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THE
Canadian Medical Review.

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VOL. II.]

TORONTO, SEPTEMBER, 1895.

No. 3

Original Communications.

Traumatic Neurasthenia.*

BY DR. D. C. MEYERS, TORONTO.

THINKING the following case might be of some interest to members of the Association, I take advantage of the opportunity of laying it before you. I am indebted for the case to the kindness of Dr. Gordon, of Lucknow, who brought him to me on March 21st, last, when the following history was taken: C. A.—, age 30, farmer, unmarried. Family history—father dead, cause unknown. Mother decidedly nervous and subject to hysterical attacks. One sister, healthy. No consumption, mental disease or fits in family.

Previous history.—Health always good except for an attack of rheumatism and some grippe. Habits exemplary in every way. He has worked steadily for one farmer for eighteen years, bearing an excellent character.

Present illness began in May, 1894. He was leading a colt by a halter, when it reared and jumped on him, knocking him down. He lost consciousness for a few moments, and on recovering his senses

*Read at meeting of Ontario Medical Association.

the bystanders said he made three or four attempts to rise before he succeeded in getting on his feet. He says he was not frightened in any way at the time ; his only anxiety on recovering consciousness was about the colt, which had run away. He found, however, that blood was running down the side of his head, that there was a large bruise over the left parietal region and that there was a discharge of blood from the left ear. Dr. Gordon dressed the wound and patient returned home. In about three weeks the external signs of the injury had disappeared, but patient was deaf in left ear. He, however, was not well, did not feel himself, was stupid. He tried to work, but was unable to continue owing to his becoming rapidly tired on exertion (muscular asthenia). He persevered, working a little each day until last September, when he had to give up on account of intense pain in left parietal region, his head feeling as if it had been scalded in this part, and for the presence of a band around forehead, both of which symptoms became aggravated if he tried to do anything in a stooping position. He also had a crawling sensation over forehead. He got dizzy, and suddenly rising to his feet objects about him would swim so that he was obliged to catch hold of something to prevent falling. On one of these occasions he actually fell. He never had any aphasia. He has a singing sensation in left side of head. His sleep is bad, sometimes of only two or three hours' duration at night, and then troubled by bad dreams. Bowels are constipated. He has steadily lost weight from 150 pounds last year, to 133 pounds, his present weight. He forgets easily, and to read increases his head symptoms. He has a feeling of formication over forearm and hands, also of legs as high as the knees. He has been growing steadily worse in spite of all treatment since last September, and now gets very depressed. He is so down-hearted and his life is so miserable at present that he wants me to trephine his skull in order to give him relief.

Physical examination shows a well developed man of about five feet nine inches in height, fairly well nourished. His eyes are partially closed, and he has a dull, sleepy appearance. To talk seems a labour to him. His reflexes are normal. There is no marked disturbance of sensibility. Some pain on tapping over left parietal region, and over spinous processes between scapulae. The otoscope shows a scar running across upper side of drum of left ear ; the hearing is very fair, and equal on both sides. The ophthalmoscope shows both discs normal, and the movement of the eye is good in all directions. No nystagmus. He has no paralysis of any muscles. Dynamometer gives, right 67, and left 50 pounds. Urine acid, no sugar or albumen. Pulse 120, small and weak, no heart murmur. Other organs

healthy. I then told Dr. Gordon I considered the case one of traumatic neurasthenia, and said I hoped he would improve with treatment.

March 25th.—Patient complains of singing in left ear, and of increased headache with pressure in the head. His sleep is improving.

April 3rd.—Patient has been steadily improving since last note. The headache is very much better, and the singing in ears less. His sleep is less disturbed and he is brighter. The giddiness is less marked. Pulse slower and fuller.

April 20th.—Patient not so well owing to an exciting afternoon with a friend at the Musee, which increased his headache and depression.

May 6th.—Patient has improved steadily since last note. He now weighs 144 pounds, a gain of 11 pounds since he began treatment. He says if at home he would do some work.

May 27th.—Patient says he feels, to use his own expression, splendid. His sleep is excellent. His pain in head, dizziness and singing in the ears is gone. His appearance is bright and natural. Pulse 80, strong and regular. His former energy has quite returned, and he has gone into business for himself in the city.

The treatment followed consisted of central galvanization at first, followed later by the use of static electricity. In regard to medicine, I gave him sod. brom., arsenic, ergot and strychn. chiefly, at various periods of the case, according to the symptoms. For his sleep I gave him sulphonal. He also had some Hunyadi water. He has done some gymnastics for past month. This case presents some interesting points: Pure Traumatic Neurasthenia is comparatively uncommon. Bouveret, one of the latest French authors, in his monograph on this subject, only relates one case of his own. As you are all aware, Drs. Oppenheim and Thompson sought to give these cases a new name, stating that from their traumatic origin and the tenacity of the symptoms they differed from neurasthenia or hysteria, and proposed as a designation for these conditions, Traumatic Neurosis. This view was disputed by Charcôt, who showed conclusively that the neurasthenia and hysteria of these cases was precisely similar to that arising from any other cause, hence he proposed the name Traumatic Hystero-Neurasthenia. In nearly all the cases related by Charcôt, as well as in those cases I saw in his wards, the hysterical element predominated, from which he believed that hysteria was always or nearly always present in these cases. The absence of the ordinary signs of hysteria in this case, such as hemianæsthesia, paralysis, contracture, disturbance of the field of vision, etc., makes this case the more interesting, since it shows the purely neurasthenic form, which these cases sometimes

assume. I would like to add that to class all these cases of functional nervous troubles which are traumatic in origin under one title, is, I consider, erroneous, since it tends to confusion and increased difficulty in treatment. A simpler and more scientific arrangement would be to designate each case according to its relations to either hysteria or neurasthenia as, Traumatic Hysteria or Traumatic Neurasthenia, reserving the designation of Charcôt for the mixed cases in which the symptoms of both were blended.

Secondly. You will notice that fright, which is so common an accompaniment in these cases, and on which authors lay so much stress, was entirely absent in the case before you. He was leading the colt quietly by the halter, when without any warning it suddenly reared and struck him, and on recovering consciousness his first thought was not for himself, but for the animal which had escaped, so that the emotional effect was scarcely present in this case. Had the accident been preceded by a struggle or a severe fight, the result might have been quite different.

Thirdly. The case is an example of the fact that many cases which were formerly thought only to follow railway injuries may result from the ordinary accidents of every day life. That this impression in regard to the railway accidents persisted for so long a time, since when railway accidents were first written about, little was known of nervous diseases, and it has only been the specialist's work of the last few years which has revealed our present view of the matter. In regard to pathology, Dr. Russell Reynolds, in 1869, expressed clearly the view that certain morbid phenomena, the result of railway accidents, were, to use his own expression, "dependent on idea." Charcôt later took up this view and developed it more fully. Whatever the condition may actually be in hysterical cases does not concern us to-day, but in regard to those of a pure neurasthenic form, such as the one before us, I do not think it justifiable to consider them as "dependent on idea" in any way. I should rather consider them due to a molecular alteration, producing a change of nutrition in the nerve centres, which alteration is as yet invisible with our present means of research.

In regard to treatment, I would like to draw the attention of the Association to the marked effect of Central Galvanization, the improvement being decided from the first few days of treatment.

Notes on the Medical Services of the British, French, German and American Armies.

BY DEPUTY SURGEON-GENERAL G. S. RYERSON, M.D.

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(CONTINUED FROM THE AUGUST NUMBER.)

IV. THE GERMAN ARMY MEDICAL SERVICE.

THE great reputation which the German army made for itself in 1870-71 could hardly have been acquired but for the experience gained in the wars of 1864 and 1866. Hand in hand with the advances made in tactics, mobilization and supply, went the development of the field hospital service, the sanitation of camps and the transport of the sick and wounded. Hence first aid and subsequent treatment reached a stage of perfection not previously obtained by any other army in the field. The chief departure was the furnishing to each soldier a roller bandage and antiseptic pad. How many lives and limbs were thus saved it is impossible to estimate. In the German army the medical officers have equal rank with combatant officers, and are upon a footing of absolute equality with them. The medical division of the German War Ministry has its seat in Berlin, and is headed by a General-Stabartz with the rank of Major-General, who is charged with the general administration of the medical service. Each army corps has a General-Artz or Surgeon-General. Under him are Oberstabartzze, Stabartzze and Assistent Artze, ranking as Colonels, Lieutenant-Colonels and Majors, but divisible into two grades, 1st and 2nd. There are also sub-surgeons and einjahriger, volunteers of one year. The apothecaries form an important branch of the medical service. They are presided over by a Oberstab-apoteker in each army corps. They have the standing of officers but are without relative rank. Bearer companies are not kept on a permanent footing as in England, probably because Germany is not likely to be plunged into little wars at any moment in any part of the world as we are. There are, however, a large number of male attendants maintained in time of peace called "Lazereth gehulfen." They are trained in first aid and minor surgery, and have the rank and pay of non-commissioned officers. In addition there are Kranken Warter, some five hundred or six hundred in number. A bearer company on a war footing consists of 7 medical officers, 1 paymaster, 1 apothecary, 3 officers of the

military train, 6 under officers and 26 privates of the train, 7 tradesmen, 16 under officers and 194 bearers and hospital assistants, in all 261, with 47 horses, 8 ambulances, 2 store waggons, 2 baggage waggons and 1 provision waggon—quite a little battalion of itself. Each bearer company carries 72 stretchers of the new pattern or 56 of the old.

