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Original Communications.

VIVISECTION.

BY MR. C. M. FOSTER.

(Read before the Toronto School of Medicine Medical Society,
16th Feb., 1883.)

Mr. President and Gentlemen:—Vivisection is not a subject which should require a lengthy or detailed introduction in a meeting like the present.

I propose to take up the subject simply in so far as it bears upon the practical details of our profession; my object being to show how intimate is the relation between experimental observations and practical medicine and surgery. That object will be fully accomplished if I am able to bring before you facts which will prove conclusively the position I have taken, viz., that vivisection forms one of the great foundations upon which rest the facts of the practical medicine and surgery of to-day. And, further, that the future of this, the greatest and noblest of the sciences, must depend greatly upon this method of research.

The relations which such methods of observation bear to the varied and numerous clinical details of hospital and private practice, whether surgical or medical, I take to be of considerable importance to every student of medicine, be he the experienced practitioner or the still unfledged "M.D."

Objections have been raised from time to time to the term Vivisection, as being not sufficiently comprehensive for the requirements of so wide a field of research. That which has been offered as a substitute, viz.,

"experimental physiology," may be accepted, I think; as fully meeting these requirements.

By it I do not include the performance of operations, simple and otherwise, upon living animals solely for the purpose of giving manual dexterity to the operator. This may, to a certain limited extent, and applied to special cases, be justifiable, but certainly not to the extent practised by the Alexandrian School, which numbered among its more illustrious members, Erasistratus and Herophilus; and still later in France, by Brachet, Magendie, and others.

Vivisection embraces operations upon living animals, made with the view of increasing our physiological knowledge, and establishing upon a firmer foundation every physiological principle which remains in any uncertainty. It also embraces experiments made for the purpose of ascertaining the action of drugs upon the different systems of the animal economy. In fact, any experiment which can in any way help us on to the ultimate object of Vivisection, viz., the saving and prolonging of human and animal life, and the alleviation of suffering, may be included under this title.

This broad field has formed, in years past, the battle-ground of repeated conflicts between light and darkness, science and ignorance; and in the future we may expect still more vigorous efforts on the part of the profession, to turn the tide of unreasoning popular prejudice, bearing in its foremost ranks some of the most prominent members of the legal profession, who,

however, mindful of the rights of the individual, and of the State, are woefully blind to the needs of suffering humanity.

That these men, members, as Prof. Burney Yeo has so aptly termed them, of "The Society for the Maintenance of Darkness," will finally be overcome, and made to understand the great wrong they are undoubtedly inflicting upon their fellows, I feel fully convinced. That the time may not be far distant is the hope of every earnest worker in the field of medical science.

There are many such workers scattered over the continents of Europe and America, and upon the shoulders of these must the burden of the work now rest. It is a cause for deep regret, that those who have contributed so much to bring our science to its present high position, should be shut out from that which has been their life's work, a work which has for its single object the saving of human life and the alleviation of human suffering. That these men, among whom are the most benevolent and philanthropic men living, should be hampered and retarded by a set of provisions, alike remarkable for their quibbling exclusiveness and their ignorant hostility, seems almost incredible. Whether or not those who oppose Vivisection are capable of appreciating the discovery of the circulation of the blood appears to be doubtful; judging from their apparent knowledge of physiology, which in some cases is simply a mass of limited and confused ideas, and in the vast majority absolutely nil, I should say they were not.

That incomparable discovery of Harvey, made in the year 1616, completely revolutionised the whole fabric of Physiology, which had hitherto rested upon the most erroneous theories; it led up to the further elaboration of the various functions and relations of the respiratory and circulatory systems, and formed the starting point of a new epoch of Physiological Science, as far removed from that which had gone before it as the day is from the night.

And this discovery, in all its details, was the outcome of experiments upon living animals; but before proceeding to show that this was the case, let us look for a few moments at the state of things prior to Harvey's discovery.

Dating back from Harvey to Galen we have a distinct period, during which, Physiology remained in some respects almost at a standstill.

Galen, who lived about the year 160 A.D., forms the most prominent landmark in Medical History during those times; he was a most earnest and scientific worker, and gained a great part of his physiological knowledge by numerous and careful vivisections.

The erroneous and in some cases mysterious views which were held by this celebrated physician are too well known to demand more than a passing reminder, for the purpose of showing how these have been entirely overthrown by vivisectional experiments.

The slow and laboured ascent from the *ἔμφυτον θεριον* of Hippocrates up to the *πνευμα* or "Ethereal Spirit" of Galen, and from thence up to the present high standard of Medical Science, can only be followed and appreciated by a careful study of the History of Medicine from the earliest times to the present day.

After Galen came Servetus, Vesalius, Columbus, Cesalpini, whose numerous experiments added somewhat to the original doctrines of their predecessor; but they were all, nevertheless, completely in the dark as to the true course of the circulation, although some among them, more especially Servetus, came comparatively near the mark.

It was only by a very large number of vivisections that Harvey was able to elaborate and establish upon a firm and impregnable foundation his great discovery; as he says himself, "It was only by daily diligence in vivisection on a variety of animals that he thought he had obtained the truth."

The following quotation from Harvey: "On the Motion of the Heart and Blood in Animals" is given by Professor Rutherford in one of his lectures, and is at once decisive and significant. He says, "It is plain that what has heretofore been said," referring to the theories of Galen, and those who had preceded him "concerning the motion and function of the heart and arteries must appear obscure, or inconsistent or even impossible, to him who carefully considers the entire subject; it will be proper to look more narrowly into the matter; to contemplate the motion of the heart and arteries, not only in man, but in all animals that have hearts; and, further, by frequent appeals to vivisection, to investigate and endeavour to find the truth." These experiments were made upon dogs, toads, frogs, serpents, fish, crabs, and also upon a variety of other animals; by means of these experiments he was enabled to upset completely the erroneous views of Galen, to prove clearly and with certainty the true action of the pulse, to show the absurdity of the old theory of air passing from the lungs into the blood to be distributed over the body, and above all to demonstrate beyond a doubt the true course of the circulation of the blood.

The following simple experiment convinced him that the blood flows in an unceasing circle, and at once threw light upon the whole subject:—By opening one of the small arteries, he was able to drain away all the blood, to use his own words, "of the veins as well as that of the arteries, in the course of half an hour or so."

The experiments of the Reverend Stephen Hales, of Faringdon, who followed closely in the footsteps of Harvey, established the pressure of the blood in the veins and arteries; he made use of different animals, among others, the horse; long glass tubes were inserted into the vessel of which the blood pressure was to be determined, and from the height of the column of mercury supported, the pressure was obtained. The

experiment may be repeated with facility by means of any of the simpler manometers commonly used for that purpose, or by the more delicate spring manometer of Fick.

Look for one moment at the discovery of the lymphatics and lacteals. Gaspard Aselli, while performing an experiment upon a dog, the mesentery having been exposed, noticed "a number of very fine white cords scattered over the whole mesentery, and spreading over the intestines by means of an infinite number of delicate rootlets;" piercing one of these a milk-white fluid escaped, revealing to him what had never before been discovered; the views on this subject being at that time incorrect and in a state of mystical confusion. On seeing the result of the puncture made on one of these rootlets, which he at first imagined to be nerves, he says, in his description of the experiment: "At this sight I could not restrain my joy, and, with Archimedes crying *Ευρηκα!* invited those present to enjoy the spectacle, which was so wonderful and unique that it struck them all with astonishment."

