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Ontario Medical Journal.

R. B. ORR, M.B., - Managing Editor. | W. H. B. AIKINS, M.D., - Associate Editor.

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Original Communications.

BILIARY CALCULI.*

BY J. H. BURNS, M.D., TORONTO.

The case which I have to describe to-night is one of biliary calculus, which in itself presents no especial features beyond the ordinary, except that it was under observation by the patient himself for a longer term of years than usual, although he so strongly dissented from the opinion given him that post-mortem examination was permitted to satisfy those of his friends who coincided with his dissent.

The patient, in his fifty-second year at the time of his death, had pains of a colicky nature in the region of the gall bladder, recurring at intervals from the time he was twenty years old. These, however, were so slight, and of such brief duration, that professional assistance was not sought until two years ago, when I for the first time saw him in the agony of passing a calculus. Upon careful inquiry, at that time, into the history of his former seizures of colic I could not learn anything more definite than that there was pain more or less acute, of shorter or longer duration, and always referable to one place, but never requiring more diligent treatment than hot stupes and simple hot aromatic infusions. No after effects were noticeable, not even the slightest icteric tint.

The attack in question, of two years ago, was, however, most unmistakable; there was present the usual abrupt invasion with the excruciating pain in the right hypochondrium, radiating to the right shoulder thorax and epigastrium, associated with rigor and elevation of temperature, and followed by marked jaundice after the decline of the acute symptoms.

I saw him again in June of this year in another attack, quite as severe, and learned from him that in the intervening period he had suffered from two other seizures similar in character, which had been treated by another physician whose diagnosis, I was told, did not agree with mine.

On the 26th October last he had a more than usually severe recurrence which continued for three days, and before convalescence was established, another attack (on the 31st October) of colic, supervened more severe than the first, which was followed by intense depression, violent hiccough lasting for two days, syncope from exhaustion and the intensity of the pain, and death on the 4th of November.

Post-mortem examination, conducted by Dr. W. H. B. Aikins, revealed a gall bladder about six inches in length, distended with bile, mucus and pus, and containing forty-five calculi, here shown, the largest of which completely obstructed the opening into the cystic duct, and was with some difficulty pushed backward into the gall bladder. The inner surface of the gall bladder was extensively ulcerated.

The liver, which was intensely congested throughout, was fatty and cirrhotic, its upper surface was

* Read at a meeting of the Toronto Clinical Society, December 15th, 1892.

covered with lymph. The inflammation had extended to the diaphragm which was also congested, giving rise, doubtless, to the hiccough which had persisted during the last two days of life. The kidneys were in an advanced stage of Bright's disease.

Such, Mr. President, is a brief account of this case in particular, but if you will allow me to observe in connection with this subject in general, although I may be guilty of transgressing the rules which are supposed to guide a clinical society, that the literature of cholelithiasis furnishes very little accurate information as to the chemical process involved in the formation of gall stones.

We know that age, sex, habits of life, and certain diseases of the liver and gall-ducts are predisposing causes, but the manner in which the formation of the calculus takes place is to a very great extent conjectural.

Dr. Thudichum, in a paper recently (November 4th, 1892) read before the West London Medico-Chirurgical Society upon the subject of gall stones, their origin, nature, and treatment, maintains "that they are originally caused by a catarrh of the mucus epithelium and glands of the bile-ducts, this leads to a formation of the casts of the ducts and around these, after they have been shed, the gall stone matter is deposited. During the catarrh bacteria enter the ducts from the duodenum and cause decomposition of the bile. Foreign bodies are rarely, and the often alleged inspiration of bile, never, the cause of gall stones, their real composition being a selection of the products of bile decomposition. A rational treatment of gall stones could only be based upon a right appreciation of the functions of the liver and bile."

He further says: "But little progress has been made of late years in this direction, but direct relief was now obtainable by cholecystotomy. When the bladder was diseased cholecystotomy should be performed, but this operation involved a greater risk."

I have not had any experience myself in connection with this operation, but believe there are present here to-night, surgeons who have performed it, and it will be a matter of interest for us to obtain from them their views upon the subject.

In the case which I have described, operation was considered in consultation, but was advised against, because of the feeble state of the patient.

It appears to me that it must be a most difficult point to determine in a case of recurrent obstruction of this kind, whether the efforts of nature will be sufficient to overcome one seizure as well as the last one, or whether any particular crisis may be that special one demanding operative interference.

I have not been able to discover in the literature of this operation, which of necessity is yet very meagre, any distinct guide in coming to a conclusion upon this point.

The rapid termination of my case left very little time to prepare for surgical interference, if that were necessitated by the opinion that such was likely to prove beneficial as a last resort; whereas, on the other hand, it would not appear unreasonable to hope that, with the greatly improved means at the disposal of modern surgeons, a fair expectation of safety in operation might be looked for in all such cases. Operation, as in irreducible hernia, might be resorted to if there is the slightest doubt. As yet, however, I believe the results of gall bladder surgery are insufficiently collected to justify the establishment of a code of rules.

Fraenkel, writing September last upon this subject, states "that in records of operations for biliary colic, too little attention has hitherto been paid to the presence or absence of adhesions in the region of the gall bladder. Two cases are reported in which, on operating for the relief of symptoms indicated of severe cholelithiasis, Gersuny, of Vienna, discovered nothing save adhesions between the region of the gall bladder and the omentum. In one of these cases there was complete absence of the gall bladder. Division of the adhesions was followed in each case by speedy and permanent cure. These instances," Fraenkel points out, "show that symptoms resembling those of cholelithiasis may be caused by the results of old inflammatory processes, due, in some cases, to the presence of biliary calculi, and in others quite independent of any disease of the gall bladder and ducts. The fact that such symptoms may be caused solely by adhesions and tense cicatrical bands would favour a recourse to operative interference in those cases in which, with all the subjective indications of cholelithiasis, there is an absence of tumour and other palpable signs of retention. It is probable that more frequently than is generally supposed, and, indeed, even in cases of actual

cholelithiasis, intense biliary colic may be due to the frequent presence of old inflammatory adhesions. Similar conditions about the female sexual organs have long been regarded by gynæcologists as indicative of exploratory laparotomy, as severe and exhausting attacks of pain have often been arrested by division of morbid uterine and ovarian adhesions."

For my own part I should not hesitate, were I to have a similar experience with this trouble, to make an exploratory incision as soon as there appeared doubt as to the usual rapid recovery one looks for from the passage of the offending stone. And I am led to this conclusion from the very unsatisfactory therapeutic means at our disposal.

In the acute stages, we are limited to the use of morphia as our very best agent to control pain, and in the intervening periods, besides the ordinary hygienic advice which one may give to his patient in regard to diet, exercise, avoidance of cold (for these attacks mostly occur in cold weather), etc., it would seem that no medicine has any effect whatever upon the calculi already formed and retained in the gall bladder. Phosphate of soda, olive oil, bicarbonate of soda, and chloroform are remedies recommended by various writers, but equally disappointing. In view of the fact that common observation recognizes such dangers as the following: exhaustion from repeated attacks; fatal collapse from pain; fatal jaundice; dropsy of the gall bladder, and danger of it rupturing; empyema of the gall bladder; abscess of the liver; local peritonitis; perforation of the gall bladder or gall ducts causing abscess, peritonitis and septicemia, and intestinal obstruction or hemorrhage, it is to be hoped that we may have such collected experience that we shall know more accurately when we should operate, and feel less hesitation in undertaking this operation than has been the case in the past. (Discussion see page 259).

The next annual meeting of the National Association of Railway Surgeons will be held at Omaha, Neb., on the 24th, 25th and 26th of May. The Association embraces Canada, Mexico and the United States. One subject for discussion will be "Injuries of the Cord and its Membranes without Fracture of the Spine."

PUNCTURED WOUNDS OF THE EYE BALL.*

BY ALFRED J. HORSEY, M.D., M.R.C.S. ENG., OTTAWA.

I would ask your attention for a short time while I read the notes of two or three cases of punctured wounds of the eyeball, with a few remarks thereon. They present nothing of an unusual character, the treatment of which has been rather conservative. They serve as a text to illustrate some of the difficulties which beset us, not only at the beginning of such cases, but for an indefinitely long time into the future.

CASE I.—H. T., aged 19 years, a healthy young man, kindly sent to me by Dr. McFarlane, Aug. 19th, 1890, on account of a punctured wound of his left eye, by a 2½-inch cut nail, which was thrown at him by a comrade three days before. The wound was situated in the ciliary region at the lower border of the cornea, one-sixteenth of an inch from its margin, and was about one-eighth inch square in extent. There was much chemosis and lessened tension from loss of vitreous and through the pupil, which had been dilated by a mydriatic before he came to me, a clot of blood could be seen behind it, obstructing further view. The cornea was clear, and the iris free from inflammation. The condition of the lens and deeper structures could not be seen. Vision was nil, the vision in the other eye being emmetropic.

He was put to bed in a darkened room, and his face washed and his eye irrigated with a solution of hyd. corrosivi, 1 in 5,000, and a compress of lint saturated in a solution of A, ℞ ʒj and Oj applied over both eyes, while one drop of liq. atropiæ, S every six hours, was dropped into the eye.

He was free from pain, and progressing favourably, but on the third day could not be induced to remain in hospital, so went out and was lost to observation,—recent tidings of him being that the eye was not in any manner operated upon, that the sight in it is lost, and that the other eye remains unaffected after two years.

CASE II.—Punctured wound of cornea, iris and lens. W. S., a well-developed boy, aged three years, kindly referred to me by Dr. H. P. Wright, Aug. 4th, 1892, on account of having jabbed a

*Read before the Canada Medical Association, Sept., 1892.

tin can opener into his right eye, causing a punctured and incised wound of the cornea, extending from its centre obliquely down and out, dividing the iris from its pupillary border to its periphery, extending into the sclerotic three millimetres, and quite through the ciliary zone. The anterior chamber had collapsed with escape of its aqueous, and there was also a slight loss of vitreous.

The wound, though so extensive, was a clean and smooth incision, with little displacement of the parts implicated.

Cold was at once applied by means of pieces of lint made cold by placing them on a block of ice, and which were frequently changed. The eye was bathed every hour by a cold lotion of boracic acid.

Neither a mydriatic to dilate, or a myotic to contract the pupil was used, as the iris was incised from its pupillary border to its periphery, into the uveal tract dividing its circular contracting fibres. The iris did not prolapse nor engage in the corneal wound. Sutures were thought of to unite the edges of conjunctiva and sclerotic respectively. But this could not readily be accomplished in one so young without the administration of a general anæsthetic, which had its counter-balancing disadvantages through disturbance of the favourably-disposed positions of the various structures about the wound by probable vomiting. For these reasons, and the additional one of irritation or inflammation by the sutures, they were not inserted.

The next day the same favourable condition of the wound existed, but the lens, as was thought probable on first examination, was shown to be wounded by becoming opaque white at a point which, in a few hours, spread over its entire extent; thus, by its swelling, adding another complication to the already serious condition of the injury. No iritis followed, or other inflammation, and healing and contraction of the wound progressed favourably for a couple of weeks till it was firmly closed.

Shortly before this, atropine drops were instilled, so as to favour as good a pupil as possible, with partially good results. There is little scarring or disfigurement of the front of the eye at present. The iris looks of a darker blue than the left; the pupil is small and irregular, and quite black, shewing that absorption of the lens has taken place. Vision equals movement of hand, no pain or discomfort is felt in it, while the second eye shows no signs of deterioration, and is normal after the lapse of seven months.

CASE III.—J. C., quarryman, was struck in the left eye, the day before coming to me, by a small chip of stone from a sledge, making a horizontal incision in the cornea just below the margin of the pupil, about one-eighth of an inch in extent, opening the capsule and wounding the lens, which was opaque and swollen, protruding through the capsule pressing upon the iris, thereby endangering it.

The pupil was at once dilated by a disc of homat and cocaine, $\frac{1}{200}$ of a grain of each, and the protruding portion of the lens broken down and made less prominent by needling through the wound.

The pupil was kept dilated for a couple of weeks till absorption of the lens was apparent, and all irritation had subsided.

He was examined six months later when the lens was wholly absorbed, leaving a black regular pupil, while the corneal leucoma was slight. The disfigurement is scarcely perceptible, while his field of vision on this side for large objects is of much service to him.

CASE IV.—Punctured wound of front of the globe. Mary A., aged three years, kindly sent to me by Dr. Groves, on account of wound of the globe by the point of a pair of scissors two weeks before. The condition was one of acute inflammation of most of the structures (*Pan-ophthalmitis*). All hopes of vision being gone, it was thought advisable to enucleate the eye, which was done in the usual manner, with a speedy and uninterrupted recovery. The other eye was, six months after the injury, normal.

As you are aware, we have in these cases not only present seen dangers to overcome, but future occult ones, which are harder matters to fight. We are all aware of these, but the best way of avoiding or overcoming them is not so clear to us. Yet by considering the subject and discussing it, we will obtain the experience of those who have had considerable practice in such, and through them the wisdom of those who have had infinitely more.

And though our contributions may carry us somewhat nearer the desired goal, and teach us better how and when to act, and where to withhold

our hand, they cannot divest it of many of the difficulties which are inseparable from such cases, and are beyond the acumen and skill of the widest and wisest experience. Yet it will enable us to meet them with a riper, clearer judgment, and a feeling that we have some power in our art to guide our patient between the Scilla on this side and the Charybdis on that, and not stand passively by with a feeling of therapeutical helplessness to aid nature in her efforts in repair.

Punctured wounds of the tunics of the eye are amongst the most serious and momentous cases with which the ophthalmic surgeon has to deal, taxing the greatest skill and experience in deciding not only the best procedure as to the treatment of the wounded eye, with regard to the healing process and the preservation of sight, but also the safety of the sound eye and its ultimate welfare. And though there are many valuable rules for our guidance, based upon a wide and varied experience, still, in the application of them there is ample room for the exercise of the wisest judgment in dealing with individual cases for which no fixed rules can be made.

It is hardly necessary to state that punctured wounds of the globe have affects differing with the parts and structures involved, as well as by their extent and the instrument which inflicts them, whether it be sharp or blunt, dirty or clean, or whether it remains within the eye as an inert foreign body, or susceptible of chemical or other changes.

The cornea is tolerant of wounds which readily repair and give little trouble, excepting it may be from the opaque leucoma resulting from cicatrization, which impairs vision and which very slowly or never clears away.

With the cornea the more vulnerable iris is frequently wounded, which also may further complicate by becoming entangled in the corneal wound or prolapse through it, which we endeavour to replace with much care by means of suitable instruments, and if successful, induce it to remain so by means of eserine to contract the pupil, and also to prevent synechiæ, more especially to the cornea, or if unsuccessful, to snip it off, making an iridectomy.

Atropine too, has its uses in these cases, in preventing synechiæ and favouring a useful pupil. But often it is irritating and increases tension, conditions which, if possible, should be avoided.

Wounds of the cornea, extending beyond its periphery into the sclerotic and ciliary zone, such as Case II., are of more serious import on account of the highly organized, nervous, vascular and nutritional character of the parts involved, as well as the drainage of the front of the eye. Sutures here may be required under the strictest antisepsis, or a compress and bandage under like precautions, or if the wound be extensive, with loss of vitreous, internal haemorrhage and great impairment or loss of sight, enucleation at once or after a trial of milder procedures may be the better course.

In framing our decisions, more than local conditions should be taken into account—the age and constitution of the patient, his reliability in following instructions, his proximity to a surgeon, and many other conditions. Where the injury is extensive and the lens is wounded or dislocated, and the vision much impaired or gone, enucleation may be the proper procedure. Wounds containing or supposed to contain foreign bodies are the most grave and difficult of all, and we should not hastily conclude that an eye does or does not contain a foreign body, as upon it hinges the course to be adopted, as also our prognosis. The front of the eye may be wounded by a missile, such as a shot, and pass over it, or through it into the orbit, giving the impression that it is still within the globe. We should patiently listen to the patient's story and be careful he does not mislead us. I once heard Mr. Lawson say, "I never took the opinion of a patient and acted on it that I was not sorry for so doing." Yet this should not excuse us from submitting ourselves to his version of the accident, but we should be careful to accept only that which is of value in his case. When found, the indication is their removal. We are not justified, however, in probing about to find and remove them, excepting in extensive wounds by large bodies. When they are free or slightly fixed in the A. chamber or in the vitreous, and of metal susceptible of magnetic attraction, an effort at extraction by means of the electro magnet may be made, or if firmly imbedded in the fundus may be best let alone, with the hope that they may become encysted, as eyes have been known to contain foreign bodies for years with perfect vision; still, this is the rare exception.

Such cases are in constant jeopardy, and a source of anxiety to both patient and surgeon. The greatest care and watchfulness should be observed in such cases.

It may seem cruel to advise the removal of such an eye at the time of injury, yet it is more likely to be a great kindness. Admitting the loss of one eye to be serious, the loss of both is calamitous. Conservatism here, as in general surgery, is much to be desired, yet may be carried too far. When the wounding substance is small, the outer tunics of the eye cannot be too searchingly scrutinized, with a lens or two lenses and good oblique light to find the scar denoting the point of entrance, and then the deeper structures, the iris and lens, and by aid of the ophthalmoscope the lens vitreous and fundus, if the media be clear. The field of vision should be taken to find if there is a scotoma or blind area. Tension also should be tried to find if it be lessened, and other objective symptoms brought to our aid.