The war strength of the German medical military service is 63 bearer companies, 258 field hospitals and 20 base hospitals, with 2,111 medical officers, 30,000 non commissioned officers and men, 11,000 horses and 2,625 vehicles, being capable of treating and handling an immense army of wounded.

In the Austrian army there are two peculiarities. One is the military bathing and water-cure establishments. They are situated at Baden near Vienna, Schonau, Toplitz, Hof-Gastein, and elsewhere. Some are open to officers only, some to officers and men, and others to men only. The second is the large part played by volunteer assistants, the "Order of Teutonic Knights" and the "Order of Malta," both being similar in aim to the "Order of St John of Jerusalem" in England, which would, if England be drawn into a great European war, be found of the greatest assistance.

V. THE MEDICAL SERVICE OF THE AMERICAN ARMY.

THE great war of the Rebellion found the American army entirely unprepared. The Medical Department consisted of a Surgeon-General, 30 surgeons and 84 assistant surgeons, with no medical corps. On July 22nd, 1861, volunteer surgeons were authorized and assimilated to the regular army staff. Besides the medical officers of the regular and volunteer staff, there was a class called acting assistant surgeons, who were private physicians without commissions, doing duty under pay with the forces in the field and in the hospitals. There were also added a large number of "hospital stewards," who were apothecaries, clerks and storekeepers. Before the war was over the organization of the regular staff had increased so as to consist of 1 Surgeon-General, 1 Assistant Surgeon-General, 1 Medical Inspector-General, 16 Medical Inspectors (Brigade Surgeons) 170 Surgeons. Between April, 1861, and the close of the war there had been employed 2,109 Regimental Surgeons, 3,882 Regimental Assistant Surgeons, 85 Acting Staff Surgeons and 5,532 Acting Assistant Surgeons, so that it will easily be seen that the bulk of the work fell on the volunteers. Of the zeal, efficiency and fidelity of this vast body of medical officers the Surgeon-General in 1865 wrote: "I desire to bear testimony to the

ability, courage and zeal manifested through the war by the officers of the Medical Department, under all circumstances and upon all occasions. With hardly an exception they have been actuated by the highest motives of national and professional pride, and the number of killed and wounded bears testimony to their devotion and duty on the field of battle." Thirty-two were killed in action, 9 by accidents, 4 died in rebel prisons, 284 of various diseases contracted on service. \$47,000,000 were expended on the medical service, exclusive of salaries of commissioned officers.

The peculiarities of the American medical service are as follows: There is the regular army medical staff, being a staff corps and not regimental. With it is the Hospital Corps, similar in function to that of the British Army. Each State has its own National Guard or Militia with its own medical service, which is regimental. There are a few "Red Cross" or staff corps in the States, but they are not numerous. Each State has its Surgeon-General and Medical Directors, these latter being Brigade Surgeons, each battalion an assistant surgeon ranking as Captain, each regiment of two or more battalions, a surgeon ranking as Major. The United States as the result of experience in the war granted the medical officers actual instead of relative rank, so that an officer is "Captain and Assistant Surgeon," which is tantamount to "Surgeon-Captain." In Austria and Canada we are still denied executive rank. Yet we claim to be a progressive country. I will not weary my readers by detailing how order was brought out of chaos during the war; suffice it to say, that while much was accomplished, something remains yet to be done; that while the service is in many ways superior to others it is capable of improvement in some directions.

This concludes the series of articles on the military medical services. They have been written with a view of awakening professional interest in the subject. At a future time I shall write of the past, present and future of the Canadian militia medical service.

BIBLIOGRAPHY.

Proceedings of the Association of Military Surgeons of the United States, 1894.

The Army Book of the British Empire, 1893.

Regulations of the Medical Staff Corps, 1890.

The Armed Strength of the German Empire, 1888.

Handbook of the French Army, 1891.

Military Forces of Austro-Hungary.

Society Reports.

Canadian Medical Association.

THE Annual Meeting of the Canadian Medical Association convened in Kingston, Ontario, August 28th, 29th and 30th. The President, Dr. BAYARD, of St. John, N.B., occupied the chair. The meeting was held in Queen's University.

WEDNESDAY MORNING.

What is the best treatment for Retroversion of the Uterus? This was the title of a paper, by A. L. SMITH, of Montreal. The paper consisted of a statement of how to replace the uterus in cases uncomplicated by inflammatory adhesions, or accompanying tubal or ovarian disease by the knee-chest position. In the more intractable cases where the round ligaments (which were muscular) had become relaxed he recommended the Alexander operation, the technique of which he described. In those cases where inflammatory adhesions were found he considered the operation of ventro-fixation the better way of dealing with the organ. The method of doing this he also described.

The President's Address.—The first item of the afternoon session was Dr. BAYARD's address, the manuscript of which appeared in a beautifully and plainly-written script (which is to be engrossed and kept among the archives), although the venerable president is in his eighty second year. The address was nearly an hour in its delivery, and dealt with live issues throughout. It was listened to with great interest, and excited the admiration of all present. He said that his years were so far spent that honors did not possess the same charm they did years ago, but he no less appreciated the great honor of being chosen to preside over the deliberations of the Canadian Medical Association, representing, at it did, four or five thousand practitioners of medicine, scattered over a country so many thousands of miles in extent. He did not expect the honor and he did not deserve it, as circumstances had prevented his attending many of the recent meetings, such meetings were great educators, both of the head and the heart. It was a great stimulus to its members. It was at such meetings that they could compare the scientific phenomena they had observed in their practices. The progress of medicine was in a great part due to such associations of medical men. The social meeting, too, was a most pleasing element in such gatherings, where the friendly hand-

shake and many expressions of brotherly love were manifested. This spirit of unity was a sign of progress.

The President then spoke of the status of the profession, contending that it should stand second at least among the professions. Its noble work was not sufficiently appreciated. Its portals were guarded by stricter examinations than all others. They were trusted by all classes, they went into the abodes of the sick and, exercising their glorious art, succouring those who were smitten with the breath of pestilence, when deprived of all other friends.

“ Hour after hour each busy day has found
The good physician on his lonely round.”

Its members performed more gratuitous work than all other professions in relieving suffering humanity. It had been asked, Was it right and just that the State and public should allow the medical profession to do their medical charity when it received such scant recognition at the hands of either? It might be safely claimed that the remuneration paid by the State to any of its medical officers would not equal that paid to a third-class lawyer. It was estimated that in London one out of every two persons received charitable medical relief. This great and laborious work was freely given, no plaudits being asked for except Heaven's “ Well done.” When hospitals were State-supported and endowed, and were sustained by pay patients, they should pay their physicians, like members of other professions were paid for services performed. The State had no claim upon them, and it was certain the tax-gatherer did not forget them. In the formation of medical and hospital boards physicians should be included, for who should know better what was needed to be done than they? As an example of the way they were used by Boards the speaker quoted the case of a London hospital Board, which proposed a resolution requiring medical men on the staff to be in their place from 6 to 9 each evening to give advice to those out patients who could not leave their work in time. Good sense prevailed, however, and the resolution did not carry. The doctor denounced the practice of treating at hospital, as pauper patients, those who could easily pay for their advice and medicine.

The next part of the address he reviewed the work physicians were doing in the line of preventive medicine, and the great saving to life resulting from the introduction of sanitary measures. The way medical health officers were treated in the way of remuneration came under the aged doctor's lash. The authorities made provision for grants to railroads, school-houses, and for the improvement of breeds

of cattle, but only doled out a pittance for preventive medicine. The provinces of the Dominion did not spend the one-half of one cent. *per capita* for that purpose. How long was this incongruous state of affairs to exist.

