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### Original Communications.

#### A CONTRIBUTION TO THE STUDY OF CLUB-HAND.

*Abstract of paper read by REGINALD H. SAYRE, M.D., before the Pan-American Medical Congress, Washington, September, 1893.\**

Club-hand is very much less frequent than club-foot. It may be acquired as the result of paralysis of certain muscles, or contraction of others from central nervous irritation, by cicatrices resulting from burns, or be due to injuries to the bones of the hand or forearm, or it may be congenital.

Of the first variety, J. K. Young reports a case where an infant had the left side of the head injured at birth. A large hematoma formed here, and subsequently the right

hand was markedly adducted and the fingers and thumb flexed and the hand flexed at the wrist almost at a right angle with the forearm in the radio-palmar position. The hematoma was incised, profuse bleeding followed, and subsequently the deformity gradually subsided, having been caused by the irritation produced by the hematoma.

Biehaut reports a case of club-hand due to fracture of the ulnar at birth, with subsequent loss of bone from suppuration, giving rise to inequality in the length of the bones of the forearm, causing a sharp deflection of the hand towards the ulnar side.

The congenital club-hands differ widely from the above described cases, and may be divided into three varieties: 1st, Those where the skeleton is complete and well formed; 2nd, where the skeleton is complete but ill formed; and 3rd, where the skeleton is incomplete and distorted. Various writers say that the majority of

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cases come under the 3rd head, but the author's personal experience does not agree with this.

In many cases, club-hand is associated with club-foot, or some other abnormality of development. The direction of the deformity may be either in flexion, extension, abduction and adduction, or a combination of the two, the most frequent being the radio-palmar variety.

In those cases where all the bones of the hand and forearm are present, the prospects of a good result are more favorable than where there is absence of one or more bones, and in these milder cases, when seen early, it is sometimes possible to restore the hand to proper shape and function by constant manipulation and rotation of the parts, which are to be held in their improved position by some fixed dressing, as the plaster-of-Paris bandage, the dressing being changed from time to time as the deformity is reduced.

Section of the tendons, ligaments or fascia may be necessary if the case is not seen in the early stages. Many of these structures are so situated as to make open section preferable to the subcutaneous method; and if the flexor tendons have to be divided, it would seem better to operate in the forearm instead of the hand, and to split the tendons longitudinally, and after having gained such additional length as was needed by sliding the ends past each other, to suture them together once more.

In an aggravated case of congenital club-hand and club-foot of the right side, associated with lateral curvature of the spine, the author had operated in the following manner: The club-hand was very marked. The radius and thumb were absent, as well as the first metacarpal bone and a certain number of the carpal bones. The ulnar was curved in its middle at an angle of about  $30^{\circ}$  towards the side where the radius should have been. The

hand was almost at right angles with the forearm, bent towards the radial side, and flexed on the forearm. The carpus did not articulate with the ulnar, but was attached to it by means of firm ligamentous bands. An osteotomy was first done on the ulnar to correct the curve, and after the bone had united in a straight line, endeavors were made to stretch the contracted soft parts on the side of the arm where the radius should have existed. After several weeks of traction the hand could not be drawn far enough down to permit the ulnar to slide above the carpus. Through an open incision the ligaments between the ulnar and the carpus were divided, the intention being to form an artificial joint between the lower end of the ulnar and carpus. It was found impossible, however, to draw the carpus clear of the ulnar, and therefore the styloid process of the ulnar was cut off, the os magnum and unciform removed, and the end of the ulnar put into the gap in the carpus thus formed. The bones were not wired in this position, with the idea that the hand might be more useful if this were not done, and it being of course feasible to wire the bones later on, if it should be deemed necessary. The shortening of the extremity, caused by the removal of this amount of bone, seemed preferable to the author, to the very extensive division of tendons and muscles which would have been necessary to permit the carpus to be pulled down. The hand is now approximately in line with the forearm. There is free motion at the wrist, and the ability to grasp objects is greater than it was before the operation, although extension of the hand on the wrist is poor, absence of the radius making a very imperfect joint.

In cases like that described by Bouvier which is in the Dupuytren Museum, where such carpus as is present articulates with the ulnar on the side where the radius

should have been, the radius being absent, the proper operation would seem to be the division of the ulnar just above the articulation with the carpus, and then to turn it at right angles, letting the outer surface reunite with the end of the ulnar, and thus bring the hand into a straight line with the arm, at the same time preserving the wrist-joint.

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## Society Proceedings.

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### THE CANADIAN MEDICAL ASSOCIATION.

Reported specially for THE CANADA MEDICAL RECORD.

The twenty-sixth annual meeting of the Canadian Medical Association met in Victoria Hall, London, Ont., Wednesday, Sept. 20th, at 11 a.m.; Dr. Chas. Sheard, of Toronto, as President.

The first session was devoted to business, there being no papers read.

Dr. BRAY of Chatham, after thanking the members for their kindness and consideration to him as President for the last year, introduced Dr. Sheard as his successor.

Dr. BIRKETT, of Montreal, Secretary, read the minutes of last session, which were adopted.

A motion was then introduced, asking that fees be required only of members in actual attendance at the Association. Another, that after this those members who were to read papers and were unable to come should telegraph such inability to the Secretary, so that the programme might be more easily carried out.

The SECRETARY then read a communication from the National Bureau of Bibliography, Washington, D.C., informing the members of its value as a storehouse of Medical literature, from which they might procure information on any medical subject in which they were interested as students or lecturers.

Drs. McGregor, Campbell, Butler, Hobbs and Weld, of London; Drs. Starr, B. E. McKenzie and J. N. E. Brown of Toronto; and Dr. Smith of Quebec, were elected as members of the Association.

The PRESIDENT proposed that some provision be made for reporting the proceedings of the Association, and named a committee to arrange for such reporting. Dr. Brown of Toronto was chosen to do the work.

The Nominating Committee was then balloted for, Drs. McPhederan and Bray being

appointed scrutineers. The result of the ballot showed the following to have been elected: Roddick and Stewart, of Montreal; Fulton of St. Thomas; Graham, McPhederan and Macallum, of Toronto; Olmstead, of Hamilton; Harrison, of Selkirk; Holmes, of Chatham; and Bucke, of London.

Drs. R. A. Reeve, J. F. W. Ross, H. A. Macallum, T. S. Harrison and Holmes, of Chatham, were chosen as the Committee on Ethics.

The subject of a uniform Canadian Pharmacopœia was then discussed, and a committee, consisting of Dr. Blackader, of Montreal, H. A. Macallum, of London, and Jas. Macallum, of Toronto, teachers of therapeutics, were appointed a Committee to memorialize the Government in this regard.

#### AFTERNOON SESSION.

After the opening business, the PRESIDENT proceeded with his address, whose elegant periods held the Association in rapt attention and elicited the most hearty applause.

The effort was a most masterly one; the substance of his address was solid, and the effect of its brilliant delivery can be appreciated only by those who have listened to the magnificent oratory of the Doctor when he is speaking on some congenial theme.

He expressed gratitude to the Association for his election, saying that he felt honored to fill such a position, which had formerly been filled by men who had made the profession of medicine in Canada illustrious. He combated the statement made by some that the influence of the Association was on the wane and its work usurped in part by Provincial institutions. It had for twenty-six years stood out against charlatanism, it had developed a feeling of friendship and unity among the profession, it had stimulated and helped men to professional excellence, and had given medical men an increased love and zeal for their calling. It had not outlived its usefulness. Such men as Howard, Ross, Osler, Hadder, Workman and Wright, not to speak of men whose advancing years prevented them from attending this Association, were examples of all that was good and noble and inspiring to the younger members of the profession. If a man would do good work he needed to devote his whole attention to his profession. It was unfortunate that some of the younger men presumed, that because they thought they had the latest and most improved methods they should parade them in such a way as to reflect on their older colleagues. Thackeray had asked how it was that the evil which men did spread so widely, whilst each good, kind word seemed never to take root and blossom.

The President went on to say:—"It appears to me scarcely conducive to professional unity that we should have in the various provinces of

the Dominion separate licensing bodies, which confer the privilege of practising only for the province, and that those of us who to-day may reside in Ontario, in travelling to Manitoba or British Columbia, require there to pass a period of naturalization before we can even be examined, and then to again pass an examination which proves our qualification to practice,—and this in our own country. Surely, we are all Canadians, and if the spirit of the time means anything, we are united in patriotic feelings and national progress. Why should it be different in medicine? I may express the earnest hope that the time is not far distant when there will be some central examining board, or boards, for the whole Dominion, when a license from such a body will be a qualification to practice from one end of the country to the other." (Applause). The Doctor then spoke of the great strides medicine had made as a result of bacteriology investigations. Curative methods followed correct diagnosis. Bacteriology was a practical scientific means to aid in this direction. He saw within the next decade a solution to the difficulty which besets the cure of phthisis and such diseases whose causation had during the past decade been established. The science of medicine like others must depend upon the co-relation of facts,—upon the comparison of cases alike in many respects but differing somewhat in their phenomena. Much difficulty there was in ascertaining what cases were sufficiently similar to become comparable,—due to insufficient and erroneous records of the phenomena observed. Few men could for and by themselves see and describe the things before them. It took a long time before men could see the difference between measles and scarlatina, between typhus fever and typhoid. Plato said: "He shall be a god to men who can rightly divide and define." Men, the speaker said, who have this faculty we cannot produce by any system of education; they come, we not know when or why. It was science, he said, that laid the basis upon which were wrought the revelations in practical medicine.

"Science seams and scars the detested face of hypocrisy and lies, adds beauty to beauty, grace to grace, truth to truth. It decks the flower of the field with loveliness till all the universe beats with one heart, pants with one breath. It goes hand in hand with heart. When the tale of great deeds ceases to thrill, when the awe has vanished from the snow-capped peak and deep ravine, when the lily of the field becomes no longer beautiful, when the tale of suffering causes no pity, then, indeed, and not till then, may science be said to have devoured art."

Science and practice, he said, should go together. It should be the work of the pathologist to study the etiology, diagnosis and progress of the case. Paget was a pathologist

and surgeon; so was Billoth. Koch was a general practitioner; Cheyne, a consulting physician. In the lines of scientific attainment, Canada was fully abreast of the time. There were too many men in our country, however, who were possessed with the sordid ambition of the utilitarian, who thought they could not leave their practice a day to gather such knowledge and enthusiasm, have their powers of observation quickened, receive such mutual benefit as would come to them from attending medical associations. The President eulogized the good work of our colleges and the Medical Council of Ontario. In concluding, the President said the Government of the province was liberal, leaving to the profession the ordinance of its own laws, and did it show worthy intelligence on the part of those claiming to be ornaments of the profession to urge upon the proper material body the wisdom of withdrawing from them what was justly and legitimately their own? The masses sent their representatives to represent them in certain issues, and if they did not do so they changed their representatives. "This is one law of political economy throughout the world. Have the physicians of our Province not enough intelligence to be entrusted with some privilege?"

Dr. Hingston was voted to the chair. Dr. BRAY moved, Dr. REEVE seconded, a vote of thanks to Dr. Sheard for his address. This was carried with applause. The President made a suitable reply.

Dr. J. E. WHITE of Toronto, seconded by Dr. BRAY of Chatham, made a motion, to the effect that a committee be formed to report some scheme whereby the barriers that exist to inter-provincial registration might be overcome, so that practitioners in one province might be enabled to practise anywhere in the whole Dominion without re-examination, and that such committee be composed of Drs. Praeger, British Columbia; Hingston and Mills, of Montreal; Waugh, of London; Sheard, of Toronto; Harrison, of Selkirk; Taylor, of Goderich; Worthington, of Sherbrooke; and Ross of Toronto,—Carried.

The next feature was the report of a case of eclampsia by Dr. J. CAMPBELL, of Seaforth, Ont.

Patient aged 32 complained of headache extending down neck to shoulder. Without physical examination he administered something for what he supposed was neuralgia. He had not noticed that she was pregnant. In three hours patient had convulsions. Was called again, and found patient suffering severe head pain, and also in the epigastrium. Temp. normal; pulse full and bounding. Found patient to be about 7 months pregnant. Administered an enema of ʒi of chloral. This induced sleep. Had administered elaterium, which was soon effectual. Was unable to get urine. In few hours called, and while about to give another injection patient

took another convulsion; before  $\text{CHCl}_3$  could be given. Found urine full of albumen on examination. Very soon patient had another convulsion. Repeated enema. Found os dilated to size of quarter. Ruptured membranes. Labor pains came on, and after a sleep till 3 p.m. (case having commenced at 11 p.m. day before) was delivered of living child. Gave  $\frac{zj}{ij}$  ergot half an hour before delivery. Placenta delivery normal. No hæmorrhage. Administered a diuretic mixture of pot. acet. and digitalis. Headache disappeared and all symptoms abated.