It was not my intention to touch upon the very treacherous ground of sympathetic ophthalmitis, and I must ask your pardon in doing so ever so lightly. But there is one point which, if you will allow me, I shall briefly refer to ; that is, the difference between symp. ophthalmitis and symp. irritation, the latter being regarded as a reflex phenomenon probably through the ciliary nerves, and symp. ophthalmitis, though it still retains the name sympathetic, is thought to be really one of infection by the staphylococcus pyogenes albus through the lymphics in the sheath of the optic nerve and the chiasm (following in the wake of inflammation). Symp. irritation, in the second or sympathizing eye, consists in photophobia, lachrimation, pericorneal injection and derangement of accommodation, and must not be regarded as premonitory signs of symp. ophthalmitis, for they may pass off without any organic changes following. The first phenomenon, according to Swanzy, to excite alarm is shrinking pain when the ciliary region of the infecting eye is pressed upon. The first change in the sympathizing eye is a seroplastic irido clycitis, increased depth in the A. C., followed by a keratopunctata.

I once heard Mr. Lawson say the very first subjective symptom of symp. ophthalmitis to be dazzle, like the heat arising from a hot stove. We should be ever vigilant to detect the infection of the second eye, especially in children, till two or three months have gone by. But it is very questionable if it is not too late now to hope for much good from enucleation of the infecting eye, though it is the best procedure to adopt if vision be lost in it. But where useful vision remains in the primary eye, we should exercise the greatest caution, as this eye may prove the better one in the end. Other more conservative means have been tried, such as section and resection of the optic nerve, evisceration and other compromises, but it is thought they do not afford the same immunity as enucleation of the entire globe.

QUEEN'S UNIVERSITY AND MEDICAL EXAMINATION.

ADDRESS DELIVERED BY SIR JAMES GRANT, M.D., K.C.M.G., AT THE OPENING OF THE MEDICAL FACULTY, OCTOBER 14TH, 1892.

The present is a new departure in the life history of the Royal College of Physicians and Surgeons, Kingston. It is a move certainly in the right direction, and one which cannot fail to be productive of good to the well-being of the medical department of Queen's, which the medical section has now virtually become. Queen's medical school has been in operation over a quarter of a century, and its graduates are filling positions of trust and responsibility in various portions of the world. One of its first founders was a personal friend of my own, the late Dr. Dickson, who was the first President of the College of Physicians and Surgeons, Ontario. His record was a most honourable one, and in his calling he was a noted surgeon and a well-known contributor to the literature of the profession. The zeal, energy and ability with which he laboured to carry out the work of this medical school is well known, and the record he made as a man of genuine scientific and professional merit is generally acknowledged. From this time actually dates the very commencement of systematic medical education in the Province of Ontario. True, we had good schools of medicine, and excellent medical men, prior to that date, but the Medical Council, in which, as first President, Dr. Dickson took an active part, gave new life and vigour to the

whole subject of medical education in this province. The curriculum advanced stage by stage to the present high standard of a five years' course of study and a preliminary examination, almost the equivalent of a B.A. degree, in order to meet the demands of our country, that only men of educational standing and known ability shall be admitted into the ranks of the medical profession. This is said to be an age of general progress and advancement in almost every line of thought. True, in Canada we have legislative confederation of our various provinces, and why ? In order that there might be a uniformity in trade and commerce, and thus understand each other better in all the relations of life. In medical education, however, this idea is not being carried out. What do we find to-day ? Each province legislating for itself in matters medical, and no special effort being made about central examining boards or councils in each province, of equal standing, so that medical degrees of one province would pass current in any other province without being subjected to a second examination. Failing this course, the only other open is for all the provinces to agree to a central examining and registering body at the capital, the license of which would be recognized in the entire Dominion. This would require a change in the British North America Act, which could be so modified as to meet the requirements of our people, providing each province agreed to such changes. The present state of medical education must shortly undergo some change in order to give evidence of progressive spirit in our people, and such can only be brought about by placing the whole subject so intimately associated with our welfare and prosperity before the *proper tribunal.*

The higher functions of medicine are now before you, which even extend beyond the healing of the sick, the instruction of the masses as to the means and methods by which disease may be prevented, and death deprived of its supremacy and power. In the medical school of the present in Canada, sanitary science is one of the chief subjects of study, and by this line of investigation we have hope that in the near future the contagious diseases, like scarlet fever, measles, cholera, will be as effectually stamped out as smallpox is to-day. In the path of progressive medicine what a marked change has taken place, even in hospitalism, by which such dreaded diseases as puerperal fever and hospital gangrene have been in a great measure stamped out.

Science has much to do with the possible triumphs of sanitary reform. It is the art, however, not the science alone; the doing, not exactly the knowing, that must take first rank in the medical work of life. It is, in fact, the actual bearing of the necessary training that directs the after life-work of the physician. Doubtless there is great value in science, and in medical practice, such science as can be turned to practical account, which does far more to build up a professional reputation than *accumulated theories*, which cannot in any way be applied to the really great works of the physician. True science is ever humble, and great discoverers, such as Newton and Faraday, were the humblest of men. How vigorous have been the attacks on Sir Joseph Lister, the father of antiseptic surgery, and with what commendable spirit he upheld his position, marking beyond doubt the greatness of the man. It is well to be up and doing, keeping pace with every line of advance in our profession. True, we are living in an age remarkable for its discoveries. The younger members must not run away with the idea that the aged fathers in the profession are not likewise progressive. This is a reading age as well, in which current medical literature is almost superabundant, and old and young must labour and continue to work in order to keep anything like pace with the progress of science. The affiliation of the various sciences, by the present change in the medical department, does away with the isolated form in which matters were previously. Thus the different sciences take, notwithstanding the diversity of their objects, one and the same development. The one series of ideas brightens and fructifies mental power, the other tends to promote health, strength and general systemic vigour.

When a student graduates, what course should he adopt in order to insure public confidence and gain a practice ? When he has selected the place, when he has decided to pursue his professional work, there are points of the greatest possible importance, to which he should turn the closest attention. Study carefully the physical character of the city or country section in which he resides; as to soil, drainage, water supply, food supply, public and private school, endemics, epidemics, and all such influences. Once he has familiarized him-

self on these points, he is then in a position to give confidence to those he may be fortunate enough to attend professionally. During the past few years the Ontario Government, through the Board of Health Department, has accomplished much in the line of public sanitation, and through energetic exertions the death rate in this province has undoubledly been reduced. A movement is now on foot to establish a "Health Institute" at Ottawa for the Dominion; however, such is at present in the incipient stage of development, the only specific information from the Dominion Government being the mortuary statistics issued monthly by the Department of Agriculture. In time we anticipate more energetic action in this direction, as nothing tends more to advance the interests of the public at large than what concerns public health.

Another point of great importance is the study of *the influence* the present system of education is producing on the germinal intellectual power which must in time guide and direct the best interests of our Dominion. The great effort at present is towards a species of hot-house culture, as far as education is concerned. The multiplication of subjects, even with the pliant and undeveloped childlike brain, in the very formative process, becomes a serious problem, and one which cannot be too carefully studied out and directed accordingly. Each thought, each mental evolution, is the production of a chemical change in the elements of *Brain Tissue*, and thus the successive flashings along the line of continuous mental strain have a powerful effect, not alone on brain structure, but the general systemic powers as well. How is education to be accomplished without brain strain, is a cogent question, and one which will very naturally be asked. Ordinary brain effort is one line of action, but over-strain and excessive brain work is quite another. How frequently is it the case that the highest indications of brain activity in the child, by over-strain and without the parent being aware of the fact, become clouded for the duty of after-life. The same result is frequently observed with honour men in University life, although there are exceptions, where inherent physical power guards the balance, and thus upholds the system.

These are points to which I desire to direct the attention of our young graduates who may have an opportunity of quiet study and patient investigation, while seeking a practice which will grow gradually and surely as public confidence is gained, on these lines of observation.

Selections.

NOTES ON THE TREATMENT OF DYSMENORRHŒA.

BY DR. J. H. MUSSER.

General Treatment.—(*a*) The writer is convinced of the necessity of securing good muscular development. The muscles of the back and abdomen require particular attention. Anyone may observe in many cases the tendency to stooping and curvature of the lower half of the spinal column. The gait of the patient and the position assumed in the sitting posture show this. Until full muscular strength is restored, the muscles should be supported by external means. The so-called abdominal supporters are of service. Any firm girdle that presses upon and supports the abdomen *below* the umbilicus will answer. Due attention must be paid to the selection of garments and corsets that will not crowd the viscera into the lower abdomen, and hence overstrain the abdominal muscles. Light gymnastics, calculated to develop the muscles necessary for the support of the spinal column posteriorly and the abdominal contents anteriorly, are absolutely essential.

(*b*) It goes without saying that any anæmia, if present, must be carefully treated. The medicinal means to accomplish the desired result are familiar to all. Hygienic and dietetic methods will yield better and more lasting results than drugs. It is not necessary to enter into details regarding measures obvious to all.

(*c*) The state of the nervous system and the degree of vascular tension are to be considered. All are familiar with the "charged" state of the nervous system at the approach of the menstrual period. The flux does not relieve this state in many, or but temporarily, and during the interval between the flows, it persists. High arterial tension is an exponent of this condition, and the remedies that relieve it lessen the nervous erethism. Hence, too, drugs are not essential, though temporarily all-powerful. The cases can be divided into two

classes—the well-developed and full-blooded, and the anæmic with relaxed muscles.

The first must be submitted to all influences that subdue the nervous system. It is obvious that all kinds of excitement which appertain to our life in the cities must be eschewed, particularly the social excitements that allure the young, the mental excitements of high pressure education, and the excitation of rich and stimulating and improperly-selected food. Means to secure these ends are likewise familiar to all, but the writer would lay particular stress on the selection of a proper diet. Tea or coffee must be limited or excluded. The rheumatic or gouty diathesis forms a marked indication. The constituents of the urine afford a clue, and the occurrence of urates and uric acid persistently in excess is a guide to one system of dietetic regimen.

Change of climate may be considered here. Residence at the sea-side or in the mountains contribute to the general health. But many whose general health is very good are relieved of monthly suffering by a change to the sea. The writer recalls one patient who for eighteen to twenty days of the month was able to endure great exertion in social and domestic duties, and who was the admiration of her friends, on account of the appearance of good health. Four days of the month she suffered torments, which required ether and other means to alleviate, and another week was occupied in recovering from the exhaustion of pain and depression of drugs. Without any diminution in her labours, by residence at the sea, even at a fashionable place, with its exactions, she was always comfortable at her monthly periods. Such cases deserve climatic treatment, as much as cases of asthma or other affections.

The drugs which the writer has found of service in the states indicated are nitro-glycerin, the bromides, and antipyrin. One drop of a one per cent. solution of nitro-glycerin, continued for months, seems to have gradually lessened vascular tension and nervous erethism. Ten grains of the bromide of sodium three or four times daily accomplished the same result. It is of more service in the cases that show ovarian congestion at the period, or are accompanied with melancholia, or only mental depression shortly before and at the time of the flow. Three grains of antipyrin three times daily for a long time is indicated for the same reasons as the other remedies, whether ovarian dysmenorrhœa be present or absent, if reasons do not exist for its discontinuance. In the anæmic or weak, for two weeks of the month iron may be substituted. It reduces arterial tension. Regarding the use of other tonics, the writer is not positive. The only one to consider is nux vomica and strychnine. In some, and especially if the muscles are atonic, the nervous system depressed, and the blood reduced, while prostration readily ensues on exertion, it is of service in ascending doses. In others small continuous doses suffice.

The state of the digestion and the action of the bowels must be examined into. They often furnish lines for special treatment. The alkaline laxative waters are of service in lithæmic states with hign tension.

Treatment of the Monthly Period.—Antipyrin answers well in all cases. Three to five grains may be given every half-hour until the severe pain is relieved, and then every two, three, or four hours. It not only relieves pain, but allays the perturbed nerves. It is often of advantage to anticipate the pain by administering the drug at longer intervals, for three or four days, especially if there is much nervousness. For the same reasons, and in ovarian dysmenorrhœa, the writer begins the use of the bromide three or four days before the flow, in doses of ten or twenty grains every two, three, or four hours. They may be combined with antipyrin.

In many cases the tongue becomes furred, loss of appetite, and nausea and vomiting ensue. The patient claims to be "bilious." At the same time that antipyrin is given, calomel, in doses sufficient to secure free movements of the bowels, may be used.

Of course other medicinal means avail.* For the past two years the above methods have been enough to secure relief and satisfaction, and the writer is firmly convinced that opiates should not be used.—*Therapeutic Gazette.*

REMOVAL OF MOTHER-MARKS.—The *Allgemeine Medicinal Central Zeitung* gives the following as very efficacious in removing these marks: Mix one

*One of the writer's patients is always relieved within two hours by the fluid extract of viburnum.

part of tartrate of antimony with four of emplastrium saponatum, and work into a paste. Apply the mixture over the mark to be removed to the depth of one line (one-twelfth inch), and cover with a slip of gummed paper or court-plaster. On the fourth or fifth day suppuration sets in, and in a few days, scarcely a sign of the mark can be seen.—*Med. Summary.*

NOTES ON QUININE IDIOSYNCRASIES.—Considering the millions of doses of quinine taken every year, the number of cases in which it produces effects that would not be anticipated is very small. Many years ago I had under my care, a patient in whom twelve grains of the sulphate of the alkaloid produced complete amaurosis, and, as the young lady happened to have a blind sister, there was extraordinary agitation in the family. Being of doubtful temperament, I formed at first the impression that the amaurosis was simply a coincident hysterical manifestation; but on repeating the quinine, the blindness redeveloped with the other symptoms of mild cinchonism, and disappeared *pari passu* with them.

Recently, having occasion to prescribe quinine to Miss ——, aged about twenty-five, I was told by her that she had been poisoned by this substance twice in Europe, but it was agreed between us that she should take one two-grain pill, which she did about five o'clock in the afternoon. About six o'clock she was taken with a burning pain in the hands, which spread over the whole arm and finally to the surface of the body, until she was tingling and burning everywhere. About half-past six a severe pain in the stomach set in, followed shortly by vomiting. A few minutes later she fainted, remaining unconscious for five minutes. I saw her about 6 45; at that time her whole surface was much swollen, brilliant red in color, with urticaria in wheals and long ridges. The pulse was between 50 and 60 and very feeble. Vomiting had occurred several times, and there had been one loose passage. The temperature was 102.5°, the day before, at the same hour, it had been 99.5°. There was a good deal of nervous excitement and unrest, but no delirium and no hysteria. Opium was given by injection, and brandy freely by the mouth. After this, vomiting recurred several times, large quantities of greenish fluid being rejected; there were also one or two alarming fainting spells. A little after seven o'clock the symptoms began to subside, and in about five hours the patient returned to her normal condition. This case is made the more interesting by the fact, which I learned after the poisoning, that a brother of the patient had had, on at least two occasions, similar symptoms provoked by quinine. Careful investigation failed, however, to get any trace of the idiosyncrasy in past generations of the family.

These rarer peculiar relations of human individuals to quinine must not be confounded with the more frequent disagreeable effects of quinine, some of which are apt to be overlooked by practitioners. The local effect of quinine upon mucous membranes is distinctly irritant, and I have met with many people in whom the cinchona alkaloids produced marked gastro-intestinal irritation; so that chronic diarrhœa or gastro-intestinal catarrh have come, in my mind, to be very important contra-indications to the use of this drug. The irritating effect of quinine is also often manifested at its point of exit from the body, and the existence of cystitis or conditions allied to it should make the practitioner very careful in the administration of the drug. Some time since I called to see a personal friend, a very eminent surgeon, who was convalescent from an acute inflammation of the neck of the bladder, and who was much prostrated every afternoon by a violent attack of pain entirely out of proportion to the amount of local disease apparently remaining. Finding that the patient was taking quinine freely as a tonic, and that the time of the attack of pain was coincident with that at which quinine was being most freely eliminated from his body, I suggested the disuse of the alkaloid, the result being the immediate disappearance of the pain.—HORATIO C. WOOD, *in University Med. Magazine.*

SURGERY OF THE SPINAL CORD. (*Chirurgie de la mœlle. Revue de chirurgie*). By A. Chipault. —Chipault has had some clinical experience with the operations on the spinal cord, and has given a careful study to the subject, especially by operations upon the cadaver. He prefers the following method for exposing the cord: median incision, raising the periosteum along with the muscles (he

trusts to this for giving a firm, even a bony covering for the canal after healing); pressure for hæmorrhage; division of the bony arches by a special rongeur on the same principle as Hoffmann's, removing them completely. He criticises Horsley's advice to open the dura mater in all cases, and would not do so in cases of tubercular inflammation outside of the dura, or any extra-dural tumour, but would invariably open the dura in cases of traumatism. He dwells upon the importance of the pulsation of the cord as a sign of its integrity before the dura is incised, and states that the return of the pulsation is a good proof of its vitality after compression has been relieved. The extra-dural layer of connective tissue is often an important factor in these operations, as it may be very thick and vascular, may be the seat of extravasation of blood, or may be hypertrophied and cicitrical as the result of tubercular inflammation. By incising it in the middle line, this hæmorrhage is reduced to the minimum. As a rule the dural incision also will be made in the median line. The effusion of cerebro-spinal fluid will soon cease if the patient is kept quietly on his face with the head low. Blood-clots, foreign bodies, and tumours may now be removed, and any other abnormal conditions noted. It has been suggested to unite the ends of a severed cord, or even to excise a diseased segment and then unite the ends with sutures. Chipault considers the former easy and worth trial, but he has found it an anatomical impossibility to bring the ends together when a gap existed between them, the tissues being so inelastic. The important parts of the operation completed, Chipault strongly advises suture of the dura, for the escape of spinal fluid will be inconvenient and even dangerous, as the loss of large quantities of it has been followed by alarming sinking attacks, and even death in the young. If it is necessary in these operations to reach the anterior surface of the cord, this may be accomplished by placing cushions under the patient above and below the region of the spine which is attacked, and so that the cord will come to lie in the concavity of the spinal curve, and will be relaxed to such an extent that it can be displaced considerably to one side, as well as rotated. This surface of the cord may also be reached by resecting the head of a rib or two and attacking the vertebral arches laterally, as suggested by Treves and Vincent.—*International Medical Magazine.*

On the Question of Asepsis in Laparotomy.—Abdominal surgery (*Centralblatt für Gynäkologie*) came in with antiseptics; but its developments soon became largely independent of the assistance of germicides. While the results in obstetrics have been simply revolutionized by antiseptics, the most brilliant abdominal surgery has been done by a careful study of the conditions necessary for asepsis. Mironow's contribution essays to aid the clear comprehension of the essential factors in success, by reporting a series of bacteriological observations made during the progress of some thirty-one laparotomies, and conducted on the air of the operating room as well as on the fluids of the abdomen.