The President then dealt at length with the question of over-education, a subject he had touched on in his address at the meeting in St. John last year, and for which he had been taken to task. He still contended that education was being pushed to the sacrifice of the many school children's health, particularly that of the girls, who were to be the future mothers in this country.

The question of liquor-drinking also came under review; the various methods of regulating it being spoken of. As to prohibition, the Doctor thought that it was an impracticable thing. It had been tried in Eden and failed there. He believed in the establishment of asylums for the inebriate. In speaking of the immense value of the study of bacteriology as a means of diagnosis, he had only to refer to its application to diphtheria. By this exact means it was estimated that only about half the cases that would have been formerly called diphtheria were genuine cases. As the appliances necessary to carry on such investigations were not within the reach of the ordinary practitioner, he recommended the employment of a pathological expert by the State, one of whose duties it should be to carry on this special work.

Another point touched on in the address was the necessity of medical men keeping their knowledge of medical jurisprudence fresh, so as to escape the sorry presentation some of them made in the witness-box.

Physical Training and Development as a Therapeutic Measure.—A paper with this title was presented by Dr. B. E. MCKENZIE, of Toronto. He stated that in view of the remarks of the President on the matter of over-education of girls his paper would appropriately follow; for many of the cases of deformity he had to deal with were of the female sex, and caused by improper training. The first thing recommended in these cases of commencing deformity was to show the patient before a mirror her exact condition, and how much it could be corrected by her own unaided efforts. Encouragement was to be given to assume and maintain the corrected attitude as often as possible. Another feature was the class training of this class of patients—a method much more satisfactory than dealing with the individual separately. The Doctor had found that as a result of the inculcation, self-control and re-education, that the patient was benefited in many ways: the appetite improved, the circulation became equalized and more rapid, and the nervous system much strengthened. The Doctor reported the history of cases.

DR. LOUIS SAYRE, of New York, who was very warmly received, said that he felt it an honor to be present at the meeting. No more important subject could be brought before them than the one Dr. McKenzie had spoken of. The profession generally should have a keener perception of its importance. He was glad that it was receiving the attention it was. Up till recently it had not been attended to at all as it should have been. The nation would go to ruin if attention were not paid to it. The health of the growing generation must be attended to. The poor children, he complained, were packed off to school-rooms and placed in ill-formed seats, with no place for their little feet to rest and no support to the back. This was one of the factors in the production of spinal curvature. This deformity could be rectified without splints or supports of any sort, simply by training.

DR. REGINALD SAYRE, of New York, referred to the astonishing results accomplished by persevering effort with these cases. By this developmental system the effect on the mental system was most marked. He commended Dr. McKenzie's literal curvature stretcher. In some cases support were necessary where the muscles were not sufficient to maintain the body in the correct position, until by training the muscles were able to perform their function.

DR. RODDICK, of Montreal, concurred with the previous speakers as to the value of class culture. He had introduced an idea he had got in Egypt recently—where he had noted there were no cases of spinal curvature due to the custom of carrying water-bottles on the head—of asking the patients, as one of their exercises, to carry weights on the head for a certain time daily.

EVENING SESSION.

The Address on Surgery was delivered by MR. I. H. CAMERON, of Toronto, who took for his subject the recent advances in cranial surgery.

Tumor of the Medulla Oblongata.—DR. J. E. GRAHAM, of Toronto, related the history of a case of tumor of the medulla oblongata. The symptoms pointed to a tumor of the cerebellum. Charts were exhibited showing the position of the tumor. The bibliography of the subject was then gone into.

Removal of the Membrani Tympani and Ossicles.—By DR. BULLER, Montreal. He pointed out that this procedure was applicable to those obstinate cases of middle ear trouble not amenable to other forms of treatment. Histories of cases were given, showing how the

hearing had improved and, in cases where the discharge recurred, how much more easily and effectually its seat could be treated.

Inter-provincial Registration.—The committee appointed at the last meeting of the Association to look into the question of inter-provincial registration expressed their regret that, by the system which at present obtains, a graduate in one province is not free to exercise his functions in all the provinces of this large, but sparsely settled, Dominion. That this condition of things prevents the names of medical practitioners in this Dominion being placed on the British register, becoming thereby British practitioners, is a boon which the Council of Medical Education of Great Britain has more than once signified its willingness to grant; with this end in view, that it is therefore most desirable that a uniform standard of medical education, and a uniform method of examination for the whole Dominion be established. In order to effect this purpose that the Secretary be instructed to communicate with the various provincial councils before the next meeting, asking that each council discuss the position, and appoint one or more delegates to a Dominion committee, for the purpose of adjusting a suitable curriculum to carry out the suggestion herein contained, and that each committee be requested to forward their finding to each of the provincial councils and to the Secretary of this Association before the next annual meeting.

Five Years Experience with the Cold Bath in the Treatment of Typhoid.—Dr. WM. OSLER read a paper with this title. He stated that he had not followed Brandt's method to the letter of giving the plunge bath to all cases. In markedly asthenic cases, in very mild cases, and in those with serious complications the bath was not used. These constituted 58 cases out of a total of 356. In the 298 bathed cases the death-rate was 6.3 per cent.; in the other cases 10.2 per cent. Of course it was not to be forgotten in considering these statistics that hospitals were given the worst cases. In the bathed cases no other treatment was employed except where there was cardiac weakness, when strychnia and alcohol were administered. The diet consisted of milk, or broths and egg albumen. The paper referred to the excellent general effect, as well as the antipyretic one from the use of the baths.

A Skin Clinic was then given by Drs. J. E. GRAHAM, of Toronto, L. DUNCAN BULKLEY and A. R. ROBINSON, of New York. Of the patients presented, one had alopecia areata, two others psoriasis, and a third eczema seborrhœacum. Dr. Graham discussed the diagnostic points in the cases; Dr. Robinson, the pathology, and Dr. Bulkley the treatment.

The members of the Association were then entertained by their Kingston physicians to a seven-hour cruise down the St. Lawrence among the Thousand Islands.

EVENING SESSION.

The evening session was held in the parlor of the Frontenac Hotel.

Operative Treatment of Injuries to the Head was the title of a paper by Dr. A. J. McCOSH, of New York. The essayist gave all the prominent features of the modern method of dealing with the cranial injuries, and reported the history of several interesting cases in which he had operated. Drs. JAS. BELL, of Montreal, GEO. A. PETERS, of Toronto, and W. W. WHITE, of St. John, took part in the discussion.

Address in Medicine was given by Dr. EDWARD FARRELL, of Halifax, and dwelt with the progress made in the different departments of medicine.

Newer Remedies in Diseases of the Skin.—DR. L. DUNCAN BULKLEY read a paper on this subject. The essayist said that he was rather slow in introducing the many newly vaunted remedies for the skin. He liked to stick to the old time remedies. Among the newer remedies to which he referred were resorcin, ichthyol, theol, aluminol, beta-naphthol, europhea, aristol, cocaine and others, pointing out the therapeutic use of each.

Obstinate Dysmenorrhœa.—DR. J. CAMPBELL reported a case in which dilatation of the os was tried, local applications and electricity, but without avail. Finally a laparotomy was resorted to, involving removal of both ovaries and tubes, with complete relief to the patient. The only pathological condition to account for the trouble was a cystic condition of the ovaries.

Hydatids was the title of a paper read by Dr. A. BETHUNE.

The Importance of Early Treatment in Cutaneous Cancer.—DR. A. R. ROBINSON, of New York, presented a paper. The speaker's presentation of the subject was a study of the pathological conditions found in epitheliomata of the skin. Charts were exhibited showing the method in which the neoplasms extended. There was an abnormal proliferation of epithelium. This proliferation was associated with the production of poisons which were injurious to the tissues. Then there was a change in the connective tissue with epithelial invasion by the lymph glands. At the first this cancer was a purely local disease, and progressed slowly, usually by reason of the resistance of the tissues. In this stage it was perfectly curable. It was a matter of regret that general practitioners allowed these cases to run on and on

till it was too late for removal to save the patient. Too often they were dallied with by careless applications of silver nitrate, which only tended to materially aggravate the disease.

Cachexia Strumipriva was the title of a paper by Dr. WESLEY MILLS, of Montreal. It was illustrated by the presentation of two cats with both thyroids removed, and a dog with one-half the thyroid removed some four days before. The dog had passed his worst symptoms and was improving. The cats were rapidly dying. They were greatly emaciated, having no desire for food, consequently they were scarcely able to walk. Tonic spasms of the legs were to be noted. The dyspnoea was marked. The paper dealt with the effects of removal on the blood plasma and upon the leucocytes and red cells. The various theories of the functions of the thyroid were reviewed in connection with blood elaboration.

