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THE
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Original Communications.

ON THE USE OF SOLVENTS IN CASES
OF RENAL CALCULUS.

BY ARTHUR JUKES JOHNSON, M.B., M.R.C.S., ENGLAND.

IN a paper that I read before the Toronto Medical Society some weeks ago, and which was published in the CANADIAN PRACTITIONER for Jan. 1 of this year, on the treatment of cases in which the lithic acid or brick dust deposit was a prominent symptom, I pointed out the following facts:—That a patient who, not merely occasionally, but habitually passes this deposit, will, sooner or later, develop symptoms of gout or stone; that the deposit in these cases was not the result of any defective action on the part of the kidney, but was due to defective assimilation on the part of the organs associated with or forming the *prima via*—a condition commonly spoken of as that of an "overloaded" or "torpid" liver. I further pointed out that this condition was remediable, not by giving drugs that merely caused the deposit to be held in solution, and so not appear, but by the proper use of those drugs which we know have the power of unloading the liver; the remedies which I believe to be most efficacious for this purpose being the sulphates of magnesia and soda, and these preferably in the form of natural mineral waters.

My object in this paper is to show that in a later stage of this condition, when we have reason to believe that a calculus, probably of small size

and composed of uric acid, is forming, or has formed, in the pelvis of the kidney, we have an efficient means at hand by which such a stone may be dissolved, at least to such an extent as to allow of its easy passage down the ureter, followed probably by its expulsion from the bladder.

Before I proceed to speak in detail of a treatment that has, in my hands, proved most satisfactory, it will be interesting to see what has been done hitherto with solvents. This subject is one that every now and then claims the attention of the profession at large, and then seems to be again forgotten. The idea of being able to dissolve a stone in the kidney, without injuring the delicate structure of that organ, thereby lessening the probability of an operation for the removal of stone in the bladder at a future date, would be such a triumph of our art that it seems to me wonderful that more has not been written on this subject. In a capital little book, written by Sir Henry Thompson, I find that calculus was recognized, and a cutting operation, at least in the case of boys, was practised some centuries before the Christian era. But the idea of the destruction of stone by solvents does not appear until the writings of Pliny, who says: "The ashes of burned snail shells are good for expelling the stone." Aretus prescribed "quick-lime in honeyed water" for the same purpose. In the 7th century Paulus Ægineta quotes authors who had unbounded faith in goat's blood. A prescription of Avicenna's, translated by Sir Henry Thompson, is very interesting, and gives,

as he remarks, a good idea of the very complicated mixture which constituted an ancient medicine. It reads: "Take equal parts of calcined glass, of the ashes of scorpions, of the ashes of the roots of coleworth, of the ashes of a hare, of the ashes of egg shells from which the chickens have escaped, of the stones found in the sponge, of goat's blood dried and powdered, of lapidis judaici, the same of parsley, wild carrots, marsh mallow seeds and gum arabic. The whole to be made into an electuary with honey." After this a salt of Tartar, probably potass. carb. in an infusion of parsley, with some mixture containing lime, was freely used, or a dram of the powder of calcined egg shells in white wine was given twice a day. But perhaps the most remarkable of all these prescriptions is that of Mrs. Joanna Stephens, which was purchased by the English Government from its inventor for the sum of £5,000, for the purpose of being made public. The document thus obtained reads as follows:—"My medicines are a powder, a decoction and pills." The powder consisted of egg shells and snails, both calcined. The decoction was made by boiling some herbs with a ball in water. The ball consisted of soap and honey, with swine's cresses which had been burnt to blackness. The pills consist of calcined snails, wild carrot seeds, burdock seeds, ashen keys, hips and hawes, all burned to blackness and made up with soap and honey.

Morand, the famous French surgeon, who came to London about this time to report to the French Academy on Cheselden's operation of lithotomy, made some very careful experiments as to the utility of these medicines. In his report he says that he is unable to certify to a single case in which the stone was dissolved, but that four patients thought themselves cured. The bodies of these patients were examined after death, and one or more small stones existed in every bladder.

In looking over these extraordinary formulæ we must be struck with the fact that they all contain, in some form, potash and lime; soap leys or salt of tartar furnishing the potash, and the calcined egg shell, snails, bones, etc., the lime,—and a considerable amount of evidence has been published on good authority to show

their utility at least in allaying pain where stone existed. Gradually, as the use of alkaline solvents became more general, vegetable products were also used—at first, to produce by their combustion the active agent, potash, and later in the form of decoctions of the fresh plant, the chief virtue in which existed in their soothing effect on the walls of the bladder. So in the last two centuries we find in constant use the uva ursi, saxifrage, pimpinella, fraxinella, broom, garden radish, common nettle, couch grass, etc., etc.

In the present day, the medicinal remedies used by the profession everywhere are hydrate of potash, liquor potassæ, the bicarbonate, acetate and tartrate of potash. The less frequently used are soda and lithia in different forms. The reason why this alkaline treatment has in all ages been looked upon with favour is easily discovered if we look at the composition of calculi in general. Three-fifths of all the calculi which form in the kidney or bladder of adults are composed of uric acid or the urates. The other two-fifths, or nearly so, are phosphatic. In three or four per cent. the stone is formed of oxalate of lime, and in one in a great many hundred of cystine. The uric acid calculus is found in water abounding in acid, the excess of which is expressed by the stone. The phosphatic stone is the product of alkaline urine, generally ammoniacal, of which condition it is the result. The urates, oxalates, and a few of the phosphates are found in the kidney, and are the product of certain constitutional derangements above alluded to. The greater part of the phosphatic material, whether in mixed or in phosphatic stones, is produced solely in the bladder, and is the product not so much of any constitutional state as of a local diseased condition. If we examine these calculi still further, we will find that a difference exists in their nuclei also. The nucleus of the oxalate of lime calculus consists, not of mucus of epithelium, as is generally the case in the phosphatic stone, but is of the same composition as the exterior. The little mass is seen under the microscope to consist of a number of dumb-bell crystals firmly attached to one another. Dr. Lionel Beale, more than twenty years ago, found these collections in the uriferous tubes of kidneys obtained from post

mortems, as also in the kidney of a foetus, and in the urine of a child two years old. When these little masses have reached a certain size they adhere to one another, producing the well known mulberry calculus. The uric acid calculus may be composed entirely of uric acid, but it will generally be found that the nucleus consists of a mass of dumb-bell crystals of oxalate of lime.

Now, experimentally we know that uric acid, when in a specimen of urine sent to us for examination, is easily dissolved by an alkaline solution, some alkalis having more power in this respect than others, and their resultant salts being more soluble. The urate of soda is to a certain extent soluble, the urate of lime more so, the urate of potash the most soluble. Therefore potash has for a very long time been considered the most powerful agent that could be used in cases of uric acid gravel, and is one that can be taken for a long time without producing any objectionable effects. The citrate of potash seems generally to be the best form to give it in, except when, as Sir Henry Thompson points out, it exerts too much diuretic action; then the bicarbonate should be used. Care, however, should be taken in using the carbonate; for if the solution in which it is given be too strong, as Dr. Roberts found, the calculus becomes coated with an alkaline bi-urate, and is not dissolved. But the citrate and acetate, as we know, when given by the mouth, become carbonates in the urine; and although about six drams a day may be given of either of these, they should be very largely diluted with water. If, therefore, a calculus has formed, or is forming, in the kidney, and we know from our chemical and microscopical examination of the water, that it is composed wholly or in part of uric acid, the treatment we are told should be to give potash to dissolve as much of the stone as possible, and plenty of water to suspend and carry away the resultant. Although this has been recommended on the highest authority, it is a treatment that is very difficult to enforce, chiefly because many patients object to drinking the necessary amount of cold water—whereas we know that water alone is a very good solvent. Hence a course of Vichy water is frequently ordered in these cases.

But Vichy owes its utility to the carbonate of soda it contains, of which about forty-seven grains exist in every English pint. Of the natural mineral waters many are of undoubted value, not only on account of the potash, lime or soda that they contain, but because they are all more or less purgative, and so assist digestion and prevent further deposit.

The most efficacious seems to be that obtained from the Waukesha Spring, known formerly as "Bethesda," but latterly as "Glenn." Though I am not prepared to state that this water will destroy a uric acid calculus in the kidney, it certainly will do so when we put such a stone into a bottle of it. The way in which I have been in the habit of treating these cases for many years has been to order the carbonate, or citrate of lithia, to be taken in a tumbler of Bethesda three or four times a day. In a very few days of this treatment the pain and other distressing symptoms abate, and in a short time there will probably be evidence of the passage of a small calculus down the ureter, or through the urethra. The aerated lithia water, which I understand can now be obtained here, is a pleasant water to drink, and a definite amount of lithia can be put in each bottle.

