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ADDRESS

DELIVERED

BY DR. CRANSTON, ARNPRIOR, ONT.,

EX-PRESIDENT OF THE ONTARIO MEDICAL COUNCIL,

At the Opening of the 38th Session of the Royal College of Physicians and Surgeons of Queen's University, Kingston, and on the occasion of the dedication of the John Carruthers Science Hall, October 16th, 1891.

Mr. Chancellor, Ladies and Gentlemen:

Having been selected to give the inaugural address at this, the opening of the 38th session of the Royal College of Physicians and Surgeons of Queen's University, I acknowledge with pleasure and pride the great honor the Faculty have conferred upon me, but feel that the task should have fallen to the lot of some one of Queen's many distinguished graduates, who would have been better able to do the occasion something like justice.

For a mixed audience, such as I have before me, composed of college professors, professional men, and also professional women, students in different stages of the college curriculum, and largely of the lay element, it is difficult to select a subject that is alike interesting to all. I should, however, venture to crave your indulgence while I take a hasty glance at the origin and progress of the healing art and make a few brief observations more or less intimately connected with the profession of which it is my privilege to be an humble member.

I may here premise that, closely connected as the principles of medicine and surgery must ever be, each being intimately bound up in the other, practically they may be regarded as separate and distinct; yet in tracing the history of one we are, even though unwittingly, more or less treading on the precincts of the other. Our thoughts and limited research in the present sketch will, however, be more especially directed in the line of surgical progress and development. And at the outset we may observe that this science is coeval with man himself. As surely as death came into the world by the fall of our first parents from the full perfection of the Divine model, so surely came pain and suffering, violence and bodily injury, developing subsequently into wars and dissensions of a graver character, each and all calling aloud for alleviation and relief. That surgery, then, in point of antiquity, should take precedence of medicine, before any attention was directed to the nature of disease, seems but reasonable. That external ailments and their corresponding cures should first rivet the attention of those whose thoughts and studies were primarily engaged in the healing art seems but natural. Would we indulge in a research into the realms of fabled and historic lore, we would be confronted with palpable proofs of the antiquity of our science. The prevailing custom of circumcision in Mosaic times rises in evidence. The undying relics left us in the inscriptions on the ruined walls of the renowned temples of the earliest days add their undeniable testimony. The custom of embalming the bodies of the dead among the Egyptians, a process performed

with such remarkable skill as to render its subjects capable of resisting the ravages of time and preserving them intact for our wonder and admiration after the lapse of thousands of years —this, again, most materially strengthens the claim. Chiron, the centaur, with his healing plants and medicinal herbs; and Æsculapius, the son of Apollo, reputed to be the inventor as well as the god of medicine, and his sons, immortalized by Homer in his renowned epic, 1200 years before the Christian era, proclaim the theme. And as we continue to unroll the records of time the spirits of our forefathers will dart from every page, and Pythagoras with his philosophy of medicine; Hippocrates, the physician of Cos, the father of medicine, whose theories and practices have come down to us from 400 years before the birth of Christ, along with Herophilus and Erasistratus, originators of the practice of human dissection; Xenophon, reputed to have been the first to arrest hemorrhage by means of the ligature; and other early devotees, each in succession, will form up into line and illuminate the records of ancient times.

And, passing from the Alexandrian to the Roman period, our attention would be arrested, in the first century, by Celsus, who contributed a valuable work, consisting of a comprehensive digest of all the reliable medical and surgical knowledge of his time. His method of performing lithotomy, his operation for cataract by means of depression, his rules for distinguishing fractures, his directions for the reduction of hernia, his operation for hare-lip—each and all emphasize him as the embodiment of the surgical knowledge of the world in his time.

Following him, after a lapse of about one hundred and fifty years, comes the brilliant genius Galen, the voluminous writer and skilful surgeon, whose cures were considered so remarkable that they were attributed to magic, or alleged to be derived from enchantment. His career was one of unqualified success as a public lecturer; his skill in dissection and the application of surgical apparatus added materially to the advancement of the profession of which he was, in his time, an able exponent.

For a long period after this distinguished landmark, science and art were lost sight of in the clouds of ignorance and barbarism that prevailed till, in the year 550 A.D., Actius appeared. His operations extended to cutting out tumors, operating for aneurism, attempts at dissolving calculi, and he devoted much attention to inflammation, hernia, diseases of the eye, and other important branches of surgery. About the middle of the seventh century, Paulus Ægineta contributed valuable additions to medical science and performed many of the operations which are common in our day. From the time of Paulus till the beginning of the twelfth century neither Greece nor Rome produced any surgeon of note. The capture of Alexandria by the Saracens having diverted the channel of learning towards Arabia, one Albucasis appears to have been awarded the palm, about the end of the eleventh century, of being the chief surgeon of note, and his operations for lithotomy, the arrest of hemorrhage by cauterization, and his advocacy of the free use of surgical instruments, more or less paved the way for his successors.

From the twelfth to the fifteenth century an intellectual shadow brooded over the land, and the daylight of science, which had so auspiciously dawned, sank into the night of darkness and oblivion.

With the fifteenth century, however, and contemporary with the invention of printing and its powerful influence in the dissemination of knowledge, surgery effectually revived. Men of talent, enlightenment, and progressive ideas embraced it, and it began to arrogate to itself its proper place in the front rank of the liberal professions. Simultaneous with this revival, and indeed one of the potent factors in its origin and expansive influence, we have prominently brought before us the name of Ambrose Paré, the eminent French military surgeon, who, during his various campaigns, acquired an experience in gunshot wounds which directed his attention to the subject of hemorrhage and the best means for its arrest. He revived and improved the ligature practice and discountenanced the prevailing use of caustics and styptics. Though he incurred the abuse and persecution of his jealous brethren by his strenuous advocacy of a treatment ill at accord with such a primitive and absurd practice as admitted of the opinion that "it were better to let the limb drop off than cut it off," yet his persistency prevailed; he rose to the height of popular-

ity; he became the darling of the soldiers; was favored by the successive sovereigns of his time, and left works of genius of credit to himself and of value to the profession.

The middle of the seventeenth century welcomed the first British surgeon of note in the person of the celebrated Wiseman, surgeon to Charles II., and who, amid the horrors and bloodshed of the civil war, had ample opportunity for the prosecution of the study of his profession. In military practice he advocated immediate amputation in cases where the preservation of the injured limb seemed impossible, and dissipated the idea that gunshot wounds were of necessity envenomed with powder and ball and hence had to be subjected to a severe dressing treatment. Cotemporary with Wiseman was Harvey, whose discovery of the circulation of the blood exercised such a potent influence on medicine in general and surgery in particular.

In France, about this time, the scientific world opened its ranks to Petit, whose treatise on the diseases of the bone, invention of the screw-tourniquet, and other valuable contributions, have given him a foremost place in the annals of surgery; while Desault, an eminent teacher of surgical anatomy, clinical lecturer on surgery, as well as noted for the invention, improvement, and adaptation of various surgical instruments, claims honorable place by his side.

In England, about the middle of the eighteenth century, Percival Pott, the distinguished author, skilful operator, and practical surgeon, left his indelible mark among the historical records of this science. His treatment of fractures; his discrimination between injuries requiring amputation and those which do not; his especially valuable suggestions with respect to diseases of the head; his description and treatment of vertebral disease, and his commendable reform in the limitation of cautery treatment; these, among other practices and treatises, stamp him as the man of his time.

In Scotland there appeared cotemporaneously John Hunter, a pupil of Pott, the eminent physiologist and pathologist, one of the most gifted surgeons the world has ever produced. Among his important discoveries and skilful operations may be especially selected the cure of popliteal aneurism by ligature of the femoral artery. His first operation of this nature was performed in 1785. Brilliant as was this discovery, and beneficial as it was in its results, its distinguished author was not allowed to claim it without subjecting himself to the envy and detraction of his jealous rivals. Of him, as well as of others whose names are mentioned in this hurried sketch, it may be truly said in the words of the poet:

"He who ascends the mountain top shall find
The loftiest peaks most wrapt in clouds of snow;
He who surpasses or subdues mankind
Must look down on the hate of those below.
Though high above the sea of glory glow,
And far beneath the earth and ocean spread,
Round him are icy rocks, and loudly blow
Contending trumpets on his naked head,
And thus reward the toil that to those summits led."

Such is a brief outline of the history of the healing art from the earliest time down to the end of the eighteenth century. And though at that date it had reached a high state of perfection, yet it is in the nineteenth century, and mostly within our own times, that its greatest achievements must be recorded.

Up to 1847 there was no agent known in the profession that would produce complete insensibility to pain, although opium, cannabis indica, and other narcotics, were used with partial success for that purpose; but about this date chloroform and ether appeared on the scene, each capable of producing the most complete anæsthesia or insensibility, and under the influence of either of these agents surgical operations, no matter how difficult or formidable, could be performed and the patient remain through the whole ordeal in a state of calm and peaceful slumber.

These anæsthetics have proved a priceless boon to humanity. No one can estimate the amount of suffering they have already saved in the hands of the surgeon and the accoucheur. In connection with these grand discoveries the name of Sir James Simpson, of Edinburgh, who first proclaimed to the world the use of chloroform, and Dr. Jackson, of Boston, that of ether, will go down to posterity and be held in grateful remembrance long after the names of kings and queens shall have been forgotten, or perhaps only exist in the musty and neglected pages of history.

Surgery now entered upon a new era. The

binding-straps of former days were thrown away. Patients no longer entered the operating theatre as victims of despair, but with hope and confidence, knowing that no matter how difficult or serious the operation they were about to undergo, they would feel no pain, experience no suffering. It can easily be imagined that an impetus was given to surgery by the use of these soothing and intoxicating drugs. Operations that before were considered impracticable or so appalling that life itself was often given up rather than undergo the anguish produced produced by the surgeon's knife are now welcomed and performed with comparative ease and safety.

But in this age of invention and discovery—an age in which every department of science is being pushed forward with wonderful activity—it is not surprising that we are enabled to record another grand triumph for surgery.

The labors of Lister, Koch, and other scientific workers in the field of bacteriology, revealed the fact that the air we breathe, the floating dust we inhale, especially in confined and ill-ventilated rooms, contain numerous micro-organisms, or germs, which, coming in contact with living tissues, such as are found in recent operative or accidental wounds, are capable of producing a train of evils which former generations of surgeons deplored, but, not knowing the cause, could not successfully obviate; such evils, for instance, as suppuration, septicæmia, erysipelas, and gangrene. By long and patient scientific experiments, Lister discovered that these living germs could be destroyed by various medical agents, the principal ones being bichloride of mercury and carbolic acid, and, as a consequence, wound infection prevented and the evils just mentioned greatly diminished. Hence another important era in the history of the healing art.

Lister's discoveries and the principles and methods which he promulgated have within the last twenty years revolutionized the whole system of operative surgery, with the gratifying result that the mortality following the larger operations, such as amputation of the extremities, has been decreased from thirty-five to about fifteen per cent. Within this time not only has the system of surgery changed, but it has expanded to such a wide range that every part of the human body has become tributary to the surgeon's knife. Could such men as Abernethy, Sir Astley Cooper, Liston, and Mott, giants in their days, be called up from their peaceful abodes, they would stand amazed at the extraordinary advancement made in their own loved science.

Passing into the field of medicine, we find that here also, within the last few years, great and wonderful results in the direction of improvement and progress have been accomplished.

In all the centres of learning there has been a general waking up to the necessity of moving onwards in order to keep pace with the times in which we live. Colleges have enlarged and improved their courses of study; methods more discriminating in tendency and successful in results have been employed; instruction based on the most recent research and marked by a distinctive practicality has been called into play, and every means adopted calculated to equip the medical student with an outfit of theory and practice commensurate with the honorable and responsible profession which he has embraced.

The old-fashioned system of feeding students on didactic lectures for six months every year has, to a certain extent at least, been abandoned, and the more healthy and invigorating food of laboratory and clinical instruction has been supplied in their stead, in order that young men about to enter on the wide field of medical and surgical practice may be the better qualified to cope with the responsibilities and difficulties that surround them on every side.

The contributions of Tyndall and other eminent physicists from the regions of the infinitesimal orders of life have lighted up the dark mysteries of pathology and thrown open new fields for our inspection and observation. The microscope in the hands of the physiologist and pathologist bids fair to revolutionize still further the science of medicine. With its aid Pasteur has discovered the microbe of hydrophobia, and, having ascertained the cause of this formidable disease, has also discovered and announced an effectual remedy.