Thyroid Feeding in Cases of Stupor, by Dr. C. K. CLARKE, of Kingston.—In a number of patients whose histories he gave, the effect was very pronounced, a permanent cure resulting. In other cases it failed. He had given as high as 20 gr. of the extract at a dose.

Hip-Joint Disease.—Dr. LOUIS SAYRE, of New York, gave a clinic on hip disease, presenting two children, one in the second stage, the other shewing the third stage. He outlines his treatment of the disease, when in the first and second stage, to be the fixation of the limb in the position of ease, with extension, keeping the patient quiet in bed during the process of straightening, which might occupy a few weeks; then he would apply any approved fixation splint and let the patient go out into the open air.

Acute Uræmia, followed by Gangrenous Abscesses of the Lung, by Dr. MCPHEDRAN.—The patient was a man aged 52, who gave a history of vesical irritation for two years preceding the uræmic attack, which was sudden and severe. A large quantity of albumen was found in the urine. Free diuresis, diaphoresis and catharsis relieved the condition. Two weeks after a gangrenous odor of the breath was noted, accompanied by slight cough. The sputum was also offensive, and contained elastic fibres. It passed off in a few days, and improvement slowly followed. Evidences of disease showed itself in the anterior surface of upper lobe of the left lung. During the winter he had recurrent attacks of hæmoptysis. The lung gradually healed and general improvement followed.

Ophthalmometer.—Dr. REEVE read a paper, explaining the different parts in its construction, and speaking of its great value in discovering the presence of astigmatism.

Some Proposed Changes in the Canadian Militia Service.—DR. W. TOBIN, Halifax, presented a paper on this subject. It recommended that militia medical officers should receive some instruction in military surgery, ambulance drill and the routine of military medical administration, generally, as would enable them to discharge satisfactorily their duties in the field and in military hospitals. It also advised the formation of bearer companies in localities where regiments were brigaded together, to receive aid in stretcher drill and first aid to the wounded.

SURGEON-COLONEL O'DWYER, principal medical officer of the Imperial forces in Canada, gave his experience of the departmental and the regimental systems, and approved of the formation of bearer companies.

On motion of Dr. J. H. Mathieson, seconded by Dr. Bethune, it was resolved to forward these recommendations to the Government.

Cerebral Tumor.—DR. WEBSTER, of Kingston, gave the history of a case of cerebral tumor in an insane woman, whose mental derangement was due to the presence of the neoplasm.

A Case of Nephrectomy was dealt with by DR. AHERN, of Quebec.

Some Indications for Electrolysis in Angioma and Goitre.—By DR. DICKSON, Toronto.

Hernia of the Vermiform Appendix.—By DR. R. W. GARRATT, of Kingston.

After the usual votes of thanks the Association adjourned.

The members at the close of the session visited the Asylum and the Penitentiary, and were courteously received by the authorities of each.

THE LATEST THINGS IN SURGICAL FADS.—Dr. G. Frank Lydston, of Chicago, in Chicago *Medical Recorder* for August, has an article in which he severely criticizes and condemns the operation of castration for hypertrophy of the prostate. The writer is decidedly of the opinion that the removal of the testes cannot be of much service in bringing about shrinkage of the prostate. But even though it did, the relief might be very slight, as the bladder has become diseased and there is still the inability to empty it fully. In those cases where fibro-adenomatous tumors exist about the neck of the bladder, we cannot expect much from castration. The cases where castration might be of some use would be those of young persons, or an incipient condition of hypertrophy. In such cases the condition can be treated by much less severe methods than the proposed operation. Dr. Lydston thinks that prostatomy and prostatectomy are much more rational methods.

Progress of Medical Science.

The Open-Air Treatment of Hip-Joint and Spinal Disease.

BY W. W. BREMNER, M.D., TORONTO.

Late Assistant Surgeon, Hospital for Ruptured and Crippled, New York.

It is now almost universally admitted that hip-joint and Pott's disease are of a tubercular nature, and that in many cases of these diseases, at some period or other in their course, recumbency becomes a necessity in the treatment. Now, it is not proposed for an instant here to lay down any rules as to what cases need recumbency, but it is desired to lay before the profession a simple method by which recumbency, with any advantage it may have, can be obtained without the counter-balancing evils which attend it when used in the general way by confining a patient to bed.

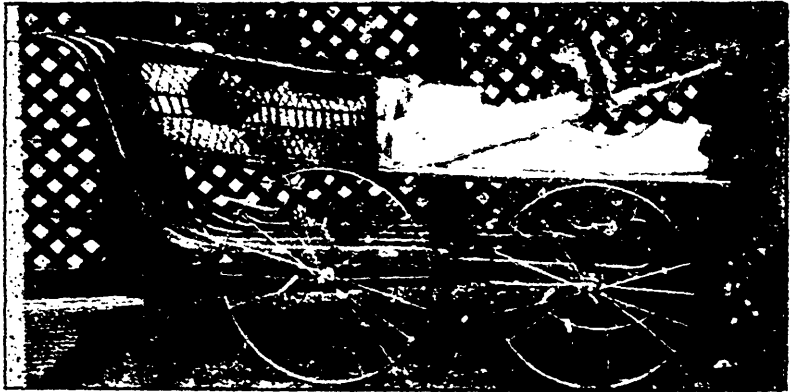


FIG. 1.

A light carriage with wicker-work sides, rubber tires, and well-tempered springs is made of a length suitable for the patient, allowing for at least three years' growth, and it is surprising how a child will grow on such a carriage in the fresh air and sunlight. A frame of hardwood, of a length suitable for the weight of the patient, is then made: good ash (three-quarters by two and a half) is strong enough for a child under five years of age; this frame should fit snugly inside the wicker-work of the carriage and be covered with strong canvas, laced beneath to keep it tight. The canvas can be made in three sections, one narrow in the middle for removal when the bed-pan is required:

a better plan, however, is to use stiff brown paper for the motions and a bottle or small flat dish for the urine, according to sex. An apron, reaching from the axilla to the pubes, is sewed on either side of the canvas, and fitted with buckles to keep the patient in position; in addition, it is well to have leather straps to hold down the shoulders; the most simple way is to tack them on the sides of the frame and let them cross the chest diagonally at the top of the sternum.

The frame can be lifted in and out of the carriage as desired, but in practice it will be found very convenient to keep the patient in the carriage day and night. In warm weather a light, soft quilt under the

patient or a narrow pillow is all that is required. In cold weather a small soft mattress or a couple of pillows should be placed between the frame and the carriage to keep out the cold.

In spinal disease pads of felt should be stitched on the canvas on either side the kyphosis, to prevent undue pressure on the spinous processes. In general, it is best to fit the patient with a suitable brace as well as the carriage.

In all cases of hip-joint disease, and in those of Pott's disease where there is psoas contraction, means are provided for counter-extension by a light but stiff steel bar bent across the frame just above the pubes, and removable at pleasure by unscrewing two bolts to which perineal bands are attached by means of buckles. (See Fig. 2, which represents a child seven



FIG. 2.

years of age with very severe hip-joint disease, in the upright position, which may be given at pleasure and which is very convenient when taking food.) Fig. 1 shows the same child in the horizontal position. In both figures the uprights with cross-bar at the bottom of the frame are clearly shown. These permit of extension being made in the angle

of deformity, which is most necessary in order to avoid great pain. The child shown in figures, when treatment was commenced, had about thirty-five degrees of flexion and twenty degrees of abduction. In six weeks, with only eight pounds of weight, the limb was straight. The bar can be lowered one-half inch every day for a few days, and the splint on which the limb lies abducted a little at about the same intervals. Light boards are fitted on either side of the carriage to prevent the clothes falling out. During the day counter-extension is made by the perineal straps, at night the pressure on the perineum can be relieved by elevating the foot of the carriage.

This method has been tried for over a year in several cases of acute hip-joint disease, with most satisfactory results in every way, especially in regard to the general health. As far as I can find out from the literature at my command, the method is new. It is applicable to both private and dispensary patients, as no difficulty is found in getting most of the dispensary patients to pay a small monthly rent for such a carriage, and even in hospitals it might be used with advantage where there is an open-air balcony or veranda, on to which the carriages could be wheeled.

These carriages are very inexpensive, and can be made by any basinet manufacturer.—*Medical Record*, Aug. 3.

The Profession as Viewed by the Public.

