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ABSTRACT OF THE ADDRESS DELIVERED AT THE OPENING OF THE SEVENTEENTH ANNUAL MEETING OF THE CANADA MEDICAL ASSOCIATION, KINGSTON, ONT., SEPTEMBER 5TH.

By J. A. MULLIN, M.D., PRESIDENT OF THE ASSOCIATION.

After thanking the members for the honor conferred in electing him to preside at this meeting of the association, he referred to the pleasure and advantage of attending these annual meetings, and hearing the views of representative men here assembled, all united in efforts to advance professional knowledge. He spoke with regret of the loss the association had sustained through the death of the late Dr. David, of Montreal, one of the oldest members who had discharged the duties of general secretary for many years, and was held in high respect by all. He alluded to the losses to the profession each year through death, notably in the last year that of Sir Thomas Watson, the author of the eloquent lectures on the practice of medicine, which had for many years been the guide of students of medicine. He referred to the importance of the annual meetings, uniting the members of the several local associations, and by holding the sessions in different parts of the Domi-

nion securing the co-operation of the most prominent members of the profession. Its work has been successful in the past, and we have reason to be hopeful for this year, coming as we do to the old city of Kingston, one of the earliest centres of education in this Province, whose institutions are worthy of its history, and continue to influence the minds of our youth with a vigor corresponding to the growth of our country.

Adverting to the progress made in professional knowledge during the past year, he did not propose to traverse the whole field, but to confine his remarks to some of the investigations recently made respecting the influence of minute organisms in causing disease.

Lister stands foremost in advancing this branch of professional knowledge. His antiseptic method of treatment may not be, and indeed is not considered by himself an ultimate result beyond which it is impossible to pass, but the great merit of his work is, he first called attention to the agencies which effect the decomposition of organic substances. Some hold that these pass into decay as soon as life ceases, and having fulfilled their part, decay is inevitable; that their ultimate particles are held together by so loose a bond that the cessation of life gives the forces of chemical affinity power over them. Organic substances exposed to atmospheric influences, apart from those of vegetable life, will, in time, become decomposed; this, however, would be a slow process, for when pains are taken to prevent vegetable growth, decomposi-

tion is invariably retarded. On the other hand, as every housekeeper knows, the slightest indication of mould is a sure proof of incipient decay. Although the decomposition of organic matter through the influences of vegetable growth may seem opposed to the teachings of chemistry, there is no real antagonism, as both forces may come into operation. Certain chemical solutions are known to sustain bacteria. Several of these were here named in which bacteria are known to grow rapidly. On the other hand Pasteur and Tyndall have shown that even organic substances will remain long without evidences of putrefaction, though this speedily occurs when the first step towards it is taken by the introduction of vegetable life.

The modern treatment of wounds shows the pressing importance not only of preventing decomposition, but of recognizing what are its causes. Many successful practitioners agree with Dr. Gamgee who says: "That he has never been troubled with the idea that infection is always floating in the atmosphere ready to settle in the shape of impalpable and implacable germs into any breach which may be made in the surface of a living body, and that he believes life to be the great antiseptic." Life is undoubtedly the great antiseptic, and tissues instinct with life will best resist the malign influence of vegetable forms; but when wounded their fluids are not in their normal condition, and it is carrying out the principal of both rational and antiseptic surgery to diminish their quantity and thus deprive vegetable growth of food for decomposition.

As regards the practice of medicine it is an important though difficult question to determine to what extent vegetable forms operate in the production of ordinary fevers,—that they do so to a considerable extent is the current belief of the medical profession. Dr. Murchison in '75 at the Pathological Society pointed out a chemical process, having resemblances to the multiplication of contagion. Several fermentations are now recognized to be due to the growth of distinct vegetable forms. Others are more purely chemicals, such as those produced by heat and acid. A peculiar vinous ferment has also been extracted from the madder root. These all induce chemical change without themselves entering into the resulting product. May not decayed or changed albuminous compounds act as similar ferments when introduced into the fluids of the body?

Fever-producing agents, it is now well recognized find a ready vehicle in water, but the separation of the active agent from the liquid is difficult, though recent experiments seem to show not impossible. Dr. Burdon Sanderson, by precipitating with alcohol and then extracting with water, obtained an extract which caused fever. He shows that this extract is not really in solution, though it has passed through filtering paper, it still contains particles which have the power of causing fever. He has ascertained that no animal poison is really soluble, and adopts a plan of filtering through porcelain by which a filtrate is obtained that does not produce fever; this filtrate differs from that which has passed through paper in this important particular, it is barren. The first filtrate has no bacteria, but particles are seen in it. An hour after bacteria are found in considerable numbers. The filtrate through porcelain shows no bacteria, and 24 hours afterwards remains barren. Now here the natural inference is that the fever-producing agents are to be found in particles and yet it is possible that an animal fluid in passing through the fine cells of porcelain may be chemically changed and that the absence of fever-producing energy is due to this change. It is well understood that all bacteria found in diseased tissues are not to be regarded as causes of disease. When an animal fluid begins to decompose bacteria are seen and the forms of vegetable life which appear depend upon the composition of the fluid. One specimen of urine will shew the bacterium terms; if sugar be present the *tortula cerevisiæ* also appears. In other specimens small round cells appear sometimes isolated, at other times in chains. So also it is probable that according to the tissue decomposing, different forms of bacteria are present, each form as it were choosing that tissue most suitable for its growth. Hence even if after death bacteria are found in any tissue, they cannot at once be regarded as causes of disease. It may be that in the dying body, the bacteria infesting the surface of the body and mucous-lining of the intestines in innumerable multitudes, may pass inwards to lay hold of the elements that are dead before the life of the whole body has ceased. This may serve to explain how it is that in different diseases similar forms of bacteria appear. It has been suggested that after all the diversity which is seen in fevers, several may depend upon the same bacteria, modified in the course of time with the circumstances of its growth. Should this seem start-

ing, we may remember that chemical bodies, composed of the same elements in the same proportions, are sometimes endowed with diverse qualities. Dr. Ogston has unquestionably shown that in cases of acute suppuration attended with fever, certain forms of micrococci are invariably present. A full statement was made of the minute and careful experiments of Dr. Ogston, of Aberdeen, respecting these organisms. He found that micrococci taken from an acute abscess and carefully transferred to the albumen of an ordinary fresh egg reproduced themselves in myriads. He also found that if the minutest portion of this albumen were injected under the skin of a healthy animal similar abscesses resulted, abounding with micrococci. Repeated experiments, under the most careful conditions, produced the same results.

Ogston's experiments prepare us to receive the recent teaching regarding the cause of tubercular disease.

This disease brings with it conditions favorable to the growth of bacteria, for parasitic growths are known to flourish in weak organisms. The breaking up of tissues incident to this disease also furnishes most fertile soil for the growth of bacteria. It may be true, as affirmed, that the bacillus is invariably present in cases of tubercle. This the above considerations would lead us to expect, without looking to it as the sole cause of the disease.

Many questions respecting these minute organisms and their influence in life and disease are still to be settled, but their study has unquestionably led to much improvement in the practice of the healing art.

It is satisfactory to believe that these recent studies have confirmed old truths. As regards contagious and tubercular diseases. Our efforts to combat them must to a very great extent depend upon our success in teaching the public to rely less upon antidotes and more upon those means which tend to build up strong bodies capable of resisting the agencies causing disease. Our main hope of lessening the mortality from these diseases lies in carrying out by the public proper sanitary measures; and—

“By temperance taught,

In what thou eat'st or drink'st, seeking from thence
Due nourishment, not gluttonous delight,
Till many years over thy head return,
So may'st thou live till, like ripe fruit thou drop
Into thy mother's lap, or be with ease
Gathered, not harshly plucked.”

THE BIRTH-PLACES OF YELLOW FEVER, AND ITS SO-CALLED PROPAGATION, BY INOCULATION.

(Continuation of Translation).

BY WOLFRED NELSON, C.M., M.D.,

Member of the College of Physicians and Surgeons, Pro Que., Canada; late assistant Demonstrator of Anatomy Medical Faculty, University of Bishop's College, Montreal; late Physician Accoucheur to the Female Home; former attending, and late consulting, Physician to the Montreal Dispensary; late Board of Health and Quarantine, Panama, South America, etc., etc., etc.

Under the title of *The Birthplaces of Yellow Fever*, an article, translated by the writer from *La Estrella du Panama*, appeared in the early issue of the MEDICAL RECORD. It, as well as the article now appended, appeared in the *Jamaica Gazette* (official), under the date of July 12th and 26th, it having been forwarded to the Government of the latter Island by the Earl of Derby, Secretary of State for the Colonies. The readers of the RECORD will observe that the translation, made from the Portuguese, for the Colonial Office, is literal, and by a layman, which accounts for many errors. As the subject is sure to lead to a great deal of medical discussion by those skilled in the treatment of this dreaded disease, it is given word for word as copied for the *Official Gazette*:

TRANSMISSION BY CONTAGION.

“On the 14th we took from the heart of a person who had died of yellow fever an hour before some grammes of blood in which the microscope revealed the presence of the cryptococci that are now currently considered to constitute the characteristic of that disease. Those organisms were in different phases of full development from the size of small black points to that of large round cells, grayish or dark, fringed with a brilliant point in the centre. Besides these were to be seen masses of transparent granulations set in a gangue of yellow pigment.

“We took one gramme of the blood, and, with every care that the case required, our able assistant, Senor Menezes Doria made an intravenous injection in the great vein of a limb of a rabbit. Fifteen minutes later tetaniform convulsions showed themselves with back-hollowing, (opisthotanos?—W. N.), and the animal soon succumbed, fulminated, so to say, by the violence of its virus so rapidly and directly intro-

duced into its great circulatory torrent. At first we suspected that some accident had caused the death of the animal, such as air getting into its vein, or some clot, but the operation was executed with the utmost care, and the death in those cases should have been sudden and unaccompanied with the course of symptoms just mentioned.

On making the autopsy, we found visceral congestions analogous to those that we had seen in the corpses of yellow fever patients, and we found in the blood the same cryptococci as existed in the corpse that served for the inoculation.

If the death had been due to the quick action of its cryptococci, and not to an accident, the blood of the rabbit should, when itself inoculated in another animal, cause the death of the latter. To put this beyond doubt, we took a gramme of the dead rabbit's blood and injected it hypodermatically into a guinea-pig. Well, the latter died at the end of some hours (in the night of the 14th), and we found an extraordinary quantity of cryptococci in its blood, and saw also the anatomic-pathologic lesions which usually characterise cases of yellow fever in man. The death of the second animal was evidently due to contagion, and showed that the rabbit whose blood was inoculated, contained in itself its transmittory virus, and succumbed to the influence of its virus.

Not content with this, we injected a gramme of the guinea-pig's blood under the skin of another guinea-pig, and in the space of some hours this one appeared feverish, oppressed with cold, ears and paws trembling, and rejecting (?) blackish dejections. A drop of this animal's blood showed an infinity of cryptococci, and within a little time it also died.

By these experiments we have proved, therefore, contagion and transmission of the disease four successive times. The sick man received it from the medium in which he lived, from him we passed it to the rabbit, and from it to the guinea-pig, which, in turn, transmitted it to another guinea-pig. In all the four cases the blood showed swarms of cryptococci.

In this manner we are able to produce epizootics in the animals in our laboratory, by inoculating many at once with microbated blood. These facts, therefore, prove beyond doubt that yellow fever is propagated by contagion from

individual to individual; that it is primitively a contagious disease, but may become infectious as soon as sufficiently many foci accumulate. They also prove that the disease does not reside exclusively or especially in any one organ, it resides in the blood, and, therefore, in all the organs the blood traverses."

The writer again wishes to state, that he has made no alteration in the translation in the subject matter of this article. It appeared in the *Official Gazette* of July the 26th, 1883, of the Jamaica Government.