Following in the same line of research and scientific experiment, Koch has immortalized his name in the discovery of the cause of con-

sumption—the tubercle bacillus; and when it was proclaimed that he had also discovered a cure, tuberculous patients from the world over flocked to Berlin as the invalids of old did to the pool of Bethesda, expecting to be relieved of their sufferings and to be made whole; but the angel never appeared, the tuberculin failed, and, as it might have been expected, gloom and despair settled on the scene. Hope, however, is not yet abandoned on the part of Koch; for the cause of the disease being known, it is reasonable that a remedy should follow; and for the sake of suffering humanity and of those who are every day seeing their nearest and dearest sinking slowly but surely into the tomb, may the time not be long!

Sanitary science, although it may be traced back to the times of Moses—for he himself was an eminently practical sanitarian—is indebted to modern discovery for the advanced position it holds to-day. It now claims special attention in all our colleges, and justly so, for it is intimately connected with the welfare and happiness of the people. In former times diseases, which often assumed the magnitude of plagues, were looked upon as the visitations of Providence for the punishment of sin; but with our improved knowledge we now regard them as preventible, and as a consequence of a lack of a proper observance of nature's laws; hence the necessity of every physician making himself acquainted with this important branch of his profession, in order that he may be skilled in the prevention as well as the cure of disease.

There can be no doubt, then, that the nineteenth century has far outrivalled any former era in the wonderful advancement made in medicine and surgery. Many whose names are dear to our profession have passed away, but there remains a vast and powerful host of faithful and successful workers, who are, in spite of all difficulties, penetrating deeper and deeper into the mysteries of nature.

To those young gentlemen who are here and who have made up their minds to enter the medical profession, especially to those who are in the first year of their course, I would take this opportunity to remark that the first thing of importance to be done is to form regular and systematic habits of study. To the student of the present day time is precious. The time when he could afford to trifle away half of his hours in idleness and folly is past. The wide range of the curriculum demands that every moment should be utilized to the best advantage if he expects to pass safely through the ordeal of the final examination of the college, and subsequently that of the Medical Council.

It seems to be conceded by the best authorities that, out of the twenty-four hours, eight should be devoted to sleep, and in that case ten or twelve might be taken up in attending lectures, reading, and study, the remainder to be devoted to mental diversion and healthful bodily exercise. The kind of exercise is a matter of choice, some preferring the gymnasium, some a quick, smart walk, while others would delight in a few rattling rounds at the manly art; but any or all of these modes should be indulged in solely for the purpose of keeping the muscular system in a full and perfect state of health.

Through neglect of paying proper attention to the requirements of the body, many of the brightest students, who gave every promise of being an honor to our profession and to their *alma mater*, have fallen by the way, or passed out into the world mentally and physically unfitted for their work.

Thoroughness in every branch of the curriculum is absolutely necessary, but especially is this the case in practical anatomy, which ought to be acquired from the material for the purpose, as little as possible from books, and on no account from plates. Without a thorough knowledge of anatomy no one can ever hope to excel as a surgeon. In the field of medicine it is possible to drift smoothly along, for the public are easily deceived; but an unreduced dislocation or a badly treated case of fracture will haunt the surgeon till his latest hour.

Finally, gentlemen, the institution which you have chosen to attend is fully equipped in all its appointments; and while it claims no superiority to our sister institutions in the other cities of our fair Dominion, it does claim to hold a position second to none of them. Queen's University, which in time may become your *alma mater*, though young in years, has grown and expanded from a very small beginning of a little over fifty years ago—materially, to the massive and imposing structure which we now

occupy; and in a technical, literary, and professional point of view, to an institution occupying at least a creditable position among the intellectual centres of this intellectual age. Already her graduates in Arts and Medicine extend from ocean to ocean, and throughout this vast domain, in every village, town, and city, enter into friendly but successful rivalry with the graduates of other colleges. Go to India, China, or Japan, or to the far-off isles of the sea, there you find them performing the duties of their high calling with credit to themselves and in a manner reflecting honor on their university and their country.

Depending upon no State aid, but upon the moral and financial support of her friends the world over, and notably upon the influence, the energy, and the indomitable perseverance of her high-minded and gifted Principal, she rejoices in an endowing foundation to-day. Her possibilities for good are great and her influence far-reaching. Untrammelled by sectarian narrowness, and unfettered by ecclesiastical restrictions, she dispenses her blessings alike to the rich or the poor, to the Jew or the Gentile; and may she go down through the ages with her independence intact and her glory undimmed!

CASE OF PHLEBITIS AND THROMBOSIS OF THE SAPHENOUS VEIN, FOLLOWED BY APHASIA AND DEATH.

BY JOHN HUNTER, M.D., TORONTO.

The patient, of active habits and about 32 years of age, was delivered of her fifth child on a Friday night. The labor was a normal one, and the two succeeding days were passed so comfortably that she told her husband on leaving the house on Monday morning that she felt quite able to get up. However, a few hours later she began to complain of some pain or rather discomfort in the right leg. The nurse rubbed it for her and wrapped it up in flannel. During the day there were some slight chills and fever, which she attributed to the secretion of milk. I called in the evening and found a temperature of 102°; breasts turgid; no distension or tenderness in pelvic region; uterus firmly contracted; lochial discharges normal. The internal saphenous vein of the right leg was tender throughout its whole length, and the trunk and branches could be pretty well mapped out by the yellowish purple discoloration. The vein became more cord-like, but retained its uniform calibre. There was very little infiltration of the surrounding tissues. No pitting on pressure, and no enlargement of the limb.

The treatment consisted in elevating the limb and applying a long narrow linseed poultice, prepared with a strong decoction of poppy heads. The anodyne effects of this was quite sufficient to relieve all the pain. Absolute rest was strictly enjoined. A purgative had already been taken and the bowels freely moved. A ten grain dose of quinine was given at once, and repeated in four hours. Six grains of phenacetine were given two hours after each dose of quinine. Cinchonisin and profuse perspiration were produced. The quinine was continued in five-grain doses every fourth hour. An ounce bottle of spirits am. arom. was given to the nurse with instructions to put a teaspoonful in a wineglass of whisky and give teaspoonful doses diluted with water just as often as the stomach would tolerate it. About an ounce of the arom. spirits was used every twenty-four hours. Two or three times a day very careful examinations were made in search of abnormal conditions elsewhere than in the vein, but invariably with negative results.

The generally favorable appearance and condition of the patient from the initial chill on Monday until 2 p.m. Thursday; the absence of marked temperature variations or chills, of lymphangitis, or any œdema or infiltration of the limb; of any involvement of pelvic organs, tissues, or vessels; of any intestinal, renal, cardiac, respiratory, or cerebral complications, seem pretty conclusively to limit the lesion to an ordinary phlebitis unaccompanied by any systemic infection. The case progressed so favorably that about 1 p.m. on Thursday the patient, nurse, and myself were exchanging mutual congratulations.

However, about an hour later I received a telegraphic communication saying that the patient was paralyzed and speechless. I hastened back and found right hemiplegia and motor aphasia. I say motor, for the visual, auditory, and intellectual faculties seemed unimpaired. There was soon, judging from appearance, the most in-

tense chill I ever witnessed, followed by a temperature, taken in axilla, of 108°, exhaustive perspiration, pyæmic breath—in short, every evidence of fatal septic poisoning; and so desperate did the conditions seem that I looked for death at any moment. However, an ice cap to the head, sponging with cold water, and, as there was difficulty in swallowing, twenty grains of quinine, ʒi. spirits am. arom., some whisky and milk were given and retained by rectum. These means seemed to revive her somewhat, and apparently made her more comfortable. Life was prolonged for twenty-four hours. During the last two hours, though consciousness was retained, there was evidence of heart failure, and death took place suddenly. No *post mortem*.

Phlebitis of the veins of the lower extremities during the puerperal period may be caused by thrombi forming in the uterine or iliac veins, thereby obstructing the venous circulation, which, owing to the few valves and the excess of the longitudinal over the circular fibres in the walls of the saphenous vein, easily sets up inflammatory action in this vessel. A varicose condition of the veins was a possible factor in this case. A vigilant watch was kept over the heart's action, but, as already stated, no cardiac complication appeared, and the heart, up to the last hour or so, did its work most efficiently.

On two different occasions, before her confinement, excessive use of a sewing machine had inflamed this vein, and not only obliged her to give up work, but even to rest in bed. No mention of this was made during the period of labor, for, as she said afterwards, all the soreness had about gone. It seems very probable that there were still some smouldering embers of the recent inflammatory action that were easily rekindled by the severe straining incidental to parturition.

A CASE OF POISONING BY OIL OF TANSY.

BY A. J. HARRINGTON, M.D., TORONTO.

The following case, which occurred in my practice last month, may from its rare occurrence prove interesting. I was called to see a woman who was said to be having fits. I found her lying on the floor in the kitchen. I shook her shoulders, and she looked up stupidly. I got her to arise, which she did in a staggering manner, and I placed her in a rocking-chair. She was still dazed, and when questioned answered incoherently. I examined her pupils—they were normal; her tongue had not been bitten. During an expiratory effort I fancied there was a peculiar odor from her breath. I asked her what she had been taking; she said nothing. I passed my index finger to the back of pharynx and induced an effort at vomiting, and the odor of tansy was now quite evident. I immediately gave warm mustard drinks, and she vomited about half a pint of fluid, which smelled very strongly of tansy. I then gave her a large tablespoonful of castor oil, and put her to bed, and put her on a stimulating treatment with brandy and white of egg. I found a bottle, after searching for some time through the house, labelled Oil of Tansy, and containing about half a drachm of the liquid. I brought it to the bedside and asked her if she had seen that bottle before; she said no. I then left her, still keeping up the stimulating treatment, and on returning in two hours found her condition much improved. I asked her how much oil of tansy she had taken; she said a teaspoonful. I saw her next day and she was quite well, only complaining of a heaviness in the stomach and bowels. Her story: She had heard that oil of tansy was sure to bring on a miscarriage, so she went to a druggist and he told her it was a good drug for that purpose, and to take five drops for a dose. She took it home and took twenty drops at bedtime, and next morning about six o'clock a teaspoonful, and did not think it bad to take. Just before seven she took a large dose of Epsom salts (very fortunate, indeed), and it operated in about three-quarters of an hour. At about ten she started to go to the back shed for wood, and remembers nothing afterwards until she found herself in her bed. Her neighbor, hearing a little child weeping, had looked over the fence and seen the woman lying on the ground, her hands clenched, and foaming at the mouth. She helped her into the house, when she fell down on the floor, in which position I found her on my first visit. In searching the literature, I find only the following cases recorded by Woodman and Tidy:

(1) *Medical Times* and *Gazette*—April 13th, 1861. Female, æt. 21. Took strong decoction to secure abortion. Death.

(2) *Can. Med. Journal*—November, 1869. Teaspoonful to induce miscarriage. Recovered. Did not abort.

(3) *Amer. Jour. Med.*—See July, 1852. By Dr. Hartshorne. Teaspoonful taken by mistake for essence. Death in one hour.

(4) Same journal, same date. By Dr. Dalton. Eleven drams. Death in three and a half hours.

(5) Same journal, May 1835. Half ounce oil. Death.

(6) *Journal de Pharmacre* — April, 1870. Took one ounce oil for abortion. Had convulsions; foaming at mouth; profound coma; dilated pupils; feeble frequent pulse. She vomited; recovered.

In the case above mentioned the patient's quick recovery was most probably due to the providential dose of salts, which flushed out the gastro-intestinal tract. The convulsions were in all likelihood, epileptiform. I did not see the case early enough to note any pupillary changes. The dose did not have an abortive effect, and the symptoms were almost wholly confined to the cerebro-spinal system.

Selections.

INSTITUTIONS FOR CONSUMPTIVES.

A REVIEW OF THE NEWER AND MORE SUCCESSFUL METHODS OF TREATING THIS DISEASE, TOGETHER WITH A DESCRIPTION OF INSTITUTIONS ESPECIALLY ADAPTED TO THIS WORK.

BY C. C. FITE, M.D., NEW YORK.

Many of the best minds in the medical profession have for a long period of years been devoted, with untiring energy, to the task of discovering a cure for that relentless enemy of mankind, consumption.