This treatment should be combined with a careful diet. Alcohols, sugars and fatty substances should be avoided, and care should be taken not to catch cold. But no treatment can be satisfactory unless the exact location and composition of the stone is ascertained. For to treat a phosphatic stone even in the bladder, as if it was composed of uric acid, would rather tend to increase instead of diminish its size. It is a matter of doubt whether any solvent taken by the mouth has much effect on a stone that has formed in the bladder, an operation being generally the best treatment under these circumstances. But even here much may be done by solvents, not administered by the mouth, but injected into the bladder. The stone in these cases is generally phosphatic, and the mucous membrane of the bladder more or less irritated. It is advisable to have the water drawn off twice a day, and the patient should be taught how to pass the catheter for himself. If this is done he can carry out the further treatment also. This consists in washing out the

bladder, after having used the catheter, with a solution of $\frac{1}{3}$ to $\frac{1}{2}$ grain of acetate of lead to the ounce of water, or 1 to 3 drops of dilute hydrochloric acid to the same quantity. It is best done by putting the solution into a 4 oz. rubber bottle with stop-cock and injecting half the contents. This is then allowed to run away, when the balance of the fluid in the bottle should be thrown into the bladder and allowed to remain.

52 BLOOR STREET WEST, March, 1889.

A FORM OF INJURY TO THE ELBOW-JOINT IN CHILDREN.

BY C. M. FOSTER, M.D.

[Read at a Meeting of the Toronto Medical Society.]

THE obscurity which so frequently attends injuries to the elbow-joint in young children, renders of considerable value any actual advance in our methods of diagnosis and treatment of these injuries, which, owing to the complexity of the joint, especially in very young patients, cause them to be associated not infrequently with subsequent impairment of the functions of the joint.

It would appear that such an advance has been attained through the experiments and clinical demonstrations of Jonathan Hutchinson, jr., as set forth in a paper in the *Annals of Surgery* for August, 1885.

This paper is entitled "On Certain Obscure Sprains of the Elbow Occurring in Young Children," in which is described for the first time a form of injury, apparently of frequent occurrence, especially among badly nourished, so-called "strumous" children.

The following two cases are reported, simply from the fact that they apparently constitute typical examples of this injury, the essential lesion of which consists in a slipping upwards of the orbicular ligament, allowing the radial head to escape from its grasp, and producing a very slight forward displacement—so slight, indeed, as hardly to constitute a dislocation, the radius remaining in contact with the capitellum by the border of its cup.

The leading points in the etiology, diagnosis and treatment, as given by Hutchinson, are briefly as follows:—

"The accident occurs only in young children, the great majority of the patients being under six years, and is due in nearly all cases to forcible traction upon the hand while in a condition of supination; the resulting loss of power over the joint is immediate, and is usually accompanied by more or less severe pain; the most careful examination reveals very slight, almost imperceptible, deformity; all attempts at manipulation apparently give rise to severe pain, the position which seems to be the easiest being that midway between pronation and supination. The treatment consists in first flexing the forearm, and then pronating the hand upon which the ligament slips down, and the head of the radius impinges on the capitellum with a distinct thud or click."

That this line of treatment is based upon sound anatomical indications, it will be sufficient to examine the head of the radius and its relation to the orbicular ligament.

Complete supination brings a deeper portion of the radial head in contact with the outer curve of the ligament, this portion of the head forming a sharp rectangular edge, which would still further increase the difficulty of reduction, while by pronating the hand a rounded and much shallower surface is opposed to the ligament. It would therefore become evident that by pronation we obtain the most favorable anatomical condition for the readjustment of the parts, and hence the proper method of treatment.

The first case occurred in a strong, healthy little girl *æet.* five years, who, while walking beside her mother, who held her left hand, slipped, and while in the act of falling was forcibly jerked by the mother; the child immediately cried out, complaining of pain about the elbow. When seen two hours later she was still crying, and apparently suffering severe pain. The limb was held in a position midway between supination and pronation, the left hand being supported by the right.

Examination under chloroform revealed slight swelling about the joint, especially anteriorly, along the upper fourth of the forearm. Rotation of the head of the radius could be readily detected, but it appeared also to possess a slight, but distinct, antero-posterior mobility; extension not materially impaired, flexion distinctly so.

The history of the case suggesting the presence of the lesion described by Hutchinson, the treatment recommended by that surgeon was at once carried out, viz., flexing the elbow, and then gently and freely pronating the forearm.

The result was immediate and gratifying, a distinct click being heard, and the antero-posterior mobility referred to, lost, together with a return of the normal free movements of the joint. Splints were applied and the limb kept flexed at a right angle, the hand being semi-pronated.

On the third day the splints were removed, and beyond a very slight degree of swelling along the external border of the joint, and some tenderness over the head of the radius, nothing abnormal was found, the functions of the joint being unimpaired, and apparently painless. The accident occurred on the 18th of January, 1886, and when seen on the 1st of the following month all swelling and tenderness had disappeared.

The second case occurred on the 22nd of October, 1886, in a weak, unhealthy-looking girl *æet.* six years, and was caused by a nurse pulling the child along for some yards by the right hand, occasionally jerking her forwards; the child at the same time vigorously resisting, until suddenly, with loud cries as though in great pain, she gave up all resistance and followed willingly enough.

When seen on the following day the condition found was similar to that of the first case, with the exception that the swelling around the joint was very much more marked, especially externally, and posteriorly no distinct antero-posterior mobility of the radial head could be detected, although there appeared to be a more distinctly marked forward displacement of the head. The treatment adopted was precisely similar to that already described; but it did not produce such immediately satisfactory results, until pressure backward was made with the thumb over the head of the radius, upon which the bony deformity disappeared, and the motions of the joint returned to a marked extent, although naturally impaired, owing to the amount of swelling of the soft parts surrounding the joint.

The limb was placed in a sling and cold applications applied, no splints being used.

The subsequent history of this case did not show so rapid a recovery as the first, for at the end of three months, when the patient was last seen, there was still a slight amount of thickening over the posterior surface of the joint. Flexion, pronation and supination were not absolutely perfect, while extension was impaired quite perceptibly; but, judging from the marked improvement during the last month of treatment, there seemed every reason to hope that a perfect result would eventually be obtained.

The numerous experiments of Hutchinson upon the dead subject go to show that forcible traction upon the hand in a condition of supination produces only one lesion, viz., the slipping upwards of the orbicular ligament, the head of the radius escaping from the grasp and resting on the border of the capitellum, with a very small degree of forward displacement; and further, in regard to treatment, it was found that flexion, combined with pronation, gave the most prompt and satisfactory results.

In a series of clinical cases, where an injury to the elbow joint was caused by traction upon the supinated hand, with resulting loss of the mobility of the joint, but with little or no deformity, the same treatment was found equally successful, hence the conclusion arrived at was that in each case the lesion produced was precisely similar. Granting this conclusion to be a justifiable one, we have only to apply its teaching to such cases in our own practice, which fully bear out the clinical combination of symptoms already described. Acting upon this, the above two cases are reported, the conditions necessary to form a diagnosis being apparently present in both.

QUARTERLY REVIEW ON DISEASES OF CHILDREN.

DR. W. BEATTIE NESBITT, B.A.

Diphtheria. As regards the etiology, Earle (1) has given considerable attention to the relation between sewerage and this disease. Jacobi (2) has stated the odor of sewer-gas should be considered more as a warning that there is a point at which contagious germs may enter. Earle also

shows that we very often have diphtheria arising apparently *de novo* in western prairie villages, where there is no possibility of sewerage contamination and no trace of introduction of disease by immigrants. The identity of membranous croup, and diphtheria is discussed by Brainerd.⁽²⁾ He says etiology is the same, whether from specific bacteria, which are found in both exudates, or from ptomaines produced by septic bacteria. The histological structure of the membranes is the same, and whether it is easily separable or deeply attached depends merely, as Jacobi says, whether it is on squamous epithelium or on the more highly differentiated cylindrical epithelium with plenty of mucus glands.

Nearly every one admits that both are contagious. The lesser contagiousness of croup depends on the membranes being situated upon cylindrical epithelium, and therefore more readily cast off, so that suppuration does not proceed so rapidly. Diphtheria is more fatal than croup, because the lymphatics in the schneiderian membrane are numerous and large, communicating directly with the glands of the neck. The simultaneous occurrence of both in epidemics has been shown by Jacobi. Both deposit diphtheritic membranes on wounds. He also adduces the testimony of other writers, as Pepper, Jacobi, Deslanders, Fuchs, etc. Treatment: Licherman⁽³⁾ disinfects a room with chlorine and then airs it. The child is now brought in and given a mustard foot-bath, after which it is wrapped up and allowed to perspire for two or three hours. This is repeated every day. Locally, sod. salicylate, 1 pt.; glycerine, 2 pts.; applied four times per day. Gargles throat every half hour with pot. chlorate, 6; and aqua, 180 pts. Internally (1) pot. chlor., 3; aqua, 180; and syr. simp., 30 pts.; (2) acid hydrochlor., aqua and syr. simp. in same proportions. A teaspoonful dose of the first, followed immediately by same quantity of second, every hour. Atomize 3% solution of carbolic acid in room. Results: 237 cases; 68 of the gangrenous form; deaths in all, four. Theory of treatment: Sweating and administration of pot. chlor. concentrates the blood. Hachsmuth has shown such a medium

to be unsuitable for the development of diphtheritic microbes. By the simultaneous administration of pot. chlor. and H. Cl., the acids of chlorine are formed, which act as powerful oxidizers and microbicides. Raven⁽⁴⁾ gives chlorate of potash alone.