Dr. Domingo Freire considers that he and his assistants, by the repeated experiments have fully established the parasitic nature of the disease, and that the cryptococci found in all cases of yellow fever, are those already dwelt on at length in my June letter to the *RECORD*, and named by Dr. Freire the *Cryptococci Zanthogenicus*.

Dr. Freire also refers to the discovery by him of an alkaloid-jot in the black vomit of malignant cases. This extractive matter he has isolated. He states that it exists as a salt. He claims to have reasons for believing that the alkaloid is a direct product of the excretion or secretion of the cryptococci, which he further adds does not prevent both the alkaloid and the parasites from being factors of the diseased state. As obtained by him, the alkaloid is a liquid of aromatic odor, oily, acrid; combined with water it forms an opalescent emulsion, soluble in alcohol and ether. It turns litmus a deep blue, and he further adds, "it must contain a good proportion of nitrogen, as it gives out abundant ammoniacal vapors when heated in contact with potash."

As a result of further experiments by cultivating cryptococci in gelatine in a Pasteur's tube, he says that the color of black vomit is not due to altered blood, but to the parasites, that he terms *Cryptococci Zanthogenicus*, and thus he produced an artificial black vomit. A culture of the earth cryptococci, that referred to in my June translation last, on this theme, from the grave of a man who had died a year previously of yellow fever, also produced artificial black vomit.

He conducted further experiments with earth from the same grave. A guinea-pig was taken: the animal was perfectly healthy, and a careful microscopic examination of its blood showed it to be normal. The pig was shut up in a small place, with a quantity of this earth. It died after five days, and its blood was literally filled with *crypto-*

cocci, in various stages. Its urine was albuminous, and the brain and intestines were yellow—being studded with the peculiar pigment of the parasites.

In conclusion he says:—"In view of such facts, how can it now be said that the germs of yellow fever disappear with the burial of the corpse. On the contrary, the cemeteries are perennial focuses of contamination, particularly so as regards the epidemic diseases whose parasitical natures are now accepted."

"Corroboration of part of the above is also afforded by Dr. Arango Goes' experiments with blood from the liver of a yellow fever patient; Dr. Goes considers the liver the special seat of the disease. With a culture from the blood of the liver, on a slice of bread, he obtained a fungus, and succeeded with the latter in communicating yellow fever to various fowls, guinea-pigs and a monkey, by inoculations, injections, and direct introduction into the stomach."

A future letter will be devoted to this subject, in which Dr. Domingo Freire's statements will be duly criticised. The careful reader will have noticed how Dr. Freire has deceived himself in propagation of the so-called yellow fever.

Panama, South America,
Aug. 23rd, 1883.

REMARKABLE CASE OF OBSTETRICS.— ABORTION AT TWO MONTHS AND QUADRUPLETS AT FULL TIME.

By Drs. EDWARDS and McTAGGART, OF LONDON, ONT.

On the 21st of July, 1883, we were called to see Mrs. S. of this city; patient of small stature, English by birth, age 38, average weight 100 lbs., height 5 feet 1 inch. She is the mother of four living children, two boys and two girls, aged 12, 10, 8 and 7 years. There was nothing unusual at any of her previous confinements, never had a miscarriage before.

On abdominal examination we found the abdomen extremely enlarged and pendulous. We advised support from the shoulders. She told us that she was but five months *eniente*, but from her history and condition we assured her that she was seven months pregnant. Patient always enjoyed good health; her menses being regular. She last menstruated on December 4th, 1882; about seven weeks from this time she commenced to flow,

which lasted for some three weeks, accompanied by pain. With a pain resembling a labor pain something was expelled which she described as a lump of flesh with blood vessels in it. To this "lump" was attached a short string. At this she became alarmed, and consulted a medical man who assured her that she had had a miscarriage. He prescribed some medicine which he said would check the flow and cause the expulsion of anything that might remain. From her account the flow increased for a few days, then finally stopped. From this time until Friday, the 14th September, 1883, she has been, comparatively speaking, quite well although distressed by the immense size and weight of the abdomen. On the evening of this date (Friday, 14th September), she was delivered of four living children, two boys and two girls; the time elapsing between the birth of the first and that of the last child being one hour and forty-five minutes. The weight of the male children exceeded that of the females by a few ounces. Weight of males, 4 lbs. 9¼ oz. and 4 lbs. 3 oz.; females, 4 lbs. 6 oz. and 3 lbs. 13¾ ozs. Labor terminated favorably, there being no hæmorrhage to speak of. There was but one placenta, each cord being inserted at different parts of its surface. The quartette are now six days old, all healthy, able to nurse and bid fair to live. The mother is doing exceedingly well, having suffered no more exhaustion than if she had had but one child.

We might here say that the father, Mr. C. S., is English by birth, age 41, height 5 feet 6 inches, and average weight 169 lbs., is a strong, healthy and robust man.

Society Proceedings.

MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, June 14th, 1883.

R. A. KENNEDY, M.D., PRESIDENT, IN THE
CHAIR.

Hodgskin's Disease.—Dr. Osler exhibited th patient, a farmer, large and well-built, 24 years of age, with good family history. Enlargement of glands began 18 months ago. The cervical and axillary very large; inguinal slightly enlarged, but not the thoracic nor abdominal. Not markedly cachectic, but looks much older than 24 years. Says he is much darker than before disease began. Not specially anæmic. There is one-

fifth of a reduction of red blood corpuscles, one colorless to 150 red. Left arm is œdematous from pressure of mass in axilla. One gland over left clavicle necrosed. Has continuous pyrexia, very little pain, slight cough. Has had an itchy papular eruption for past year. This known to be sometimes present in this disease, Dr. Osler said it was a typical case, and was the third he had seen this spring. Is giving him arsenic; has seen glands lessen with this remedy in two cases.

Dr. Osler shewed specimens of *Hydatids* under the microscope. They were from a patient of Dr. MacLaren's, of Paisley, who had been passing them for some time in his urine. Dr. Osler had tabulated sixty-three cases, in none of which were they found in the kidney. It is possible these may have come from peritoneum and into bladder.

Dr. Osler showed a *lympho-sarcomatous growth of bronchial glands* in a patient under Dr. Wilkin's care. It involved portions of both lungs and pleuræ. Secondary growths were also found in pancreas and on membranes of spinal cord. The latter was the cause of death, its rapid growth and pressure on cord producing acute myelitis.

Dr. WILKINS stated that patient had been brought into hospital about eight or ten days previous to his death, in a completely paraplegic state; he had been so for ten days. For about five or six weeks previous to the setting in of the paraplegia, he had been complaining of "rheumatic" pains in his shoulders, and also in his legs, but had been quite well up to that time. The paraplegia with bladder trouble set in within twenty-four hours of his first noticing any loss of power in limbs. On entering hospital there was complete anæsthesia and paraplegia extending up to level of sixth costal cartilage. He had typical bullæ on internal surfaces of both knees where they had been in contact, on buttocks and on one external malleolus, points to early irritative lesion of posterior roots on cornua. Muscles responded to a strong faradic current when he entered hospital; but this faradic excitability had quite disappeared the day previous to death. The only objective symptom pointing to a lung lesion, was the presence of bronchial râles.

Dr. Osler exhibited a *large amyloid liver* from a patient who died of phthisis under Dr. Wilkins' care.

Dr. WILKINS stated that the case had been one of several years' standing, during all of which time patient had more or less profuse expectoration;

lower margin of liver extended to crest of ilium, and about one inch below umbilicus. No unusual symptom was associated with the case, until about a fortnight previous to his death, when jaundice made its appearance, the color gradually becoming very deep. Dr. Wilkins had considered the occurrence of jaundice with amyloid liver as of very rare occurrence, and in this case had supposed it to be due to the pressure of enlarged lymphatics on bile ducts, the cause usually assigned for this condition. At *post mortem* glands were found to be only slightly enlarged, and ducts previous, and as he had not yet made a microscopical examination, he could not give any positive reasons for the jaundice.

Dr. Wilkins exhibited a number of microscopical sections made from different regions of spinal cord of a patient who died of myelitis, in which the microscopic as well as the physical signs shewed the posterior cornua to have been less affected than the anterior. There had been complete loss of power of both legs, with paresis of muscles of arms, hyperæsthesia; a bed-sore making its appearance only after the sixth week of illness. Under the microscope, some of the motor ganglion cells could be seen swollen to more than twice the normal size; others with one or more large vacuoles, which gave the appearance of the ganglion being filled with fat cells, but their reaction with prussic acid shewed they were not fat; other motor ganglion cells existed only in a shrunken condition, some with these processes quite disappeared. In all the sections leucocytes could be plainly seen scattered through the field. The sections were all double stained—some with sulph-indigotate of soda and carmine; others with picrocarmine and logwood.

Uterine Fibroid.—Dr. Gardner exhibited fragments of a uterine fibroid removed by him assisted by Dr. Ross, whose patient she was. Patient had been blanched with hæmorrhages; on examination uterus was found enlarged. Dilatation by means of tents revealed a sub-mucous fibroid, size of an egg. Repeated applications of strong solution of iodine did not stop the hæmorrhages. Again dilated and separated the tumor by Thomas' scoop and a pair of scissors. The operation was very difficult as the tumor was sessile. Iodoform was used as a dressing, it kept everything sweet. No hæmorrhage since removal, now three weeks.

Dr. Ross said that fourteen months ago she began to have excessive flowing, gradually grew

worse, lost much each month. After a time an examination was allowed, when he found the above condition to be present. It took two and a half hours to remove the tumor. Her condition in spite of having a small growth size of a marble in right cornua, is very satisfactory.

Dr. ALLOWAY asked if Dr. Gardner ever used Emmet's traction operation for uterine fibroids, which in time produced a pedicle.

Dr. GARDNER believed Emmet's operations to be very good; but not suitable for this case, as the base of the tumor was so large, being something like a hump on the uterine wall.

Tracheotomy.—Dr. ALLOWAY read a paper embodying the history of 6 cases of tracheotomy in children, 4 of which ended in recovery. The ages ranged from 2 to 7 years. Three were males and three females. Of the recoveries two were females and two males; of deaths, one male and one female. The ages of those which recovered were two, three, three and seven years, respectively. In two there were diphtheritic patches recognized in the throat; the remaining four were membranous croup. Of recoveries, two were subject of diphtheria and two membranous croup. In the successful cases the tube was removed on the seventh, eleventh, thirteenth and fourteenth day. Steam and carbolized dressing were used in all; the steam was not generated directly in the room, but obtained from boiling water kept constantly supplied to large flat tin vessels on the floor of the room. The operation in all was performed early.

Dr. BELL said he had recently performed tracheotomy four times for diphtheria. All were bad cases in young children, and had to be done in a hurry, as children were cyanosed. First case, 3 years old; opened below thyroid; lived about forty-eight hours; membrane went below wound; no *post mortem*. Second case, $3\frac{1}{4}$ years; within forty-eight hours the wound was covered with membrane. Applied glycerine and carbolic acid; died fourth day; *post mortem* shewed membrane in small bronchii. Third case was brother to the last, no membrane seen, but great relief followed opening trachea; took nourishment well for thirty-six hours; tough secretion now formed, and forty-eight hours after operation was almost suffocated by it; was relieved by passing feathers down and removing secretion, this gave great comfort, and had to be repeated frequently; died after four days; *post mortem*; no membrane in trachea, but died of lobular pneumonia from pushing down dry

secretion with feather; temperature ran high. Fourth case; membrane in trachea was relieved by operation, but gradually sank; died from infection seventeen hours after operation. Did not steam with any of these cases.

Dr. BELL read following extracts from a paper on this subject by Dr. H. Linder:—

Out of 106 cases of tracheotomy for croup and diphtheria 63 died and 38 recovered. Of 79 cases in which obstruction of air passages was the prominent morbid condition, 44 died. The chances are slight under two years. Operate when retraction of chest becomes a prominent sign. Superior operation done in all but 5 cases. Prefers it on account of thymus gland in young children. He recommends chloroform in all cases except where intense asphyxia. When the signs of great general infection were marked, that is in 22 cases, all died. Uses steam, thinks it useful in lessening the dry and firm secretion at end of tube; but thinks it produces pneumonia sometimes, and increases danger in that way. Recommends apomorphia in large doses. It increases watery secretion from bronchi and separation of membrane. Next to general infection thinks that pneumonia is chief difficulty, and is indicated by sudden rise of temperature.

