

Technical and Bibliographic Notes/Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for filming. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of filming, are checked below.

L'Institut a microfilmé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de filmage sont indiqués ci-dessous.

- Coloured covers/
Couverture de couleur
 - Covers damaged/
Couverture endommagée
 - Covers restored and/or laminated/
Couverture restaurée et/ou pelliculée
 - Cover title missing/
Le titre de couverture manque
 - Coloured maps/
Cartes géographiques en couleur
 - Coloured ink (i.e. other than blue or black)/
Encre de couleur (i.e. autre que bleue ou noire)
 - Coloured plates and/or illustrations/
Planches et/ou illustrations en couleur
 - Bound with other material/
Relié avec d'autres documents
 - Tight binding may cause shadows or distortion along interior margin/
La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure
 - Blank leaves added during restoration may appear within the text. Whenever possible, these have been omitted from filming/
Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été filmées.
 - Additional comments:/
Commentaires supplémentaires:
- Coloured pages/
Pages de couleur
 - Pages damaged/
Pages endommagées
 - Pages restored and/or laminated/
Pages restaurées et/ou pelliculées
 - Pages discoloured, stained or foxed/
Pages décolorées, tachetées ou piquées
 - Pages detached/
Pages détachées
 - Showthrough/
Transparence
 - Quality of print varies/
Qualité inégale de l'impression
 - Includes supplementary material/
Comprend du matériel supplémentaire
 - Only edition available/
Seule édition disponible
 - Pages wholly or partially obscured by errata slips, tissues, etc., have been refilmed to ensure the best possible image/
Les pages totalement ou partiellement obscurcies par un feuillet d'errata, une pelure, etc., ont été filmées à nouveau de façon à obtenir la meilleure image possible.
- Continuous pagination.

This item is filmed at the reduction ratio checked below/
Ce document est filmé au taux de réduction indiqué ci-dessous.

10X	12X	14X	16X	18X	20X	22X	24X	26X	28X	30X	32X
						✓					

THE
Canadian Medical Review.

EDITORIAL STAFF :

W. H. B. AIKINS, M.D.,
Physician to Toronto General Hospital.

A. B. ATHERTON, M.D., J. H. BURNS, M.D.,
Surgeon to General Hospital, Fredericton, N.B. *Surgeon to St. John's Hospital for Women*

J. FERGUSON, M.D.,
Physician to Western Dispensary.

ALBERT A. MACDONALD, M.D., G. STERLING RYERSON, M.D.,
Gynaecologist to Toronto General Hospital. *Oculist and Aurist to Toronto General Hospital.*

ALLEN BAINES, M.D.,
Physician to Hospital for Sick Children.

VOL. V.

TORONTO, FEBRUARY, 1897.

No. 2

Original Communications.

Clinical Notes on Hysterectomy for Large Fibroids.*

By J. F. W. Ross, M.D.,

Gynaecologist to Toronto General Hospital, St. Michael's Hospital and St. John's Hospital for Women, Professor of Gynaecology in Women's Medical College and Lecturer on Clinical Gynaecology in Toronto University.

At the meeting of the Southern Surgical and Gynaecological Society held at Richmond, Va., in 1891, I advocated total extirpation of the uterus for large fibroids and outlined a method of procedure. On November 3rd, 1891, I carried out this procedure and performed the operation of total extirpation of the uterus in a young woman in the Pavilion of the Toronto General Hospital in the presence of the Superintendent, a body of students and house staff. The operation was performed as originally outlined.

The patient was placed in Trendelenburg's position, the tumor was drawn out of the abdomen, the ovarian artery was ligated on each side, the small artery running to the round ligament was ligated on each side, the uterine artery was ligated on each side, and a clamp

* Read at meeting of Toronto Medical Society.

applied after splitting down the broad ligaments. I thought at that time that it was wise to use a clamp as a temporary precaution against hæmorrhage. After the application of the clamp the tumor was removed, and as a consequence the pedicle was dealt with more readily than if the tumor had been left in situ. Eastman's staff was then passed up into the vagina and cut down upon from above. A ligature was then placed around the base of the broad ligament on each side and the cervix was entirely removed.

Dr. Eastman, of Indianapolis, was the only operator on this continent, to my knowledge, who had, previous to this date, performed the operation of total extirpation of the uterus for the removal of large fibroid tumors by this or a similar method. Younger operators have endeavored to steal the credit of the operation from Dr. Eastman, and have, as is often the case, entirely ignored the work done by others. It is a pity to see men engaged in scientific work quarrelling over trifling matters of priority. No doubt many operators in other countries have been doing this work along new lines, and have not received a single idea from those who set themselves up as the originators of the so-called "my method." Idols are set up for worship, and the medical journals are used for protecting them. I desire to report three cases in which the method of operation has been somewhat modified.

Case 1. Miss B., aged 39, suffering from large multinodular fibroid. Operation performed October 30th, 1896, in the Pavilion, Toronto General Hospital. I opened the abdomen in the median line and drew out a large fibroid tumor attached to the right uterine cornu. Another tumor attached to the side of the body of the uterus was also drawn out; this was smaller than the first.

First step. The ovarian artery was felt for and tied off together with its accompanying veins on each side, and a pair of forceps placed on the tumor side to prevent regurgitation of blood from the tumor. The round ligament not appearing prominent in this case it did not require ligation. The uterine artery was then ligated en masse on each side after carefully outlining the bladder. The tumor was then removed. The stump left continued to ooze, and this is the point to which attention should be carefully directed, namely, that in spite of ligation of the round ligament artery, ovarian and uterine arteries, the stump will continue to bleed and the bleeding may be of such a quantity as to prove serious. *The cervix being small, I passed a needle through its centre from before backwards, and ligated it in two halves with an interlocked stout silk suture.* This at once controlled the hæmorrhage. The vagina was not opened. The

peritoneal edges were then brought across the stump and *the ligatures drawn out through the abdominal wound*. A glass drainage tube was placed in the cul-de-sac of Douglas. Some hours after blood began to come through the drainage tube. I felt uneasy; the ligature no doubt had cut into the uterine tissue, and as a consequence had become somewhat loosened and permitted the tissue to bleed. It was fortunate in this case that a drainage tube had been placed. Had this not been done I am satisfied the patient would have lost her life. She made an excellent recovery. The ligatures came away in three weeks. In passing the silkworm-gut sutures two were passed through the stump of the cervix to hold it close beneath the incision.

Case 2. Miss R., aged 42. Suffering from a large fibroid tumor of the uterus. Operated on November 24th, 1896. Opened the abdomen in the median line. Found it necessary then to enlarge the opening very much so that finally it extended from the symphysis pubes to four inches above the navel. A great deal of difficulty was experienced in drawing the tumor forward. After it was drawn forward sponges were immediately placed in the abdominal cavity and the upper part of the incision, as far as the navel, was closed with silkworm-gut sutures. The ovarian artery on the right side was ligated and another ligature was placed on the tumor side to prevent regurgitation of blood from the tumor. The uterine artery was then ligated after the limitations of the bladder had been carefully made out. The uterine artery could be felt pulsating beneath the finger. The round ligament artery was ligated on each side, and the peritoneum over the front of the tumor split to permit of retraction of the bladder. The left ovarian and uterine arteries were then dealt with in the same manner. It was difficult to find the left uterine artery owing to the fact that a lobule of the tumor was growing down into the base of the broad ligament. The uterus was now removed, except the supra vaginal portion of the cervix. Again in this case there was still bleeding from the pedicle, notwithstanding the fact that both uterine, ovarian and round ligament arteries had been carefully occluded in ligatures. *The cervix was transfixed with a needle and tied in two halves by an interlocked stout silk suture*. The peritoneum was then stitched over the stump, and *the ligatures were drawn out through the lower portion of the abdominal wound* and the stump was fastened close beneath the incision by two of the silkworm-gut sutures passed through it and the abdominal wall. A drainage tube was placed in the cul-de-sac of Douglas. In this case after some hours, a considerable amount of blood was removed through the drainage tube, though the tube was perfectly dry for

some time after the operation. I am satisfied that the ligature on the cervix loosened its tension by cutting through the tissue, and blood was allowed to escape as a consequence.

Case 3. Miss C., aged 42. Diagnosis, fibroid tumor. One fibroid with pedicle felt freely movable in the abdomen and the tumor behind the uterus fixed to the pelvis. This fixation evidently due to old inflammatory adhesions due to puncture. Had been treated with electricity for some time. Electro puncture used, but not by me.

Operated on in the Toronto General Hospital, January 13th, 1897. Opened abdomen in the median line. Tumor drawn out of abdomen and found growing from fundus of uterus on the right side by a pedicle about as thick as two fingers; another tumor growing down in the pelvis found to be adherent to the pelvic walls and the rectum. Rectum peeled off for considerable distance. Omentum also adherent and peeled off. Adhesions bled freely but were clipped with forceps. Tumor finally drawn out. It was decided, owing to these adhesions, that it would be necessary to perform hysterectomy. The ovarian artery on the right side was ligated on the distal and proximal side and cut between. The uterine artery was then felt for. Peritoneum, with the bladder, was slipped down off the face of the tumor. Then tied off the left ovarian and the left uterine arteries. The tumor was now removed and I still found some oozing from the uterus, especially on the posterior part of the stump. *Transfixed this and tied in four sections.* Adhesions were then tied with silk ligatures and a drainage tube placed in the cul-de-sac of Douglas. Two sutures were passed through the wall and through the stump, and stump fastened beneath the wound. *Ligatures drawn out in front.* Wound closed with silkworm-gut sutures. Sterilized starch and acetanilid gauze dressing.