The Doctor concluded his paper by saying that the subject was one that required further investigation, but thought that the following statements were justifiable in the light of modern pathology:—

1st. Cell activity both of mother and foetus produced substances pernicious to mother, if not excreted. 2nd. The excretory function was inadequate in the pregnant. 3rd. The unknown accumulated poison caused the eclamptic seizure. 4th. The convulsions are believed to be the result of anæmia of the brain caused by the contractions of the arterioles,—probably by direct action of some poison on the brain substance itself.

On account of the intense muscular action, the blood was driven into internal organs,—brain, kidneys, etc., causing apoplexy and abrogation of the renal function, etc. Treatment, he said, should be directed to elimination, diminishing of the nervous sensibility; if convulsions ensue, to save child without adding risk to the life of the mother; and lastly, to guard the mother from injury during the attack.

Dr. LAPHORN SMITH expressed entire approval of what Dr. Campbell had said in his paper. He thought the cause was due to pressure on the venous circulation of the kidneys, causing nephritis. He did not agree that the anæmia of the brain was the beginning of it. The nephritis caused the albuminuria; the albuminuria caused the anæmia. The indication for treatment was to remove the pressure by lessening the size of the uterus. He favored the use of chloral to assist in the dilatation of the os and to lessen reflex action. He thought hastening labor did not tend to cause convulsions.

Dr. HARRISON outlined the history of a recent case of his, where he employed bleeding, a remedy he had spoken at some length about in the treatment of this affection at the meeting of the Ontario Medical Association. He bled freely with immediate and permanent effects. He employed as well enema of chloral and brandy.

Dr. BETHUNE, of Seaforth, corroborated what Dr. Campbell had said regarding his case. He was in favor of bleeding in sthenic cases,

not in anæmic, but he regretted that the young practitioner of to-day did not know how to perform this simple and often effective operation.

Dr. IRVING, of St. Mary's, asked if it were proper to give ergot in eclampsia. Did it not cause contraction of the arterioles,—a thing to be avoided? Dr. Smith had said that the pressure of the foetus *in utero* was the cause of the convulsion. How was it that they often did not occur until after delivery?

Dr. HOLMES, of Chatham, said he was reminded of one thing in what Dr. Campbell had said,—the danger of making too cursory an examination of the patient. Dr. Holmes pointed out the benefit derived in causing profuse sweating. He leaned to the theory that the convulsions were due to the circulation of some toxic element in the blood, independent of the nephritis.

Dr. CAMPBELL closed the discussion.

Dr. CANNIFF, of Toronto, then gave an address on "Sanitary Science,—some of its Effects."

Sanitary science, he said, was not a distinct and separate science, but rather a development of medical science, and that the medical man should be employed not only to cure but to prevent disease. He advocated that we should have special lists on the subject. He also advocated the same observation by individuals and families in regard to sanitation as is done in the case of the State and the municipalities; and, as it was desirable to legislate in regard to preventible diseases, so the principle was equally applicable in relation to individuals and families. It was nobler to prevent than to cure. The principles of hygiene should be taught by the parent and continued in the school. He advocated the principle of families employing a medical man by the year, who should make regular visits and advise as to sanitation; by so doing sickness would be prevented.

Dr. ARNOTT thought the idea of families employing medical men by the year good in theory but bad in practice. His experience was such. He also thought it would be a bad education to the family itself. He thought the importance of a knowledge of sanitary science by medical men in the cure of disease should be emphasized as well as the prevention of it.

Dr. BETHUNE liked the idea of employment by the year, if possible. His experience had been that, having agreed to a certain amount of his services, he was called so frequently as to make it non-paying. If families could be educated up to it, it would be well for the country, and much disease prevented.

Dr. WESLEY MILLS thought that it would be practicable for the physician to look generally to sanitation, and to be paid extra when specially sent for,—family tendencies would then

be understood. Until physicians were employed in the way mentioned, the best results would not be obtainable. He thought the appointment of specialists a good thing, and stated that in some places this was being agitated.

Dr. CANNIFF thought he had been misunderstood,—he only intended saying if regulations to hygiene worked well in municipalities so it ought to in families. Statistics show that the practice of hygiene is a saving operation,—saving the man and saving the labor.

Dr. ANGLIN, of Verdun, followed in a paper on, "The General Practitioner and the Insane,"—a very practical paper. The subject of insanity was one which had been left alone too much by the general practitioner. It was important that he should know more about it, for on him rested the diagnosis of insanity, possibly the administration of treatment, the recommendation to hospitals, and the certification of the patient's mental condition. Generally speaking, it was better to advise hospital treatment, but in some cases this would be impossible. It was much less expensive, and the change of environment was generally beneficial. He was glad that the old prejudice against insane hospitals was becoming lessened. It should be taught to the general public that insanity was a disease, not a crime. The Doctor then described the hospital of to-day, showing that it was not a place to be shunned as was the one of days gone by. If a man were called on to treat a case of insanity, he should recommend a change of scene, the employment of one or two trained nurses. Relatives generally made poor attendants, as did also ordinary sick nurses. Sleeplessness should be immediately combated by giving moderate exercise, a drive, a meal or a hot bath. Of remedies, alcohol, hyoscine, paraldehyde, sulfonal, chloral hydrate (and opium in cases due to pain) were useful. Constitutional treatment should be attended to strictly. The Doctor outlined the points necessary to observe in making out certificates, laying special emphasis on the recording of phenomena actually seen by the examiner. He criticized the stupid methods of admission in certain States, but commended the progress of Canada in this matter. A certain amount of formality was absolutely necessary, and the Doctor should be exceedingly exact in replying to the questions on the blanks used. It was wise to find out all one could about the patient before interviewing him; deception should never be used with the patient, for this often rendered him less amenable to treatment. It was sometimes exceedingly difficult to detect symptoms, so careful to conceal them was the patient often. Three things should be noted,—acts, appearances and conversation. The patient should be told frankly that he was sick and needed hospital treatment.

This paper was discussed by Drs. Matheson,

Arnott and Mills. Dr. Anglin closed the discussion.

Dr. HARRISON of Selkirk then followed with a paper on, "Is Alcohol in all Doses and in all Cases a Sedative and Depressant?"

He had formerly thought alcohol the great stimulant, and the physician who failed to administer it was culpable. Temperance physicians had refused to administer it, for fear their patients would acquire the drinking habit. The subject was a scientific one, and should be discussed as such. If alcohol was a powerful sedative and depressant, as some claim, the use of it for so many generations would have caused untold injury, and the number of deaths caused by using a sedative instead of a stimulant unaccountable. He spoke of a case in his practice of post partum hæmorrhage which promised to end fatally, and while preparation was being made to inject blood, brandy had been administered freely per os and per rectum, and under it the patient rallied and recovered. In a case of typhoid fever lasting seven weeks, where the patient-seemed dying of exhaustion and heart failure, after two weeks of a diet of port wine only, the patient recovered—as by a miracle. Another case of puerperal fever,—an extreme one,—with pulse 140 to 150,—all medication was abandoned, and brandy and port wine in a little milk and beef essence were given, and effected a permanent cure. The family said a teaspoonful had increased the fever. He at once administered two table-spoonfuls.

When a patient was nearly moribund,—when a feather's weight in the wrong scale must be fatal,—and brandy was administered, if the brandy acted as a sedative the result must be fatal; but the fact that the patient rallies shows it cannot be a depressant.

Dr. ARNOTT said he had some diffidence in discussing the subject, as he seemed a "lone bird in the tree." His views were and had been for years that alcohol was not a stimulant in its direct action. The question under discussion in other words is, "Does alcohol or could anything under varying conditions give the same results?" Suppose the principle were applied to water, although under some circumstances it causes death, yet no one would say it was a poison; the direct and primary action of water is nourishing. The profession are not divided at present as to the sedative action, because all use sedatives to bring about a stimulating result. There was, he said, not so much difference between Dr. Harrison and himself as appeared on the surface. Although opium was a sedative, we get stimulating results from it. He mentioned a case of his in practice, the setting of an old lady's arm, a Colles' fracture. He had given her a great deal of pain, and suddenly she became white, and pulse imperceptible. He was afraid the patient was dying:

He thought it clearly the result of shock, and called for whiskey, not as a stimulant (being opposed to that), but to relieve the shock; none being in the house, he gave the patient chloroform, after which the pulse became strong, and the operation was completed. He had another case of typhoid fever, in which the depression was very great, and in which he administered whiskey in large doses,—an ounce every hour. Being alarmed, he called in another doctor, and they administered  $\frac{1}{8}$  grain of morphia hypodermically, and that did much more good.

Dr. BETHUNE said alcohol was in one case a stimulant, in another a narcotic, and in another a sedative, according to the condition of the system. If taken in big doses it was a narcotic. Perhaps some of them had felt the effect. (Laughter.) In neuralgia it was a sedative. When people took a tumblerful at night to put them to sleep it was a narcotic.

Dr. GARDINER, London, said that by the use of alcohol the pulse got stronger, the eye brighter, the skin warmer and the body invigorated. Whether it was called a stimulant or a narcotic, it should not be used carelessly, but only when there was reason for it.

Dr. MILLS, of Montreal, thought it was a subject demanding careful scientific study, especially as its elementary principles were taught in the public schools. The doctor said the necessity for experiment was absolute, and they were not prepared yet for dogmatism. He condemned the present school books as extreme. The children were taught that alcohol under all conditions was a poison. The medical profession should do something to counteract this.

Dr. ARNOTT said that alcohol was termed a stimulant, an anodyne, and a narcotic. This was perplexing. The fact that the hospital having the lowest death rate in London, England, did not use alcohol he made his excuse for speaking on the subject.

Dr. LAPHORN SMITH spoke of the experiments shewing the effect of alcohol on the muscular power; how that, soon after administration of the alcohol, the individual tested could lift much more, but when the reaction had set in, considerably less than at first. It was certainly a temporary stimulant. It affected the great sympathetic, which contracted the arterioles, more blood being forced into the coronary arteries, thus strengthening the heart.

Dr. H. A. MACALLUM said there seemed to be physiological evidence to show that all narcotics and poisons were stimulants. The respiratory stimulus was a poison. It could not be that  $\text{CO}_2$ , the respiratory stimulant, and ultimately poisonous to that centre, could be a stimulant as secondary to narcotic action. All stimulants for secretion, respiration and circulation ultimately were narcotic and poisonous. Anæsthetics were stimulants in small doses. It

could not be argued that  $\text{CO}_2$  is a natural stimulant and acts as a narcotic.

Dr. HARRISON closed the discussion.

Dr. B. E. MCKENZIE presented a bad case of lateral curvature, in which he had used a raw hide spinal support. The patient could be stretched four inches, so much was the curvature. He knew of no other treatment in such a case. It was fitted to a plaster Paris model, and had no seams. It fitted smoothly, and seemed to afford much relief. This was the first time Dr. McKenzie had tried it.

#### EVENING SESSION.

Dr. HINGSTON, Montreal, then gave an address on Surgery. It consisted of an historical review of the subject. He held that in Egypt, before the time of Moses, many so-called modern operations were practised. The Greeks considered surgery a divine art. Pythagoras about 600 B. C. elevated surgery to a science. The Egyptians and Greeks practised nephrotomy, used tents, issues and moxas, and trephined the skull; they also practised percussion as an aid to diagnosis, and drew fluid from the chest. Hippocrates made use of immediate auscultation as a means of recognizing disease. But the fall of the Maceædonian Empire seriously interfered with the progress of surgery. The Alexandrian school were skillful in abdominal surgery. They first used the catheter, 2200 years ago Ammonius crushed stone in the bladder. There was another retrogression in the science at the time of the Cæsars. Celsus found that there might be rupture of brain substances without fracture of skull. He was first to ascribe the *contre-coup*. Heledenus opened into the bronchial tubes. The Arabians were credited with greater proficiency in surgery than history will justify; but to them we owe the preservation of Egyptian surgery. The suturing of wounds was practised by Albucaasis, also the incising of the kidney for abscess. The Council of Tours forbade the clergy to spill blood. By this prohibition, surgery was divorced from medicine, and got a serious setback. When Columbus discovered America, the physicians of Europe were not superior to the medicine men of the Aborigines of America. Vesalius laid the foundation of modern surgery. Paré advocated cupping for displacements of the uterus. Wiseman, in Britain, was original but crude. His reports of successful treatment of cancer are so remarkable as to arouse suspicion as to the accuracy of his diagnosis. Wiseman believed in the magic royal touch for the King's evil.