Dr. BLACKADER said he believed steam to be very useful in these cases. Lately he had seen its good effects in a patient of his suffering from laryngeal diphtheria on whom Dr. Roddick had operated. One day the steam (which was directed under a tent over the bed) was discontinued by the attendant, when the child became alarmingly worse, but after being renewed she breathed easier and ended in a complete recovery, although was paralyzed for a time.

Dr. FENWICK advocated use of steam. Although last year had two cases of tracheotomy for diphtheria where, owing to lack of accommodation, steam could not be used and yet both recovered.

Dr. RODDICK had performed the operation thirty odd times. He said his rules were: 1st. To dissuade from operating if glands engaged, for the patients are almost sure to die of septicæmia, and the operation hastens the fatal issue. 2nd. Has given up the idea of operating with a single assistant; must have two, one to give anæsthetic and one to assist the operator. Believes ether better than chloroform. Never saw ether act badly. Made a rule now of doing the low operation, raising the thoroid is easy and simple, the lower part of isthmus being loose on the trachea.

Uses no haste in putting in tube, has known the tube to be put to one side and be the cause of death. Believed Trousseau's old double tube, with or without moveable shield, to be the best; always uses steam, thought it very necessary.

Drs. Alloway, Roddick and Bell had all seen cases where there was much difficulty in permanently removing the tube, owing to suffocating symptoms coming on, due to spasm and also exuberant granulations in the trachea, which stand out and lessen calibre when the pressure of the tube is removed.

Dr. MAJOR considered that a record of tracheotomies, to be of any statistical value, required to be divided as to the condition for the relief which the operations were undertaken. In his experience opening the air passage in diphtheria has proved eminently unsatisfactory—in *so far as life-saving power was concerned*—whereas for the relief of other conditions it had been universally successful—in any case the more early the tracheotomy the better. He would also call attention to the neglect of laryngoscopic examinations. He thought, when none was had, that both patient and practitioner were at a great disadvantage; as at least we might determine the character of the obstruction; whether œdema, membrane, (diphtheritic or croupous), or as he had even seen papillomatous growths mistaken for croup, and an operation so long delayed that a fatal termination from congestion of the lungs was the result. And we should also know whether the membrane extended below the point of our proposed incision, a matter of some moment in deciding upon operative procedure.

CANADA MEDICAL ASSOCIATION.

Sixteenth Annual Meeting, held at Kingston, Ontario, September 5, 6 and 7, 1883.

KINGSTON, the old capital of Canada, offers certain advantages for the meeting of a medical association. Though a town of only sixteen thousand inhabitants, the profession comprises men of considerable energy and ability. For thirty years it has been the seat of a medical school—the Royal College of Physicians and Surgeons—which is in affiliation with Queen's University. There are two hospitals: the General, a Protestant and the Hôtel Dieu, a Catholic institution. The

Provincial penitentiary is situated here, and has about six hundred inmates, and there is a large asylum for the insane, with five hundred patients. Queen's University, the Presbyterian college of Canada, is a well-endowed institution, with about two hundred students. The Military College of Canada is also here. Situated at the east end of Lake Ontario, close to the Thousand Islands, the city is unusually well placed for excursions, etc.

SEPTEMBER 5TH, FIRST DAY.—MORNING SESSION.

GENERAL MEETING.

The meeting was called to order by the PRESIDENT, Dr. JOHN MULLIN, of Hamilton, Ont., and the Association was warmly welcomed by the Mayor on behalf of the citizens, and by Dr. Sullivan on behalf of the profession.

Dr. Hunt, of the Asylum for the Insane at Pontiac, Mich., Prof. McLean, of Ann Arbor, Mich., Dr. Walker, of Detroit, delegate from the American Medical Association, and Dr. Dorland, of Milwaukee, delegate from the Wisconsin State Medical Society, were invited to the platform.

After the reading of minutes and election of members, the reports of committees were then taken up.

Dr. CANNIFF, of Toronto, as Chairman of the

SPECIAL COMMITTEE ON VITAL STATISTICS,

reported that the committee had never held any meeting, and that he had been frustrated in his efforts to secure a grant from the Dominion Government for the collection of vital statistics. He read letters showing that this had been caused by Dr. Larocque, Dr. Playter, and others calling a convention at Ottawa, and forming a separate society, for which they succeeded in getting a grant from the Government.

Drs. PLAYTER and LAROCQUE explained their connection with the convention referred to, and showed that the matter was entirely an oversight. They were under the impression that the special committee of which Dr. Canniff was president had ceased to exist after last year's meeting.

Dr. LAROCQUE, of Montreal, read a most exhaustive report from the

COMMITTEE ON CLIMATOLOGY AND PUBLIC HEALTH, which was received.

Dr. OLDWRIGHT noted two or three points which he thought should be discussed. The first of these was the subject of local boards of health. He

thought the efforts of the Association should be used to have these established in all parts of the Dominion by the various Provincial governments. Other important subjects were the reporting of contagious diseases to the authorities and the licensing of plumbers. He thought, also, that the removal of sanitary legislation from the Provincial to the Federal Government, as recommended by the report, would be a mistake. There was sufficient work for both. The Dominion Government should attend to such subjects as adulteration of food, immigration, and commerce and manufactures.

Dr. YEOMANS remarked that a systematic report of contagious diseases was furnished to all the schools of Hamilton, by means of which the mortality among the school-children had been reduced and the attendance at the schools increased.

A vote of thanks was tendered to Dr. Larocque for his able report.

Drs. Botsford, G. E. Fenwick, Grant, Graham, Rogers, Bray, Worthington, Malloch, Gliver, Tye, Sweetland, Canniff, Oldwright, and the President were appointed a

SPECIAL COMMITTEE ON NOMINATIONS.

Dr. METCALF extended an invitation to the members to make a

VISIT TO THE ASYLUM.

at their convenience, after which the meeting adjourned to meet at 2 P. M.

AFTERNOON SESSION.

The afternoon session opened at 2.30, and the first business was

THE PRESIDENT'S ADDRESS,

in which Dr. MULLIN briefly returned thanks for the honor which had been conferred upon him, and then referred to the presence of both old and young physicians. They were both welcome, especially the former, whose attendance shewed that their eyes were not dim, nor their natural forces abated. A brief allusion was made to the death of Dr. David, of Montreal, late Secretary of the Association. It had been remarked that the itinerancy of the Association had been opposed to its usefulness and jeopardized its existence, yet every meeting gave increased confidence in its success. All who attended its sessions recognized the advantages derived from every place where it had met. Each had given its special contribution

to the success of the Association, and in each place it had elicited the cordial support of the profession. We look for continued success when we reflect on the standing of the profession in this vicinity, and remember that we have come to an important centre of education and culture. Every member of this Association gladly recognizes that the institutions of this city remain worthy of the history of Eastern Ontario, and exercise their influence over the youth of the present with increased vigor, corresponding to the growth of our country. He said that the importance of the annual meeting could not be over-estimated. Each of the medical societies had its spheres of usefulness; the country, city, and provincial associations could do work that would advance the interest and knowledge of the members of the profession, but the highest and best results may be attained by the Association gathering to it each year the members of the profession from all parts of the Dominion, who in the discussions would reflect the progress they were able to make. All cordially agreed with the remarks made by the president of the Ontario Medical Association at its late meeting, who referred to the relationship of the various local societies to the Dominion Association, and indicated that while each worked in its own sphere, all should co-operate and endeavor to promote the work of the Dominion Association. The speaker said he would not attempt even a slight sketch of the work of the past year, but would confine himself to one subject—the agencies through which the decomposition of organic substance was effected. As practitioners of medicine all must recognize that while chemical affinities might and do play their part, the decompositions referred to were attended with and seemed to be dependent upon the growth and development of vegetable forms. He referred to the several experiments that had been made in support of this theory. He concluded by saying: "Our knowledge at present is in accordance with that long since found true, that as regards contagious fevers and tubercular diseases our efforts must depend to a great extent on our success in teaching the public to rely less upon antidotes and more upon those means which tend to build up strong frames capable of withstanding the agencies causing disease; that our main hope of lessening the mortality from these diseases lies in the carrying out by the public of proper sanitary measures, and, as regards the individual, attention to the laws of health."

MEDICAL SECTION.

Dr. GRAHAM, of Toronto, in the chair.

DIET AS A THERAPEUTIC AGENT.

Dr. PLAYTER, of Toronto, urged the necessity and importance of proper diet in acute and chronic maladies, and spoke of the ailments induced by the habitual consumption of an excess of food.

In the remarks which followed, Dr. REEVE, of Toronto, stated that he believed that many cases of phlyctenular ophthalmia in children were caused by over-eating of fresh fruit. He had known instances in which fruit had been given in considerable amount to sucklings.

Dr. GRAHAM referred to the important influence of food in skin affections; many acute attacks depend upon peculiar sorts of food, while many chronic maladies may be produced by either a defective or excessive diet.

INVAGINATED AND GANGRENOUS BOWEL.

Dr. SHEARD, of Toronto, presented the specimen, and read notes of the case. The specimen showed eight or nine inches of the ileum invaginated in the colon and gangrenous. The patient, a man aged thirty-seven, had a right inguinal hernia, which became strangulated, and was reduced, but without the cessation of the prominent symptoms. A tumor appeared in the right iliac region, and Dr. Burns opened the abdomen, when the condition above described was discovered. The hernia was omental, and apparently had had nothing to do with the intussusception. The man died shortly after the operation.

Dr. OSLER looked upon this as an example of cases in which recovery sometimes takes place by the sloughing of the piece of small bowel invaginated. In cases of impacted feces, with acute symptoms, would give opium in preference to purgatives.

Dr. MULLIN said that in cases of obstruction from any cause, he would treat the acute symptoms in preference to operating.

INFLATION OF THE LUNGS BY ABDOMINAL AND THORACIC TRACTION.

Dr. BOTSFORD, of St. John, N.B., described the method which he believed might be of some service in cases of suspended breathing in drowning, during anæsthesia, or in new-born children. By means of pieces of plaster, four by four inches, fitted with rubber rings, and applied on the abdomen or lower thorax, traction could be made in such a way as to draw down the diaphragm. The

doctor had not had an opportunity of trying his method, but he thought the suggestion might be of some value.

Dr. BURNHAM, of Toronto, late House Surgeon at the Royal London Ophthalmic Hospital, stated that in that institution they had had no deaths from anæsthetics for six or seven years, though, of course, among the very large number anæsthetized every year many cases occurred in which methods of resuscitation had to be employed. In a case of danger one assistant straddled the patient and exerted pressure on the abdomen, while a second performed artificial respiration with the arms. Inhalation of amyl nitrite was employed, and believed to be of the greatest value.

Dr. GRANT thought the method not practicable. In a recent case lowered the head with good results.

SUCCESSIVE DROPSIES OF THE AMNION, ALWAYS SPECIFIC.

Dr. DORLAND, of Milwaukee, Wis., presented the report of six cases in which, in successive pregnancies, the amount of liquor amnii was in great excess, and in all evidence of syphilis could be obtained. In several of the cases specific treatment seemed to be successful in preventing the condition, which had occurred in previous pregnancies. The cases were given in detail, and the doctor had had the patients under observation for some years, all of them having occurred in family practice.

Dr. OLDRIGHT asked if the result was not due to the absorbent action of the iodide rather than to its anti-syphilitic properties.

Dr. OSLER asked if any of the children were dropsical, this condition being frequently seen with dropsy of the amnion.

Dr. SHEARD asked if there were any changes seen in the placenta.