Since performing these three operations, and finding the ease with which the ligatures can be removed, I began to think that perhaps in all cases the ligatures should be brought out through the lower end of the abdominal wound instead of through the vagina. To cut these ligatures short and leave them on tissue that is liable to slough, can scarcely be considered a good procedure. In one case in which I left the ligatures, one of them worked its way through into the rectum, and during this process caused considerable rectal tenesmus and hæmorrhage. Other operators have removed such ligatures from the bladder. I saw one operator remove a stone from the bladder, the centre of which was a silk ligature that had been placed on the pedicle of an ovarian tumor by another surgeon two or three years before. After the removal of pus tubes we frequently

find ligatures extruded through the drainage tube tract. This is, no doubt, due to the fact that the ligature is placed upon material that is already infected. In the two cases just reported there was very slight irritation produced by the presence of these ligatures. In one case no pus was found, in the other there was a very slight discharge of pus from the track of the ligatures. In other cases in which the ligatures have been drawn down through the *vagina* they have apparently become readily infected, and have produced considerable offensive vaginal discharge, notwithstanding the fact that iodoform gauze has been drawn through the opening with the ligatures.

The *entire* removal of the uterus can be accomplished by making the opening from above on to a uterine sound passed into the vaginal fornix behind the cervix uteri. The vaginal arteries should be ligated. It is from them that dangerous hæmorrhage may occur subsequent to operation. On account of the hæmorrhage that is liable to occur after transfixion of the stump of the cervix, I intend for a time, at least, to return to my former operation with the exception of the disposition of the ligatures. The cervix will be entirely removed, the vaginal opening closed, and the ligatures brought out through the lower end of the abdominal incision. This method of dealing with the ligatures will accomplish two objects, namely, the prevention of shortening of the vaginal canal; and secondly, a cleaner and readier removal of the ligatures. In all cases a drainage tube should be placed in the cul-de-sac of Douglas, and should be left for several days.

In an article on total hysterectomy for large fibroids, Le Bec describes the method he has adopted. He still holds to the vaginal disposition of the ligatures. I have tried this method and found it unsatisfactory. The method just advised of drawing the ligatures through the anterior abdominal wall may perhaps be equally as unsatisfactory, and a time may come when some material equally as reliable and more absorbable than silk may be found with which the pedicles can be tied; then the ligature element of total extirpation of the uterus will be a thing of the past.

If a single ligature applied for the removal of an ovarian cyst can produce trouble by working its way into the bladder, it is reasonable to suppose that five or six ligatures placed to control hæmorrhage subsequent to the removal of the uterus and left in situ, will increase this danger five or sixfold. The ligature may become a source of irritation long after the patient has left the surgeon's hands. He may never be made aware of the fact that the patient has been much inconvenienced by his silk knots.

Society Reports.

Toronto Clinical Society.

THE regular meeting of the Society was held in St. George's Hall, Wednesday evening, January 13th, 1897. President Dr. Allen Baines in the chair. Fellows present: Temple, Strange, Ryerson, Aikins, Pepler, Fotheringham, Anderson, Strathy, Baines, Brown, Graham, Spencer, King, McDonagh, Burns, Primrose, Grasett, Cassidy, Wright, Bingham.

Dr. W. H. Pepler was appointed Treasurer *pro tem.*, in the absence of Dr. Walker, who has removed from the city.

A case of Lacerated Perineal Wound, with Death from Sepsis.—Dr. Primrose read the history of a case. The patient was a little girl aged twelve, admitted under his care into the Children's Hospital, October 25th, for a lacerated wound of the perineum. Six days before she had fallen astride of a picket fence. The external sphincter was torn and the wound extended forward to the right labium, which was very much swollen. The child was in great pain. The temperature was 100°. The next day when he saw her the temperature was 101° and the pulse 100. Pain only upon examination. The next day the patient was operated upon, being the eighth day since the wound. The wound did not penetrate deeply. It had split the anterior wall of the rectum, extending to some depth into the perineum and through the vaginal wall. The abscess was opened in front. Pure cultures of the streptococcus were found. Iodoform gauze was passed up into the wound and boracic acid poultices applied. Next day the pulse was 96 and the temperature 100°. The swelling subsided. Two days after the operation the patient complained of pain in the abdomen; evening temperature 100.2°; was somewhat restless. Next day temperature 102°, pulse 138; evening temperature normal, pulse 120. Wound was dressed and a dose of calomel was administered. Child vomited some yellow fluid. The urine passed involuntarily. Pain in abdomen increased; morphia administered; great thirst. Temperature fell to sub-normal. The abdomen was not much distended, but was tender on palpation. Ten c.c. of antistreptococcic serum were administered. Vomiting persistent. Subsequently three other doses were given. After these doses the child seemed to rally from the almost collapsed state it was in. Salines per rectum and

hypodermically over the chest were given. Rectal enemata were also given during the later stages of the case. For the last two days no serum was obtainable. Death ensued. Post mortem.—There was a gaping wound in the right labium two inches long. The perineum was practically absent. There was greenish yellow pus in the peritoneal cavity. Pus was also found on the dorsal aspect of the sternum. There was a clot in the right ventricle. The heart muscle was pale and mottled. There were old pleuritic adhesions. There was a tubercular nodule in the right apex. The glands at the root of the lung were enlarged. The stomach was adherent to the liver. The spleen was pale and granular. The right lobe of the liver extended to the iliac crest. Section showed the liver pale and fatty. Looking into the bladder, which was normal, the end of the urethra was found to be gangrenous. The rectum was gangrenous one inch from the anus. The intestines were distended with gas. No communication could be found between the perineum and the peritoneum. The doctor adverted to some of the more interesting points in connection with the case. He thought the serum did some good in prolonging life. In looking into the sparse literature of the subject he had found one case of an acute septic peritonitis and metritis successfully treated with the serum.

Mr. J. J. Mackenzie was invited to discuss the question. He said : The case was one of great interest to me, as it was the first opportunity I have had of administering the antistreptococcic serum. The first work in connection with this kind of serum was done in the Pasteur Institute by Marmorek. The results were published and a short account of some cases of erysipelas in which it was used. There was little in the clinical notes that would allow one to judge of the value of the serum. The serum was got by inoculating horses with a virulent culture. The horses would take larger and larger doses until 200 c.c. were reached. It looked as if a condition of immunity had been established in the horse. Marmorek's work was not confirmed by Petrowsky, of Berlin. The work in connection with the anti-streptococcic serum presents this difficulty. Bacteriologists have confused the various forms of poisons secreted by micro-organisms, and have spoken of the toxines as substances very similar to one another. They have extended the results obtained in diphtheria and tetanus to other diseases. As a matter of fact, there are two sorts of poisons produced by these organisms. First, a soluble poison, similar to the toxine of diphtheria, excreted by the germs. But in addition to these there is a poison associated with the bodies of the germs which is eliminated at their deaths. This latter toxine has an intense necrotic

action upon the cells. In diphtheria this is of little importance because the germs are thrown off very rapidly, and the poison will not pass into the system. In streptococcic and staphylococcic cases, the germs are practically in closed cavities, and instead of being thrown off are continually absorbed. We might get an antistreptococcic serum which would counteract the soluble toxins and be of service in the case if administered early, but it would not have any effect on the latter named poisons. In the successful case referred to by the reader of the paper I am doubtful if the serum had any effect. There would be a greater difference in the character of the antistreptococcic serum than there would be in the diphtheritic serum, as the streptococcus varies so tremendously in its virulence. So to get an active serum, it would be necessary to get an exceedingly active culture. Marmorek's serum was so virulent that he claimed a single organism introduced into a rabbit would kill it in seventeen hours.

Dr. Primrose pointed out that not only was there a difference in the toxins produced during life from those produced by the death of the germs, but that the action of the serum of those administered in cases of infection from the streptococcus was different in its action from that of the diphtheritic and tetanic serum: the antistreptococcic serum was germicidal, while the antidiphtheritic was not germicidal.

Dr. Temple asked if there were any indications for section and drainage of the abdomen.

Dr. A. A. Macdonald said that bearing upon the clinical value of antistreptococcic serum the communication of Dr. John D. Williams, as it appears in the *British Medical Journal* of October 31, 1896, ought to be considered. Though fourteen cases of severe puerperal septicæmia were reported, and though an amelioration of the symptoms followed the injections of the serum, the general results did not seem to be any better than what one would expect from local treatment by the use of rigid antiseptic methods combined with the ordinary general treatment commonly employed. Two of the cases proved fatal, and after the post mortem, Gaulard attributed death to the use of too much serum, viz., 10 c.cm. of serum (Marmorek) on the fourth, fifth, sixth and seventh days after confinement.

There appears to be a marked difference in the strength of the serum, as 60 c.cm. of British Institute serum were injected in one case in three days, and 85 c.cm. in another case in two days, both recovering. The British Institute of Preventive Medicine fixes the initial dose at 20 c.cm., to be followed by another 20 c.cm. if the temperature has not fallen. In view of the unsettled state of scientific opinion at the present time, it is well to be cautious in the use of

these serums, which, though they seem to produce beneficial results in some cases, are followed in others by high temperatures, erythematous rashes, and even death. He thought as good results could be obtained by the old method of treatment by removing the source of infection.

r. Primrose said that the signs of peritoneal invasion did not occur until so late a stage in the case that operation was not advisable. Not only might as good results be obtained from other methods of treatment as by the serum treatment in these cases, as the last speaker had held; but there was proof that the antistreptococcic serum did injury by producing the second toxine spoken of through the death of the germs.

X Rays on the Blind.—Dr. G. S. Ryerson said that with the assistance of Dr. King he had made some observations of the effect of the X rays on the blind, having heard and seen that such cases had been able to see through the use of the rays. Some of the subjects were only partially blind, and others totally. In one case the eye was gone entirely. After a most careful examination they noted that those in whom there was some degree of perception of light, and also in those who could to some degree perceive bodies, the X rays were visible. Those who were absolutely blind had no perception of light whatever.

Cardiac Murmurs.—Dr. J. E. Graham presented a heart. The patient had four murmurs before death—a direct and regurgitant aortic, a pre-systolic mitral and a systolic mitral. The aortic valves were badly degenerated, the result of syphilis. The mitral pre-systolic murmur, according to Flint, was due to the fact that the left ventricle never became free, there being always a certain amount of blood in it, the blood preventing the mitral valve from coming in contact with the wall; the segment of the valve being kept a little towards the centre of the chamber, when the left auricle contracted the blood would be driven over this prominent portion of the valve and the murmur produced. It was different in the heart shown. It was pointed out that when the chamber was dilating one of the segments was drawn over by one of the shortened chordæ tendineæ, the blood passing over which produced the murmur.

