health Office. They do this with confidence, in the assurance that the larger question may safely be left to the Provincial Board of Health and its very capable head.

Against the possible objection that Montreal and its officials have no authority over those outside the city's boundaries, they would urge that, though they have no direct authority, yet their indirect authority is such that they can become masters of the situation. They can certainly control the city's water supply; and, with regard to another potent source of infection, namely, the milk supply, it is in their power to add to the conditions attached to the milk licenses a proviso that such licenses be only granted upon the condition that the city authorities reserve the right to obtain samples of the milk for examination wherever and whenever it seems fit to them, and to peremptorily rescind such licenses permitting the sale of milk within the city boundaries, if it be found that the condition of the stables and dairies is such as to constitute a danger to public health.

A city by-law to this effect is already in existence, but your committee learns that it is rarely acted upon. Your committee is strongly impressed by the necessity for more thorough milk inspection. More is wanted than occasional examination to determine whether milk has been diluted or has been deprived of its fats. No article of food forms a better field

for the growth of micro-organisms than milk; and the presence and growth in this fluid of filth, bacteria in consequence of imperfect cleansing of utensils, or mixing the milk of different days, of undue care in carriage, appear to your committee amply sufficient to explain a large proportion of the cases of cholera infantum or cholerine, which here in Montreal assumes each summer so alarming and fatal a character. Thus the city has the power to regulate the milk supply, and in this and similar ways is capable of controllng the surrounding districts.

Your committee recognize that for the hygienic laboratory attached to the Health Office to be complete a chemical department, presided over by a competent organic-chemist, is a *sine qua non*. They fear, however, to urge this matter too strongly at the present moment, believing it wiser to demonstrate the necessity of one reform, in the hope that this may be the means of leading to others in the not distant future.

Your committee would, therefore, submit to the Society the following resolutions:

1. That, for the maintenance of public health and to prevent the spread of infectious disease, this Society emphatically endorses the city regulations, which demand that practitioners report each and every case of infectious disease occurring in their clientele;

2. That, in the opinion of this Society, the staff of the Medical Health Officer should be increased, in order that the spread of infectious disease be traced and its further advance hindered;

3. That this Society urgently requests the authorities of the city of Montreal to appoint a skilled bacteriologist upon the staff of the Health Office, whose duties shall be to investigate the origin and spread of infectious disease within the city, in accordance with the resources of modern hygiene and modern medicine, and so advise the office upon the measures to be taken in order to eradicate such disease or to stay its further progress.

JAMES STEWART,
J. C. CAMERON,
J. G. ADAMI,
WESLEY MILLS,
D. McEACHRAN,
F. W. CAMPBELL.

## Progress of Science.

### MIDNIGHT OIL OR MIDNIGHT SLEEP.

*From The Hospital.*

Physiological resources, although they are very elastic within limits, yet have limits which are sharply defined. There is no overstepping of the limit which is more dangerous than that of doing work which curtails sleep. Sound and sufficient sleep is the most indispensable of all the conditions of a sound and efficient brain. The miseries alone of the sleepless man are creditors which the most stoical may dread; his incapacities are such that great work and great success are generally as hopeless for him as the possibility of riding through the air without a balloon or wings. Ten years of such sleeplessness as some men have endured would cure the most ardent medical enthusiast in the world of his passion for the midnight oil. The greatest and highest success in life is achieved, like the winning of a long race, by him who has the greatest staying power. What is the best of all the possible kinds of brain for a man who has to follow throughout his life an intellectual calling like that of the higher walks of medicine? It is a brain that is at once clear and strong. Undue and prolonged mental exertion in the student period may give great clearness of intellect—possibly even an abnormal clearness, but it can never give strength. Clearness without strength can no more win in the long and arduous race of life than speed without staying power can win in a foot race of ten miles. Unintelligent and impulsive medical professors—and there are many such—may urge men to competition for the highest college honors, even at the risk of a total breakdown in brain and body. Such professors are among the worst enemies young men could have, and they are among the worst enemies the medical school and the medical profession can have. What the medical profession demands is men of clear and strong intellect, full of practical resources, not mere dilettanti speculators in incomprehensible medical hypotheses. The day is the time for work, the night for sleep: sleep sound, quiet, and peaceful as death. The learned medical professor tells his students all this in his book or his lecture. But he seldom thinks of asking them to apply his lofty and ideal principles to the details of their own lives. The first thing that the world demands of professors and teachers of all kinds is that they shall practise their own principles. A teacher of physiology who encourages brain work at midnight ought to be considered insane.

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ANAL ABSCESS.—Reclus treats these as fistulas. Having opened the abscess, he introduces a channeled sound, to the highest point of the cavity, perforates the rectal mucosa, and brings the sound out at the anus, the tissues being then cut through. Since it is necessary to produce a fistula, the abscess should be treated as a fistula at once.