Delay in proper treatment is a most serious matter, and so many cases are treated after almost any kind of method until they become hopeless, when they are sent to travel around the country, wasting their strength and resources, and then winding up in Florida, the Adirondacks, Colorado, or the Tennessee and North Carolina mountains, as a last resort, which should have been the first. But climate is not all, as so many fondly hope, and to their sorrow. *The need is not only a proper climate, but a proper treatment.*

These facts have been so evident to my mind that I have for years watched with increasing interest the efforts made by trained specialists to perfect institutions for the treatment and cure of consumption, as it is now established beyond cavil that a large proportion of cases of consumption can be cured if taken early enough and properly treated. If so much can be accomplished by the skilful use of dietetic measures, exercise, hydrotherapy, tuberculine, and perhaps by the pneumatic cabinet, cod-liver oil, oxygen inhalation, creosote, and other remedies, in any climate, however unfavorable, how infinitely much more may be done when these measures are supplemented by a dry, pure, and invigorating atmosphere, and in an institution where the most minute detail of the patient's life is regulated by an experienced and painstaking physician with every facility for treatment at hand and in a building adapted to the purpose.

I shall presently review the list of institutions especially provided for this purpose. All of them have done good work, and their results show the benefit of institution *versus* private treatment.

Private and public institutions for consumptives are the necessary outcome of increasing specialties in practice. Formerly the general practitioner required nothing but the general hospital; then came the divisions into departmental wards, where men who had obtained special knowledge took particular charge. After the beneficial influence of such division of labor became apparent the lines were still more strictly drawn, and we now have wards for nearly every group of diseases, so that the general ward has practically disappeared in many hospitals.

There is no question that if an institution is especially equipped and conducted for an especial purpose, and is under the charge of a physician especially interested, competent and devoting his best efforts to the especial work in hand, the results will be better.

It is therefore strange,—consumption being so prevalent a disease, and one in which recovery is so difficult—that, until recently, little effort has been made in this country to apply to it the advantages of special professional labors in special institutions, although in Europe the example of Dr. Brehmer, dating back as long as thirty-six years, shows clearly by the results in his institution in Goerbersdorf the great advan-

tages obtainable as compared with private practice.

Dr. Brehmer was at first much opposed, even by the profession, and his early struggles for the permanent establishment of his institution, and in obtaining sufficient professional support, form an interesting part of the history of phthisotherapy, of which he has since, and justly, been recognized to be the founder.

The growth and development of his institution has been phenomenal, and the convincing evidence of the incomparably better results accomplished by him compelled recognition eventually even from those who, in the early history of his institution, were his avowed opponents. In subsequent years institution treatment of consumption under a favorable climate has been recognized by all authorities in Europe as leading to the best results; anything less than that implies diminished chance for recovery.

In view of the now generally conceded infectious nature of tuberculosis, through the medium of the sputum and other discharges and excretions from patients, the question of institution treatment has become one of still greater importance, and the physician cannot ignore this matter by maintaining a position of non-committal or indifference, but must consider the question of prophylaxis in the interest of predisposed individuals living in common with tubercular patients at their houses and in the hotels and boarding houses of our climatic resorts.

I have mentioned the successful institution of Dr. Brehmer, in Goerbersdorf, Germany. Dr. Brehmer was the pioneer in this line, and we now have others which have done most excellent work, notably one at Falkenstein. Others are found at St. Balsien, Reibottsgrün, Rehburg, St. Andreasberg, and Blankenham.

In this country a number of attempts have been made in the same direction. Some of them have failed, others have already achieved marked success. There are two small sanitaria for the treatment of consumption in Colorado, at Colorado Springs, one known as the "Glockner Home," the other as "Bellevue," and a third is in course of construction at Lake Palmer. These are, I understand, partly sustained by donations.

Dr. Vincent Y. Bowdich has, through charitable gifts, opened a small institution called the "Sharon Sanitarium," near Boston, Mass. It is intended for women only, and, whilst not a charity, the prices are nominal.

At Saranac Lake, N.Y., is an institution which deserves great praise for the excellent work done. It is known as the "Adirondack Cottage Sanitarium," and is in charge of Dr. E. L. Trudeau. It is principally sustained by gifts, and the prices charged are very small. It was established in 1884, and has steadily grown not only in its capacity, by the addition of wings, but also in the good opinion of the thoughtful members of the profession who have followed its progress; and has been a practical demonstration of the value of institute treatment in cases of tuberculosis.

The Winyah Sanitarium at Asheville, N. C., in charge of Dr. Karl von Ruck, is the only institution in this country of a private character for the reception of patients who are not requiring charitable aid, depending for its existence upon patients who have means to meet their expenses for entertainment and treatment, and for patronage upon the support of the medical profession.

It is modelled after like institutions in Germany, especially those at Goerbersdorf and Falkenstein, both in its internal appointments and external surroundings, and the methods of management are also very much the same.

The consideration of the detail in arrangement and management of this institution contains many a valuable lesson not only for any one contemplating the founding or management of a sanitarium, but also for the general practitioner. Apparatus for disinfection by steam of everything that has come in contact with a tubercular patient before it is again used is provided. This disinfection is extended even to the table-ware, silver, glasses, napkins, the room linen, etc.

No room is assigned unless it and everything in it has previously been thoroughly disinfected after having been occupied, even for a single day, by a patient. All the plastered walls in the house are painted and varnished, and are frequently washed with solutions containing disinfectants, as are also the ceilings, floors, and furniture.

The house contains accommodation for one hundred guests. The rooms are well furnished with a view to comfort. A microscopical and bacteriological laboratory has been established.

and additions are being made to the equipment from time to time.

Dr. Von Ruck, apart from climatic treatment, which he carries out systematically, believes that nutrition is the basis of all successful treatment, and measures the value of every method by that standard—as before stated, I hold this to be all-important—at the same time he gives close attention to the prevention of relapses and holds that these are due to errors or mismanagement, and patients must be watched carefully and made to understand that relapses will prevent recovery, and are, as a rule, avoidable.

The writer has had unusually good opportunities for studying the climate of the mountainous system in which Asheville is situated, having spent several summers as resident physician at various mountain resorts in that region, and having travelled on business or professional errands over all of the vast mountain area in East Tennessee, Western North Carolina, Eastern Kentucky, and West Virginia. In the more elevated portions of this country consumption is practically unknown. I have never seen a case of indigenous tuberculosis in the region among the mountain natives.

Neither of the celebrated institutions in Germany have anything like the climatic advantages which are afforded at Asheville; and while located in mountainous regions, neither of the institutions can be said to possess sufficient elevation to make it a prominent factor in the cure of patients. Nor have they the conditions of temperature, at once moderate and cool in the summer and free from the severity of extremes in the winter, as, for instance, can be found in the mountainous region under consideration. Yet these institutions are known all over the world because of the greatly better results obtained as compared with open health resorts at which no particular control of patients is exercised, although their climate may present features which seem more desirable.

The climate of Asheville is an all-year-round climate, and the only one east of the Rocky Mountains. No extremes in temperature are experienced. The summers are cool and the winters mild, yet not so warm as in the more southerly resorts, owing to an elevation of 2500 feet amidst the mountains which surround the plateau, to heights of five and six thousand feet on every side. Such a tempered winter climate is infinitely preferable to an enervating, warm temperature, in which the air contains necessarily a greater amount of moisture, and under which the nutritive processes are not as active, tending rather to anæmia and debility. Of course, in far-advanced stages of the disease a warm climate may allow such a patient to be out of doors without the amount of clothing and protection required under extreme amount of emaciation and anæmia accompanying the last stages of pulmonary tuberculosis. But in cases where curative efforts are still justifiable, and in the incipient and early stages, a bracing climate is preferable, and such patients may spend the greater part of the day out of doors in Asheville during the entire winter months.

It is to be hoped that the true mission of the modern sanitarium will be more fully understood by the profession at large, and that they will be sustained so as to encourage the building of others. Unfortunately the fatally erroneous idea seems to dominate the people, and the profession also, that consumption is an incurable disease. Its diagnosis is therefore delayed from motives of sympathy, or from negligence to the first symptoms. Consequently a resort to a favorable climate is delayed until it is too late to reap any real lasting benefit. Men like Brehmer, Trudeau, and Von Ruck, deplore this sad mistake more than others because they realize more clearly than others the enormous responsibility which rests upon the family physician, upon whose early recognition of the disease and prompt removal of the case to a sanitarium hangs the fate of the sufferer. All considerations of business and social interests must be set aside at once if anything of value is to be accomplished.

The sanitariums should be looked to as places in which we hope and expect to see the cases cured in, not as hospitals to die in.—*Abstract of paper in Dietetic Gazette.*

SIR GEORGE H. PORTER, Bart., M.D., one of the most eminent of the surgeons of Dublin, has been elected Regius Professor of Surgery in the University of Dublin, in the place of Mr. William Colles, resigned. Sir George, in addition to his high position as a surgeon, is said to be the richest member of the profession in Dublin.

THE USE OF DRUGS IN THE TREATMENT OF EARLY PHTHISIS.

Read at the meeting of the British Medical Association

BY J. C. THOROWWOOD, M.D., F.R.C.P.,
Senior Physician to the City of London Hospital for Diseases of the Chest, Victoria Park.

It is in cases of catarrh at the lung apex due to cold caught or to respiration for some time of close, vitiated air that drug treatment appears to advantage. That peculiar catarrhal state of the apex which has been described as pulmonary cachexia, and which is close on the borders of tubercle, and is due to a degenerated condition of the epithelium from constant respiration of bad air, improves rapidly when the patient is removed to a pure air, such as that of Bournemouth. Where, however, we cannot give the patient the advantage of removal, we have to do our best with drugs. Specially, I would draw attention to the good results that may be obtained in such cases from the use of the hypophosphites. From what I saw of the effect of phosphorated oil given in cases of phthisis by the late Dr. Cotton at Brompton Hospital, I was induced to try the hypophosphite salts. The oil of phosphorus given in small dose in capsules is very apt to cause nausea, but this objection does not apply to the hypophosphites, and at the same time these salts contain phosphorus in such an active condition that they burn readily when heated in a capsule over a flame.

The result of some twenty-five years' experience in the use of the hypophosphite salts has led me to the following conclusions based on records of cases. Hospital outpatients who came with cough and expectoration, perhaps blood-stained at times, and who presented *râles* at the lung apex, continuing there after some amount of bronchitis due to cold had been overcome by various remedies, improved in a way that surprised me on giving them five grains of hypophosphite of soda three times a day. Plain water or infusion of calumba were the vehicles usually employed in giving the remedy. The patients got better, and some would return in perhaps six months time with the same symptoms and signs again, and would again improve on the hypophosphite treatment. In cases of persistent consolidation of lung after pneumonia, I have in very many cases seen absorption of effused products proceed speedily under treatment with hypophosphite of soda; this, too, in cases where ordinary treatment had been followed to no purpose for some time. Cases of this description that appeared doomed to a speedy death by phthisis I have seen clear up and recover perfectly on five grains of sodium hypophosphite given three times daily for five or six weeks. In cases of pleurisy with effusion, the hypophosphite salts seem to me to have no effect whatever. In cases where the pleura appeared to have been roughened by deposit so that friction sounds of loud and coarse character were very audible, I have seen all these sounds vanish and the patient do well under the hypophosphite of soda.

Before the days of the tubercle bacillus, I had learnt that there were cases of phthisis attended with fever and rapid in progress in which the hypophosphite failed in a way that I could not understand. I believe, from more recent observation, that these were cases where the tubercle bacillus was too strong to be overcome by a medicine whose action lay mainly in promoting the absorption of inflammatory products.

Many years ago Dr. Graves, of Dublin, as well as Dr. Rush, of Philadelphia, and Dr. Munk, of London, laid stress on the use of mercury as an absorbent in cases of phthisis Mercury, says Graves, is of use where the affection of the lung is local and the system generally not affected. In scrofulous pneumonia, rather than in tuberculous disease, the mercury is said to act with most advantage. How far this is true I will not now stay to inquire, but the idea in giving mercury was to get rid of inflammatory deposit and so prevent phthisis. We now say, get rid of inflammatory deposit and so take away what may prove a nest for the growth of tubercle bacilli.