Röntgen Rays.—Dr. E. E. King then gave a demonstration of the Röntgen rays. He described the method of production of the electricity and the various apparatus needed to produce the ray. Many excellent skiagraphs were then shown representing various normal and abnormal conditions. The Fellows, with the fluoroscope, were able to examine their own and their fellows' osseous framework and numerous articles separated from the tube by intervening objects.

Refreshments were then served, after which the Society adjourned.

Toronto Medical Society.

THE regular weekly meeting of this Society was held in the Council building, January 15th, W. J. Wilson in the chair.

Osteomyelitis of the Femur.—Dr. F. N. G. Starr read a paper on "Osteomyelitis of the Femur," presenting mounted specimen. The patient, aged three, had come under his care in August last. Five weeks before, had complained of pain in the left thigh. There was no mark or injury. Physician consulted at the time recommended the application of tincture of iodine. After ten days, in which there was no improvement, a second doctor was consulted, who opened the leg, evacuating pus from an abscess. The femur was found to be largely denuded of periosteum. The lower epiphysis was separated. Drainage was made. As medical attendance could be made only at long intervals, and the nursing was bad, the case did not do well. The child was brought to Toronto. Temperature, 102; pulse, 140; respirations, 48, the patient was weak, anæmic and emaciated. Signs of distress and suffering were marked. Under an anæsthetic the shaft was found free, the epiphyses were separated, and a malodorous discharge exuded from the opening. The bone was completely riddled. After removal and irrigation, the cavity was loosely packed. A second abscess on the dorsum of the foot was opened, scraped and irrigated. Within a few days an abscess formed on the left leg, but was not connected with the bone. The staphylococcus pyogenes aureus and albus were found in this last opening, while in the former the bacillus proteus and an occasional staphylococcus were found. The child finally succumbed. The essayist pointed out that an early and correct diagnosis was most important in such cases, and an early operation by free incision desirable. He advocated the method he had used of removing the bone by first dividing the shaft into two segments, because it required only a small opening and caused less laceration and contusion. A point of interest in the case was the absence of the staphylococci from the medulla. Perhaps, he said, they were present, but owing to their confinement they had been destroyed by their own toxines.

Dr. A. Primrose spoke of the difficulty of early diagnosis in these cases. He found fault with the present classification of inflammatory diseases of bone. He reported several cases of this disease in which the early diagnosis was exceedingly difficult.

Dr. Oakley asked if the same antiseptic precautions were necessary in these septic cases as in ordinary clean cases.

To this last question the reader of the paper answered emphatically in the affirmative.

Aneurism of the Aorta.—Dr. J. Webster presented an aneurism of the aorta. The patient was a young man, strong and athletic. There was no specific history. In January, 1895, he began to complain of pain in the chest. The speaker saw him about a year later and diagnosed the condition, and ordered that he should be kept quiet; but these orders were disobeyed. He helped to lift a stove, after which the physical signs and symptoms were very much aggravated. On taking rest, and under treatment, he became considerably better, but again transgressed and was sent to the hospital. The tumor was large and perceptible, the sternum bulging out a great deal. The patient died about a month after leaving the hospital. At the post mortem the sternum was found to be eroded and the tissues suffused with blood. The aneurism and the aorta were filled with clot. It had ruptured through the skin in the median line of the neck.

Dr. Webster showed a second specimen. It was diagnosed a carcinoma of the pylorus. There were the usual symptoms found with stenosis of the pylorus. Post mortem.—The cancer was found to involve the pyloric end of the stomach, but not the pylorus itself, there being healthy tissue between the cancer and the pylorus. The neoplasm was circular in shape.

Ectopic Gestation.—Dr. J. F. W. Ross presented a specimen of unruptured ectopic gestation and read clinical notes on Hysterectomy for Large Fibroids. (See page 39.)

HEMORRHAGE IN THE VULVITIS OF CHILDREN.—Comby (*L'Union Médicale*, October 31st, 1896) warns students of medical literature against too implicit belief in reports of menstruation in infancy and childhood. The ordinary vulvo-vaginitis is sometimes accompanied by distinct hemorrhages, and in cases of hæmorrhage in children of two, six, and eight years of age, Comby found that the diagnosis of metrorrhagia or precocious menstruation was quite wrong. The blood did not come from the uterus, nor even from the vagina. Around the meatus urinarius were free vascular granulations, and the most gentle touch set up bleeding. All three children were subject to acute vulvitis with purulent discharge. This malady was cured by weak injections of permanganate of potassium and cauterization with a one in fifty solution of nitrate of silver. The above-described condition of the meatus seems identical with Broca's "prolapse of the urethra in childhood."—*British Medical Journal*.

Editorials.

The Proposed Petition to the Legislature.

A COMMITTEE of the Council have prepared a petition which they are asking the members of the profession to sign and send to the Legislature. Let us examine and see what are its prayers.

1st. It asks that the Legislature shall not amend the Medical Act without first submitting the bill to the College of Physicians and Surgeons. Do the committee think it is either wise or politic to ask the House to set aside its undoubted powers in order to consult a body of gentlemen who are never of one mind as regards the interests of the profession? Does not this paper say in effect to the members of the Legislature, you are not capable of judging as to what is best for *our* profession? Have the Council any reason to complain of the care of the profession's interests shown by members of the House who are medical men? Is not this request liable to bring them into direct opposition to the Legislature?

2nd. The Council ask to have full control of premedical education. What has been the experience of the past? The Council set an examination for matriculation which was absurd, for the reason that this particular standard must be passed, no matter if the matriculant had passed a year or more at a university. Consequently the universities protested, and the Minister of Education took the pre-educational standard out of the hands of the Council. This being the fact, this request is something of an impertinence on the part of the Council.

3rd. The restoration of the medical tariff is prayed for. Of what use was it? Does anyone know anybody who abided by it? Did it prevent twenty-five-cent fees? Has the experience of the past year shown that we need it? Was it not a guide to judges in suits for recovery of debts rather than to the profession, and are we not just as likely to do as well before the courts now as formerly? We think we are.

4th. The increase of penalties against charlatans will naturally meet with support by the profession, but it will not meet with favor by the members of the Legislature, because of the cry against close corporations and so forth. It seems to us that this petition is a tactical blunder, and will do more harm than good.

The medical members in the House can be relied upon to guard our interests. The disposition on the part of the Council to instruct the Legislature what it is not to do, will in the end react prejudicially upon the Council.

Have a Case Book.

EVERY doctor should have a case book in which to enter the history, at greater or less length, of every patient who may come under his care. At the end of the day, when he is making his day-book entry, a few extra moments will suffice in which to jot down the salient points of his cases. During his examination at the bedside he should take careful mental notes, if not manual, keeping in view his later transcriptions. The process will make him more careful and painstaking in his diagnosis (and who is there who could not be improved?) and give a greater zest to his reading. Beside, at the end of one year he will have in his possession many valuable clinical facts preserved in such a way as to be of future service to himself and available at any time for presentation to his confreres through his society or in the medical journals.

The Bicycle.

THE bicycle has come into general use among city physicians. The country practitioner, especially where the roads are good, is also finding it a splendid conveyance for urgent calls, or for use when his faithful horse is tired. We believe most medical men who have adopted the new means of transit confess to increased robustness from its use when judiciously used. The machine should be kept in thorough repair, well cleaned and oiled. The seat should be adjusted as not to press unduly upon the perineum, should not be too direct above the tread, and sufficiently high from the pedals to allow almost complete extension at the knee. The mistake, a common one, of pedalling directly up and down instead of in a circle should not be made. Whether the handle-bars be high or low, the back should be kept straight, flexion taking place at the hips instead of in region of the lumbar, dorsal or cervical vertebra. Few doctors need this direction except to be passed on to their patients who are devotees of the wheel. Indeed, they err often in the other direction—of sitting up too prim, and with elbows partly flexed appear as if holding

the electrodes of a battery, or as if lifting the front wheel off the ground. With the handles in such a position as to allow, by leaning forward, of a transference of part of the body weight to the front of the wheel the rider will be able to alternate his posture occasionally, which, if there be some distance to cover, he will find a very grateful change.

The Medical Council too Large and too Expensive.

DEAR SIRS,—I send you \$1 for your magazine. I hope the magazine may continue to denounce the Medical Council, as it is too large and too expensive. It is a huge octopus strangling the College to death.

We reproduce the above letter from a physician practising in a country town in Ontario, which is, to say the least, very suggestive, and which in no uncertain way expresses the feelings of a very large number of the medical electorate throughout the Province.

While we take exception to the statement that we “denounce the Medical Council,” which this journal has never done, nor does it intend or desire to place itself in a position of antagonism to the Medical Council as a legislative body dealing with matters pertaining to our profession; yet we agree with the writer in his view that the Council, as at present constituted, is unnecessarily large, and very much too expensive.

An editorial from one of our staff, in our last issue deals with the former difficulty, and it must rest with the members themselves to lessen the expense of the annual meeting of the Council, which doubtless can easily be done if the proper spirit of economy is shown.

It appears from the yearly statement of the Treasurer that very little attention to economy has been manifested in late years. The profession of Ontario is not disposed to begrudge members of the Council a fair recompense for their time and ability; but the accounts, as rendered, for hotel expenses, mileage to and from Toronto, and daily pay to members, will scarcely repay investigation, and will in some cases do otherwise than redound to the credit of the individual member. We would advise the gentlemen composing the Medical Council that the eyes of the practitioners who send them there are being pretty widely opened to all they do, all they say, and all they justly earn.

Malpractice Suits.

OF late we have been treated to some interesting suits against members of the medical profession, for the recovery of damages for alleged improper treatment.

A short time ago, Dr. H. Wilberforce Aikins had an action brought against him to secure damages on account of his attendance of a case of sore eyes in an infant. He successfully resisted the claim; and succeeded in proving to the court that the treatment he had pursued was all that could be desired. We now congratulate him on his plucky fight in this case.