## EXAMINATION OF THE URINE BY THE CENTRIFUGAL MACHINE.

ALBU (*Berl. klin. Woch.*, May 30th, 1892) says that the centrifugal machine, when once introduced, quickly comes into general use in the examination of pathological fluids. The author has thus examined some hundred hospital urines, one-half of which were from cases of Bright's disease. The deposit was compared with that obtained after standing. Like gravitation, centrifugal force would seem to have its limits. Sometimes no deposit is obtained, and at other times perfectly clear urine gives one. The greater part of this deposit falls in a few minutes, and the microscope shows it to be richer than that obtained by standing, but the difference is in quantity rather than quality. There is no advantage in adding alcohol or barium carbonate except in cases of examination for bacilli. In apparently healthy urine a greater or less number of leucocytes or flat epithelial cells were found. In non-albuminous urine hyaline and granular casts were repeatedly seen; and in two-thirds of the cases of acute pneumonia more or less numerous casts, covered with leucocytes or renal epithelium, were observed. Blood cells were at times found by the microscope in cases where the deposit did not look as if it contained any. Other pigment, such as that of jaundice, was found intimately united with formed elements. Bacteria could be separated out by the centrifugal method, but only partially. Twice tubercle bacilli were demonstrated, but they were also found in the deposit obtained after standing. The estimation of (coagulated) albumen by this method was not more accurate than by Esbach's albuminimeter. The centrifugal method is, however, a valuable addition to the clinical examination of the urine, in that it provides an unaltered sediment in the shortest time, but it is no material help to diagnosis.

## DIPHTHERIA.

BAGINSKY (*Archiv. f. Kinderheilkunde*, xiii) found Loeffler's bacillus in membrane from the pharynx in 68 out of 93 cases of diphtheria. In all the cases in which it was found extremely severe symptoms were present. The remaining 25 cases exhibited the same kind of symptoms as those observed in the majority of the cases, but the bacilli were absent, only strepto- and staphylo-cocci being found. Recovery took place in all the cases of the latter class, whilst nearly 50 per cent. of those presenting Loeffler's bacillus died. The author concludes from his investigations that there are two forms of diphtheria, alike clinically in the main; the symptoms, however, are more severe in the one variety than in the other. In the severe form Loeffler's bacillus is the causal agent; the mortality is great. The milder form is produced by strepto- and staphylo-cocci; it is not dangerous, and results in recovery.

## CRANIECTOMY FOR EPILEPTIC DEMENTIA.

ENGEL (*Med. News*, 1892, No. 17) relates the case of a boy who was in good mental and bodily health until the age of 6 years, when, without discoverable cause, he had convulsions following epilepsy. The fits became more frequent and severe until, between the age of 12 and 14 years, he had as many as 21 during the 24 hours. The fits began in the upper limbs, but beyond this there were no localizing signs. The boy was in a state of partial dementia, but was cunning, used foul language, and was liable to attacks of maniacal excitement. The skull presented symmetrical deformity—flattening of the upper part of the frontal and anterior two-thirds of parietal bones, and approximation of the parietal bones to each other. A course of treatment by bromides diminished the number and severity of the fits without producing any improvement in the mental state. An operation was then performed by Packard, who trephined on each side of the sagittal suture, and removed the intervening bone. The operation was repeated on the opposite side of the skull three months later. For five weeks after the first, and two weeks after the second operation he had no attacks, but at the time (not stated) of the report he was having one or two a week, but of a much milder type than before operation. A few weeks after the second operation his expression changed, and he became less irritable and much more intelligent. This improvement was progressive, and his mental condition became that of an ordinary, intelligent boy of 8; his age was 14. The bone removed at the operation was much changed, being chalky and very thick.

## PERFORATION OF UTERUS BY THE CURETTE.

LANNELONGUE (*Arch. de Tocol. et de Gynéc.*, May, 1892) employed the curette for a woman, aged 64, a 4-para. The patient had total prolapse, with metritis. After dilatation, the irrigating curette was used; it seemed to pass indefinitely far without resistance, and the injected fluid did not return. As perforation was evident, vaginal hysterectomy was at once performed. The uterus was very flabby, and had been perforated at the angle between the body and the neck. The patient recovered. In a second case, the patient was 31, also a 4-