Whether it be phosphorus or hypophosphite that is given, I believe a process of fatty change and liquefaction of the effused product is set up and absorption follows. Sometimes the process seems to me for a time attended with some amount of increase in temperature, and when this is the case it is well to reduce the dose of the drug or give it at longer intervals. In recurring hæmoptysis, too, the hypophosphite must be used with care. The most active in liquefacient power is the hypophosphite of potash,

and I remember a practitioner telling me he had given, as he said, the hypophosphite of soda, and it caused such rapid breaking down of the lung that he determined to have nothing more to do with hypophosphites in phthisis. It turned out to be the hypophosphite of potash that he had been giving. The lime hypophosphite acts often remarkably well in cases where secretion is profuse. The daughter of a medical man was cured of bad diarrhœa by hypophos. calcis. The lime salt checks profuse sweating and also diarrhœa. The dose should not exceed five grains, and it answers best when given with five to ten drops of the saccharated solution of lime, glycerine, and sometimes syrup of tolu.

Very rarely indeed have I found, when the hypophosphite fails to remove an apex catarrh or inflammatory deposit, that I have gained by changing to such medicines as tartarated antimony in very small dose, iodide of potassium, or some form of mercury. Once or twice a change of treatment has been eminently unsatisfactory; in one case clearly disastrous.

Passing over such drugs as the mineral acids, creasote, and guaiacol, which are often useful as tonics in some cases, I must say a word on the use of the inhaling respirator. This mode of treatment first came to my notice more than ten years ago. A patient, who had been at Ventnor Hospital, showed me the simple form of inhaling respirator used by Dr. Sinclair Coghill at that hospital. This method of treatment has now been greatly extended, and I believe it to be trustworthy and efficient. Most here present know the form of respirator now in use, and the use of the respirator with iodoform and eucalyptus oil, as devised by my colleague, Dr. Vincent Harris, has proved most useful in the treatment of early phthisis.

The patient should, after clearing his lungs as much as possible in the morning by cough, wear the perforated zinc respirator invented by Dr. Burney Yeo, and keep it on for an hour; again in the middle of the day, and a short time at night. Nothing appears to me so useful as iodoform with ether, alcohol, or eucalyptus oil. This is soothing and excites no cough. Next to this comes the best German creasote, with or without ethylic alcohol. Thymol, carbolic acid, and iodine are all inferior to the above.

Next to these inhalations—I would not say inferior to them—I place persistent, and even severe, counter-irritation as a means of treatment too much forgotten. We have seen a remarkable arrest of phthisis of an active kind in a young woman in the Victoria Park Hospital from croton liniment used eight years ago. The linimentum terebinthinæ aceticum of St. John Long is still deserving of a high place, especially in chronic disease of the lung base.

I would like to have said a word on the use of drugs in early and late hæmoptysis, and on the great value of occasional emetics, but I think I have said enough for the present.—*British Medical Journal.*

THE INSOMNIA OF CONTINUED FEVERS AND ITS TREATMENT.—In the earlier stages of these fevers insomnia is pretty certain to accompany the hyperthermia, while sleep often attends a fall in the temperature. It would seem that overheated blood is itself inimical to sleep by exciting the cerebrum. Cold bathing—the cold or tepid bath—and antipyretics quiet the nervous disturbances and promote sleep. Hence, for the restlessness and insomnia of typhoid there is often no better treatment than a cold bath of about fifteen minutes' duration, and during the bath cold water may be poured on the head in cases of extreme pyrexia with restlessness and delirium. In some cases the bath may be of longer duration. Where the cold bath is impracticable, some one of the new antipyretics may be tried. These antipyretics, though they undoubtedly have a marked action on the thermogenetic and thermotaxic heat centres, which are under abnormal irritation by the fever-poison, an action which is extended to the higher cerebral centres, certainly do not affect the infectious agent, and hence the course of the fever is not influenced by them. Their prolonged use is probably attended by some cardiac depression (an evil to be especially shunned in fevers), and the best clinical authorities are shy of them, seeing no permanent advantage in the continued administration of these medicaments, but possible mischief. In regard to pure hypnotics, chloral is undoubtedly the best. Sometimes in the later stages of the fever twenty drops of deodorized tincture of opium is of service. Sulphonal, chloramide, and the newer hypnotics, are

not of much service. Alcohol, in not too large doses, has a place in this line of therapeutics. Febrile insomnia is essentially a toxic insomnia. Uræmia probably enters as an important factor. In the active stages of fevers, and in the declining stages when the circulation is oppressed and languid, and the prognosis is grave, elimination by the kidneys is always imperfect; hence an important part of the treatment should be to promote the excretion of the poison and the removal of effete matters. Unfortunately, this indication can be but imperfectly met. All that can be done is by suitable nutrients and stimulants to sustain the organic forces in their struggle, and to favor elimination by the kidneys and other emunctories. The various diluents (lemonade, barley-water, effervescent drinks, plain water, etc.) which are so freely given, because so constantly craved, promote excretion by the kidneys. Milk is often prescribed *ad libitum* as the sole drink and nourishment; its diuretic properties are well known.—*Therap. Gazette.—Epitome of Medicine.*

COMBEMALE ON A CASE OF CHRONIC ANTIPYRINISM.—The patient was a single woman of thirty-eight, who complained of frequent and copious emesis of an acid, watery fluid, occurring generally after eating. She complained also of almost continuous eructations of a gas which left a sour taste in the mouth and a persistent burning sensation along the œsophagus. She had a short, dry cough. The patient's nutrition, of course, suffered, as she ate little because of the aggravation food produced. Insomnia was present at times, and sleep was broken by restlessness and dreams. The bowels were regular. The menstrual flow was irregular, lessened, and pale. There was an anæmic cardiac murmur. The entire abdomen was tender, particularly in the epigastric region. Her trouble was thought to be gastric ulcer, although cancer was considered possible. Four years before, the patient had suffered from an attack of acute polyarticular rheumatism, in which salicylate of soda failed, and antipyrin was substituted with a good result as far as sedation went. The patient acquired the antipyrin habit, however, and as a stimulant took daily from fifteen to thirty grains, and on frequent occasions double or treble that amount. With the aid of a potion containing cocaine and antipyrin, gastric tolerance was established to such an extent that vomiting ceased, and two quarts of milk could be taken and retained. The general condition improved, of course, and in eight days sleep was nearly normal, and the patient promised to abandon the habit.—*Bull. Méd. du Nord.—Epitome of Medicine.*

QUESTIONABLE USES OF ARSENIC.—It is probably well known to all engaged in the practice of medicine or pharmacy that the custom of embalming bodies before burial is becoming more common. Frequently the operation of embalming consists merely in injecting some fluid into the cavities of the body; but often a more elaborate process is followed. In any case chemical substances are introduced into the body after death, and it sometimes happens that no little mischief is wrought in this way. The claim was at one time frequently made that it is possible to say of arsenic found in certain organs whether it was introduced into the body before or after death. This is true only to a limited extent, as it has been shown by careful experiments that arsenic injected into the stomach after death is found before long in the liver, brain, kidneys, and other organs. In other words, the *post mortem* diffusion of arsenic must be accepted as an established fact, and it cannot be assumed that the poison found in the brain, for instance, reached there during life. From this it is plain why the undertaker's practice is an objectionable one. He successfully covers up crime, making its certain detection impossible. To guard against danger in this direction, the use of solutions of mercury and arsenic compounds in the undertaker's shop should be prohibited or restricted by law.—*College and Clinical Record.*

COMMON SENSE IN MEDICINE.—A celebrated bishop, president of one of the most noted universities of this country, said to his class in divinity: "There are three things necessary for making a successful minister of the Gospel: first, a thorough, liberal education; second, the grace of God; third, common sense. The first may be obtained by earnest, diligent application to study; the second by prayerful intercession at the throne of grace, with a sincere desire for

purity of heart; but unless you have the third born in you, may the Lord have mercy on your souls and the souls of your congregation." While common sense is an absolute necessity for any profession or vocation, I know of no one where it is more necessary or important than in the study and practice of medicine. If I were asked to define the term common sense, it might be difficult; but it will be sufficient for our purpose, at the time, to say that it consists in applying rational, simple rules of construction to the various theories of medical science, adopting and practising what can be measured by such rules, and rejecting those that are at plain variance and antagonism with them.—S. C. Gordon, M.D., in *Boston Medical and Surgical Journal.*

THE OLD AND NEW IODINE BOTTLE.—Every gynecologist is well aware of how many bad words he is responsible for when the cork of his iodine bottle becomes extracted in his instrument case, destroying his satchel and rusting his fine instruments, or when it upsets on his patients' carpets, leaving its indelible stain as his unfortunate autograph. After trying all sorts of bottles and stoppers, I have found the following avoids all these annoying accidents: Fill the bottle selected with absorbent cotton; pour in the tincture iodine to complete saturation; then pour out all that will readily drain away. One now has plenty of iodine in a very safe form. Any application thrust into the cotton-filled bottle will be immediately saturated, for painting the vagina, or external work. Yet the bottle may be carried safely in satchel, or upset on the carpet, etc. I hope this method for a "new iodine bottle" may save the instruments of others, and be of as much convenience and saving to them as it has been to me. This plan may also be adapted to other medicines, as pyroligneous acid, carbolic acid, or any other material used for applications and liable to spill. —*George E. Abbott, M.D., in Med. Record.*

HÆMATOSALPINX.—*Centralblat f. Gynecol.*, May, 1891.—With the increase of the operation for diseased tubes, cases have become more common in which, without any closure of the genital canal, the tube has been found distended with blood. This may result from retention of an ovum in the tube—tubal mole or tubal abortion—or from hemorrhage into an already distended tube, or, finally, from bleeding into the tube, leading to its becoming distended. Only the last two kinds ought to be spoken of as hæmatosalpinx. Veit alludes to a case where a hæmatosalpinx was developed out of a hydrosalpinx by torsion of the tube. Other causes are new growths and wounds, but both are very rare. He considers the presence of villi as an important, but not the only, means of distinguishing between a tubal mole and a hæmatosalpinx proper. In a case of tubal mole, the fimbriated end of the tube is patent, whereas in all cases of extensive hæmatosalpinx the fimbriated extremity is closed. Veit considers the condition of the fimbriated end of the tube to be the decisive criterion between tubal mole and hæmatosalpinx.—*Medical Chronicle*

ANILINE CHLORIDE INJECTIONS FOR CARCINOMA, EPITHELIOMA, ETC.—Dr. C. E. Bruce is using (*South Med. Record*, Sept., 1891) injections of aniline chloride in cases of carcinoma and epithelioma in the Almshouse, Blackwell's Island, New York city, with very satisfactory results. One patient, with epithelioma of the tongue, infiltration of the sub-maxillary glands, and a fixed condition of the muscles of the jaw, so as to render mastication impossible, was placed upon injections of ten minims of a ten per cent. solution of aniline chloride; within three weeks the glandular infiltration subsided so that he was able to thoroughly masticate his food. The infiltration surrounding the epithelioma was diminished so that deglutition of solid food was not only possible, but even comfortable.

In a case of carcinoma of uterus, where the infiltration of the uterine tissue was great, and the os so swollen that it was hardly possible to get it within the opening of the bivalve speculum, within a month, under this treatment, the induration had been reduced to the size of a silver dollar; the general condition of the patient was good; she had increased in flesh and strength, and experienced no further pain or discomfort. Previous to going under treatment, she had been in the habit of passing great quantities of blood from the vagina, but this has given place to a thin, watery, colorless discharge. She now feels very comfortable, and is relieved from all her distressing symptoms.—*Virginia Medical Monthly.*

THE
Canadian Practitioner

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

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

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TORONTO, NOVEMBER 16, 1891.

TREATMENT OF PHTHISIS.

The innumerable discussions on phthisis which have taken place during the last two years have done much to encourage us to work up the therapeutic aspects of the disease. We have learned that it has a specific cause, and we hoped for a time that the discoverer of the cause had given us a specific cure. What the future is going to bring forth with reference to the efficacy of the lately purified tuberculin, it would be difficult to surmise; but we are inclined to expect great things from it. Apart from this, however, we think a more hopeful feeling is springing up, and we are commencing to realize more fully that in a certain proportion of cases phthisis is a curable disease. We have no doubt that such is the case, and we believe that the proportion of these cures is rather large.

A very interesting discussion on the etiology and treatment of phthisis took place at the last meeting of the British Medical Association. We publish in this issue a portion of an interesting address by Dr. Thorowgood on the use of drugs in the treatment of the disease in its early stage, which will be found well worthy of careful consideration.