Surgery, the speaker went on to say, preceded medicine in this country. The governor of Nouvelle France was always asking for surgeons to be sent out. The people did not need



physicians. Dr. Hingston then described the marvellous advances of surgery during the past forty years in the treatment of many surgical cases, but was sorry that in some cases this divine art had degenerated to a commercial question, owing to the greed for gold spirit which has extended to some of the members of the profession. He especially cauterized the practice of those one-ideal gynæcologists, who referred all female disorders to the uterus and instituted a daily tinkering process as a means of obtaining money.

Dr. ECCLES' paper, "Movable Kidney with two cases of Nephrorrhaphy," came next. This condition, he believed, was often overlooked, and something else treated (often hysteria) for it. This resulted from neglecting to examine the kidneys—a matter always to be attended to in obscure cases, with symptoms of hysteria, melancholy and general nervousness and dyspepsia. This organ having no special support was in danger of displacement. The thirty cases Dr. Eccles reported were all females. Patients had a dragging down feeling, or aching in the back or along the urethral lines. In most there was dyspepsia, accompanied by constipation, diarrhoea occurring in only four. In six there was an exacerbation of symptoms during menstruation. In some seven there was inability to lie on the side opposite the displacement. Intermittent hydro-nephrosis was observed in seven. Dr. Eccles then outlined two cases fully. The first had most of the typical symptoms for a number of years, the most prominent being the frequent attacks of severe pain, which at first lasted about an hour and latterly forty-eight. These were accompanied by swelling inside, followed by its disappearance and great flow of pale urine. The Doctor could feel the kidney. Had support and pad applied with complete relief. Movement no doubt of the organ had kinked the ureter. The speedy relief of this condition was conservative to the kidney.

In another case reported the abdominal support failed to give relief. Operation was advised. After the usual incision the capsule was opened along the convex border one inch in width. Two silk-worm gut sutures  $\frac{3}{8}$  of an inch deep were passed into the parenchyma, two catgut through capsule and fatty capsule above and below, continued through the muscle and fasciæ. The fasciæ were united by separate catgut sutures before those through the kidney and its capsule were tied. Good recovery.

In a second case of operation Dr. Eccles did similarly, but did not dissect up capsule, as it was thickened, and a cystic condition appeared underneath. A good recovery followed.

Dr. HINGSTON pointed out that a misplaced kidney was more easily felt if the patient leaned forward during the examination. He howed how one might be mistaken, by telling

of a patient who came to him suffering in this way, upon whom double ovariectomy had been done for its relief. This mistake would not be made if one, by grasping the kidney and making gentle traction downwards, found that pain was experienced, while pushing it upward gave relief. The reverse would take place in the case of the enlarged ovary. In many cases he thought operation unnecessary.

Dr. BETHUNE had had a few cases. They were all in women on the right side. The trouble proved most annoying during pregnancy. One case he had, the kidney on removal was found to be cancerous. He thought cases of displaced liver were more common than was generally supposed. He did not see how operation could help the patient much, as there would be difficulty in retaining it in position, even after operation, so little was there to which it could be solidly attached.

Dr. BELL, of Montreal, agreed that many of these cases needed no treatment. The condition was often accidentally discovered. But in cases where hydro-nephrosis developed, some operation seemed to be necessary. He had no personal experience in the use of the pad and hand, and did not think it likely they would do much good. He had operated on patients where this treatment had been tried, and found to be a failure. He thought the operation of nephrorrhaphy in many cases effectual in making a permanent cure. At first he was sceptical regarding the operation, but he got over that. He knew of no other means of relief.

Dr. LAPHORN SMITH agreed with Dr. Bell. The frequency of cases he believed to be due to improved methods in diagnosis. Formerly they were called hysteria. Dr. Smith wished Dr. Eccles would show his ingenious method of retaining displaced kidney in such cases as are not bad enough for operation. He was reminded of the principal causation of the trouble, when he heard a young man remark to his friend, after a tight-laced young lady passed by them: "I wonder where she puts her thirty yards of intestines." He (the speaker) had not seen any cases of men with this affection. He considered the ounce of prevention to be a modification of the corset.

Dr. ECCLES closed the discussion.

Dr. H. S. BIRKETT, of Montreal, read a paper describing a "Case of Sub-cordal Spindle-celled Sarcoma and its Successful Removal by Thyrotomy." The Doctor outlined a history of the case. The principal symptoms were marked by dyspnoea, hoarseness until almost complete aphonia occurred; in the later stage, almost complete suffocation when in the prone position. Patient was thin and anæmic, was pregnant, was compelled to sit upright with mouth open. On examination, the laryngoscope showed a large sub-glottic tumor nearly filling the lumen of the larynx, dusky red in

color; vocal cords free. Tracheotomy was performed, low down; a tube made breathing easy. Labor was induced; tumor, strange to say, decreased in size. In three weeks tumor was removed by thyrotomy. Incision was made between the alæ down to upper border of cricoid. On separating, tumor was well exposed; was attached to right alæ of thyroid just below vocal cord. After removal, site was cauterized with chromic acid. Three deep silk-worm gut sutures closed deeper structures, and superficial ones the wound externally. Microscopical examination revealed it to be a spindle-celled sarcoma. The condition was unique. The operation of thyrotomy was practically devoid of danger in itself; its result depended much upon what it was done for. As to its employment in tuberculosis, opinion was divided. The Doctor closed by detailing at length why he adopted the method he did rather than removing the growth *per vias naturales*.

Dr. OSBORNE, of Hamilton, commented on the decrease in the size of the tumor after delivery. He supposed it was on account of some reflex condition between the uterus and the tumor.

Dr. BIRKETT explained that the whole arterial system was in a state of great tension during pregnancy; after delivery this would lessen much, and hence there might be a lessening in the size of the tumor due to the fact.

A splendid banquet was given to the visitors by the local members of the profession at the Tecumseh House, beginning after nine o'clock. About 200 sat down. Dr. Hodge presided, and introduced the toast list. "The Queen" was honored with the National Anthem. Dr. Hingston of Montreal, and Dr. Praeger of British Columbia, responded for "The Dominion" in witty speeches. Dr. Harrison of Selkirk spoke on behalf of the Ontario Medical Association. The Chairman in toasting "Our Guests" warmly welcomed the visitors. He regretted that the meeting was at the same time as the Western Fair, as it had interfered with arrangements. Dr. Sheard, the President, replied warmly. Drs. Caniff, of Toronto, and Birkett, of Montreal, also spoke to the toast. Mr. C. W. Davis sang, and the "Ladies" were proposed by Dr. J. S. Niven, vice-chairman, and championed by Drs. Thornburn and Anglin.

#### THURSDAY MORNING.

Dr. HOLMES, of Chatham, read a paper, which consisted of a report of two cases of laparotomy for unusual conditions. The first gave a history of miscarriage preceded by hemorrhage, and this was followed by pain in the left iliac region, where a swelling was discovered like an orange in size and shape, two

inches to the left of the uterus, and fluctuating. Laparotomy was performed, and an ovary containing three ounces of pus removed. The abdominal cavity was flushed, and usual dressings applied; no drainage tube. The important point in the case was that there was no disease of the tubes. This was unique as far as he was able to make out from the records.

The second case Dr. Holmes had seen after the patient had been ill ten days. Pain was present in right iliac region, where the attending physicians detected some hardness. Chills and fever, constipation, vomiting and great prostration were succeeding symptoms; also great tympanites. No tumor could be made out at this time. Exploratory incision was deemed necessary. Appendix was sound. There was no obstruction, but peristalsis was absent. The gut was stitched to the wound, with the idea of incising if bowels did not move soon. This had to be done, the patient being then almost *in extremis*. A copious evacuation of fecal matter from the fistula took place. Stimulants could then be retained, and the patient improved. But the fistula was a great annoyance. Dr. Holmes made several unsuccessful attacks to close it, but failed. Patient was then transferred to Harper's hospital, Detroit. Resection of the affected portion of bowel was made, and the ends joined by Murphy's buttons. Patient made a good recovery. The Doctor shewed the kind of button used, and gave a report of operations in which it had been successfully employed.

Dr. AHERTON agreed with Dr. Holmes that abscess of the ovary without affection of the tube was rare. In regard to peritonitis with paralysis, he found puncturing, to allow the gas to escape, a good measure,—two or three times if necessary. He had seen no trouble arise from such proceeding. This might be tried and laparotomy avoided.

Dr. HOLMES replied to this by saying that he had employed this measure, but it was in cases where the abdominal walls were thin. Where the walls were thick, as in the case reported, he considered it unwise. In fact, when the abdominal wall was opened, one of the assistants introduced a small trochar, but without relief of the symptoms.

Dr. BELL, of Montreal, then presented a paper on "Some unusual conditions met with in Hernia operations." The Doctor reported five cases, all of marked interest. The first was a case of hernia in a woman, æt. 55. There were not the symptoms of strangulation, but she suffered great pain. Temp. 102, pulse 100, bowels open. The tumor was situated in Scarpa's space in right groin, looked livid red, was indurated at the base, and fluctuating,—a pointing abscess, in fact. It was opened: a pint of foetid, sanious pus escaped. A mass of

omentum protruding was cut off. Then the interesting point in the case was noticed,—in the centre of the mass was a tubular cavity, resembling the large intestine. It was stitched into the skin wound. To the outer side of the mass the appendix was found strangulated and sloughy. This was removed and bowel returned. Patient made a good recovery.

The second case was one of congenital inguinal hernia attached to the bottom of the tunica vaginalis. The hernia was easily reducible, but would not stay so. It was so troublesome, operation was decided upon; was omental, and the peculiarity was, which accounts for the inability to retain it, a hydatidiform cyst growing from the omentum and adherent to the bottom of the sac of the tunica vaginalis testis, just long enough to allow the hernial contents to escape within the internal ring, and yet short enough to maintain constant traction upon this portion of omentum, and bring it down in spite of any truss. The protruding omentum was tied and the cysts were removed. Patient made a good recovery. This was a unique case, Dr. Bell thought.

The third was a case of congenital cæcal hernia in a child three years of age. Hernia had existed from birth, and was irreducible. Radical operation done. Through the peritoneum, the cæcum and ilium could be made out, and were found adherent to the cord. Even after splitting canal it was impossible to reduce. When peritoneum was opened and traction made on ilium, it readily slipped back. The superfluous neck of the sac was dissected away and the remainder sutured down around the cord, the conjoined tendon brought over and sutured to Poupart's ligament, and canal closed by a suture.

The next was a most interesting case where there was hernia of a tubercular ovary and tube through the inguinal canal of a female infant. It was diagnosed omental hernia,—was solid to feel, freely movable, pediculated, and gave an impulse when child cried. Was exposed but seen not to be omentum. Resembled undescended testicle, but patient was female. Was removed,—diagnosis still uncertain. Operation finished successfully. Subsequent microscopic examination revealed tubercular cystic ovary.

The final case cited was a most interesting one,—suppurative inflammation of hernial sac simulating strangulation; onset sudden (from a fall) and constitutional symptoms rapid, calling for immediate action. Cutting down, sac was found very thick and œdematous, from which, upon incision, half an ounce of sero pus escaped. It was occluded above. Another incision was made into the sac above the occlusion, and a loop of small intestine scarcely constructed slipped back into abdomen. Patient got entirely well. The Doctor inclined to think

patient had suffered from hernia before, that sac had become shut off, and that the reputed recent cause merely pressed it further down, and the manipulation for reduction had set up an inflammation, possibly through the agency of the *arnæba coli*, which went on to suppuration.

Dr. CANNIFF asked how Dr. Bell diagnosed the omental tube which was cut off from intestine.

Dr. BETHUNE detailed at length a case of strangulated hernia which was not operated on on account of stubbornness of patient. Suppuration occurred, and a fæcal fistula established, which finally closed, and patient made a good recovery.

Dr. MCFARLANE, president of the Ontario Association, and Dr. Temple, delegate from that body, were invited to seats on the platform.

Dr. BRYCE was not present to read his paper on Prophylaxis in Tuberculosis, but his paper was handed in as read. It was, the writer said, pleasurable to see so much attention directed to a disease causing a greater economical loss than any other agent except alcohol. He gave some condensed results of a study of the subject taken from the mortality returns of the Registrar General's Department of Ontario, and arranged the table so as to show the number of deaths occurring in persons of the same family. He also gave a tabular statement of the total mortality returns of Ontario Institutions for the Insane for 1892, showing the proportion of deaths from consumption among patients. He also presented a tabulated list of the various diseases, showing from the Annual Report of the Inspector of Public Health for 1892 a large proportion suffering from this disease. Five per cent. of the total inmates of our hospitals suffered from this disease. The elements in prophylaxis partook of three qualities,—individual, municipal and governmental. Individual prophylaxis depended almost wholly upon the intelligence of the infected person, his habits of life, and the extent to which he is impressed with the duty of protecting others. As to municipal, the first measures are largely those of improved local sanitation. As to governmental, it consists mainly in giving direction, financial support and legislative sanction to municipal efforts.