Just the other day Dr. J. H. Cotton, of Toronto, had an action fought out in the courts. The plaintiff, a woman of about 35 years of age, sued the doctor for \$5,000 for what she claimed was improper treatment. The doctor's defence was thoroughly satisfactory to the court, and a verdict was given for the defendant.

In addition to the above other actions are threatened, but we feel quite confident that when the defendants appear in court they will be able to give a good account of themselves.

The one feature about these cases that strikes us as of much importance is that a doctor should be subjected to so much annoyance and expense to prove that he was right. We regret to say that many of these suits are nothing better than ordinary blackmail. If the doctor would offer a sum of money they would never appear in court. Such suits should be fought out. There are lawyers who are only too willing to take charge of cases, however doubtful these cases may be, and advise their clients into legal proceedings, as a pure speculation.

We think the time has come when the medical profession should regard themselves as bound to resist those claims; and when a determined effort should be made to obtain such a modification of the law as to compel the plaintiffs to give reasonable security for the costs of the action. These would certainly shut out speculation cases.

These unpleasant actions may be sprung upon any member of the medical profession. We know of a case where a highly honorable and able practitioner of Toronto was threatened for some time with a suit for malpractice for intubating a child dying with diphtheria. It might be a good move to establish a defence fund under the management of a responsible strong committee of medical gentlemen. This united effort would deter foolish litigation.

Antistreptococcic Serum in Puerperal Septicaemia.

JOHN D. WILLIAMS, M.D., in *British Medical Journal*, October 31st, gives a few notes of clinical value on the use of antitoxic serum in the treatment of puerperal septicaemia as met with in private practice, with records of six cases as treated by the serum, observed by himself and his colleagues; also a series of eight cases collected from literature. We notice that all of the fourteen cases were severe; that there were two deaths. The labor was instrumental in six cases; lingering in one. In all the placenta came away easily and completely.

Perineum, torn and not sutured in four cases; torn and sutured in two cases; uninjured in one case. Lochia, scanty in six cases; suppressed in two cases.

The use of constitutional agents, combined with local and instrumental treatment, was tried in all cases before the serum injections were resorted to, for a period varying from two to fifteen days.

Following each injection of the serum, the previously hot, dry and inactive skin passed into a state of moisture and active perspiration, the parched lips and dry tongue became moistened, suppressed lochia, and lactation reappeared, delirium, insomnia and restlessness passed off into a refreshing sleep, from which the patient awoke feeling better in body and clearer in mind. In three cases, however, no benefit appeared from the injections. He states that though puerperal fever may be independent of streptococci, in the majority of cases it means infection of the genital canal, and ultimately of the whole system with the streptococcus pyogenes. It is in this class of cases only that the serum is of value.

The strepto infection is at first essentially a local disease; it is later that it becomes a blood infection. Therefore, local treatment, antiseptic douches, and curettage cannot be dispensed with, but must be carried out in conjunction with the serum, which comes into play when the germs have passed into the circulation by annulling their action and toxin, and obviating the organic degenerations which are beyond our control.

We only hope that the great value claimed for this plan of treatment may bear the test of time, but must remark that reliance cannot be placed upon opinions based on such a small number of cases. We observe that the injections did not ward off all its effects, for we note mention of bilious vomiting and diarrhoea, patchy pneumonia and an erythematous rash as some of the symptoms due to or at least

following the injections. Different kinds of serum were used, so no comparison of dosage can be made. After all, though such good results are claimed, we cannot eliminate the two fatalities.

We may well ask the question as to whether there has or has not been any improvement upon the recognized plan of attacking the disease in its seat of inception by the most thorough antiseptic measures, and pushing the active general treatment.

It is surprising to note the number of cases in which the torn perineum was left to take care of itself. Can it be possible that there are men engaged in midwifery practice who do not know that such tears should always be repaired at once, thereby closing a common avenue for infection? Would a general surgeon allow a tear through the lip to gape open? No! Then why should a tear in another part of the body be neglected?

We will look forward to the publication of more cases treated by the antistreptococcic serum, and can only hope that they may be encouraging enough to win for the serum a lasting place in our esteem.

A. A. M.

The East Indian Problem.

FAMINE is raging in India. According to the *British Medical Journal*, some thirty-seven millions of people are in a state of real famine, while some forty to fifty millions are in scarcity of the requisite amount of food for ordinary health. This is certainly a serious condition of things, and one that may tax the energies of the British Government both at home and in India to the utmost. One thing is certain, these sufferers must be helped, or the most terrible consequences of disease and rebellion may be experienced.

In Bombay the Bubo plague is spreading, and very virulent in type. This disease appears to be of two forms. One, a polyadenitis, going on to suppuration and rapid death; and another form, much milder, known as the "ambulatory plague," with less adenitis, or even no buboes. Great pressure is being brought to bear upon the British Government to prohibit the pilgrimages this year to Mecca. This, however, would be a serious interference with a religious belief of the Mohammedans, and might give rise to wide-spread discontent or insurrection. It would seem as if it would be impossible to prevent these Meccan pilgrimages. The Government should establish a system of guarding the route of these pilgrims, so as to avoid the spread of the plague into other countries. The oriental, or bubo

plague, is of slow progress, and travels from one locality to another tardily. This gives the authorities a fair chance to cope with it, if active measures are instituted at the commencement. If, however, it gets a good start, it is sure to run its fearful course.

The influence of British rule has had the effect of vastly increasing the population in India. This great increase of population is not without its dangers. For one, it renders it much more difficult to provide ample supplies for all, and increases the risk of famine, in the event of a failure in the crops.

DR. SANGSTER'S reply to Dr. Williams was received too late for insertion in this issue. It will appear in next month's REVIEW.

A CORRECTION.—In the last issue it was stated that the Chatham Medical and Surgical Society will meet on the *first Wednesday* of each month. This should read the *second Thursday*.

OUR esteemed contemporary the *Practitioner* has made a discovery, to wit, there is a grave doubt about the respectability of any medical journal that costs anything less than \$2 a year. How about a journal that charged \$3 until competition compelled it to come down to \$2, and double its reading matter at that? Was the respectable third dollar honestly earned?

THE USE OF ALCOHOL AND TINCTURE OF HAMAMELIS AS AN OUTWARD APPLICATION IN CANCER OF THE BREAST WITH ULCERATION.—Everyone knows the difficulty of keeping a cancerous surface clear and free from odor. After trying a number of the ordinary antiseptic powders, lotions, and dressings of various kinds without satisfaction, having observed the beneficial effect from interstitial injection of alcohol and its application to the ulcerating surface in cancer of the uterus, I have recently tried it, combined with tincture of hamamelis, in cancer of the breast, and find that it lessens ulceration and bleeding, and relieves the itching, which is sometimes annoying. It also helps to prevent the dressing from sticking; by its use the offensive odor can be removed. Pieces of cheese cloth, dipped into the alcohol, are applied directly to the ulcerated surface, absorbent cotton pads being laid over this, and a band applied. The dressing has to be changed once or twice a day, according to the amount of discharge.

A. A. M.

DISEASES OF INFANCY AND CHILDHOOD : CLINICAL OBSERVATIONS ON DIETETICS OF INFANCY.—A clinic lecture thus entitled, reported in Dunglison's *College and Clinical Record*, was delivered by Dr. E. E. Graham. He held that there would be a phenomenal increase in population of preventive measures for the saving of children were properly carried out, 25 per cent. of all children dying before they are five years of age. The doctor should impress his patient favorably and remember the general difference in dosage, with some special differences. He has three difficulties to overcome: the infant's silence, its terror, and the lack of a reliable history. In obscure cases the mouth and fauces should be examined. Conditions to be specially remembered in children were: the fragile bones, the nervous system, and the inability of the digestive organs to digest ordinary table food. The essayist at this juncture presented a patient suffering from infantile atrophy, the signs of which were pointed out. For this condition he recommended the following formula, modified as required :

Cream.....	3 fluid ounces.
Milk	2 " "
Water.....	10 " "
Lime-water	1 " "
Milk-sugar.....	6½ drachms.

In addition, daily injections of saline solution, one tablespoonful to the quart, were given hypodermically at 100° F. If the patient frets between meals, sterile sweetened water should be given in place of food. The ordinary injunctions of absolute cleanliness of feeding-bottle and systematic feeding were insisted on. The following table was appended, representing the usual amount required in twenty-four hours :

Age.	Quantity at each feeding.	Number of feedings.	Interval between feedings.	Total quantity.
	Ounces.		Hours.	
First week	1-1.5	8	2	10
From second to sixth week	2-2.5	8	2½	18
From sixth to twelfth week	4	7	3	28
From third to sixth month	4-5	6-7	3	32
At eight months	6.7	6	3	38

By consulting the label on your paper you will see the date up to which your subscription has been paid.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Medical Council—Dr. Sangster.

No existing authority for holding examinations at both Toronto and Kingston—Double examinations are a source of financial loss to the Council, and, reputedly, of other serious irregularities—Council's bad habit of giving unauthorized usage the authority of law—Supplemental Examination not desirable from standpoints of the profession and the public—Are esteemed as being less comprehensive and searching than the ordinary Spring examinations—Involve an average annual loss of about \$700 to Council finances—No existing by-law appointing them—Large section of present Council disapprove of them—In consequence of this feeling the question of ordering them has been taken out of Council's hands—Executive Committee has assumed the right to order them irrespective of the will of the Council—Pertinent questions—The remedy and how to apply it.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—Council examinations held simultaneously at both Toronto and Kingston, and Supplemental or Fall examinations, are both devices contrived in the interests of the schools, and rendered possible only by the complaisance—to call it by no harsher a term—of a few territorial men. The Medical Act provides that there shall be at least one Council examination each year, and that it shall be held at Toronto or Kingston. For the first few years of the Council's existence only a single examination was held each year, and this was conducted *alternately* at Kingston and Toronto, as the Act designed. Since that time, however, under the tutelage of the schools, and in defiance of Sec. 28 of the Ontario Medical Act, examinations have been held simultaneously at both places, and this double arrangement has not only involved a severe and a wholly unnecessary strain on the Council finances, but also, in the opinion of very many members of the College, serious irregularities in other and more important respects. And, in further illustration of the slipshod manner in which much of the business of the Council has heretofore been conducted, I may call attention to the fact that, although Sec. 28 of the Act distinctly and specifically directs that the *time* and *place* of holding these examinations shall be fixed by a Council by-law to that effect, and although, during the past two years, the matter has been more than once brought up

in the Council or in its committees, to this day no such by-law has been made by the Council or finds a place on the Council books. Here, as in the case of the composition of the Executive Committee, and in other matters of great moment to the medical electorate, loose and unauthorized usage has been permitted to usurp the place and to acquire the sanctity of law.