para. She had endometritis and slight salpingo-ovaritis. There was cystocele, rectocele, and ruptured perineum. After dilatation the irrigating curette was used. In scraping the right cornu it was noticed that the injected fluid ceased to return, yet the instrument did not seem to have passed beyond the uterine cavity. As the patient was young, and perforation not absolutely certain, the uterus was not removed. The cavity was swabbed, the cervix, much hypertrophied, was amputated, and colpoperineorrhaphy performed. By the second day the abdomen became distended; next day stomatitis set in, and poisoning by sublimate was suspected; on the tenth day, diarrhœa occurred with albuminuria. On the nineteenth, erysipelatous patches appeared on the forehead, and the patient died; a soft, solid tumor had developed in the abdomen. The enlarged, flabby uterus was found full of pus, and there was purulent peritonitis as well. The perforation in the right cornu was distinct. Lannelongue believes that, when the uterus is perforated by the curette before the scraping has begun, the uterus must be amputated, as the danger of septic peritonitis from fragments of diseased endometrium is great. If the curette does not pierce the uterus till the process has nearly finished, the uterus may be saved, especially if the patient be young.

## DIARRHŒA FROM RETROFLEXION.

FISCHEL (*Prager med. Wochenschr.*, No. 47, 1891) publishes the case of a well-nourished woman, aged 23, who was seized with violent diarrhœa a few days after recovery from confinement. It commenced regularly between 4 and 7 A.M., preceded by hypogastric pains and a feeling of anxiety. Four or five motions were passed. At the end of three weeks, the patient was very emaciated, having lost nearly twenty pounds in weight. No drugs were of service, and rest did no good. Fischel explored the pelvis and discovered retroflexion of the uterus, which to his knowledge had previously lain in its right axis. Following Schauta's directions, the displacement was rectified and a pessary applied. Next morning the diarrhœa ceased and did not return. Nine months latter the pessary became displaced and the intestinal catarrh returned, but ceased on rectification of the position of the pessary. A year and a half later the pessary was removed with the same result; on its replacement the retroflexion was rectified and the diarrhœa once more ceased.

## TOTAL REMOVAL OF UTERUS FOR MYOMA.

PÉAN (*Gazette des Hôpitaux*, June 7th, 1892) claims to have greatly improved upon the ordinary operations for large uterine fibroids. H removes tumor and uterus by a mixed abdominal and vaginal operation. An abdominal incision is made, the tumor extracted, and its pedicle secured by a loop of metal as low down as possible. The tumor is then cut away. The abdominal wound is closed, and the operator removes the pedicle and cervix uteri by section through the vagina. The broad ligaments are secured by pressure forceps, as in his operation for the removal of small or medium tumors through the vagina. This method obviates all thedisadvantages of the older abdominal operation, where a pedicle is left, which partly sloughs, and at length sinks deeply into the pelvis.

## DANGER OF INTRA-UTERINE INJECTIONS.

TARNIER (*Journ. des Sages-Femmes*, June 16th, 1892) has determined never to employ sublimate lotions for intra uterine injections. Eighteen cases of death, after sublimate injections in childbed, have been recorded; in sixteen of these cases the injections were thrown into the uterus, in two only into the vagina. Death may be due to some severe reflex stimulus,or to direct poisoning through entrance of the injected fluid into the uterine veins. From experiments, it seems that permanganate of potassium, microcidine, iodine, and salicylic acid are innocuous. Sublimate is liable to involve dangers some time after its injection. Of substances which may cause syncope or immediate death when injected, carbolic acid holds the first place. Biniodide of mercury is also very dangerous, and the perils of perchloride of iron are well known. Tarnier reminds the obstetrician, however, that perfectly innocuous solutions or even plain water have caused death when injected into the uterus. This accident is undoubtedly due to the entrance of air into the veins. Any kind of injecting apparatus may prove dangerous if the obstetrician or nurse neglect to drive air out of the tube, or uses too great propelling force. When gravitation is the agent, the receptacle for the fluid should not be placed mo.e than 15 inches above the level of the patient's pelvis.

## VAGINAL EXTIRPATION OF CANCEROUS UTERUS.

SCHOPF (*Wiener klin. Wochenschr.*, No. 45, 1891) describes a case where the uterus was removed for cancer localiyed to the fundus in a woman, aged 52. As the uterus was very big, lateral incisions were made in the vulva. Three months after the operation, cancerous nodules were found in the scars of the wounds made in the vulva, whilst the fornix remained free from disease. Four months later the patient died of cancer of the left lobe of the liver. Schopf be-

lieves that the vulvar wounds were directly infected by the cancerous mass during its extraction at the operation.