He describes the precautions taken to ensure aseptic conditions for operation. All tables, instruments, brushes and aprons were strictly reserved for abdominal operations alone. Instruments and towels were sterilized by exposure to a steam-current for an hour immediately before operation. The water used was similarly sterilized by an hour's boiling. The sponges were first carbolized and then washed out in sterilized water; the instruments were immersed in a two per cent. solution of carbolic acid. Silk ligatures were likewise sterilized by the steam-current; and the hands of the surgeon and assistants were well washed with sublimate solution immediately before operation.

These precautions against the introduction of germs from without being taken, observations on the degree of bacterial infection of the atmosphere were also made in some cases. The routine method followed in each operation was the insertion of sterilized folds of gauze (1) immediately after the opening of the abdomen; and (2) at the close of the operation, well down in the pelvis, and in the abdominal hollows among the intestines. On the withdrawal of the gauze, pieces were cut away, and submitted to bacteriological examination in the usual way.

In eight cases no micro-organisms were found either at the beginning or the end of operation: none of these operations lasted over twenty-one minutes. In twenty-one out of twenty-three cases, the gauze sponges showed no sign of bacteria

immediately after the peritonæal opening; the great majority of these twenty-one gave distinct evidence of micro-organisms in the fluid withdrawn by the gauze sponges at the end of the operation. Altogether, twenty cases out of twenty-eight were found to possess bacterially inoculated fluids just before the abdomen was closed. But in spite of this occurrence, in not a single one of these twenty cases demonstrated to be so infected, were there any septic manifestations during the convalescence.

In fifteen of these latter cases the organisms proved to be certain varieties of micro-cocci; and the clinical course of eleven cases out of the fifteen showed marked temperature elevations. On the other hand, out of eleven cases in which the operation did not last over a quarter of an hour, no rise of temperature occurred in six, a single moderate elevation in only three, while in two of these cases the febrile movement overstepped 38°C. for a few days.

The operations embraced all the usual varieties of abdominal section, including hysterectomy, ovariotomy, vaginal hysterectomy, etc. In eleven cases there was no recorded rise in temperature. Evidences of plastic peritonitis in the shape of adhesions were present in twelve cases; and in eleven of these, no micro-organisms were found on opening the abdomen. This fact is held to support the view that adhesive peritonitis may arise from simple local irritation, and without the intervention of any micro-organism. Further, the examination of cyst contents, and the secretions of adherent Fallopian tubes in the majority of cases showed no signs of proliferating bacteria.

The author concludes, from his observations, that the peritonæum contains no micro-organisms under ordinary conditions; and that it is impossible during an operation to keep the field of work completely aseptic. The practical import of this fact is of value.—*Medical Chronicle.*

BED-CLOTHING FOR THE SICK.—In hospital, as well as in private practice, great errors are made in the matter of bed-clothing for the sick, particularly for the sick who are suffering from febrile affections. We have got rid of the heavy curtains around the bed; of the grand accumulator of dust and other uncleanliness, the tester; of the heavy valance which converted the under-part of the bed into a close cupboard, in which all kinds of unwholesome and cumbrous articles lay concealed, including sometimes excreted matter itself; and we have banished the carpet, which often as a hard-trodden, dust-laden rag, made the floor beneath the bed persistently impure. This is all good reform, but we have still not advanced sufficiently in the reforms necessary for bed and bedding. The old feather-beds, flock mattresses, heavy blankets, thick, impermeable, and dense counterpanes, still encumber many a patient, rendering ventilation of his body as impossible as in the days of our forefathers. It does not, indeed, seem as yet to have been accepted by physicians, still less by nurses and patients, that the body calls for ventilation; that a bedroom or ward may be the purest in a general point of view, and yet that the advantage which ought to arise may be considerably curtailed by the unwholesomeness of the bed and bedding, and by the patient making an unwholesome atmosphere for himself in his immediate surroundings. The universal improvement that is now called for in the direction named, consists in substituting porosity for density in all articles of bedding. The thick dense bed and mattress require to be replaced by the light steel elastic bed; and the clothing under and upon the patient, now so close and heavy, require to be replaced by clothing that is porous, so that it can be permeated with pure air from without, and can, at the same time, permit the warm and impure air from the patient to have free exit. Under such condition of clothing, there is a double current of gases going on in the clothes, which is most purifying, cooling, and refreshing; the noxious odours which so easily accumulate under dense bed-clothes, have then no abiding place; and febrile heat is dispersed instead of being retained, as in addition to the evil that already exists. The mistake now so generally made, lies in the idea that the warmth which the bed calls for is best obtained by close material and close packing. The error is positive. There is nothing that retains warmth in so good and equable a manner as common air at rest. Dense materials, as Count Rumford demonstrated, cannot keep the body respirably warm. If they are non-conductors they may retain the heat, but then they retain also the cutaneous transpiration; whilst air, a splendid non-conduc-

tor, permits the freest diffusion of cutaneous emanations. Materials therefore, both for the bed and for the bed-clothing, ought to be porous to a free mechanical extent of porosity The rule holds good for the clothing of the body in health: in sickness it is imperative.—*Asclepiad.*

CRITICAL ŒDEMA OF THE LUNGS IN CROUPOUS PNEUMONIA.—Kornfeld (F.) (*Centralblatt f. klin. Medicin*) says few cases have been reported of œdema of the lungs occurring at the critical period in lobar pneumonia terminating in recovery. The following case is interesting: The patient, a man thirty-seven years of age, strong, alcoholic, presented symptoms of general disturbance and high fever. There was a pneumonia area in the right infraspinous region. An extensive herpes appeared on the lips, and hard and soft palate, and right cheek. In pronounced contrast with the marked prostration of the patient, his cyanosis, and occasional delirium, was the good tension of the pulse. The area of consolidation spread over almost the entire right lung, and a large part of the lower lobe of the left lung. On the seventh day the symptoms of crisis appeared; temperature 39.8° C., delirium (stertorous respiration), cyanosis, profuse perspiration. Besides, there was very evident œdema of the lungs, as shown by abundant moist rales all over the lungs. Notwithstanding these symptoms of collapse, the tension of the pulse continued good, the heart action strong, and one hundred to the minute. Three hours later these symptoms had improved. Improvement continued, and on the twenty-first day the patient had thoroughly recovered. Kahane has reported two cases of per-acute transitory œdema of the lungs at the pneumonic crisis. In the midst of symptoms of profound collapse, in consequence of increasing heart weakness, moist rales developed under the ear of the observer, and after a few seconds, as rapidly disappeared. In both cases the heart failure was temporary, and recovery followed. Müller has described one case of so-called acute paroxysmal, angio-neurotic œdema of the lungs. The patient, who had an old heart lesion, suffered during many years from attacks of œdema of the lungs recurring at intervals of months or years in the midst of good health. The attacks were not accompanied by weakness of the heart, and they are regarded by Müller as angio-neurotic phenomena.—*Epitome of Medicine.*

THE USE OF "WOOD-WOOL" IN CUSPIDORES.—PRAUSNITZ (*Centralbl. f. klin. Med.*) says the use of sand or sawdust for filling cuspidores has been generally condemned as permitting the sputum to dry and escape in the form of dust. The use of water or of a disinfecting fluid is an improvement; a portion of the sputum, however, does not reach the fluid, and for the destruction of tubercle bacilli not only is a strong disinfectant necessary, but a long time is necessary for its action. The use of "wood-wool" (long, slender wood shavings, used for packing fragile articles) for filling cuspidores is recommended, as it rapidly absorbs the sputum, preventing escape of the bacilli, as a firmly clinging crust is formed. Disinfection is accomplished by simply casting the ball into the fire. The material, furthermore, is cheap.—*Epitome of Medicine.*

MOLLUSCUM CONTAGIOSUM (Drs. J. E. Graham and A. B. Macallum, *Journal of Cutaneous and Genito-Urinary Diseases*).—"Dr. Graham writes the clinical part of the communication, using as his text an outbreak which came under his notice in the Infants' Home in Toronto. He is strongly on the side of the contagion theory, on which side the epidemic is strong testimony. A child was brought to the Home suffering from the disease. Several other children in the same room developed the affection, but no others in the Home. Two months elapsed before the disease was noticed, a period which agrees fairly well with Pick's inoculation experiments. Inoculations were made on animals, but all without result. He obtained the same micrococcus from all the cases; but no results were got from the inoculation with the cultures, nor could the organism be found in the tissues, and he very candidly and wisely admits that grave doubts must be entertained as to whether this organism is the cause of the disease. All the cases were treated by excision, a method not only the most satisfactory for treatment, but also for the histological examination of the disease." "Dr. Macallum's share of the work was the examination of the specimens. He found that all the growths commenced in the stratum mucosum.

We cannot help questioning whether the figure he shows to illustrate this condition is not taken from the margin of a more developed tumour, and not, as he appears to assume, what one might call the nucleus of a growth. He found the first appearance of the molluscum body in that part of the epithelial cell directed towards the opening of the tumour. He concludes that the earliest stage of the molluscum body is an extruded or migrated 'plasmosoma.' This, he explains to mean an eosinophilous nucleolus. He does not regard it as in any way like a nuclear parasite, because it corresponds in staining capacity with the nuclear 'plasmosomata' in the lowermost epithelial cells. He maintains that parasitic elements would not undergo the degenerative changes which result in the production of a molluscum body. This is somewhat of an assumption, for many competent observers are of opinion that the process is a formative rather than a degenerative one. He also found by staining experiments (iodine and sulphuric acid) that the bodies situated above the eleidin layer gave a very distinct reaction, showing the presence of eleidin and keratin, an observation which he does not seem to notice is distinctly against his degenerative theory; indeed, he states that these are deposited in the degenerated (dead) bodies. It is to be regretted that he has not carried his investigations into the literature of the subject further than 1889, and has thus lost the benefit of the interesting discussion on this subject at the German Dermatological Association last year."—*Medical Chronicle.*

THE WHITE CORPUSCLES AS PROTECTORS OF THE BLOOD.—Werigo (*Annales de l' Institut Pasteur*), when examining under the microscope the blood of a rabbit which had received, some minutes before, an injection of several cubic centimetres of a culture of B. prodigiosus in the auricular vein, was surprised to find the blood almost destitute of leucocytes. He repeated the experiment, with the same result, and became convinced that the phenomenon was constant. In order to prove this, he made a series of experiments, in which he injected cultures of different microbes into the blood, counting the leucocytes before and afterwards. The main fact brought forward receives the following explanation:—The leucocytes disappear from the blood under the above named circumstances, because, when they have engulfed the microbes injected (which they speedily do), they are arrested in the organs, especially in the liver, where they pass on the ingested material to the endothelial cells of the organ. The rapidity with which the microbes become enclosed in the leucocytes is most astonishing—it is far greater than we have been accustomed to suppose. It is not the leucocytes alone, however, which undertake the clearance of the microbes from the blood, for the cells of the spleen pulp, and also the endothelial cells of the liver, take on direct phagocytic functions. The author's researches also lead him to consider that the first event after the injection of any microbes, of whatever virulence, is their inclusion in cells.—*British Medical Journal.*

SALOL IN TYPHOID FEVER.—V. D. Posajnyi (*Bolnitchnaia Gazeta Botkina*) tried salol as an intestinal antiseptic in forty-nine cases of typhoid fever in patients aged from eleven to thirty-two. Cases were selected in which there were present either severe diarrhœa or meteorism, or indican in the urine. In about fifty per cent. of the cases the primary disease was complicated with bronchitis or catarrhal pneumonia, otitis, nephritis, etc. The daily dose varied from 0.35 to 1.5 gramme, the drug being given thrice daily alone in water. The administration was continued from one to eighteen days. Of the forty-nine patients, three died (from complications, such as croupous pneumonia, chronic catarrhal pneumonia, and pachymeningitis); relapse occurred once, intestinal hæmorrhage twice. In about twenty-five per cent. salol did not appear to have any favourable effect on the patient's condition. In the remaining seventy-five per cent. the remedy markedly inhibited the intestinal fermentation processes. The stools quickly lost their specific typhoid features; while the abdominal distension and tenderness subsided, appetite improved, and the proportion of indican gradually decreased. In about twenty-five per cent. of cases the diarrhœa, etc., ceased after one or two days' administration of the drug, and never recurred after discontinuing the latter. Not infrequently subsequent constipation occurred, necessitating the use of enemata. No antipyretic effects were observed, nor were any unfavourable effects

on the heart or kidneys noticed.—*British Medical Journal.*

DERMATOL IN OTORRHŒA.—S. A. Shaniavsky (*Meditzinskoie Obozrenie*) has used dermatol in thirty cases of acute and chronic purulent otitis, externa or media. Having washed out the ear with a three per cent. boracic acid lotion, he thoroughly dries the parts with absorbent cotton wool, and then introduces deep into the meatus a piece of the wool impregnated with dermatol powder. The results are very satisfactory, the antisuppurative effect of the substance being very marked, more especially in acute otorrhœa. In cases of otitis externa, a marked decrease in the discharge was pretty frequently noticed within three days, while a complete cure was far more quickly effected than in cases treated by iodoform, tannin, calomel, boracic acid, subnitrate of bismuth, and other ordinary drugs. In cases of otitis media, with perforation of the drum-head, however, the healing process advanced somewhat more slowly than in those of external otitis.—*British Medical Journal.*

MERCURIALISM.—Patterson (*Dental Cosmos*) contends that the inflammation and sponginess of the gums that occur, as well as the blue line that sometimes forms in the course of the therapeutic employment of mercurials, are not dependent upon the immediate action of the drug, but upon neglect in the care of the mouth. The discolouration he believes to be due to the deposition of calcic salts. To avoid unpleasant complications, without the necessity of withdrawing the medication or diminishing the dose of the drug, he recommends the careful removal from the mouth of all irritant matters and the institution of perfect hygienic and antiseptic conditions.—*Med. News.*

USE OF IPECACUANHA IN UTERINE INERTIA.—Drapes says this remedy in simple atony of the uterus is a powerful agent in producing uterine contraction during the first and second stages of labour. In general, two or three doses of from ten to fifteen drops of the wine of ipecacuanha, given at intervals of ten minutes, produce in a short time marked activity of uterine action and a rapid birth. It is much better than ergot, as it does not produce tetanic contraction, but only induces normal and regular expulsive effort.—*Med. Review.*

THE TREATMENT OF HÆMORRHAGES BY REVULSION OVER THE HEPATIC AND SPLENIC REGIONS.—L. H. Petit (*Bulletin Générale de Thérapeutique*) writes at length upon the above subject, and refers to cases in support of the good effects produced by the treatment proposed in his article. The author sums up his object by affirming that, in the presence of an abundant spontaneous hæmorrhage, it is well to examine carefully the condition of the liver, spleen and kidneys, and, if these organs be diseased, especially in the case of the liver and spleen, a more or less energetic revulsion by means of blisters over the regions of the organs last mentioned is indicated. A milk diet is advocated in cases of nephritis. To apply the revulsive treatment, it is absolutely necessary to investigate the cause of the hæmorrhages. The amount of revulsion necessary to obtain a hæmostasis varies. In certain cases a vesication for a period of an hour is sufficient; in others, it is necessary to prolong the revulsion. When there is a certainty about the etiological diagnosis of the hæmorrhages, no hesitation should be entertained in applying abundant vesication, especially over the regions of the liver and spleen, but this treatment must not be put aside if the revulsion should not at first produce the desired effect.—*Therapeutic Gazette.*

TREATMENT OF ALBUMINURIA BY THE SALTS OF STRONTIUM.—G. Sée has reported to the Académie de Médicine (*Bulletin de l' Academie de Médicine*) the satisfactory results obtained in the treatment of a case of albuminuria by the salts of strontium. A young man, twenty years of age, who had been cured of pulmonary phthisis, exhibited three weeks afterwards an anasarca due to a parenchymatous nephritis. The patient passed daily two litres of urine charged with twenty-three grammes of albumin. He was immediately placed under the alternate administration of stontium and calcium, in doses of from four and a half to five grammes a day. On the very first day after the beginning of this treatment, the quantity of albumin was reduced to six grammes per litre of urine, and after a few days to one gramme. Soon afterwards the albumin entirely disappeared, and the anasarca

and the other symptoms of nephritis had diminished. In regard to diet, the patient was ordered the following: 1. Suppression of meat, eggs, especially those containing a large amount of albuminous material. 2. Macaroni with very little cheese, but as much butter or other fatty substances as required. 3. An almost exclusively vegetarian regimen: chocolate, potatoes, rice slightly cooked. 4. Sheep's brains and sweet bread so rich in phosphorus. 5. Abstinence from wine or other alcoholic drinks, and even beer. (A small quantity of this beverage produced an increase in the amount of urine in the author's patient.) For drinking purposes, tea and mineral water.—*Therapeutic Gaz.*

STRONTIUM SALTS IN THE TREATMENT OF VOMITING.—After Laborde had shown that strontium, in spite of its chemical analogy with baryta, is free from every poisonous quality, many experiments were made to insure for it its appropriate place in therapeutics. Dr. Guisto Coronedi (*Internationale Klinische Rundschau*, No. 35) tested its value as a sedative for vomiting. It proved effective not alone upon the nervous vomiting, using the word nervous in a clinical sense, but for vomiting as a symptom of genuine stomach affections.