Dr. MULLIN had frequently seen dropsy of the amnion, which he considered due to syphilis. How long would Dr. Dorland keep his patient under treatment?

Dr. YEOMANS had seen cases of excessive liquor amnii in healthy women, where there was no evidence of syphilis.

Dr. DORLAND replied that none of the children were dropsical. No appreciable changes in the placentas. Would keep the woman on specific treatment from the second to the seventh month of pregnancy.

MEDICAL ETHICS.

Dr. DUPIUS, of Kingston, read a paper on the *Relation of Medical Men to Each Other, and to Each Other's Patients*, which was largely a plea for free trade in medicine.

Dr. Harrison, of Selkirk, Dr. Canniff, of Toronto, and Drs. McCannon and Oliver, of Kingston, repudiated warmly the opinions expressed by Dr. Dupius, and there appeared to be a very general feeling that a mistake had been made in permitting such a communication to come before the Society.

HYOSCYAMINE IN THE TREATMENT OF MENTAL DISEASES.

The results of six years' experience with the drug were given by Dr. METCALF, of the Kingston Asylum. Of the two preparations of Merck, the crystalline was preferred. The dose given was from one-twelfth to one-eighth of a grain, hypodermically. Two great advantages were promptitude and certainty. In sixty patients treated in all forms, no ill-effects had followed, and very many were benefited. One full dose was usually given daily; if after a few doses no benefit followed, the use of the drug was discontinued. In some forms recovery appeared to follow; six cases of severe mania were all benefited, and it seemed advantageous in all forms of maniacal excitement.

Dr. HURD, of Pontiac, Mich., had little to add to Dr. Metcalf's experience. The drug appeared to change the mental action. Intoxication may be produced. He had found particular benefit in cases of melancholia with persistent refusal of food. It appeared to change the delusion on which the refusal depends. In these cases he gave small doses of one-twenty-fourth to one-forty-eighth of a grain. In one patient choreiform movements appeared, ceased with the interruption of the medicine, and reappeared when again administered. It seemed to increase the appetite, and the patients often awoke hungry. It should never be given in large doses where there is any fatty degeneration of the heart.

Dr. DANIEL CLARKE, of the Toronto Asylum, thought that the drug should be more widely used by general practitioners in cases of delirium tremens, acute mania, and melancholia with suicidal tendency. He used Merck's preparation, and also the tincture (B. P.), not in the ordinary doses, but as much as one and a half ounces. He had found

the greatest benefit in sthenic mania, and if it is to do good, two or three doses will suffice.

Dr. THORBURN, of Toronto, suggested caution in the use of such doses of the tincture as recommended by Dr. Clarke. He had a lively remembrance of the introduction by Jones, of Jersey, of large doses of digitalis in delirium tremens. He gave two instances in which a fatal result had apparently been caused by large doses of this medicine.

Dr. TROUTMAN, of New York, had had much experience, and placed great reliance on the drug. It is contra-indicated in acute delirium with dryness of tongue and muscular tremors. It is also injurious in general paresis with much excitement.

LEPROSY IN NEW BRUNSWICK.

Dr. GRAHAM, of Toronto, read an exhaustive paper based on a study of the leper settlement at Tracadie, N.B. The region in which the disease appears has about two thousand inhabitants, chiefly French-Canadians, who live on small farms, and also engage in fishing and hunting. The diet is mainly fish, potatoes, and bread, with but little meat. They are partial to stale fish, preferring it to fresh. Large families live in small rooms. He had made a thorough investigation into the family history of the various sufferers, and presented interesting genealogical charts. At present there are only twenty-four patients in the Lazaretto, and the average length of residence is five years. A few cases are at large, and it is chiefly through the influence of the priests that they are detected and secluded. Dr. Graham's conclusions are as follows:

1. Although it has been shown in other countries that the disease can be propagated purely by hereditary influences, no case has yet been recorded in Tracadie, so far as he could learn, which would prove that theory.
2. That the disease was imported from without, and, finding favorable surroundings, it spread from one to another by contagion. In order to contract the disease, certain conditions appear necessary: (a) low state of the system. It has been noticed in Tracadie that persons die from very slight ailments, and that there is very little power of resisting disease. (b) To belong to certain race or family. The Le Bretons among the Tracadie families entirely escaped. (c) Lengthened and intimate contact with leprosy persons with frequent opportunities for inoculation.

SURGICAL SECTION.

Dr. TYE, of Chatham, Ont., in the Chair.

IMPERFORATE ANUS WITH FECAL FISTULA.

Dr. FENWICK, of Montreal, narrated the case which was that of a man admitted to the General Hospital with a remarkable malformation of the lower bowel. There was a small opening at the site of the anus, and another at the root of the penis, just in front of the scrotum. The orifice in the perineum was the result of an operation for imperforate anus shortly after birth. The canal in the perineum leading from the rectum appeared like a direct continuation of the bowel. The case was a very unusual one, and it was decided to close the perineal canal, which was done without much difficulty. Prof. McLean, Drs. Walker, Holmes, and Bethune took part in the discussion. RETROVERSION AND RETROFLEXION OF THE UTERUS.

Dr. WORTHINGTON, of Clinton, read a paper on four interesting cases.

The condition was alluded to briefly in general terms, and then the notes of four interesting cases were given. In the third case, immediately on commencing a vaginal injection of hot water, the patient was seized with violent pelvic pain and symptoms of collapse, followed by a severe attack with symptoms of peritonitis, and lasting for many days, but ending in recovery. The cases were treated with varying amounts of success by the Hodge-Smith pessary.

Dr. GARDNER said everybody who treated such cases knew how troublesome they were, and that in a certain number it was next to impossible to give relief. He alluded to a practice of Lawson Tait, who, incidentally in a few cases after the operation for removal of the uterine appendages, had raised the fundus of the uterus and sutured it to the abdominal wall. He believed the practice justifiable, and thought that, in view of the modern small mortality after abdominal section, it might, in the future, be a perfectly justifiable operation, probably quite as safe and much more successful than the practice of Erich of Baltimore and Schultz of Jena, who both had, under ether, after dilatation of the uterus, forcibly stretched or torn away the adhesions which so often prevent replacement. The division of the adhesions was more certain than their stretching. In many such cases, however, it must be borne in mind that the conditions which complicate displacements are really more important than the displacements

themselves. With reference to the symptoms of collapse in one of the cases, it shewed the great care necessary in prescribing such a simple remedy as a vaginal injection of warm water. It was not necessary, in such cases, that the water should reach the peritoneal cavity. Water is a fluid foreign in its nature to the endometrium, and he believed that simple contact was enough in certain cases of susceptibility from idiosyncrasy. Analogous consequences had followed the passing of a sound through the male urethra. As regards the uterus, there is evidence to shew that the nearer the lining membrane is to a condition of health the greater is the danger of such results. He (Dr. Gardner) had now under treatment at the University Dispensary for Women in Montreal an obstinate case of chronic endometritis, in which intra-uterine injections of pure carbolic acid always gave relief.

Dr. HOLMES always recommended to his patients the fountain syringe, a cheap form of which he described. He takes care that the nozzle has no central aperture. He never uses the sound to replace the uterus, but invariably places the patient in the knee-chest position, and makes pressure on the fundus. In the case of adhesions, he gradually stretched them, and in illustration related a case in which repeated attempts in this way led to success, the patient became pregnant, and went to full term.

Dr. TYE related two cases of fatal results after vaginal injections which had come under his notice in consultation with other physicians.

Drs. FULTON and HINGSTON also took part in the discussion.

FEMORAL HERNIA.

Dr. CAMPBELL, of Seaforth, Ont., read the notes of a case of femoral hernia in which he had operated successfully after three and a half days' duration of the symptoms, which were of such a character as to make the diagnosis very obscure.

Dr. Hingston complimented Dr. Campbell on his frankness in stating he had not recognized the strangulated hernia till late, the symptoms being obscure. Surgeons could well understand and appreciate like difficulties. He (Dr. H.) thought the advice given by a gentleman, in discussing the paper, of using much greater force than is usual in attempting reduction was unsafe. Pressure should be gentle, and directed to the return of the *last* extruded portion, if that could be made out. Force was not warranted in *strangulated* hernia; but in

old and large herniæ which were constantly occurring through large openings, somewhat more force might be used, the bowel having acquired a greater tolerance of manipulation. He recalled a case where a heavy-handed surgeon, called late, had succeeded in, and was credited with, reducing a hernia; but collapse quickly followed, and a post mortem established rupture of the intestine. In strangulated hernia the danger was in inverse ratio to the size,—the smaller the hernia the more difficult of recognition—and, when recognized, the more difficult to make patients and friends understand the necessity for immediate surgical interference. He thought it unsafe to allow too many to attempt taxis. The attendant should call in a skilled professional brother; and, taxis failing, he should operate at once. Large hernia could be afforded time, but not small ones. In his experience he had often regretted being obliged to operate too late, but never too early—as early operations generally did well; and late ones badly.

Sometimes the usual symptoms were absent, and sometimes local pain and other symptoms are misleading, and mentioned a case where excessive pain, with nausea, and vomiting; and swelling in left crural region were caused by hernia of left ovary. The organ was returned without difficulty.

Dr. RODDICK thought that surgeons were sometimes too chary in the use of force in taxis. He related a case in point. It was that of a woman who has had several attacks of strangulation with the usual symptoms. He has always been able by taxis to reduce the hernia, but on two or three occasions, during his absence from town, friends of his who had seen the case for him had failed, and were preparing for operation, when a further use of force succeeded in reducing the hernia.

Dr. OLDRIGHT said that if taxis is to succeed it must be employed early.

Dr. FENWICK had recently seen Prof. Lister, and was told by him that he (Dr. L.) cuts off the sac and sutures the edges of the incisions with good results. Dr. F. had removed the omentum in a case of double ovariectomy. The patient recovered.

Dr. SAUNDERS, of Kingston, thought Dr. Roddick's advice might, if followed, by inexperienced medical men, lead to dangerous results. He had seen a case in which another medical man had ruptured the bowel by efforts at taxis.

Dr. McLEAN, Ann Arbor, believed that a new era was dawning in the treatment of hernia, and

that operations for the radical cure of hernia will soon be much more frequently performed than they are now.

Dr. SULLIVAN (Kingston) thought it a mistake to wait for urgent symptoms before operating. He had known some cases where vomiting was absent.

Dr. BETHUNE mentioned a case of radical cure of hernia after a kick on the truss worn over the site of descent.

Drs. TYE and SLOAN had found it necessary in some cases to use a good deal of force in the taxis.

Dr. GRANT related a remarkable instance of a tumor simulating hernia.

PARACENTESIS PERICARDII.

Dr. McDONALD, of Londonderry, N.B., reported a case in which over twenty ounces of pus were removed from the pericardium and recovery took place.

EXPERIMENTS ON RESECTION OF THE BOWEL.

Dr. JAMES BELL, of the General Hospital, Montreal, gave the results of a series of experiments in which he had removed portions of the bowel in dogs, the length of the pieces ranging from a few inches to a foot and a half or two feet. In almost every instance the animal recovered perfectly, and when killed at a later period perfect union was found with no narrowing of the calibre of the gut. A series of specimens illustrating the experiments was shown, and the paper concluded with a description of cases which the writer had observed in which abdominal section and removal of portion of the bowel would have been justifiable.

THURSDAY, SEPTEMBER 6TH, SECOND DAY.

MORNING SESSION.

GENERAL MEETING, 10 A.M.

After the reading of the minutes, Dr. FULTON, of Toronto, read the

REPORT OF THE COMMITTEE ON NECROLOGY,

and gave a list of thirty-seven members of the profession who had died since the meeting in Toronto last year.

Dr. THORBURN, of Toronto, presented the

REPORT ON EDUCATION,

and referred more particularly to the establishment of schools of medicine for women in Toronto and Kingston. He congratulated the Province of New Brunswick on the steps which had been taken to advance the standard of education in that province by establishing a Medical Council and an Examining Board.