Supplemental or Fall examinations are not enjoined by the Medical Act, but are permitted, at the discretion of the Council. Such examinations were held in 1874 and 1875, but were discontinued for the next thirteen years. In 1888 they were re-established, and, except in 1891, they have been held annually ever since. Whether they are desirable or the reverse, depends altogether on the point of view from which they are regarded. From the standpoint of the schools they are eminently desirable, while from that of both the public and the profession they are just as eminently undesirable. With the schools it is doubtless a point of primary importance that the established courses of lectures shall be paid for, and, in some sense, attended, but beyond this their material interests are served by whatever facilitates access to the profession, or shortens the time to be spent in getting there. And, in point of fact, the annual influx of students to any individual college or school largely depends upon its real or assumed power to pull the strings of the Council or of the Executive Committee so as to secure Fall examinations, and relaxations in curriculum requirements, and other similar acts of grace. On the other hand, the profession in Ontario is year by year becoming more and more hampered and demoralized by the rapid and most undesirable drift into our ranks. This to so great an extent that our vocation threatens soon to be both less respectable and less remunerative than that of the ordinary mechanic. And the public, in view of the large and annually increasing output of the medical schools and the Medical Council, is beginning to realize—only one degree less acutely than the profession—that, while a sufficiency of competent doctors may be and is an undoubted blessing, a very large superabundance of them is rapidly proving itself to be a social nuisance and a public bane. Under these circumstances it is manifest that neither the community nor the profession would, in any respect, suffer were the Council examinations held at much longer instead of at shorter intervals than once a year. No stress can be laid on the fact that some other corporations—such as the dentists and the pharmacists—have also instituted supplemental examinations, since, that they have done so, merely means that in this, as in some other respects, these bodies have unadvisedly permitted themselves to be misled by the baleful example of the Medical

Council. Something, it is true, may be said in favor of University Supplemental examinations, inasmuch as these were primarily designed merely to qualify those passing them, to enter upon and to pursue further courses of literary study. But the extension of this privilege to students preparing for the professions could only be justified by showing that the supply was not equal to the demand, and, in the acknowledged absence of these conditions, was probably the outcome of the keen competition which existed among rival educational incorporations thirty years ago, and the vehement desire of each to be, at least, abreast of the others in offering inducements to intending students. The Medical Council, however, is not and never was a competing body, and, consequently, its action in establishing Fall or Supplemental examinations was neither more nor less than an unmitigated blunder. In respect to its educational functions, the only true analogue of the Council is the Department of Education, or the Ontario Government, of which the former is a constituent part. The Department has never, for a single moment, entertained the idea of Supplemental examinations, although every year several hundred deserving young men and women, who have spent their last dollar and exhausted the resources or the liberality of their friends in preparing for the Departmental tests, fail to reach the desired goal. And those who do fail, even by a single mark, are ruthlessly debarred from presenting themselves again until the following year, when they are required to pay the full fee and to pass the examination *de novo* and in its entirety. Why should the Medical Council assume a more sentimental attitude towards those seeking its diploma, than the Ontario Government does towards candidates for its certificate of qualification as teachers? The Government simply says: "The public is not in any need of more teachers; on the contrary, it is already oversupplied, and it would be most unwise on our part to multiply the examinations, or to lower their requirements so as to allow a greater number to qualify." Surely, in view of the existing enormous superabundance of doctors beyond the requirements of the public service, this reasoning applies with tenfold force to the establishment and the continuance of the Council's Fall examinations!

These Supplemental or Fall examinations are further objectionable on two grounds. It is averred by some, who claim to know—although those concerned deny the soft impeachment—that they are less rigid and less comprehensive than the ordinary or Spring tests: and, secondly, they are the source of very serious financial loss to the Council.

Prior to the creation of the Medical Council, the competing

Medical Schools of Ontario annually held Fall examinations which were notoriously designed and used for letting through what were then known as "Lame Ducks," *i. e.*, students who were afraid to present themselves in the spring, or who had failed to pass the tests then attempted. It is not speaking too severely to say that these Fall examinations became a scandal and a reproach to the educational bodies concerned. When the Medical Council was instituted it was fervently hoped that we should hear no more of them, but the Council decided otherwise, and, while it is freely admitted that many competent and worthy men have entered the profession through these less securely latched doors, it is too deplorably true that they are still, to some extent, used for the admission of "Lame Ducks." The unfortunate naturally appeal to an examiner's sympathy, and those who profess to know say that the fall papers are perhaps less difficult and less comprehensive, and that the answers are undoubtedly read and marked more leniently than in the spring. Thus, rightly or otherwise, so great a cloud of suspicion rests upon Supplemental or Fall examinations that, in the interests of all concerned, they should be unhesitatingly and at once discontinued.

In order to cover up the financial loss which accrues from these Fall examinations, it has been the custom of late years to encourage a certain number of untried candidates to present themselves in the fall in place of the spring. Their larger fees swell the total receipts, and give, what my friend Dr. Williams would term, a *plausible* appearance of gain, which can, on occasion, be paraded to the confusion of such objectors as are either too careless or too superficial to grasp the question in its deeper financial aspects. I have no means of ascertaining the relative number of rejected and of untried students who present themselves at the Fall and at the Spring examinations severally. This was part of the information I asked for two years ago, and which the Executive Committee, in its possibly very wise policy of concealment, refused to permit the Registrar to supply. The probability, however, is that a somewhat large number of rejected candidates go up for the Fall or less rigid examination. The Financial Returns published in the Announcement of 1892-93, pp. 203-209, and the Treasurer's financial statements given in the Annual Announcements for 1893-94 and for each succeeding year up to the present, show that for the seven years in which Fall examinations have been held, the aggregate of the fees, received from candidates for these examinations, was \$8,535, and that the aggregate of the expenses incurred by holding them is \$6,713, or, dividing the latter sum by the former, we find that the disbursements for these seven Fall examinations were

over $78\frac{1}{2}$ per cent. of the receipts. A similar calculation shows that for the Spring examinations of the same seven years the disbursements were only $22\frac{1}{2}$ per cent. of the receipts, while for the three years 1886, 1887 and 1891, when no Fall examinations were held, the disbursements were only 17 per cent. of the receipts. Whence it appears that the Council's clear profit on the Spring examinations is $77\frac{1}{2}$ per cent. of the sum paid in, while its profit on the Fall examinations is only $21\frac{1}{2}$ per cent. of the sum paid in. The difference, 56 per cent. of the sum paid in, represents the Council's loss in the transaction. Fifty-six per-cent. of \$8,535 is \$4,779, which is the Council's aggregate loss on the Fall examinations for the seven years, and one-seventh of of this or \$697, is its average annual loss. So that, in round numbers, the Council annually pays for this ill-advised and expensive piece of sentimentalism some \$700, or fully one-sixth of what it seeks to squeeze out of the profession by its obnoxious annual tax!

I have thought it best to go thus fully into the subject of these Fall examinations, partly because I hold that the electorate should be fully informed on this as on all other vital points of professional politics, and partly also because it is quite possible that, even in the Council itself, there may be some members who have hitherto failed to look at the question in all its relations. Chiefly, however, to show that, for its daring and insolent usurpation, in 1895 and 1896, of one of the Council's most important and most cherished prerogatives—that of deciding whether there shall or shall not be a Fall examination—the Executive Committee is not covered by a single rag of excuse on the ground of right, or expediency, or usage, or necessity. Nor had it any semblance of Council authorization for this most unwarrantable act.

It is true that in regard to these Fall examinations, equally as with respect to the ordinary or Spring tests, the Council has never conformed to the requirements of Sec. 28 of the Ontario Medical Act, by making a by-law to fix the *time* and *place* of holding them. Still, prior to 1895, they were never in any single year decreed without the matter being first introduced and discussed in full Council and decided by a formal vote. If your readers will kindly refer to the Announcement of 1893-94, pp. 140-142, and to that of 1894-95, pp. 22, 23, they will find that this was the course pursued in each of those, as in all former years. And although, in both the years specified, my friend, Dr. Williams, in his zeal to make things smooth for the schools, ventured to formulate the extraordinary opinion that nothing more was necessary to authorize the examination than to instruct the Registrar to make a verbal change in the Announcement, he was corrected by

several of his territorial associates, and, as the motion to hold the examination was, in both years, put to the Council and decided by vote, it is clear that the Council refused to stultify itself by adopting the very loose interpretation of the law on that occasion suggested. In the elections of 1894, a number of members were returned who had expressed very strong disapproval of these examinations. In the session of 1895, the question was not mooted at all—in view of the influx of new blood and strong convictions, it was evidently deemed unwise to touch it—and when the Council broke up without ordering a Fall examination, I, in common, I presume, with most of my fellow representatives, supposed that none would or could be held. The Executive Committee, however, was equal to the occasion, and, instigated thereto by the schools, decided of its own sweet will to order one, quite irrespective of the Council's views or wishes in the matter. It might be claimed that the session of 1895 was so prolonged and so full of business that the failure to fix upon a Fall examination was merely an oversight of the Council, which the Executive Committee was bound to rectify. This contention would be specious, or, as my friend Dr. Williams would say, *plausible*; but, unfortunately for its validity, the session of 1896 was not a prolonged one, nor an unduly busy one, and yet the Executive Committee repeated its tactics of the previous year, and ordered a Fall examination, without any reference of the matter to the Council. And, once more, I would like to ask my fellow practitioners what they intend to do about it? Do they propose to quietly endorse the acts of that committee? Are they tamely content to thus see the interests of the College, and the well-being of the profession, and the integrity of the curriculum, and the finances of the Council, and the supremacy of law, and the majesty of right, all paltered with—nay, recklessly sacrificed—at the behests of the schools? No one for a moment supposes that the schools or their officials go to this committee and take it by the throat and command it to do this or to do that. But the school man on the committee is, nevertheless, the mouthpiece of the schools, and suggests; and the wily homœopath on the committee is not personally concerned, and so, is easily acquiescent: and the territorial representative on the committee has become kinked in the middle, and has had all his teeth drawn or knocked out in his scramble for the President's chair, and there is no one behind him to boost him up; and so the thing is done. What is the remedy? The remedy is the reorganization of this committee and lies in the hands of the electorate, which must see that every territorial representative shall insist that the membership ratio of the Council shall be recognized and respected in all its

committees; that of the five members assigned by law to the Executive Committee, three shall be territorial men, and that, in accordance with universal parliamentary usage, of these three seats at least one shall be held by a member of the opposition—as a guarantee against all similar hole-and-corner work for the future.