An interesting question frequently arises as to what we should advise for our patients whom we are sending away from home. In the early stages of phthisis a change of scene, with all it involves, frequently works wonders in the direction of a cure; and yet we are inclined to shrink from sending an invalid away from home to take his chances in hotels, boarding houses, or at health resorts, where there are no home comforts, and where the surroundings, from a sanitary point of view, may be about as bad as possible. We publish also in this number an abstract of a paper by Dr. Fite, of New York, on "Institutions for Consumptives," which will be found very interesting in this connection. There are few such institutions in North America, and the paper gives a brief description of these. We fancy, from all we have heard, that probably the "Winyah Sanitarium," at Ashville, N.C., is one of the most reliable of this class. We understand that the sanitary arrangements are complete, and the superintendent, who looks after the treatment of the patients, is a thoroughly competent physician—at least so we are told by men of standing in New York. Physicians who are at their wits' end to know what to do with their phthisical patients might do well to make enquiries as to this sanitarium, as well as the others which are mentioned by Dr. Fite.

THE PAN-AMERICAN MEDICAL CONGRESS.

We are pleased to learn that the prospects for this congress, to which we have before alluded more than once, are very satisfactory with to its promoters, who are still working actively in its interests. The work of organization was completed at the recent meeting of the committee appointed for the purpose by the American Medical Association held in St. Louis on October 14, 15, and 16. It was decided that the congress will be held at Washington on the first Tuesday of October, 1893. The chief officers elected were: Dr. William Pepper, of Philadelphia, President; and Dr. Chas. A. L. Reed, of Cincinnati, General Secretary.

We regret to learn that the harmony of the meeting of the committee was, to some extent, marred by a rather unpleasant occurrence. The American Association appointed a surgeon to represent the navy on the committee. The gentleman designated was unable to attend, and the Surgeon-General of the navy named another to take his place, but when the substitute arrived he was not allowed to act on the committee. We can scarcely see how the committee, under the circumstances, were in a position to recognize the legality of such an appointment, and we cannot, therefore, refuse to sustain their action; but we regret the necessity for the

practical exclusion of the naval representative from their councils.

It is well-known that to Dr. Reed is due the credit of having conceived the idea of such a congress. As the chairman of the temporary committee for organization, he has shown great ability and wondrous energy, and we are glad to see that he has accepted the important office of General Secretary on the permanent committee. Dr. Pepper is well-known at home and abroad as a man of strength and influence, and has shown himself on several occasions to be possessed of great executive ability. We believe that his election to the important position of president was very fortunate in all respects. As to Canada's position in the congress, we will have something to say shortly.

LABORATORY COURSE IN BACTERIOLOGY.

Professor Ramsay Wright proposes to give a practical course of instruction in bacteriology in the Biological Laboratory of the University of Toronto probably during next May. The course, it is expected, will last four weeks, during which Professor Wright will lecture from nine to ten each day on the subject of the work to be performed in the laboratory during the rest of the day (from ten till four) under his supervision. The preliminary outlay necessary to adapt his laboratory will be considerable, and a fee of $25 will be charged to assist in paying the expenses of the University in the undertaking, although the learned professor will receive no remuneration for this large amount of extra work so kindly volunteered in the interests of science.

Professor Wright, in making his preparations, would like to have some idea of the number who propose to take the course, and would be pleased to hear as soon as possible from such parties. If any further particulars are required as to the nature of the course, they may be obtained by communicating with Professor Wright. The course will be interesting and useful, especially for medical health officers, members of our graduating classes, and graduates who wish to learn both the science and art of medicine, and for all who intend to devote themselves especially to science. We may say that the fee of $25 will cover all instruction given, the use of microscope, and all material required. We hope this highly generous and disinterested offer on the part of Prof. Wright will receive the appreciation and encouragement it so richly deserves.

THE MISSISSIPPI VALLEY MEDICAL ASSOCIATION.

The United States is a great country for medical societies—probably the greatest in the world. This is a broad and somewhat indefinite statement, but we do not at the present time propose to occupy much space in attempting to make it more definite. We may say, however, in a general way, that there are organizations in many states, and occasionally groups of states, such as we in Canada know nothing about. In many such the most perfect parts of the organizations are the county societies, which work individually and collectively in the interests of the larger state associations. Among the most prosperous of American societies is the one known as the Mississippi Valley Medical Association, which held its seventeenth annual meeting in St. Louis on Oct. 14, 15, and 16, 1891. There were, according to the *Buffalo and Surgical Journal*, about three hundred present, and the meeting was highly successful from both a social and a scientific point of view. The next meeting will be held in Cincinnati in October, 1892, under the presidency of Dr. Chas. A. L. Reed of that city.

Meeting of Medical Societies.

TORONTO MEDICAL SOCIETY.

October 8th, 1891.

The president, Dr. A. A. Macdonald, in the chair.

TUMOR OF SPINAL CORD.

Dr. J. E. Graham read a paper on a case of tumor of the spinal cord.

A.B., barber, married, æt. 41, Canadian, four years ago had two attacks of pleurisy, from which he completely recovered. Twelve years ago he drank to excess, and continued to do so for four years, during which time he was often exposed to cold. For the past six years he has been temperate and worked steadily. No his-

tory of syphilis. Some years ago he fell, striking on his back, and was unable to work for three weeks. He was in a rain storm for some hours four years ago, followed by a chill. Shortly afterwards he had a pain over the liver and running into the spine. A tingling sensation running upwards from the toe was next noticed. Gradually there became a difficulty in walking, occasional vertigo, ending in complete motor paralysis and tactile anæsthesia of the lower limbs. Whilst the attack was coming on, he noticed that movement of the spine caused pain. There was obstinate constipation, stools passed without his knowledge, sphincter reflex normal, bladder emptied itself automatically, complete anæsthesia and analgesia below a line drawn from the second lumbar vertebra the to iliac crest. Plantar and cremasteric reflexes absent; patellar tendon reflex increased; ankle clonus. There were a great many neuro-fibromata scattered over the patient's body. The slow progress of the case and the presence of these cutaneous tumors made it probable that the spinal growth was of the same nature. An interesting fact was that while the surrounding parts were anæsthetic, sensation remained in the left testicle. A diagnosis of tumor at the eleventh or twelfth dorsal vertebra was confirmed by an operation. Unfortunately, the patient succumbed.

Dr. Peters, who had assisted at the operation, said that there was a very striking and instructive condition of the ano-vesical apparatus. The urine was passed automatically every three or four hours. No sensation of the fullness of the bladder preceded the micturition, and the urine escaped without the will or knowledge of the patient. Nevertheless, when a certain amount of urine had collected, a normal act of micturition took place. A similar condition was present in regard to defecation. The finger placed in the anus, was grasped, though not very forcibly, by the sphincter, and at more or less regular intervals normal defecation took place, of which he aware only through the sense of smell. It is evident, therefore, that the ano-vesical centres were in a condition of functional health. Further evidence of the healthy condition of the cord below the obstruction was the fact that the muscles and skin were nourished and healthy. There were no bed-sores, and there were occasional involuntary twitchings in the muscles, which latter also responded to the electric current. It was clear that there was a localized blocking of the transmission of impulses, ascending and descending, between the brain and the lower part of the spinal cord. The preservation of sensation in the left testicle was probably due to the influence of the spermatic plexus, which leaves the cord at the point of compression.

Operation: After thorough disinfection of the parts, the position of the vertebral spines was marked with an aniline pencil, and Abbe's incision was made to the right of the line of the spines extending from seventh dorsal to first lumbar vertebra. The bases of the spines were snipped off at their junction with the laminæ, the muscles were raised from the laminæ *on the* right side, and the whole drawn with a retractor to the right. Thus was laid bare the whole breadth of both laminæ from the eighth to the twelfth dorsal vertebra. These were then divided at each side, close to the articular process, and raised up. Neural arches from ninth to eleventh were removed, laying bare the dura. Hemorrhage was checked by pressure and hot water.

The dura completely filled the neural canal, whilst beneath it could be seen the neoplasm, of a dark purplish red color, very much like that of old clotted blood. The dura having been opened, a portion of the tumor was removed, and the cord was then seen to be flattened against the left wall of the canal. Though flattened, it felt and looked normal. A portion of the dura to which the tumor was adherent was clipped away. The tumor was found to surround the posterior right and anterior surfaces of the cord from ninth to twelfth dorsal vertebræ. When it was all removed, the cord could be seen to move up and down with the respiratory movements. Patient died on third day after the operation. He claimed that he felt an enema which was given him, but this is very doubtful.

Dr. Acheson reported that microscopic examination showed the tumor to be an angeio-fibroma, the periphery giving signs of inflammatory infiltration. There are seen in the sections amorphous granules of a sepia brown color. These are found in or near vessels, and are

probably melanin; for melanotic degeneration is not uncommon in fibromata. These granules might possibly be calcareous.

TRANSACTIONS OF THE FOURTH ANNUAL MEETING OF THE AMERICAN ASSOCIATION OF OBSTETRICIANS AND GYNECOLOGISTS.

Held in New York City, September 17th, 18th, and 19th, 1891, at the Academy of Medicine.

(Abstract.)

FIRST DAY—MORNING SESSION.

The President, Dr. A. H. Wright, of Toronto, in the chair.

An address of welcome was delivered by Dr. Robert T. Morris, of New York, and the response was made by Dr. Geo. H. Rohé, Vice-President, of Baltimore.

Dr. Aug. P. Clarke, of Cambridge, Mass., read an essay on

POST-PARTUM HEMORRHAGE—ITS ETIOLOGY AND MANAGEMENT.

After an exhaustive and scholarly review of the conditions leading to post-partum bleeding, including uterine atony and hour-glass contraction, disproportionate growth of the uterine vessels, ectasis of the fundal vessels, uterine œdema, placental abnormalities, fibroma or other morbid growths, lacerations of uterus, vagina, or vulva, etc., he discussed the treatment. Anesthesia is of incalculable benefit in lessening many of the dangers incident to parturition, being particularly useful in cases of uterine inertia dependent on the exhaustion of the system generally. In cases of advanced or serious renal affections, chloroform may be the safer of the two anesthetics. Pressure or support over the fundal uterine segment as the child recedes from it will aid in keeping up continuous or regular uterine contraction, and thus lessen the risks of the occurrence of severe hemorrhages. The administration of ergotin or ergotinin will assist in re-establishing normal contraction. When used hypodermically, its physiological and therapeutical action is often speedily and permanently manifested. It is in the milder class of cases that its use will be of the most material service. In cases in which hemorrhage is profuse, intra-uterine injections will be of great advantage. In women of full or plethoric habit, cold water may be employed; in those who suffer from nervous affections, water from 115° F. to 125° F. is to be preferred. Doubtless when hemorrhage is arrested by hot water it is owing to the formation of thrombi more or less extended into the vascular tissues. The employment of cold has a reflex action—it gives a toning effect to all the tissues, it facilitates the constriction of the muscular coat of the dilated vessels. Caffeine used hypodermically is of benefit. The application of some form of electricity will aid in some measure in promoting contraction of the uterine muscular fibres. In cases in which hemorrhage is anticipated, the early administration of quinine may in large measure serve to keep the hemorrhage under control. The occurrence of certain pains may lead us to anticipate post-partum hemorrhage. If the pains are acute and brisk, with abrupt endings, and followed by unusually long pauses, we may infer that there is a deficiency of nerve force. This may result in atony of the muscular structures, and in failure to effect constriction of the uterus and closure of the utero-placental vessels. In cases in which hemorrhage proceeds from the lower section of the uterus or from the upper portion of the cervix, the application of iodoform wool and gauze and of styptics, or of iodine, will be of service. The author has great confidence in the employment of nitrite of amyl; it is an arterial and cardiac stimulant of the most extraordinary power. The employment of intravenous injections, and the dangers attending their use, are matters for determination in each individual case. The employment of alcoholic saline intravenous injections for their dynamic or tension effect will be most beneficial. The author's later experience favors the adoption of the method of hypodermic injection or transfusion of spirituous saline solutions. This method is more convenient, is safer, and is more likely to be followed with favorable results. Other methods for controlling hemorrhage and for preventing collapse are referred to. Compression of the abdominal aorta should sometimes be tried. This may, in some measure, enable the medical attendant to get control over the hemorrhage when all other means have failed. This procedure has been approved by such great authorities as Barnes, Churchill, and Simpson.

Dr. Robert T. Morris, of New York, read a paper on

A NEW METHOD OF PALPATING THE KIDNEY.