He said had he not been an interested and active spectator for two years of the manner in which legislation has kept in touch with public and professional opinion, he would think this visionary. He cited the numerous Acts providing for treatment of the blind, dumb, etc., and thought from the fact that there were but two limits to the class of municipal and governmental work, viz., the degree to which the public are informed regarding the need for work in this direction and the extent of municipal and governmental financial ability. This

work was not to be considered relegated to the police but to the action of intelligent, Christian men and women. The two objects to be held in view were: (1) the alleviation or cure of the tubercularized patient, and (2) to lessen the danger to the healthy public. In the higher altitudes of our Province we had suitable climatic conditions. In such places homes might be established for patients,—places where they may go and *live*. These places might be made self-sustaining, as many of the patients would be able to work. That such homes would be popular may be concluded from the success of such semi-private institutions in Germany.

The NOMINATING COMMITTEE presented their report as follows:—It first recommended that the next place of meeting be St. John, N.B.

Dr. CANNIFF did not favor going so far. Few, if any, physicians came from that section to the annual meetings in Ontario.

It was explained that St. John was tacitly promised the meeting next year, in view of London getting it this year, on account of the movement westward to the World's Fair.

Dr. PRÆGER urged the claims for British Columbia for 1895. The St. John recommendation was adopted.

The report after a few amendments resulted in the election of the following officers for the ensuing year:—

President—Dr. Harrison, Selkirk, Ont.

General Secretary—Dr. F. N. G. Starr, Toronto.

Treasurer—Dr. Small, Ottawa.

Vice-President for Ontario—Dr. F. R. Eccles, London.

Vice-President for Quebec—Dr. Stewart, Montreal.

New Brunswick—Dr. Christie, St. John.

Vice-President for Nova Scotia—Dr. Muir, Truro, N.S.

Vice-President for Manitoba—Dr. Spence, Brandon.

Vice-President for North-West Territories—Dr. Newburn, Lethbridge.

Vice-President for Prince Edward Island—Dr. Tyler, Charlottetown.

Vice-President for British Columbia—Dr. McKechnie, Nanaimo.

Provincial Secretaries elected were:—Ontario, Dr. I. Olmstead, Hamilton; Quebec, Dr. Anglin, Montréal; Nova Scotia, Dr. Keen, Cowe Bay; New Brunswick, Dr. McLaren, St. John; Prince Edward Island, Dr. Johnston, Charlottetown; British Columbia, Dr. Walker, New Westminster; Manitoba, Dr. McDiarmid, Winnipeg; North-West Territories, Dr. Calder, Medicine Hat.

It was moved and seconded that all the papers be read in the order received by the Secretary, and if the writer be not present at the time it should be read, that the paper be

placed at the bottom of the list; and, further, that it was desirable that an abstract of the paper be made and forwarded to the Secretary at least three weeks before the date of the Association. After a good deal of discussion this was carried.

#### THE ASSOCIATION VISITS THE ASYLUM.

On invitation of Dr. Bucke, of London Insane Asylum, the members of the Association went out to that institution for luncheon, being conveyed out on a special C.P.R. train. They were taken first to inspect the sewage system. The sewage is used as a fertilizer on the farming land of the institution. The luncheon was thoroughly enjoyable. Numerous toasts were drunk heartily, while the asylum orchestra, under Prof. Sippi, discoursed sweet music.

#### THURSDAY AFTERNOON.

The Association assembled in Victoria Hall at 3.30.

Dr. McPhederan addressed the Association on the subject, "The more recent methods of diagnosis and treatment of diseases of the stomach." He said that formerly it was thought that the stomach was the principal and only organ of digestion, but now it was known that the whole alimentary tract takes part in the digesting process. He said the function of the stomach was threefold, viz.: 1—To receive food, and to partly change starchy matter and albuminous food into absorbable bodies. 2—To prevent the fermentation of the food. 3—To discharge its contents partly into the blood but chiefly into the duodenum.

For the first three quarters of an hour no free hydrochloric acid was, he said, present in the stomach, as it combined with the albuminates. If present, there was hypersecretion of it, which arrested the digestion of the starches. It reached its maximum in amount in four or five hours. The gastric juice retarded the action of or destroyed more germs, specific and non-specific, than any of the other digestive ferments. The duration of normal digestion, he said, depended on the character and amount of the food, also on the age of the patient. The symptoms of stomach disorders were multiple and various. Until the last decade our knowledge of gastric disorders depended on experiments and symptoms, accidents, etc.

Now we owe much of our knowledge to the stomach tube. This, he said, should be soft. The patient not only readily became accustomed to it, but even often would request its use. An approximate knowledge of the stomach's contents would in most cases be all that was requisite for the physician in active practice. A test breakfast should be given, consisting of a round of toast or a dry roll, with a cup of water or of weak tea or coffee, without sugar or milk. This should be withdrawn from the

stomach after one hour's digestion. The acidity of a normal stomach, he said, should be due to lactic acid for the first thirty or forty minutes, after this time to free hydrochloric acids. These acids were discovered by Ufflemann's and Cunzberg's tests respectively, which the Doctor described. It had been taught that absence of hydrochloric acid indicated carcinoma. This was not so. It might be absent in either conditions, and present even excessively in this. However, it could be said that its persistent presence formed strong evidence in favor of cancer. The tube was useful in discriminating between gastric catarrh and carcinoma. The washing out would be followed by improvement in cases of the first, but not much in the second. Its principal use, however, was in dyspepsia, in determining the acidity of the contents. On this our treatment could be based. The lavage stimulated the gastric gland secretion and stimulated the muscular walls to renewed activity. Proper diet and general treatment would suffice to cure many cases. This treatment was particularly useful in alcoholics, also in infantile digestive disturbances. Constipation was relieved by its use, also the gastric neurosis, reflex vomiting of pregnancy, the patient being fed through the tube. This subject was one of immense importance on account of the immense frequency of disease of the stomach, 4 to 6 of all the ailments medical men were called on to treat being caused by derangements of this organ.

Drs. Ferguson, Wesley Mills, Gardner and Praeger discussed the paper.

The meeting then divided into sections, Dr. I. H. Cameron presiding over the surgical side while Dr. Moorhouse presided over the medical.

### SURGICAL SECTION.

Dr. Primrose presented a paper,—subject "A Large Sarcomatous Growth in the Neck, with Secondary Deposit in the Lung." It was found in a boy four years of age, a patient in Victoria Hospital, Toronto, under Dr. Cameron. It extended on the right side of the neck from the median line in front to a point near the vertebral spine, and from the lobule of the ear to the clavicle. Was noticed two years and three months before, corresponding to the region of the right lobe of the thyroid gland. Caused little pain. Was somewhat lobulated, with prominent veins coursing over its surface. Fluctuation distinct. Measurement on tumor side of neck horizontally  $13\frac{1}{2}$  in. Left side 6 in. From lobule of ear on right side (over tumor) to outer extremity of the clavicle 7 in., on left side  $2\frac{1}{2}$  in. Left pupil twice size of right. Some dysphagia. Child died in July. The tumor was found in the post mortem to possess several processes, but it had not infiltrated or eroded the surrounding tissues,—a point to be considered in the diagnosis. There were secondary deposits in the

lungs. The anatomical relations of the various structure adjacent were much altered. The large vessels on the tumor side were entirely obliterated. Those on the left side were enlarged. The processes spoken of were in the direction of least resistance. The muscular structures in the neighborhood were atrophied.

In the upper part of the tumor there was a predominance of fibrous tissue, and septa of this tissue divided it off into lobules of spongy tissue. A peculiar condition was found in the spinal canal, the chord being surrounded below the dura mater by a mass of tissue resembling in gross appearance the tumor growth, but was not the same. It contained connective tissue corpuscles and nerve cells and fibres. Its nature Dr. Primrose had not made out. The tumor itself was examined microscopically, and proved to be sarcomatous. The beauty of Dr. Primrose's paper was that he had frozen transverse sections through the child, which exemplified in a most splendid way his paper. The sections were much admired by the Association. Photographs of the same were also presented for inspection.

Dr. PRAEGER spoke in high terms of the paper and the sections.

Dr. R. FERGUSON of London then gave a report, and presented a recent successful case of cholecystotomy. The symptoms of gall-stones in this case were for a long time obscure, the pain being referred to the epigastrium, no pruritus, faeces lacking the characteristic color, and the absence of jaundice. Pulse and temperature remained normal. She had many attacks of pain, which were relieved by hot appliances and morphia. These paroxysms did not appear or disappear suddenly. Gastric ulcer, gastritis and intestinal colic were excluded. Gastralgia was probable. Stomachic treatment gave no relief. The ordinary treatment for gall-stones afforded no relief. But finally some of the typical symptoms of gall-stones began to show themselves. Patient was transferred to the hospital with a view to operation. But after lying quietly for two or three weeks, she improved so much that she went home, operation being postponed, but she soon became worse. On one occasion she had felt after a severe paroxysm of pain a dropping of something in the region where the pain existed. Operation was gone on with. Eighty gall-stones removed, the edges of incision of the gall-bladder being sutured to the edges of the wound. A cough retarded the process of healing. Repair did not take place well. Suppuration set in. Parotitis in left gland set in, also localized peritonitis. Attacks of pain returned. Dr. Ferguson then tried to insert a catheter through into the bile duct, which he thought he accomplished. The side of the catheter appeared to grate on some hard substance, but improvement took place, and patient returned

home in ten and one-half weeks after the operation. But in four weeks the symptoms re-appeared—pain very severe. Chloroform had to be administered constantly, as morphia seemed insufficient. She inhaled thirty-six ounces. Another operation was decided on. The incision was extended downwards  $1\frac{1}{2}$  inches lower, allowing exploration with the finger in the region of the bladder. A body  $2\frac{1}{2}$  inches long,  $\frac{3}{8}$  in. thick, was scooped out of the gall bladder. Its structure had not been determined. The opening in gall-bladder was secured by a purse-string suture, and a drainage tube inserted into bladder. Patient made, although very nearly collapsed at the close of this operation, a good recovery. The pain in the second instance the Doctor thought might have been due to the presence of the mucous cast (if such it was), which might have been forced out of the bile ducts into the bladder. The Doctor's paper was valued highly. The patient was present, and the seat of operation exposed for inspection. A small biliary fistula was still to be seen, but in other ways the patient seemed perfectly well.

Dr. CAMERON, Chairman of the section, asked why cholecystectomy might not be done in such cases rather than cholecystotomy.

Dr. PRAEGER had had a case where the pain was referred to the epigastric region. The Doctor then outlined the case. It proved to be much like Dr. Ferguson's, only that the stones were in the duct instead of in the bladder, and adherent to each other. In closing, the edges of the bladder were stitched to the sides of the wound. He was of the opinion that cholecystectomy should be preferred to cholecystotomy.

Dr. MECK had seen and helped with Dr. Ferguson's case, and agreed with him as to the causation of the recurrence of pain after the first operation. Dr. Meek cited another case in which the peculiarity was the immense dilatation of the bladder, one they had recently operated successfully upon. He was surprised to hear that Dr. Tait had adopted cholecystectomy instead of cholecystotomy.

Dr. PRAEGER told of a similar case he had to that of Dr. Meek: the bladder contained one and a half pints of bile and some forty stones.

Dr. SMITH, of Fingal, then reported on Dr. Meek's last case, which was under his care. Patient was doing well. A point he dwelt on was that the temperature at the time of operating was  $105^{\circ}$ . In three hours it was normal, and had remained so.

Dr. CAMERON then spoke of the propriety of removing the gall bladder. In cases especially where there was great distension and the presence of a number of stones, that operation was preferable. There would thus be less danger to the peritoneum after the operation: the persistence of a biliary fistula is done away with. The bile, instead of escaping externally, should

take its natural course, and thus carry out its digestive function in the intestines. Dr. Cameron spoke of the administration of very large doses of glycerine, 2 or 3 ounces each hour of the paroxysm, for the relief of cases of gall stones. He supposed it acted by its hydrogogue effects,—dehydrating, and thus relieving the swollen mucous membrane. He had seen satisfactory results from its use.

Dr. FERGUSON said he had tried equal parts of glycerine and succinate of iron (about half an ounce of glycerine) four times a day.