Broncho-pneumonia. Money⁽⁵⁾ advocates the treatment of this affection with ice. An ice-bag being applied to the head and another over the seat of chief consolidation, by this means he reduces temperature, quiets the nervous system, calms and regulates the heart, and produces a general conservation of energy. The rectal temperature is the best guide to its employment. Leiter's tubes may be used instead of ice. They should be covered with wool to prevent condensation. He claims for his treatment that it shortens the duration of the disease, and hastens convalescence.

In pneumonia in children, Bonning⁽²⁾ gives antifebrin 1 to 4 grn. doses for reducing temperature, and ice compresses, or a cold bath. Stimulants for keeping up the strength, preferably sherry wine. [With this we cannot very well agree; we think it justifiable to give antifebrin in much smaller doses to quiet the nervous symptoms, but these usually yield readily to cold as above. Here, whiskey is always the best stimulant, because the purest.]

Lobar-pneumonia. Hellstrom,⁽⁵⁾ in a very exhaustive article, arrives at the following conclusions: Lobar-pneumonia is much more common than is generally supposed; frequency, as regards sex, about equal; ages, in 30 cases, 5 were under 3 years, 13 between 3 and 6, 9 between 6 and 10. Symptoms—chills, fever, cough, loss of appetite, vomiting, diarrhoea, painful lassitude, stitch in the side, and convulsions. Following the commencement of the pneumonia, there was an erythematous eruption; this has also been noticed by numerous observers, Rilliet et Bartherz, Ziemssen, Henoch, etc. In a large number there was herpes-labialis. The fever was very high at first and remained about the same, terminating by crisis, which lasted for about 12 hours, and was accompanied in many cases by profuse sweats.

In 2 cases crisis occurred on the 4th day, in 6 on the 5th, in 3 on the 6th, in 4 on the 7th,

2. *American Lancet.*

3. *El. Progresso Ginecol y Pediatrico.*

4. *Rev. Meus des Maladies de L'Enfance.*

5. *Fahrbuch f. Kinderheilkunde.*

in 5 on the 8th, in 3 on the 9th, in 2 on the 10th. In 12 cases the right superior lobe was affected, in 4 right inferior, in 1 whole of right lung, in 6 left superior lobe, in 6 left inferior lobe, in 1 2 superior lobes, in 4 there was a concomitant pleurisy. All of his cases recovered; treatment was symptomatic.

Townsend (1) likewise has given much attention to the subject. He reports 42 cases, of which 17 were under 2 years of age, 2 were 3 years, 3 were 4, 3 were 5, 5 were 6, 4 were 7, and from 8 to 10 years inclusive, 3 for each year; sex, 26 males, 16 females. Lesions were situated as follows: left base, 15 cases; right base, 13; right apex, 7; both lungs, 4; left apex, 3. In 31 cases there was initial vomiting; pain was located in side affected in 7 cases. In 37 cases, 29 ended by crisis; the favorite day was the 7th, the next was the 6th. His charts show the close interdependence of the temperature, pulse and respiration. The curves being placed under one another are most striking. In 42 cases, 40 recoveries; the 2 deaths were to be expected from the nature of the subjects.

Scarlatina infection. Adams, (6) medical health officer for Maidstone, says that patients remain sources of infection for much longer time than is usually supposed. The disease has been communicated by a convalescent who retained no signs of ill health, as late as the 43rd day, and in his opinion infection is communicated in such cases by kissing.

Condition of nutrition during typhoid.—Jakubowitsch (7) says that the generally recognized principle of the diminution in the amount of urine during a rise in temperature is subject to many exceptions. He has often found an increase with high temperature and a diminution with low. Coloration depends principally upon quantity. The sp. gr. is not always inversely proportional to the quantity. He found albuminuria in all his cases. As regards urea we have two groups: 1st, urea abundant in first weeks of disease and gradually diminishing; 2nd, urea diminished at the commencement but afterwards increasing. The uric acid is in direct relation with the changes in temperature. The chlorides are diminished.

6. *Lancet.*

7. *Archiv f. Kinderheilkunde.*

He concludes that in children the urinary secretion is modified less by the temperature than by the virulence of the typhoid poisons in the circulation.

Nephritis and albuminuria in typhoid in children. Geier (5) says: 1, albuminuria is a very frequent symptom of typhoid, often commences on 2nd day, usually lasts from 1 to 2 weeks; 2, nephritis is observed oftener in children than in adults, but the severe forms of it are much rarer in the former than in the latter. 3, those infectious diseases in which the kidneys are often affected (scarlatina) appear to favor the development of nephritis during the course of a typhoid following shortly upon them.

The fever, albuminuria and nervous symptoms are all the consequence of the same cause, the intoxication of the organism by the typhoid poison.

Ferreira (8) draws attention to the relative frequency of perenchymatous nephritis, and particularly the possible relation between certain forms of dermatitis (eczema and impetigo), and the renal lesion. [It is quite probable that the same irritant which produces the dermatitis in one emunctory should affect its principal coadjutor.] *Subcutaneous injections of sodium chloride in anæmia and cholera infantum.* Weiss (4) recommends this treatment for above. The solution consists of a 6% chloride of sodium in aqua distill., to which has been added a few drops of alcohol or rum. The amount used is from 25 to 50 grammes, but it should be determined according to condition of each case; especially is it necessary to be careful in anæmia after continued fevers, as the heart is usually weak and cannot suddenly perform so much extra work. His results have been good.

100 COLLEGE STREET.

Selections.

NEW METHOD OF ADMINISTERING COD-LIVER OIL.—A. Lefaki, of Galata, mixes equal parts of cod-liver oil and lime water, obtaining a liquid of a milky appearance, inodorous, and of syrupy consistence, which may be flavored according to taste with essence of lemon, vanilla, etc. The

8. *Archivio de Patol. Infantile.*

oil in this way is saponified, and becomes even agreeable to the taste, producing no feeling of nausea after swallowing.—*Lyon Médical*, 3 mars, 1889.

TRANSFUSION IN CARBONIC-OXIDE POISONING.

—A workman who had inhaled the vapor of burning coals was taken to the Charité lately. All efforts to restore consciousness having failed, Professor Leyden ordered the injection of two hundred and fifty cubic centimetres of blood, taken from another patient, into one of the veins of the right arm. The patient showed signs of life five hours after the transfusion, then slept for about ten hours, and awoke in excellent spirits. His further recovery was rapid, and he is now quite well.—*Lancet*.

TREATMENT OF GONORRHOEAL OPHTHALMIA.—

Dr. Grandclément, at a recent meeting of the Société des Sciences Médicales de Lyon, advocated the following: 1. Cauterize every twelve hours as completely as possible the ocular conjunctival mucous membrane with a brush dipped in a 2% solution of silver nitrate. 2. Every hour thoroughly irrigate and completely wash out the conjunctival sac with solution of corrosive sublimate in 1000.—*Lyon Médical*.

VERNEUIL ON MICROBISM AND ABSCESS.—

Verneuil proposes to no longer classify abscesses as hot and cold, idiopathic and symptomatic, but etiologically, according to the nature of the bacteria that produce them. For our modern knowledge of the process of supuration we have to thank three methods—microscopic researches with staining re-agents, cultures, and inoculation experiments. We now know that every sample of pus contains bacteria, and the abscess contents may be monomicrobique or poly-microbique. The bacteria of pus may be divided into two groups: the first are constantly present in pus, and are characteristic of it (the different micrococci and diplococci, streptococci, zoogloea, staphylococcus pyog. aureus, citricus, albus, etc.); the second are only found occasionally (various micrococci, bacteria, vibrios, bacilli, etc.). This first Verneuil calls pyogenic microbes proper; the latter,

accidental pyogenic microbes (“pyocoles”). Verneuil divides abscesses into (1) simple abscess, containing only the “pyogenic microbes proper”; (2) infecting abscess, in which the accidental bacteria also occur. He already enumerates sixteen varieties of abscesses occurring with particular infectious diseases, and containing specific bacteria. Variola, syphilis and chancroid do not find places in the list, their bacteria not having as yet been isolated, though certainly they will yet be found.—(Verneuil, *France Méd.*), *Edinburgh Medical Journal*.

THE Canadian Practitioner.

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF
THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest.

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TORONTO, APRIL 16, 1889.

MEDICAL EDUCATION IN THE UNITED STATES.

THE standard of medical education in the United States, if we leave out of consideration a few of the leading colleges, is marvellously low. During the last few years there has been much agitation for reform. It was hoped at one time that public opinion would compel the colleges to make changes for the better and support them in such attempts. When Bellevue Medical College, a few years ago, declared its decision to demand three years' attendance on lectures instead of two, the announcement was received with delight by all interested in higher medical education. But alas! Bellevue hadn't sufficient backbone to adhere to its wise decision: on the contrary, it went back to the old system. Why? Because the new didn't pay. A more disgraceful and contemptible procedure on the part of an institution pretending to some mea-

sure of respectability has probably never been known in the history of medical education.