Dr. W. J. Asdale, of Pittsburg, read a paper on

REMOVAL OF THE KIDNEY IN DISEASE, WITH CASES.

Before reliable conclusions and methods can be established and this most formidable surgical procedure can be made safe, if ever, a familiar acquaintance with all that has been done in the sphere of renal surgery must be secured and the details of a considerable number of cases must be carefully studied, that questions of both physiological and pathological import may be determined. Any contribution, although stating no new facts, may be of present value by corroboration and emphasis of points previously taken.

The following points were accentuated by the histories of a number of cases and operations:

First, in respect to the symptomatology of malignant disease. It is often insidious in its attack; pain may be absent or insignificant in amount. Early copious hemorrhages, without any marked previous manifestations of concern, are most suggestive of structural change of malign character.

Second, in regard to method of operation. The choice will be governed not more by preference than by necessity. We are reminded, however, of the facility of approach by the lateral abdominal method of incision, and of the ease with which large solid growths may be taken from the renal site. Again, in all cases it is of primal importance to possess the advantage of direct palpation of the other kidney before nephrectomy; this manœuvre the operation by primary anterior incision makes easy.

The antero-lateral incision provides the minimum

of injury to the peritoneum and the strongest assurance that soiling of the peritoneal surfaces will be avoided. Drainage, the importance of which cannot be overestimated, can be most efficiently applied after the lateral abdominal operation. Shock, even to the aged and feeble, does not of necessity inure to forbid a carefully conducted operation for removal of the kidney. Finally, the importance of early diagnosis and the futility of late operations, in malignant disease especially, are clear.

Dr. A. Vander Veer, of Albany.—We owe Dr. Asdale our thanks and gratitude for his thorough and candid manner of reporting his cases; there was a fatality present that no operator can avoid—that is, an advanced condition of disease. Malignant disease of itself is always a dangerous condition for us to attack, and when advanced, as in these two cases, we have heavy odds against us. The consensus of opinion is that chloroform is the safest anesthetic to use in surgical kidney. In malignant disease let us operate early—as early as possible.

Dr. C. A. L. Reed, of Cincinnati.—The question of the treatment of the pedicle in nephrectomy will remain a serious one as long as we have kidneys to remove. We all recognize the treacherous friability of the renal vein. To avoid the unhappy and almost necessarily fatal accident of cutting it by a tight ligature, he had put around this vessel the protecting influence of its neighboring structures, and had ligated the pedicle in one mass. He endeavored, in effecting the division, to leave something of a button to make the ligature secure. So far he had not been embarrassed with secondary hemorrhage. The amount of force that is required to control hemorrhage from the renal artery need not be so great as to cut the walls of the neighboring vein, providing we have left a sufficient button to prevent slipping of the pedicle under the very considerable circulatory pressure which is brought to bear upon it through the few hours immediately succeeding the operation. Unless there be surgical conditions of the ureter itself demanding special treatment, there is no need of treating it otherwise than you would the circulatory vessels.

Dr. Kellogg, of Battle Creek, Michigan.—The question which should be raised in this discussion is, whether it is better to remove the kidney, or whether it is better to perform the operation of nephrotomy. If we drain the kidney in case of suppurating kidney and in case of malignant disease of the kidney, the patient will likely recover. Mr. Tait never removes the kidney. If any operation at all was considered desirable, he performed the operation of nephrotomy through the lumbar region, and drained the kidney. K. made it a practice to examine the position of the kidneys and all abdominal organs in every case of pelvic disease of women. In a very large proportion of cases the right kidney especially is prolapsed and movable. In thirty per cent. of all cases in which there is displacement of the pelvic organs there is also displacement of the kidneys. His method has been to first examine the patient on the back, the shoulders elevated, and legs flexed forward so as to relax the abdominal muscles as much as possible; placing one hand at the back and the other hand in front. In case he fails, he has the patient rise on the feet and rest against the end of the table; then, on bending forward, the abdominal muscles are completely relaxed, the kidney is dragged down, and when the patient takes a deep breath it is easy to seize it, if it is at all prolapsed.

Dr. J. H. Carstens, of Detroit.—I am much interested in the diagnostic points made. In all diseases of the kidney there is great danger in using ether. In all cases it is advisable to use chloroform. Looking back upon cases which have died within twenty-four to forty-eight hours, reported dead from shock, I am confident now that they died from the ether. Even chloroform will produce congestion of the kidney, but not to the extent ether does.

Dr. Henry T. Machell, of Toronto, asked for points which would enable us to recognize the kidney after the abdomen is opened. He had seen in more than one instance a considerable loss of time in recognizing and determining what was or what was not the kidney.

Dr. Morris, of New York, said that as to the question of how we can determine whether we have kidney or some other organ, he had only once been in the position where he could not tell from the character of the capsule and the tissue of the organ whether he had kidney, liver, some morbid growth, or some other organ. In that case he had colloid carcinoma; he found the aorta, then the renal artery and traced that, and determined from the relative position of the renal artery that the kidney was beneath this mass.

Dr. L. S. McMurtry, of Louisville, read a paper on

INTRA-UTERINE IRRIGATION AFTER LABOR.

Dr. W. W. Potter, of Buffalo.—The distinguished Fellow from Kentucky sounded the keynote of this whole question of intra-uterine irrigation after labor when he said that the time for commencement of the treatment was at the time when it became essential—that is, at the initial symptoms of infection. If we could only always determine when that initial symptom presented, I have no doubt that this method would result in the saving of life and in the prevention of prolonged sickness. There are ways in which infection gets to the vital organism insidiously, and we only know that by watching the symptoms which it produces; hence the importance attaching to the puerperal woman in her attendant paying more attention to a labor—not treating it lightly, not going to it and hurrying away in a few minutes after delivery, and saying, "I will come back when you need me," but she is to be watched with all care, even after simple labor, for a few days, until all danger of that initial symptom has passed away. It is important to emphasize all that, for the obstetricians of to-day must certainly recognize the fact that they are occupying a more responsible place than ever. There is more light upon the subject than formerly.

Dr. E. E. Montgomery, of Philadelphia.—This subject is one of vital interest, for upon the meeting and subduing of the germs at an early stage is dependent the future comfort, health, and possibly life of the individual. He fully indorsed what was said as to the importance of early intra-uterine irrigation where there is the least indication of septic infection. We have in the cavity of the uterus a large absorbing surface; a surface that is covered with débris, a surface in which, through the heat of the body and the character of the secretions, germs multiply with great rapidity, are readily

taken up and carried through the vessels, carried by the continuous action of the mucous membrane into the tubes, and we have secondary infection not only of the tubes and ovaries, but we have systemic infection through the absorption into the system. It is important to early render this surface sterile and prevent the development of the disease. In such cases he would advocate, in addition to irrigation, the use of the curette, the scraping away and removal of the infected débris, and, after irrigation with a chemical solution, the introduction of a twist of gauze to the fundus, and in this way make sure that the subsequent drainage was perfect and complete.

Dr. Geo. H. Rohé, of Baltimore.—It is my conviction, based upon observation and some personal experience, that the practitioner who is in doubt about antisepticism in obstetrics will lose nearly as many patients from septic troubles as one who misbelieves in that method. If there is any one thing necessary in practising aseptic obstetrics, it is a firm belief that it is absolutely necessary in every case. Consequently it has been well said that the time to begin treating sepsis in a lying-in woman is before she is septic. But even after the septic condition has been established, a thorough carrying out of the aseptic practice will result in success in a large majority of cases. Any one who has ever seen the interior of the uterus of a woman who has died of septic infection after delivery will appreciate the importance of more than superficial measures—not merely an injection now and then, even thoroughly made, but also the use of some chemical disinfectant which will inhibit the rapid multiplication of the germs.

Dr. J. H. Carstens, of Detroit.—It has been pretty well settled that normal cases had better be let alone; but where symptoms develop it is well to start irrigation very early. There are cases where the temperature rises up to 103° or 104° or 105°, where the irrigation has no effect at all, even if you irrigate every three hours, or two hours, or every hour. There is no débris there, nothing wrong with the uterus, the physician or midwife who attended the wound was aseptic, and still that woman has puerperal fever. These are cases of auto-infection. We know that when women have a latent disease of the tubes, be it tubercular, gonorrhœal, or an ordinary pyosalpinx, the act of parturition will cause it to break out in full force, or will cause a rupture of the tube, which will allow pus to run down into the uterus and there set up a violent septic poisoning. These are the cases which need laparotomy. We ought to have it before our minds that there are cases which are due to a poison being introduced from without, by the physician or nurse, and there are other cases where the cause is within the patient and may have been lying latent for years, simply needing something to cause the explosion.

Dr. Cushing, of Boston, in confirmation of what the last speaker said, reported a case that apparently sprang from tubal infection.

Dr. A. H. Wright, of Toronto.—I indorse the statements expressed in the paper. The subject is of the utmost importance. Nothing in the art of obstetrics has given me more anxious thought than this question of antisepsis. It is my practice in the lying-in hospital and in private practice to use intra-uterine irrigation very seldom. In itself it is an evil capable of doing a certain amount of harm. When the necessity arises I certainly do not scruple at once to go on with irrigation in the interior of the uterus. As far as I have seen irrigation carried on by general practitioners, I have been sometimes rather horrified at the miserably careless and indifferent way in which it was done. It is one of the most difficult things to teach hospital students how to do this properly.

Dr. J. F. W. Ross, of Toronto.—I do not think ordinary water used as an injection is as good as some antiseptic solution. My experience with intra-uterine irrigation has not been as favorable as I could wish. Two cases of puerperal septic trouble coming under my notice within the last two years have been treated by packing the uterine cavity with iodoform gauze through a speculum, and in this way attempting to subdue the formation of the poisonous ptomaïnes in the cavity.

Dr. Kellogg, of Battle Creek, said there was another use for irrigation which had not been mentioned. In a case in which the temperature rose to 104½° irrigation was employed, but did no good. By the application of a hot douche, 140°, the uterus was made to contract. The next morning the temperature was normal, and did not rise again. His plan of using the douche is to introduce a large drainage tube, then a small catheter through the drainage tube, and then to use water at a temperature of 130°. Lower temperature is often the reason for failure. Warm water relaxes, hot water contracts. Very hot water is efficient as a germicide. The uterus will bear a still higher temperature.

Dr. McMurtry, closing the discussion.—I feel very grateful to the Fellows for the very cordial manner in which they have received the suggestions I intended to convey. The purpose of the paper was not to discuss the routine use of intra-uterine irrigation after labor, or to deal with the prophylaxis of puerperal sepsis, but simply to emphasize the point that this very valuable method, which we can institute in the very initial stages of sepsis, is not generally appreciated by the great body of the profession; that the golden moment when it can be most efficient is lost by the administration of a hypodermic dose of morphia, under the mistaken idea that the initial stage of sepsis is a little milk fever or malaria, or some little disturbance brought on by the process of labor. Dr. Carstens, of Detroit, has alluded to a class of cases which should not be considered in connection with this treatment at all—that is, the fulminating cases, cases of sapremia, where in a few hours the system is thoroughly saturated with the poison; cases that nothing in the world can resist. Even in the initial stages of these cases this treatment can do no harm. The cases alluded to by Dr. Cushing are scarcely within the scope of the discussion. There is no such thing as auto-infection of a woman after labor. Cases of tubal disease belong to that class where the disease was present before labor began. They may have been mechanically affected by the process of labor and the muscular contractions, so as to complicate the case. They are complications of the puerperal condition. Moreover, the treatment of those cases by laparotomy, evacuation, removal of the disintegrating structures, drainage, and irrigation, is but an application from above of the same principle of treatment.

FIRST DAY—AFTERNOON SESSION.

Dr. Llewellyn Eliot, of Washington, D.C., read a paper,

IS A CHILD VIABLE AT SIX AND A HALF MONTHS?

He referred to the French law, which excludes the possibility of the viability of a child born before the sixth month (one hundred and eighty days), as unjust, since cases have occurred where children born before that time have been reared and lived for many years. He denied the plea of superfetation, in these cases, as untenable. A table comprising cases in which the period of utero-gestation extended from the fourth month (one hundred and twenty days) to the termination of the seventh month supplements the paper. Dr. Eliot related the histories of three cases of early viability, one at six months and eleven days, one at seven months and one day, and one at seven and a half months, and drew the following conclusions: 1. A child under peculiar circumstances of development is viable at four months. 2. A child is viable at six and a half months. 3. The moral character of the parents has nothing to do with the birth of a premature child, when considered from a standpoint of constitutional development. 4. Obstetricians should strive to convince jurists of these facts.