## BACTERIA IN WOUNDS.

HUNTER ROBB AND GHRISKY (*John Hopkins Hosp. Bull.*, No. 21, April, 1892) have made a bacteriological examination of the sutures and of the fluid exudation in thirty cases of cœliotomy and fifteen cases of perineorrhaphy, all of the operations having been performed under rigid antiseptic precautions. Their mode of procedure was to remove several sutures from different parts of each wound, and from each of these an agar tube was inoculated, and a cover-slip preparation was made. In every case they found micro-organisms to be present; in twelve cases either staphylococcus pyogenes aureus, staphylococcus gilvus, or streptococcus pyogenes, often associated with staphylococcus epidermidis. In the remaining thirty-three cases, staphylococcus epidermidis occurred alone. They conclude that microbes are always present in wounds even when treated by rigidly antiseptic methods, the kind of microbe which is present determining the course taken by the wound. In two cases, occupying adjoining beds, they found streptococcus pyogenes, and suppuration followed with constitutional disturbance. In neither of these cases had a drainage tube been employed, and they consider this precaution prevented the occurrence of septic peritonitis. They state that microbes are always more abundant if a drainage tube is employed, or if the tissues are unnecessarily constricted by the sutures. They found catgut sutures were not so good as silk ones, and that silkworm-gut sutures had the least tendency to harbor microbes. The authors strongly recommend the timely examination of wounds by similar methods, and that when virulent microbes have been ascertained to be present, the patient should be at once isolated, and vigorous measures should be taken to diminish their virulence by the use of disinfectants.

## RESORCIN IN ULCER OF THE STOMACH.

Dr. Pope reports sixteen cases of ulcer of the stomach treated satisfactorily with resorcin.

He concluded to use it because it was analgesic, antiseptic and hæmostatic; all these conditions being present in so many of the cases.

He gave five-grain doses, dissolved in one ounce of water, when the stomach was empty. It stops the pain at once, and controls the sensitiveness of the stomach, enabling it to retain food nicely. It has no influence in reflex nervous vomiting. The author insisted upon rest in bed in severe cases, and restricted the diet to milk, predigested in some cases. He did not have to use suppositories or food per rectum in any case.—*Chig. Med. Times.*

## CLASS-ROOM NOTES.

Prof. Hare recommends aconite in cases of hypertrophy of the heart.

Prof. Keen favors the opening of a felon with the knife as soon as possible for the surgeon to do so.

Ichthyol ointment is recommended by Prof. Hare in the treatment of articular rheumatism.

Prof. Parvin recommends the emptying of the rectum and bladder before a vaginal examination.

Prof. Wilson favors the giving of antipyretics in small occasional doses in long-continued fevers.

Arsenic is recommended by Prof. Hare in cases of anæmia due to a reduction in the amount of hæmoglobin in the blood.

Prof. Keen says that very often running sores of the ear, which continue on and off for years, have a tendency to result in an abscess of the brain.

Prof. Hare says that in severe cases of chorea, arsenic and the hot pack will be found to act almost as a specific in the great majority of instances.

Prof. Keen, speaking to his class in regard to poultices, condemned the bread-and-milk poultice. He contends that there is great danger of infection from it.

Prof. Wilson says that in cases of gouty rheumatism the anti-rheumatics yield poor results. Blistering will not be of any value for permanent relief. He advises the administration of cod-liver oil in the earlier stages, but not in the later. In the later stages he prescribes some arsenical preparation, preferably Donovan's solution, beginning with five drops three times a day, increasing one drop every other day, until the physiological effects of the drug are experienced.

Prof. Keen recently called the attention of his class to the important fact, that in cases of pure abscess of the brain the temperature will be subnormal.

Prof. Wilson says that when the temperature is taken in the groin, one-half degree should be added. He also favors the taking of the temperature in the axillary space rather than in the mouth, as being the more accurate method of determining it.

Prof. Hare says that in cases where digitalis will have no effect, and is indicated, the administration of adonidine will often give good results.

Prof. Wilson, in cases of lead poisoning, recommends the following treatment: A laxative dose of the sulphate of magnesium every day and ten grains of the iodide of potassium three times a day.

Prof. Parvin believes that many cases of sterility in women are due to openings that are often found in the Fallopian tubes. He contends that the impregnated ovum drops through them.

Prof. Hare says that in cases of amenorrhœa, in which apiol is prescribed, in order to have good results it should be administered at least one week prior to the time for the regular flow.

In cases of delirium tremens, Prof. Keen gives from one to two grains of opium combined with one or two grains of chloral; this to be followed by a laxative; or, if this will not move the bowels, a purge should administered the patient.

Prof. Wilson, in the earlier stages of influenza, prescribes antipyretics, but in the later stages he orders quinine to be given. He especially recommends turpene hydrate as an efficient and useful expectorating agent in this disease.

Good results have been obtained in cases of whooping cough, treated by Prof. Hare, by administering one or two grains of antipyrine in children. It tends to decrease the number of coughing spells.

After an operation for strangulated hernia, Prof. Brinton is in the habit of giving his patients one grain of opium in order to constipate him for a time. When he wishes to move the bowels he orders a weak saline to be given.