#### MEDICAL SECTION.

"Some of the Uses of Sulphurous Acid" was the subject of a paper read by Dr. Arnott, of London. He began by saying that he had in his experience profited most by learning new applications of old remedies. Sulphurous acid was an old remedy. Homer spoke of its use in fumigation. The Doctor spoke of its application in typhoid fever. It was particularly useful in that class (for he held typhoid had different causes) of typhoid due to "rapid multiplication of bacteria in the blood." The remedy should be freshly prepared, and administered early in the disease. He would give from  $\frac{1}{2}$  dram to a dram every two hours, or even more, if the patient could stand it. With it he had not lost 1 p.c. of his cases, and his patients, he said, were never given alcohol. To his mind it was the remedy in typhoid. In early phthisis it was useful. It did not hurt the stomach. He had almost discarded the use of cod liver oil. It had been noted that consumptives who labored in sulphuric acid works improved in health.

Dr. HODGE presented three cases of Friedreich's ataxia in one family, two sisters and a brother. Father had eczema of legs so badly that he was obliged to use crutches, also had leucoderma of hands. A paternal uncle suffered from hemeralopia. These were the only neurotic points in the family history. The first, M.W., æt. 41, had a history of falling down stairs, having since then a weakness in the legs. Got worse since she was ten years of age. Now patient could not walk without support. Staggers while standing even with eyes open. Left alone, falls forward. Gait like one drunk. Leg muscles suffer only atrophy of disuse. Legs sensible to pain, touch and temperature variation. Has pain now and then in right hip. Plantar reflexes normal; patellar increased. Feet in condition of talipes varus. Marked curvature of spine. Upper extremity normal. Pupils act normal. When she fixes to either side, there is marked horizontal nystagmus. Face not symmetrical,—mouth drawn to left side. Tongue on protrusion turned to right, and exhibits fibrillar twitching. All senses normal. The second, Sarah, æt. 37, has suffered since she was 13, but nothing wrong with the gait till

six years ago, at which time she received a hurt in the knee. Now she cannot walk without a cane. She would fall forward if unsupported. In most respects she resembles her sister. Her speech is slow and not very plain.

The brother, aged 36. Feet began to deform at 15. When eyes were closed he would fall backwards. Gait wide legged, zig-zag and somewhat stamping. Lying down he can do all the ordinary movements of the legs. In prominent symptoms, much like sisters. Right hand is claw-shaped. Atrophy of muscles of hands. Left hand somewhat affected too. Curvature of spine. Suffers with excessive sweating.

Drs. Meyers, Macallum, Mills, Arnott and Moorhouse took part in the discussion, Dr. Hodge replying.

Dr. McKEOUGH then followed by reading a paper on puerperal eclampsia. In all cases the urine should be examined,—more especially in primipara, who make up  $\frac{7}{8}$  of the cases. Albuminuria, however, is not always followed by eclampsia. The prophylactic treatment should be directed to diet and the use of eliminatives. Mild diet—milk being best—should be recommended. Salines should be given to keep the bowels free; while for the skin, nothing was so good as the daily hot bath for 20 minutes, the temperature on immersion 99, and gradually raised to 112. Ice might be applied to head, and large quantities of water should be freely given the patient. If after this treatment the albuminuria is still present, labor should be induced. The process the reader of the paper then described. If any nervous symptoms showed themselves, chloroform should be administered. One should always keep in mind in treating such cases three points in the etiology,—heightened vascular and nervous tension, the presence of some poison probably from the kidneys in the system, and the presence of the fetus in utero. If eclampsia comes on in spite of all previous treatment, the steps should be: 1st, sedative; 2nd, eliminative; and 3rd, induction of labor. The Doctor referred to venesection. In certain plethoric cases it might prove useful. But in trying it as a last resort in two of his own cases it did not save them. In 50 cases in which it was performed, 30 p.c. died. Immediately after in 34 cases where it was not used, 20½ p.c. died.

#### THURSDAY EVENING.

The report of the Committee, *re* Interprovincial Registration, was presented by Dr. Praeger, in the absence of Dr. J. E. White, Chairman of the Committee. It proposed that a Dominion Medical Council be formed, "to take general surveillance of the medical curriculum, and of all matters affecting the general public and profession of the whole

Dominion," formed either by representatives (one each) from the members of the various provincial Medical Councils, or elected by the Medical population of Canada, irrespective of provincial lines; or on the "line of the British Medical Council." Its duties should be the equalization of the Medical curriculum to a just and high standard; to secure interprovincial reciprocity; to have the power to withhold or take away a Dominion license from a provincial graduate for just cause; to approve all provincial examination papers before they are presented to candidates. There should only be one examination for the Provincial and Dominion licenses, and an extra fee for the latter. If it followed the British Medical Council in its formation, the B. M. C. regulations should be operative as applicable to the Dominion. All men now on Provincial registers to be entitled to Dominion registration within one year of the formation of the first Dominion Medical Council, on payment of \$10. All practitioners outside of Canada and Great Britain would be allowed a Dominion license upon passing the prescribed examination. All those on the British register would be entitled to registration upon payment of \$25, as soon as Great Britain extended the same privilege to Canada. The Committee further recommended that the Association through a Committee should present these views to the Provincial councils, and by concerted action with them to apply at the next session of legislature for such permissive legislation as would be required to establish the powers and duties of the Dominion Medical Council. If any provincial Council refused to accede to the demands of the general profession for these objects, that this Association should instruct their delegates to go to the Legislature of such Province and secure the required concession.

Dr. PRAEGER moved its reception.

Dr. A. B. MACALLUM thought there were many difficulties in the way of bringing about the result desired for in the report. The formation of a Dominion Council as was recommended in the report would have to conflict with the various Provincial Legislatures which had under their control the subject of medical education. Such a Council would be inert. One of the difficulties was, that the graduates of Universities in Quebec were granted licenses to practice, while this was not the case in Ontario. If such outside Universities were granted such extended privileges, the Ontario, Manitoba, and institutions of the other Provinces would be clamoring for their rights. Then, too, the courses of study in medicine in the various universities were much different. In Quebec, for instance, subjects were taken up which were regarded as foreign to medical education. Some of their universities demand-

ed of the students a knowledge of Catholic history, metaphysics, etc., much to the dissatisfaction of the English minority. Dr. Macallum would strongly support a Dominion Council, but one with powers considerably different from those outlined in the presented report. A British Medical Council would answer our conditions far better than such a Dominion Council as proposed. He suggested that representatives of all the various councils and Universities of the Dominion and Britain form a Council, and that they, after debate, recommend, after proper legislation, that the standard shall be raised in this or that subject of every Province. Then it would be easy to have the desired reciprocity. The report presented was a most ill-digested one.

It was moved by Dr. CAMERON and seconded by Dr. MACALLUM, that the report be tabled. This was carried.

Dr. WESLEY MILLS, of Montreal, then took up the subject,—"Peculiar Forms of Sleep or Allied Conditions." He gave a report of his observations of the arcomysmonas (woodchuck) during a period of five years, and more particularly during its season of hibernation. With the phenomena presented, he compared strikingly similar phenomena in two or three cases in human individuals. Some of the points were the periodicity of the attacks of stupor, abstinence of food and consequent emaciation, great slowing of respiration and circulation, the partial cessation of stupor to attend to urination and defecation, the tendency to increase reflex action. The Professor's account of the lethargic condition in man was listened to with exceeding interest, the cases, some of them being authentic, having come under his own observation. The Professor, as an evolutionist, contended that these tendencies were analogous to those in the lower animals, and inherited, so to speak, from them. Although Dr. Mills takes this advanced view, he says he is inclined less than ever to pooh-pooh what is said regarding trances and other similar popular notions.

Dr. A. B. MACALLUM, of Toronto, while admiring Dr. Mills' able paper very greatly, took some exception to his views. He contended that pathological conditions in the subjects whose cases were cited caused the lethargy; no such change in the brains of the lower animal, so far as he knew, took place. The subject, however, was one of extreme interest in connection with medical psychology,—question of the relationship of periods of lengthened sleep to mental disease. Dr. Mills would be prepared, he said, to believe in the Rip Van Winkle legend.

Dr. CAMERON regretted that Dr. Mills had been obliged to omit the latter part of his paper, which dealt with the real nature of the

hibernating and allied conditions. It would have been interesting to have heard a comparison between such various conditions as sleep, ordinary coma, the somnolent form of status epilepticus, etc. Regarding the pigmentary and fatty changes, Dr. Mills spoke of all which were familiar. Dr. Cameron inclined to think it was a question of pathological chemistry rather than a gross pathological change.

Dr. H. A. MACALLUM gave Dr. Bucke's tide-theory that sleep was influenced by or in the same manner as the tides. The child's sleep corresponded to the two periods of rest between tides. In reply, Dr. Mills said that changes had been found in the brain cells of hibernating animals. He believed the object of the condition was for preservation of life. In winter, when it was difficult to get food, the woodchuck did with little or none. On account of his peculiar condition, inherited, no doubt, from his sluggish ancestors of ages ago, "sleepy Jo" (one of the cases reported) found it agreeable to his constitution and economical to spend that portion of time, when sustenance was difficult to obtain and weather inclement, in the lethargic state. Regarding the Rip Van Winkle story, he (Dr. Mills) thought it was like Shakespeare, a case in which the genius anticipated the science.

Dr. J. C. MEYERS, of Toronto, then read a paper on Multiple Neuritis. He gave a brief history. Family history negative. Had for eleven years a suppurating knee: began from an injury. Always used to work. Two years ago had an attack of paralysis from exposure to cold; recovery in ten weeks. Present illness began in July last. Noticed first, stiffness in right foot, which soon attacked the left, then went to the hand. The stiffness changed to paralysis, legs and forearms becoming involved. Took to bed. No pain or abnormal sensations. Complete paralysis of the flexors of the ankles and extensors of the toes. Posterior tibial muscles weak. All forearm muscles affected, extensors most. Slight wasting of the affected muscles, particularly those of the thenar eminences of the hand. Marked hyperalgesia over the body. Tactile and temperature sense were exaggerated. Knee and elbow jerks lost, also skin reflexes. No paralysis of the ocular muscles. Discs normal. Health in other particulars good. Galvanic current shows A.C.C. is equal to K.C.C. From August 15th patient began to improve, and is continuing to do so. Power gradually returned, muscular nutrition increasing, and ability to walk returning, the walk being that of a "stepper." Myelitis was suggested as the diagnosis; this Dr. Meyers negated by the distribution of the paralysis, integrity of the muscles, and absence of bladder and rectum symptoms. He diagnosed it multiple neuritis, with a favorable prognosis.



Treatment: salicylate of soda and warm baths; after a few days, strychnine and other tonics, with massage and electricity, were given. The reader of the paper then gave a minute description of the pathological changes which take place in this disease,—the parenchyma being almost alone affected. The nerves most often affected were the anterior tibial and musculo-spiral. It was caused, it seemed, from a morbid state of the blood: this poison had a special affinity for nerve tissue. Modern pathology had enabled us to see that this was a separate disease from those with which it used often to be confounded, in which the lesions occurred in the central nervous system. Dr. Meyers pointed out the various differences between such diseases and multiple neuritis, both as regards pathology and symptomatology.

"Ophthalmic Memoranda" was the subject of Dr. A. REEVE'S paper. He referred to the progress that had been made in ophthalmology since the introduction of such instruments as the ophthalmoscope; also in the treatment of such affections as trachoma, lymphonata, astigmatism, stricture of the lachrymal duct, etc. The speaker outlined the present treatment for such affections, and methods of employing surgical therapeutics where necessary. He discussed at some length the subject of sympathetic ophthalmia.

Dr. OSBORNE, in discussing the paper, spoke of the necessity of treating the nasal catarrh which was found in many cases of lachrymal duct affections. He also spoke of the great value of the ophthalmometer in astigmatism.

Dr. REEVE replied.

Dr. HARRISON, the president-elect, was then voted into the Chair. Votes of thanks were heartily given to the retiring president, the medical profession of London, and the railroads.

Dr. ANGLIN moved that the usual honorarium be given to the Secretary,—Carried.

Mr. J. H. Chapman, of Montreal, had an extensive and beautiful array of all kinds of surgical instruments on the platform, which were much admired between sessions by the members of the Association.

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## Progress of Surgery.

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### THE ROLE OF THE POSTERIOR URETHRA IN CHRONIC URETHRITIS.

In a paper read by Dr. Bransford Lewis, of St. Louis, before the June meeting of the American Association of Genito-Urinary Surgeons (*Medical Record*, June 29, 1893), the author presents some very radical and unorthodox

views on the frequency of posterior urethritis and its influence in the production of chronic gonorrhœas.