He made use almost entirely of bromide of strontium. The preparation must be perfectly pure, not containing the slightest trace of baryta. The solid form is preferable, on account of the unpleasant taste. According to his investigations the bromide of strontium is not decomposed in the gastro-intestinal canal, but acts directly upon the organism. He observed eleven cases. In ten cases the result was positive, the dose suppressing the vomiting every time. The one adverse result was in a case of mechanical vomiting from pyloric stenosis, resulting from a carcinoma of the epiploön and the liver. The bromide of strontium was given in doses of from fifteen to forty-five grains daily (the single dose usually fifteen grains). The dose was given immediately before or immediately after meals. He was not able to note the slightest disturbance when the use of this remedy was continued during a relatively long time, even up to fifteen days and more than a month. In doses of one drachm per day and one-half drachm doses, he found it very effective for stomach ache, as he found by personal experience.

In some cases comparisons were made with bromide of potassium and other bromine preparations, also with menthol, opium, and belladonna, but bromide of strontium proved more effective than any of these remedies.—*Therapeutic Gazette.*

SLEEP MOVEMENTS OF EPILEPSY.—Putnam (*Journ. of Nerv. and Ment. Dis.*) suggests that a study of the movements (apart from the mere restlessness of unsound sleep) occurring in some epileptics while asleep may possibly demonstrate that the site in which the discharging lesion originates is indicated by the movements. One patient, who usually had a fit about 10 p.m., was noticed by him slowly to raise her left arm over her head, momentarily hold it in that position, then let it slide down the pillow. The act was repeated several times within a few minutes. No fit occurred that night. In a young girl who had been epileptic for ten years, definite sleep movements were habitual; the left arm was suddenly drawn up above the head, then let fall. When in a fit, the body was drawn to the left side, and the left fist rested on the corresponding shoulder. Removal of a layer of cortex from the arm centre in the right cerebral hemisphere of this patient was not followed by any benefit.—*British Medical Journal.*

SYPHILIS AND PUERPERAL CONVULSIONS.—Gustave Lang (*Archives de Tocol. et de Gynéc.*) has collected statistics in relation to this subject. His labours were originally suggested by a case of eclampsia in a syphilitic subject. There was complete coma in the intervals between the fits. The child was delivered spontaneously, and died, as well as the mother. In order to solve the question at issue, Lang searched statistics, which showed the frequency of simple albuminuria in the pregnant in general and in syphilitic pregnant women, and the frequency of albuminuria with casts in the same two classes of patients and in puerperal eclampsia. The percentage of affected cases reported by Wieger, Ingersley, Hiridoyen, Leopold Meyer, Galabin, and Olshausen is given in the following table:

Simple albuminuria:	Average
Pregnancy in general.....	3·4
Pregnancy with syphilis.....	5·55

Albuminuria with casts:

Pregnancy in general	1.5
Pregnancy with syphilis	2.5
Puerperal convulsions	88.0

Lang is suspicious as to the low percentage of albuminuria with casts in syphilis complicating pregnancy as contrasted with the percentage of simple albuminuria in syphilis similarly complicated, for it is the former kind of change in the urine which is especially frequent in syphilitic patients in general. The percentage in question will probably prove too low. From the above statistics and from other sources he concludes: (1) That syphilis predisposes to albuminuria and nephritis; (2) that albuminuria of pregnancy is more frequent in syphilitic cases; (3) that in syphilitic cases the albuminuria is more frequently of the type seen in eclampsia; and (4) that syphilis is apparently a predisposing and an aggravating cause of eclampsia.—*British Medical Journal.*

Uræmia Treated by Subcutaneous Injections of Kidney Extract. — Dieulafoy (*Soc. Méd. des Hôp.*) reports a case in which this method was adopted. The patient, a man aged 43, presented well-marked uræmic symptoms, with œdema of the lungs and oliguria, which rapidly passed into anuria. Other treatment failing to produce the least effect, a glycerine-saline extract of the cortical portion of the fresh kidneys, first of guinea-pigs and then of oxen, was prepared according to the method of Brown-Séquard; and after sterilization by filtering, this liquid was injected hypodermically in doses of 3.5 g. thrice daily with temporary benefit. The coma passed off, and the kidneys again became active. A relapse occurred, however, after three days of this improved condition, and the patient succumbed. —*British Medical Journal.*

Diphtheria Bacilli upon the Fauces of Patients Convalescent from that Disease. —Tobiesen (*Centralbl. f. Bakt.*) found Loeffler's diphtheria bacillus upon the fauces of twenty-four out of forty-six patients convalescent from that disease, about to be discharged from hospital. In these cases the disease had not been unusually severe, and the patients were discharged after a period of seclusion of the average duration. From these investigations it seemed possible that one-half of the discharged patients might be sources of contagion. Tobiesen was able personally to ascertain the facts in twenty-one of the twenty-four cases, and his enquiries showed that one only had (probably) been a source of infection. He therefore infers that the community is practically subject to no risk from patients discharged convalescent from diphtheria, notwithstanding that many of the latter probably still have the specific bacilli upon the fauces and adjacent parts at the time of discharge.—*British Medical Journal.*

Vaseline in Middle Ear Affections.—Delstanche (*Sem. Méd.*) speaks in high terms of the value of instillations of liquid vaseline in certain middle ear affections. He says it has no bad effects of any kind, and he has discarded all other modes of treating plastic inflammations. It is also a most useful adjuvant to, and sometimes even a substitute for, paracentesis for the removal of accumulated secretions in the tympanum in chronic middle ear catarrhs. In the first stage of acute median otitis, vaseline injections are said to relieve pain instantly, and to bring about recovery in five or six days. Delstanche adds that the same treatment is of surprising efficacy in purulent middle ear affections, especially if iodoformed vaseline be used.—*British Medical Journal.*

Digitalis in Pneumonia.—M. A. Strizover (*Meditzinskoie Obozrenie*) fully endorses Petrescu's statements (*Deutsche med. Zeitung*) concerning the abortive treatment of croupous pneumonia by digitalis in large doses ℞: Infus. fol. digitalis, 2.0 vel 4.0: 200.0, syr. simpl. 30.0, M.D.S. A tablespoonful every half hour, the whole to be taken in the course of twenty-four hours. The writer's nine consecutive cases show that under the influence of the treatment, on the following day (that is, after the said quantity of the mixture has been taken) the temperature falls from 40° C. to 38°, and the subjective stage markedly improves, the patient feeling practically well. In cases in the incipient stage, the lungs become free from abnormal signs in a day or two, while in more advanced cases complete resolution occurs about the seventh day. In none of the author's patients were any toxic manifestations noticed.—*British Medical Journal.*

TOXICITY OF THE URINE OF PATIENTS WITH SUPPURATIVE AFFECTIONS.—Nanotti and Baciocchi (*Rif. Med.*) have sought to ascertain whether in all suppurative processes, from the most trivial to the most severe, the pyogenic organisms are eliminated by the kidneys. As the result of their labours they affirm: (1) That in every suppurative process, no matter how limited, even if there be absence of any general reaction, the microbes are eliminated by the kidneys without producing any appreciable renal lesion. (2) That pyogenic organisms eliminated in this way are still possessed of considerable virulence. (3) That the urine of such patients has a toxicity distinctly greater than that of normal urine. (4) That such urine is capable of producing wound infection. The practical deductions to be drawn from these results are as follows: First, in suppurative affections to encourage elimination by the kidney, choosing, however, those diuretics which do not greatly affect the renal circulation. Secondly, the infective nature of the urine is a sufficient indication of the desirability of disposing of this efficiently.—*British Medical Journal.*

ALEXANDER'S OPERATION MODIFIED.—Chalot (*Nouv. Arch. d' Obstét. et de Gynec.*) shortens the round ligaments in a more complete manner than has hitherto been practised. The inguinal canal is laid almost completely open, so that without difficulty the entire thickness of the round ligament is detected even in the fattest women. Each ligament is dissected deeply up to and beyond the internal ring, even into the peritoneal cavity. The uterus is not held in its reduced or normal position by an assistant, but reduction is performed by firm traction on the two round ligaments. Each ligament is fixed by suture along the whole of its course in the inguinal canal. No pessary is applied after the operation. Chalot has successfully operated in six cases of painful reducible retroflexion. In the earliest case, performed fourteen months before publication, the uterus remained in its normal position. Chalot maintains that his operation is certain of its aim, and more complete than its prototype established by Alexander. Owing to more thorough exposure of the parts, it is simpler and easier.—*British Medical Journal.*

NASAL CATARRH.—Dr. Louis Jurist, Chief Assistant in the Laryngological Department at Jefferson Medical College, in lecturing on "Diseases of the Upper Air Passages," said that all those suffering from dyspepsia will have more or less disease of the upper air passages, and in order to effect a cure of the nasal or throat trouble the digestive tract must be treated, and very frequently the patient will be cured without any special treatment for the throat or nose. The doctor who depends entirely on local treatment of nasal affections will surely fail to cure the trouble. He called attention to the fact that women suffering with chronic uterine troubles very frequently will have some nasal affection. The first element in the treatment of nasal catarrh is cleanliness, and this is most important. This is best maintained by the use of an alkaline wash or spray. For the removal of odour any one of the following may be used: Solutions of permanganate of potassium, boric acid, salicylic acid, creolin, or peroxide of hydrogen.—*College and Clin. Record.*

DIGITAL STUDY OF THE NASO-PHARYNX.—Ziem, of Danzig, recommends the routine employment of palpitation of naso-pharynx as superior, in many instances, to posterior rhinoscopy. The necessary relaxation of the palate is secured by the pronunciation of the French *on*. The lips of the Eustachian tube mouths must not be mistaken for abnormal tunifications, but the teaching as to the consistency, as well as the form, renders the method decidedly superior to visual study.—*Therapeutic Gazette.*

RUPTURED TUBAL PREGNANCY. — Mersch (*Centralbl. f. Gynak.*) not long ago exhibited a most instructive specimen before the Obstetrical Society of St. Petersburg. It was a tubal pregnancy discovered at a necropsy on a woman who had died of phthisis. The tubal sac had burst. The skeleton of the fœtus was found strongly adherent to the lower end of the mesentery. The soft parts had been almost completely absorbed. The entire process must have caused but little general disturbance, for there was no history of any serious illness excepting pulmonary disease.—*Medical and Surgical Reporter.*

ITCHING IN SCARLET FEVER.—This is not always agreeable, but it has never been supposed to be a favourable sign, yet St. Phillippe (Rev. Mens. de Mal de Lienf., February, 1890) presents the following conclusions:

(1) Scarlatina is a disease which is often accompanied by itching. (2) This variety usually has a favourable prognosis. (3) The itching is due to the fact that the eruption is not intense and the cutaneous lesions not very profound.

A good application for the relief of this itching is the following:

℞ Campho-phenique ..... ℥ss.
Albolene unguent ..... ℥ss.
M. Sig.: Apply night and morning.

Another advantage is that it is in the direction of personal disinfection.—*Archives of Pediatrics.*

TREATMENT OF CARDIAC ASTHMA.—Dr. Ferrand (*Le Bulletin Médical*) recommends the following treatment:

General treatment:

1. Each morning two soup-spoonfuls of:

℞ Iodide of sodium ..... 25 grams. (℥ vj).
Infusion of elder flowers ..... 300 grams. (fl. ℥x).

2. Every evening, before eating, two soup-spoonfuls of:

℞ Bromide of sodium ..... 25 grams. (℥vj).
Syrup of aconite .... 50 grams. (fl. ℥jss).
Infusion of hops ..... 250 grams. (fl. ℥viij).

—*Lancet Clinic.*

CHRONIC DIARRHŒA WITH INTESTINAL FERMENTATION (*Le Prog. Méd.*)

℞ Salol .... ℥iij.
Castor-oil ..... ℥xv.
Syrup of rhubarb ..... ℥xxx.
Gum of acacia, enough to make emulsion.
Distilled water ..... ℥xv.

M. Sig.: One tablespoonful every hour until the owels move.— *Medical and Surgical Reporter.*

ANTISEPTIC PAPER.—

℞ Bichloride of mercury ..... ℥iiss.
Pure glycerin ..... ℥vi.
Distilled water (which has been boiled and cooled), Oi. M.

Make a thorough solution, and impregnate sheets of unsized paper, which are then to be allowed to dry. This paper may be applied over wounds, and fixed in position with a bandage. – *Therapeutic Gazette.*

AN OINTMENT FOR ECZEMA OF INFANTS.—Saalfeld (*L'Union Médicale*) recommends the following ointment:

℞ Boric acid ..... gr. xx.
Powdered oxide of zinc .... gr. lxxv.
Powdered starch ..... ℥i.
Vaseline ..... ℥i. M.

Sig.—Make into an ointment and apply to the face of the child, first removing any crusts by the aid of olive oil.

It may also be advisable to administer at the same time cod liver oil internally.—*Therapeutic Gazette.*

INJECTION FOR CATARRH OF THE BLADDER.—Mosetig (*L'Union Médicale*) uses the following prescription in catarrh of the bladder:

℞ Iodoform .... ℥iss.
Glycerin ..... ℥x.
Boiled distilled water ... . ℥iiss.
Gum tragacanth ..... gr. iv.

Wash the bladder out with warm water which has been boiled, and afterwards inject for three days a tablespoonful of the mixture named in a pint of hot water. It is stated that three or four injections are ordinarily sufficient to cure chronic cases of cystitis.—*Therapeutic Gazette.*

A LINIMENT FOR ACUTE INFANTILE PALSY.—*L'Union Médicale* states that the following prescription is a favourite with Descroizilles in treating cases of acute infantile palsy:

℞ Essence of rosemary,
Essence of lavender, of each ... ℥v.
Essence of lemon juice ..... ℥iiss.
Alcohol ..... ℥viii. M.

Sig. –Apply with friction to the paralyzed parts —*Therapeutic Gazette.*

INJECTIONS FOR ACUTE VAGINITIS.—The *Journal de Médecine de Paris* gives the following prescription for this purpose:

℞ Sulphate of iron ..... ℥vi.
Distilled water ..... Oii.
Make into a solution.

Or,

℞ Hydrate of chloral ..... ℈i.
Distilled water ..... Oii.
Make into a solution.

Towards the close of an attack of acute vaginitis plentiful injections of one of these two solutions may be employed. During the day the vagina should be tamponed by wool soaked in the following:

℞ Glycerin ..... ℥iss.
Tannic acid ..... gr. xxv.

Every other day the mucous membrane of the vagina should be painted with a solution of the nitrate of silver, in the proportion of 1 to 30. At the onset of acute vaginitis the inflammation is to be combated by the aid of injections of hot water. The following is useful:

℞ Coca leaves ..... gr. lxxv.
Boric acid ..... ℥vi.
Emulsion of sweet almonds .... ℥vi.
Water ..... Oii.

Make an infusion, and use three or four injections a day.—*Therapeutic Gazette.*

A PRESCRIPTION FOR PAINLESS DILATATION OF THE CERVIX UTERI.—Le Fort (*L'Union Médicale*) recommends the following prescription for this purpose:

℞ Iodoform ..... ℥iii.
Powdered cocaine .... gr. lxxx.
Sulphuric ether ..... ℥iii.

Make a solution, and wet a laminaria tent with the same. This may then be introduced into the uterine canal, and dilatation obtained without causing pain.—*Therapeutic Gazette.*

AN ANTISEPTIC CATHARTIC.—*L'Union Médicale* states that Eichler employs the following prescription as a cathartic and intestinal antiseptic:

℞ Salol ..... ℈i.
Castor oil ..... ℥vi.
Syrup of rhubarb ..... ℥iss.
Cinnamon-water ..... ℥v.
Powdered gum-arabic, a sufficient quantity.

Make into an emulsion, and administer one tablespoonful every hour until a purgative effect is obtained in cases of chronic diarrhœa, or else one full dose may be employed, using at the same time a disinfectant rectal injection, containing fifteen grains of salicylic acid to a pint of distilled water. The diet should be composed principally of milk and beef-tea.—*Therapeutic Gazette.*

SOLUTION FOR THE TREATMENT OF CHANCRE.—Du Castel is stated to use the following solution in the treatment of chancre, by *L'Union Médicale*:

℞ Carbolic acid ..... gr. xv.
Alcohol (90 per cent) ..... ℥iiss.

Make a solution, and with a small pledget of cotton or wool touch the surface of the chancre. A light touch is generally sufficient. Cicatrization usually readily ensues.—*Therapeutic Gazette.*

THE HYPODERMIC TREATMENT OF SYPHILIS.—Stoukonenkoff is said, by *L'Union Médicale*, to employ the following injection in syphilis:

℞ Benzoate of mercury ..... gr. v.
Chloride of sodium ..... gr. ii.
Hydrochlorate of cocaine ..... gr. iiss.
Distilled water ..... ℥iss.

Of this solution he injects 15 minims into the loosely-bound subcutaneous tissue.—*Therapeutic Gazette.*

THE CLYSTER IN AFRICA.—In the course of a recent exhibition of photographs taken in Africa, as *Progrès médical* recounts, M. Marcel Monnier showed an African method of administering enemata. The implement employed is made of a gourd with two reeds stuck into it on opposite sides. The sick person reclines on an assistant's knees in the attitude of a swimmer. One of the reeds is inserted into the rectum, and the operator, taking the other one into his mouth, blows forcibly through it, thus driving the enema out of the gourd and into the patient.—*N. Y. Medical Journal.*

Ontario Medical Journal

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, JANUARY, 1893.