BY C. ELLERY STEDMAN, M.D., DORCHESTER.

[Abstract of an address to the Norfolk District Medical Society, June, 1895. Published by request of the Society.]

THE gravest charge made against the profession and the most widely credited, is that of being abortionists. Let us consider the grounds of this imputation. One of our best men, whom all of us respect and many of us love, was called to a young woman in one of his families, and to his vast surprise found the maiden—whom he had known from her birth—in the throes of a miscarriage. After scolding briskly for some minutes, he proceeded to relieve her of her chorionic encumbrances. As he worked red-handed, an aunt came in, and, rising to the situation, exclaimed, "So you *are* in the business after all!" The rage of the good-hearted and honorable man may be fancied. He now devotes himself to the infernal gods if he ever attends a woman in that trouble again; and if he finds himself caught at the bedside, he abandons the case.

Last winter I was called to assist in a tragic drama. A young wife—who had a child a year old; a devoted and adoring husband; was pretty, lively and agreeable, but spoiled, having never had anything denied her; who had everything to live for—in the absence of her doctor, sought my advice, in dreadful distress, because she was pregnant. On his return she asked his counsel, but would not take it, nor listen to argument, preaching or soothing, but said if we could not help her she would go to someone who had the knowledge and means to do it. She kept her word, alas, and in due time my friend was summoned. She had been, six days before, to an abortionist—a woman—who had inserted a bougie, which remained *in situ* three days; a man came out two or three times to see her. She had not been changed nor washed; the chamber reeked with a fetid odor; pain and chills and fever racked her body, while her mind was wrung with remorse and apprehension. Every resource known to modern science was applied, but in vain, and she died, after an illness of three weeks, in wild delirium. Although it is not required by law that we should report the occurrence of any case of criminal abortion, otherwise than by the death-certificate, the medical examiner was at once notified. He came, and tried to find out the names and address of the criminals; but the husband, to whom the wife had confided them, stoutly kept the secret. The examiner reported that the embalmer had already put in his destructive work, that it would be impossible to identify the malefactors, and that further investigation would only make a noisome and useless scandal. Nothing could be done. I was abused for calling in the medical examiner. The murderess, slapping her pocket, if she had one, with ghoulisn glee, rejoiced and was exceeding glad that she had encompassed her reward, and made us her accomplices. Were we not her accomplices?

I do not suppose that I am alone in the experience of epidemics, the symptoms of which occur in matrons (sometimes spinsters) who come to one's office having reason to dread that they are pregnant. It is odd how such cases come in batches. Their fright, in nine cases out of ten, is groundless. Early in my career I used to prescribe for them small doses of aloes and myrrh. The recipe acted in some by their taking the whole prescription at once, or doubling it, or persisting in its use till their *primæ viæ* were raked as by a brush harrow—with the result in some cases of causing, or coinciding with, a return of the menses. Certain exaggerated expressions of gratitude led me to reflect. I next told such patients that what I gave them would not relieve the amenorrhœa of pregnancy, and exhibited iron, or what was really a placebo. Fewer clients were grateful, but now and then one was

too thankful by half. It is now many years since I have told women thus applying that I would not prescribe for them if there were any reason to suspect pregnancy. If you give medicine to a woman who thinks she is pregnant, and her period returns, nothing will convince her that she was not *enceinte*, that your recipe has not done the work and relieved her of her burden, and she will tell her friends how you have helped her. Who has not been told, when he declined to interfere, that other doctors do it, and the patient will give names of good repute to fortify her statement, which is born of some such practise as I have noticed? Nothing but a point-blank refusal to have anything to do with the case will produce the desired effect; and it is best to add, when they threaten to go to an abortionist, that they must not send for you to supplement his work. They seldom do go if probable consequences—physical, moral and legal—are forcibly presented. But if you do so present them, you may consider your own hands aseptic, even if you have to eat your words and attend the patient after all you have said.

I know of a case, not in this neighborhood, where a physician was applied to by a young lady in one of his choice families who had the best of reasons for believing herself to be in the family way. After recovering from the shock, he deeply lamented the situation, and that professional reasons and legal requirements forbade him to help her out of her dilemma. She then declared that she knew where to go for help. Just how it was arranged I know not; but I do know that she went to the abortionist, that the family doctor engaged a nurse who received her on her return from town, and who, it was given out, was Cousin Minnie from Buffalo, on a visit. The doctor was sent for, assisted in the expulsion of the ovum, everything went off well, no one was the wiser, and miss soon recovered from the grip. I hold, and I hope all here hold, that the doctor, if the story be correctly told, was accessory and accomplice in the abortion. I say I hope; for I regret to add that some of his friends maintain that he did nothing professionally or morally questionable.

A friend of mine found himself wondering how it was that so many cases of miscarriage fell to his lot. He learned later that a well-known abortionist of the day had operated on a woman who had been obliged subsequently to send for my friend. He did his work so well, that the miscreant was pleased to approve, and recommended all his victims to send for him if they needed a doctor. Thus my friend—one of the straightest of our sect—found himself, to his dismay, in association with a man whose neck he would willingly have broken. The partnership was dissolved, I believe, by the death of the senior member.

By such methods are we made the accomplices of the abortionist ; and it is not easy always to avoid the complication. As I have said, some physicians declare that if they find their patient to be the victim of a criminal abortiqn, they leave the house at once. That is virtuous and noble on their part, but what is to become of the patient? Is she to be left to hands that may be less deft and experienced? "Oh, well!" they say, "she has made her bed, and must lie in it ; she shall take her chance." I argue this stand to be wrong. We find a woman suffering and in danger ; our professional honor requires us to succor her or provide a trusty substitute. We are not the judges of her morals, nor are we to execute punishment of her sins. Such refusal only unloads the work, the anxiety, the responsibility, on shoulders which may be less broad, and quite as reluctant, if more sturdy than our own. Because the poor girl has got herself into a scrape, and in her bewilderment or her ignorance—for all such patients have not been warned of consequences—she is not to be left to die, as Dean Swift said he was, like a poisoned rat in a hole, because all skilled men and women will not go near her by reason of their superior virtue. This reasoning does not apply to our friend above mentioned who engaged the nurse, for he was not called in to confront a surprising and unwelcome condition, but had made the road smooth for the abortionist. Nor need it prevent our threatening the patient that we will not attend her, for menace is usually potent enough to prevent the crime. A few more leads in this direction would land us in the position of declining cases of specific disease because of their origin in lapses of virtue, which would be a regrettable loss to science and to our bloated bank accounts, besides delivering the victims into the hands of the advertising hobgoblins.

I do not blame some women for going wild when they find themselves pregnant. A large family, narrow means, a drunken or stingy or surly husband, ill health, may—all or some—make the burden too hard to bear. But though some seem to be almost irresponsible at the time, nearly all are amenable to reason. More than once have I asked a happy mother, who, in the first months of her gestation, had begged and prayed to be rid of her load, What she would take for that baby now? The flash of gladness and the hug of maternal love were answer enough.

If there are any here who have not ignorantly procured an abortion, I congratulate him or her. Twenty-odd years ago I attended a young matron for amenorrhœa. I was particularly careful about vaginal examinations, fearing to do harm if she were in the family way. As she did not gain fast, I sent her into the country. The change of

air and scene, and the absence of household care and worry, did wonders. A monthly period returned, and she came home in renewed health and beauty. Soon afterwards she fell ill again; and in two or three months I was called once more, to find her again amenorrhic. I blamed myself for neglecting thorough examination, and instituted one that afforded me the information that the uterus was four inches long internally. The next morning I was joyfully told that she had miscarried in the night. The case was plain. The country air, and freedom from anxiety had cured the amenorrhea; nature responded by immediate conception; and I spoiled her work by my meddling. The lady was immensely grateful for my services; and to this day I have no more devoted friend, because she was convinced, in spite of all said to the contrary, that the result was owing to my sagacity and friendship—instead of gross ignorance.