The various causes commonly accepted as sufficing to explain persistence in gonorrhœa were reviewed, and their potency as such was denied, seriatim. Two cases were reported showing that the presence or absence of the gonococcus, alone, could not form a reliable criterion as to prognosis: Case I. (primary) with abundant gonococci—containing discharge, lasted six weeks; while Case II. (secondary), also giving abundant gonococci—containing discharge, lasted only one week. The influence of anatomical abnormalities was restricted to only a small minority of the exceedingly numerous cases of chronic gonorrhœa, and did not explain the great number that occurred. The several varieties of urethritis, such as "granular urethritis," "catarrhal urethritis," "hypertrophic urethritis," etc., were only pathological incidents, not causes, of chronic gonorrhœa; and even on discriminating between these several varieties, the question still obtruded itself: What was it that had produced that particular variety?

Again, urethral therapists, with ardently-advocated new remedies, supposedly specifics, had all in turn failed in their endeavors to abolish prolonged claps. So that it must be acknowledged that the various factors to which chronic urethritis was usually attributed, while relatively important in a contributory way, did not cover the ground in actual clinical experience; and something else must be found to bear the onus of being a prolific source of chronic gonorrhœa.

While aware that infection of the posterior urethra was almost universally recognized, by advanced practitioners of the present day, as a complication of gonorrhœa that was difficult to cure when it did occur, that interfered with the usual course of treatment employed, and required special measures for its relief, etc., he did not believe that the full importance of posterior inflammation was generally conceived, that its frequency was even approximately estimated in general, or that its bearing on almost every case of gonorrhœa was understood, recognized or acknowledged.

In Dr. Lewis' opinion, the posterior infection should not be looked upon as a complication, but as a natural feature, occurring with such un-failing regularity, that an observer, watching carefully and critically gonorrhœal cases, must see a great many of them before he would meet with a single one that remained free from the so-called complication throughout the disease. This conclusion, to which clinical investigation had led him, was supported, in recent writings, by the following statistics of authors who had been pursuing a similar study of late years:

Lesser asserted that of fifty-three cases of primary gonorrhœa under his care, the posterior urethra escaped infection in only four cases, making the frequency of posterior urethritis 93.5 per cent. Jadassohn found posterior urethritis in 143 of 163 cases, making 87.7 per cent.; Rona found it in 79.7 per cent of his cases; and Eraud found it in 80 per cent. of all his cases.

In endeavoring to harmonize this undoubted fact of frequency of posterior urethritis with the reason for its frequency, the author disregarded, as inapplicable, explanations usually given. Sexual intercourse, the "forced" injection, the passage of instruments, etc., during an active gonorrhœa, were chiefly complained of by writers on the subject—extremely seldom by the patients themselves. Bearing on this point, the time and mode of onset of the posterior inflammation was of importance. Instead of the inflammation progressing slowly and gradually backwards over the urethral mucous membrane and reaching the posterior urethra in the second or third week, as was commonly taught, it reached the posterior urethra, in most cases, in the first (active) week of the disease. This rather favored the supposition of Horteloup that the mode of infection was through the lymphatics rather than by continuity over the mucous surface.

The author, therefore, felt justified in submitting the following conclusions:

1. The causes usually given for the prolongation of cases of clap (presence or absence of gonococci, stricture of large calibre, the use of particular drugs in treatment, etc.) do not satisfactorily explain them, nor do they furnish reliable means for prognosticating the outcome of a case.

2. A single widely prevalent cause for such prolongation of gonorrhœa has, as yet, not proved its right to recognition as such.

3. Posterior urethritis, by reason of its anatomical seclusion and inaccessibility to ordinarily-prescribed treatment, if frequent, offers the best explanation for such prolongation or repeated recurrence.

4. Scrutinizing clinical investigation shows posterior urethritis to be present in the great majority of cases of prolonged or severe gonorrhœa.

5. Direct, topical treatment to the posterior urethra is, therefore, necessary in the great majority of cases.

6. The causes usually given for producing posterior urethritis are not commonly found to be real factors in the clinic.

7. The mode of onset usually described does not coincide with that discerned in clinical observations.

8. These two latter observations confirm the probability that the posterior urethral infection

is accomplished through the lymphatics, and explain the frequency of such infection.

9. Posterior urethritis is not a complication, but a natural phenomenon of gonorrhœa.

## ANAL DILATATION.

The editor of the *Eclectic Medical Journal* is a gentleman of pronounced opinions, as the following editorial from his journal will attest:

We have noticed for some time that "anal stretching" was becoming a feature of the new surgery, and that "anal dilators" were becoming instruments to which men were attaching their names as inventors, and attributing wonderful results as "stimulators of the capillary circulation" and the sympathetic.

But this thing goes by leaps and bounds; it does not walk and feel its way as does ordinary medicine. A recent case of anal dilatation in Cook County Hospital will illustrate:

"An operation was to be performed on a woman, and a number of physicians were invited to witness the surgical skill. The patient was being put under the anæsthetic,—indeed, was put under it too far, and 'let go.' At once all was excitement, and efforts were made in sundry directions toward resuscitation. They seemed of no avail, and the woman was dying or dead. One of the visitors who had just attended his course on 'official surgery' with Dr. Pratt was very much interested, and asked: 'Have you heard of "anal dilatation" in such cases?' They had not. 'May I be permitted to take charge?' He was permitted, and rushed forward, inserted both thumbs in her anus, and with herculean strength divulsed the sphincter. She gasped, she breathed, a rosy hue flushed her cheeks and lips; she was saved."

I may not have given the story in the flowery language of our homœopathic exchange, but I have given the facts as reported. If Cook County denies it, then I shall believe that Cook County wants to cover up their want of skill in the use of anæsthetics, or their lapse from virtue in allowing a believer in "official" to save a human life.

You can see how it is yourself. If one had a straight ticket for the other world, and suddenly someone should thrust both thumbs in his anus, and rend it, he would come back to see what was the matter. It stands to reason, and does not require an argument, especially if the person should be a woman.

Divulsion of the sphincter is a good thing in some cases, as removal of causes of irritation of the orifices of the body is a good thing. But it does not want to be vaunted too much. As I read it, a line from Shakespeare is brought forcibly to mind: "Methinks this woman doth protest too much."

## BREAD AND DYSPEPSIA.

The conclusion that wheat bread is unfit for dyspeptics, sometimes jumped at because ill effects are noticed to follow its use, is erroneous. On the contrary it has been pointed out by Bouchard and others, that farinaceous food is peculiarly adapted to some dyspeptic patients. It is the microbes in the starch, which are capable of producing irritating acid that cause the trouble. To avoid this, Bouchard recommends that only the crust or toasted crumb of the bread be used by dyspeptics, particularly those whose stomachs are dilated. The reason of this is explained by the fact that baking temporarily, though not permanently, arrests the fermentation of dough. When it is again heated by the warmth of the stomach the fermentation is renewed. In cases where the bread is toasted brown through, the fermentation is stopped permanently.—*Food.*

## ICHTHYOL IN GONORRHOEA.

Jadasson speaks highly of ichthyol for gonorrhoea in women as well as in men. In 37 cases occurring in females the results of treatment were excellent. He found that in the male, uncomplicated specific urethritis was the form of gonorrhoea most favorably influenced by this treatment, so he employed ichthyol for gonorrhoeal urethritis in women, and as the results were good, he then applied the same substance to the cervix for gonorrhoeal cervical catarrh. It seems quite safe, when used in the early acute stage. Ichthyol can readily be applied to the cervix, and also later on in these cases to the endometrium with an ordinary Playfair's probe, covered with wool, a 10 per cent ointment is sufficient. The probe may also be used for the urethra, a weaker preparation of one to ten per cent is needed. It may be injected, and in some cases the urethra should be packed with gauze dipped in ichthyol and introduced through the urethral speculum.

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**Progress of Gynaecology.**


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## A SENSIBLE AND TIMELY CAUTION.

We have, on several occasions, given editorial expression to our own decided views as to the impropriety of intra-uterine invasion by inexperienced and unskilled specialists, and have called attention to the irreparable mischief that must inevitably ensue. We know that in such comments we have been supported by the best men in the profession, among whom are many able and careful gynaecologists. We quote, therefore, with pleasure, the sensible views

expressed in a recent article bearing upon this subject, from the pen of one whose practical views are well worthy of general diffusion. He writes as follows:—

After a three years' service in the Gynaecological Department of the Jefferson Hospital, and after witnessing what we have at the operating-table, in connection with the sad experience that attended our work in several instances with the electrode, we consider that the difficulties and uncertainties besetting gynaecological diagnosis are a bar, to a very large extent, to all forms of intra-uterine treatment. If, as pointed out, pathological conditions of such gross character are so difficult of proper recognition, how much more difficult is it, in the vast majority of cases, to diagnose a catarrhal, or even a suppurative, salpingitis, where the presence of fluid material in the tube is limited to a few drops of pus or muco-pus, giving rise, in many instances, to but little, if any, distress, yet possessing all the latent properties of intense energy if its smouldering embers are but stirred into activity, as they often have been, by an irritant intra uterine application! Of all the specialties in medicine, none is entitled to a better trained hand and the exercise of a maturer judgment than that of gynaecology. In the present state of our knowledge of pelvic disease, and with the facilities at hand to acquire legitimate diagnostic and operative skill, no man has a right to do anything above the vaginal vault, gynaecologically, especially in our large cities, save when the exigencies of a given case or the circumstances surrounding the same demand it, unless he has first served a well-appointed apprenticeship with some experienced operator. Scores of women are unnecessarily mutilated, and many lives sacrificed; by men of insufficient experience, who have nothing more to guide them in their eagerness to do an abdominal section, or make an intra-uterine application of electricity, than a "pain in the side" or a discharge from the cavity of the uterus.—*Coll. and Clin. Record.*

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**DANGER OF OVARIAN CYSTS IN PREGNANCY.**


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Potherat (*France Méd.*, March 25th, 1892) attended in October, 1891, a patient, aged 34, who had been delivered twenty days previously. Two years before, a surgeon had discovered an ovarian cyst, and advised her not to submit to any operation. Labor was natural; but, a few days after delivery, fever, rigors and vomiting set in. A cystic tumor was discovered, and Potherat operated. The cyst was adherent to intestine, omentum, the parietes, and the pelvic peritoneum. The breaking down of adhesions was very difficult. The ovarian fluid was full of blood. The pedicle was twisted.

The peritoneal cavity was washed out and drained. On the third day the temperature rose; this was due to the development of an abscess in the posterior part of the right thigh. The abscess was freely laid open and the patient at once began to recover. She was soon restored to excellent health. For a long time she had been sickly, with a sallow complexion and a rough tongue. This case shows the importance of early ovariectomy, and also indicates that pregnancy and labor exercise a bad influence on an ovarian cyst. In this case there was acute torsion, and in other instances, where torsion had not occurred, acute inflammation of the cyst had been set up in childbed. —*Brit. Med. Journal.*

### Progress of Obstetrics.

#### ANTE AND POST PARTUM DOUCHES.

In a discussion of this subject before the Philadelphia County Medical Society, *Times and Register*, Dr. Joseph Price said:

During the last six years I have kept a record of the number of puerperal deaths occurring in my consulting practice. I have seen over one hundred such cases. I cannot sufficiently emphasize my position in this matter, for I see too many women dying to hesitate to express myself freely. I have been interested in some eight thousand cases of labor, and I have had nearly thirteen hundred lying-in patients at the Preston Retreat, without a death from *any cause*. The practice at the Retreat has been that of the greatest cleanliness possible to obtain, from the admission to the discharge of the patient. I always regard a woman after labor as a wounded patient, and treat her as such. Sometimes the wounds are deep and severe, and without proper antiseptic precautions many of these women would die after childbirth. When I find a woman after labor dying with high temperature, I generally find a severe lesion of the perineum, vagina or cervix.

I agree with what has been said in regard to the importance of the ante-partum and the post-partum douche. I look upon creolin as absolutely worthless, and carbolic acid as quite as useless. I value the ante-partum douche quite as much for the saving of the infant's eyes as for saving the life of the mother. I firmly believe that if every woman delivered in this State in the next ten years had an ante-partum mercurial douche carefully administered, the number of blind asylums would be reduced from five to one. In the thirteen hundred women admitted to the Retreat there were three ophthalmias. One was delivered in the gutter, another in the hallway and the third in the bath-room, all before

a bath or a douche. These were the only three ophthalmias born within the institution. There have not been any other cases in the Retreat for two years. I employ as the solution corrosive sublimate 1:2000.

### Progress of Therapeutics.

#### CLASS-ROOM NOTES.

Prof. Hare recommends the following prescription in cases of *Infantile Colic*:—

R. Sodii bromidi, gr. xlvij-xcvj  
Chloral, gr. xxiv-gr. xlvij  
Syrup. lactucarii, q. s. ad f ʒ iij.

SIG.—Teaspoonful to be given on retiring.  
M.