We are told by the *Medical Times* that there are two reasons why higher medical education was beyond the control of the medical colleges: "1st, because of the easy manner in which charters for colleges could be obtained, and the consequent great competition among colleges for students; 2nd, because students, being but human, would naturally prefer to go to the college which would give them the easiest and quickest entrance into the profession." Under the circumstances the American Medical Association thought it expedient to recommend to the various county and State societies that they should endeavor to have a central examining board appointed for each State, which alone should have the right to issue licenses. The efforts made in this direction have met with unexpected success. Such boards have been established in Kentucky, California, North Carolina, South Carolina, Illinois, Missouri, Nevada, Minnesota, and perhaps one or two other States. The greatest difficulties in the way have been found in some of the most populous States, such as New York, Pennsylvania and Massachusetts. At the present time a bill is being discussed in the Legislature of Pennsylvania, and meets with strong opposition.

We must congratulate the profession of the United States upon the prospect of improvement under the new system, which is somewhat similar to that which prevails in Ontario, although we know of no State in the Union which requires a full four years' course, as we do in this Province. We think it would be well for the United States to have a central examining board for the whole country, instead of separate ones for each State, but that may come in time. In Canada we are in a similar position, as each Province controls its own medical affairs. We regret this for many reasons; but, until the other Provinces adopt a system as complete as ours, Ontario will probably make no changes. We hope, however, that before long there will be a better understanding between the different sections of our Dominion, but the unfriendly criticisms of our good friends in the east will not in the slightest degree assist towards such a happy consummation.

THE PRESENT POSITION OF OBSTETRICS.

SOME writers state that the science and art of obstetrics has not kept up with the times. Others, including ourselves, hold directly opposite opinions. The most brilliant advances in surgery have been the result, directly and indirectly, of our antiseptic methods. Is obstetrics abreast of the times in this particular? We answer decidedly—yes. In proof of this we will refer to the remarkable record of the Maternity Hospital of Philadelphia, as reported by Dr. Joseph Price in the April number of the *Buffalo Medical and Surgical Journal*. We are told that in this hospital there have been no deaths of mothers for a period of five years, there being a series of 540 deliveries without a death, and without a case of puerperal septicæmia.

It is stated that these results are due to the enforcement of the law of strict cleanliness, and the observance of ordinary antiseptic precautions, as inaugurated by Dr. Goodell, and carried out by his successor, Dr. Price. Such a record is simply marvellous, and certainly requires no comment. It is difficult to appreciate fully the results obtained. The series is not only free from a single death, but is also free from septicæmia. This means that the patients have practically made perfect recoveries, without certain complications, which, though not fatal, might seriously impair their health for some time to come, or even cripple them for life.

The methods employed by such distinguished obstetricians may not appear brilliant to certain fussy gynæcologists, but on that account they are none the less worthy of all commendation. Fortunately such success is not confined to Philadelphia. It is difficult to find a record which quite equals this, but the results in various large maternity hospitals in various parts of the world closely approximate it. A few years ago such a happy condition of things, in hospitals frequently overcrowded, would have been considered impossible, but experience has happily shown the absurdity of such opinions. What is the lesson to be learned by the general practitioner from such results? It is simply this—he should have no septicæmia in his practice. If

it occurs, he or some one who should be under his control, is at fault, and he should assume full responsibility and see that it does not recur.

THE ONTARIO MEDICAL ASSOCIATION

The Secretary of the Association has received notice since our last issue that the following gentlemen will read papers at the approaching meeting in June: Dr. Andrew Smith, of New York—subject: "Empyæma;" Dr. Mitchell, Enniskillen—subject: "Early Operations in Cases of Obscure Abdominal Disease;" Dr. Sweetnam, Toronto, on the "Probable Future of Electricity in Gynæcology;" Dr. Ryerson, Toronto, on "Color Blindness;" Dr. Skeene, Brooklyn: "Intra-Ligamentous Ovarian Cystoma."

CANADIAN MEDICAL ASSOCIATION.

The following extracts from a letter received from the Secretary, Dr. Jas. Bell, of Montreal, indicate the favorable arrangements which are being made for the meeting of the Canadian Medical Association to be held at Banff:—

"We have arranged to leave Montreal on the 8th of August; stop over a day in Winnipeg and arrive in Banff on Sunday the 11th, so that our meeting will open on the 12th of August. Mr. Tuttle will give us a schedule of rates and connections, as well as rates from principal American cities, within a few days; also rates for the British Columbians and for an excursion to the Coast. He will arrange to give us the hotel parlors for our meeting, and will endeavor, if a considerable number go, to give us a special train from Winnipeg, and take us up through the mountains by daylight. Tickets will be good for any number of "stop offs," and may be exchanged at Port Arthur for the steamers across the lake. All arrangements will be made as rapidly as possible after receiving a definite written communication from Mr. Tuttle with full details as to rates, etc."

We have been told that it is the intention of the Winnipeg physicians to give entertainment to the "visiting brethren." We would be pleased to have the names of those who purpose attending the meeting for publication in the next issue. It is stated about thirty will go west from Toronto. The officers for 1889 are:—

President, Dr. H. P. Wright, Ottawa. *Secretary*, Dr. Jas. Bell, Montreal. *Treasurer*, Dr. W. H. B. Aikins, Toronto.

Local Vice-Presidents:

Ontario Dr. C. Sheard, Toronto.
Quebec Dr. F. W. Campbell,
Montreal.
New Brunswick . . . Dr. Graham, Bathurst.
Nova Scotia Dr. Ed. Farrell, Halifax.
Manitoba Dr. Lynch, Winnipeg.
British Columbia . . Dr. J. M. Lefevre, Van-
couver.
N. W. Territories . . Dr. Jukes, Regina.
P. E. Island Dr. Jenkins, Charlottetown.

Local Secretaries:

Ontario Dr. Griffin, Hamilton.
Quebec Dr. A. N. Worthington,
Sherbrooke.
New Brunswick . . . Dr. Kellar, Fredericton.
Nova Scotia Dr. Webster, Wolfville.
Manitoba Dr. A. H. Ferguson, Win-
nipeg.
British Columbia . . Dr. Milne, Victoria.
N. W. Territories . . Dr. Oliver C. Edwards.
P. E. Island Dr. McLaren, Georgetown.

NOTES.

PROF. OSLER, of Philadelphia, has kindly furnished us with a paper on "The Conditions of the Brain Suitable for Operative Interference," which will appear in the next issue.

SOMETHING IN OUR FAVOR.—The *Journal of the American Medical Association* says while almost 50 per cent. of American medical schools have no academic connection, more than 90 per cent. of the Canadian schools have university connections, and the Canadian schools as a class rank with the less than half a dozen first-class American schools. Of the 13 Canadian schools, 12 have such connection in all cases with universities, and one is independent.

*THE BRITISH AND AMERICAN CONTINENTAL MEDICAL SOCIETY.—Under this or some similar title, (*N. Y. Medical Journal*) as our Paris correspondent informs us, it is proposed to form a society of British subjects and American citizens who are engaged in the practice of medicine

on the continent of Europe. A number of American and English physicians residing in Paris have been constituted a committee to arrange for a preliminary meeting to be held in Paris in July, and the hope has been expressed that some of the American physicians who intend to visit Europe next summer may attend the meeting.

A MEETING of the graduates in medicine of McGill University, resident in Toronto, was held on the afternoon of the 1st April, in the Medical Library, in connection with the death of the late Dean of Faculty and Professor of Medicine, Dr. R. Palmer Howard.

The following gentlemen were present:—

Dr. Joseph Workman, Dr. J. A. Temple, Dr. H. C. Burritt, Dr. C. H. Cooke, Dr. L. L. Palmer, Dr. R. D. Moffatt, Dr. B. E. McKenzie, Dr. Henry Hunt, Dr. D. J. Gibb Wishart, Dr. R. A. Stevenson, Dr. B. L. Riordan, Dr. Chas. O'Reilly; while Surgeon Major Keefer and Dr. Robertson, of Milton, sent communications concurring in the objects of the meeting.

A letter was drawn up and forwarded to the Medical Faculty of McGill, expressing the respect and esteem entertained by those present for their late Professor, and their sympathy with their Alma Mater in her great loss.

INTERNATIONAL CONGRESS OF THERAPEUTICS AND MATERIA MEDICA—In connection with the Paris Universal Exposition, 1889. The Congress will meet at Paris from the 1st to the 5th of August, 1889, at the Hôtel des Sociétés Savantes, 28 rue Serpente. The officers of the committee are as follows: M. M. Montard-Martin, President; Dujardin-Beaumetz, Vice-President; Constantine Paul, General Secretary; P. G. Bardet, Assistant General Secretary. The following subjects have been selected for discussion by the committee: 1. *Analgesic antipyretics*: Chemistry and pharmacology of these bodies; physiological action and therapeutic uses; laws which permit of establishing a relation between their chemical and physiological actions.—M. DUJARDIN-BEAUMETZ. 2. *Antiseptics suited to each kind of pathogenic microbes*: Relative value of antiseptics; their specific