This branch of physiology received another important addition from the experiments of Jean Pecquet, who, while conducting an experiment having for its object some point in connection with the action of the heart, discovered that by "pressing on the lacteals of the mesentery of an animal whose blood was still pretty warm, and whose lacteals were not yet exhausted," he caused the lacteal fluid to pass up the thoracic duct, and thence into the subclavian vein, dropping from the descending vena cava, which had been severed. This experiment was followed up by many others, by which the true nature, cause, and functions of these absorbent vessels were established.

All these facts, which have never been shaken, in spite of the hysterical outcries of the anti-vivisection party, point most unmistakably to Vivisection as the true fountain-head of the most important departments of physiology.

Is a knowledge of the true action of the pulse of no account to the physician? Is a knowledge of the blood pressure in the arteries and the veins useless in the treatment of disease?

Would the medical man be tolerated who held to-day that the views of Galen were correct? And yet there is every probability that we would all be talking about "ethereal spirit," and holding all the other erroneous theories of Galen and his followers, had experimental enquiry been totally abolished.

A knowledge of the true functions of the absorbent vessels cannot be over-estimated; by it we are enabled to make use of the hypodermic syringe, a diminutive little instrument, but one which has been the means of saving many lives; by it, also, much of the anxiety of ovariectomy, and other intra-abdominal operations involving the peritoneum, is removed. To it also do we owe the employment of cat-gut, which is universally used with remarkable success.

And yet, in the face of all this, we have all around us men and women perpetually declaiming on the "uselessness of Vivisection," and publishing violent tirades on the inhuman barbarities practised by those who perform experiments upon living animals. To such as these, no better answer can be given than that of the great experimenter Harvey. He writes: "There are some who say I have shown a vain glorious love of Vivisection, and who scoff at the introduction of frogs and serpents, flies and other lower animals, upon the scene, as a piece of puerile levity, and they do not hesitate to use opprobrious epithets. But to return evil-speaking with evil-speaking I hold to be unworthy in a philosopher and searcher of the truth. I believe I shall do better and more advisedly, if I meet so many indications of ill-breeding, with the light of faithful and conclusive observation. Detractors, murmurers, and writers filled with abuse, I resolved never to read them, satisfied that nothing solid or excellent, nothing but disagreeable terms, was to be expected from

them, so have I held them still less worthy of an answer. Let them consume on their own ill-nature; let them go on railing until they are weary, if not ashamed."

The success which has been won by antiseptic surgery during the past few years gives it an honourable place in the ranks of those means which are essentially devoted to the saving of human life. This method of surgical treatment, by which I refer more especially to that form introduced by Professor Lister, and now called "Listerism," is based upon the results of a very large number of experiments conducted by Koch, Pasteur, Tyndall, Lister, and many others, and has for its object the prevention of those putrefactive changes produced in animal matter by organisms or bacteria, which exist in the air, or, in other words, the destruction of these organisms.

That the strong and fixed position which "Listerism" has obtained in the surgical treatment of wounds, depends entirely upon experimental observation, may be amply verified by consulting the works of any of the authors above mentioned; time does not permit of my doing anything like justice to this part of the subject; but the results of this form of treatment are too great and convincing to go unmentioned, even although this can be done but very imperfectly. Prof. Keith in his pamphlet "Ovariectomy before and after Antiseptics," published in 1878, says:—"Ovariectomy is not the operation it was 15 or 16 years ago—or even 2 years ago. The best results in the old way were difficult to get, and no one knows, but who has experienced it, the anxiety and weariness of spirit with which the struggle against the blood poison was carried on in the early days of ovariectomy. It is something to think that no one will again have to suffer these experiences in the same degree, and it almost makes one envy the younger ovariectomists to whom the way in these days is made so easy. Now there is a feeling of confidence and security; the constant fret and worry to

get chemical cleanliness in one's hands, in the surroundings of the patient and her attendants, has passed away."

Dr. West, in his work on the "Diseases of Women," speaks of ovariectomy as it is now performed, as an operation, "holding out a prospect, and a daily brightening prospect of escape from a painful and inevitable death, which at last, indeed, becomes welcome, only because the road that leads to it conducts the patient through such utter misery." Of 84 cases, all private patients, before the use of antiseptics, Spencer Wells had 21 deaths; another series of 84 cases, also private patients, in which Lister's treatment was carried out, there were only 6 deaths. In his last 41 ovariectomies, published in 1880, there were no deaths. Prof. Keith's latest results are still more remarkable, showing a percentage of less than three per cent.

The discovery of the vaso-motor system of nerves was entirely due to experiments upon living animals. By dividing the sympathetic nerve on one side of the neck of a rabbit, Bernard noticed that the vessels on that side became dilated, and a stimulus applied to the divided nerve caused them to contract again.

Connected with the discovery of the motor and sensory nerves and the laws of reflex actions, stand such names as Sir Charles Bell, Müller, Magendie, and Marshall Hall, whose experimental observations have contributed in no small degree to the making of that most important branch of medicine, Neurology. Without the knowledge we have gained by these experiments, our treatment of nervous diseases would be utterly valueless.

The experiments of Bernard and other observers seem to indicate a causative relation between lesions of the central nervous system and diabetes mellitus; pathological observations in not a few cases corroborate this relation, but inasmuch as cases frequently occur where no lesion whatever of the brain can be detected, we are not at

liberty to accept any such relation as established; although it may be possible, by recognising the results of Vivisection in this connection, to arrive at some more successful plan of treatment than has hitherto been adopted in this obstinate disease.

Time will not permit of my taking up that part of the subject relating to the action of drugs upon animals, beyond pointing out that the wholesale assertions of those opposed to Vivisection, to the effect, that the action of drugs upon the lower animals is entirely different to that upon men, are both false and indicative of a remarkable degree of ignorance, especially in those who make a pretence of speaking upon so extensive a subject.

The character of the impression made upon different animals and man, by a given drug, is the same in each case, although, owing to the varying susceptibility of the different animals experimented on, the result may differ in each case, but a correct knowledge of the degree of organization of the same organ in each animal, will enable us to gauge the probable effect of the drug in each individual case.

Any of the works on Therapeutics will be found to contain ample and overwhelming contradiction to the statements of anti-vivisectionists on this point.

The transfusion of blood from one animal to another was first rendered practicable by the results obtained by experiments on dogs. Dr. Gamgee tells of the effect which a death from uterine hemorrhage had upon Dr. James Blundell, (1818), who felt convinced that transfusion would have saved the woman's life, but as such an operation had not been performed before, it was impossible for him to try its effect on the case before him; but after this he at once set to work to prove the correctness of his conviction, by bleeding a dog until life was almost extinct, and then injecting six ounces of blood from another dog. The effect was even greater than he

had any reason to expect; to use his own words, "So sudden and complete was the resuscitation, that the animal seemed rather to awaken from sleep than arise from apparent death."

That this operation has been the means of saving life, which would otherwise have been lost need hardly be insisted on.

The Hunterian operation for the cure of aneurism was the direct result of vivisection, obtained about the year 1785, by John Hunter, while conducting an experiment on a stag, the external carotid of one side having been tied, in order to see the effect upon the growth of the antler of that side. Contrary to his expectations, no derangement in the nutrition of the antler took place; and on killing the animal and carefully injecting the vessels, he found an abundant and well-developed collateral circulation, entirely obviating any deleterious effects which might have been expected from the ligation of so important an artery. Hunter very soon put this discovery to the test, operating upon the human subject, with such success that the treatment of aneurism became at once and completely freed from the ineffectual barbarities which had previously characterized it, *e. g.*, amputation of the limb and laying open of the sac.