THE LEGISLATIVE COMMITTEE.

We understand that a meeting of the Legislative Committee of the Medical Council was held at their College on the afternoon of Thursday last, to consider what steps, if any, should be taken to meet the attempts of the so called Medical Defence Association to change radically the constitution of the Council. The Committee, we have reason to know, were decided in their opinion that the Defence Association, not having accepted the terms offered by the Committee at the meeting held with members of the Defence Association on the 29th of September, last year, the Council is not called upon at this moment to take any action in the matters at issue.

The Committee feel strongly that any attempt made by the opponents of the Council to remove the representatives of the Medical Colleges from the Council must be resisted to the utmost, not only because of all others they are the men most in touch with the educational interests of the country, and consequently best fitted to advise on educational questions, but also because of the vested rights of these bodies, who, in the interests of the profession, surrendered their right to license and to grant certificates entitling to practice, and unanimously aided in securing the legislation under which the Medical Council was established.

The Committee also considered the question of increased territorial representation, but no argument was opposed to it, beyond that of the additional annual expense which it would entail.

The other questions at issue—the annual fees and the penalty for non-payment—were also fully discussed, and there was no doubt expressed as to the propriety of leaving these two, and all other questions in difference, to the votes of the profession in the several territorial divisions at the next Council election.

The Committee have faith in the rectitude and the good judgment of the profession at large, and regard the proposal of the Defence Association to ask the Legislature to change the composition of the Council before the next Council election as the best evidence that the Council possesses the confidence of the profession, otherwise that Association would not object to the constitutional mode of awaiting the verdict of the Medical Electorate at the next Council election, as has already been proposed by them at the joint meeting referred to.

It will not be out of place to again refer to the demands of the Association, and the answers given by the Committee at their joint meeting, as published in the October number of this Journal. The Association set forth the changes they desired as follows:

1st. That Section 41 A be repealed.

2nd. That the matter of annual fees be held in abeyance until the medical profession are properly represented in the Council.

3rd. That the teaching bodies, viz., the Universities of Queen's, Toronto, Trinity and the Western University, have one representative each, and the profession have seventeen.

After consultation, the Legislative Committee agreed to the following propositions, which were submitted to the Defence Association, and at the time were considered as accepted by them as a compromise, viz.:

1st. We consent to Section 41 A remaining in abeyance until after the next election, and the Electorate pronounce upon it.

2nd. We do not consent to suspend Section 27, but will still rely on the honour of the profession to pay the fee.

3rd. We will favour adding five additional territorial representatives.

4th. We will not object to institutions which neither teach nor grant degrees, being deprived of representation.

5th. We are in favour of protested elections being referred to the Senior County Judge in the division in which the election took place.

This, surely, was all that the most radical could have asked for, but the Association has not seen fit to accept the offer made, and now the Defence

Association propose to appeal to the Legislature for amendments to the Act. Evidently they have not confidence in their confreres throughout the Province, or they would submit to the verdict of the profession at the next election.

DISINFECTION.

As in the past, so in our days, earth, air, fire, and water are nature's own means of destroying noxious matter, but they must be given fair play. Among chemical disinfectants, sulphurous acid answers well when used in the presence of moisture for many hours; chlorine, if used twice over, is also efficacious. Walls, if papered, should be stripped and re-papered; if kalsomined, they should be re-kalsomined. Floors and all woodwork should be cleansed with hot soap-suds, and then washed with a solution of 3 in 1,000 bichloride of mercury, acidulated with 5 in 1,000 hydrochloric acid.

Thorough exposure to a temperature of 230° F. and especially to superheated steam, is, however, always the best disinfection when practicable. A trial of the new steam disinfector which has been constructed for the use of the Medical Health Department of this city, was made on the 12th inst. at the Isolation Hospital, Toronto.

The McEvoy steam disinfector, as many of our readers are aware, was first used here in January, 1892, when diphtheria was prevalent in Toronto. It was in continued use during the months of February, March, June and July, at which time the mortality from diphtheria fell to seven per month. Subsequently, owing to the absence of any suitable or reliable steam disinfector at Grosse Isle, it was removed to that quarantine station and proved very serviceable in disinfecting the clothes and bedding of immigrants just arriving in Canada from abroad.

A larger and more perfectly made steam disinfector has been built to replace this one, and it may be described as follows: It consists of a boiler plate cylinder, about 4 feet 6 inches by 11 feet in length, open at both ends. Surrounding this cylinder is another one about three inches larger in diameter. The space between the two forms a jacket, which is air-tight. Both the jacket and the inside chamber are connected to a vertical boiler 38 x 72 inches, and steam can be admitted to either at pleasure. In a galvanized iron cage, duplicated when necessary, are deposited the articles to be disinfected. Connected with the chamber is a 6 x 8 x 12-inch vacuum pump, which will maintain a vacuum of about 21 inches of mercury, equivalent to about 10 pounds per square inch. Over the ends of the cylinder are fitted tight cast-iron covers, which are hollow, and can be filled with steam. The covers are held to their seats by 1-inch screw bolts, and the joints are made steam-tight by rubber packing which is tight, easily managed and quite durable. The covers are suspended from railway rails by two wheel trucks, and when unfastened from the drum are drawn back by block and tackle. To prevent recontamination of disinfected articles, the entrance door of the cylinder is in one room and the exit in another.

In operating, the articles to be disinfected are placed in the wire cage and run inside the chamber, the covers are screwed in place, connected with the steam pipes, and steam is admitted to the jacket and covers only. When the temperature of the jacket has risen to about 260° F., the vacuum pump is started, and a vacuum of from 8 to 10 pounds produced in the drum. The effect of this is to rarefy the air in the pores of the articles to be disinfected, and thus permit of the ready entrance of the steam. When a sufficient vacuum has been obtained, the pump is shut off and live steam admitted into the disinfecting chamber. As the temperature of the covers of the cylinder is considerably above 212° F., there is no condensation of steam, and the steam is practically dry. Owing to the partial vacuum previously produced in the pores of the clothing, the steam finds little difficulty in penetrating to their innermost recesses. After an exposure of from fifteen minutes to half an hour, depending upon the size of the articles, the steam is run out of the chamber and the vacuum pump again put in operation, in order to draw as much steam as possible out of the disinfected articles. The cover in the exit room is then uncoupled and run back, and the cage drawn out. On first exposure to the cold air, the clothing feels rather damp, but after a few minutes it becomes entirely dry.

On last Thursday, when the trial before referred to was made, after the clothing had been removed from the cage the temperature of the interior of a lot of clothing was tested, and the heat was found to be so great that the hand could only be left in contact with them for an instant. Dr. Norman Allen stated that a self-registering thermometer placed in the interior of a bundle of clothing which had been exposed in the manner already described, registered 236° F. when removed, after the bundle had been withdrawn from the cage and opened. There can be no doubt that all clothing, hangings, cottons, woollens, carpets, mattresses, silks, etc., which may require disinfection will be most efficiently freed from the germs of disease. Leather, horn, glued articles and buttons cannot be treated in this way, and should be disinfected by being brushed over with a solution of bichloride of mercury 1 to 3,000. Owing to representations made by Dr. Cassidy, chairman of the Provincial Board of Health, and Mr. J. L. Larke, acting executive commissioner of the World's Columbian Exhibition, Mr. McEvoy has decided to send one of his steam disinfectors to the great exhibition at Chicago. The invention is already protected by patents in the United States, Canada, Great Britain, and most of the countries of the world. The Americans, and more particularly the State sanitary authorities of some adjoining states of the great republic will, therefore, have an excellent opportunity of seeing what a first-class Canadian steam disinfector can do in destroying the germs of disease, and in all probability, so great will their admiration be that they will be unable to let it return to Toronto, but will forthwith annex it to some one of their own health boards and ask Mr. McEvoy to pay the American duty.

We are credibly informed that the Pharmaceutical Society purpose, at the next meeting of the Local Legislature, to introduce a bill to compel all manufacturers of patent medicines to place the prescription on the wrapper of each bottle. This is a move in the right direction, and will receive the hearty endorsation of the medical profession. The Medical Council have been considering the advisability of introducing a bill upon the same lines, but they will be glad to know that their sister society has taken steps in the matter.

THE ONTARIO MEDICAL COUNCIL.

The origin of a medical legislative body in this province dates back to 1815. The Act stands on the old statute book imperfectly printed and containing clerical errors and omissions. This Act was amended in 1818. The amended Act authorized the Governor-in-Council to appoint a Board of five or more examiners who should examine applicants, and on its certificate, the Governor, being satisfied of the loyalty and good morals of the party, granted a license. For nearly half a century this Act formed the basis of all medical legislation. In 1839 a bill was passed incorporating the Board of Examiners, together with all licensed physicians, as the College of Physicians and Surgeons of Upper Canada. However, this Act was disallowed, and the old Act remained as before. In 1859 the Homœopaths were recognized by the government, and they received an Act of incorporation. Two years later a similar Act was passed in the interest of those teaching the Eclectic system. It soon became evident that the divided authority of the three licensing bodies was not in the interest of higher medical education, for the province was rapidly filling up and as confederation had become an accomplished fact, all matters pertaining to education were placed under the control of the provincial legislature.

After much discussion and lengthy negotiations between all parties interested, the compromise Act of 1869 was passed, which incorporated the entire profession of this province as the College of Physicians and Surgeons of Ontario, with a governing body known as the Medical Council. To this governing body was given the power to establish a curriculum and appoint a Board of Examiners. The first meeting was held in July, 1869, and had the following representatives: twelve territorial, seven university and school, five homœopathic and five eclectic. The five eclectics were merged into the general profession by the Act of 1874. The next important amendments to the Act were made in 1887, whereby Regiopolis and Ottawa universities were each allowed a representative. Another and most important amendment was the limitation put to the period in which a medical man might be prosecuted for malpractice. Previous to this legislation, action could be brought any time within six years. The third feature of this Act

gave to the Council power, with certain restrictions, to strike from the register the name of any medical man guilty of infamous or disgraceful conduct in a professional sense.

The next Act was that of 1891, which has given rise to considerable misunderstanding and dissatisfaction. By this Act the Council was given power to say just what the standard of matriculation shall be—anywhere up to a degree in arts.

The clause of this Act to which exception has been taken is the one giving the Council power to collect the annual assessment, which they have had power to levy since the Act of 1874, when it was deemed necessary.

For years it has been the constant complaint of a majority of the members of the college in Ontario, that they had no desire to avoid the annual assessment levied by the Council, but they did not believe in paying the assessment, unless all the members of the college paid it, and considered it most unfair for a majority of the members of the college to pay and others not to pay anything, whereas the advantages and benefits derived from the protection afforded were enjoyed as much by those not paying as by those who complied with the law. The Council made every endeavour by the means placed in their hands to collect arrears of assessment under the original Act time and again, and it was found to be so costly that it became impracticable, to say nothing of the humiliation and degradation caused by suing a brother practitioner in the division court where a member resides.

After consultation with the solicitor of the college, it was deemed advisable to secure the amendment, which amendment is in harmony with the Solicitor's Act, and the Dental Surgeon's Act, and the Pharmacy Act, as well as being in harmony with nearly all regulations governing corporate bodies where annual fees have been deemed necessary to maintain the institution.

NO NOSTRUMS AT THE WORLD'S FAIR.—One of the rules issued by the World's Columbian Exposition, reads thus: "Articles that are in any way dangerous or offensive, also patent medicines, nostrums and empirical preparations whose ingredients are concealed, will not be admitted to the Exposition."

MEDICAL ADVICE FREE.

A novel plan for ameliorating the condition of afflicted humanity has recently been brought into existence, and the JOURNAL, by request, discloses the scheme. A coupon appeared in the Toronto *Evening News* as follows: "Medical Advice Free. To every reader of the *Evening News* gratuitous medical advice by a good physician in the vicinity." This coupon was cut out of the paper and presented at the *News* office by a curious individual with a supposed pain in his lumbar region. He received in return the address of a young physician, and a certificate bearing this legend, "This document entitles bearer to consultation with above physician." His curiosity being still unsatisfied, he called upon the doctor, who, after making a cursory examination and diagnosis, informed him that he had made arrangements with a druggist to supply all medicines at cost price, and that the proper medicine would be sent to him. He would not even have to walk to see the druggist; the boy would call, and all he would have to do would be to pay an insignificant amount for his valuable remedy. True enough the boy did call with orders to collect eighty-five cents, and leave a small plaster and a bottle of medicine. Who gains by this transaction, the patient, the newspaper, the physician or the druggist? Whose cerebral cortex originated this philanthropic idea? The JOURNAL abstains from mentioning names, but the enterprising doctor should be more cautious, lest he be called before the Discipline Committee of the College of Physicians and Surgeons.

THE MILITIA MEDICAL SERVICE.

The JOURNAL is in receipt of the medical officers of militia special number of the *Canadian Military Gazette*. It is replete with information about the wants and requirements of the medical service, and brings out in strong colours the fact that we are practically without a medical service. The profession is of the opinion that this state of things is a disgrace to the Dominion Government. The JOURNAL takes this opportunity of calling on the new Minister of Militia to mark his advent to office by inaugurating a service that will be a source of

pride and not humiliation to the country. The medical profession feels that in this, as in some other matters, it has not had its just due, and that its far-reaching influence has been ignored or underestimated by the Government.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. McGUIGAN, Associate Editor for British Columbia.

The material from British Columbia was not received in time for this issue.

EDITORIAL NOTES.

There are 1,774 medical students now in attendance at the medical colleges of Philadelphia.

The health officer of Hamburg reports that there were 10,919 deaths from cholera in that city in 1892.

There are two thousand female physicians in the United States, seventy in London, thirty-five in Paris, five in Edinburgh, two in Dublin and one in Algiers.

The highest court in Germany (*Med. Record*) has decided that legal human life dates from the beginning of labour, and that its destruction before full term is not murder. This decision opens a wide avenue of criminal possibilities.

Dr. Walter Hayle Walshe, of Dublin, died Dec. 14th, in the 81st year of his age. He was the author of that classical work on "Diseases of the Heart and Great Vessels," which passed into its third edition in 1862.

Dr. J. T. Johnson reports three successful cases of ovariotomy where the patients were over sixty-seven years of age. In thirty-eight recently reported cases in persons between the ages of sixty-seven and eighty-two, only two deaths are recorded.

The third annual meeting of the American Electro-Therapeutic Association will be held in Chicago on Sept. 12th, 13th and 14th, 1893. A most pressing invitation had been sent but was unfortunately delayed in the New York post office till after the close of the recent meetings. However, the members present at those meetings were communicated with and a vote taken with the above result, the Philadelphia members gracefully yielding when the circumstances were explained to them. The official transactions for this year will be published in the journal of the American Medical Association.

SYPHILIS COMMUNICATED BY CIGARS.—It has been pointed out from time to time by various writers, that there is danger of syphilis being contracted through the smoking of cigars finished by syphilitics, who, instead of using the brush and gum, use their mucus-patched lips and saliva to finish the tips. This fact has been again emphasized by Dr. Kirkpatrick, of Montreal (*New York Medical Journal*), who reports the case of a married man who positively denied any venereal cause for the disease. He did not smoke a pipe, does smoke cigars. A few weeks before the sore appeared on his lip, some cigarmakers were living at the hotel where he was clerk. These men frequently gave him cigars, and he afterward found out that two of the number were suffering from syphilis. This, coupled with the fact that the sore appeared on the side of the mouth on which he habitually held the cigar, makes it more probable that he contracted the chancre from the cigarmaker through the medium of the cigar.

PHYSICIANS IN MUNICIPAL POLITICS.—The municipal elections, held early this month, resulted in the return of a large number of the profession to office, as follows:

Mayors.—Dr. L. Secord, Brantford; Dr. R. A. Leonard, Napanee; Dr. Cornwall, Omemee; Dr. W. S. Jacques, Trenton; Dr. Wells, Waterloo; Dr. Mullin, Brampton.

Reeves.—Dr. W. R. Wade, Dunchurch; Dr. McArton, Paisley; Dr. McGregor, Waterdown; Dr. Allan, Arthur; Dr. Hiburn, Berlin; Dr. Rollins, Exeter; Dr. Williams, Ingersoll; Dr. S. A. King, Kingsville; Dr. Dunfield, Petrolea; Dr. J. G. Merrison, Sarnia.

Aldermen.—Drs. J. O. Orr and Lynd, Toronto; Dr. Gillespie, Toronto Junction; Dr. MacKay, Woodstock; Drs. Mundell and E. Ryan, Kingston; Dr. W. R. Walters, East Toronto.

School Trustees.—Drs. W. W. Ogden and Thompson, Toronto; Drs. Harris and Clendenan, Toronto Junction; Dr. Geo. Burnham, Peterborough; Dr. J. P. Shaw, East Toronto.

THE QUACK QUESTION AND THE CITY COUNCILS.—Here is a pointer for the various city and town councils in Ontario: At a meeting of the council of the city of Mansfield, Ohio (*International Med. Mag.*), on Nov. 29th, 1892, an ordinance was passed which prevents any quack or itinerant vendors of medicine, "tooth-pullers," or other imposters practising their nefarious schemes in that city, without first getting a permit from the health officer, who, by the ordinance, is required to be a regular physician. The ordinance also requires these quacks to display a diploma from some respectable college, before the health officer can give them the necessary certificate entitling them to a license at all. On the presentation of such certificate to the mayor, they can receive a license, for which they must pay not less than twenty-five dollars nor more than fifty dollars a day, and are also subject to a fine of not less that twenty-five dollars nor more than fifty dollars for each and every offence, for the violation of this ordinance. This plan has been tried in Kentucky, and so far has proved to be a great advantage in getting rid of these leeches.