In cases of hectic fever in phthisis, Prof. Hare does not favor the use of antipyretics for the reduction of the temperature, as they are liable to bring on profuse and exhausting sweats. In their place he recommends cold sponging.

—*College and Clinical Record.*

## THE TREATMENT OF INCOMPLETE ABORTION.

By incomplete abortion is meant that condition in which the fœtus is expelled during the early months of pregnancy, while the fœtal envelopes, and immature placenta, in whole or in part, are retained within the uterus. Such a condition is not at all uncommon. The abortion throughout may have been under the care of a medical attendant, who has watched its progress and made every effort to check or to guide its course; and yet at last the fœtus alone comes away, leaving its appendages behind. Or it may be that the medical attendant does not see the case at all, until after the expulsion of a mass, which proves, on examination, to be only a part of what the uterus is known to have contained.

Where the process of abortion has thus obviously been incomplete, what is to be done? This question must present itself forcibly to every practitioner, as a grave problem full of anxiety and doubt. He holds in his hand a minute fœtus, from the umbilicus of which dangles a delicate cord two or three inches in length. He knows that the other end of that cord is inside the uterus, attached to its wall where the placenta was being formed. What is his duty in the matter? Shall he follow the other end of the cord at once to its termination and forcibly remove the remnants to which it leads? Or shall he wait for nature to do the work without assistance from him? It is the object of this paper to briefly consider the proposed modes of procedure in such cases, and to state the plan that seems most advisable to the writer.

As Dr. Wm. Titit Chaney says, in the *Occidental Medical Times*, suppose that the medical attendant decides not to interfere with an incomplete abortion, but to let matters take their course. He will not lack authority for this plan, for such is the advice of many of the prominent teachers of obstetrics. Leishman suggests delay, and does not approve of interference except in cases of "profuse and repeated hemorrhage, fetid discharges and febrile symptoms." Tarnier speaks strongly in favor of allowing the uterus time to expel the secundines. And Winckel is said not to attempt active interference in such cases. These men justify their conservation on the ground that gradual separation of placenta and membranes will in time take place spontaneously, and that the uterus will then contract to expel them. Or if they do not follow the fœtus immediately, it is either because the cervix has contracted too firmly to allow of their expulsion—either condition contra-indicating active measures for their removal, because violence is apt to be done to the uterus in the process.

There are two great dangers in this conservatism: hemorrhage, either immediate or secondary, and sepsis. The bleeding that always follows separation of placenta and membranes from the uterus is checked only by firm contractions of the muscular wall. If these contractions are hindered by retention of a mass, that acts as a foreign body, keeping the walls apart, hemorrhage is very apt to continue until the mass is removed. If checked temporarily, it is apt to recur from time to time, as successive portions of the mass undergo separation, with rupture of vessels that connected them with the uterus. Again, the retained secundines offer a fertile field for the growth and development of the germs of decomposition, and so their presence is a constant menace of septic infection. These two dangers, hemorrhage and sepsis, are recognized by the advocates of conservatism, who counsel active measures in case bleeding becomes continuous or uncontrollable, or the vaginal discharge offensive and temperature high.

Why should the patient be subjected to these dangers at all? Why should she be allowed to go on losing blood, or to run the risk of

blood poisoning from absorption of decomposing tissue, when the bleeding can be prevented and the possibility of decomposition within the uterus can be excluded? These are the questions asked by those in the profession who advocate immediate and radical treatment in incomplete abortion. Such men are headed in the United States by Paul F. Munde, whose opinion on obstetrical matters must always command the highest respect. He says: "The future safety of the patient demands that the secundines should be at once removed after the expulsion of the fœtus, in every case in which such removal can be accomplished without force sufficient to injure the woman." In Germany, the plan of thorough and immediate cleaning out of the uterine cavity following incomplete abortion has been strongly advocated by Duhrssen, of Berlin, who reported in the *Archiv. f. Gynaekologie* 150 cases treated in that way, with but two deaths, neither of which, he says, was in any manner attributable to the treatment adopted.

Such treatment certainly does away with the dangers involved in the conservative method. Thorough emptying of the uterus puts an immediate stop to the hemorrhage, and it removes the probability of septic infection. Its only danger lies in a lack of care on the part of the operator, who may be too violent in his work. It is possible to penetrate a congested and softened uterus, in the act of removing its contents; or to tear away its own tissue, in the effort to remove adherent particles. But these dangers should not be counted against the operation itself so much as against the skill of the operator. Immediate removal of retained membranes or placenta certainly seems the proper course to pursue in the treatment of incomplete abortion.

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## ON THE STRUMOUS DISEASES OF CHILDHOOD AND THEIR RELATION TO TUBERCLE.

BY

THOMAS MORE MADDEN, M.D., F.R.C.S.ED.