While this branch of surgical art was still in its infancy, those who attempted the ligation of important vessels, were not satisfied to risk the lives entrusted to them until they had demonstrated to themselves the practicability and safety of the operation. Among these may be cited the names of Sir Astley Cooper, Abernethy, Travers, Jones, and Freer.

By experiments upon animals it was found that the twisting of the open mouths of cut vessels arrested the flow of blood from them, and by repeated and extensive experiments, the great value of torsion was fully established.

We all read with interest the reports of observations, involving the removal of

portions of the intestine or stomach occupied by incurable or malignant disease. Such an operation would have been looked upon with horror and amazement by those who had not had the advantage of witnessing the experiments of Shipton and Travers. The success which has already attended these operations in the hands of Billroth, Czerny, Wölfler, and others, is sufficient recommendation to their performance, especially when we consider that the patient has no other alternative of escape from a certain and speedy death.

The production of gastric fistulæ in dogs rendered possible the carrying out of the operation by Czerny, of Heidelberg, in the case of a young woman, in whom the œsophagus had been destroyed by disease. There was nothing before her but a slow and lingering death, which would undoubtedly have taken place had not the knowledge gained by Vivisection stepped in and guided the hand of the surgeon. The result was a perfect success; the woman rapidly gaining strength and weight after the operation, and is now, in every respect, in the best of health.

Having looked at a few of the results of vivisection, and seen what an important part they bear on everyday practice, it may be asked, upon what grounds do the anti-vivisectionists base their opposition? About four or five years ago, when there was considerable agitation in reference to vivisection, a large number of articles and letters appeared in the different magazines and daily papers; the greater part of these letters demanded the total abolition of what they all styled a barbarous and inhuman practice. Many, it need hardly be said, were the ludicrous explosions of ignorant sentimentality; others came from surgeons; a series of letters to one of the London daily papers originating from a London surgeon may give us an idea as to the general tenor of the rest.

Speaking of those who perform experiments upon animals, he says;—

"Each fact these wretches say they wish to prove on animals, by cruelty, was known to me just forty years ago. They all were published, proved beyond all doubt, and had been proved for years, when I then commenced to study my profession; and, being facts, they have stood all tests since then, and still are acted on; the falseness, therefore, of such a plea must be apparent. No torture at the stake, no atrocities by Indians, nothing that I have ever read or heard of in the annals of cruelty, can equal them.—Fiendish in their finish, merciless in their manner, and un pitying in their detail, such experiments make one's blood run cold, and cause a creep and shudder.

"It seems incredible that this loathsome business, which would disgrace the lowest type of savages, should be carried on in a Christian country, by persons of education, who are daily entrusted with the treatment of men, women, and children, helpless through illness." The writer goes on to picture in highly-coloured flights of imagination, the writhing forms of cats, dogs, and birds, which these merciless men will have before their eyes, when on their death-beds; and becoming still more excited he exclaims, "It is all most horrible! Brutal beyond conception, useless beyond belief—the construction of animals being so widely different from that of the human body; not one day longer should the base thing be!"

Such remarks, looked at in the light of Medical Science, cannot but call forth pity and contempt; but, nevertheless, it should not be forgotten that these and other letters of like tendency and absurdity, exert no inconsiderable degree of influence upon the public, who, worked up by them, eagerly flock to sign petitions to Parliament, for the abolition of vivisection, or in other words, to effectually retard the further progress of the Healing Art.

It would seem that the natural and inherent striving after the wonderful and the mysterious, which is so especially characteristic of the ignorant and the sentimental,

operates in the case of these virtuous agitators—whether they see it or not. Their principles, if adopted in the past, would have kept us still in the age of alchemy and astrological magic; probably would have found us still the firm believers in the chiromancy of plants, by which, for example, caudate leaves were a certain indication of cardiac disease; or possibly homœopathic traders gravely dispensing worthless infinitesimals, a practice which is nothing more nor less than a modern form of Paracelsian mysticism.

An article in the *Nineteenth Century* for February, 1882, on "The Uselessness of Vivisection," by Mrs. Algernon Kingsford, M.D., contains the following remark:—"The writings both of Harvey and of Servetus, prove incontestably that vivisectional experiment served neither as a basis nor as a means of necessary elucidation in the development of Harvey's teaching." How can such a positive assertion be explained, in the face of what we have already seen to be Harvey's own words?

The most charitable supposition is that the writer is totally ignorant of the History of Medicine; another explanation might be the blinding effect of fanatical zeal, entirely suspending calm argumentative consideration of the subject, however much the writer may know to the contrary.

The last great achievement of experimental Pathology has been the discovery of the specific organism of Phthisis, or the bacillus tuberculosis, made by the accurate and exhaustive experiments of Koch and Baumgarten.

The infectiveness of tubercle has been made the subject of experiment for many years by different experimental observers, of whom the following may be mentioned: Buhl, Villemin, Chauveau, and Creighton. Dr. Martin, of Paris, also made a number of experiments upon guinea-pigs, clearly proving that the injection of tubercular matter into the peritoneal cavity gave rise to a true tubercular condition; while in

those animals in which non-tubercular matter was employed no true tubercular lesion resulted. Experiments made upon dogs, causing a certain number to inhale phthisical sputa, while others inhaled non-tubercular matter, gave results similar to those obtained in the case of the guinea-pigs.

It would be impossible and also unnecessary in a paper like the present, to give anything like a minute description of those careful and delicate experiments by which Koch was enabled to demonstrate the bacilli of tubercle, suffice it to say, that they appear to point most conclusively to these micro-organisms as the true exciting cause of this formidable disease. The weight and intrinsic value of these experiments have not I believe been in any way shaken by the different attacks made upon them.

Dr. H. D. Schmidt's view, that these bacilli are nothing more than fat-crystals has been fully negatived by different observers, among others by Dr. Hirschfelder, of San Francisco.

If by this discovery we are given any practical indications for the successful treatment of phthisis; if by it we are enabled to save a single sufferer from certain death, then these experiments have not been in vain; and that these indications are given appears indisputable; that they will daily become more valuable seems also probable, as our methods of treatment become increased and improved, based upon a knowledge of the true etiology of the disease.

In concluding this paper, which has I fear far exceeded the limits of your patience, I must express the hope that the main object which it had in view has been accomplished, namely, the conclusive demonstration of the intimate relation which exists between experimental observation and practical medicine.

There are 10,500 insane locked up in the State of New York.

NOTES OF A CLINICAL DEMONSTRATION OF DISEASES OF THE SKIN.

(Given at the Montreal Dispensary.)

BY R. L. MACDONNELL, M.D.,

(During the Summer Session of McGill University, 1882.)

I have brought together for your benefit some six or eight cases of skin disease, which have been under treatment lately in this institution. We shall examine them together :

Acne.—Here is a young man, tall and apparently strong, who has been a patient here for some weeks. On the side of his nose and about his forehead you see several elevated pustules, which have been appearing ever since he began taking the bottle which he has brought to-day to get filled. He is an epileptic, and you will no doubt recognize the condition of his face as that of *acne artificialis*. Bromide of potash tends to produce, in some patients, an inflammation of the sebaceous follicles, and, when allowed to continue, bromide eruption often extends to other parts; arms, legs, trunk, and scalp, being sometimes attacked. A similar eruption sometimes follows the use of iodide of potassium, or the local application of tar.