The possibility of early and artificial termination of pregnancy seems to be known in other countries in no such degree as in this. This is partly owing to our prudery in regard to the marriage relation and the lack of proper teaching about it by our rulers and governors, doctors, spiritual pastors and masters. I have often wondered how much of the infrequency of criminal abortion in England was due to the comprehension of the nature of wedlock, as set forth in the marriage service of the Established Church, which gives no uncertain sound in its teachings about matrimony. Every woman who is wedded in that country, from the Queen to the poorest peasant, is told (or was told till within a few years) before the altar what the object of marriage is, in language which admits of no mistake. Let me read you a few sentences. The opening address ends with duly considering the causes for which matrimony was ordained. First, it was ordained for the procreation of children to be brought up, etc. Second, it was ordained for a remedy against sin and to avoid fornication; that such persons as have not the gift of continency might marry, etc. Then they sing the psalm about "thy wife shall be as the fruitful vine and thy children like the olive branches round about thy table." And next the parson prays that they may both be fruitful in the procreation of children, and that they may see their children Christianly and virtuously brought up. Not much sickly sentimentality about that. Fancy the pastor of the First Church or of the Old South or the rector of Trinity lecturing a fashionable bride in that strain. How long would he hold his position? All these dreadful things are cut out of the American prayer-book. No Protestant clergyman in this country would refer to the indecent subject of children at a wedding. We all know how the Church of Rome enjoins on its laity to increase and

multiply, and what safeguards she throws around the foetus; and to my untutored mind it seems as if the Roman and the Anglican teachings would not be wholly amiss in our own beloved land.

In *Outre Mer*, Paul Bourget recalls the story of the fashionable lady in New York, who, when told that her friend, married last year, had presented her husband with twins, exclaimed "How vulgar!"

A parish priest, known to many of us by his piety, learning and humor, was applied to by a man whom he had very often relieved, for further alms, and asked him, "How many children have you now, Dennis?"—"Elivin, Father," he replied. "You'll always be poor at that rate; why do you have so large a family?"—"Sure," retorted the beggar, "your riverence isn't the man that 'ud interfere with the will o' God."

But, to return to our facts, we have seen how the abortionists can make us their accomplices—that some of us give or have given to patients, tonics or placebos, after which some women, be they few or many, abort, and that through wrong treatment some may unintentionally induce miscarriage. We consider, too, that few people reflect or reason (only those naturally bright or those who have been trained to think, really reason); and we see how what is called the public forms the opinion that not a few of us practice the "Black Art."—*Boston Medical and Surgical Journal*.

STERILITY OF SERUM.—Nocard (*Sem. Med.*) noticing that blood serum taken with aseptic precautions and kept from contamination sometimes becomes modified, found that this chiefly occurs if the serum is taken after a meal. He investigated the question, and found that serum taken from an animal is almost always sterile, but that chyle is rarely so. As a rule, three or four hours after a meal a considerable number of bacteria are present in the chyle, and the numbers vary directly as the amount of food given.—*Med. and Surg. Reporter*.

AMERICAN STERILITY.—The obstetrician finds his vocation among American women disappearing from the face of the earth. It is a fact that the American family with more than one or two children is the exception. From the records of six generations of families in some New England towns it was found that the families composing the first generation had on an average between eight and ten children; the next three generations averaged about seven to each family;

the fifth generation less than three for each family. The generation now on the stage is not doing so well as that. In Massachusetts the average family numbers less than three persons. In 1885 the census of Massachusetts disclosed that 71.28 per cent. of the native women in that State were childless. The census of 1885 in the State of New York shows that twenty-five per cent. of the married women of that State are childless, fifty per cent. average less than one child, and seventy-five per cent. average only a trifle over one child. Southern California has fully as dark a record as New England—that is, in the family where the man and wife are both American born. It goes without saying that the medical profession in this country is composed to a great extent of typical progressive Americans, and I ask you to make mental statistics of the children in the families of the physicians in southern California and you will find very few of them containing more than two.—Dr. Walter Lindley, in *New York Medical Journal*.

OVER-OPERATING IN GYNECOLOGY.—There can be but little doubt in the minds of conservative physicians that at the present day the pendulum of practice has swung somewhat too far in the direction of the operative treatment of the diseases of the female generative organs.

. . . We should never by any consideration of either personal credit or the credit of surgery, be led to forget that the welfare of the patient comes always first. For all conduct and decision not founded on the great principle that the profession exists for the good of the public, and not the public for the profession, is fraught with the greatest harm to both.—*Boston Med. and Surg. Jour.*

INDICATIONS FOR INDUCTION OF ABORTION.—Absolute indications: (1) Uncontrollable vomiting of pregnancy; (2) Incarceration of the gravid uterus; (3) Obstruction of the pelvic outlet by tumors or exudates; (4) Progressive and pernicious anæmia; (5) Grave chorea. Relative indications: (1) Great contractions of the pelvis with the conjugata vera below 5 ctm.; (2) Pulmonary emphysema with signs of degeneration of the heart; (3) Nephritis, especially with eclampsia; (4) Chronic heart disease; (5) Other general diseases of the mother which jeopardize her life at the time of delivery. A conjugata vera of 6 ctm. and advanced pulmonary tuberculosis should not be regarded as indications for abortion. It is not just to sacrifice a future life for one that is "certainly lost."—JEFFE, in *N. Y. Med. Record*.

Editorials.

Exophthalmic Goitre.

Few diseases have attracted more attention than this one. Its symptoms are so pronounced and distressing, and its pathology so obscure, while treatment has yielded such poor results, that many have turned their search-light on this malady.

In a recent number of the *Boston Medical and Surgical Journal*, Dr. J. J. Putnam once more reviews what we know about this trouble, and recalls to mind, or suggest what we do not know. It must be confessed after reading the very able article of Dr. Putnam's, that what we do not know, far exceeds what we do know. Yet his paper is hopeful; and, while it shows how little we really know, it also shows that we are finding out something about it, and the day may not be far off, with new methods of research, before the door shall fly open.

The writer speaks of the two main theories—the nervous and the toxic. He states that it is very natural to look to the nervous system, especially the medulla, for an explanation of this disease. In this mysterious region we have the centres controlling the heart, respiration, vaso-motor action, the digestion of sugar, and the action of the sympathetic nerve system. Again, lesions of the medulla give rise sometimes to emotional disturbances that seem to create a connection with Grave's disease. Experimentors have succeeded in causing, by injury to the medulla, many of the features of the disease.

But, in the face of all this apparent presumption, the medulla theory is not proved, and is not probable. In many cases of Grave's disease no lesions have been found in the medulla; and in others the changes in this portion of the nervous system have differed widely. It may be said that this theory is disproved because it is not adequate to explain the vast array of symptoms that claim our attention.

The theory that seems at present to hold the lead is the toxic. This is a good word to speculate with. How the poison acts, or what it is, or whence it comes we do not know. We only theorize. There are some strong arguments in favor of this view.

1. Thus many cases pass into myxædema as the thyroid becomes diseased, and the two diseases may be found in the same family.
2. It has been noticed that when thyroid preparations are given in myxædema, many of the symptoms of Grave's disease appear, such as rapid pulse, feverishness, diarrhœa, loss of flesh, excitability. Also when thyroid preparations are given to persons in health similar

symptoms often occur. 3. There are some points of contrast in these diseases. In Grave's, enlargement of the thyroid, in myxædema atrophy. In one a rapid, in the other a slow, pulse; in one a fine, warm, perspiring skin, in the other a thick, cold and dry skin; in one there is irritable weakness, in the other a slow, dull, mental condition. 4. The removal of a portion of the thyroid gland is often productive of much good in Grave's disease. Other methods of reducing it, such as injections of iodine, and electrolysis are also useful. On the other hand, thyroid preparations are useful in Grave's disease. 5. While thyroid preparations injure Grave's disease, thymus gland preparations have been found helpful. Children do not have Grave's disease. This may be due to the existence of the thymus. 6. The changes found in the thyroid gland in Grave's disease are such as would give rise to excessive secretion.

• This theory assumes three main forms: (a) That thyroid secretion is secreted in excess; (b) that it is altered in character; (c) that it fails to neutralize other poisons in the system. The supporters of these views have advanced their arguments with much force. It must be admitted that none of them alone seems to be the universal cause of Grave's disease. We must wait for further light on the functions of thyroid gland before we decide for or against any one of these views.

The Canadian Medical Association.

THE meeting of the above association, held in Kingston last month, was a delight to every man who attended. The papers read were full of scientific interest, and showed, in most cases, long and careful preparation. The presence of Louis Sayre, of New York, and his son, of L. Duncan Bulkley, of A. R. Robinson, of J. McCosh was a most pleasing feature of the meeting. Their papers and discussions were highly appreciated, and added greatly to the success of the meeting. The meeting was characterized by an overflow of cordiality, friendship and good nature. The entertainment could not have been exceeded. The afternoon and evening trips among the Thousand Islands were greatly enjoyed by the visitors.

The matter of inter-provincial registration, which has come up for discussion for twenty years past without being forwarded very much, was discussed again. The step decided on, as will be seen by our report, is one, we believe, that is of a practical nature, and we hope the object in view will be consummated speedily.