Yours, etc., . JOHN H. SANGSTER.

Port Perry, January 7th, 1897.

Medical Council—Dr. Williams.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—In your January number our friend, Dr. Sangster, continues to castigate the Medical Council with renewed energy. His first letter is introduced with a series of italicized head-lines that would be creditable to the business energy of a peripatetic medicine vendor. No doubt they are intended to so satisfy the reader that he will not peruse the context and learn that the arguments (?) do not establish the assertions made. Before, however, he gets down to the discussion of the subjects in hand, he covers a page of your valuable journal in making a passing thrust at the medical journals of Ontario, which he calls school journals. *The schools* seem to have a bad effect on the doctor, much the same as the famous “red rag” when shaken before some of the bovine species. And that “little effort” of mine of last June—how it has had importance thrust upon it! It, too, must receive a passing thought. He is sorely troubled that this “now famous production” will not serve Dr. Williams and a “few other territorials” as an excuse for not voting at the beck of Dr. Sangster, which he takes as being synonymous with “opposing all efforts at retrenchment and other needed reforms projected in the interest of the electorate.”

The doctor is much more solicitous for the welfare of these *few members*, which comprise nearly four-fifths of the Council, than they are for themselves. *They* are not seeking nor making excuses. Not one of them has appeared in the secular press, nor yet in the medical press, for any such purpose. They trust their case to an intelligent electorate with the transactions of the Council as the exponent of their actions, and do not fear the judgment.

How about the “Little Phalanx”? Are they equally willing to be judged by their deeds? Why this lusty outcry in their own behalf? Why is it necessary to proclaim that they are the men seeking

“retrenchment and needed reforms”? Why so anxious to parade that they are “not disloyal to their constituents, or subservient to interests in the Council which are hostile to the electorate”? Cannot an intelligent profession be trusted to judge them by their works? The peace-officer in the discharge of his duty will not have his judgment diverted by the man who cries most lustily “stop thief.” He is too well trained to such devices. The medical electorate are not less wise, and may be relied upon to estimate such self-laudation at its real worth.

The doctor is displeased that under the new arrangement for matriculation, it is not necessary that this examination be taken before the Primary in medicine. Our views are in harmony with his in this particular. We have hitherto believed that matriculation should be completed before time is counted on professional work. The Council has taken this position and acted upon it for years. We are pleased there is one action of the Council the doctor will consider right. The change was forced by the Minister of Education, and as the doctor truly says, “The only alternative open to the Council was ‘Hobson’s choice’—to behead itself or suffer decapitation at the hands of the Legislature.” The case, however, while distasteful, is scarcely as bad as his words would seem to imply. He says “a student no longer needs to spend, after matriculation, a period of four years in the actual study of his profession; he may, under the existing arrangement, leave the plough, the work-bench, the anvil, or the barber’s chair, an unlettered boor, and condense his *whole general and professional education* within the sorry compass of four years.” Is this correct? There are three roads open to such a student for matriculation. First, Section I., sub. sec. 1 of Regulations, “A certificate that he has passed the examination conducted by the Education Department on the course prescribed for matriculation in Arts, including chemistry and physics.” Second, by sub. sec. 4, “A certificate from the Registrar of any chartered university conducting a full Arts course in Canada, that the holder thereof matriculated prior to his enrolment in such university, and passed the examination in Arts prescribed for students at the end of the first year.” Third, sub. sec. 6, “A graduate in Arts in any university in Her Majesty’s dominions.” Now, we will look at the medical examinations. Take those conducted in September, 1894; April, 1895; September, 1895; and April, 1896; September, 1896, not being available. We find that of those trying the Primary examination, their matriculation having been completed before entering on professional work, there were but $52\frac{1}{4}$ per cent. passed, and for the final $66\frac{1}{4}$ per cent. If

now this "unlettered boor," and we will grant the appellation may be applied to him until he has passed the High School entrance, will take any one of the roads open to him for matriculation, and the two medical examinations where an average of $52\frac{1}{4}$ and $66\frac{1}{2}$ per cent. only succeed in passing, and "compass the whole into four years," he will display more ability than is to be found among ordinary students; and, we will go farther and say, that it would be an outrage to hamper such a *luminary* by exacting four years after matriculation. The doctor, in his great distaste for the course forced upon the Council by the Minister of Education, is seeing through spectacles too gloomy by far.

He proceeds to assign a cause for the Minister of Education taking this course. It is with the cause assigned we must specially quarrel, as we believe it is calculated to mislead. The doctor was on the committee of the Council opposing this new course, and he says, "I learned, without much surprise, that it had been represented to the Government that in making provision for the changes proposed, it would only be giving official effect to relaxations in the Council's curriculum and matriculation requirements which had been recognized and granted prior to 1895 by the Committee on Education, and which were still sanctioned and acted upon by the Executive Committee, the latter body having admitted one or more applicants to the very last Council examinations on this shortened course." This sentence contains much we would like to know about. If Dr. Sangster obtained this information from the members of the Government when he was acting as a member of the Committee on Legislation, why did he scrupulously withhold it from fellow-members of the committee? Why did he allow them to be deceived when the Minister of Education gave them to understand *the Council had been too rigid, and that because of this, hardships of various kinds had grown up; that he was making the change to relieve these and clear the slate once for all?* At the subsequent meeting in June, when the doctor was an active member of the Education Committee, and these changes were repeatedly discussed, why did he allow the committee to work on without enlightening them as to the cause of the change? He knew that such knowledge would lead to a tightened rein. Yet he left them under the delusion that they had been too rigid and exacting, and that the Government interfered to make the way more easy. Why should the Council have been kept in ignorance? Here all these delinquent committees could have been brought to book and reprov'd for their "treacherous laxity." But Dr. Sangster seals his lips and withholds this information until the

following January, when it comes to light for the first time. The doctor, by his course, leaves himself open to the suspicion that he came upon this knowledge when writing the letter, and whether from the members of the Government, or a pure hallucination, may be an open question. Can the representative who pursues such a course be considered true to the professional interests? The plain and obvious duty of every member of a committee is to bring before it such information as he possesses that should influence their actions. He is not justified in hiding his light, that he may berate them at another time for not using it, even though done for party purposes. Much less would he be justified in not submitting his proof to the representatives of the profession in Council, that each member may know what is being done and govern himself accordingly.

The doctor tells us these changes in matriculation requirements were "engineered into the Act by the schools last spring." We do not pretend to know by whom the Government were induced to act, but of one thing we are quite certain, it was by some one who, in the language of the politician, had a *pull* with the Government—a pull so strong that it could not be counteracted by the influence of the Council, even though actively aided by two representatives of the schools, Drs. Thorburn and Britton. This point, however, seems clear, that if the schools were "*engineering the changes*," their representatives in the Council were aiding in opposition to them, thereby establishing that they were professional representatives before school men.

If the representatives of the medical men, the Council, ever attain to the position that they are consulted by the Government before legislation is introduced affecting their profession, as we are informed the Law Society is, then they can hope to secure such enactments as they judge will further professional interests, and can justly be held responsible for what they bring about; but they are not likely to reach such a position so long as they are divided into parties, each trying to compass the other by some politic move. I need not tell Dr. Sangster that for a few years back there has been a strong effort made to discredit the duly elected representatives and their wishes, with the result that not a session of the Legislature passes without its bills to amend the Medical Act. We have the Meacham Bill, the German Bill, the Haycock Bill, the Minister's Bill, and that of any other man who wishes to train his "prentice hand." He is sure to get support if he takes a try on a medical bill. This is likely to continue until the profession take the position that they will stand by the majority of their duly elected representatives, and not try to belittle them by aiding in forcing legislation over their heads.

As the doctor is to deal with the Education and Executive Committees in his next letter, we will defer any remarks on the charges he makes against them until he has completed his case.

Yours, etc.,

J. ARTHUR WILLIAMS.

Ingersoll, January 26th, 1897.

Book Notices.

Autoscopy of the Larynx and the Trachea. (Direct Examination Without Mirror.) By ALFRED KIRSTEIN, M.D., Berlin. Authorized translation (altered, enlarged and revised by the author) by MAX THORNER, A.M., M.D., Cincinnati, O., Professor of Clinical Laryngology and Otology, Cincinnati College of Medicine and Surgery; Laryngologist and Aurist, Cincinnati Hospital, etc. With twelve illustrations. One volume, crown octavo, pages xi-68. Extra cloth, 75 cents, net. The F. A. Davis Co., Publishers, 1914 and 1916 Cherry Street, Philadelphia; 117 W. Forty-Second Street, New York; 9 Lakeside Building, Chicago.

There is no doubt that the autoscope is a very useful instrument. The descriptions of how to use it are very clear. For the specialist we would think that this little work would be of considerable value. It is neatly gotten up and well illustrated.