action; study of their mode of absorption, and of the best methods of administration.—M. CONSTANTINE PAUL. 3. *Cardiac Tonics*: Their nature; their special actions; relative value of the plants, and of their active principles; alkaloids and glucosides.—M. BUCQUOY. 4. *New drugs of vegetable origin recently introduced into Therapeutics*.—M. PLANCTON. 5. *Unification of weights and measures employed in formulae; the utility of an international pharmacopœa*.—M. SHAER, of Zurich. Members of the Congress who intend making any communication are requested to announce the title to the secretary of the committee before the 15th of May next. Communications and discussions will be collected in a volume, which will be printed under the direction of the committee and sent to each member. All physicians, pharmacists and veterinary surgeons may become members by making application and paying a fee of 10 francs to DR. BARDET, Assistant General Secretary, 119 bis, rue Nôtre-Dame-des-Champs, Paris.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.—The following is the list of books received at the Library for the month of March:—*Presented*: "Obstetric Medicine," Blundell; "Researches on Phthisis," Louis—and "New Dispensatory," 1770, by Dr. E. E. King; "How to Draw a Simple Will," and "The Medical Jurisprudence of Insanity," D. A. O'Sullivan, LL.B.—from the author; State Health Reports, Wisconsin; "The Clinical Morphologies," Cutler—from Dr. Wishart; Reference Catalogue Toronto Public Library—from Jas. Bain, jr. *Purchased*: "System of Medicine," Pepper; "Practice and Principles of Medicine," Fagge; "Acupuncture," Simpson; "Anæsthesia," Simpson; "Smellie's Midwifery," 3 vols.; "A Manual of Midwifery," Ryan; "Treatise on Obstetrics," Ramsbotham; "Obstetric Medicine and Surgery," Meigs; "Selected Obstetrical Works," Simpson; "A Treatise on Inflammation of the Uterus," Bannet; Meigs "Children's Fevers," "A Treatise on the Employment of the Speculum," Lee; "Ovarian Dropsy," Brown; "Abdominal Tumors," Bright; Ashwell—"A Treatise on

Diseases Peculiar to Women," "Surgical Diseases of Women," Brown; Meigs' "Diseases of Females," "Medical and Surgical Treatment of Women," Byford; Hodge "Diseases Peculiar to Women;" Hunter, "the Human Gravid Uterus," "Ulceration of the Os Uteri, Diseases Peculiar to Women," Thomas; Whitehead "Abortion," Granville "Abortion," "The Anatomy of the Thymus Gland." The following are the journals for 1889 now on file: British Medical Journal, Boston Medical and Surgical Journal, London Lancet, Medical News, Medical Record, New York Medical Journal, Medical and Surgical Reporter, Medical Analectic, Occidental Medical Times, Index Medicus, Physician's Leisure Library, Montreal Medical Journal, Medical Science, Chicago Medical Journal and Examiner, Medical Summary, Maritime Medical News, Texas Courier Record, College and Clinical Record, Omaha Clinic, Dietetic Gazette, Southern Practitioner, Maryland Medical Journal, American Analyst, American Journal of Obstetrics, Annals of Surgery, American Journal Medical Science, Wood's Medical and Surgical Monographs, Archives of Pediatrics, Northwest Lancet, St. Louis Medical and Surgical Journal, Medical World, American Medical Journal, Philadelphia Medical Times, Therapeutic Gazette, Albany Medical Annals, American Journal of Insanity, Alienist and Neurologist, Cincinnati Medical Journal, American Medical Digest, Northwestern Lancet.

Obituary.

DR. A. M. GIBSON.

MANY regret very much to learn of the death of Dr. A. M. Gibson, which occurred at Portobello, near Edinburgh, on Tuesday, 5th March. Deceased was a graduate of Queen's University, Kingston. He left Canada some years ago to practise in Scotland, settling down in the town of Portobello, a suburb of Edinburgh. He had secured a large practice latterly. He was of a genial and amiable disposition, and a favorite both with his fellow-students and fellow-

practitioners. The *Edinburgh Scotsman* of the 6th March gives the following particulars of his death:—"Dr. A. Murray Gibson died at his residence at 4 Brighton Place, Portobello, early on Tuesday morning. The deceased, who was about thirty-six or thirty-seven years of age, had only been confined to bed since Wednesday week, having, it is said, caught a chill. His illness, however, turned out to be of a more serious nature than was at first apprehended, and symptoms of typhoid fever showed themselves, to which disease he succumbed on Tuesday morning. The deceased, who, during his illness, was attended by Dr. Claud Muirhead, Edinburgh, had a considerable practice in the 'burgh, and was widely known and respected."

Medical Examinations.

WESTERN UNIVERSITY, LONDON,
MEDICAL DEPARTMENT.

Graduates—C. A. Clive, R. H. Honor, Cooper, McRitchie, Hotson, Fraser, Bayley.

Gold Medal—C. A. Clive.

Silver Medal—R. H. Honor.

Third Year Scholarship—Alex. Hayes.

First Year Scholarship—Mr. Gowan.

UNIVERSITY OF BISHOPS COLLEGE.

THE following have passed all the primary examinations: Herbert Tatley, C. R. Woods and H. G. Spooner. The following gentlemen, five in number, passed all the final examinations, and received their degrees as doctor: Chas. E. Elliott, Quebec; James M. Jack, Montreal; W. B. Towle, Geelong, Australia; Thos. S. Nichol, Montreal; and Dr. Alfred C. Smith, New Brunswick, received the *Ad Eundem* degree of C.M., M.D.

Part of the final examinations was passed by James Laurie, T. B. Smiley, C. A. Lauchlin, D. H. Judd and F. E. Bertrand.

WOMEN'S MEDICAL COLLEGE,
TORONTO.

At the College examinations held last month the Final Prize was awarded to Miss J. Carson,

of Strathroy, Ont., who obtained over 85 per cent. of the possible marks.

The Primary Prize was awarded to Miss M. A. Gifford, of Meaford, Ont., who obtained 76 per cent. of the marks allotted.

In the First Year, Miss Chambers obtained II Class Honors, and Miss J. Gray, Miss H. Patterson, Miss E. Foster and Miss E. R. Gray, III Class Honors.

At the Trinity University Examinations there were two candidates for M. D., C. M., from the Woman's Medical College, Miss J. S. Carson and Miss T. M. Taylor, of Melbourne, Australia, both of whom obtained First Class Honors and Certificates of Honor, the former, we believe, being but a few marks behind the Silver Medalist.

In the Primary Examinations Miss M. A. Gifford and Miss L. Graham obtained II Class Honors, and Miss L. K. Meade III Class.

There were eleven new students in attendance at this school during the session just closed.

UNIVERSITY OF TRINITY COLLEGE
FINAL EXAMINATIONS FOR
MD., C.M., 1889.

Class I.—Gold Medal and Certificate of Honor. H. W. Armstrong. *Silver Medals and Certificates of Honor,* J. M. McFarlane, H. Chapple, *aeq.* *Certificates of Honor,* L. W. Allingham, W. Kerr, Miss J. S. Carson, J. I. Wiley, T. J. McNally, P. Brown, (G. S. Rennie, Miss S. M. Taylor, *aeq.*), H. W. Wilson, G. K. Crosthwaite, H. A. Turner, (W. A. Dixon, G. Hargreaves, *aeq.*), H. A. Stewart, (J. R. McCabe, F. G. Salter, *aeq.*), (H. J. Cummings, P. W. H. McKeown, *aeq.*), W. J. Milne, J. T. McKillop, H. D. Quarry, W. D. Springer.

*Class II.—*R. W. Rooney, W. W. Nasmyth, A. M. Spence, M. C. Dewar, (J. B. Guthrie, H. J. Mullen, F. W. Penhall, *aeq.*), W. W. Birdsell, A. E. Wills, R. A. McArthur, W. C. David, D. A. Rose, W. W. Thompson, W. A. Macpherson, A. G. Patterson, (O. L. Berdan, R. McGee, *aeq.*), T. J. Moher, T. C. Patterson, J. W. Cunningham, (S. Bates, U. E. Bateson, *aeq.*), T. McEdwards, J. M. Henwood, P. Drummond, T. H. Johnston, J. T. Rogers, (A. E. Edgar, F. A. R. Gow, *aeq.*), J. Holdcroft, A. McMeans.

*Class III.—*H. Mason, M. C. Black, J. A. Ghent, E. Sands, J. F. Brown, N. Walker, W. F. H. Jewbery, F. Cloutier, J. F. McCormack, B. Z. Milner, D. MacLeod.

ROYAL MEDICAL COLLEGE, KINGSTON.

Gold Medal.—Fred. Harkness, Kingston.

Silver Medal.—Arthur Elliott, Belleville.

House Surgeons.—1, Augustine Gandier, Fort Colougne; 2, James McKenty, Kingston.

Senior Demonstrator.—Wm. McPherson, Prescott.

Junior.—Not settled.

First Year Medal, Silver.—Isaac Woods.

The Graduates.—John A. Belch, Kingston; Hiram M. Buchanan, Kemptville; Felix Cloutier, Crysler; R. C. Chanonhouse, B.A., Eganville; Wm. C. David, Willetsholme; Peter Drummond, Almonte; John Duff, Inverary; Arthur C. Elliott, Belleville; Geo. F. Emery, Gananoque; Anthony Freeland, Quebec; Sidney H. Gardiner, B.A., Kingston; Norman R. Grant, B.A., Stellarton, N.S.; Hedley C. W. Graham, Portsmouth; F. B. Harkness, Kingston; Wm. H. Harvey, Galt; Adam E. Hilker, Port Elgin; Joseph Holdcroft, Tweed; Wm. H. Johnson, Kingston; Omer L. Kilborne, B.A., Toledo; Henry O. Lanfear, Newburg; Wm. C. Little, Barrie; Alex. C. Mavety, Railton; Isabel McConville, Kingston; Michael E. McGrath, Sunbury; Jas. Y. McKillop, Beachburg; Harold S. Northmore, Cataragui; Jas. A. Patterson, Port Elgin; Wm. H. Rankin, Collinsby; Andrew Robinson, Kingston; Ernest Sands, Sunbury; Elias T. Snider, Odessa; Alex. Stewart, Renfrew; Harry E. Tillman, Jamaica, W. I.; Stanley I. Walker, Wilton.