Dermato-Syphilis.—A very large proportion of the skin cases we meet with here belong to the class of syphilides. There is no special skin disease belonging to syphilis. It merely imitates other diseases.* But it is a matter of the greatest import to have this question settled. Is it syphilis? What then are the points about an eruption which would lead you to suppose that it was a syphilide you had to deal with? Briefly, they are as follows: 1, A history of primary syphilis, or evidences of previous disease, such as nodes on the bones, dark-coloured, isolated cicatrices, especially on the trunk and upper extremities; 2, symmetrical dis-

* " Syphilis has, strictly speaking, no skin disease of its own. Syphilis, when it displays itself on the skin, appears there as an imitator—an imitator of the greatest subtlety, capable of representing any form of cutaneous eruption. * * * It rarely, however, imitates urticaria, and still more rarely herpes."

position of the eruption ; 3, copper colour ; 4, serpiginous form of the diseased surface ; 5, thick, dark, greenish crusts ; 6, usually absence of pain and itching.

These are the more common points necessary for us to look out for. Syphilis or no syphilis ? That is the question. As to its being acne, ecthyma, or psoriasis, that is a matter of secondary importance. To exemplify matters, look at this man. He is forty years old, strong and muscular. Two months ago he made his appearance here, and showed a large raised tubercular patch on his forehead, which was about two inches in diameter. This eruption had appeared eight months ago, and had resisted local treatment. It was of dark maroon colour, serpiginous in form, and it gave rise neither to pain nor itching. He says he had a chancre nine years ago. It was hard and dry, and remained on the glans for some time. He had no suppurating bubo. That is fair evidence of primary syphilis. As to secondary symptoms—but let me first enumerate the more common symptoms of the secondary stage. Many of you are not senior students, and are, perhaps, not familiar with the list. 1, Eruptions, not of a special sort, but the ordinary non-specific ones, *plus* a special syphilitic stamp ; 2, the syphilitic sore throat ; 3, the glandular enlargement ; 4, the mucous patches ; 5, loss of hair ; 6, iritis ; 7, periostitis. Our patient seems to have run the gauntlet of this formidable array with fair success. He remembers that it was about eighteen months after the appearance of the chancre that he began to get bald. His head, as you see, is now quite smooth, and his eyebrows are almost gone.

Three years ago, he says, he began to suffer pain in his shin bones, and the pain was always worse at night. Pains in the bones, worse at night, are more than highly suspicious, and, at all events, call for iodide of potash. This pain is due to periostitis, and periostitis is nearly always connected with syphilis. Periostitis usually leaves its

mark upon the tibia. Now, he tells us that the seat of the pain on his shin became swollen, and the skin broke, and matter was discharged for some time from the wound. Look at his shins. On both there are small nodes, and upon the left tibia you see this large scar. Compare its colour with that of the penny you see in my hand. Now, that he is stripped, notice the large copper-coloured, horseshoe-shaped scar over his right deltoid. This is a particularly strong link in the chain of evidence. The original ulcer was probably the result of a broken-down tuberculous eruption. Scars on the arms and trunk, not caused by burns or injuries, are always suspicious.

This man has been taking a drachm of iodide of potash in the day, and the eruption on the forehead is disappearing, though slowly.

Our next patient, William D., aged 30, presents a good example of the squamous syphilide. He has been the subject of infantile paralysis, which has dwarfed the left side of his body. Twice he has had chancres. In '76 he had a single one, but cannot remember having suffered from any one of the secondary effects. In '79 he had several chancres. Three months afterwards he noticed an eruption on his right elbow, which soon showed itself on the other elbow and both knees. Six months ago a node formed on the left tibia, and is there still.

Now, this eruption before us is symmetrical. It is on both elbows and both knees, the favourite site of psoriasis. It never pained nor itched. He did not come to the Dispensary about the eruption, he came about the node.

When we strip him we find that on the inside of the left knee there is a scaly eruption, serpiginous in outline, brownish red in colour. It is psoriasis ; and we are justified from the history he gives us, as well as from what we see for ourselves, in saying that it is of syphilitic origin.

He has been taking iodide of mercury ; and those of you who have been following

the case have perceived how much smaller and softer this node has become.

The complexion of a syphilitic patient is in many cases of a peculiarly pale and muddy appearance, easy to recognize, but difficult to describe. This young woman, Mrs. B., is a good example. She is 32 years old, eight years married. Had one miscarriage, but no children. I take it for granted that you are aware of the effects of syphilis upon reproduction.

A month ago she made her appearance here with a tubercular thickening of the skin of the forehead, horseshoe-shape in outline, presenting here and there prominences which looked as if they would soon ulcerate. She suffered greatly from pains in the shin bones, worse at night.

Iodide of potash, in ten grain doses, at once gave relief, and the eruption on the forehead disappeared. I call her in merely to let you see an example of the muddy complexion of syphilis.

Psoriasis.—Of this disease here are two cases. The first, that of Mrs. B., is one of old standing.* She has been brought here to show you the result of the use of chrysophanic acid (gr. xx ad ʒ j.) ointment. She had patches all over her body, knees, elbows, abdomen, chest, scalp, and neck. Her skin is quite clear now; in a few months the eruption will re-appear.

In this second case of psoriasis, pyrogallic acid ointment (gr. xx. ad ʒ j.) has been applied. The disease shows itself about both knees, and is aggravated by the varicose condition of the veins of the leg. The patches are white and silvery. It is in irregularly disposed patches, like the spattering of soft mortar thrown against a wall; and the elbows are in the same condition. Compare the appearance of this bright, shiny, non-specific psoriasis with the dull, reddish-brown tint the patches present in the case of William D. This woman requires rest in bed to restore the equilibrium of the circulation in the lower extremities.

* *Canada Medical and Surgical Journal*, Vol. x., p. 597.

Chronic Eczema.—This girl is general servant in a large family. Her hands and arms are constantly in water. She has had this eruption for eleven years. It extends over the back of the hands, between the fingers, and over the flexor aspect of both forearms. At times it becomes very painful and weeps. It is always itchy. A cluster of vesicles are seen here and there on the skin, as well as the scabs formed by those which have broken. The cuticle, too, is rough and thickened. She has found out herself that her hands are better when they are not constantly wetted. This is a case of chronic eczema. Its characteristics, as seen in this case, are the constant weeping and itching. The former being the result of effusion into the papillary layer of the skin forcing itself to the surface. The following ointment is being used with very good result: *R.* Olei Olive, ʒ ii, Emp Plumbi, ʒ j. Olei Lavandulæ m xii. To be applied on lint covered by gutta percha tissue, and retained in place by a bandage from the fingers to the elbow.

She is also taking Fowler's Solution, which contains gr. 1/24 of arsenious acid to each dose of five minims. Arsenic is thought to give good results in chronic cases. It should be given after food.

This patient is the sister of William D. A second sister is under treatment for eczema of the hands.

TORONTO GENERAL HOSPITAL.

A CASE OF SPINAL CONGESTION—UNDER THE CARE OF DR. A. H. WRIGHT.

Reported by Mr. J. W. Patterson, M.A.

Wm. Batty, bachelor, aet. 39, a butcher, born in England, and been in Canada five months. Previous to this attack he has never had any illness except childhood's diseases; constitution has always been good; habits have been regular; never exposed to any hardships; family history good.

November 22nd, 1882—Got his feet wet, and did not dry them for several hours; felt chilly in consequence; but noticed no other immediate effect.

November 26th—Complained of a feeling of tingling in feet and hands, and sensation of numbness. He soon noticed a decrease of sensation in all the limbs, and a loss of power of locomotion. These symptoms increased until November 29th, when he could no longer walk, and was brought to the Hospital, November 30th.