LONDON MEDICAL SOCIETY.—The regular monthly meeting of the London Medical Society was held on Monday evening, January 9th, in the lecture room of the medical college. There were present Drs. MacArthur (in the chair), Moorehouse, English, Graham, Gardiner, Hodge, MacGregor, Campbell, Meek and others. Dr. Gardiner reported a case of doubtful diagnosis, which was discussed by the members present. The janitor was granted the sum of ten dollars as compensation for his services. Moved by Dr. Moorehouse, seconded by Dr. English, that Dr. Hodge be president for the ensuing year.—(Carried.) Dr. Meek moved, seconded by Dr. Graham, that Dr. Gardiner be vice-president.—(Carried.) Moved by Dr. Moorehouse, seconded by Dr. Hodge, that Dr. Campbell and Dr. Drake be secretary and treasurer respectively.—(Carried.) Dr. Gardiner moved, seconded by Dr. Meek, that Dr. MacGregor be corresponding secretary.—(Carried.) The secretary's account of two dollars was ordered to be paid. Dr. Moorehouse moved, seconded by Dr. Gardiner, a vote of thanks to the chairman and all officers for their valuable services rendered during the past year.—(Carried.) Doctors McArthur and Campbell made suitable replies. Dr. Hodge also gave an address.

UNIVERSITY OF TORONTO.—At a meeting of the Senate, held on January 13th, the following motions were laid over, in order to allow Mr. Houston to introduce a statute abolishing the Committee on the Medical Faculty: By Dr. Cameron—Respecting an advisory committee of the medical faculty, to confer with the standing committee on the Faculty of Medicine. By the President—That in the opinion of the Senate it is undesirable that members of the Senate personally interested in the decisions of the Committee on the Medical Faculty, with regard to positions and salaries and other similar matters affecting the medical faculty, be themselves appointed members of the said committee. By Rev. Dr. Sheraton—That G. A. Cox be appointed to fill the vacancy on the Committee on the Faculty of Medicine. By Dr. W. H. B. Aikins—That Dr. J. E. Graham be appointed on the Committee on the Faculty of Medicine, in place of Rev. Dr. Caven, resigned. On these a discussion took place, and these various propositions were not settled, pending a report on them by the following committee: Vice-Chancellor Mulock, President Loudon, Dr. I. H. Cameron, Mr. Houston, Chancellor Boyd, Dr. J. E. Graham, Rev. Dr. Sheraton, Mr. Blake, Rev. Dr. Caven, Principal Galbraith, Justice Maclennan and Chancellor Burwash.

SUTURES.—In an able article in the *Therapeutic Gazette* on the modern treatment of wounds, the question of sutures is considered and silk-worm gut is accorded the popular place. It is strong, smooth and easily sterilized by bichloride or boiling, and unless very great tension is exerted will retain its position with the first double of a surgeon's knot.

It is somewhat too rigid for sutures which are purely superficial and designed only for skin coaptation; here fine Chinese twist, or in some cases horse-hair, will give better results. Of late years catgut has fallen under suspicion. It is shown that the commercial preparation of this ligature material exposes it to the danger of infection, that the ordinary methods of sterilizing it do not always succeed in destroying the germs lying in the central portions of the thickest strands of gut, that it becomes liquified in the substance of a wound and there offers an almost perfect culture material for any germs which have gained entrance by chance infection or have been carried in by the gut. Silk possesses the advantage of being stronger and more easily sterilized, but the disadvantage lies in the fact that it is absorbed slowly or not at all, remaining as a foreign body. Gut of medium thickness which has been rolled in loose coils and stored for weeks or months in oil of juniper, which is then stored for months in absolute alcohol, and which is finally kept for one or two days in a bichloride of mercury, absolute alcohol solution 1-1000, may be considered thoroughly reliable. A long soaking in mercurial alcohol solution makes it so weak that it is practically useless.

Poisonous Alkaloids in Tobacco.—M. Gauthier, of the Paris Medical Laboratory, is authority for the statement that, when a pipe or cigar is smoked, not only is nicotine distilled but a number of alkaloids which are not pre-existent in them are formed during smoking. These alkaloids have a very pleasant aromatic smell, but are more poisonous than nicotine.

OPENING OF GRACE HOSPITAL (HOMŒOPATHIC).

The formal opening of the above hospital, which is situated on the north-west corner of College and Huron streets, took place on Monday evening, Jan. 9th. There was a very large gathering of the friends of the institution, among whom were noticed His Worship the Mayor, Sir Casimir and Lady Gzowski, His Honour Judge MacDougall and Mrs. MacDougall, Rev. Dr. Langtry and Mrs. Langtry, Rev. F. C. Desbarres, Mrs. John Catto, Dr. and Mrs. R. A. Pyne, Dr. Spillsbury, Mr. E. Gurney, Dr. Patullo, Dr. Norman Allen, Dr. L. L. Palmer and Mrs. Palmer, Mr. Geo. A. Cox, Mr. Beverley Jones, Mr. Robert A. Jaffray, Mr. and Mrs. W. H. Howland, Mr. W. H. Beatty, Mr. and Mrs. H. J. Bethune, Mr. Harton Walker, Mr. and Mrs. Arnoldi, Mrs. Robert Baldwin, Mrs. MacDonald, Mrs. Charles Moss and the Misses Stanley.

General satisfaction was expressed as to the suitability of the building for the purposes of a hospital. It was originally built as a private hotel, is heated throughout with steam, is fitted with both electric light and gas fixtures, and contains about one hundred rooms, which are handsomely finished in oak, maple and other woods.

The building to the west is connected with the main building, and will be used as a maternity hospital. It contains both private and public wards, and has accommodation for about twenty (20) patients.

The main building will accommodate about 125 patients in the public wards, besides which there are twenty-five private wards, six of them already beautifully furnished.

It will interest the profession at large to hear that the private wards in both the general and maternity hospitals, will be open to all reputable physicians in the city, of whatever medical creed, the nursing, etc., being supplied by the institution. The training school for nurses is under the able management of the lady superintendent, Miss Brent, late of the Brooklyn Hospital. The course is a very thorough one, including series of lectures by the physicians of the staff, and examinations each year.

The necessity for a larger building has been felt by the management for some time, as the accommodation at the old hospital, which contained thirty-five beds, besides the maternity, with eleven beds, has not been sufficient for the number of patients applying for admission. The price to be paid for the new building is $70,000. This, of course, does not include the cost of any necessary alterations or the furnishing and equipment of the hospital.

"Are there too many doctors?" asks an exchange.

"No, there are not half enough; but there are too many men pretending to be doctors who are not."—*Texas Siftings.*

M. PASTEUR'S SEVENTIETH ANNIVERSARY.

The seventieth anniversary of this great scientific Frenchman was celebrated in Paris, on the 27th of last month, with elaborate ceremony and pomp. The President of France presided officially over the distinguished gathering of notable personages, assembled to do honour to the great researcher and biologist. Numerous addresses and orations were delivered. Sir Joseph Lister *(British Medical Journal)*, by request, addressed M. Pasteur, in the name of medicine and surgery, as follows :

Monsieur Pasteur, the great honour has been conferred on me of being the bearer to you of the homage of medicine and surgery. In truth, there is not in the whole world any person to whom the medical sciences are more indebted than to you. Your researches on fermentation have thrown a powerful ray of light which has illuminated the fatal darkness of surgery in changing the treatment of wounds from a matter of uncertain and too often disastrous empiricism to a scientific art surely beneficent in its operation. Thanks to you, surgery has undergone a complete revolution, which has stripped it of its terrors, and has enlarged its effective power almost to a limitless extent. Medicine is not less indebted than surgery to your profound and philosophic studies. You have raised the veil of mystery which had throughout the foregoing centuries covered infectious diseases. You discovered and demonstrated their microbic nature. Thanks to your initiative and in many cases to your own special labours, there is already a host of these pernicious diseases with the causes of which we are perfectly acquainted. "*Felix qui potuit rerum cognoscere causas.*" This knowledge has in an astonishing degree perfected the diagnosis of these scourges of the human race, and has indicated the path which must be followed in their prophylactic and curative treatment. In this path your beautiful discoveries as to the attenuation and intensification of viruses and preventive inoculations serve, and will always serve, as a guiding star. As a splendid illustration, I may mention your researches on rabies. Their originality, in the province of pathology as well as in that of therapeutics, was so striking that at first many medical men felt some distrust. "Is it possible," said they, "that a man who is neither a medical practitioner nor a biologist should be able to instruct us in such a manner regarding a disease on which the finest intellects in the medical profession have spent themselves in vain? "*Quis novus hic nostris successit sedibus hospes?*" As for myself, I was too well acquainted with the clearness of your genius, the scrupulous caution of your inductions, and your absolute integrity to share for a moment these ignoble sentiments. My confidence has been justified by the event. With the insignificant exception of a handful of ignorant persons, the whole world now recognizes the greatness of what you have achieved against that terrible disease. You have supplied a means of diagnosis which surely dispels the anguish of uncertainty which formerly haunted anyone who had been bitten by a healthy dog suspected of being rabid. That alone would have been enough to assure the everlasting gratitude of mankind. But by your wonderful system of antirabic inoculations, you have been able to pursue the poison after its entrance into the body and to conquer it there. Monsieur Pasteur, infectious diseases constitute, as you are aware, the great majority of the diseases which afflict the human race. You can therefore have no difficulty in understanding why medicine and surgery hasten on this solemn occasion to lay at your feet the deep homage of their admiration and their gratitude.

To the numerous speeches M. Pasteur's reply was as follows :

M. le Président de la République, your presence transforms everything. A private festival becomes a public function, and the mere anniversary of the birth of a scientist becomes, thanks to you, a date in the history of French science. Monsieur le Ministre—Gentlemen: Through this glitter my first thought goes back with sadness to the remembrance of so many scientists who have experienced nothing but trials. In the past they had to struggle against prejudices, which stifled their ideas. These prejudices overcome, they had to encounter obstacles and difficulties of all kinds. Only a few years ago, before the powers that be and the municipal council had housed science in magnificent buildings, a man whom I much loved and admired, Claude Bernard, had but a few steps

from this place only a damp, low cellar for a laboratory. Perhaps it was there that he contracted the disease which carried him off. On learning what you intended for me here, the recollection of Claude Bernard at once came back to me. I salute the memory of that great man. Gentlemen, it seems that by an ingenious and delicate inspiration you have wished to make my whole life pass again before my eyes. One of my countrymen, of the department of Jura, the mayor of the town of Dôle, has brought me a photograph of the lowly dwelling where my father and mother led a life of hard struggle. The presence of all these students of the École Normale recalls to me the dazzling brightness of my first scientific enthusiams. The representatives of the Faculty of Lille bring back the memory of my first studies on crystallography and fermentation, which opened up a new world to me. With what hopes was I filled when the feeling began to grow within me that there were laws behind so many obscure phenomena. By what series of deductions I, working by the experimental method, have been permitted to extend my researches to the domain of physiology, you ourselves, my dear *confrères*, have been witnesses. If occasionally I have disturbed the calm atmosphere of our academies by somewhat lively discussions, it is because I was passionate in upholding the truth. Lastly you, delegates of foreign nations, who have come so far to give proof of your sympathy with France, you bring me the deepest joy that can be felt by a man who has an invincible belief that science and peace will triumph over ignorance and war, that nations will come to an agreement not to destroy but to construct, and that the future will belong to those who shall have done most for suffering humanity. As to this I appeal to you, my dear Lister, and to all of you, illustrious representatives of Science, of Medicine, and of Surgery. Young men, young men, put your trust in those sure and powerful methods of which we yet know only the first secrets; and all of you, whatever be your pursuit, I entreat you not to allow yourselves to be taken possession of by sneering and barren scepticism, and not to allow yourselves to be discouraged by the sadness of certain hours through which a nation has to pass. Spend your lives in the serene peace of laboratories and libraries. Say to yourselves at first, "What have I done for my own instruction?" Then as you make progress say to yourselves, "What have I done for my country?" and continue to ask yourselves this question till the time comes when haply you may have the exceeding gladness of thinking that you have in some measure contributed to the progress and well-being of mankind. But whether your efforts are more favoured or less by life, at any rate be in a position when the great goal draws near to say to yourselves, "I have done what I could." Gentlemen, I wish to express the profound emotion and the lively gratitude which I feel. Just as that great artist, Roty, has, on the reverse of this medal, hidden under roses the date which shows the heavy load of years which weighs upon my life, so you, my dear *confrères*, have wished to give my old age the sight most fitted to make it rejoice still more, that of all this youth so full of life and love.

Meetings of Medical Societies.

THE TORONTO CLINICAL SOCIETY.

Regular meeting of the Toronto Clinical Society was held December 14th, 1892, Dr. Temple, President, in the chair. After the regular routine business, Drs. L. M. Sweetnam and R. B. Nevitt were elected fellows of the Society.

Dr. Burns was then called upon to read his clinical notes on a case of gall stones. (See page 231.)

Dr. JOHNSON—*Mr. Chairman and Gentlemen,*—I do not know whether it has been the experience of the other members, but my experience is, that where you have gall stones, and a gall stone fixed in the cystic duct, you have a thin mucus present. Sometimes the gall bladder is enlarged, but the presence of much bile in it is very unusual. These cases of gall stones are possibly very much more frequent than many of us would suppose. It has been estimated that one man out of fifty is the subject of gall stones. A great many have gall stones, and they are living and have no symptoms, and even when symptoms do occur, they are of such a doubtful character that there is great difficulty in coming to a conclusion as to whether *the case is one of gall stones or one of indigestion.*

Perhaps the symptoms that one would pay most attention to, and I look upon as being most characteristic, are (they were mentioned by Harley about three years ago), namely, shivering, vomiting, and excessive irritation of the skin, particularly of the skin of the abdomen; indigestion, more or less frequently happens at first; pain over the region of the liver and gall bladder; enlargement of the liver, and, in some cases, jaundice, but no jaundice occurs unless a gall stone passes into the common duct. There is no jaundice while the stone passes through the cystic duct. The shivering is of a peculiar character; it is accompanied with cold, clammy skin, generally with a normal, or very little higher temperature. The face is pallid, and the countenance anxious. In some cases we have severe pain, excessive depression, and hiccough. The hiccough is a symptom which has not been much dwelt upon, but is a very grave one.

I should like to say a word with regard to the formation of gall stones. I think that it is a generally accepted fact that their formation originates from a small piece of mucus, around which collects particles deposited from the bile. This centre of mucus may be mixed with epithelium, or the stone may consist of epithelium alone. Around this nucleus a deposit of bile salts takes place, making the stone characteristically yellow, when it is fresh and before it has been exposed to the air.

I consider that there are two kinds of gall stones. The one form, light yellow, breaking with a peculiar fracture; the other form, like huckleberries, of a blue-black color. The latter are found in dissipated men, and I have seen them in seventy-five per cent. of the postmortems made in jails and places of that character. Mr. Harley published a case not long ago, in which the gall bladder contained between two and three hundred of these small, dark-colored gall stones, and yet the man who owned the gall bladder never had a symptom. The gall stone is connected, undoubtedly, in a great many instances, with cancer of the gall bladder.

Dr. Burns had spoken of primary cancer of the gall duct. I have not had the pleasure of seeing such a case, but, no doubt, any irritation from gall stones will produce a change in the lining membrane, and may originate cancer. We, however, often find that gall stone is connected with cancer of the duct or cancer of the liver, and in such cases we look upon the cancer as the cause of the formation of the gall stones, or, as coincident with their formation. It is not necessary that the cancer should begin in the duct, but cancer beginning in the gall duct probably results from the injury due to the passage by gall stones, or the continued irritation produced by their presence.

A treatment adopted some years ago and used with considerable success where the stone was small, was the treatment of expulsion by external manipulation of the gall bladder for ten or fifteen minutes each day. It has been possible, in a great many instances, to expel from the bladder small gall stones by this method. In cases in which the gall stones slip merely into the orifice of the cystic duct, such manipulation may cause them to slip back into the gall bladder when the symptoms disappear, but pain recurs, and redistention of the bladder occurs.

A treatment was suggested some years ago, which I think is superior to morphia. When an attack comes on with severe pain, the usual treatment is to put the patient in a hot bath, to apply hot applications, and give morphia, but I believe belladonna, given in half-grain doses, is preferable to the morphine. Belladonna does not produce the bad after effects, and it relieves the pain.

As to the prevention of gall stones, I do not believe that there is any known preventive. I have lately had two or three cases of gall stones that passed out of my hands to a gentleman attending a hospital in a neighbouring city. In these cases he gave them very large doses of olive oil, and they came back apparently well, much to my chagrin. I do not believe in the oil treatment, and have not used it of late years, but here were three cases that came under my notice, undoubted cases of gall stones, that went to this neighbouring city, and came back cured, or they thought they were cured. So far as I can see, the oil was the source of the relief. When I speak of a preventive, I mean a specific drug that will prevent the formation of gall stones, and I believe there is none such. The best preventive is a large amount of exercise and the use of an occcasional purge. Gall stones

are very common in people who are great eaters, and take little exercise.

I have only once seen rupture of the gall bladder. This was a case in which several gall stones, loose in the abdomen, were found at the postmortem examination. Perforation of the gall bladder, and escape of bile into the peritonæum, is not necessarily fatal. Perhaps the best treatment for gall stones, is the treatment by a surgical operation. The gall bladder is opened, and the gall stones are removed. The best operation I believe, is that of cholecystotomy, in which the gall bladder is sutured to the skin, and, as far as I can judge, I consider it to be preferable to the operation by which stones are removed, and the gall bladder, after suturing, is returned to the abdominal cavity—the so-called ideal operation.

Dr. Ross is here to-night, and he will speak of the surgical side of the question, as he has done something in that line.