After the election of new members, the Association adjourned to the sections.

The PRESIDENT announced that those gentlemen interested in sanitary matters would meet and organize a

PUBLIC HEALTH SECTION,

in order to consider the best ways of furthering the establishment of the proposed sanitary association.

MEDICAL SECTION.

Dr. GRAHAM, in the chair.

PIGMENTARY DEGENERATION OF THE RETINA.

Dr. TOBIN, of Halifax, N.S., gave an interesting case of four deaf-mutes in one family, all of whom presented characteristic symmetrical changes in the eyes in the form of scattered pigment masses on the retinae, often in stellate forms. The parents were cousins. A full account of the disease was given, and the cases supported the views of Liebreich and De Wecker, who believe that a considerable proportion of them occur as the result of consanguineous marriages. A fifth case was also described.

Dr. BULLER, of Montreal, had seen very many instances of the kind, and had never succeeded in tracing any connection between consanguinity and pigmentary degeneration; nor had he been more fortunate in trying to associate, as done by some writers, these cases with hereditary syphilis.

GENERAL HYDRARTHROSIS OF THE SMALLER JOINTS.

Dr. FIFE FOWLER, of Kingston, showed a child with enlargement of the smaller joints, wrists, ankles, and phalanges, due apparently to effusion. There had been enlargement of the spleen and the child had been out of sorts for many months.

DR. MORTIMER GRANVILLE'S PERCUTEUR.

Dr. BURNHAM, of Toronto, showed the instrument and explained its mechanism. He had brought it from London for a relative affected with persistent tic, which had resisted all modes of treatment, but had apparently been cured by the use of the percuteur. About one hundred and fifty percussions were made in the second. Dr. Granville had found it very beneficial in neuralgias and the lightning pains of tabes.

SOME POINTS IN CHRONIC BRIGHT'S DISEASE.

Dr. OSLER, of Montreal, referred: 1. To the fact that so many cases of chronic Bright's disease were unsuspected, and the physician was first called to see the patient with one of the grave manifestations, cerebral or otherwise; cases were given in

illustration. 2. To some peculiarities in the onset of the uræmic symptoms; two cases were given; one in which violent mania ushered in the uræmic attack in a man in whom no kidney trouble had previously been suspected, and a second, a woman, in whom pronounced hysterical symptoms preceded an attack of uræmic coma. 3. To the occurrence of fatal uræmic symptoms at a very early stage of renal cirrhosis, while indeed the coarse appearances of the kidneys were fairly normal. Two instances were given of sudden and fatal uræmic symptoms in men—apparently healthy—and the condition of the kidneys was such that they would have passed a superficial inspection, but on microscopic examination changes were found in the form of atrophy of some of the tufts and slight epithelial alterations.

Dr. Graham spoke of the great importance of the sphygmograph in the diagnosis of these cases, and referred to a remarkable instance of chronic Bright's disease in which, with pronounced uræmic symptoms and finally death, the amount of urea was not reduced.

SURGICAL SECTION.

Dr. TYE, of Chatham, in the Chair.

Dr. HOLMES, of Chatham, read an interesting paper on *Erosions of the Female Urethra*, which was discussed by Drs. Fulton and Sheard.

Dr. HINGSTON, of Montreal, showed to the Section a *note-book* which he had prepared for *ovarian and abdominal tumors*, and which he thought might be of some service. In this book he goes very fully into the question of diagnosis, and suggests such questions, as are likely to eliminate error in diagnosis.

Dr. MAJOR, of Montreal, described the various tumors met with in the *naso-pharynx*, and the modes of removal. Several interesting specimens were shown.

Dr. OLDWRIGHT read the notes of a case of *Fibromyxoma of the Thigh*, and exhibited the specimen.

Dr. PROUDFOOT, of Montreal, read an article on *Color-Blindness*, and exhibited Thomson's instrument.

This affection was described a hundred years ago, but it had received comparatively little attention till within a few years past. Helmholt's theory of this affection was discussed, and the dangers to life and property from the inability of railway and steamship employes to appreciate color-signals alluded to. Dr. Joy-Jeffries of Bos-

tion had done much to draw public attention to the dangers from this cause, and the necessity for examination by experts of all candidates for positions in which the capacity to detect colors is necessary. Legislative Acts, with necessary provisions, are in force in Germany, Great Britain, and several of the States of the American Union, but no such Act has, as yet, been discussed in the Canadian Legislature.

PUBLIC HEALTH SECTION.

A meeting of the health officers and others interested in sanitary matters was held to discuss the proposed Sanitary Association. Dr. SWEETLAND, of Ottawa, was appointed Chairman, and Dr. CAMPBELL, of Seaforth, Ont., Secretary.

Mr. BOXER, C.E., of Montreal, was invited to address the Section, and state what steps had been taken in the way of organization.

Dr. OLDWRIGHT moved, seconded by Dr. Robillard (Ottawa): "That in the opinion of this Section it is desirable that a Canadian Sanitary Association be formed for the purpose of assisting in the diffusion of information, and engaging in discussion regarding sanitary subjects, and to aid by its influence the various bodies which are or may be formed for introducing and carrying out sanitary measures among the people of the Dominion." Carried.

Mr. BOXER then presented the scheme which had been framed for the establishment of a Public Health Association for the Dominion, and after discussion the meeting adjourned.

The afternoon and evening were spent in an excursion among the Thousand Islands.

FRIDAY, SEPT. 7TH, THIRD DAY.

MORNING SESSION—GENERAL MEETING.

After the reading of the minutes, on motion of the Secretary, the papers of Drs. Buller, Workman, Brouse, and Gardner were taken as read.

Dr. SAUNDERS, of Kingston, called the attention of the members to a remarkable case of *Tumor of Bones of the Skull* in a child in one of the ante-rooms.

The Nominating Committee reported the following list of

OFFICERS FOR THE ENSUING YEAR:

President.—Dr. Sullivan, of Kingston, Ont.

Vice-Presidents.—*Ontario*, Dr. Thorburn, of Toronto; *Quebec*, Dr. Robillard, of Montreal; *New Brunswick*, Dr. Christie, of St. John; *Nova*

Scotia, Dr. McDonald, of Londonderry; *Manitoba*, Dr. Lynch, of Winnipeg.

General Secretary.—Dr. Osler, of Montreal.

Treasurer.—Dr. Sheard, of Toronto.

Delegates were appointed to the American Medical and the American Public Health Associations.

Montreal was chosen as the *next place of Meeting*, the date to be arranged by the President and Secretary in order to place it a few days before that of the British Association for the Advancement of Science, which meets in Montreal towards the end of August, 1884.

An invitation to meet in Winnipeg was received, but it was thought that in a year or two the means of communication would be better, and the members from the older Provinces could then get there with less inconvenience.

Dr. BRISTOL, of Napanee, and Dr. THORBURN, of Toronto, brought up the question of the *Standing of Militia Surgeons*, and moved a series of resolutions embodying changes which it was hoped the government would be able to effect.

The routine business was then transacted, after which the Association adjourned.

Progress of Medical Science.

GOOD REMEDIES OUT OF FASHION.

In an address on this subject, delivered at the Annual Meeting of the Metropolitan Counties, Branch of the British Medical Association, by the President, Dr. C. J. Hare, late Physician to University College Hospital, the lecturer made some interesting observations on emetics and bleeding.

"It is not long ago that, in a very urgent case of bronchitis, I advised the administration of an EMETIC; when the gentleman whom I had been called to meet in consultation said, "why, I never gave an emetic to an adult in my life." In former times, it was not unusual, on the contrary, to commence the treatment of many diseases with the administration of a dose to procure vomiting; and although the remedy might then be given sometimes indiscriminately and according to routine, only those who have seen the effects of emetics, properly and judiciously given, can conceive the beneficial effects they sometimes produce. In the early stage of an attack of croup it was by no means unusual to give an emetic of tartarized antimony or of ipecacuanha; and it is in accordance with the recorded experience of some of the best authorities and most practical men, and quite consonant with my own experience too, that symptoms which presented the most certain augury of a severe attack were by these means cut short, the

hoarse voice resumed its natural character, and the feverish symptoms were in a few hours relieved. I know quite well that a great fear is entertained by some as to the depressing effects of emetics; but the fear is theoretical, and not practical, and those who have had most experience in the administration of them best know how groundless the fear is. In diphtheria, too, I have seen the false membranes which are out of the reach of local remedies, and in which the patients cough and cough in vain, and utterly exhaust themselves to get quit of, readily brought up by the action of vomiting, to the immense relief of the sufferer.

"In suffocative bronchitis, the effect of emetics is sometimes magical, and by their administration in such cases not only is immense relief given, but I verily believe—I am certain—that lives are saved. You are called to a patient who has been ill a few days, with increasing dyspnoea; she is sitting up in bed [I draw from nature], for to lie down is impossible; she is restless, and tossing about; the lips, and indeed the whole face, blue; the eyes watery and staring; the pulse quick and small: the cough constant; the expectoration semi-transparent and tenacious; over every square inch of the chest, front and back, from apex to base, you find abundance of rhonchi; moist, sonorous and sibilant ones in the upper part of the lungs, and muco-crepitant or mucous *rales* towards the bases. Ammonia and stimulants, right and good in their way perhaps, in such a case are too slow in their action; the patient is in fact, more or less slowly, more or less rapidly, suffocating. An emetic of twenty-two grains of ipecacuanha in an ounce of water is given; in ten or fifteen minutes, the patient vomits, and brings up a huge quantity of that tenacious mucus, and the whole aspect of the case is altered; the distressed countenance is relieved; the breathing is at once quieter; and the patient is able for the first time for the past twenty-four hours to lie moderately low in bed, and get some sweet refreshing sleep. The patient is, in fact rescued from the extremest peril, and in this case, and in many similar ones too, I believe, from otherwise most certain death. Of course, in such cases the emetic is not given for its effect on the stomach, but for its collateral effect in mechanically clearing out the enormous amount of secretion which accumulates in the bronchial tubes, and which the patient otherwise is quite incapable of getting quit of; and thus the half-choking, almost asphyxiated, condition is changed for one of comparative comfort, and time is gained for the action of other appropriate remedies. No doubt the secretion may and often will accumulate again; and I have not hesitated again in bad cases to repeat the same good remedy; but it is a fact, and a very positive one too, that, quite contrary to what those who have had no experience in the plan suppose, the system rallies instead of being more depressed under the action of the remedy.

"There is a class of cases in which the right heart is engorged with blood, and in which the

only hope of rescuing the patient from death is by bleeding. A man of middle age (I again draw from nature) has considerable chronic bronchitis, with some congestion of the lungs, and, like many other unwise persons, he goes to a southern watering place, instead of remaining in his room and in a uniform temperature. Becoming worse, he determines to return home, and travels on a cold spring day; his dyspnoea is so much worse on the journey that his friend and the fellow-passengers doubt whether he will arrive home alive; and when his carriage meets him, it is with the greatest difficulty he is conveyed to his house, and got into his drawing room. You are at once sent for, the message being that the patient is dying, and when you arrive you find that that is the fact. He is sitting in a chair (to lie down is impossible for him), his face is blue and swollen, his lips purple, the eyes suffused and staring, his heavy gasping breathing you have only too distinctly heard and recognized as you ascended the stairs, and when you see him you find his chest heaving, and each short gasping inspiration followed by a long wheezing and moaning expiration; his lungs are full of moist sonorous, and mucous and submucous rhonchi, and scarcely a trace of vesicular respiration is to be heard, and he is pulseless. He looks to you beseechingly, and gasps out, in scarcely articulate words that he is dying. This is but too true. Now, the treatment for such a condition at the present day is "to pour in stimulants" (though the patient can scarcely swallow). Brandy and water are given, and ammonia, and perhaps ether; then, if the patient live long enough to have them made, mustard poultices are applied to the chest, and to the calves, and to the feet, and the patient is fanned, and the patient dies. Something has been done, but that which true pathology—and, indeed, common sense, unshackled by prejudice, custom and fashion—would dictate, has been left undone. Appearances have been saved but not the patient's life.