The Passmen.—The following have passed in the following subjects in the primary and intermediate examinations: J. H. Bell—Materia Medica, Physiology, Anatomy. J. Brady—Physiology. Miss Bermingham—Physiology. Miss Minnie Brown—Materia Medica, Histology, Jurisprudence and Anatomy. T. P. Camelon—Materia Medica, Anatomy and Histology. W. A. Cameron—Materia Medica, Histology and Anatomy. J. S. Campbell—Physiology, Anatomy and Materia Medica. J. W. Campbell—Physiology and Anatomy. A. Carmichael—Materia Medica, Physiology and Histology. W. A. Coon—Physiology, Materia Medica, Histology and Anatomy. D. A. Cook—Physiology, Materia Medica, Histology, Sanitary Science and Medical Jurisprudence. A. P. Chown—Physiology and Anatomy. D. Cunningham—Materia Medica, Anatomy and Histology. S. N. Davis—Materia Medica, Anatomy, Physiology and Histology. Miss Clara Demorest—Materia Medica, Histology, Anatomy and Jurisprudence. J. W. Dixon—Physiology, Materia Medica, Histology, Jurisprudence and Anatomy. W. M. Earl—Physiology, Materia Medica and Anatomy. W. A. Empey—Physiology, Histology and Anatomy. J. J. Foley—Physiology, Materia

Medica and Histology. J. Y. Folkes—Materia Medica and Anatomy. Miss Fraser—Histology, Sanitary Science and Jurisprudence. Rosetha Funnel—Histology and Jurisprudence. R. J. Gardiner—Physiology and Anatomy. S. Greene—Physiology, Materia Medica, Histology and Anatomy. J. F. Gibson—Materia Medica, Histology and Physiology. W. W. Genge—Physiology and Histology. W. T. Holdcroft, B.A.—Anatomy, Physiology, Materia Medica and Histology. Geo. Hayunga—Anatomy, Materia Medica and Physiology. Ed. Harrison—Physiology, Materia Medica, Anatomy and Histology. W. Herald—Anatomy, Materia Medica and Histology. D. Herald—Physiology, Materia Medica and Anatomy. W. J. Johnston—Physiology and Materia Medica. D. Kellock—Anatomy, Materia Medica and Histology. J. T. Kennedy—Physiology, Materia Medica, Anatomy and Histology. W. E. Kidd—Physiology, Anatomy and Materia Medica. G. D. Lockhart—Anatomy. T. E. Mackie—Histology. Mary McCallum—Materia Medica, Histology and Physiology. Maggie MacKellar—Sanitary Science, Jurisprudence and Anatomy. Wm. Morgan—Materia Medica and Anatomy. G. T. Meecham—Physiology and Histology. W. A. McPherson—Sanitary Science and Jurisprudence. D. M. McLellan—Physiology. E. Macnee—Physiology, Histology, Materia Medica and Anatomy. J. E. McCuaig—Physiology. E. J. Melville—Physiology, Materia Medica, Anatomy and Histology. J. S. Millar—Jurisprudence and Anatomy. J. Moore—Physiology and Materia Medica. C. F. Mitchell—Materia Medica. Miss Murray—Physiology. G. J. Neish—Materia Medica, Anatomy, Sanitary Science and Jurisprudence. J. A. Ogilvie—Physiology and Materia Medica. M. O'Hara—Physiology. J. M. Patterson—Physiology, Materia Medica, Histology and Anatomy. Parkyn—Physiology. H. Pirie—Physiology and Anatomy. J. D. Reid—Physiology, Materia Medica and Anatomy. E. B. Robinson—Physiology and Materia Medica. E. N. Raymond—Physiology, Materia Medica and Anatomy. M. D. Ryan—Physiology, Materia Medica and Histology. W. J. Scott—Physiology, Materia Medica, Histology and Anatomy. J. E. Spankie—Materia Medica and Histology. A. Stackhouse—Physiology. F. Stiitt—Materia Medica and Histology. J. E. Suter—Physiology and Anatomy. N. Skinner—Physiology and Materia Medica. A. E. Toplin—Physiology. W. B. Thompson—Physiology, Materia Medica, Histology and Anatomy. S. G. Todd—Anatomy. A. J. Valleau—Physiology, Materia Medica, Histology and Anatomy. H. O. Walker—Materia Medica, Histology, Jurisprudence and Anatomy. Ed. Watts—Physi-

ology, Anatomy, Materia Medica and Histology. A. C. Wilson—Physiology, Materia Medica and Anatomy. Miss J. M. Weir—Physiology.

Meeting of Medical Societies

BRITISH GYNÆCOLOGICAL SOCIETY.

REPORTED BY J. F. W. ROSS, M.D.

Wednesday, February 13th.

MR. LAWSON TAIT showed some gall stones removed from an abscess cavity in the liver. He felt convinced that gall stones were formed in the liver and washed down into the gall bladder. He also showed two specimens of fallopian tubes containing pus. In one case there was a history of gonorrhœa. In the other he had previously removed one tube for a similar condition, and now he had some years afterwards been forced to re-open and remove the other. He had found this procedure to be necessary in a number of cases where from some reason he had left one tube remaining.

Dr. Bantock showed two cases of myoma. The first was one shown for an absent member. The pedicle had been tied and dropped. No account of the termination of the case had been given him. In his own case next shown, he had treated the pedicle as he always does, extraperitoneally.

Dr. Fenton believed many of these cases might be treated as they now treated the pedicles of ovarian tumors, namely, intraperitoneally. He believed they were not properly tied. He thought they could be controlled in this manner. Dr. Bantock said he had given the matter a fair trial, but in his cases the subsequent cooing that occurred from the retracting œdematous stumps set up septic peritonitis, and this frequently led to a fatal issue. As to the shortening of the convalescence by the intraperitoneal method, he thought they did not have a chance to convalesce; they died. No matter how long a convalescence might be, it was better than a fatality. He had given up the intraperitoneal method of treating myomata.

Mr. Tait said he rose to combat this charge of carelessness in tying the pedicle in these cases.

He had devised instruments to tie knots tighter than they could be tied by any human hands. But all without avail. As the tissue shrunk, as the oedematous material oozed out, the ligature became loosened and bleeding occurred not perhaps a few hours after, but after forty-eight or seventy-two hours. Any ligature that could not be subsequently tightened would become inefficient, no matter how great care was used in applying it. Doubtless there might be cases in which the ligature might be used with perfect safety. He would not deny it. But how to differentiate them at the time of operation? How foretell the case suitable for one method, and the case suitable for the other? The length of time of convalescence did not weigh at all in his mind. He looked at the actual mortality. He had tied the pedicles in every imaginable way, and now intended to adhere to the extraperitoneal treatment. The mortality of this method was, without doubt, lower than that of any other method.

Dr. Bantock showed a specimen of an hydatid cyst removed from the abdominal wall. Small secondary cysts were found studded over the peritoneum. Mr. Tait said the usually accepted pathology of hydatid cysts would require remodelling. This case was one in point.

Dr. Edis then read a very carefully written history of a case that he had diagnosed as ectopic gestation. The patient had never been pregnant. Menses had always been regular—the twenty-eight day type; but lately she had gone for forty-five days without menstruating. Breasts slightly enlarged; areola somewhat mapped out; follicles increased; blue veins clearly showing. The patient had been reading his book on gynaecology, and was sure something was the matter, and was well posted as to symptoms, so that he felt he had to take her statements with the usual *cum grano salis*. She came to his office complaining of severe pains in the pelvic region. On examination he found a mass in the neighborhood of the uterus, but the uterus was not fixed. It was enlarged, and the cervix velvety. The patient's husband was told of the condition, and that ectopic gestation was suspected. Soon after she was taken at home with excruciating pain. Was removed to hospital for operation. On holding a consultation it was determined to wait a little longer to watch the

progress of the case. Some days after sudden acute symptoms set in, the patient became blanched and showed signs of hemorrhage. He operated, when it was unfortunately too late. An enormous amount of blood was removed from the abdomen. He tied the broad ligament at once, then cleared out the clots and removed the specimen shown, one of ruptured tubal pregnancy about the sixth or seventh week. It had ruptured early. A small ovarian cyst was found and removed at the same time. He was sorry operation had been delayed, but he was guided by the weight of opinion at the consultation. The patient did not rally. The unfortunate result, regretted by all, was only another plea for early operation in such cases. In competent hands exploratory incision was not a very serious matter. He felt that something was there requiring attention, and operation would certainly have been justified for the removal of the small ovarian cyst.