At this time he could not walk at all, and with the greatest difficulty moved himself about in bed; very weak grip in the hands, especially the left one; sensation much impaired, and rather more so on left side. This loss of sensation was found to extend from the fingers and toes up to middle of the arms and thighs respectively. Over this same area he complains of the feeling of tingling and numbness. Slight pain and tenderness in the back, over lumbar region; pulse and respiration slightly quickened; examination of internal organs gave negative results.

Diagnosis—Spinal congestion; prognosis favourable.

Treatment—Ext. Fl. Ergotæ, 3 i every six hours.

December 2nd—Sensation of limbs and grip of hands noticeably improved.

December 6th—Complains of pains from lower part of neck extending down the arms, and from lumbar region extending down the thighs.

December 10th—Pot. brom. added to ergot.

December 18th—Has been gradually improving, and to-day walked without any support a distance of ten or twelve feet and back again. Sensation almost normal.

Jan. 4th—Patient sufficiently improved to walk about the ward, and sit up in chair for a short time.

Jan. 29th.—Has been steadily improving. Treatment changed to a tonic of Citrate of Iron and Quinine and Tr. Calumba.

February 5th—Patient left the Hospital cured.

OVARIOTOMY.

L. M'FARLANE, M.B.

(Surgeon to the Toronto General Hospital.)

Miss B., aged 25, sewing girl, noticed an enlargement of the abdomen some time in February, 1882. Having previously suffered from slight pains in the region of the left ovary, although not so severe as to prevent her from continuing her work. During the months of June and July the tumour grew very rapidly, and about the beginning of August she consulted Dr. McCollum, who pronounced it an ovarian tumour, and asked me to see the case with him. I did so, and after a careful examination concurred in his opinion as to its nature and the advisability of an operation. As she had for a few weeks suffered from distress in breathing and loss of sleep, we decided to tap and give her an opportunity to recruit her health before operating. The tapping diminished the size of the tumour to a slight extent and confirmed our diagnoses as to its multilocular character.

On the 5th of September, I was, through the kindness of my friend Dr. McCollum, permitted to operate, being ably assisted by himself and Drs. Strange and Nevitt. An incision was made in the median line of the abdomen, extending from the pubes to the umbilicus, and after the tumour was tapped and its fluid contents removed, I found the opening in the abdomen was not sufficiently large to allow its withdrawal. I therefore extended the incision to the left of the umbilicus to near the ensiform cartilage. The tumour was firmly adherent to the abdominal wall around and to the right of the umbilicus, also to the fundus of the uterus. These being broken down it was removed and the pedicle secured by a double ligature. A further examination revealed the fact that the right ovary was undergoing cystic degeneration, and consequently it was ligatured and removed. The ligatures from both being brought out through the lower part of the opening in the abdominal wall, thus serving as a drainage tube.

The hæmorrhage from the fundus of the uterus was so persistent as to require the application of the cautery at a black heat to control it. After all hæmorrhage had ceased and the abdomen thoroughly washed out, the external wound was brought together by means of deep sutures embracing the peritoneum. The patient went on to convalescence without an unfavourable symptom, the temperature did not at any time rise above 100°.

The tumour and its contents weighed twenty-six pounds.

Remarks.—The case is of interest from the rapidity of its growth, and from the difficulty in reaching the tumour through the vagina and rectum, in consequence of the points of attachment to the fundus of the uterus and abdominal wall which prevented it from dropping into the pelvis, also from the fact that no antiseptic precautions were observed other than cleanliness.

Selections: Medicine.

THE HYGIENIC TREATMENT OF ALBUMINURIA.—The importance of hygiene in the treatment of Bright's disease has been recognized by all authorities upon the subject. The most recent important contribution to the subject is that by Senator in an address before the Berlin Medical Society, *Berliner Klinische Wochenschrift*, No. 49). He does not regard the loss of albumen as the most serious feature in the case, but it is important in so far as it aids our prognosis by indicating the amount of structural change suffered by the kidney. As regards the treatment of albuminuria, Senator points out the general uselessness of drugs in this regard, and dwells particularly upon the imperative importance of hygienic questions. With reference to feeding, the need of frequent rather than full meals is mentioned. As regards the choice of food, eggs and meat should be given sparingly. Lichtheim has pointed out that the use of food rich

in proteids may lead to an increase of the urea in the blood, with its possible consequences. Fleischer has proved the same for phosphoric acid, and Senator, by induction, extends the idea so as to include the other end-products of the metabolism of proteid bodies. In consideration of the inability of the diseased kidneys to separate and remove these waste products, he recommends the use of meat poor in albumen,—veal, poultry, and white flesh generally, including fish; and the less albuminous vegetables are preferred, such as greens, salads, fruits, etc. The digestive powers of the individual must be taken into consideration, however, and the use of fatty elements will depend upon the patient's ability to assimilate them. Spirits and beer are interdicted, but red wine is usually allowed. Spices and strong aromatics should be avoided. Milk is especially valued as a diet, and may be associated with white bread as a milk cure. Mineral waters and baths are beneficial in some cases, the latter having their chief effect on the skin. Due care of the skin, bodily rest, and the value of fresh air are insisted upon; but, as much physical exercise is injurious, carriage exercise is the proper substitute. The good effect of a change of climate is often very noticeable, which is not attributable solely to change of air and water. In warmer regions there is an additional advantage observed in the fact that the diet is more vegetable than animal, and the southern dry climates, such as the Riviera or Cairo, are preferred.—*Medical Times and Gazette*—*Phila. Med. Times*.

Ammoniated chloroform, a new preservative fluid, recommended by Dr. B. W. Richardson, is prepared by mixing in equal amounts any given quantity of chloroform and strong ammonia. In a few minutes a clear liquid will rise to the top. This will be the part to use, and it may be poured into a bottle and preserved until needed.—*Louisville Med. Herald*.

THE PHYSIOLOGICAL ACTION OF THE SALTS OF SODIUM, AMMONIUM, AND POTASSIUM.—Sydney Ringer, having made some experiments upon the frog's heart isolated from the body, reports (*Lancet*, November 4) that the salts of sodium, ammonium, and potassium all arrest the ventricle in diastole, but differ in their mode of action. Potassium salts tend most markedly to arrest or suspend spontaneous contractions, although the heart may be proved contractile by suitable excitation. Ammonium salts show no such tendency: the heart beats often with increased frequency up to the very end,—i.e., as long as contractility persists. Sodium salts are intermediate, but nearer potassium than ammonium. The sodium salts, however, show very little influence upon contractility, while potassium and sodium act with almost equal intensity. After the heart has been influenced by potassium salts, it very rapidly loses its power of responding to faradization. This does not occur at all, or only to a very slight extent, with the other bases. It is held that these effects are carried out in all the compounds of these bases, although they may vary in intensity. A certain relation between potassium, sodium, and ammonium salts is manifest, potassium standing first as most poisonous and threatening in two directions; ammonium coming next, its action being restricted to destruction of contractility; sodium coming last, and ranking as but very slightly poisonous comparatively with either. These experiments, indeed, would make potassium salts some fourteen or fifteen times as poisonous as sodium salts. The bromide and chlorate of sodium are recommended as substitutes for the corresponding potassium compounds in many cases.—*Phila. Med. Times*.

TREATMENT OF ACUTE PNEUMONIA.—Remarkable results are reported by Riebeau-Schwartz from the use of iodide of potassium internally, and ice externally in acute pneumonia. — *Paris Med.* — *Phila. Med. Times*.