A very common condition in the later stages of *phthisis*, Prof. Wilson says, is ulceration of the larynx, which condition has often been mistaken for syphilitic patches. They can be readily diagnosed correctly by remembering the fact that syphilitic ulcers are almost painless and respond very readily to syphilitic treatment, while the others are very painful and do not respond to treatment.

Prof. Graham is of the opinion that the *Prognosis of Hereditary Syphilis* in children will depend to a great extent on the length of time that elapses between the birth and the appearance of the eruption. The sooner the eruption appears after birth, the better will the prognosis be.

Prof. Keen gives the following formula for *Morton's Fluid*: useful where absorption is required:—

R. Iodini, gr. x  
Potassi iodidi, gr. xxx  
Glycerini, fʒ j M.

SIG.—Use locally.

If a *Saline* is administered on account of its purging properties, Prof. Hare recommends that it be administered in as concentrated a form as possible; for it is due to its being alkaline to a greater degree than the juices in the tissues of the intestines that a saline possesses the power to withdraw the fluid from these tissues.

Prof. Hare advised the following treatment in a case of *Aortic Obstruction*: Ten drops of the tincture of digitalis every eight hours, and ten drops of the tincture of the chloride of iron, and if no good results be obtained from this treatment, then supplement the digitalis by five drops of the tincture of strophanthus every six hours.

Prof. Graham ordered the following as a *Dusting Powder for Syphilitic Eruptions* on a child:—

R. Acid boracic, ʒij  
Hydrarg. chlorid. mitis., ʒij  
Lycopodii, ʒvj M.

SIG.—Dust on the parts affected night and morning.

Prof. Hare gives the following prescription as useful in the *Sub-acute Stages of Bronchitis* :—

R. Vini ipecac f̄j  
Tinct. scillæ f̄j ij  
Syrup toltan., f̄j v  
Aquæ destillat., f̄j j M.

SIG.—Teaspoonful every three hours.

### THERAPEUTIC BRIEFS.

—LOCAL ANÆSTHESIA may be readily produced in about a minute by a spray of menthol, p. j. ; chloroform, p. x. ; ether, p. xv. ; and will last from two to six minutes.

—BROMIDISM may be prevented by combining an intestinal antiseptic with each dose of the bromide salt as follows :—

R. Potassii bromidi, gr. xxx  
Sodii salicylat, gr. x. M.

—FOR PAIN IN THE EAR from inflammation, Dr. John Dunn (quoted in *La Semaine Médicale*) recommends the following :—

R. Menthol. pulv.,  
Camphor. pulv., āā gr. xx  
Vaseline liquid, f̄j j. M.

SIG.—Instil a few drops into the ears several times a day.

—FOR URTICARIA OF CHILDREN (*L'Union Méd.*) :—

R. Chloral hydrat.,  
Camphoræ pulv.,  
Acaciæ pulv., āā 3j.  
Triturate until liquified, and add  
Cerat. simpl., 3j. M.

SIG.—Apply topically.

—Bromide of strontium is recommended for the relief of VOMITING (*Repert. de Pharm.*), 15 grains, before meals, relieves nausea, and this dose—30 to 45 grains a day—is said to be efficacious even in the obstinate vomiting of pregnancy.

—FOR IRRITABLE COUGH, a writer in the *Practitioner* suggests :—

R. Acidi hydrocyanici diluti, f̄j iss  
Morphinæ acetatis, gr. iss  
Mucilaginis acaciæ, ʒj  
Syrupi pruni virginianæ, f̄j iv  
Aquam ad ʒj vj.

Misce et fiat mistura.

A teaspoonful to be sipped every four or six hours.

—Rossolo (*Annales d'Orthopédie, in The Therap. Gazette*) warmly recommends chryso-robin in the form of suppository in the treatment of HEMORRHOIDS, made as follows :—

R. Chryso-robin, gr. j  
Ol. theobromæ, gr. xxx  
Iodoform, gr. ʒ  
Extract. belladonnæ, gr. ʒ. M.

—FOR MEMBRANOUS ENTERITIS, Dujardin-Beaumetz (*Jour de Méd., in Med. News, April 29*) suggests :—

R. Salol,  
Benzo-naphthol,  
Sodii bicarb., āā ʒij. M.  
Fiant cachets xxiv.

Sig.—One after each meal.

A quart of a ten or twenty per cent. solution of naphthol in warm water is also injected daily.

For the NIGHT-SWEATS OF PULMONARY TUBERCULOSIS, Dr. Ewart (*La Semaine Méd. in Med. News*) suggests :—

R. Quininæ sulphat.,  
Zinci sulphat., āā gr. ij  
Ext. hyoscyami, gr. j  
Ext. nucis vomicæ, gr. ʒ. M.

Ft. pil. j. S.—Take at bedtime.

FOR AN EMULSION OF COD-LIVER OIL (*The Practitioner*) :—

R. Ol. morrhuæ, ʒxxx  
Glycerini, ʒxx  
Liquor. calcis, vel  
Mucilag. acaciæ, ʒj. M.

—FOR THE INSOMNIA OF CHILDREN, Simon (*L'Union Méd., in Therap. Gazette*) employs the following injection :—

R. Chloral, gr. ij  
Tinct. moschi, gtt xx  
Tinct. valerian, gtt. xx  
Aquæ destillat., f̄j j. M.

Inject the entire quantity into the rectum, and, if necessity requires it, the dose may be repeated if sleep does not come on in the course of two or three hours.

—Dr. S. Solis-Cohen (*The Phila. Polyclinic, April 15, 1893*) states that in several cases of malarial intoxication of long duration, in which ANÆMIA has been marked, and in which, after cessation of acute symptoms, a course of arsenic has failed to bring about marked improvement, rapid return of corpuscle and hemoglobin to an approximately normal standard has followed the administration of a solution prepared as follows :—

R. Tincture of ferric chloride, ʒij  
Diluted phosphoric acid, ʒij  
Glycerin, ʒvj  
Solution of hydrogen dioxide, enough to make ʒij.

SIG.—Two teaspoonfuls in three ounces of water before meals thrice daily.

This is slightly modified from a formula of B. W. Richardson's. It will be practically stable for the few days during which the three-ounce mixture lasts. It is useful in chlorosis and anæmias generally.

—Dr. Edward J. Bermingham (*N. Y. M. Journal, Feb. 4th*), Surgeon to the New York Throat and Nose Infirmary, describes a very ingenious apparatus which he has devised for controlling the Edison current, so that it can

be used direct for GALVANO-CAUTERY OPERATIONS. The apparatus consists of a rheostat, made of coils of iron wire and a handle. The peculiarity of the handle consists of its having solid conductors, and the circuit is therefore always closed. It is under the control of the operator's thumb at all times during the operation, and the current can be cut off from or allowed to pass to the knife instantaneously and without producing an arc. The apparatus is simple and inexpensive, and, from the detailed description given, any electrician can construct it. Dr. Bermingham has been using it for two years and a half for all his cautery operations.

—TREATMENT OF FOLLICULAR TONSILLITIS

—Dr. J. C. Hoag (*Chicago Med. Recorder*, April) recommends removing the exudate of the tonsils in cases of acute follicular tonsillitis. This he does with a small spoon, a probe wrapped in cotton, dipped in peroxide of hydrogen, and a small pair of forceps. He finds that the removal of the cheesy plugs from the lacunæ and follicles is uniformly followed by a very marked amelioration of all the symptoms of the disease, and believes that in this way the source of the constitutional disturbance is attacked. He uses a gargle of peroxide of hydrogen.

—A one to five per cent. solution of styrone (which is a compound of styrax and balsam of Peru) in alcohol is recommended in CHRONIC INFLAMMATION OF THE MIDDLE EAR (*Archives of Otolaryngology*). Dr. Spalding recommends it as specially useful in perforations of Shrapnell's membrane. He applies it on a small cotton swab after having had the ear thoroughly cleansed by syringing, and from results obtained he thinks that it merits a trial.

—Dr. W. E. Putnam, of Whiting, Ind., writes to *Med. Record*, April 15, as follows: "I wish to make known a plan of treatment in DIPHTHERIA which I have just carried out successfully in the case of my own children, aged two, four and five years respectively. I used a spray of peroxide of hydrogen, full strength, to which I added one part per thousand of corrosive sublimate. I reasoned that if others can give one-half grain of sublimate a day internally, I can use a grain a day in my atomizer, knowing that the child will spit out nine-tenths of it. I also used a little oil stove, a tin tea-kettle, and a piece of hose three feet long. In the kettle I put turpentine and lime water, in the proportion of a tablespoonful to a pint, and then steamed the child, placing the end of the hose six or eight inches from his mouth."

—Prof. W. W. Keen corrects a statement in the *Medical News*, of April 22, in which Dr. Allen Starr mentioned that "craniotomy had apparently been undertaken without regard to age. Keen operated on a patient aged nine-

teen years," etc. He writes that the oldest patient he had ever operated on was six and one-half years of age; and that he had uniformly declined to operate on any child over seven years old. It had always seemed to him unwise to perform such operations on any patient except in early childhood.

—In recent treatment of tinea tonsurans, LOSOPHAN, a new and very active mycotic, has been giving remarkably good results. Losophan is a triiodocresol, very rich in iodine (about 80 per cent.) with which, on application to dermatic lesions, it slowly parts, thus avoiding toxic effects, while making the pathological field untenable for living organisms. For these reasons, losophan is indicated in all cutaneous conditions due to the development of the tryophyton fungus, in mycosis, pityriasis, sycosis prurigo, pediculosis, and in all of the large groups of skin diseases due to the presence of filamentous fungi or microspores. The clinical reports advise the use of losophan in one to two per cent. ointments with lanolin or vaselin. Where a wash is needed, a solution should be made of one or two parts of losophan in a mixture of 25 parts of water with 75 parts of alcohol. The mixture keeps well. Losophan has already been tested in the treatment of phimosi and chancre. The best results were gained from a one per cent. powder, dusted over the lesions.

—Shoemaker (*Materia Medica and Therapeutics*) recommends PAPAINE in DYSPEPSIA as follows:—

R. Papaini, ʒ ss  
Liquor. ammonii acetatis, fʒ ij  
Creasoti, ʒ v  
Glycerini, fʒ ij.

M. SIG.—Two teaspoonfuls an hour or two after taking food.

In fissures and ulcers of the tongue, papain has been employed thus:—

R. Papaini, ʒ j  
Pulv. sodii bicarbonatis, ʒ iij  
Aquæ menth. pip., fʒ iv.

M. SIG.—Paint frequently over the face.

Papain has also been used externally in the treatment of the chronic scaly form of eczema with advantage, as follows:—

R. Papaini, ʒ j  
Pulv. sodii bicarbonatis, ʒ ss  
Aquæ hamamelidis dest., fʒ j.

M. Apply well over the scaly surface.

—HEALTH COMMANDMENTS.

1. Thou shalt have no other food than at meal time.
2. Thou shalt not make unto thee any pies or put into the pastry the likeness of anything that is in the heavens above or in the earth below. Thou shalt not fail to chew it or digest it, for the dyspepsia shall be visited upon the children

to the third generation of them that eat pie, and long life and vigor upon those that live prudently and keep the laws of health.

3. Remember thy bread to bake well; for he will not be kept sound that eateth his bread as dough.

4. Thou shalt not indulge sorrow or borrow anxiety in vain.

5. Six days shalt thou wash and keep thyself clean, and the seventh day thou shalt take a great bath, thou and thy son, thy daughter and thy maid servant, and the stranger that is within thy gates. For in six days man sweats and gathers filth and bacteria enough for disease; whereupon the Lord has blessed the bath-tub and hallowed it.