Dr. MACDONALD—I will add a few words to what has already been said with regard to these cases. I have had some unfortunate experience in the treatment of gall stones. The results by the oil treatment seem to be more fortunate. I use the expression "seem to be," because, in some hands, the patients have got much better. To be of any benefit, I think the oil must be given in large doses. One case I now have under treatment, to whom I gave the oil in large quantities. She had the characteristic symptoms of pain, with chills and itching of the skin. After having been under the olive oil treatment, she passed little lumps of inspissated oil, which patients might take for gall stones. The attacks left her, and she remained free from them for some months; they are now, however, returning again, but are not as severe as they were before. Morphia, in this case, controlled the pain, but the intense general itching of the skin has been so severe, that it has been more difficult to relieve than the pain, and I have, as yet, failed to find a remedy to control this condition.

I can hardly agree with Dr. Johnson in regard to his statement about a perforation of the gall bladder occurring without a fatal termination, that is, a perforation into the abdominal cavity. My opinion is, that such a perforation would be fatal, unless the patient be submitted to surgical interference.

Dr. J. F. W. ROSS—I am fortunately able to show you a case of obstruction of the common duct by a stone, awaiting operation. My friend, Dr. Cotton, brought me a patient this afternoon, referred to him from the country. He asked me to see the case, and give an opinion as to the nature of the trouble. He had already formed his opinion, and wished to have it confirmed by someone else before advising operative procedure. The patient, here present, was taken a year ago with an attack of severe and sudden pain, lasting for two or three days. She then had no more trouble with the pain, except that she noticed an occasional soreness through the right shoulder. About three months ago she became jaundiced. Before the jaundice came on she noticed that the pain increased, but it was not nearly as severe as when it first set in, a year ago. The jaundice became deeper. For two months the motions have been light in color, and the urine has been stained with bile, so that it produced a yellow stain on the clothing. She has also suffered from itchiness of the skin. She noticed a lump on the side. On examination I found a dilated gall bladder, and a decided lump to be felt in the neighborhood of the common duct, feeling like an impaction of a stone in the duct. On a former occasion I diagnosed such a case as one of malignant disease, and was afterwards shown by a wrathy relative of the patient (who refused to pay my bill on account of the error in diagnosis) an enormous gall stone. Whether such cases are accompanied by malignant disease or not, it is impossible to state. The symptoms in this case point to an impaction of a stone in the common duct, with subsequent aggregation to its size. Regarding the formation of gall stones, I believe they are, in many respects, similar to stones that form in the kidney and pass into the urinary bladder. Gall stones are undoubtedly formed in the liver, and may then pass directly through the common duct into the duodenum, as stones pass from the kidney through the urinary bladder out through the urethra: or they may pass through the first portion of the common duct, and drop into the gall bladder and remain there, exactly as stones pass from the kidney into the urinary bladder and remain there, increasing in size, until they are subsequently removed by operation.

A few days ago I operated on a case. I saw the woman ten days previously, in consultation, during an attack of undoubted hepatic colic. She had in the morning three-quarters of a grain of morphia, and in the afternoon one-half a grain, but without gaining much relief. Under chloroform, we could feel a distended gall bladder. Taking this fact into consideration, the fact that the patient had previously been attacked nearly a hundred times, and the fact that she was now suffering with an undoubted attack, I advised operation, and a week after opened the abdomen, with the assistance of her physician, Dr. Cotton. The gall bladder was found distended, but on pressure the bile passed into the duodenum, and left the gall bladder collapsed. No gall stones were present, unless they were small and passed through into the duodenum with the bile during the manual pressure. Such a case, I think, was one of true hepatic colic, in which the stones passed direct from the bile duct into the duodenum.

We have three distinct forms of this disease, giving rise to three distinct sets of symptoms. In the first, we have obstruction of the common duct; in the second, we have obstruction of the cystic duct; and in the third, we have obstruction of neither duct. In the first, the symptoms simulate, and are often taken for those due to malignant disease in the neighborhood. They are, chronic jaundice, emaciation, clay-colored stools, and, perhaps, bile-stained urine. Those of the second variety, namely, closure of the cystic duct, whether permanent or temporary, are severe, suddenly recurring epigastric and hypochondriac pain without jaundice, clay-colored stools, or bile-stained urine. Symptoms of the third group of cases are very indefinite. No symptoms may be present, or we may have well-defined and unaccounted for fever and chills, without any severe attack of pain, even though the gall bladder suppurates or ulcerates. Such cases may end fatally by perforation. Now, regarding the medical treatment by olive oil or any other drugs, I would like to say here what I have written elsewhere, namely, that anyone can drink olive oil and pass gall stones. A saponification of the oil takes place, and the gall stone thus passed, if heated on a piece of blotting paper, will leave nothing but a grease spot, and will be readily dissolved in ether.

Some time ago a physician read a paper before a medical society in one of the cities of learning in England. His subject was, "The Medical Treatment of Gall Stones," and in his paper he brought forward several cases to prove the benefit derived from the form of treatment he favored. The treatment consisted of taking liquor potassæ and beer three times a day. One patient, marvellous to relate, had no attack after this treatment for seven years. The patients, in fact, all did well, and had no attacks after the treatment had been carried out. If he had been more familiar with gall bladder surgery, he would have come to the conclusion that the reason his patients passed gall stones and had no pain, was that they evidently suffered from two forms of gall stones, namely, large and small, and that, every now an then, one of the large ones became blocked in the mouth of the cystic duct, and then dropped back again into the gall bladder, and allowed the small stones to pass out. Cases have been reported in which death was produced by the perforation of a gall stone many years after the last attack of pain. Those who pin their faith to these various forms of medicinal treatment, unfortunately seeem to regard pain as the only symptom of gall stones.

The next case I have to show you is the converse of that related by my friend, Dr. Burns. I am always pleased to show a case after relief has been obtained by operation, but I would rather even lose them after operation than have them die without gaining their consent to operative interference. This patient is a man who had five attacks of epigastric pain, but never to his knowledge passed a gall stone. He was referred to me by a friend, Dr. McMahon, who thought the case was one of gall stones. I examined him and found a distended gall-bladder. This could only be made out with the patient in one position. He was not jaundiced, but, owing to the enlargement of the gall-bladder, to his previous attacks of pain, and to the last continued attack of pain for two weeks, I diagnosed obstruction of the cystic duct and probable impaction of a stone.

At the operation I removed some forty-eight stones from the gall-bladder and one from the cystic duct, by direct incision through the duct wall. For three months he had an escape of bile

through the wound, but is now, as you see, in first class health, and, on looking at the wound you will notice that it is completely healed, and its location is indicated by a small scar. He is in as good health as he ever was.

FIBROID TUMOUR REMOVED BY HYSTERECTOMY.

Dr. Atherton showed a specimen of fibroid tumour removed from a patient seen by him two years ago. It was then about the size of two ordinary oranges. He said: "I did not see the patient again until a week before operation. She was thirty-eight years of age, and never had any menorrhagia, was entirely free from symptoms of any kind except those produced by pressure. The reason she wished to have an operation done, was, that the pain was becoming intolerable. She became more and more incapacitated from work, and therefore, wished to have something done. I advised operation rather than carry out any other treatment. The case was not suitable for electricity, and we all know, now, that the treatment by electricity, at its best, is uncertain and too expensive for a poor person

On opening the abdominal cavity, I found the left ovary high up on the tumour, the right ovary down deep in the pelvis, so that it could not be reached without lifting out the tumour. The broad ligaments were ligatured, a rubber tube was passed around the base, and the tumour removed. A large stump was thus left; that was subsequently trimmed down by removing portions of it, and the balance of the stump was then stitched with cat gut ligatures. The large vessels were ligatured separately, by loosening the rubber clamp until the points of hemorrhage could be seen. The peritoneal surfaces were drawn together by silk ligatures, and these were brought out of the wound. The peritoneum was stitched around the stump so as to shut it off from the peritoneal cavity.

The temperature rose to 100, and the pulse to 105 after operation. On the third morning the temperature was normal, and has been so since. At the neck of the uterus there were some small tumours that I enucleated before completing the closure of the stump.

SEPARATION OF THE RECTI MUSCLES.

Dr. Ross then presented a case of separation of the recti muscles. He said, "This patient, during her last pregnancy, became so wretched and miserable that Dr. Wright and I decided to bring on premature labour. With her other children she had been delivered with forceps, after great difficulty. The absence of the support of the recti prevented her from receiving the benefit of the expulsive pains. At this last labour, at the seventh month, it was found necessary to bind her up very tightly, and in this way she was delivered without instruments. She is now in a wretched condition, and is anxious that I should operate upon her. I fear, however, that by operation I should fail to accomplish my purpose. The stitches would be apt to pull out on account of the great tension to which they would be subjected.

The recti muscles can be distinctly felt, widely separated, and when lying down they can be approximated, so that the intestines can be kept inside the muscular abdominal parieties. When she was pregnant, the veins of the uterus could be distinctly seen just beneath the skin covering the abdomen.

Dr. Temple thought the case might possibly be improved by operation.

Dr. MacFarlane said that he thought all of the abdominal muscles were atrophied.

Dr. Grasett thought that the recti muscles were not as widely separated as Dr. Ross thought they were, but, of course, such a superficial examination of a patient was unsatisfactory. He would like to make a more thorough examination of the case before giving an opinion.

Dr. McFarlane's paper on a case of ununited fracture, was postponed until the next meeting, owing to the lateness of the hour. The meeting then adjourned.

The residence of the late Sir Morell Mackenzie, in Harley Street, is still advertised for sale. It was thought that the house would be snapped up immediately it came into the market by some enterprising throat specialist, but throat specialism is rather at a discount just now, the novelty of the usual throat medicaments having worn off.—*Hospital Gazette.*

Correspondence.

☞ The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

INCREASE IN THE NUMBER OF TERRITORIAL REPRESENTATIVES.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I am not a member of the Ontario Medical Defence Association, nor of the Medical Council, and therefore I can be permitted through your columns to express the hope, that before the coming meeting of the Legislature, something may be done to remove the bitterness which exists between a part of the profession and the Council.

First, as to the increase in the number of territorial representatives to the Council; there is no doubt that the time has arrived for this much needed change. Let us then come to some decision in the matter. I am in a position to know that a well-known and popular member of the Legislature has before him a plan for the rearrangement of the districts of the Province, giving seventeen territorial representatives instead of twelve as at present. The plan, which has been carefully prepared, is as follows, each county mentioned being as at present constituted for municipal and judicial purposes:

District No. 1.—The counties of Lambton, Essex and Kent.

District No. 2.—The counties of Middlesex and Elgin.

District No. 3.—The counties of Norfolk, Oxford and Perth.

District No. 4.—The counties of Huron and Bruce.

District No. 5.—The counties of Waterloo, Wellington and Dufferin.

District No. 6.—The counties of Brant, Haldimand and Welland.

District No. 7.—The counties of Lincoln and Wentworth.

District No. 8.—The counties of Halton, Peel and York.

District No. 9.—The counties of Grey and Simcoe.

District No. 10.—The city of Toronto.

District No. 11.—The county of Ontario and the districts of Muskoka, Algoma and Parry Sound.

District No. 12.—The counties of Durham, Northumberland, Victoria and Peterborough.

District No. 13.—The counties of Hastings, Prince Edward, Lennox and Addington.

District No. 14.—The counties of Frontenac and Leeds.

District No. 15.—The counties of Grenville, Dundas, Stormont and Glengarry.

District No. 16.—The counties of Prescott, Russell and Carleton.

District No. 17.—The counties of Lanark, Renfrew, and the district of Nipissing.

The above is, I believe, as fair and as just a redistribution of the districts as can be made, *the object being to give to each district, as nearly as possible, an equal number of registered, medical practitioners.* Taking the last medical register as a guide, I fail to see how any fairer division could be made. In the case of Toronto, there is no doubt a larger number of medical men than is to be found in any other district. I greatly mistake the spirit of the Toronto men, however, if they object when they remember that Toronto is the seat of two universities which are each entitled to a representative at the Council. Those who have suggested the above redistribution, have had no other desire than to render justice to every section of the Province, but if in spite of the care that has been exercised a fairer scheme can be suggested, let us hear what it is. The question is open for full discussion. Parliament will meet in a few weeks, and there is no doubt that the Ontario Medical Act will be amended in at least this one particular, namely, an addition of five territorial representatives. In the interest of the profession, there should be as little friction as possible, and knowing, as I do, the feeling of many of our legislators, I can assert that the wishes of all are to remedy as far as possible the grievances complained of. The Medical Council has certainly made some great blunders during the past few years, for which several of that body are, I know, heartily sorry. Perhaps, however, many of those who are now so loud in their complaints would have made the same errors or others equally distasteful. One thing is certain, and that is, that the outcome will be to make our Medical Council more subservient to the interests

of the whole profession, and less a plaything in the hands of those who represent "petty corporate interests." Yours for a peaceful settlement,

OBADIAH OLDSCHOOL, M.D.

THE TORONTO GENERAL HOSPITAL.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—With your permission I shall address to the medical gentlemen of this city a few words.

Toronto General Hospital has now been a long time in existence, and in that time certain usages have become somewhat established, but the lapse of time should not confirm forever customs that urgently require changing.

To attend a patient in the General Hospital, a physician must first be appointed to the attending staff. This may simply be impossible. He may be an excellent physician or surgeon, but, lacking influence with the few who govern the hospital, he has no chance whatever of appointment.

The effect of this is that, when such a practitioner is attending a patient who requires hospital care, the case passes out of his hands, and comes under the treatment of one of the staff. The hold of the former is thereby weakened on the patient, who often passes, in future, away from him to the hospital doctor.

The hospital has a staff of physicians and surgeons who, indirectly, gain very much by their appointment. It acts as a constant advertising medium for them, the public thinking that it is because of their special fitness that they have been appointed.

The city and the Government give a large subsidy to the General Hospital. Now, all medical men and their respective clients contribute to this. A claim is established that every practitioner in good standing should have the right to attend his own patient when removed to the hospital. Certainly, this ought to be the case with regard to pay patients in private wards.

A patient naturally, and rightfully, says that he pays, like others, his share, and ought to enjoy freedom in the choice of his medical attendant.

It would do good to the profession of the city; it would interest all medical men in the city to feel that they had the right to attend their own patients in the hospital. Every medical man will bear me out in the statement that it is a hard trial to be severed from a patient in whose welfare he takes a keen interest.

Further, it would bring physicians together on a common ground. All would have the advantage of any new advances that may be made. This information would be carried away for the benefit of other patients who do not go to the hospital. The precedent in St. Michael's and Grace Hospitals might be quoted.

I have only hinted at a few points. I shall be glad to hear from others on this matter.

Yours, etc.,

JOHN FERGUSON.

Toronto, Jan. 12, 1893.

DISSECTING ROOMS AND OBSTETRICIANS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—Dr. Slee says most emphatically the practice of midwifery by those connected with dissecting or post mortem rooms is not dangerous. I will simply put him in the witness box, and let him tell his own story and leave the profession to judge. I think I shall get a verdict by his own evidence. These are his words:

"It would not be advisable to go direct from the dead-house to a case of labour, but let a man change his clothes and sterilize his person."

Now, I ask if, to make this practice safe in the opinion even of its warmest advocate, it requires all this trouble and time which is rarely available, can it be considered a safe or prudent one? It is always a sign of weakness in defending a case to bring in a lot of other matters. All this about diphtheria and dirty nails has no bearing on the subject whatever; it is simply drawing a red herring across the scent. The real question is the dissecting or post mortem room, and nothing else.

I have practised midwifery for upwards of half a century, and I can hardly recall to my recollection cases where a husband would wait patiently till I had sterilized myself and changed my clothes. Is this not more likely? The doctor, just come from two hours' work in dissecting room, exhaling an odour of "araby the blest," is pounced upon by a

very young husband, rendered frantic by the cries of his wife. "Doctor, I want you at once." Will he wait? I think not. I am not even now very slow in my movement, but it would even in my best days take me some time to undergo the process of sterilization and changing all my clothes. Put it as you may, the practice of midwifery by those connected with dissecting or post mortem rooms is simply a damnable one, and that is all I have to say.

Yours,

F. C. MEWBURN, M.D.

Toronto, Dec. 30, 1892.

TWO TERRITORIAL REPRESENTATIVES FOR TORONTO.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR, It may not be amiss at the present moment to express the hope, in the re-arrangement of the Province into seventeen divisions, to elect representatives for the Medical Council, that the principle of having each division contain as nearly as possible one-seventeenth of the whole number of legally qualified practitioners in the Province, may be adopted. With this in view, York County would require to be divided by Yonge Street, into east and west divisions, so that the large number of practitioners in and about Toronto might enjoy an equitable representation in the Council. With five new seats for the general profession, those crowded in this division are certainly entitled to one of them. J. E. W.

Toronto, Jan. 16th, 1893.

DR. SAVILL'S BOOK REVIEW.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—I am obliged by your notice of my work, "On an Epidemic Skin Disease," which appears in your issue of November, '92.

I do not think that the disease is a new disease, but anyone reading your notice would receive the impression that the disease had been previously described.

Your reviewer says, "Similar epidemics have previously appeared in London. One is described by Mr. Jonathan Hutchinson."

I shall be much obliged if you will refer me to any recorded description of the disease prior to my letter to the *Lancet*, dated July 27th, 1891, when I first drew professional attention to the subject; or even prior to the date of reading my paper before the Medical Society of London, on November 30th, 1891.

The following statement appears in Mr. Jonathan Hutchinson's *Archives of Surgery*, for January 1892, page 221: "It will be remembered that it is to Dr. Savill that the credit is due for having drawn professional attention to these remarkable outbreaks." But of course we may have overlooked the reference your reviewer has in mind. Believe me to be, Yours faithfully,

THOS. SAVILL, M.D.

Paddington Infirmary,
London, Eng., Dec. 12, 1892.