Dr. Fenton thought the diagnosis was only a lucky "shot." He thought many women with the dysmenorrhoeal history this patient had previously had missed a month, two months, many months, without being pregnant. He thought the breast signs were indefinite, and believed what led largely to the diagnosis of ectopic gestation was the presence of the small ovarian cyst so easily felt. He did not think abdominal section called for in the early stage at the time of consultation, unless more urgent symptoms arose. When the more severe symptoms arose operation was demanded. The fatal termination was much to be regretted. But he still held that if the abdominal cavities of women presenting the early developed symptoms of this case were always opened, ectopic gestation would only be found in a very small minority.

Mr. Tait said Dr. Edis had misquoted him when he said that he (Mr. Tait) did not believe ectopic gestation could be diagnosed. What he wrote in his book was: "Much discussion has taken place of late years as to the possibility of diagnosing tubal pregnancy before the period of rupture, and many strangely dogmatic assertions have been made to the effect that such cases have been diagnosed and successfully treated. I am bound to say that I am exceedingly sceptical concerning the correctness of

these statements, and one fact alone would justify my attitude. It is this, that in all the cases that I have operated upon, and in many where I have seen *post mortem* examination and have known the history, the patients have made no complaints till the alarming symptoms of rupture have set in. I have only seen one case before the period of rupture, and then I diagnosed tubal occlusion and distension easily enough, but the question of the woman being pregnant never entered the mind of any one who saw her. Unless some exceptional incident occurs, or unless the patient is a good deal more anxious about the state of her pelvis, and a good deal less reluctant to have it examined into than English women are, as a rule, no diagnosis is possible before the period of rupture, for the patients make no demands upon us."

Mr. Tait said further—"The diagnosis may be made before rupture by some men. I have never but once had the opportunity of making it, and of that case I have just read you the account."

A UNIQUE CASE.

REPORTED BY J. F. W. ROSS, M.D.

MIDLAND BRANCH OF BRITISH MEDICAL ASS'N.

February 14th, 1889.

MR. LAWSON TAIT showed specimens from a case of exceptional interest. The operation was one of the most, if not the most, difficult he had done. The patient presented herself some time ago with a note from her physician. The diagnosis was that of uterine myoma. As it was not inconveniencing her much, he decided to leave her alone. She was near the climacteric age. He heard nothing more of her until a few days ago, when he received a note from her physician asking him to see her. He found her very ill. Her temperature, her attendant said, was high. Her pulse was rapid. On examination he found two masses, one on each side of and behind the uterus, filling the pelvis. These had not been present when he saw her before. He determined to operate without delay, and had her removed to his private hospital. On opening the abdomen, what looked like a five-months pregnant uterus presented. On passing his fingers behind it he came on a peculiar feeling

mass, evidently containing fluid. It was evacuated, drawn up, separated from adhesions, and proved to be a large suppurating tube. During this manipulation a mass on the other side was accidentally ruptured, and the peritoneum filled with stinking pus. He isolated this tube and removed it. Hemorrhage was very severe. He then felt in the pelvis another mass. On drawing it up it proved to be a cystic mass, and after its removal was found to be a dermoid containing hair and sebaceous matter. He then performed hysterectomy for the removal of the myoma. The solid perchloride was used to stop the hemorrhage. Then solution of iron was used, and at last the hemorrhage ceased. Operation took three-quarters of an hour. The dermoid was about the size of two medium-sized oranges. The myoma weighed about one or two pounds, and was situated in the fundus. The patient was doing well so far. The operation having been done on the eighth, this was the sixth day. The myoma was suppurating, and perhaps this originated the acute purulent inflammation of the tubes. The condition of the tubes must have developed rapidly, as they were not to be felt when he first saw the case.

Hospital Reports.

TORONTO GENERAL HOSPITAL.

[Two cases under the care of Dr. I. H. Cameron.]

CASE 1—URINARY FISTULA—REPORTED BY
MR. A. R. GORDON.

W. X. (*æt.* 20), waiter, admitted January 26th, 1889.

About two years previously the patient had what he supposed to be an attack of Gonorrhœa, but there was no discharge nor did he use any injections. He remained in bed, however, for a few days. His chief symptom was a burning or scalding pain felt at the end of the penis, and each act of micturition was preceded by a small clot of blood. These symptoms persisted more or less constantly till Nov., 1888, due, as it was supposed, to a phimosis, for which he was circumcised by his physician. After the operation the symptoms remained.

On Nov. 25, 1888, while moving some barrels of apples, he felt as if something had suddenly given way in the lumbar region, and, although he continued to work that day, suffered severe pain in his back and over and beneath the pubes. About midnight of that night he observed that a large swelling about the size of a hen's egg had formed in the perineum.

Towards the end of the second day the abdomen over the region of the bladder was perceptibly enlarged, and the scrotum was swollen and dark. He did not micturate for four and a half days after the strain, when the doctor in attendance passed a catheter, but only succeeded in drawing off a small quantity of dark and clotted blood.

He states that on the fifth day a free incision was made in the perineum. A large quantity of fetid matter was removed, consisting of urine mixed with blood and pus. The perineal swelling then disappeared by degrees.

The lower portion of the scrotum became darker, and after the application of poultices for a few days, came away as a large slough, leaving the left testicle hanging completely exposed, and the right partly. The opening, however, healed very rapidly, a comparatively small cicatrix remaining.

The urine passed altogether through the perineal incision till Jan. 26, 1889, when the patient entered the hospital.

The urine was normal both in quality and quantity, except that it was mixed with a little pus from the walls of the fistula.

The patient was kept in bed during the month of February, and the catheter was used continuously, so that by the first of March the urine could all be removed through the catheter.

The fistula showed no tendency to heal, however, and on March 4th the patient was anaesthetized, and the walls of the fistula freshened with the knife. The walls were then brought into close apposition by seven silver wire sutures, and the wound dressed with Keith's dressing (Carbolic glycerine $\bar{5}$ i. ad. $\bar{5}$ i.) and a pad of antiseptic gauze held in position by a T bandage.

The urine was several times each day drawn off by a catheter, and on March 15th the patient was discharged well.

MEDIAN OPERATION FOR CHRONIC CYSTITIS,
WITH RECOVERY—REPORTED BY MR.

W. F. BRYANS.

A BRAKEMAN, aged 23, admitted Dec. 20, 1888

Three years before patient noticed that his urine was of a dark red color—micturition frequent—quantity diminished—had pain in lumbar spine—had no other pain—called on a surgeon, who stated that a calculus was in the bladder, but failed to find it with sound. One month after first symptoms were noticed a dull pain was sometimes felt over pubes, which always became worse when patient was exposed to cold. Had also a burning pain in the perineum, present only after passing water. Also burning pain throughout whole length of urethra on passing water, terminating in a burning stinging pain at end of penis.

Two and a half years ago the patient was in the hospital for the symptoms complained of. Under Dr. I. H. Cameron, the bladder was washed out every day with borax and glycerine. Patient took internally Ex. Pareiræ (Fl.), Buchu and Triticum Repens. Poultices were also applied over pubes and on perineum. This treatment gave decided relief. Patient left hospital and was free from pain for three months.

The former symptoms returned and patient re-entered the hospital Dec. 20, 1888.

Treatment:

R.—Ex. Pareiræ (Fl.)

Ex. Buchu (Fl.) $\bar{5}$ i.

Ex. Triticum Repens (Fl.) $\bar{5}$ ii.—M.

Sig.— $\bar{5}$ ii every 4 hrs. in water.

Also a stomachic mixture. Before passing catheter each day an injection of a 4% sol. of cocaine was used. Bladder then washed out with 1 in 5000 of Hyd. Perchlor.

Jan. 21. An opening was made into the bladder in median line by Dr. Cameron. Walls of bladder were found much thickened. The wound was washed antiseptically, a tube inserted and the wound dressed with iodoform and antiseptic gauze. All previous treatment was suspended.

Jan. 22. Patient progressing favorably. Pulse, 86; temp. at 8 p.m. $100\frac{1}{2}$.

Jan 23. Patient passed a restless night. Tube came out and water was passed through urethra, which gave considerable pain. Tube re-inserted this a.m.; temp., normal; wound dressed twice a day.

Jan. 24. Bladder is washed out at each dressing with Boracic Ac., grs. xx to ʒi. Passed a restless night. Tube came out again.

Tube removed on 10th Feb. Scarcely any pain on passing water now. Water now passed part through wound and part through urethra. Wound dressed twice a day. Patient was seen some weeks after leaving hospital, and had thoroughly recovered.

Book Notices.

The Trained Nurse for March contains articles on "The Baby's Wardrobe," "Words of Caution and Advice," "The Social Side of Nursing," "Is a Register for Nurses Desirable," "The Training of Nurses for Sick Children," besides various editorial and miscellaneous matter. The Hospital Supplement illustrates and describes several training schools for nurses, and reviews, in a very complete manner, hospital life during the past month in this and other countries. This is the only journal of its kind in the United States and it reflects credit upon its publishers. The Lakeside Publishing Co., Buffalo, N.Y.

Diagnosis and Treatment of Diseases of the Throat, Nose and Naso-Pharynx, by CARL SEILER, M.D., Philadelphia: Lea Brothers & Co., 1889.