A PUPILLARY PHENOMENON OBSERVED IN CERTAIN MORBID CONDITIONS IN CHILDHOOD.—Dr. Parrot records in the *Revue de Médecine* for October, 1882, a number of observations made by him in regard to a reflex dilatation of the pupil, occurring in certain pathological conditions in young children. In these affections, dependent or not upon evident lesions of the nervous centres, accompanied or not by convulsions, but always by coma, if the skin of the epigastrium, or of any other part of the body be pinched, there follows a momentary dilatation of the pupil. Among the affections in which this phenomenon is observed are tubercular meningitis, hæmorrhage beneath the pia mater, some cases of chronic hydrocephalus, and certain other undefined conditions in which the contents of the cranium are increased out of proportion to its capacity. In other comatose conditions, usually without convulsions, there is no response of the pupils to even violent pinching of the integument. In these cases there may be œdema or marked congestion of the pia mater, but the factor of cerebral compression is absent. From his present observations the author is unable to determine the precise diagnostic or prognostic value of this phenomenon, but he formulates one conclusion, viz.: In a child in a comatose condition, whether there be convulsions or not, if the pupils do not respond to peripheral irritation in the manner indicated, we can exclude meningitis and hæmorrhage beneath the pia mater—the child is suffering from asphyxia and his death is imminent.—*N. Y. Med. Record*.

ABSCESS OF LIVER WITH ABSENCE OF HYPOCHONDRIASIS.—At the last meeting of the New York Academy of Medicine, Dr. Janeway reported a case of abscess of the liver in which there was no evidence of hypochondriasis. In a number of cases of hepatic abscess he had noticed the absence of hypochondriasis, and had come to regard its presence as exceptional instead of the rule.

SYMPTOMS OF POISONING BY IODOFORM.—In view of professional responsibility attending the use of this agent, and the frequency of its application in gynecological practice, we deem it proper to insert the following observations resulting from the experiments of Schede at the Hospital of Hamburg. The following are the toxic effects observed by Schede :

1st. Increase of temperature, which rises to 104° F. and above, without appreciable cause.

2nd. Coincident with the fever a physical depression is manifested,—headache, loss of appetite, the breath bears the odor of iodoform, the pulse is frequent, small, soft, and very compressible. These symptoms cease with the cessation of employing this therapeutic agent.

3rd. The frequency of the pulse may rise to 150 to 180 pulsations per minute. Added to the first symptoms of inquietude is a fever, which becomes more and more intense; and if the use of the medicine is not discontinued, death may result. A sign of the gravest portent is the appearance of symptoms of acute meningitis or of depressive phenomena analogous to melancholia.—*Obstetric Gazette—Philad. Med. Times.*

CHANGES IN THE DEEP STRUCTURES OF THE EYE IN LIVER DISEASE.—Litten (*Zentral für Augenheilk*) makes the following remarks :

1. In the various forms of liver disease which begin with jaundice, congested patches are often found in the retina, and even hæmorrhages.

2. In acute atrophy of the liver in cases of phosphorus poisoning, there are often in both eyes multiple points of hæmorrhage.

3. In two cases of liver cirrhosis, pigmentary degeneration of the retina was observed.

4. After puncture for ascites, optic neuritis sometimes ensues.

5. Hemeralopia appears occasionally during hypertrophic and atrophic cirrhosis of the liver, without visible organic change in the retina.

COFFEE VS. ALCOHOLISM.—F. P. Novaes, of Rio de Janeiro, advocates the habitual use of coffee as an antidote to alcoholism. He quotes from some remarks made by His Excellency, the Baron of Theresopolis, Vice-Director of the Faculty of Medicine of Rio de Janeiro : “ In Brazil,” he says, “ where great quantities of coffee are used, and where all the inhabitants take it many times a day, alcoholism is completely unknown.” Immigrants, with alcoholic proclivities, in time follow the customs of the people, and substitute coffee for alcohol, and their children never contract the fatal habits of their parents.

M. Novaes says further, that Brazilians alone know how to make coffee properly, which may have something to do with the number of *cafés* and their numerous patrons.—*Phil. Med. Times.*

MALIGNANT LYMPHOMA.—Dr. Zesas, (*Wien. Med. Woch.*) speaks highly of the internal and local use of arsenic in this disease. He begins with small doses, increases to twenty minims of Fowler's solution. He also gives it hypodermically every day in different parts of the swelling. Reviewing this question he concludes :—

1. That Fowler's solution as a useful remedy in malignant lymphoma deserves full recognition ; and

2. That poisoning need not be feared in the careful administration of the agent, even in large amounts.

COTON.—By P. Albertoni, (*Gaz. Med. Italiana.*) The following indications are pointed out for its use after an extended trial :—

1. In the very severe and pernicious diarrhœa, which occurs sometimes in the insane.

2. In simple chronic diarrhœa, in which cases the results were very happy.

3. In chronic diarrhœa, due to malaria, phthisis, and cachexia.

4. And in the diarrhœa of sucking children and those teething.

VALVULAR INSUFFICIENCY.—Prof. Drasche, (*Wien. Med. Woch.*) gives good reasons for thinking that in many cases of regurgitation the valves are not really at fault. His opinion is that valves are quite normal, and would do their work well, were it not that other conditions prevent them. These conditions are:—

1. A swollen state of the parts in connection with the valves.

2. Shortened chordæ tendineæ, and

3. An enlarged state of the opening, so that the valves cannot fill up the aperture.

He thinks that the functional insufficiency of the valves is far more frequent than the organic.

ERGOT IN DELIRIUM TREMENS.—Dr. Arnoldow (*Deutsche Medicinal-Zeitung*, No. 43, 1882) relates the case of a man suffering from hæmoptysis, who was also threatened with delirium tremens. Chloral had been given for the sleeplessness, but without effect. Upon the administration of ergotine, not only did the hæmorrhage cease, but the symptoms of alcoholism also subsided. This happy result induced the author to give ergot in several other cases of mania-à-potu, in all of which the delirium was speedily controlled. Dr. Arnoldow explains this action by the contraction of the blood-vessels of the brain induced by ergot.—*N. Y. Med. Record*.

RECTAL FEEDING.—Two patients have been sustained for three weeks by food given by enema. The rectum was first syringed and washed out with warm water. The following mixture was then injected: Milk, \bar{z} iv (128.00); whisky, \bar{z} ss. (16.00); pepsin, gr. xv (1.00); tr. opii, m v (0.33), to be repeated after two hours.

The rectum was generally cleansed before each injection of aliment, though sometimes the patient retained two or three injections without a repetition of the irrigation.—*N. Y. Med. Journal*.

A NEW REMEDY FOR CHRONIC DYSENTERY.—Koroniko, from *veronica parviflora*, is reported by Dr. J. Jardine ("Chinese Customs Rep.") as a potent remedy in cases of chronic dysentery, varying in duration from six weeks to four years, and in which from twenty to thirty motions containing blood and mucous were voided daily. Fifteen doses of tincture of koroniko reduced them to one-half, another fifteen doses reduced them to three or four daily, and a third like quantity effected a complete cure. Koroniko seems to be the vulgar name adopted in New Zealand for the plant.—*N. Y. Med. Record*.

WHERE liver congestion exists to a decided degree, the following is of service:

R. Cinchonidæ Sulphatis

Euonymin

Iridin

Leptandrin

Juglandin. \overline{aa} \bar{z} ss

Podophyllin.

Ext. Belladonnæ.

Ext. Nucis Vomiceæ.

Ext. Hyoseyami. \overline{aa} grs. x.

M. In pil. No. 60 div.

Sig. One or two at bedtime.

Many a stubborn case of dyspepsia, that had run the gauntlet unavailingly of all sorts of peptonoids, has given way to this, and it is an admirable cholagogue on general principles.—W. R. D. Blackwood, M.D., in *Phila. Med. Times*.