[The reviewer, having read a notice of Mr. Jonathan Hutchinson's article in the *Archives of Surgery* and not the article itself, was under the impression that in it he described a previous epidemic. This is evidently erroneous as shown by the quotations given in Dr. Savill's letter. The reviewer would therefore fully acknowledge his error in that particular.]

DR. HARRISON'S ANSWER TO DR. WALTON.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—I am sorry to see that at least one of your readers—Dr. Walton, of Manitoba—has evidently mistaken my meaning in the address delivered at Ottawa last September, he thinking that I advocated the indiscriminate use of the forceps.

My address was unprepared, impromptu, and in the hurry of extempore speaking, I may not have made my meaning clear, though those present seemed to understand me. No man could have greater objection to real meddlesome midwifery than I have. I would not think of interfering while nature was capable of terminating the labour without danger to the patient. I was showing the changes in the opinions of the profession, as exemplified in my own practice, since I first took an interest in midwifery, a period of between forty and fifty years. The old school, at that time, held that it was almost criminal to use the forceps until nature had completely exhausted herself, and we were certain she was incompetent to deliver, and I

had on my mind while speaking four cases that came to my knowledge. In two of these, my father, and in another a medical friend, recently deceased, were called in consultation. The patients were all in the hands of experienced practitioners of the old school. In each case the woman was allowed to suffer for seventy-two hours or upwards. In one of them, the attendant, when the friends in their anxiety asked if nothing could be done, said, "If you call in one of these young men he will use instruments, the suffering of the patient will be horrible, and the result generally fatal." In each of these cases the consulting physician easily, rapidly, and speedily terminated the labour with the forceps, and in each case relief came too late to save the mother. She died from exhaustion. The reaction caused by such practice with such results, may have carried some of us too far. Some of us may use the forceps too often, but the results can scarcely be so disastrous as the opposite.

I did not—as Dr. Walton supposes—stigmatize allowing nature to terminate a labour, where she was capable of doing it, as being "irresolute," etc., but waiting until your patient was beyond human aid before operating.

Dr. Walton says "the proof of the pudding," etc. Well, sir, after forty years' experience, in which I have had more than my share of bad cases, and have used the forceps a great many times, I can say that I never lost a forceps case nor saw any bad result after their use, and I do not see that I have any reason to alter my opinion or my practice.

Very truly yours,

THOS. V. J. HARRISON.

Selkirk, Ont.

Personals.

Dr. John Ross, of Embro, has been appointed an associate coroner for the county of Oxford.

Dr. Retta Gifford, of Owen Sound, a graduate of Toronto Ladies' Medical College, will leave shortly for China to labour in the Methodist mission field.

Dr. G. S. Ryerson has been nominated by the Conservative party to contest the seat for the legislature, rendered vacant by the death of N. G. Bigelow, Q.C.

Drs. B. Spencer, J. Lesslie, P. J. Strathy, A. Meyers, A. J. Harrington, R. A. Pyne and J. M. Cotton, were elected Fellows of the Toronto Clinical Society, at the meeting held Dec. 11th.

Dr. J. D. Thorburn, of this city, has entirely recovered from a severe illness, due to diphtheria. It is the third time he has suffered from this disease. His previous attacks were when he was in Europe.

The Legislative Committee is composed of Dr. Williams, of Ingersoll, Chairman; Dr. Fowler, President of the Council; Dr. Campbell, Vice-President; Dr. Bergin, of Cornwall; Dr. Day, of Belleville, and Dr. Britton, of Toronto. All were present at their meeting on Thursday, Jan. 12.

Book Notices.

The "American Text Book of Surgery," edited by Professors Keen & White, of Philadelphia, which has only been issued a few months, is already a phenomenal success. It has been adopted as a "Text Book" by forty-nine of the leading Medical Colleges and Universities. Nearly five thousand copies have been placed in physicians' libraries, and every indication points to a sale of at least as many copies more in the next six months.

Dr. Nicholas Senn, of Chicago, is now preparing a "Syllabus of Lectures on the Practice of Surgery," arranged in conformity with the "American Text Book of Surgery," which will be a valuable aid to all who have this great book.

Hand-Book of the Diseases of the Eye. By H. A. SWANZY, A.M., M.B., F.R.C.S.I. Philadelphia: P. Blakiston, Son & Co.

Mr. Swanzy's well-known work appears in a fourth edition, with much new material added, and having been carefully revised, is well up to date. An accurate description of Holmgren's method of testing for colour blindness has been added, rendering the work useful to the Railway Surgeon. It is also very full of detailed information on the

diseases of the superficial structures of the eye, which should render it of service to the general practitioner. G. S. R.

A Manual of Clinical Ophthalmology. By HOWARD F. HANSELL, M.D., and JAMES H. BELL, M.D. P. Blakiston, Son & Co., Philadelphia.

This is a neat, concise volume of some 230 pages, with a list of 120 illustrations, a full table of contents, and a good index.

The work is divided into fifteen short chapters, the first three of which are devoted to general considerations of a structural and physiological nature, physiological optics and refraction, while the closing chapter is given up entirely to operations.

None of the illustrations are original, but credit is given to the works from which they are taken, and are clear, distinct, and well illustrate the subject matter of the text.

While it is doubtful whether works of this class should be unduly multiplied, we think the brevity and practical clinical teaching of this little volume will render it useful to the class for which the author intended it, viz., undergraduates in medicine and the busy general practitioner.

W. J. W.

A Practical Treatise on Diseases of the Skin. By JOHN V. SHOEMAKER, A.M., M.D. Second Edition. D. Appleton & Co., New York.

Dr. Shoemaker has succeeded in producing a book which, while it contains an account of the most recent investigation into the etiology of skin diseases, is at the same time very full and practical in all matters relating to treatment.

The author has, in our opinion, acted wisely in adhering to a modified classification of Helna, rather than in following the example of those who treat of the diseases in their alphabetical order. A classification, even if it is not perfect, assists very much in the study of dermatology. As an evidence of the pains taken not to omit any recent discovery, we notice a description of those micro-organisms which have lately been demonstrated to be the exciting causes of cutaneous maladies. The views of Dorier and others are given on the subject of psorospermosis. The effect of tuberculin on lupus is described, and a review of the most recent literature on leprosy is given. A feature of the work is the excellence of many of the plates; while not large, they give a very accurate idea of the disease represented.

We can confidently recommend the book to both practitioner and student. J. E. G.

An American Text-Book of the Medical and Surgical Diseases of Children. By a large number of most prominent physicians, among others, Drs. S. S. Adams, Washington; John Ashhurst, jun., Philadelphia; A. D. Blackador, Montreal, Can.; Edw. M. Buckingham, Boston; Henry Dwight Chapin, New York; W. S. Christopher, Chicago; Roland G. Curtin, Philadelphia; J. M. Da Costa, Philadelphia; Edw. P. Davis, Philadelphia; John B. Deaver, Philadelphia; Chas. Warrington Earle, Chicago; Wm. A. Edwards, San Diego, Cal.; Harold C. Ernst, Boston; F. Forchheimer, Cincinnati; Landon Carter Gray, New York; J. P. Crozer Griffith, Philadelphia; W. A. Hardaway, St. Louis; M. P. Hatfield, Chicago; Chas. G. Jennings, Detroit; Henry Koplik, New York; Henry M. Lyman, Chicago; Francis T. Miles, Baltimore; John H. Musser, Philadelphia; Thos. R. Neilson, Philadelphia; Wm. Osler, Baltimore; Frederick A. Packard, Philadelphia; William Pepper, Philadelphia; Wm. M. Powell, Atlantic City; B. Alexander, Randall, Philadelphia; Edw. O. Shakespeare, Philadelphia; J. Lewis Smith, New York; M. Allen Starr, New York; J. Madison Taylor, Philadelphia; James Tyson, Philadelphia; Victor C. Vaughan, Ann Arbor, Mich.; J. Wm. White, Philadelphia.

International Clinics: A Quarterly of Clinical Lectures on Medicine, Surgery, Gynæcology, Pediatrics, Neurology, Dermatology, Laryngology, Ophthalmology and Otology. By professors and lecturers in the leading medical colleges of the United States, Great Britain and Canada. Edited by JOHN M. KEATING, M.D., Philadelphia; J. P. CROZER GRIFFITH, M.D., Philadelphia; J. MITCHELL BRUCE, M.D., London, England, and DAVID W. FINLAY, M.D., London, England. Volume III, second series, 1892. Philadelphia: J. B. Lippincott Company.

This work contains some very valuable clinical lectures, and is quite up to the high standard of those which have already been noticed in the JOURNAL. It is a volume of 394 pages, and opens

with a lecture by Dr. Wm. Pepper, on "Congestion of the Kidneys." This is followed by fifty-two others, all more or less interesting and instructive. "Suppurative Pleurisy," by Dr. A. Loomis; "The Symptoms of Endocarditis," by Dr. N. Bridge; "Gastric Neurosis," by Dr. C. G. Stockton; "Peritonitis and its Treatment," by Dr. A. W. Mayo Robson; "The Diagnosis and Treatment of Intra-thoracic Aneurism," by Dr. James Stewart; "Uræmia," by Dr. N. S. Davis, jun.; "Foreign Bodies in the Air Passages," by Dr. Hector Cameron; "Syringomyelia," by Dr. Eskridge; "Some Types of Melancholia," by Dr. J. M Charcot; "Fracture of the Humerus," by Dr. J. Ashhurst, jun.; "Hernia," by Dr. Roswell Park; "Retained Placenta," by Dr. K. N. Fenwick; "Amenorrhœa," by Dr. A. J. C. Skeene, etc.

Notes on the Newer Remedies, Their Therapeutic Application and Mode of Administration. By DAVID CERUA, M.D., PHD. W. B. Saunders, 913 Walnut Street, Philadelphia. Price $1.25.

This excellent little work gives in very concise form the physical properties and therapeutic application of all of the newer remedies. To those who wish to keep in touch with the onward march of our rapidly growing pharmacopœia, we would advise a careful study of this little work.

Truth in Fiction. Twelve tales, with a moral. By PAUL CARNS. Chicago: The Open Court Publishing Co. Price $1.

Births, Marriages, Deaths.

MARRIAGES.

MORRISON—TROTTER.—In St. George's Church, Owen Sound, by the Venerable Archdeacon Mulholland, assisted by Rev. W. A. Graham, of Shelburne, on Tuesday, January 3rd, 1893, Dr. William Cecil Morrison, of Pinkerton, to Minnie, daughter of Richard Trotter, Esq., of Owen Sound.

[OVER.

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Miscellaneous.

THORNHILL, ONT., Dec. 10th, 1892.

MESSRS. T. A. SLOCUM & CO.—I beg to say that I have used your Emulsion of Cod Liver Oil in my practice, and prefer it to not only the pure oil, but to the many other Emulsions in use. For colds in small children it has not equal, and also for the after effects of *la grippe* it is an excellent tonic. Yours,

(Signed). D. A. NELLES, M.D.

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THE TITLE OF "DR."—Sir, this question is, as one of your correspondents has well remarked, like the poor—we have it always with us. It seems to me, however, that with the exercise of a little more charity, a little less pedantry on the part of some, and a little practical common sense generally, it might surely be put at rest. We—I am speaking of general practitioners—are all but universally styled by the public as doctors, both in describing our vocation and in ordinary colloquial address, and if a pedantic diplomate were to point out that he was not strictly speaking "Dr.," he would probably be relegated by his listener to the ranks of unqualified pretenders.

This being the case, why should not general practitioners be universally styled "Dr.," graduates being distinguished by the appropriate suffix to their names? It would go a long way towards the solution of this difficulty, if a large and influential body like the British Medical Association were to set the example by addressing all its members as Dr.—— or - - - , Esq., M.D., as the case might be. At present there seems to be no system whatever. I, an ordinary London diplomate, am addressed by the Association as Dr.; my friend X., with precisely similar qualifications, as X., Esq. I believe the opinion of the Association is in favour of what I have advocated, and I trust that their officials will give practical effect to that opinion in the way I have suggested.—A MEMBER. —*British Medical Journal, Dec. 17th.*

THE MEDICAL PROFESSION AT MONTE CARLO.—The medical men practising in the principality of Monaco, together with their wives and families, have been denied entrance to the gambling halls of Monte Carlo for the alleged reason that "they are tradespeople who go there to make a living in the same sense that undertakers, publicans, and other sinners go there to gather in some shekels rather than to scatter them"—these classes, one and all, having been excluded by the managers from the sacred precincts of the green baize. This action toward the medical men and their families may be an oblique kind of compliment, but just the same it should be a source of congratulation, since the administration virtually says that it does not wish to win the well-earned and slender medical fee away from the practitioner. Furthermore, it does not desire to be compelled to pay back his *viatic*—or funds advanced to anyone who is *décavé* in order to get him out of the country—at the end of the season. The doctors and their families are not forbidden access to the concert room and the *Salle des pas perdus*, but they must shun the major temptations of the place.—*New York Medical Journal.*

THE THERAPEUTIC VALUE OF DIURETIN.—Dr. Frank (*Prager Med. Wochensch.*), in an interesting paper, gives his experience, in the clinic of Professor von Jaksch, on the action of diuretin in thirty-four cases. The drug was administered in doses of from five to seven grammes daily, in solution with peppermint-water and syrup. In a series of desperate cases of chronic nephritis, an immediate diuretic effect was obtained. The quantity of urine excreted increased from six to fifteen times, œdema disappeared entirely, and the general condition of the patients improved wonderfully. He records that very good, though rapidly passing, effects were observed in cases of myocarditis and valvular disease of the heart. Combined with digitalis, it increased the excretion of urine from five hundred cubic centimetres to thirty-three hundred cubic centimetres in a case of pericarditis. No effect was observed in cases of hepatic cirrhosis. The diuretic action appears generally on the first

day of administration, and its maximum is reached by the third or seventh. Neither a cumulative nor an irritative action on the renal parenchyma was observed. Diuretin, Dr. Frank thinks, has a certain, if feeble, stimulant action on the heart. Though it is not to be compared with digitalis, yet of all known diuretics, he considered it the best, and far superior in its effect to calomel, caffein, acetate of potash, etc. He mentions, as unpleasant results of its use, in one case a slight diarrhœa, and in another vomiting. He thinks that, in combination with digitalis or other heart-tonics, it may prove serviceable in even the most severe cases. Ruggieri (*Deutsche Med. Zeitung nach Riforma Medica*) gives is experience as to the value of diuretin in eighteen cases. He found that its diuretic effect was most marked in cardiac cases and least in nephritic, while no effect was observed in hepatic cirrhosis. He gives no information as to the dose of the drug or its probable mode of action. In his opinion the tolerance for the drug was unsatisfactory, headache, nausea, dizziness, and diarrhœa resulting from its employment in many cases.—*International Med. Mag.*

THE MEDICAL CAREER AND HAPPINESS IN LIFE.—What are the conditions of happiness in a man's life, and how far are these satisfied by a medical career? The first is satisfaction of the ordinary wants—the enjoyment of the simpler comforts and freedom from care for the future of himself and his family. Unfortunately I cannot say that the medical profession affords all of us such a livelihood as to assure us from pecuniary anxiety and the means of providing for a family, but I can say that the general level of comfort and security among medical men is high and the proportion of wrecks and failures low.

Another element of happiness is the consciousness and the prospect of advancement in life. This most of us enjoy. At first our patients are the poor at hospitals and dispensaries, or members, perhaps, of clubs, or parish paupers. We have little or no remuneration for our work, we are unknown, we are held in little respect, and enjoy small consideration. But this does not last long; patients of a better class seek our aid, among our patients we find friends. . . As long as he lives and wherever his life may be cast, the medical man goes

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on adding to the number of his friends. He is not restricted to his contemporaries in age, but is brought by his professional ministrations into intimate and confidential relations with an ever-increasing circle of men and women younger than himself, who become attached to him by ties of gratitude and regard. The children of his early patients grow up under his eye, and hold him in honour and affection. But comfort, freedom from oppressive care and anxiety, advancement in position and consideration, while essential to the happiness of an educated man, are not what constitute the attraction of the medical profession. Wherein, then, lies our advantage?

Some would answer in the consciousness of doing good, the pleasure of relieving suffering, the satisfaction of saving life. I should be the last to underrate these. . . But these privileges are too sacred to be cast into the balance. . . Nor yet must we bring into account the gratitude of our patients, great and heartfelt as is the pleasure which we sometimes experience from this. Both are imponderables. . . What, then, is it which, to those who are mentally and morally fitted for it and who enter it from genuine inclination, makes the medical profession the happiest career a man can choose? For such it really is. To this I answer, first and foremost the opportunity for free and continous exercise of the intellectual faculties. . . With the elevation of the race have been developed intellectual appetites. There is a hunger and thirst after knowledge and a passionate desire for achievement, and the pleasure and satisfaction attending the attainment and employment of knowledge are as much higher and more durable than the gratification of the senses as mind is higher than body as the intellectual operations are superior to sensation. *Dr. Broadbent in British Medical Journal.*

THE IMPORTANCE OF THE SALIVA upon the digestive act has been generally underrated, because physicians usually think that its action is brief, being the time employed in mastication, and that said action terminates upon its entering the stomach. The fact that Morse's Diastase acts as promptly when exhibited one hour after the ingestion of food as during mastication, proves conclusively that ptyalin is *not* destroyed by the gastric juice, and probably not even held in abeyance during its passage with the food through the alimentary tract, and it is now possible to estimate the importance of the digestive enzymes by experiment with Morse's Diastase, a definite and mensurable diastasic agent, *not* an artificial product due to the interaction of the principal constituents of malt, and which do not represent its molecular arrangement. Morse's Diastase is the only preparation of malt which presents these constituents in their normal condition, and, therefore, properly a therapeutic agent deriving its value from germinated grain.

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