6. Remember thy sitting-room and bed chamber, to keep them well ventilated, and thy days may be long in the land.

7. Thou shalt not eat hot biscuit.

8. Thou shalt not eat thy meat fried.

9. Thou shalt not swallow thy food unchewed, or highly spiced, or just before hard work or just after it.

10. Thou shalt not keep late hours in thy neighbor's house nor with thy neighbor's wife, nor man servant, nor his maid servant, nor his cards, nor his glass, nor with anything that is thy neighbor's.—*Med. Brief.*

#### THE CLINICAL APPLICATION OF INGLUVIN.

INGLUVIN is the name given to a preparation made from the gizzard of the domestic fowl. It is a yellowish, gray powder of a faint odor, and almost devoid of taste. It is insoluble in water. Ingluvin is put up by its manufacturers (Messrs. William R. Warner & Co., of Philadelphia) in 5 grain tablets. Ingluvin is compatible with alkalies. Its virtues reside in a peculiar bitter principle which enters into its composition. It is prescribed in the same doses and combinations as pepsin. Ingluvin was introduced to the notice of the medical profession about 18 years ago. It is of special benefit in the relief of sick stomach. This substance may be given with success when vomiting depends upon organic affection of the stomach, as in acute and chronic gastric catarrh and in gastric ulcer. Nausea, due to disease of other abdominal or pelvic viscera, as the liver, kidneys, uterus and ovaries, is likewise relieved by the administration of this remedy. It allays the gastric irritability which accompanies tabes-mesenterica and marasmus. Vomiting produced by over-indulgence in liquor has been subdued by its powers. It has been found of advantage in cases of sea-sickness and in the relief of the gastric irritability of bottle-fed babes. Its peculiar province, however, is alleviation of the vomiting of pregnancy,

in which it approaches the character of a specific. As everyone knows, the difficulty is frequently very intractable, and one approved remedy after another may be used without avail. To those who have witnessed repeated failures of medication, Ingluvin can be recommended as one of the most efficient remedies which we possess for the relief of this distressing symptom. Ingluvin is likewise beneficial in dyspepsia, when produced by functional inactivity. It is able to promptly check the diarrhoea which is caused by indigestion. By reason of its influence upon the stomach and bowels, Ingluvin is capable of marked service in cases of cholera infantum and cholera morbus. From the preceding account it will be seen that Ingluvin possesses an exceedingly important sphere of usefulness.

Ten grains I found generally a sufficient dose. In some instances 20 grains were required, while in the milder forms of indigestion a 5 grain tablet, after each meal, accomplished the desired purpose. To infants I gave the remedy in doses of 1 or 2 grains.

A series of cases occurring during the past few years in which Ingluvin was administered with benefit has been selected as affording a typical example of the efficacy of Ingluvin. The total number amounted to 49, and a brief history is given of each case. They were classified as follows:—4 cases of cholera morbus; 8 of infantile diarrhoea; 9 of diarrhoea in the adult; 2 of dysenteric diarrhoea; 1 of acute indigestion; 3 of dyspepsia; 2 of dyspepsia with reflex symptoms; 1 of dyspepsia from uterine disease; 2 of flatulent dyspepsia; 1 of nervous dyspepsia; 2 of gastralgia; 2 of colic; 4 of gastric and gastro-intestinal catarrh; 1 of gastric ulcer; 1 of vomiting caused by alcoholism; 6 of vomiting of pregnancy.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for June, 1893.*

#### APERIENT PILL OF SUMBUL: AN EFFICIENT COMBINATION.

SUMBUL, or musk-root, is an excellent anti-spasmodic and nervous tonic. Its action resembles that of musk and valerian. In small doses it stimulates appetite and improves digestion. It allays irregular nervous action, and is beneficial in depressed or excitable condition of the nervous system. Sumbul may be very advantageously employed in the treatment of hysteria, neurasthenia, neuralgia, functional irregularity of the heart, restlessness, the insomnia of chronic alcoholism, and nervous dyspepsia. The extract is given in the dose of  $\frac{1}{4}$  to 1 grain. It is essential that it be made from a pure specimen. As most of these disorders occur in neurotic individuals—especially women—with impaired nutrition, a morbidly

sensitive organization, dyspeptic difficulties, and sluggish movement of the bowels, I have advantageously, in many instances, associated it with nervine and laxative remedies. The following combination which I have devised is now put up on a large scale by the well-known manufacturing pharmacutists, Messrs. William R. Warner & Co. Each pill contains:

℞ Ext. Sumbul.....gr. i.  
Asafoetida .....gr. i.  
Ext. Cascar. Sagrad. ....g. ss.  
Aloin.....gr. 1-10  
Ext. Nucis Vom.....gr. ¼.  
Gingerine.....gr. ¼.

℥ The dose is 1 or 2 pills.

From a long list of cases in which the above pill proved of value, a few examples are selected:

A light complexioned, florid young woman became subject to spasms of hysterical chorea. There were twitching and jerking of the muscles of the forearm and face. Two pills were administered thrice daily with excellent results. The paroxysms gradually became less frequent, and at length ceased.

A woman was subject to aching pains in the loins, radiating to the pelvis and groin. Attacks of intercostal neuralgia also occurred; she was weak, and often had palpitation of the heart. The patient made a complete recovery.

The same treatment was of marked benefit in the case of a woman who, consecutive to her first confinement, had suffered for nearly a year from palpitation, dyspepsia, constipation, mastodynia, headache and giddiness. The action of the heart was rapid and irritable, but there was no organic disease.

A lady, about five week pregnant, suffered from an almost constant headache, and could not sleep well; was nervous, depressed, weak, dyspeptic and constipated. The pills corrected the state of the digestive apparatus, banished the pains and nervousness, and the patient progressed, without special difficulty, to the end of her term.—*Abstract of a paper by John V. Shoemaker, A.M., M.D., in the Medical Bulletin for May, 1893.*

## PERSONAL.

### A DISTINGUISHED CANADIAN.

Dr. Jean. Lukin Leprohon, A.M., M.D., C.M., of Montreal, celebrated his semi-centennial May 26th. last, as a graduate in medicine and surgery of the Medical Faculty of McGill College, Montreal.

The subject of this sketch was born April 7th, 1822, at Chambly, Province of Quebec. He received a thorough education, finishing his classical study at Nicolet College, P. Q. He

then entered on the study of medicine at McGill College, graduating May 26, 1843. He then visited Europe, for further study and travel, returning to Canada in 1845, when he commenced practice.

Of the graduating class of that year but two are living—both distinguished French Canadians—Dr. Leprohon and the Hon. Charles Boucher de Boucherville; the latter never practised, but entered politics, and has attained distinction.

Dr. Leprohon's trend was essentially scientific and literary. He founded *La Lancette Canadienne*. In 1870, he was appointed Professor of Hygiene in the Medical Faculty of Bishop's College, Montreal. Has been a justice of the Peace; Surgeon of Militia. Is one of the founders of the Women's Hospital, Montreal, and a Consulting Physician to the Montreal Dispensary. In September, 1890, the Lieutenant Governor of the Province of Quebec appointed him a member of the Roman Catholic Council of Public Instruction for the Province of Quebec.

Dr. Leprohon, for twenty-two years past, has been a vice-consul of Spain, when the vice-consulate in Montreal was raised to the dignity of a consulate general, the then Consul General there (now of this city), Senor Don Arturo Baldesano Topete, paid Dr. Leprohon the compliment of confirming his rank—an exception to the rule, as in Spain's diplomatic service, vice-consuls are not attached to consulates general. For his care and protection of Spanish interest he was made a chevalier, and received the Decoration of the Order of Charles the Third of Spain.

In 1851, Dr. Leprohon was married to Miss R. E. Mullins, a native of Montreal. At the early age of fourteen she evinced a marked inclination for writing and literary pursuits. Her early promise was confirmed. She became an accomplished and talented authoress, whose graceful writings over the initials R. E. M. are historic in Canada.

Dr. Leprohon is in full health and active practice. To have known him is a lasting pleasure, as he is characterized by that gentleness and urbanity that invariably attracts and makes many lasting friendships.—*N. Y. Med. Record.*

### SNUFF FOR RECENT CORYZA.

The *Practitioner* gives the following:

℞ Morphine hydrochloratis grs. ij.  
Pulveris acaciæ, ʒij.  
Bismuth subnitratris, ʒvj.  
Misce et fiat pulvis.

Not more than a quarter of this quantity to be used in the twenty-four hours.



## PAMPHLETS RECEIVED.

REPORT FOR THE YEAR 1892-93, presented by the Board of Managers of the Observatory of Yale University to the President and Fellows. OBSERVATORY OF YALE UNIVERSITY, BOARD OF MANAGERS:—Rev. Timothy Dwight, D.D., LL.D., President; Professor Hubert A. Newton, LL.D., Secretary; William W. Farnam, M.A., Thomas G. Bennett, Ph.B., Professor Charles S. Hastings, Ph. D. OFFICERS—Robert Brown, M.A., Secretary; William L. Elkin, Ph.D., Astronomer in charge of the Helio-meter; Frederick L. Chase, Ph.D., Assistant Astronomer.

ANNUAL ANNOUNCEMENT OF TRINITY MEDICAL COLLEGE, TORONTO. Established 1850, Incorporated by special act of Parliament. In affiliation with Trinity University, the University of Toronto, Queen's University, and the University of Manitoba; and specially recognized by the Royal College of Surgeons of England; the Royal College of Physicians of London; the Royal Colleges of Physicians and Surgeons of Edinburgh; the Faculty Physicians and Surgeons of Glasgow; the King's and Queen's College of Physicians of Ireland; and by the Conjoint Examining Boards of London and Edinburgh. Session 1893-4.

THE ALIENIST AND NEUROLOGIST FOR JULY, 1893, CONTAINS: "Morbid Jealousy," by Dimitry Stefanowski, Jaroslavl, Russia; "The Sensory Symptoms in Three Cases of Syphilitic Spinal Cord Disease," by Frank R. Fry, A.M., M.D., St. Louis; "Contribution to the Study of Transitory Mania," by Salemi Pace and Miraglia, Italy; "Insanity in Children," by Harriet C. B. Alexander, A.B., M.D., Chicago; "Recent Discoveries in the Nervous System," by Frank Baker, M.D., Ph.D., Washington; "Psychology of Queen Christina of Sweden," by Dr. F. DeSarlo; "Medico-Legal and Psychological Aspect of the Trial of Josephine Mallison Smith," by Edward C. Mann, M.D., New York. Besides the usual Selections, Editorials, Hospital Notes, Reviews, etc. C. H. Hughes, M.D., Editor, 421-22-23 Commercial Bldg, St. Louis. Subscription, \$5.00 per Annum; Single Copies, \$1.50.

EXTRACTION OF STEEL FROM THE INTERIOR OF THE EYE WITH THE ELECTRO-MAGNET. By Alvin A. Hubbell, M.D., Buffalo, N.Y., Professor of Diseases of the Eye and Ear in the Medical Department of Niagara University; Surgeon to the Charity Eye, Ear and Throat Hospital; Eye and Ear Surgeon to the Buffalo Hospital of the Sisters of Charity, etc. Reprinted from Transactions of the New York State Medical Association. 1892.

ANNUAIRE DE L'ÉCOLE DE MÉDECINE ET DE CHIRURGIE DE MONTRÉAL. Faculté de Médecine de l'Université Laval à Montréal. 51ème année, 1893-94. Montreal, Typ. Gebhardt-Berthiaume, 30 Rue St-Gabriel, 1893.

ANNUAL ANNOUNCEMENT OF THE HALIFAX MEDICAL COLLEGE. Established 1867. Halifax, Nova Scotia. Twenty-fifth session, 1893-94. Halifax, N.S. Nova Scotia Printing Company, 1893.

UNIVERSITY OF BISHOP'S COLLEGE. 23rd Annual Announcement of the Faculty of Medicine, Montreal. Session 1893-1894. The Geo. Bishop Engraving & Printing Company, Montreal.

SIX MONTHS' MEDICAL EVIDENCE IN THE CORONER'S COURT OF MONTREAL. By Wyatt Johnston, M.D., Montreal, and George Villeneuve, M.D., Montreal (reprinted from the Montreal Medical Journal, August, 1893).

DAY NURSERY, 174 Mountain Street. Annual Report, March, 1893.

AN EDUCATIONAL NEED. (Reprinted from the Medical and Surgical Reporter, October 29, 1892.) By Joseph Price, M.D., Philadelphia.

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WARNER & CO'S EXHIBIT AT THE WORLD'S COLUMBIAN FAIR.

In the Manufacturers and Liberal Arts Building is a department devoted to Pharmaceutical products, in the north-west corner of the gallery. This is a prominent position, because the spectator can look upon the exhibits below in a comprehensive way that clearly illustrates the magnitude of this great building of 44 acres of floor space. The exhibit of Wm. R. Warner & Co. is located in this department, Section D 101, at the junction of two avenues. It comprises 400 square feet, and consists of a pyramid 18 feet high with steps forming shelves, trimmed with gilt moulding and surmounted by a statue of Mercury. There is a 4 foot space on either side with seats for visitors, and a door leading to the interior. The stand is simple and conspicuous, without any attempt at a cabinetmaker's display or of beautifully cut bottles. This collection comprises sugar-coated and gelatin-coated pills, flat, oval, pink, white, blue and yellow. Compressed Tablets, Fluid Extracts, Effervescent Salts, including Bromo Soda highly extolled in sea-sickness, insomnia and migraine.

The firm of Wm. R. Warner & Co. (founded in 1856) occupies a most prominent position in their particular line. F. Newbery & Sons, 1 and 3 King Edward Street, are their agents in London. Wm. R. Warner & Co. have branch stores at 197 Randolph Street, Chicago, and 18 Liberty Street, New York.