TANNATE OF PELLETERINE has been used satisfactorily in one case by Dr. A. Judson Gray, who found it agreeable to take, causing no nausea or other unpleasant symptoms, the tænia was expelled entire, four hours after the administration of one fluid ounce of the solution.—*Phila. Med. Times*.

TO PROMOTE GROWTH OF HAIR.—Mix 10 parts of tincture of capsicum with 50 parts of glycerine.

ŒSOPHAGITIS.—Thus far, with my limited knowledge, I would indicate the following points in the diagnosis of œsophagitis: First and foremost, an antipathy to food, and when food is taken lachrymation takes place. This is a point to which attention has not been previously drawn; but when we remember that the ingestion of irritating substances produces tears in the eyes of the adult, we can readily understand that any irritation in the œsophagus may produce them also in the case of an infant. On reference to Billard's first case, I notice he says "the cry was feeble but perfect," and we must infer from this that the cry was accompanied by tears; and as in profound gastro-intestinal lesions the cry is unaccompanied by tears, and one of the favourable prognostic indications of recovery from these diseases is a reappearance of tears, a constant lachrymation accompanied by these profound symptoms may be a valuable diagnostic point. Referring to Billard's third case, we find the child affected with ophthalmia, and my second case also was suffering from ophthalmic irritation. There is no doubt that constant wetting of the eye with tears is sufficient to produce conjunctivitis. Even in Gregory's time this fact was recognized. He says "bile and sordes in the stomach have also occasioned ophthalmia. The purulent ophthalmia of infants has been attributed by some to this source;" doubtless by the lachrymation produced by the irritation in the œsophagus. All who have suffered from severe heartburn must remember the tears that suffuse the eyes when the irritating fluid regurgitates into the œsophagus.

The second important diagnostic sign is the characteristic vomiting; that is, the food taken into the stomach is returned almost immediately and quite unchanged. This vomiting differs from that caused by gastro-intestinal irritation by being apparently unaccompanied with nausea, and it differs from the vomiting due to cerebral

irritation by being not so powerfully ejaculated.

These are the two most characteristic diagnostic points. The other points it is hardly necessary, perhaps, to enumerate in this connection, as they simply consist in exclusion.

The question of treatment we need not enter into minutely; but as the disease almost invariably occurs in bottle-fed children, and one of the prime causes is the ingestion of food too hot, it is worth remarking that cold food can be administered to children without any bad effect. This plan of feeding children that require artificial feeding or cold food has been followed for some years by Surgeon King, U.S.A., and highly recommended by him. In my own practice, where children have been entrusted to nurses of careless habits, I have directed the children to be fed with food not warmed, and I have perceived no effects forbidding me to continue to do so.—*N. Y. Med. Record.*

Surgery.

STRICTURES OF THE URETHRA SITUATED AT OR NEAR THE MEATUS—THEIR CAUSES, SYMPTOMS, AND TREATMENT.

Dr. Chas. L. Mitchell, in the *Philadelphia Medical Times*, writes an interesting and instructive paper upon this subject. He states that strictures of the urethra are most frequently situated at or near the meatus, although Sir Henry Thompson's opinion is that the membranous portion of the urethra is their most frequent seat. Otis, Gross, and Bevan, with the writer, are in accord with the view that the portion of the urethra at or near the meatus is the most frequent seat of stricture. The statements of Sir Henry Thompson are based upon *post-mortem* revelations; those of Otis, Bevan, and Gross upon measurements made upon the living subject by the bulbous sound, which reveals constrictions not noticeable after death, yet whose trouble-

some symptoms disappear after treatment. As strictures are the result of inflammation, we would expect to find them most frequently where the inflammatory action is most frequent and severe. This point is in the anterior portion of the urethra. Deep strictures are generally traumatic; or, when the result of gonorrhœa, supervene upon frequent attacks, and are generally accompanied by one or more anterior strictures.

Obstinate, annoying, and chronic discharges from the urethra, are the effects of stricture. The longitudinal folds of the urethra become glued together by inflammatory effusion, perhaps at the seat of a normal transverse ruga. The passage of the urine over these constrictions causes an increase of friction, which is sufficient to keep up irritation and consequent discharge, though, in a healthy urethra, it would not be capable of producing an inflammation. These strictures, near the meatus, are generally of large calibre, and are elastic; and behind them is a portion of the urethra, denuded of mucous membrane and inflamed. They also communicate to the mucous membrane of the entire urethra a condition of hyperæsthesia, which is at times so great as to render the passage of any instrument a matter of very great pain and difficulty.

These strictures escape detection, either because, from the history of the case and the lightness of the attack, no stricture is suspected, or because proper methods of examination are not instituted. The ordinary conical steel sound will not detect a slight elastic stricture of large calibre, its wedge-like action dilates the stricture unperceived. The proper diagnostic instrument is the bulbous bougie, either metallic, which Otis uses, or the French *bougie à boule*. Any inequality or irregularity of the canal must be noticed at once, or the passage of the instrument may so dilate it as to render it unrecognizable for the remainder of the sitting. On noticing a slight hitch or obstruction, the instrument is slowly

withdrawn; and a slight roll or jump imparted to the fingers indicates the location of the stricture by the passage of the tip of the instrument over it. The presence of blood, or muco-purulent blood, upon the shoulder of the instrument, is proof positive that a stricture is present. A point in the examination is often forgotten, viz., that the calibre of the meatus is no indication of the diameter of the urethra. The meatus may be constricted by cicatricial tissue, traumatism, disease, or congenitally contracted. When this is the case, an urethrometer, such as devised by Dr. Otis, should be used.

The only treatment of any service is by internal urethrotomy. Gradual dilatation is absolutely useless—rapid dilatation almost equally so. Urethrotomy gives the best results. An expanding instrument should always be used, as the stricture is more effectually divided, and with a slighter incision, than when the knife is used upon the flaccid urethra.

Dr. Mitchell has devised a small compact meatotome, upon the principle of Otis' urethrotome. The instrument consists of a short hollow steel bar, containing, upon one side, a concealed movable knife-blade, and upon the other, an expanding bar. This is regulated by a screw head attached to the extremity of the handle, and the degree of expansion marked by an index, moving upon a graduated scale, in the upper part of the handle. The knife is worked by a finger-piece or shoulder. The instrument can be operated with one hand, leaving the other free to manage the penis. Dr. Mitchell has used it frequently with gratifying results. It cuts quickly, evenly, and with perfect exactness. It causes but very little pain. He uses an astringent and sedative urethral suppository afterwards. The after treatment with sounds, he finds only irritates, without beneficial results. The instrument may also be used to dilate and incise any short fistulous tract or sinus, such as the os uteri, etc.

DIFFERENTIAL DIAGNOSIS between lepra, lupus and cancer, as they affect the throat.

1. Lepra is always apparent on the skin, before the throat gives any manifestation of its presence.

Either lupus or cancer may sometimes exist without giving rise to any cutaneous affection.

2. Lepra always announces its onset by a reddish discoloration, which gradually disappears and is succeeded by paleness without tumefaction.

Lupus is developed on the mucous membrane without any morbid alteration in the latter.

Cancer commences by congestion, swelling, and slight pain in the region affected.

3. The tubercles of lepra are white, soft, and of variable size. They form a chain resembling a string of beads. Their sensibility may be normal, diminished, or completely abolished.

The tubercles of lupus are pinkish or red, hard, resisting, and elastic. They are larger than those of lepra, few in number, scattered, and generally indolent.