During a long experience as physician to the first hospital for diseases of children, established in Ireland, with which I have been connected since its foundation in 1872, the increasing prevalence of the strumous and tubercular diseases of childhood has been constantly brought under my clinical observation. The intimate connection and relation between these conditions was pointed out nearly a quarter of a century ago in my work on "Change of Climate," and was discussed in a paper of mine in the Transaction of the International Medical Congress of 1871, as well as last year in my article on *Fuberty*, in Dr. Keating's recently published American "Cyclopædia of Diseases of Children." I refer to these dates merely as evidence that the views embodied in the following brief recapitulation were not hastily formed nor without some experience of the subject referred to. The increasing proportion of Strumous and Tubercular affections which has been observed of late years in my wards in the Children's Hospital is probably largely ascribable to the faulty dietetic and hygienic management of early childhood, and to the general substitution of artificial, and in many instances very unsuitable, preserved or tinned preparations for that natural or fresh milk which in my opinion is essential for the healthy nutrition of children. As I formerly pointed out, and the observation is now more applicable than was the case ten years ago, the acute forms of tuberculosis, common during childhood, resemble the infective disease in their origin from a specific germ, whether generated in the body or introduced from without. The latter is probably the case in the tubercular diseases prevalent amongst the children of the poor in whose dietary various forms of preserved milk foods now enter largely, as it seems difficult to conceive any certain guarantee that the cows furnishing the supply may not, in some cases, suffer from *perlsucht*, this disease being very prevalent and not materially affecting the quantity of milk. More recently Professor Böllinger has shown that milk may prove infectious whether taken from cows suffering from general or local tuberculosis; in his experiments, only a few drops of undiluted milk from a tuberculous cow proved sufficient to produce miliary tuberculosis in animals. Be the pathogenesis of tuberculosis what it may, however, there can, I think, be no question as to the fact that it is most frequently developed in patients who bear in their general constitutional condition, and more especially in their glandular system, the obvious imprint of the strumous diathesis. Nor is it to be wondered at that in children thus constitutionally enfeebled, the struggle for existence between the invading specific micro-organisms and the blood corpuscles or leucocytes should almost invariably so speedily terminate in the fatal victory of the prolific bacilli of tubercle.

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HOW TO DILATE THE SPHINCTER ANI.—Anæsthetize the patient with nitrous oxide or bromic ether. Introduce the thumbs, and dilate firmly, to the full extent. Go round the anal margin, repeating the dilatation until every part of the sphincter has been completely dilated and paralyzed. This is to be done in cases where the sphincter is hypertrophic and in a spasmodic state of contraction, perhaps tightly constringing a protruding hemorrhoid.

# THE CANADA MEDICAL RECORD.

PUBLISHED MONTHLY.

*Subscription Price, $2.00 per annum in advance. Single Copies, 20 cts.*

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Writers of original communications desiring reprints can have them at a trifling cost, by notifying JOHN LOVELL & SON immediately on the acceptance of their article by the Editor.

MONTREAL, APRIL, 1893.


## THE ORIGIN OF AND NECESSITY FOR PRIVATE HOSPITALS.

As our knowledge of diseases has increased, the whole field of medical knowledge has been found to be too large for one human mind to cover; for although one doctor might be a good, all-round man, he could not become especially versed in every department of our art. In fact, medical literature has become much too abundant for anyone to keep himself informed on all that is written, so that certain members of the profession have given up the attempt to do so, and, by limiting their reading and practice to one particular subject, have become experts or specialists in that particular branch. With the advent of the specialist and the division of labor, an immense advance has taken place in every department of medicine and surgery, and diseases which before were abandoned as hopeless because not understood have become easily curable. The specialist began to commit to writing what he had discovered, and in the hour of doubt and difficulty his book was consulted by the general practitioner. The latter was sometimes able to carry out the treatment, and cure his patient, but in other cases this could not be done with the instruments in his possession; and as the case might be one which would never occur in his practice again, he could not afford to purchase them for a single operation. Moreover, the operation might be one which can only be performed fairly well after considerable practice, which the specialist soon obtains, while the general practitioner may never have a second case of the same kind. For his own sake, therefore, as well as the patient's, he sends her to town to be treated by someone who has already had many similar cases under his care. At first the patient went to one of the hotels in the city, where the specialist examined her, confirmed the general practitioner's diagnosis, and forthwith prepared to operate. Though apparently clean, the room was, surgically speaking, filthy; this could not be helped, however; a day nurse and a night nurse were engaged and brought to the hotel to live for a month or more. The administration of ether in a hotel and the moans of the patient gave rise to the just complaints of those who were healthy and came there for pleasure, while the demands of the nurses for sick diet for their patient caused great annoyance to the cooks, so that any hotelkeeper who had once had such a visitor would never knowingly take another. Then, as to the expense: we have known a hotel to charge five dollars a day for the patient and the same for each of the nurses; so that with five hundred and fifty dollars a month in addition to the drug bill and the doctor's bill, the expenses were simply ruinous. Then the specialist, in order to save his patient so much extravagance, tried to take her to a private room in the General Hospital, only to find that that institution was controlled by a staff, who, unlike the members of a liberal profession, have excluded all patients except their own from the benefits of an institution provided by the public at large, and which would rather see the rooms empty than have them occupied by the patients of a confrere not on the staff. With the private wards of the public hospitals closed against him, he was compelled at considerable inconvenience to clear out and render aseptic a room in his own house for their reception, charging them nothing for board but merely what he paid out for nurses. This was all very well when he had only one case, but when half a dozen patients were sent to him at once, the accommodation was insufficient for patients and nurses, and he was compelled to take the house next door to his own or some other house, and fit it up as a private hospital, the patients and