Dr. J. H. Carstens, of Detroit.—The paper of Dr. Eliot is one of great importance from a medico-legal standpoint. I would hesitate to say that a child was five and a half or six months, or six and a half months. I do not see how it is possible for us to say how long a child has been in utero. A woman may have a discharge of blood similar to menstruation when she is already pregnant for a month. In the present state of our knowledge it is clearly impossible to say how old that child is, unless you have two absolute factors: that you have the woman menstruate at a certain date, and that coition was had only at one certain date. You cannot even judge from the time the woman feels life, because that varies.

Dr. Eliot, of Washington, D.C., closing the discussion, said that in using the incubator it was necessary to regulate the amount of moisture as well as heat. If we have it too dry, we kill the child; if we have it too hot, we kill the child.

Dr. E. E. Montgomery, of Philadelphia, read a paper on

THE APPLICATION OF SACRAL RESECTION TO GYNECOLOGICAL WORK,

in which he advocated the procedure in all cases in which uterus and rectum were both involved with malignant disease, and in cases of uterine cancer where the uterus was enlarged or where the vagina was small and the case complicated by disease of tubes and ovaries, causing extensive adhesions.

He places the patient upon the left side or semi-prone position, and makes a bow-shaped incision from the right sacro-iliac synchrondrosis across the median line to a little beyond the apex of the coccyx, enucleates the latter bone, separates ligaments and muscles from the right side of the sacrum, and, beginning just below the third posterior sacral foramen, cuts off with chain saw or bone pliers the right ala of the sacrum.

In operations for removal of the uterus and its appendages, the rectum is pushed to the left and the peritoneum opened. This brings the operator upon the posterior surface of the uterus, when the broad ligaments may be seized by hemostats, raised up, the broad ligaments ligated, and the uterus removed. After removal of the organ the peritoneal surfaces may be stitched over the vagina and the posterior peritoneal opening also closed. He does not prefer it to vaginal hysterectomy where conditions are favorable for the latter. He reported two cases in which he had done the operation. One for cancer of the rectum and uterus, in which three inches of the rectum and uterus and appendages were removed, and the calibre of the gut restored. A large collection of feces pushed up the lower segment of the rectum, requiring the wound to be reopened and a secondary operation four weeks later. The second operation was done for cancer of the uterus complicated by tubal and ovarian disease with adhesions. Both patients recovered, and no inconvenience in locomotion was experienced.

Dr. C. A. L. Reed, of Cincinnati.—This operation attracted my attention when the first publication of it appeared. Like many of the other operations, particularly those that involve the invasion of structures that we have not been in the habit of treating surgically, it appears to be more formidable than perhaps it really is. In an effort to treat malignant disease involving the middle segment of the rectum, this operation would be demanded and would be justifiable, for we are justified, perhaps, in doing almost anything for the relief of malignant cases, particularly those involving important tissues, such as the rectum and uterus; but if we can bring the maximum of relief with the minimum of risk, that is the line we ought to follow. There is one question which cannot be answered as yet from any ascertained results, and that is with reference to the remote influence of this operation. The removal of the coccyx and the removal of the lower segments of the sacrum must of necessity deprive the lower portion of the pelvis of an important basis of support; and what is the condition of our patients with regard to the support of the superimposed viscera following the operation, after a considerable length of time? Dr. Montgomery's cases are yet too recent to afford an answer to this question. While the primary results have been very good, it would have been vastly better to have relieved his patient by primary colotomy; but if this operation will bring the same amount of relief with as little risk of primary mortality, and at the same time insure the patient voluntary control of her fecal discharge, by all manner of means let us encourage it.

Dr. H. O. Marcy, of Boston.—We ought to lay emphasis upon primary colotomy. I mention it simply because I lost two patients where the result might have been entirely different if I had done colotomy first. This was in cancer of the rectum. When we recollect that the intestine is very fully distended with gases and feces, the pressure upon our sutures is something enormous. Primary colotomy gives us that all-important factor of surgical rest of the tissues with a far better promise of success.

Dr. H. T. Hanks, of New York, thought that this operation could be recommended in most cases of chronic pelvic abscess where a rupture has taken place into either the vagina or rectum, and where the tissue underneath the broad ligament is honey-

combed. He was interested from the fact that he had had one or two cases where he probably would have succeeded better by doing this operation. It is a difficult matter to cut through the abdominal wall into the true pelvis and find out the exact condition Though we very quickly get a view of the parts, we cannot manipulate easily.

Dr. W. H. Wathen, of Louisville, congratulated Dr. Montgomery upon his courage, his tact, and his excellent technique.

Dr. A. Vander Veer, of Albany.—I would not be willing to abandon vaginal hysterectomy for removal of the uterus and ovaries. The technique of vaginal hysterectomy is so perfect it is one of the most brilliant operations we have to perform at the present time, and the results are satisfactory. In regard to colotomy, I never had a patient who was thoroughly satisfied with the result of the operation. All were dissatisfied with the fecal discharge. But in the five or six cases in which I have operated for the removal of the lower segment of the rectum, it mattered not if there was some leakage, some trouble in keeping a pad there and receiving the feces; they always said, "Doctor, it comes out at the right place. It feels more natural."

Dr. Ap Morgan Vance, of Louisville.—The performance of primary colotomy would bring about a difficulty from the fact that a good deal of the gut was to be removed; and if there is cancer there, the more removed the better. If it was tied, anchored, at the point of ordinary colotomy, we would have difficulty in bringing it down to get approximation.

Dr. J. F. W. Ross, of Toronto, read a paper entitled

HOW SHOULD WE PROCEED WHEN ABDOMINAL TUMORS ARE COMPLICATED BY PREGNANCY?

He emphasized the point that there was nothing of malpractice in the opening of an abdomen during the existence of a concealed pregnancy, before proceeding to discuss cases in which pregnancy had been recognized. Cases of ovarian tumor and fibroid tumor of the uterus were reported, and a request was made for reports from members of the association, so that a foundation might be laid on which to build up a few fixed rules for future guidance. Ovarian and myomatous tumors were the only two forms taken into consideration.

Ovarian Tumors.—He said that the methods of treatment to be discussed were:

1. To allow the pregnancy to go to full term, or until the uterus throws off its product.
2. Puncture of the cyst until delivery is completed.
3. Induction of premature labor.
4. Ovariotomy—the uterus left to abort or go to term.
5. Ovariotomy—the uterus emptied of its contents by incision.
6. Ovariotomy and abdominal hysterectomy.

The author advocated early ovariotomy, but supported cyst puncture in certain favorable cases, if the patients objected to other operation or wished to have a living child. If at any time bad symptoms arose, he insisted on immediate abdominal section.

In advanced cases, where injury or much handling of the uterus is unavoidable, the organ should be emptied to forestall the almost inevitable abortion or premature labor.

Myomatous Tumors.—1. Induction of premature labor.

2. Early myomotomy or abdominal hysterectomy.
3. Late hysterectomy or Cæsarean section.
4. Tentative measures, as:

(*a*) Enucleation of cervical tumor to permit labor completion.

(*b*) Enucleation of a sloughing tumor following labor.

(*c*) Abdominal hysterectomy for a sloughing tumor or uncontrollable hemorrhage following labor.

(*d*) Abdominal hysterectomy for septic infection from retention of discharges in the non-contractile uterus.

(*e*) Abdominal hysterectomy or Cæsarean section to end a labor that will require long forceps, version, or craniotomy.

He finally concluded that the tentative measures were the best.

Dr. H. T. Hanks, of New York.—I have been interested for many years in the subject of uterine and ovarian tumors. We not only want to consider the patient but the surroundings, and when you know that you have got a unilocular cyst, that you can tap and remove the fluid and the patient can go on to term, or at least to eight and a half months, you are justified in doing it. But if the pregnancy is complicated with fibroid tumors, the case is different. They grow very rapidly from the first month up to the fifth or sixth month, but do not from the seventh to the ninth month. If the tumor is situated in the cervix you should enucleate it, because you cannot deliver through a cervix of which two-thirds is a fibroid. If you cannot do that, you are justified in producing premature labor or an abortion at the second or third month. If the tumor is the size of your fist, and you can push the cervix above the brim, and you have two-thirds of the cervical tissue healthy, you are justified in delaying. If the tumor is above the middle zone, the child can be delivered quite easily at term.

Dr. A. Vander Veer, of Albany.—The difficulty of diagnosis in a case of fibroid of the uterus or ovarian tumor is one of the problems of surgery. The subject is being handled with much greater clearness and more satisfaction, but it is essential to make a diagnosis, and in making the diagnosis we have very little that helps us in the history given by the patient. A condition which Dr. Ross did not touch upon is this, that in most cases where a patient who has a uterine fibroid becomes pregnant the tumor will take on a certain amount of growth, more in some cases than others. Occasionally it undergoes a sarcomatous change. Again, a patient may have a fibroid, go through pregnancy and a safe delivery, after which the fibroid will disappear. The medico-legal point of this question has been touched upon by two or three of the decisions that have occurred in court. We should be thoroughly united and thorough in our emphasis that in these cases the fibroid does sometimes disappear under the influence of pregnancy. In the treatment of ovarian tumors coincident with pregnancy, we should tap and carry the patient along as near as possible to the full time.

Dr. I. H. Cameron, of Toronto.—I am strongly in accord with the opinions expressed that no

general rules can be laid down for our guidance in any case. Every case, as Dr. Hanks has said, must be treated on its own merits. A sharp distinction should be made between tumors involving the uterus and those involving the ovaries. As has been said, the position of the fibroid tumor makes all the difference in the world. If it be clear that from the position of the tumor it will not interfere with delivery, it may be laid down as a general rule that it should not be touched before gestation is complete. Of course there may be risks of inflammation or malignant disintegration. I would like to enter my protest against tapping a unilocular cyst as a palliative measure. Twice in the last week I have had occasion to witness the very great danger of tapping.

Dr. H. O. Marcy, of Boston, said that he agreed with Dr. Cameron. He supposed tapping under these circumstances was out of the question. He reported a case showing its danger.

Dr. W. W. Potter, of Buffalo, reported a case of successful operation for removal of the tumor during pregnancy.

Dr. H. O. Marcy, of Boston, asked what was the condition of the veins.

Dr. Potter replied that they were highly congested. He believed that it was a case where tapping would have been very bad practice. His experience and that of others led him to believe that tapping should never be employed ; if anything was done it should be through an incision.

Dr. J. H. Carstens, of Detroit.—I am inclined to think that because of the peculiar blood changes union takes place better during pregnancy than at any other time. I wish emphatically to protest against the tapping of tumors during pregnancy. Cases of ovarian tumor, no matter what kind they might be, occurring during pregnancy, ought to be operated upon. In case of fibroid you have to judge of each individual case yourself.

Dr. A. Vander Veer, of Albany, said he did not suppose there was any man in the State of New York who had in his teachings emphasized more this point in reference to tapping in the case of an ovarian tumor than he.—*New York Journal of Obstetrics.*

Pathology.

THE PROGNOSTIC SIGNIFICANCE OF THE TUBERCLE BACILLUS.

(Centralb. für Bakter. u. Parasit., taken from *Dtsch. Med. Wochenschr.*, 1891, No. 4.)

Von Brunn, in speaking of the prognosis in cases of pulmonary phthisis, gives it as his opinion that it is preposterous to found an absolutely bad prognosis in any single case upon the finding of the tubercle bacillus. Kurlow has shown by inoculations in guinea pigs that the colonies of tubercle bacilli found in the chalky nodules and cicatrices in the apices of the lungs of dead people, who, during life, were always looked upon as examples of cured phthisis, can remain isolated and completely lose their virulence. These investigations speak in favor of Buchner's supposition that the body seeks to defend itself against the germs which have penetrated it, in that it builds up a wall of leucocytes against them by means of the inflammatory reaction, and that as a general rule this wall renders it very difficult for bacteria to spread, and that finally they undergo retrograde changes and are distroyed, only the scar tissue or chalky nodules remaining. According to Brunn's idea, this favorable result is brought about only when *few* bacilli make their way into the lungs ; on the other hand, if the germs enter the respiratory tract in greater numbers, so much the easier will it be for them to break through the wall of leucocytes and infect wider areas of lung tissue, or even light up a general tuberculosis. The appearance, then, of great numbers of tubercle bacilli in the sputa will render the prognosis somewhat more unfavorable. By way of an appendix, Von Brunn speaks of the connection of rapid aggravation in tubercular processes of the lungs with the operation for rectal fistula. Colonies of latent bacilli are set free by means of this operation, that is, freed from the leucocyte-containing wall ; they then make their way into lymph blood vessels and are enabled to infect organs in distant parts of the body. In like manner, he explains such occurrences after operation upon fungous joints or scrofulous glands. J. C.