Anomalies and Curiosities of Medicine. Being an encyclopædic collection of rare and extraordinary cases, and of the most striking instances of abnormality in all branches of medicine and surgery, derived from an exhaustive research of medical literature from its origin to the present day, abstracted, classified, annotated and indexed. By GEORGE M. GOULD, A.M., M.D., and WALTER L. PYLE, A.M., M.D. Imperial octavo, 968 pages, with 295 illustrations in the text, and 12 half-tone and colored plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1897. Prices Cloth, \$6.00 net; half morocco, \$7.00 net. Sold only by subscription.

The authors, in their introduction, say that the ancients' curiosity for the atypic and bizarre has been handed down to us moderns. As no attempt has ever been made at a systematic gathering of medical curiosities, this work may be truly said to supply a long-felt want. Many histories of terrific crises safely passed enable the medical man to hold out hope in his extreme cases. The facts related in this book will be of great importance to the students of medico-legal lore. The work is a protest against the modern egotism which sets aside with a

sneer as myth and fancy the testimonies of philosophers and physicians, only because they lived hundreds of years ago. The ordinary newspaper reports of wonderful cases have not been noted, but the material has been obtained with great effort from the great medical libraries of the United States and Europe. A complete general index adds greatly to the value of the work. The names of some of the chapters indicate still further the nature of the book: Genetic Anomalies, Prenatal Anomalies, Obstetric Anomalies, Prolificity, Major and Minor Scrota, Longevity, Anomalies of Stature, Size and Development, Surgical Anomalies of the Head and Neck, Extremities, Thorax and Abdomen, Genitourinary (the way the authors write such compounds) System, Anomalous Types of Disease, Historic Epidemics, etc.

Personals.

DR. NORMAN WALKER has removed to Niagara.

DR. H. B. EVANS is contributing some interesting stories to the *Picton Gazette*.

THOMAS W. H. YOUNG, M.D., of Rosseau, has been appointed an associate coroner for the districts of Muskoka and Parry Sound.

JOHN E. JENNER, M.D., has been appointed associate coroner for the County of Essex in the stead of George McKenzie, M.D., deceased.

WE are happy to hear that the Education Department has recently commissioned the Toronto artist, Mr. W. A. Sherwood, to take a life-size portrait in oils of Dr. John H. Sangster, of Port Perry. This is one of several historical pictures to be placed in the Normal school. We understand that the artist has been most successful in painting a portrait which will transmit the well-known face of the doctor to succeeding generations of Canadians. The profession will learn with much pleasure of the public honor thus conferred. We extend our congratulations to the erudite doctor.

Obituary.

Dr. J. Harlan Reid.

DR. J HARLAN REID, of Horning's Mills, died January 15th, from pleurisy. He was a well-known and much-liked physician.

Dr. Wm. Grant.

DR. WM. GRANT, one of Perth's prominent physicians, died suddenly of heart trouble. January 7th. Dr. Grant was a native of Glengarry, and started practice in Perth twenty-five years ago. He had always taken an active part in municipal matters, and represented the East Ward as councillor for many years.

WHY DO DOCTORS SO OFTEN MAKE MISTAKES?—Because they are not sufficiently individual in their diagnosis or their treatment. They class a sick man under some given department of their nosology, whereas every invalid is really a special case, a unique example. How is it possible that so coarse a method of sifting should produce judicious therapeutics? Every illness is a factor simple or complex, which is multiplied by a second factor, invariably complex--the individual, that is to say, who is suffering from it, so that the result is a special problem, demanding a special solution, the more so the greater the remoteness of the patient from childhood or from country life. The principal grievance I have against the doctors is that they neglect the real problem, which is to seize the unity of the individual who claims their care. Their methods of investigation are far too elementary; a doctor who does not read you to the bottom is ignorant of essentials. To me the ideal doctor would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence. Such a doctor is possible, but the greater number of them lack the higher and inner life; they know nothing of the transcendent laboratories of nature; they seem to me superficial, profane, strangers to divine things, destitute of intuition and sympathy. The model doctor should be at once a genius, a saint, a man of God.—*Amiel's Journal*.

Selections.

Erysipelas.

EVERY case of erysipelas must be isolated. The diet and general treatment must be regulated on general principles.

In mild cases, the following powder for local treatment is good :

℞ Acidi salicyl. gr. viii.
 Zinci oxid. $\frac{3}{5}$ iss.
 Amyli $\frac{3}{5}$ ss.

Mix. Sig. Dust the infected area and cover with soft cotton.—
A. Jacobi.

℞ Lotio. plumbi et opii $\frac{3}{5}$ viii.

Sig. Keep the affected skin wet with this wash.

℞ Resorcin gr. i.
 Traumaticin. Oi.

Mix. Sig. External use.—*Ferreire.*

℞ Resorcin $\frac{3}{5}$ i.
 Lard $\frac{3}{5}$ i.

Mix. Sig. External use.

℞ Acidi carbolic, $\frac{3}{5}$ i.
 Acidi oleic. $\frac{3}{5}$ i to ii.

Mix. Sig. Apply, not on, but around, the erysipelatous area at frequent intervals.—*A. Jacobi.*

In using carbolic acid in infants, always be on guard against poisoning. The first evidence of poisoning is shown by the urine, which leaves a pink stain on the napkins after being exposed to the air for half an hour.

An excellent application for erysipelas is ichthyol in collodion, or even better with glycerol.

℞ Ichthyol $\frac{3}{5}$ i to ii.
 Glycerol $\frac{3}{5}$ i.

Mix. Sig. External use.—*f. Abbott Cantrell.*

The most brilliant results have been obtained by the surgical treatment of erysipelas, and this mode is of especial value in infantile erysipelas, which is so often migrating, and is dangerous in proportion to the extent of fresh surface which becomes infected. The aim of this treatment is to hedge in the morbid process, which is accomplished in most cases with rapid and brilliant success. The patient

must be anæsthetized, although local anæsthesia with cocaine or ethyl chloride will answer, but not nearly so well. Rail-fence-like scarifications, double and crossing each other several times, are made through the superficial portion of the skin, just outside the infected area, so that the erysipelas is inclosed. This is called the Kraske-Riedel fence, and into this wound is rubbed a 1 to 500 solution of bichloride of mercury, and it is kept wet by means of a compress, with a 1 to 1000 solution of the same antiseptic. Care must be taken that the fence be made as close to the margin of the erysipelas as possible, but still outside of it. The process rarely jumps this fence, and, in the rare cases in which it does get over, the disease becomes more benign, and a second fence always succeeds in keeping it in.

J. Lewis Smith advises for a child, from one to two years old, the internal use of four drops of the tincture of the chloride of iron every three hours; or either alone, or in addition to the iron, one of the preparations of cinchona. He obtains the best results by applying the following ointment over the inflamed surface every three or four hours:

℞ Ichthyol $\bar{3}$ i.
Ung. aquæ rosæ $\bar{3}$ i.

Mix. Sig. External use.

℞ Linseed oil,
White lead.

Mix enough oil with the lead to make a thin paste, which is painted freely over the erysipelatosus skin.—*Frere*.

Many other local applications of more or less value have been recommended, viz.: rice flour, lycopodium, oxide of zinc, potters' clay, talcum, lard and chalk, glycerine, white of an egg, solution of iodoform in collodion, ethereal solution of camphor and tannin, cold water, sugar of lead, alum, sulphate of iron, nitrate of silver, tincture of iodine and turpentine.

℞ Benzoate of soda $\bar{3}$ ss.

Div. in chart. No. xii (12). Sig. One every four hours for a child of a week old.—*Lehnebach*.

Jaborandi was first recommended by Da Costa, but its use in children requires great caution. The dose must be carefully graduated to the age of the child. The object is to make the initial dose sufficient to produce a pronounced sweat, and thereafter to give every four hours doses of the fluid extract of jaborandi sufficient to maintain a gentle diaphoresis.—*Packard*.

R	Camphor.....	$\bar{5}$ i.
	Tannin.....	$\bar{5}$ i.
	Ether.....	$\bar{5}$ i.

Mix. Sig. Brush the infected surface every three hours.—*Trusseau.*

Another excellent application is :

R	Creolin.....	$\bar{5}$ ss.
	Iodoform.....	$\bar{5}$ ii.
	Lanolin.....	$\bar{5}$ v.

Mix. Sig. External use.—*Koch.*

High temperature should be reduced by the application of cold externally—sponging, the wet pack or the bath. Antipyretic drugs should be employed with great care, used only in minimum doses and always sheathed with a heart stimulant. The following is effectual and very safe :

R	Phenocoll.....	gr. xv.
	Camphor. monobromat.....	gr. ii.
	Caffein citratis.....	gr. ii.

Mix. Divide into twelve powders.

Sig. Use one as needed for fever in a child four years old.

For the delirium, the best results are obtained by reducing the temperature, and if the delirium does not then abate, give bromide of potash, chloral and, as a last resort, opium.

However, the most promising results in the treatment of erysipelas are offered by the recent advances in serum therapy. Marmorek, of Vienna, and recently Gibier, of New York, have succeeded in producing a good streptococcus antitoxin, which certainly offers the most rational treatment of erysipelas so far brought forward. It is perfectly harmless, and, if efficient, the results ought to be very brilliant.—*Pediatrics.*

BLISTERS.—There have been many protests against Huchard's sweeping denunciation of blisters. Matthieu asserts that in hydrarthrosis a cantharides blister is invaluable, and he also uses this application in gastralgia, on a space the size of a five-franc piece. Adrian thinks that if the substance be applied in the form of chloroform solution, with a little squill, no bad results will follow, such as may be attributed to the use of plasters that leave some of the irritant on the skin. In veterinary practice the blister is of the greatest service. All seem to agree that it is worse than useless in bronchopneumonia, kidney and cardiac troubles, and for children and elderly persons.—*Medical Bulletin.*

Doctors and Their Fees.