nurses and servants forming a separate family The rent and taxes, nurses and servants, fuel and light made up an expense quite as much as the patient is able to pay, in addition to professional attendance and in comparison with which her sick diet or board was so small that it might be ignored. The specialist can well afford to pay that out of his pocket, and still consider the patient as a free guest in return for the greater satisfaction and lessening of anxiety while the patient is in the hands of his own trained nurses night and day and in close proximity to his own house. In the private hospital everything is done better than it could possibly be at a hotel or private house. It is provided with an ideal operating room, ideal nurses trained for that special work, and the diet, which plays so important a part in the recovery, can be arranged to suit even to the minutest detail the varying requirements of the patients. And, as a matter of fact, the results are far more successful in the private hospital than they were in private houses and hotels.

The above remarks have been written in reply to an editorial which recently appeared in a contemporary, and evidently written by one of the staff who have excluded all patients except their own from the private wards of the public hospital, and who, by calling specialists with private hospitals, boarding-house keepers, has attempted to cast a slur upon such high-minded and noble leaders of the profession as Weir Mitchell and Goodell of Philadelphia, Emmett, Thomas and Mundé of New York, and Gardner of Montreal, who have each found it necessary to place their patients in their own private hospital.

## BOOK NOTICES.

A MANUAL OF MEDICAL JURISPRUDENCE AND TOXICOLOGY by HENRY C. CHAPMAN, M.D, with thirty-six illustrations, some of which are in colors. PHILADELPHIA, W. B. SAUNDERS, 913 Walnut Street, 1892.

This is a volume of about two hundred and twenty-five pages which is beautifully and clearly printed. It embraces essentially the course of lectures on the subject of Medical Jurisprudence delivered at the Jefferson Medical College, Philadelphia, during the session of 1891-92. It is a good students manual, to be carefully read over after a lecture; but where particular attention to the subject is doubted, as suggested by the authors, such standard works as Taylor, Beck and others must be consulted.

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The STUDENTS' QUIZ SERIES. Edited by BERN B. GALLAUDET, M.D., Demonstrator of Anatomy and Clinical Lecturer on Surgery, College of Physicians and Surgeons, New York. Volume 8. Diseases of the Skin, by Charles C. Ransom, M.D., Assistant Dermatologist, Vanderbilt Clinic, New York. Pocket size, 12mo., 192 pages, 28 illustrations. Limp Cloth, $1.00. Philadelphia, Lea Brothers & Co., 1893.

This little work, although similar to several others on the same subject, is still of a very practical character, and will doubtless prove of service to the student and also to the busy practitioner, as it contains many excellent prescriptions for treating the many and common cutaneous affections. Many illustrations are dispersed throughout the little book, and the letter press is well executed.

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THE YEAR-BOOK OF TREATMENT FOR 1893. A Critical Review for Practitioners of Medicine and Surgery. A Series of Contributions by Twenty-two Writers. In one 12mo. volume of 500 pages. Cloth, $1.50. Philadelphia, Lea Brothers & Co., 1893.

This is an excellent little work written well up to date, and is one that every practitioner should have in his library, as he can, by this means, keep himself posted on all the important subjects recently under consideration in the various medical journals. The present edition (the ninth) of this "Year-Book of Treatment" contains two new articles: one is on "Anæsthetics" which is here treated as a separate article instead of being as hitherto included in the "General Surgery" portion. There is also a part of the little volume devoted to a branch of medicine which is daily increasing in importance and scientific accuracy, viz.: "Public Health and Hygiene." Woodcuts dispersed throughout the book add considerably to the value of the work.

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DISEASES OF CHILDREN. A manual for Students and Practitioners, by C. ALEXANDER RHODES, M.D., Instructor in Diseases of Children, New York Post-Graduate Medical College. Philadelphia, Lea Brothers & Co.