Is the Profession of Medicine Crowded?

WHAT is crowding? One doctor to one thousand of the population is a fair average supply for the demand sufficient to ensure a man a living. In Toronto there are 190,000 people and about 350 doctors, or one medical man to about 540 citizens. Again, how many of each 540 inhabitants are hopelessly unable to pay for the services of a physician, or receive treatment almost gratuitously, as for example, members of a club, or are dead heads, as, for example, the majority of the clergy, or who can and will not pay, in evidence of which, accumulated ledgers full of bad debts are always present with us. So that the number 540, may reasonably be divided by two.

The same state of affairs exists in every city and town in Ontario, and is probably worse in the United States, where, at least in some States, the public are not protected from unqualified practitioners. If the profession were not over-crowded, would we see the sorry spectacle of medical men advanced in years, who ought to be taking life and its cares lightly, filling positions of responsibility and fair emolument, struggling with each other for the office of lodge physician to a society of laborers for one dollar or even seventy-five cents per man per annum; or would industrial insurance companies be able to claim the services of competent physicians to visit, inspect and report on their cases for the ridiculous sum of 25c per man? These are a few of the evidences of overcrowding, and could be multiplied.

It is said on reliable authority that there are not more than nine physicians in Toronto making over six thousand dollars a year in practice, and that 40 per cent. of the practitioners in this city do not collect a thousand dollars a year. We think we have shown reasons for believing the profession of medicine to be full to overflowing; and we doubt very much if it is not cruel and a great wrong on the part of anyone to advise young men to enter its ranks, unless he be one of the rare individuals blessed with a competency, or one whose social position will advance him without the usual "weary waiting."

The Jury System.

ANYTHING that has the history of centuries behind it, as has the jury system, is sure to become deeply grounded in the usages and confidence of the people, and to resist all attempts at its abolition. The jury was established by the good King Alfred, who is also credited with founding a college at Oxford, over whose door is inscribed the

words Alfredus Rex Fundator. In the days of Alfred there was no constitutional law. The rights of citizens had not been defined. There were no statutes. The state of society was then wholly different from now. On one hand was the feudal lord, on the other the vassal. Should the more powerful of these be pursuing the weaker, it can readily be understood how the judgment would go. It was with the view of protecting the weaker, and stamping out lynching and the ordeal that Alfred founded the jury system.

During all these centuries many changes have taken place. Law on all questions of citizenship has been the subject of much thought and many enactments. It is true that the jury have to deal with facts; but who has witnessed a lengthy trial before a jury without coming to the conclusion that, with the facts, there is too often a vast amount of theory, and that, not seldom, the theory carries the day.

Take a jurymen fresh from the farm. Put him into the jury box and keep him there day after day for say one or two weeks, shut him up in his bed-room at night, crowd fact after fact upon him, then follow this by the theories of expert witnesses, by the lengthy arguments of the counsel on both sides, and by the charge of the judge, and we mistake not if this jurymen is not a good deal at sea. Many witnesses are untruthful. It requires some skill in discerning that a given person is lying. This, many jurymen wholly lack, and consequently a very erroneous conclusion may be arrived at by such a jurymen. But facts are sworn to by one witness that contradict facts sworn to by another witness. Surely, under such circumstances, the trained mind of one or more judges would be a safer guide than that of a jurymen who has never before been concerned with more complicated questions than those arising out of his daily avocation of the farm or the bench.

But the many outside considerations that may influence a jurymen must be taken into consideration. He may have his mind made up before the trial at all. He has been following the case as it is detailed in the public press, and has come to the conclusion that such and such is the true view to take. Then there is the danger of the jury being tampered with. Some may be inclined to attach little weight to this; but it does not do to come to conclusions too hastily. It is well known that the attempt to corrupt the jury has often been made, and has unfortunately too often succeeded.

Further, the psychological condition of the jurymen must be considered carefully. The counsel on one side has spoken. The counsel for the other takes the stand. He shows in a most eloquent manner that the arguments of his learned friend are not sound, that he has misquoted law, that he has misunderstood the witnesses, that he is

plac'ng a meaning upon facts that these facts will not justify, and that his theories are scientifically wrong—all of which are safe things to assert to most jurymen. Then this latter counsel appeals to the prejudices, the ignorance and sympathies of the jury. His swaying motion and steadfast look at the jury, and the ringing sound of his voice, practically accomplish the work of suggestion, call it mesmeric or hypnotic if you will. Suggestion plays a wide role in the daily life of the human being. Here is a most fertile field for it. The weak mind and unstable nervous system of a sentimental jurymen is sent out with such a powerful impression made upon his mind that he does as he has been told in the last appeal. Whatever judgment he had of his own, he loses during the trial. He is the creature of the most powerful appeal, especially if that be the last made to him.

Dr. Atherton.

WE regret to have to announce the departure of Dr. Atherton from the city at a very early date. He is returning to Fredericton, New Brunswick, to practice his profession, and hopes to be able to secure in that city a scope for his special work, viz., surgery.

Toronto can ill-afford to lose a man so eminent in his profession as Dr. Atherton, who has been at the top in abdominal work in the city during the ten years he has lived here. He has been particularly successful in abdominal hysterectomies and in operations for appendicitis.

We understand that the doctor will have the management of a hospital in Fredericton, and that he intends, in addition to that position, to do consultation work in surgery.

INTERNAL SECRETIONS.—Dr. Schaefer, of London (*British Medical Journal*, August 10th), chose this subject for his address at the British Medical Association. The address is an able one. The position is taken, and well maintained throughout, that the internal secreting organs, the thymus, thyroid, pituitary, kidneys, suprarenals, liver, are forming materials of great potency; and that these act upon the body and modify its growth, health and nutrition. When these organs become diseased, or are removed very serious consequences follow to the health of the individual. Certain products that ought to be removed, on the one hand, and certain products that ought to be formed and added to the blood, have their effects. The whole field of glandular secretion is bound to yield great results, as our knowledge of physiology increases. Diseases such as acromegaly, Grave's disease, Addison's disease, may yet find their true explanation in some derangement of one or other of these glands.

LAVAGE.—To introduce the tube to lavage the stomach in a bed-ridden patient, who is unable to sit up, the *Philadelphia Polyclinic* says it is better to turn the patient slightly on the side, so that if there is vomiting the fluids may readily run out of the mouth. The tube should never be retained in position while the patient is vomiting, as it may cause the entrance of the vomited material into the larynx.

CHYLOUS AND ADIPOSE ASCITIS.—Dr. A. E. Edwards, Chicago, in his paper in *Medicine* for August, thinks that many of the cases recorded in the older works of lymphorrhœa were of a pyogenic or tubercular nature. The milk-like discharges in puerperal women are most likely of pyæmic origin. The causes for dilated lymph vessels are filaria, adenitis, lymphatic obstruction. Lymphocele is increasing in frequency. The existence of chyle in the pericardium is very rare. Chylothorax is more frequent. Of this condition about twenty cases are known, and some sixteen of these arose from direct trauma to the thoracic duct. The peritoneal cavity is more frequently than any other serous cavity the seat of chylous effusion, chyloform, oily, lactiform or adipose ascitis. There have been about ninety such cases placed upon record. The rupture that causes some of these cases may occur in any part of the lymphatic system, as the thoracic duct, receptaculum, lacteal vessels, lymph gland chylous cysts. Chylous ascitis means effusions chyle. Adipose ascitis means effusions with a considerable percentage of fat and no chyle.

CANCER OF THE BREAST.—Dr. Herman Mynter, Buffalo, in *Buffalo Medical Journal* for August, remarks that much improvement has taken place in the operations for cancer of the breast. Grass and Agnew taught that they had never cured a case, but Halstead claims a cure in 94 per cent. The main advance is in the direction of early operation. When the lymphatics are affected the cancer elements soon extend into the pectoral muscles. It is a mistake to suppose that all the lymphatics pass through the axillary glands. There is a network of lymphatics over the pectoral muscles. It is not sufficient to remove the tumor and the glands in the axilla. Kuster then advocated cleaning out the axilla in all cases. Volkmann thought the fascia ought to be removed from the pectoral muscle. Halstead and Willy Meyer now advise that the tumor, the pectoralis, major and minor, and the glands in the axilla be removed. By this means the disease is often eradicated. In all cases recurrence should be operated upon early with the knife, provided the constitution has not become tainted.