AN English physician in the *Lancet* (London), signing himself M.R.C.S., L.R.C.P., complains bitterly of the dissatisfaction and discontent which he and other medical men are experiencing because of inability, after years of practice, having previously spent an indefinite time in preparation, to make a living by their profession. He says, also, that the profession is overcrowded, because, among other things, the great aim and object of the medical schools is to get as many students as they can; the prevalence of the dispensary or club system, members paying 2s. 6d. (60 cents) per annum for medicine and advice and the practice of professors and hospital medical men of "whooping it up" to classes without seeming to care, or knowing what will become of them after graduation. We had an idea from what our English cousins have said that America was the only country which had diploma mills with an indefinite capacity for grinding out medical graduates, but here we see the English institutions are addicted to the same practices, and apparently with the same motive. In other words, however high the preaching, the underlying motive of human nature is the same. First pull the mote out of your own eye, brother, then turn the lid up and extract the particle from the eye of your patient.

The dispensary evil here is also an enormous one, and the fact that physicians themselves promote it is one of the wonders of this age, medically. They will deliberately organize a medical charity, and solicit the wealthy to aid them, give their services gratuitously in a specialty, and then complain because some other physician has done the same thing in another direction. The consequence is that thousands of patients who are able to pay something are treated free by physicians who are themselves struggling for existence, because there are organizations sustained by themselves and at their solicitation to destroy the possibility of the very remunerative practice which they are struggling for. Is there another business which does the same thing? Think of plumbers, or tailors, or printers, or any other department of human effort doing such things! Would not the world say of such people: "Why, you are crazy!" And yet doctors do this, and occupy years of preparation to qualify themselves to do it. We are not arguing against charity. Far from it, but there is too much medical charity dispensed among those who can afford to pay.

The physician is worthy of his hire—and he should wake up and protect his financial interests. There is no reason why he should

permit a low grade of compensation or why he should permit his bills to run an indefinite period without settlement. It is a slipshod way of doing business, keeps the doctor poor, unable to pay his bills, renders him an object of pity or scorn among the well-to-do, and will eventually bring himself and his family to grief. Fix your price and stick to it—or among those unable to pay make a settlement by a percentage off, but stick to your price. Business men do this, and so far as the financial part of medicine is concerned a physician is a business man, or ought to be. The most prosperous medical men are business men. There is no reason why the medical part of a doctor's mind should be developed at the expense of the financial part. Develop them equally and you will have more money in your pocket, and at the same time you will command greater respect in your community. We rather suspect that this is one fault with our English friend, although we are convinced that his other counts are true.—*The Medical Examiner*.

PARALYSIS OF THE ULNAR NERVE FROM CYCLING.—Destot (*Gazz. degli Osped.*) after a long bicycle ride, suffered from paræsthesia of the ring and little finger, and loss of sensation to puncture and to touch, as well as paresis of the interossei, lumbricales, and abductor muscles. These effects were due to pressure of the nerve branches between the handle of the bicycle and the pisiform bone. The author believes that the obliquity of the handle-bar was the chief cause; for this reason he suggests a strictly transverse bar, as the pressure then is thrown on the deeper and better-protected parts of the hand.—*British Medical Journal*.

CURETTAGE FOR HÆMORRHAGE METRITIS IN THE VIRGIN.—Blanc points out (*Loire Med.*) that until recently purely medicinal and often inefficacious means have been used in the treatment of virginal metritis. He reports three cases in which curettage was employed for this affection with complete success, and a fourth in which permission for operation was refused by the patient's parents, and death followed. In the first two cases, aged 16 and 15 years respectively, the curette brought away large masses of whitish fungosities, of a firmer consistence than is usually met with in the scrapings of hæmorrhage metritis in married women; the uterus was afterwards packed with iodoform gauze. In the third patient, a girl of 14 years, the hæmorrhage began at the third menstrual epoch, and was continuous; in this instance the curette removed greyish-white fungosities, of a softer consistence than in the foregoing cases.—*British Medical Journal*.

MAGNAN'S SYMPTOM IN COCAINE POISONING.—Rybakoff, at the Moscow Neurological Society (*Munch. med. Woch.*) insisted on the diagnostic value of Magnan's symptom in chronic intoxication of cocaine. It is an hallucination of sensation consisting in a feeling as of foreign bodies, grains of sand, crystals, worms or microbes below the skin. Korsakoff mentioned a case in which this symptom was present, and was found to be due to the use of vaginal tampons containing cocaine, on the discontinuance of which it ceased.—*British Medical Journal*.

HYSTERIA SIMULATING ECLAMPSIA IN PREGNANCY.—Bescarlet (*L'Obstetrique*) reported at the Geneva Congress the case of a pregnant woman who caught cold and inflammation of the kidney ensued. The foetus died, and several convulsive attacks followed. Bescarlet maintained that they were purely hysterical. The chief positive evidence was their punctual occurrence at a certain time for several nights in succession. They differed from even mild eclampsia by the absence of vomiting, coma, deranged vision and facial convulsions.—*British Medical Journal*.

BACILLUS OF THE BUBO PLAGUE.—Zettnow (*Ztschr. für Hygiene und Infektionskr.*) has contributed to the morphology and biology of the bubo plague, in an article based on experiments made in Koch's laboratory. The bacillus is immotile, exhibits no flagellæ, and is surrounded by a large capsule. In the living bacillus a central nucleus can be detected, surrounded by a clear zone of protoplasm. It does not liquefy gelatin, and the colonies are finely granular and quite circumscribed.—*Medicine*.

TREATMENT OF GONORRHOEA BY SILVER CITRATE.—O. Werler reports in the *Medical Week* that he has obtained excellent results with silver citrate in the treatment of a large number of cases of acute and chronic urethritis of gonorrhœal origin. In acute cases he employs a solution of 25 milligrammes in 200 grammes of distilled water, to be used as an injection four times daily with an ordinary urethral syringe. This mild solution is followed by one of increasing strength until 5 centigrammes to 200 grammes of water is reached. Dr. Werler has found that the silver salt exerts a powerful gonocidal action, greater than that possessed by the silver nitrate, and is much less irritating to the mucous membrane of the urethra. Especially favorable action was noted in those cases in which the treatment was begun early, before the organisms had time to penetrate deeply into the epithelial surface.—*Medicine*.

FOR ERYSIPELAS OF THE FACE.—

℞ Carbolic acid,	
Tincture of iodine,	
Alcohol	āā gr. xxx.
Oil of turpentine	gr. lx.
Glycerine	gr. xc.—M.

The lesions are to be painted with this liniment every two hours and covered with aseptic tarlatan.—*New York Medical Journal.*

RESTLESSNESS.—Dr. Wells has found the following prescription of great use in quieting the restlessness so often seen in infants affected with subacute or chronic gastro-intestinal catarrh :

℞ Sulphonal	gr. ss.
Sodium bromid	gr. ii.
Spirit of peppermint	gtt. x.
Camphor water	ʒj.—M.

The dose should be repeated every two or three hours, according to indications. Occasionally, when the attack of restlessness is preceded by sour vomiting and pain, 5 or 10 grains of sodium bicarbonate added to the above prescription will increase its usefulness.—*Philadelphia Polyclinic.*

PYRAMIDON.—Filehne (*Berlin Klin. Woch.*, November 30th, 1896) relates his experimental and clinical investigations into the use of this dimethyl amido-derivative of antipyrin. Pyramidon is a yellowish white crystalline substance soluble in water in the proportion of one in ten. Its action on the nervous system is similar to that of antipyrin, but there are considerable differences in the mode of action between these two agents. Pyramidon acts in smaller doses, and its beneficial effects are produced more gradually and last longer than those of antipyrin. No changes could be found in the blood of animals treated by pyramidon. In healthy men 0.5 g. produced no subjective or objective effects. In twenty minutes the urine gives the ferric chloride reaction. The dose used in patients varied from 0.1 to 0.75 g. In the adult 0.3 to 0.5 g. of pyramidon may be given as a single dose, and it is best to begin with two such doses in the day. It must remain to be seen how far these doses may be increased. The remedy was found to act promptly in pains of various regions, such as headache, pain in tuberculous peritonitis, etc. Tried in four cases of nephritis pyramidon was useless. The author then gives short details of eight cases illustrating its antipyretic effect. He has put on record his observations on the use of this antipyrin derivative, so that it may receive further investigation.—*British Medical Journal.*

WOMAN'S MILK AND ANTITOXIN.—Schmid (*Wiener Klin. Woch.*, No. 42, 1896) concludes, from a series of observations, that the protective material taken up in the mother's blood during the treatment passes into the milk, though in smaller relative proportions. It is a known fact, Schmid remarks, that sucklings rarely contract diphtheria. He insists that in association with the subject of antitoxin treatment of mothers with diphtheria, it is necessary to ascertain how long the infants' blood naturally resists the diphtheritic poison.—*Times and Register*.

INSTANT RELIEF OF AFTER-PAINS.—In many cases a nice warm meal is better than any medicine; still, where the pains are exhaustingly severe, we may turn to amyl nitrite. This potent drug is a very efficient controller of after-pains, and, used cautiously, no harm need be apprehended from it. A neat way of using it is to saturate a small piece of tissue paper with five or six drops, stuff this into a two-drachm vial, and request the patient to draw the cork and inhale the odor when she feels the pain coming. It acts with magical celerity.—*American Journal of Obstetrics*.

A LOTION FOR ACNE PUNCTATA.—Dr. A. Malbec (*Province Médicale*, November 28th, 1896) recommends this formula:

R Borax,	} each	10 parts.
Sodium bicarbonate,			
Ether.....			20 "
Rose-water.....			300 "

M. To be used after pressing out the contents of the follicles and in conjunction with frictions twice a day with sulphur soap and very hot water.—*V. Y. Medical Journal*.

A NEW TEST FOR ALBUMIN.—Reagents for the detection of albumin in the urine must be colorless, and must reveal the presence of albumin even when the amount is too small for quantitative estimation. Dr. Jolles has published a new and delicate test, consisting of:

Chloride of mercury.....	10 grammes.
Succinic acid.....	20 "
Common salt.....	10 "
Distilled water.....	500 "

In the process of testing, 4 c.c. of the filtered urine are mixed with 1 c.c. of acetic acid, and 4 c.c. of the above reagent are added with shaking. In a second glass similar quantities of urine and acetic acid are mixed with pure water instead of with the reagent. This test yields a cloudiness of albumin in cases in which the ordinary tests fail to give any result at all.—*The Lancet*.