"The fact is, that here the danger lay in the right side of the heart being gorged with blood, so that it was impossible for its stretched and distended walls to contract and to propel forwards the thick and blackened blood. Oh, as you value your patient's life, as you value the blessed consciousness of being a minister who has done everything possible for his welfare, let me beg of you not to be contented with the futile treatment of to-day; relieve that poor oppressed distended heart, and all may be well! Open one of those veins which are, with every systole of the heart, tending to carry more and more blood to this already distended right ventricle, and all may yet be well with your patient. Sometimes this blood-letting, in extreme cases, is no easy matter; it may be necessary, before you can effectually open the vein, to place the patient's arm in warm water, so as sufficiently to distend the vein; and even when the ligature has been efficiently applied, and the vein well opened, you may

have to press and squeeze and rub upwards the arm before a drop of the thick and tarry blood will flow. But, when it does flow at length freely, oh, what a marvelous change may you see take place!—the breathing becomes quieter, and deeper, and less noisy, the haggard face resumes the appearance of tranquility, the blueness of the skin is replaced by a more natural tint, the pulse becomes more and more distinct, and, in a word, the choked up heart is set free. This is no fancy, picture. Every word is simple truth, and I appeal for confirmation to the memory of every senior member present who recollects the experience of his earlier days, and who can also tell you that the after progress of such cases was sometimes almost miraculously rapid, so that in a few days even the patients might become convalescent.”—*British Medical Journal*.

CLINICAL LECTURES ON BRIGHT'S DISEASE.

By AUSTIN FLINT, M.D.,

Professor of the Principles and Practice of Medicine, and Clinical Medicine, in Bellevue Hospital Medical College.

DELIVERED AT BELLEVUE HOSPITAL, NEW YORK.

GENTLEMEN.—In connection with the cases which I shall have the pleasure of showing you to-day I desire to make some general remarks on the subject of Bright's disease and its varieties. We may enter upon the study of Bright's disease from two different points, the anatomical and the clinical. In connection with the first we would carefully study what is known as the large white kidney, the fibroid or contracted kidney, and the waxy kidney, and finally the different varieties as they are liable to occur in combination; for you must not forget that two or more of these may be found in the same subject. From the clinical standpoint we may consider the symptoms: *first*, those pertaining to disease of the kidneys in general; and, *secondly*, those characteristic of the special varieties. Of course, this is a very large subject, and I shall not attempt in a single lecture to give any exhaustive *resumé* of it; but I will, at all events, introduce two or three cases which will serve to illustrate some of the points of diagnosis to which I wish to direct your attention.

Now that our first patient is before us, I find that his condition has improved so greatly since I saw him a few days ago in the wards that I shall not be able to point out to you to-day some of the most characteristic appearances of his disease, which were at that time very strongly marked. And this, I may say in passing, occurs not infrequently in the experience of the clinical lecturer; for patients often improve so rapidly under the efficient treatment which they receive in the hospital that by the time that he is able to present them in public to the class some of the most prominent characteristics of the case may have almost entirely

disappeared or else have become very greatly modified. A short time since this man had a well-defined dropsical face, the bulging under the eyes being especially marked, but all this has now quite disappeared. You observe, however, that he still has considerable pallor of the countenance; but even this is much less marked than it was. Passing now to the abdomen, we find the evidence of liquid in the peritoneum still, although this also has greatly diminished in quantity. On palpation we can readily get the distinct thrill or impulse which is diagnostic of fluid. The ascites has diminished to such an extent that we shall forego the operation of paracentesis, which I expected to have had done before you to-day, and which, on account of the inconvenience which he suffered from the presence of so much fluid, the patient was himself quite anxious for. In the lower extremities I can still get the pitting on pressure which is the physical criterion of œdema; but here, as in the other portions of the system, the condition is very much less marked than it was a few days since. Let us see if we find the same evidence of œdema over the sternum. Yes, I get a distinct indentation. The presence of this sign at this special point is a matter of considerable practical importance. In a patient like this, who has hydro-peritoneum (which is usually accompanied by more or less œdema of the lower extremities), we wish to find out whether the dropsy is a local one, or whether it is general. The pitting at the sternum shows conclusively that there is general anasarca. In the present instance there could have been no question of this a week ago, as the dropsy of the face was then so marked.

But now a few words more in regard to the condition of the abdomen here. Although the belly is much smaller than it was, you can see that it is still very materially enlarged, while the œdema of the face has entirely disappeared. This, again, suggests a practical point. When a patient has general anasarca, due either to renal or cardiac disease, the amount of liquid in the peritoneum corresponds with the quantity of serum diffused generally; but if the hydro-peritoneum is out of proportion to the dropsy of the rest of the body, there must be a local cause which makes the hydro-peritoneum more marked. In the present case, then, we have both a general and local dropsy, and I think I shall probably not err if I say that the latter is due to cirrhosis of the liver.

General dropsy, as you know, is due to two great causes, disease of the heart and disease of the kidneys, or to both in conjunction. In the case of this patient, therefore, the question arises. Have we cardiac or renal trouble? In determining this we can judge to a great extent by the countenance and general appearance. You observe that there is no cyanotic discoloration of the face and no dyspnoea. There is, however, well-marked pallor; and the external appearances would consequently lead us to decide that it is probably the kidneys that are at fault. If there-

were sufficient cardiac trouble to give rise to general dropsy, there would unquestionably be considerable duskiness, if not well-marked cyanosis, about the countenance. But we need not depend on this test. When we make an examination of the heart we find that there is no evidence of disease there, and hence by exclusion we arrive at the kidneys as the seat of trouble. Going a step further, we investigate the condition of the urine, and we find in it the unmistakable and definite evidence of renal disease.

I will next recite to you from the house-physician's book the chief points in the history of this case. The man is thirty-five years of age, and a stone-cutter by occupation. About ten months ago he noticed that his penis was swollen, and a short time afterwards this swelling extended to the scrotum, lower extremities, and other parts of his body. He also suffered from headache and dimness of vision, and spots frequently floated before his eyes. Six or seven months ago his belly became very much swollen, and he had to give up work. He was admitted to the hospital four months ago, and it was found that his urine contained forty per cent. of albumen, and hyaline, granular, and fatty casts. The cardiac dulness was increased. Shortly after admission twenty ounces of clear serum were removed from the right side of the chest. (Hydro-thorax, I may say here is usually confined chiefly to one side.) Since he has been in the hospital his abdomen has been tapped a number of times, and the different quantities of serum removed have been 240 ounces, 218 ounces, 295 ounces, and 334 ounces respectively. The record goes on to state that the patient's sight is markedly effected, and that both eyes show white and hemorrhagic spots upon the fundus.

From this history there is no question of the presence of Bright's disease. The next point which we have to decide is, which variety of the affection have we here to deal with? We ask first, has this man the waxy kidney? It might, perhaps, be supposed that as the dropsy of the abdomen is out of proportion to that of the rest of the body, the hydro-peritoneum is due to waxy liver; and that, since the liver is waxy, there is reason to infer that the kidneys are effected by the same form of degeneration. It is a fact, however, that we do not get much ascites with waxy liver. Again, it does not appear from the history of the case, or has suffered from syphilis, disease of the bones, or other causes of waxy degeneration. Has he, then, the contracted or the large white kidney? In this case we have symptoms that point to both varieties; the large amount of albumen and the large amount of dropsy are both indications of the latter; so that if these symptoms existed alone we should say that it was a case of large white kidney. But we have here, in addition, distinct evidences of uræmia in the headache, the dimness of vision, and the changes in the appearance of the *fundus oculi*. It is therefore probable that both forms of disease are present in this patient. Sometimes with chronic

contracted kidney we have occurring from time to time attacks of acute diffused nephritis, which give rise to large quantities of albumen in the urine.

The important points of diagnosis to remember are that early dropsy and a large amount of albumen in the urine point to the large white kidney, and that evidences of uræmia point to fibroid kidney. With the contracted kidney we may have no dropsy whatever, and the only indication of renal trouble be found in the uræmia present. In such cases there is a train of symptoms which belong to deficient excretion of urea. We have little or no albumen, but there are headache, derangement of vision, and disturbances of the digestive function. In the latter nausea, either with or without vomiting, is most significant, and the peculiarity of this nausea is that it is apt to occur in the morning or at other times when the stomach is empty. There is sometimes, in addition, looseness of the bowels. These are the minor signs of uræmia. The graver signs are coma, convulsions, inflammation of serous membranes, œdema of the lungs, œdema of the glottis, a form of dyspnoea not dependent on any abnormal condition of the lungs, but originating, probably, in the nervous centres of respiration.

I will now call your attention to another patient, John S., a native of Ireland, forty-three years of age, and a hostler by occupation. He was admitted to the hospital a month ago, and the history which he gave of his case was as follows: For more than six months he was troubled with headaches, and felt quite weak. Let me pause for a moment at this point to say that there is a great deal of significance in this simple statement. It is not uncommon for patients to state that they cannot accomplish nearly as much as they formerly could, on account of a feeling of fatigue, and when a person in middle life tells you that he feels thus weak, and, in addition, that he has frequent headaches, it is always important that you should look into the condition of the kidneys. The record goes on to say that about two weeks before admission he began to have pains in the small of the back, and had to give up work. It is a common popular notion, I find, that pain in the back is connected with disease of the kidneys. Pain in this location is not, however, an important symptom in Bright's disease, and when it is present in this affection it is much more apt to be due to the condition of the muscles in connection with the general weakness of the system incident to it than directly attributable to the pathological changes taking place in the kidneys themselves. The large muscles of the back always have a great strain upon them, and whenever the system becomes reduced from any cause pain and weakness is exceedingly apt to be felt in them. But to go on with the history. One week later the face, abdomen, legs and feet became very much swollen, but after another week this general swelling had disappeared. He complains that the urine sometimes

gave him a burning sensation when he passed it. He feels nauseated at times, but has never vomited. The nausea of Bright's disease, I may remark, is very like that of pregnancy, and whenever a patient complains of nausea (and especially if this nausea is generally experienced on waking in the morning), it should at once excite a suspicion of Bright's disease in your mind. In this patient the symptom seems liable to be felt at almost any time, occurring later in the day, as well as early in the morning, and this is sometimes the case. He complains also of slight dyspnoea on going up stairs. When first taken sick he says that he used to see stars, but I do not regard this as of as much significance as mistiness of vision. His bowels are regular.

The patient certainly has no general dropsy now. Has he renal disease? When he was admitted the urine was found to be amber-colored, turbid, and acid in reaction; its specific gravity was 1018; it contained thirty per cent. of albumen, and he passed ninety ounces daily, or about double the normal quantity. Later he passed one hundred and thirty ounces, although the specific gravity remained as high as 1015, which is certainly unusual with such a large quantity of urine. This condition of affairs would naturally excite a suspicion of diabetes mellitus, but the house-physician informs me that the urine has been examined for sugar, and that none was found in it. I will digress here for a moment to speak of a patient who called to see me to-day on account of some neuralgic pains, from which he was suffering, and whom I recognized as a gentleman who had consulted me ten years ago, although I did not recall at first what the matter was with him at that time. When I questioned him in reference to his urine, he said that he had not noticed anything abnormal about it, but when I happened to come near his person I at once noticed in his breath the characteristic odor of diabetes mellitus. On looking into my books I ascertained that I had found sugar in his urine ten years ago. The man did not want to have diabetes, and so he endeavored to deceive me as well as himself in regard to his real condition. It is thus that patients sometimes try to conceal grave diseases they which have, while in other instances they would have us believe that they are suffering from affections which exist only in their own imaginations.