DISEASES OF THE SECOND SUMMER OF CHILDHOOD.—Dr. R. H. Goodier, Hannibal, August *Medical Review*, divides the causes into the following: 1. Bad sanitary conditions are very liable to give rise to serious trouble with the digestive organs. Bad air, impure water and filth will contaminate the system with diseased germs. 2. Extreme heat is a very potent factor in causing diseases of the digestive organs. Great heat prostrates the energies, and renders the child liable to pathological changes. It is also an important factor in deranging food supplies. 3. Improper feeding is a common source of summer diseases with children. This may occur as over feeding, under feeding, or impure feeding. During the second year care should be taken on these points. 4. Dentition may give rise to serious trouble, and influence the condition of digestion very much. The three main points in the treatment of gastro-intestinal trouble in children are the evacuant, antiseptic and tonic. The intestinal should be cleared out, and the diarrhoea feature must be taken as a guide for treatment. Antiseptic medication, such as salol, bracic acid, glycerine, bismuth, etc., are useful. The tonic treatment consists of all means to build up and conserve the energies. Pure air, pure water, proper food, and plenty of outdoor life are the mainstays of tonic and restorative measures.

STATE-AIDED VS. VOLUNTARY HOSPITALS.—“The 63rd Annual Meeting of the British Medical Association opened in London. Among the interesting subjects under discussion was that of “State-Aided *versus* Voluntary Hospitals.” Dr. Knowlesley Sidley read a paper on the subject. He contended that the chief evils of the voluntary system are extravagance, frauds, over-crowding, and the abuse of the system by patients able to pay. In conclusion, he said that the system was decidedly inferior to the State-control system. He moved that hospital doctors ought to be paid by the State. The motion was well supported, but was rejected by a small majority.” The above cutting from the public press, with reference to the question of “State-Aided *versus* Voluntary Hospitals,” shows the trend of medical opinion at the present time. Medical men are awakening to the fact that they are not only giving to the poor to a greater proportionate degree than to any other class of men, but also that they are being constantly imposed upon by those who are able to pay for treatment but who prefer to obtain relief by entering hospitals intended for the poor only. Though we wish our confreres of the British Medical Association success, we feel that it will be a long time before the public will be sufficiently enlightened and liberal to show appreciation of the services of hospital physicians and surgeons by offering pecuniary rewards.

MEDICAL COUNCIL.—A large and representative meeting of medical men from various sections of the Province was held in this city on Friday to discuss the recent action of the Medical Council, made known by the circular of its Registrar, with regard to the re-assessment of the annual fee and the reinstatement of the coercive clauses of the Medical Act. Although no steps looking to the enforcement of the annual fee can, under the Act, be taken until after December, 1896, still a large section of the profession is already astir, and is making preparations to resent that which is regarded by some of them as an injustice. All present agreed that with strict economy upon the part of the Council, and the early removal from its shoulders of that ever increasing burden—the Council building—there could be no necessity for the profession being pressed for money. Comments strongly condemnatory were made in regard to the scheme upon the part of some of the members of the Council at its last meeting, worked through the Council's banker, that further accommodation could not be given the Council except the annual assessment was made, which, doubtless, was intended to do duty in conveying an impression that the Council could not pay the sessional indemnity unless the assessment by-law was carried. The following resolutions were submitted and unanimously adopted: "Whereas the Medical Council, contrary to what was expected from some of the territorial representatives, judging from a perusal of their several addresses when seeking election, has decided to retain the Council building, to assess back taxes against the profession and re-enact section 41 A, known as the penal clause for the coercion of payment; and whereas this course, in the opinion of this meeting, has been unnecessarily adopted, and in defiance of the well known wishes of a large and influential section of the profession, be it therefore resolved, that so soon as any member is proceeded against by the Council for non-payment, with the view to the erasure of his name from the register, the necessary measures be taken to have the questions as to the responsibility for the financial loss resulting from the building, the alleged misappropriation of the funds of the college, the constitutionality of section 41 A and the legality of its retroactive application, indicated by the Registrar in his recent circular, tested in the courts, and that a committee of not less than ten be now appointed to take the necessary steps to meet the case." A representative committee was then appointed. The following resolution also was passed: "And it is further resolved that we, members of the College of Physicians and Surgeons of Ontario, here present, do not accede to the demand made in the circular issued by the Registrar of the Medical Council." The meeting then adjourned subject to call.
—*The Globe*, Aug. 26th.

Personals.

DR. ROGER of this city has removed to Ingersoll.

DR. WILLIAMS, West Toronto Junction, has removed to Bracebridge.

DR. J. N. E. BROWN is taking a pleasure trip through the Maritime Provinces.

DR. SINCLAIR, late of the Toronto General Hospital, is practising in Gananoque.

DR. KENNITH MCILWRAITH has removed from Hamilton to College Street, Toronto.

Items.

SENATE ELECTIONS UNIVERSITY OF TORONTO.—The following are the names of all candidates who have been nominated by the graduates in medicine, and who alone are eligible for election by the graduates of Toronto University and the University of Victoria College: Drs. J. E. Graham, W. H. B. Aikins, A. H. Wright, L. McFarlane and Mr. I. H. Cameron.

NEW BRUNSWICK MEDICAL SOCIETY—OFFICERS ELECTED.—President, Dr. G. E. Coulthard, Fredericton; 1st Vice-President, Dr. J. P. McInerney, St. John; 2nd Vice-President, Dr. Murray Maclaren, St. John; Treasurer, Dr. Foster Macfarlane, St. John; Secretary, Dr. McNichol, Sussex; Cor. Secretary, Dr. T. D. Walker, St. John; Trustees, Drs. Boyle Travers, J. W. Daniel, W. W. White.

OFFICERS ELECTED CANADIAN MEDICAL ASSOCIATION.—Dr. J. Thorburn, of Toronto, as President; Dr. Small, Ottawa, Treasurer; Dr. Starr, Toronto, General Secretary. Vice-Presidents: Ontario—Dr. Fife Fowler, Kingston; Quebec—Hon. Dr. Marceil, Quebec; New Brunswick—Dr. W. W. White; Nova Scotia—Dr. Wm. Tobin; Manitoba—Dr. Chown, Winnipeg; North-West Territories—Dr. Butt, Calgary; Prince Edward Island—Dr. Tranburton; British Columbia—Dr. McKechnie. Local Secretaries: Ontario—Dr. Jno. Mathieson, St. Mary's; Quebec—Dr. McCarthy, Quebec; New Brunswick—Dr. Christie, St. John; Nova Scotia—Dr. Jones, Halifax; Manitoba—W. J. Wilson, Winnipeg; North-West Territories—Dr. McDonald; British Columbia—Dr. W. H. Richardson; Prince Edward Island—Dr. H. D. Johnston.

MARITIME MEDICAL ASSOCIATION.—This society met at Halifax on July 3rd, Dr. A. P. Reid, of Halifax, presiding. Only routine business was transacted. The officers elect for 1896 are: President, Dr. R. H. A. McKeen, Glace Bay, C.B.; 1st Vice-President, Dr. J. F. McDonald, Hopewell, Pictou; 2nd Vice-President, Dr. C. A. Foster, Bridgewater; Secretary-Treasurer, Dr. W. S. Muir, Truro, N.S. The next meeting will be held at Sydney, C.B., on the first Wednesday of July.

Miscellaneous.

“WORDS of cheer are words of help; words of gloom are words of harm. There is a bright and a dark side to every phase of life and to every hour of time. If we speak of the bright side, we bring the brightness into prominence; if we speak of the dark side, we deepen its shadows. It is in our power to help or hinder by a word any person with whom we have any dealings. A look or word can help or harm our fellows. It is for us to give cheer or gloom as we pass on our way through life, and we are accordingly responsible for the result of our influence.”—*Ex.*

A GENERAL FEELING OF BUOYANCY.—Dr. J. M. Reese, of Phillipsburg, New Jersey, reports an interesting case as follows: “Miss N—, school teacher, came under my care in April. Anæmic, nervous system very much depressed by reason of extra work and the strain attendant upon preparing for the annual examination. She was suffering from sub-acute laryngitis, the vocal chords relaxed. She would not give up her work, which required great exertion of the vocal organs. I used a course of tonics and other customary remedies without giving relief. I then put her on maltine with coca wine and she responded promptly. The hoarseness disappeared and she has improved constantly ever since she began to use this preparation; her general condition improved in every respect; increase in weight was marked and she often spoke of a general feeling of buoyancy. It appears to me that we can always depend upon getting good results in this class of cases from maltine with coca wine. The tonic and sustaining effect of the coca, added to the diastasic properties of the maltine, makes it just exactly what we need in so many diseases of modern life.”