This little book forms part of "The Students' Quiz Series," and contains a vast amount of useful and practical information relative to the diagnosis and treatment of diseases in childhood. In compiling the work the author states that many excellent writers on this subject have been consulted, their

opinions compared, and of these only such as were regarded as the latest and the best have been retained. The purpose of this Compend is simply to present a summary of the diseases of Children, and it is trusted that the student and practitioner will fully appreciate that its use is recommended only after a careful reading of the standard books from which its subject matter has been taken.

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BIBLIOTHÈQUE GÉNÉRALE DE MÉDECINE. DR. A. A. CANCALON, l'HYGIENE NOUVELLE dans la famille. Préface du Dr. Dujardin-Beaumetz Membre de l'Académie de Médecine, Médecin de l'hopital Cochin. Prix: 3 francs 50c. Paris: Société d'Éditions Scientifiques; 4, rue Antoine-Dubois, 1892.

Under the form of a series of letters to an elderly lady of the old school, the author gently and clearly breaks down one by one the old ideas of disease, and replaces them by the most modern ones. In the simplest language he explains the most marvellous of the discoveries of modern bacteriology so that anyone can understand them. For the first time we have ever seen it in print outside of the editorials of this journal, the author lays down the fermentation of the yeast plant as the type of all microbe diseases, and shows how the growth of this and similar minute vegetables exhausts certain materials from the liquid in which it grows, and throws off excreta which finally put an end to its own life. His letter on heredity is one of the most philosophical we have ever seen. But it is on the subject of the prevention of tuberculosis that the author makes his greatest point; and no matter how the lady to whom the letters are addressed has been prejudiced by the old ideas on its transmission by heredity, she could hardly read this letter without becoming convinced that the disease is the most infectious one known, and that the only hope of stamping it out lies in the universal knowledge of its transmission by bacilli after birth only. For any of our readers who understand French, a rich scientific and literary treat is in store when they procure this little work.

DR. JACQUES NATTUS. HYGIÈNE DES FIANCÉS, Paris: Société d'Editions Scientifiques, Place de l'Ecole-de-Médecine; 4, Rue Antoine-Dubois, 1893.

To those about to choose a wife on scientific principles this little work will prove of great service, for the author not only gives all the tests for beauty of form and character but also tells what kind of a father-in-law and mother-in-law one should select. Unfortunately very few people do make their choice of a life companion in that way, and it is fortunate that they do not. The old fashioned way of choosing the one they fall in love with and continue to love for a reasonable length of time, has given, on the whole, very satisfactory results.

The author's advice on the subject of honeymoons, which he severely condemns, is very good, and the reasons for doing so are well worth reading. As medical men are often consulted on a question of so much interest to the life-long happiness of their patients it would be well to obtain this small book for consultation.

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THE USE OF THE CURETTE IN UTERINE SURGERY. By A. VANDER VEER, M.D., Professor of Didactic, Abdominal and Clinical Surgery, Albany Medical College, Albany, N.Y. Read at the meeting of the Vermont State Medical Society, Thursday, October 13, 1892, and Medical Society, County of Albany, November 2, 1892.

INTRA-CRANIAL NEURECTOMY OF SECOND AND THIRD DIVISIONS OF FIFTH NERVE. By JOHN B. ROBERTS, M.D., Philadelphia. Reprinted from the transactions of the Philadelphia County Medical Society, 1892.

THE COSMETIC SURGERY OF THE NOSE. Read in the Section of Surgery and Anatomy, at the Forty-Third Annual Meeting of the American Medical Association held at Detroit, Mich., June, 1892. By JOHN B. ROBERTS, M.D., Professor of Surgery in the Philadelphia Polyclinic and in the Woman's Medical College of Pennsylvania. Reprinted from Journal of the American Medical Association, August 20, 1892.

AMBLYOPIATRICS. By GEORGE M. GOULD, A.M., M.D., Ophthalmologist to the Philadelphia Hospital. From the Medical News, December 31, 1892.

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EXTERNAL HEMORRHOIDS. —Anæsthetize the skin and mucous membrane with cocaine, applied on cotton. Pass a finger into the rectum, and inject six times half a syringeful of cocaine solution, 2 per cent., between the mucosa and the cellular tissue around the rectum, avoiding the veins. When complete anesthesia has been produced, introduce a speculum and dilate the sphincter.—*Reclus.*

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RECTAL CANCER.—In certain forms, when the cancer progresses very slowly, and does not completely obliterate the lumen of the bowel, administer purgatives, prescribe lavages of the intestine, and a vegetarian diet. In these cases, the antiseptic medication is applicable, and permits the patient even to grow fat, and to live relatively very well, considering the lesions present.—*Dujardin-Beaumetz.*