This large quantity of urine is itself a very suspicious circumstance. If an individual has polyuria (with no sugar in the urine), and at the same time gives distinct evidences of uræmia, you can at once make a diagnosis of chronic Bright's disease. Furthermore, if the specific gravity of the urine is low, you can say with considerable positiveness that the patient has fibroid or contracted kidney. The microscopic appearances of the urine are not given in the record of this case. I will now examine the patient's heart. If I find it enlarged, but without valvular lesion, it will afford another very strong point in favor of the existence

of contracted kidney. If, however, the heart is not found to be enlarged it does not by any means follow that there is no such diseased condition. In secondary enlargement of the heart the left ventricle is the seat of the hypertrophy, and consequently there is an intensification of the aortic second sound. On making an examination I do not get this here, but it is often, as I said, an important confirmatory evidence of contracted kidney. The condition of the urine, of course, affords certain therapeutical indications. Not long since I saw in consultation a patient with Bright's disease, who was passing a large quantity of urine, and the attending physician actually told me, with a considerable degree of complacency, that he had succeeded in reducing it quite noticeably. To reduce the quantity of urine, I need hardly say, is the last thing that we should think of attempting in such cases, for this large amount of urine is in reality the safeguard of the patient.

Before closing I will present to you still another patient. The history of the case is rather imperfect, as the man is not only a foreigner (a German) who does not speak English, but seems to be decidedly lacking in intelligence. The only account that he gives of himself is that he became weak about a fortnight before he entered the hospital which was only three days ago. His urine was then scanty and high-colored, and his bowels were constipated. His feet and abdomen were swollen and he complained of cough and shortness of breath, but no headache. On examination it was found that there was fluid in the peritoneum and on both sides of the chest, the larger quantity being on the right side. The urine had a specific gravity of 1018, and contained fifteen per cent. of albumen and hyaline and fatty casts. During the first twenty-four hours he passed only six ounces of urine. During the second, twenty-five ounces, and during the third thirty-three ounces. Yesterday he had chills, and the temperature went up to 103° F., but to-day the temperature is normal. The general dropsy and the condition of the urine are evidences of kidney disease, but I am not as yet prepared to say whether there is any additional trouble present or not. The patient states that he is emaciated, and this would suggest that he is also suffering from some malignant affection, as renal disease does not often produce this effect. As there has not been time or opportunity for a more thorough examination of the case, however, we will suspend our opinion in regard to it for the present. As the increase in the quantity of urine has been quite remarkable since he entered the hospital, it may be of interest to you to know that he has not been taking any diuretic remedy but merely the tincture of the chloride of iron.—*Boston Med. and Surg. Journal.*

TREATMENT OF ENLARGED PROSTATE.

Dr. William S. Savory thus writes in the *Lancet*, March 3, 1883:

When complete retention of urine from enlarged

prostate occurs, it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate; and in other cases of partial retention it is well known that the occasional passage of an instrument will for a while restore the ability to empty the bladder almost completely without help. The cause of the difficulty being a mechanical one, I suppose there can be little doubt that the introduction of an instrument does good in this way by pressing aside that portion of the enlarged prostate which is most immediately concerned in producing the obstruction. Now much more good in this direction, and good, too, which will last much longer, is often gained by retaining a catheter for some time after it has been introduced—say for one or two hours or so, as the patient may be able to bear it without distress. This plan is well worth trying in most cases of the kind. When an instrument has been passed whatever difficulty there may have been in its introduction has been overcome, and the patient is subjected to little or no additional trouble by its retention for a short period. I may add that for this purpose a silver catheter appears to me to be of more service than a flexible one. It will be observed that this plan of repeatedly retaining an instrument for an hour or so after it has been passed is quite distinct in principle and purpose from the practice which has been advised, and is sometimes adopted, in cases of complete retention, or of very frequent micturition, or where there is unusual difficulty in the introduction of an instrument, of retaining it for many hours, or even days, together. The object here is either to escape a difficulty which may become insuperable, or to avoid the necessity of passing an instrument so frequently as to make this a source of grave irritation and further mischief. Here, unfortunately, the proposed remedy is often worse than the evil. The plan now advocated has been suggested with the view of taking advantage of the passage of a catheter, when it is required to relieve the bladder, to retain it for its effect upon the prostatic portion of the urethra; for the good it does in this way of restoring or improving the power of micturition, or possibly by pressure promoting in some degree absorption. In speaking on this subject, I would add that in my experience, as in that of others, in cases even where the prostate is considerably enlarged, it is often easier to introduce a catheter with an ordinary curve than the instrument which is especially made for cases of this description. Surgeons know very well that sometimes when a prostatic catheter cannot be easily passed, an instrument with a much smaller curve will easily slip in. I fancy that the advantage on the side of the smaller instrument is more common than it is generally supposed to be. With me, at least, it is the rule; and so, to relieve the bladder in cases of enlarged prostate, I should take first an instrument of full size with an ordinary curve, or a curve not exceeding the quadrant of a circle of two inches or so in diameter.

INFANTILE CONSTIPATION.

In connection with the means of overcoming this troublesome condition, that we have recently noticed, the following suggestions of Dr. M. C. Hatton (*Lancet*, July 14, 1883) may prove serviceable:

Take one quart of bran meal, tie it up in a pudding-bag so tight as to get a firm, solid mass, put it into a pot of water early in the morning, and let it boil till-bed time; then take it out and let it dry. In the morning peel off from the surface and throw away the thin rind of dough, and with a nutmeg grater grate down the dry hard mass into a powder. Of this, from one to three teaspoonfuls may be used, by first rubbing it into a paste with a little milk, then adding it to about a pint of milk, and, finally, bringing the whole to just the boiling point. It must be given through a nursing-bottle.

OZÆNA.

In several cases of chronic inflammation of the nasal and pharyngeal cavities, giving rise to offensive discharge, Dr. Poore has found decided benefit result from the use of a stimulant and antiseptic snuff, having the following formula:

R	Biborate of soda,		
	Nitrate of bismuth,	aa	3 j,
	Disulphate of quinine,		x grs.,
	Iodoform,		v grs.

This snuff has the effect of stopping the fetor and greatly diminishing the amount of discharge from the nostrils. It is liable, as are all snuffs when used for similar conditions, to cake in the nostrils, and it is therefore necessary to thoroughly wash out the nostrils once a day. This may be done by means of a nasal douche, or the patient may easily be taught to snuff a lotion up the nose and allow it to run out of the mouth. A teaspoonful of glycerole of borax dissolved in a wineglass of tepid water forms an excellent wash for the nose, and with a little instruction patients learn how to wash out their nasal and pharyngeal cavities without aid either of syringe or douche apparatus. In cases where the ozæna is of a simple kind, not due to caries or necrosis of bone, but rather to a sluggish, inflammatory action occurring in a scrofulous subject, considerable benefit is often derived from the administration of the sulphide of calcium in doses of half a grain (in pill), taken three times a day. It is often necessary to cleanse the nasal and pharyngeal cavities with a brush inserted through the anterior nares, and also behind the soft palate, so as to reach the summit of the pharynx. The brush may be moistened with glycerole of tannin, and after the cavities have been cleansed a little iodoform may be passed into the cavities on the tip of the brush.—*London Lancet*.

CRACKED NIPPLES.

By J. H. BENCHER, ATHENS, CLARK COUNTY, MO.

Permit me to occupy a small space in your valuable journal in relating the best treatment for cracked nipples that I ever tried. The condition had bothered me a great deal until I concluded that the local application of the sub-nitrate of bismuth might be of benefit. I prepared it as follows :

R	Bismuth sub nit.,	3 ij.
	Vaselini,	$\frac{3}{4}$ j. M.

Sig.—Apply to the nipple each time after the child has nursed, and cover with a soft cloth. The ointment should be washed off before applying the child again to the breast. This remedy may not be anything new to many of your readers, but it may help some who have never tried it. With me the results have been perfectly satisfactory.—*Peoria Med. Monthly.*

SURGICAL EXPEDIENTS IN EMERGENCIES.

R. J. Levis, M.D., surgeon to the Pennsylvania Hospital and to the Jefferson College Hospital, read the following at Medical Society of the State of Pennsylvania, May 10th, 1883 :

It is in the experience of every surgeon to be occasionally obliged, in the absence of ordinary means and appliances, to devise resources available at the moment. Such occasions bring the practical character of the surgeon to the test, and on his readiness for the emergency may depend the relief of suffering or the averting of a fatal termination. His reputation, too, may, at such times, stand in the balance of good or ill report, to be turned happily in his favor or gravely against him.

The exigencies of active surgical practice have frequently obliged me to rely on hastily-devised resources, and I trust that the record of some of them which I recall may possibly be of benefit to the profession and a relief to human suffering.

The necessity for *evacuating an over-distended bladder* is liable to become immediately urgent on occasions when a catheter is not quickly attainable. It is remarkable how often this condition is overlooked by practitioners, until it becomes one of suffering and danger, demanding instant relief. The continued dribbling that often occurs from an almost bursting bladder may mislead or blind one to the grave danger. The absence of a catheter on one such pressing occasion led me to contrive a ready means of evacuating the urine. The recourse was to a piece of iron bell wire, bent double on itself, and the blunt doubled end passed readily through the urethral tract to the bladder. The distention of the urethra by the doubled wire allowed the urine to freely pass between the wires.

A female catheter may be extemporized from a short piece of rye straw, the end of which is to be closely wrapped for a short distance with thread ; or the end of the straw may have its sharpness removed by dipping into melted sealing wax. The stem of the ordinary clay tobacco pipe is also efficient for the purpose. Such crude substitutes, when oiled, are readily introduced.

The operation of venesection would probably be more frequently resorted to when needed, if a proper lancet, in perfect order, were at hand ; but the critical time for relief of an actively congested or inflamed lung or brain is sometimes allowed to pass, for want of a ready and certain method of opening a vein. I once, on a pressing occasion, bled a patient at the bend of the elbow, with perfect ease and precision, with but a blunt-pointed and dull pocket knife, by resorting to a simple, convenient expedient. Having put on the usual constricting bandage to distend the veins, I first transfixed the most prominent vein with a fine needle. Thus held securely, it was very easy, with even the dull knife, to cut a valvular incision into the vein, and the blood flowed freely.

For the arrest of nasal hemorrhage I know of no device so good as one that may be readily extemporized with a strong piece of cord and some small pieces of sponge. The cord is tied securely to a piece of sponge cut rounded, and just large enough to be forced backwards through the nostril. Then a number of similar pieces of sponge, with a hole through the centre of each, are threaded successively on the cord. The sponge on the end of the cord is then pushed, with a probe or dressing forceps, through the nostril, quite back to the faucial orifice ; and the rest of the threaded pieces of sponge are slid back, one at a time, until the nares is tightly filled. When the patient becomes secure against a repetition of hemorrhage the plugging is readily removed, one piece of sponge being withdrawn at a time, with the dressing forceps. The posterior nares may also be easily plugged by introducing, either a slender gum bougie or a piece of thick catgut string, with a cord attached, through the nares, catching one end of it in the fauces with forceps, and drawing it forward through the mouth. To the cord which follows, a piece of sponge or pledget of lint is tied, to be drawn up into the posterior nares.

A method of making unirritating and painless pressure within the nares, in cases of obstinate epistaxis, is by a piece of the intestine of chicken or other small animal, about twelve inches long, partially filled with either air or water. One end of the intestine is, while empty and collapsed, pushed backwards through the nares ; when thus lodged the air or water in the other end is forced, by compression with the hand from the pendulous portion, into the part lodged in the nares. Strong, equable compression can thus be made, rendering hemorrhage impossible.

In a case of hemorrhage from the intercostal artery, from homicidal stabbing, I arrested the flow immediately by making pressure within the pleural cavity, directly on the vessel, by introducing into the wound the handle of a door-key. The key was then turned transversely, so as to make direct pressure, and maintained in that position for some hours, until there was no more tendency to hemorrhage. The same mechanical action might be effected by the similar use of the handle of an ordinary gimlet.