THIS work has now reached its third edition, and although comprising only about 370 pages, it shows a great advance over the first, which was merely intended as a students' guide to the examination of these parts. The present volume contains a short history of the laryngoscope, with a description of it and of the reflector and the various kinds of light used, as well as a concise account of the proper manner in which an examination of a patient's larynx and nose should be conducted. Those who have read the former edition will observe here additional information on the physiology of the voice and articulate speech, as also the latest views on hay-fever. The ordinary acute and chronic inflammatory

affections of the mucous membrane are described not over fully, but in easily comprehensible language, and the treatment required and advised can be readily carried out. The author has omitted from this edition any account of granular or follicular pharyngitis and pharyngitis sicca, holding the opinion that these affections are secondary to diseases of the nose or stomach, and curable on removal of the cause. This may be very true, but it seems to us that the structural changes which take place in the mucous membrane and the local treatment which is usually required in addition to the removal of the causes, render the consideration of these diseases necessary in a work on the throat. The tables of symptoms at the end of the book are well and correctly arranged, but it would not always be safe to rely on symptoms without an ocular examination, with which, however, the tables would be a valuable assistance.

Books & Pamphlets Received.

25th Annual Report Harper Hospital, Detroit, Mich.

State Board of Health Bulletin. Nashville, Tennessee.

Annual Report of Morse Dispensary of Cooper Medical College for 1888. San Francisco.

Merck's Index of Fine Chemicals and Drugs for the Materia Medica and the Arts. 1889.

Surgical Bacteriology. By NICHOLAS SENN M.D., Ph. D. Philadelphia: Lea Brothers & Co., 1889.

The Question of Interfering with the Abscesses of Hip Disease. By A. B. JUDSON, M.D. Reprint.

Warner's Therapeutic Reference Book. Price one dollar. Philadelphia: Wm. R. Warner & Co., 1889.

The American Journal of Psychology. Edited by G. STANLEY HALL, President-elect of Clark University. Baltimore: N. Murray, Publisher.

Wood's Medical and Surgical Monographs for March and April. New York: Wm. Wood & Co., 56 Lafayette Place, 1889.

Monatlicher Anzeiger über Novitäten und Antiquaria aus dem Gebiete der Medicin und Naturwissenschaft. JOSEF SAFAR, Wien viii, Schloßgasse 24.

Congestive Neurasthenia or Insomnia and Nerve Depression. By E. G. WHITTLE, M.D., Lond., F.R.C.S. Eng. London: H. K. Lewis, 136 Gower Street, W. C., 1889.

Psycho-Therapeutics or Treatment by Sleep and Suggestion. By C. LLOYD TUCKEY, M.D. London: Baillière, Tindall & Cox, 20 King William Street, Strand, 1889.

On the Relation of the Nasal and Neuritic Factors in the Etiology of Asthma. By F. H. BOSWORTH, M.D., E. L. SHURBY, M.D., N. H. DALY, M.D., A. H. SMITH, M.D. Reprint.

Personal.

DR. McDONAGH has removed to 289 Church Street.

DR. RICHARD MACDONNELL, of Montreal, will return to Canada early in May.

DR. KYLE, late House Physician at the General Hospital, Kingston, has located at Ianark.

DR. A. H. FERGUSON, Professor of Surgery in the Manitoba Medical College, has left for a six months vacation in Germany.

DR. ROBERT CRAIK has been elected Dean of McGill Faculty of Medicine, in the place of Dr. R. P. Howard, deceased. Dr. George Ross was elected Vice-Dean.

DR. J. S. HARRIS, of Hespeler, Ont., at the Examination of the Jefferson Medical College, Philadelphia, headed the list, taking 785 marks out of a possible 800.

DR. T. MILLMAN has resigned the position of Assistant Medical Superintendent of the Asylum for the Insane, Kingston, Ont., and on May 1st will start practice in Toronto. Residence and office will be 426 Spadina Ave.

Births, Marriages & Deaths

BIRTHS.

KING—On Monday, 8th inst., the wife of Edmund E. King, M.D., of a daughter.

REA—On the 9th March, 1889, the wife of James Rea, M.D., of a daughter, 189 Dovercourt Road.

ELLIS—At 294 Dundas Street, Toronto, on the 29th ult., the wife of Austin D. Ellis, M.B., late of Aberdeen, Scotland, of a daughter.

Miscellaneous.

DR. OLIVER WENDELL HOLMES advises young men not to smoke. "It is liable to injure the sight," he says, "to render the nerves unsteady, to enfeeble the will, and to enslave the nature to an imperious habit likely to stand in the way of a duty to be performed."—*Med. Reg.*

THE MENTAL STATE AT THE APPROACH OF DEATH.—Popular tradition has long asserted that just before a drowning person dies he has a kind of visionary retrospect of the principal events of his past life. It is now believed that the same kind of retrospect occurs in other cases than those of drowning. In a recent communication to the Société de Biologie, M. Féré gave some interesting details bearing on the mental condition of the dying. In some cases the panoramic reproduction comprises all the events of one's existence, while in others it only bears on isolated and insignificant details. In epileptic subjects this form of instantaneous reminiscence is also occasionally observed, and this constitutes a sort of intellectual *aura*. The condition in both cases would seem to point to their being due to some sudden alteration in the cerebral circulation, but M. Féré mentions two cases which appear to show that the phenomenon is possibly of frequent occurrence in death under any circumstances. In one case the patient was succumbing to consumption consequent on spinal disease. Consciousness was already lost when, under the influence of the subcutaneous injection of two grammes of ether, the dying man raised his head and talked with great

rapidity in Flemish, which nobody near could understand. He became impatient and made signs that he wished to write, and on the necessary implements being brought to him, he wrote several lines in the same language. The curious part of it is that the man, though born near Antwerp, had lived in Paris for many years, and he was supposed to have forgotten Flemish altogether. The writing alluded to a debt of twelve shillings contracted twenty years before, and which, as was subsequently ascertained, was still unpaid. The other case was that of an ataxic patient also dying of phthisis. He had lost consciousness, and the pulse was hardly perceptible, when, after an injection of ether, he turned to his wife and exclaimed, "You won't find the pin, for the floor has been replaced;" an allusion to a trivial incident which had happened eighteen years before. Similar occurrences are by no means rare, and it would seem that the reminiscence is usual at death, and that its expression is facilitated by artificial stimulation.—*Press and Circular.*

COLLEGE OF PHYSICIANS and SURGEONS OF ONTARIO.

MEDICAL COUNCIL EXAMINATIONS

APRIL, 1889,

IN TORONTO AND KINGSTON.

The written Primary and Final Examinations commence on Tuesday, the 9th of April, 1889. The Orals Final, in Toronto, on Wednesday, the 17th of April; in Kingston, on Saturday, the 20th of April.

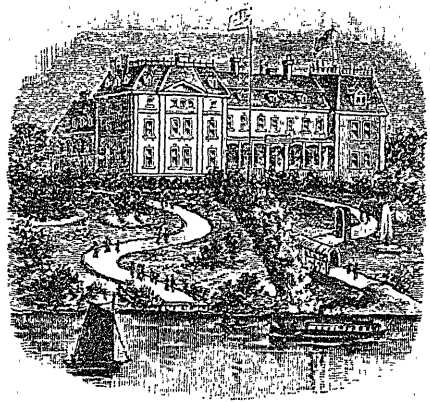
The Clinical Examinations take place in the General Hospital, Toronto, and Kingston. The Orals Primary commence in Kingston on Monday, 22nd April; in Toronto, on Tuesday, the 23rd of April.

By Order

R. A. PYNE,

Registrar College of Physicians and Surgeons, Toronto.

N. B.—Candidates' application forms may be had at any of the Medical Schools or on application to the Registrar. The application is to be properly filled out, and declaration executed and delivered into the hands of the Registrar, accompanied by the tickets and certificates and the Treasurer's receipt, not later than the 1st day of April, 1889. All candidates for Final Examination are required to present their Primary tickets and Certificates at the same time. The Treasurer's Address is Dr. W. T. Aikins, 282 Jarvis Street, Toronto, Ontario.



BISHOP RIDLEY COLLEGE

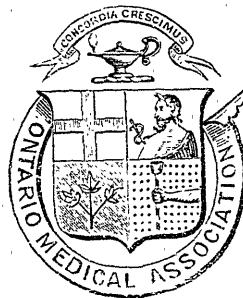
OF ONTARIO, (LIMITED).

ST. CATHARINES.

A Protestant Church School for Boys, in connection with the Church of England, will be opened in the property well-known as "Springbank," St. Catharines, Ont., in September next, 1889.

Boys prepared for matriculation, with honors in all departments, in any University; for entrance into the Royal Military College; for entrance into the Learned Professions. There will be a special Commercial Department. Special attention paid to Physical Culture. Terms moderate. For particulars apply to the Secretary, 26 King St. E., Toronto.

FRED. J. STEWART, Sec.-Treas.



ONTARIO

MEDICAL ASSOCIATION

NINTH

ANNUAL MEETING.

June 5th and 6th, 1889.

The Ninth Annual Meeting of the Ontario Medical Association will be held in the City of Toronto, on Wednesday and Thursday, the 5th and 6th of June.

Return tickets will be issued at reduced rates to all properly qualified members of the profession.

Physicians desirous of reading papers or presenting cases before the Association, are requested to notify the Secretary of the subjects of such papers or cases, on or before the 14th of May.

W. H. Henderson,

President,

Kingston.

D. J. Gibb-Wishart,

Secretary,

30 Carlton St., Toronto.