Book Reviews.

Annual of the Universal Medical Sciences. A yearly report of the progress of the general sanitary sciences throughout the world. Edited by Charles E. Sajous, M.D., and seventy associate editors. F. A. Davis, publisher, Philadelphia, New York, Chicago, Atlanta, and London.

This is the first volume of the fourth series of the Annual, which has become very popular with the profession of Canada. The contents are : Diseases of the Lungs and Pleura, Whittaker ; Diseases of the Heart and Blood Vessels, Whittier ; Diseases of the Mouth, Stomach, Pancreas, and Liver, Griffith ; Diseases of the Intestines and Peritoneum, Johnston ; Diseases of the Digestive Organs in Children, Holt and Crandill ;

Animal Parasites and their effects, Leidy; Urinalysis and Diabetes, A. J. Smith; Scarlet Fever, Measles, and Rotheln, Starr and Powell; Diphtheria and Croup, Lewis Smith; Rheumatism and Gout, Davis; Diseases of the Kidneys, Bladder, and Supra-renal Capsules, A. J. Smith.

Stories of a Country Doctor. By Willis P. King, M.D., First Vice-President of American Medical Association, Ex-President of Missouri State Medical Association; formerly Lecturer on Diseases of Women in the Medical Department of the Missouri State University; Professor of Diseases of Women, University of Kansas City, etc. Philadelphia: Hummel & Parmele, publishers.

This book presents no evidences of extra culture, neither has it any special literary merits; but it contains a number of reminiscences of a country practitioner which are not only readable, but quite interesting, and frequently very amusing. The author intimates that he desires to make something out of the enterprise; so our readers may assist in that direction if they wish, by buying the book at the small price of one dollar.

Syllabus of the Obstetrical Lectures in the Medical Department of the University of Pennsylvania. By R. C. Norris, A.M., M.D., Demonstrator of Obstetrics, University of Pennsylvania. Philadelphia: W. B. Saunders, 1891.

This syllabus has been prepared to meet the difficulty of accurate note-taking which most medical students encounter. Its author claims that it is so arranged that uninterrupted attendance on lectures is essential to a full knowledge of the subject. A student who would make a tabulated list of some thirty-seven different micro-organisms which may cause septicæmia would indeed be an "accurate" note-taker. In spite of some little "accuracies" such as this, the book is in every way commendable, and, when used as the author proposes it should be used, most valuable.

Sajous' Annual of the Universal Medical Sciences, 1891. Philadelphia: F. A. Davis.

Volume V. is devoted to general therapeutics, experimental therapeutics, electro-therapeutics, climatology and balneology, hygiene and epidemiology, embryology, anatomy, physiology.

This annual is a never-ending source of knowledge. No progressive physician can, in justice to himself and to his patients, be without it.

Pamphlets and Reprints.

A few thoughts on the technique of Hysterectomy. By Joseph Eastman, M.D., Professor of Diseases of Women, Central College of Physicians and Surgeons, Indianapolis.

Wood's Medical and Surgical Monographs for September, 1891, contains: Food and Dietaries; a manual of clinical dietetics, by R. W. Burnet, M.D.; and Stertor, Apoplexy, and the Management of the Apoplectic State, by R. L. Bowles, M.D. This will be found to be one of the most valuable of the numbers published.

Report of the Commissioners appointed to enquire into the Prison and Reformatory System of Ontario, 1891.

Statistics and Lessons of 1,500 Cases of Refraction. By George M. Gould, M.D., Opathalmologist to the Philadelphia Hospital, Philadelphia, Pa.

Personal.

THE editorial committee of the *University Medical Magazine,* Drs. G. E. de Schweinitz and Edward Martin, resigned on the first of October, and in their places were elected Drs. J. Howe Adams and A. C. Wood.

DR. WOODS HUTCHINSON, of Des Moines, Iowa, editor of the *Vis Medicatrix,* has been elected Professor of Anatomy in the Iowa State University.

DR. GEO. H. FOX, of New York, was elected President of the Medical Society of the County of New York at the regular meeting held Monday evening, October 26th.

DR. MILLMAN, of Toronto, has removed from Spadina Avenue to 490 Huron street, a few doors above Bloor street.

PARNELL died from hyperpyrexia, one of the complications not very rare in inflammatory rheumatism.

DRS. D. J. G. WISHART and P. J. Strathy have been appointed Assistant Demonstrators of Anatomy in the Trinity School of Medicine.

DR. ANGUS GRAHAM, Dorchester, has been appointed Associate Coroner in Middlesex.

Therapeutic Notes.

TREATMENT OF WHOOPING COUGH.—According to *Archives of Pediatrics*, September, 1891, the following are the present plans adopted in Europe.

Scilla oxymel.—Since Dr. Netter reintroduced this treatment in 1886, it has been constantly used in children's hospitals in France as well as in private practice. It certainly diminishes the number of attacks of cough and makes them shorter in duration. Expectoration is made more abundant and more fluid, while vomiting is soon stopped. It is given in twenty to sixty-drop doses to babies. In older children five to six tablespoonfuls is given between five and six p.m., and no food is given from three to seven p.m.

Antipyrin is the English idea. Dr. Crozier Griffiths believes that antipyrin only fails when not given in large doses, and finds that children stand them well. A baby of four months was given one-half grain every three hours, and on the fourth day, there being no improvement, he gave one grain every three hours, and in forty-eight hours the child was well.—*Virginia Medical Monthly.*

IODIDE OF POTASH IN DIPHTHERIA.—After several years' hospital treatment by this means, and also in private practice since, Senenko (*Rundschau*, August, 1891) recommends it most highly, as he has not lost a case since he has adopted this method. Adults may be given one-half to one drachm of iodide of potash daily; children, one-half the quantity. It should be given every three or four hours till iodism appears, or the membrane begins to come away, which takes place in from two to four days. If symptoms of heart-failure are recognized, it must be overcome by whiskey. Painting the throat is irritating, and should not be allowed; whereas, on the other hand, steam inhalations of a three per cent. solution of boracic or salicylic acid is highly recommended. The sub-maxillary glands should be rubbed daily with oleate of mercury.—*Virginia Med. Monthly.*

DONOVAN'S SOLUTION IN GLEET.—The solution of the iodide of arsenic and mercury is said to be of material service in the treatment of gleet. A correspondent of the *Medical Record* feels that he is justified in calling this remedy almost a specific for gleet, so uniform has been his success with it. It should be given for this purpose, in doses of ten minims, three times daily.—*Atlanta Med. and Surg. Jour.*

A GREAT objection to the use of antipyretics in typhoid and other fevers is that they diminish the quantity of urine excreted, and thus tend to prevent the elimination of the toxines which are produced in such quantity by pyrexia.

DUJARDIN-BEAUMETZ says that in cases of colotomy the patient may have life made much more agreeable by the administration of salol, which will deodorize the fæcal matter.

RECENT RECIPES FOR GONORRHŒA.—Dr. William B. Dewees, of Salina, Kan., says (*Kan. Med. Jour.*) few cases will remain uncured after eight days' use of injection of

℞.—Sodium biborat.

Resorcin	. . .	aa ʒss.
Glycerin	. . .	ʒiiss.
Rose Water, q. s.	.	ʒviij.

M.—S. Inject ʒij every two hours the first day; then lengthen intervals as the discharge lessens. After third day, take internally, tincture cannabis indica, five drops every three hours. Bathe glans penis in as hot water as can be borne three times daily.

Dr. Richard Lee (*Intern. Surg. Jour.*, August, 1891) first uses warm injections of sodium biborate and morphia [sulph.] (in glycerin and rose water) for three days; and then *aristol* in liquid vaseline—twenty-five grains to ounce. Prompt relief, without relapse, was effected in from four to six days.—*Virginia Med. Monthly.*

A LOTION FOR THE ALOPECIA FOLLOWING ACUTE DISEASES.—The following formula is given (*L'Union Médicale*) as a preventive of

the alopecia which is observed during convalescence from grave acute diseases :

℞.—Alcohol, 80%,	2½ ʒ.
Camphorated alcohol,	1¼ ʒ.
Rum,	1¼ ʒ.
Tincture of cantharides,	1¼ ʒ.
Glycerine,	1¼ ʒ.
Essence of sandalwood, wintergeen, and roses, of each,	5 drops.
Muriate of pilocarpine,	7½ gr.

If the hair becomes dry, inunctions of oil of sweet almonds or castor oil may be made from time to time.—*Univ. Med. Magazine.*

IODOFORM PENCILS.—

Iodoform, in fine powder,	10 parts.
Cacao Butter,	9 parts.
Castor Oil,	1 part.

Mix them in a gently warmed poreclain mortar, and when the mass has been half cooled suck it into glass tubes having a lumen of 3 Mm., and place these in cold water. When the mass is cold, push the pencils out and cut them into pieces or points of 6 Cm. (2¾ inches) in length. —*American Druggist.*

ANTISEPTIC ADHESIVE OINTMENT.—

℞.—Zinci oxidi,	gr. ivss.
Zinci chloridi,	gr. xxiiss.
Gelatinæ,	ʒv.
Aquæ,	ʒviiss.—M.

This dressing protects the surface of wounds and dispenses with the use of bandages after operations. It is especially of service for the dressing of wounds on the face.—*Gaz. Hebd. Sciences Méd.—Satellite.*

SOZOIODOL IN LEG ULCERS AND SUPERFICIAL BURNS.—Nitschmann (*Pharm. Post*, 1891, No. 26, p. 467) advises the following ointment :

℞.—Sodii sozoiodol,	ʒj.
Lanolini,	ʒx.—M.

Sig : Apply upon the parts affected.—*Nouve. Remedès.—Satellite.*

SORE MOUTHS OF NURSING WOMEN.—

℞.—Listerine	f ʒij.
Glycerini,	f ʒij.
Aquæ Menth. Pip.,	f ʒij.

M.—Sig.: Use as mouth wash two or three times a day.—*Weekly Medical Review.*

Miscellaneous.

THE DANGERS OF SULPHONAL.—Dr. Bresslauer (*Wiener Med. Blatter*), in making a thorough investigation with sulphonal in the treatment of neuroses, says that while in some cases it has been known to do good, yet the bad effects of the drug are so apt to come on and prove fatal when least expected that he does not advise its use unless cautiously administered. When any one symptom comes on which could be attributed to the remedy, it should be at once left off; even then it may be too late, in most cases, to save the patients from heart-failure, to which, as a rule, they succumb. The toxic symptoms of the drug are : First, constipation ; following this, scanty and dark-colored urine, thirst, increased pulse, appearance on the legs of bluish spots similar to purpura, ataxia, and numbness, a difference in the temperature of the upper and lower parts of the body, and, finally, heart-failure.—*The Journal of Nervous and Mental Diseases*, August, 1891, p. 534.

THE INTERNATIONAL CONGRESS AT ROME. —A medical association has been started, with Dr. Senn, of Chicago, as its president, with the object of going together in a body to the meeting of the International Medical Congress to be held in Rome in 1892. The intention is to charter a vessel, which will take the party over and bring them back. It is expected that the trip will last six weeks, and that several places in the Mediterranean will be visited. The vessel will accommodate about 400 passengers.

ENGLISH MEDICAL COLLEGES.—The Medical Faculty of Cambridge University is now probably the largest medical college in England. The numbers of new students entering for full curriculum registered up to October 20th, in the larger colleges, were as follows, Cambridge, 119; St. Bartholomew, 104; Guy's 91; St. Thomas', 83; St. Mary's, 76; Owen's College, Manchester, 66; Middlesex, 62; University College, 61; St. George's, 47; Charing Cross, 45; University of Durham, 44; London, 36; University College, Liverpool, 36; Queen's College, Birmingham, 36; King's College, 35; Yorkshire College, Leeds, 34; Westminster, 27; Oxford, 22.