As a very efficient substitute for Esmarch's elastic bandage, I suggested some years ago, in an article in the *Philadelphia Medical Times*, the use of a bandage made from ordinary flannel, cut bias, so as to increase its elasticity. Such an elastic bandage, from a material almost everywhere at hand, is, I know from experience, perfectly effective.

The hemostatic action of hot water does not seem to be sufficiently known and appreciated among practitioners. It is so effective, and can be so readily applied, that it may well displace from practice all other hemostatics. Water at a temperature not beyond tolerance of the immersion of the hand in it, which is a temperature of one hundred and fifteen to one hundred and twenty degrees, is ordinarily all that is necessary; but in some cases not amenable to treatment by ligature, a temperature above 160° F., the coagulating point of albumen, may be necessary.

The absence of a tenaculum may be well replaced by a small fish-hook secured to a pen-holder.

For dislodging a foreign body in the œsophagus by forcing it downward, an ordinary carriage or riding whip, knotted far enough from the end to insure the proper degree of flexibility, may be an efficient expedient in an emergency.

Materials for splints for the temporary dressing of fractures can be at almost all times extemporized from the materials of wooden boxes and binders' boards. To dress fracture of the forearm and of the leg, in a case required to be removed to a distance from the scene of the accident, I once improvised an efficient dressing by breaking into strips some ordinary palm-leaf fans, which were at hand, and bound them on the limbs. I commend the material for its merits of being elastic and conformable to the shape of the limb. Good temporary dressings can also be made from common straw, cut to proper length and bound in layers on the limb.

For a readily made fixed dressing, a plan I have resorted to is with ordinary sand-paper as the material. The sand-paper is dipped into warm water, to soften the paper and glue, and it is then applied and retained with a bandage. The glue of the sand-paper soon gives rigidity; body and firmness are produced by the sand and paper. Strong fixed dressing, it should be remembered, can be readily prepared and with the familiar domestic commodities of starch, or with the combination of eggs and flour.

In removing a patient with a fractured thigh or leg, the uninjured limb can be made to temporarily act as a splint and take care of the injured one, by simply bandaging the limbs together. It should be borne in mind that many fractures of the long bones can be well treated without any kind of splints. Fractures of the femur are now generally treated with splints. After coaptation is effected, simple extension, by means of weights, is the only essential. Fractures of the clavicle are, I am convinced, from practical experience and much attention to the subject, the most effectively treated by keeping the patient in the supine position of the body, with the head alone slightly elevated, to relax the sternomastoid muscle, one of the factors of displacements of the fragments. If this position, on a level mattress, is maintained for only a week or ten days, the tendency to displacements is so overcome that a mere sling for support of the arm and shoulder, or other simple dressing, is all that is necessary.

The simple postural method of treatment, without splints, is applicable to most fractures in the vicinity of joints. In fractures of the upper end of the humerus, splints are usually of no real practical advantage, and the injury can be well treated by position of the arm, and by support against the thorax, maintained by adhesive strips, or bandages, occasionally aided by an axillary pad.

The usual fracture of the lower end of the radius, transverse in direction and produced by a fall on the extended palm of the hand, if properly reduced by longitudinal traction and forced flexion of the wrist and hand, has rarely a tendency to displacement if the wrist and hand are maintained in a state of moderate flexion without the use of any splint.

The ordinary splint, applied on the outside of a fractured jaw, is mechanically inefficient for the object, and has no advantage over an ordinary bandage, or handkerchief, applied to keep the part at rest.

Many surgical instruments are made after traditionally complicated forms. Scalpels, bistouries, and needles should not be crooked. I know of no use for curved knives, and the occasions for the use of curved needles may be limited to a few plastic procedures in cavities. The ordinary surgical needle, with its absurd and inconvenient curve, I long ago discarded in favor of the more efficient, simple and cheap glover's needles. A good surgical needle can be readily made from an ordinary sewing needle, broken off above its point and grounds to such an oblique point as is given to the hollow needle of the hypodermic syringe.

A common gimlet is an efficient instrument for opening the mastoid cells, in cases of abscess, when there is grave threatening of cerebral complication, demanding prompt action.

The patient use of a carpenter's rasp may safely substitute the trephine, in cases of fractured skull,

by cutting away an angle or edge of bone at the point of fracture, and allowing an elevator, such as a small screw-driver, to be inserted beneath a depressed fragment.

In regard to the traditional forms given to instruments, I have inquired of different instrument makers why the sharp, triangular point is made on the ordinary silver probe, but it remains unexplained. I have never seen any surgeon use this curious bayonet-point of a probe, and know of no possible use for it.

The facility with which rectal injection can be performed with large quantities of fluids, by hydrostatic pressure, renders not essential the use of a syringe, if a piece of India-rubber tubing long enough can be obtained. The lower bowels may be distended, in cases of intussusception, by injecting water and carbonic acid gas, forced from the ordinary mineral water bottle or syphon, fitted for the rectal tube.

In cases of violent inflammation and traumatic injuries of the eye, needing immediate use of a mydriatic, the universally present stramonium may well substitute belladonna or atropia.

For antiseptic use many readily produced substances may well replace carbolic acid. None is so cheap and efficient as that most neglected preventer of putrefaction, sulphurous acid, made simply by exposing water to the fumes of burning sulphur in a close chamber. The antiseptic action of a saturated watery solution of turpentine has also the advantage of convenience of procurement and cheapness. For this purpose turpentine should be kept continually in water and exposed to warmth, and frequently agitated. Diluted alcohol has merits as an antiseptic which have not received proper attention.

Recent investigations have proved that the bichloride of mercury is the most powerful of all germicides, and that it can be used effectively in unirritating dilutions of one part to two thousand or more of water. These readily obtainable substances prevent the decomposition of animal matters, and, without disputing over the germinal, chemical or other theories of their action, all surgeons must admit that putrefaction is the most common factor in preventing the healing of wounds, and that it should be avoided.—*Polyclinic.*

THE CANADA MEDICAL RECORD,

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EDITORS :

FRANCIS W. CAMPBELL, M.A., M.D., L.R.C.P., LOND

R. A. KENNEDY, M.A., M.D.

JAMES C. CAMERON M.D., M.R.C.P.I.

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MILITIA SURGEONS.

The following recommendations presented by Dr. Thorburn to the Canada Medical Association, at its recent meeting, received the approval of the meeting :

1. The organization of a militia medical department, with a chief medical officer at headquarters.
2. That the senior medical officer in each military district be appointed principal medical officer.
3. That substantive rank be granted to all military medical officers.
4. That the medical department shall be supplied with all necessary equipment for the use of the force when required.
5. That it be further submitted to the honorable, the Minister of Militia, the advisability of changing the titles and designations of Canadian medical officers, so that they will correspond with those held by the medical officers of the British service; thus, surgeon instead of assistant surgeon, surgeon-major instead of surgeon, brigade surgeon instead of surgeon-major, deputy surgeon-general, etc.
6. That the scale of pay and allowances of the militia medical department be assimilated to that of corresponding ranks of the British medical department.

McGILL FACULTY OF MEDICINE.

This Faculty is to be congratulated on the result of the appeal which their new Dean made a year ago to the public for an endowment fund. The Hon. Donald A. Smith has given \$50,000, the fund to bear the name of "The Leancoiff Endowment"; a further sum of \$50,000 has been collected, and will be known as "The Campbell Memorial Fund."

PERSONAL.

- Dr. Hurlburt has removed to Mitchell, Ont.
 Prof. Pancoast, of Philadelphia, was in town for a few days.
 J. M. Dunsmore, M.D. (McGill, '75), has removed from Mitchell to Philadelphia.
 Ovide Martel, M.D. (McGill, '83), has begun practice in St. Urbain street, Montreal.
 J. S. Smiley, M.D. (McGill, '80), has removed from Rawdon, Q., to Portsmouth, Iowa.
 Dr. A. A. Browne of Montreal, has returned from a tour of Great Britain and Germany.
 Dr. H. P. Wright, of Ottawa, has returned from Europe.
 Arthur Storrs, M.D. (McGill, '76), is practicing at Wexborough, York, Eng.
 R. H. Klock, M.D. (McGill, '82), of Aylmer, Q., has gone to Port Arthur to join T. J. S. Smellie, M.D. (McGill, '77).

Sir William MacCormac, surgeon to St. Thomas, Hospital, London, was in Montreal early in September.

Thomas Cook, for the last thirty years janitor to the McGill Medical Faculty, owing to increasing infirmities, has been pensioned by the Faculty.

Dr. Walsh, of Washington, editor of the *American Retrospect*, spent a couple of days in Montreal lately. While here he visited Dr. Bessy's vaccine establishment.

Professor A. P. Simpson, of Glasgow University, was in Montreal for several days lately.

Dr. James Stewart, the new Professor of Materia Medica and Therapeutics in McGill College, returned from Vienna on the 3rd. Sept.

Dr. Hurd, Superintendent of the Asylum at Pontiac, Mich., visited the Longue Pointe Asylum lately. The *Canada Medical and Surgical Journal* says: He was disgusted—as are all intelligent physicians who know anything of it—with the way in which the institution is conducted.

Dr. Graham, of Toronto, spent a few days in Montreal on his return from a visit to Tracadie, N.B., where he has made a most exhaustive study of the Lepers at the Lazaretto.

Dr. James McGregor Stevenson, (M.D., McGill, 1857), has removed from Bryanston, Ont., to London, Ont., on the 14th of September. Previous to his departure from Bryanston, about fifty of Dr. Stevenson's friends met at his residence and presented him and his lady with an address (beautifully engrossed and framed), expressing deep regret at their contemplated removal to the city of London, and requested their acceptance of a very handsome silver tea set, as a small token of the high esteem in which they are held. The Doctor in feeling terms replied, thanking them for their valuable present; for the confidence which they had ever reposed in him, and for the many acts of kindness which he and his family had received at their hands. After remarks of the most friendly kind, and expressions of deep regret at the loss which they were about to sustain in the departure of Dr. Stevenson, the company sat down to a bounteous supper provided by the visitors, and enjoyed themselves during the evening in a manner not soon to be forgotten.

Our report of the meeting of the Canada Medical Association is partly taken from the Philadelphia *Medical Times*.

OBITUARY.

Dr. Edward Laberge of St. Philomene, Chateauguay County, P.Q., died on the 29th of August. He was a graduate of McGill College Faculty of Medicine 1856, and an earnest, painstaking physician. He was a member of the Provincial Legislature and an advanced Liberal; he was also a Governor of the College of Physicians and Surgeons of this Province.

REVIEWS.

The Pathology and Treatment of the Diseases of the Ovaries. By LAWSON TAIT, F.R.C.S., Ed. & Eng. Fourth Edition, rewritten and greatly enlarged. New York: Wm. Wood & Co., 1883, pp. 351.

Few modern surgeons have been more roundly abused than Lawson Tait. His powerful advocacy of abdominal section for the relief of salpingitis, his open contempt for Lister's spray, his stubborn opposition to vaccination and vivisection, have raised up hosts of enemies and alienated many friends. Though his views are too often extreme and even eccentric, his tone sometimes harsh and uncompromising, his claims and statements high-colored and injudicious, yet his originality, skill and success have won for him a foremost place among European surgeons. His results since 1878 have been so remarkable that he has now no fear of the peritoneum, and formulates the following surgical law:—

"In every case of disease in the abdomen or pelvis in which the health is destroyed or life threatened, and in which the condition is not evidently due to malignant disease, an exploration of the cavity should be made."

We heartily commend this book as practical and suggestive, and well worthy a careful perusal.

A Treatise on Therapeutics, comprising Materia Medica and Toxicology, with especial reference to the application of the Physiological Action of Drugs to Clinical Medicine. By H. C. WOOD, M.D. Fifth edition, revised and enlarged. Philadelphia: J. B. Lippincott & Co., 1883, pp. 740.

The fact that the fourth edition of this book was exhausted in six months is the best possible proof of its popularity and value. We can only reiterate our favorable opinion, recommending it strongly to those who would rise above empiricism and have a reason for the faith that is in them.