The tubercles of cancer are red or grayish. They are either hard or soft, and are troublesome by reason of the pain they occasion.

4. There is well-marked tumefaction of the mucous membrane in lepra; in cancer, a hard cedematous swelling. The tubercles of lupus are seated on a structure which retains its normal condition.

5. The ulcers of lepra are soft, somewhat resembling syphilitic mucous patches; in some cases they are insensible. In lupus the borders of the ulcers are hardened and elevated; their bases constricted, sinuous, and without odour.

The ulcers of cancer are large, with irregular bases, and are covered and surrounded by papillary growths. Usually, they are exceedingly painful.

6. The cicatrices of lepra and those of lupus are very similar in appearance and consistence. They differ in that the cic-

trices of lepra are insensible, while those of lupus preserve a degree of sensibility corresponding to that of the surface which they occupy. In cancer there is no cicatrization—either complete, partial, or temporary.—Dr. De la Sota y Lastra (*Rev. de Laryngol., d'Otolog., et de Rhinol.*, (August, 1882).

ICHTHYOL.—(*Monat. für Prak. Dermatol.*) Unna and Schröeter speak in high terms of this remedy in Eczema. Ichthyol is a carefully prepared product obtained from the destructive distillation of bituminous rocks and stones. At first it was tried in strengths varying from two to ten per cent. with unguents, as zinc benzoate. Thirty cases of Eczema of different varieties were treated with the ichthyol, and with happy results. Stronger ointments were tried, up to as much as fifty per cent. The following mixture is recommended:—

Lithargyri, 10.

Cog. C. Aceti, 30.

Ol. Olivae, Adipis. \overline{aa} 10.

Ichthyoli, 10.

M. ft. Ung.

It may also be combined with the preparations of mercury. It has been used with success in acne rosacea. One case of favus covering the entire head, was brought to a healthy condition in three weeks by the ichthyol spray and ichthyol vaseline.

In a case of severe psoriasis, the left arm was treated with chrysophanic acid; the right with ichthyol. The left made so much more progress than the right, that both were soon put under the acid.

TREATMENT OF HYDARTHROSIS OF THE KNEE.—Volkman has frequently punctured the knee joint and injected into its cavity a 3 to 5% solution of carbolic acid, without ever having the slightest accident or reaction. As a general rule, after having washed out the knee with a carbolised solution until the solution returns clear, he injects into the articular cavity 50 to 150 grammes of the carbolized solution.

then flexes and extends the knee, then surrounds the joint with Lister's dressing and immobilizes it. If the hydarthrosis is recent, one operation usually suffices. In old cases with distension of the capsule and ligaments, the operation may be repeated three or four times at a few weeks interval.

In very unfavourable cases, when the capsule is greatly distended and the synovial membrane is roughened and contains in its cavity an abundant liquid with fibrinous coagula and rice-like grains, or even in cases of plastic arthritis without articular effusion, Volkman makes two lateral incisions at the joint, and introduces two drainage tubes which are left in place as long as they give rise to secretion.

He has given up using iodine injections because they at times give rise to suppuration, and offer no advantages over carbolic acid.—*Lyon Méd.*

Dr. Fox exhibited a case of lupus erythematosus, in order to illustrate the effects of an application that he had used with great benefit in four other cases of the disease.

The mixture was composed of:

Chrysarobin	15 parts.
Salicylic acid.....	10 “
Calamine.....	5 “
Ether	10 “
Flexible collodion	60 “

To be painted upon the diseased patches. Salicylic acid has a decided effect upon the epidermis, and chrysarobin upon cellular infiltration of the skin, and he hoped by combining them to obtain great benefit in the treatment of this disease. He had made only one application in this case, and hoped to present the patient a month later, to illustrate the effects of the method.

PYROGALLIC ACID IN PHAGEDENIC CHANCRE.

—Dr. Vidal, of the St. Louis Hospital, says of pyrogallol in the treatment of phagedenism of the simple chancre,

that it destroys the virus, arrests the phagedenism, and transforms the chancre into an ordinary wound; it gives rise to but moderate pain of short continuance, its caustic action is almost exclusively limited to the diseased tissues, and it may be easily applied to all points. When incorporated in an ointment or mixed at 5% with an inert powder it is the best topical application in the treatment of the simple chancre, and of its phagedenic complication. The preparations may be spread over extra surfaces without danger of toxic absorption. While remarkable in its power over the phagedenism of the simple chancre, it has no special action on the phagedenism of the syphilitic ulcerations.—*L'Union Méd.*

EXCISION OF THE PRIMARY SORE IN SYPHILIS.
—Prof. Tarnovsky comes to the following conclusions:—

1. That the primary syphilitic sore is from the moment of its appearance an evidence of constitutional infection.
2. Usually the wound heals easily after excision, and there is no return of the induration in the place; but there is no change in the course of constitutional state; and
3. That there is no shortening by this means of the time required in treating the primary sore.

On the other hand, under the care of Prof. Grube, five cases were thus treated, and in two no secondary symptoms appeared after a lapse of seventeen and eighteen months respectively.—(*Monat. für Prak. Dermatol.*)

EPISTAXIS TREATED WITH CANNABIS INDICA.—Dr. W. G. Maxwell, in the *Md. Med. Jour.*, recommends the exhibition of Tincture of Cannabis Indica, in doses of ten to twenty drops every five or ten minutes, in Epistaxis. He has found it to act like magic—checking profuse hæmorrhage in from three to twenty minutes.

EXTIRPATING WARTS, ETC.—In extirpating small tumours or ulcers Dr. C. Johnston, (*Mary'd. Med. Jour.*) employs a circular gun wad-cutter, of which there are several sizes. Acting as a trephine, it makes a clean smooth circular incision. The circular wad of tissue is lifted up by a tenaculum, and separated by a single sweep of the knife. A scar is left which is one-quarter or one-third the diameter of the wad-cutter employed. If the edges be sutured the cicatrix is linear. An anæsthetic may or may not be required.

Midwifery.

PRIMARY OPERATION IN LACERATED PERINEUM.—W. L. Barret, M.D., in the *St. Louis Courier*, advocates the minute and close approximation of the edges of the torn mucous surface. He uses a short, straight needle and fine silk, carefully replacing all ragged ends of tissue, and closely following the sinuosities of the laceration. He leaves the deeper portions of the rent untouched. The sutures are the ordinary interrupted suture, and they are entered as close to the edge as possible, cut short and left to ulcerate out. The stitching is begun at the upper end of the rent and completed at the vulvar outlet. He considers external cutaneous sutures unnecessary. The process of involution has a natural tendency to bring the parts thus treated into closer apposition, thus favouring the object of the operation. The after treatment of such cases is simply that of an ordinary parturient.

He claims for his method that it is simple, less painful, more rational and more certain in its results than the usual method employed.

APPLICATION OF THE SPECULUM.—M. Fournier, in *L'Union Méd.*, recommends in vaginal examinations with the bivalve speculum, that the instrument should be slightly tilted so that the upper valve should rest firmly upon the anterior lip of the cervix, then by slowly opening the instrument the anterior lip is raised and the cervical cavity is disclosed to view, permitting a more thorough and useful examination.

THE Canadian Practitioner, (FORMERLY JOURNAL OF MEDICAL SCIENCE.)

TO CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, MARCH, 1883.

THE DUTIES OF THE PROFESSION TO THE INDIGENT.

The *Toronto Daily Mail*, in giving particulars of a very sad case of destitution, in its issue of February 21st, refers in a most uncomplimentary way to the Medical Profession. A poor woman, with one child, had not the necessaries of life, in the way of food, clothing, or comfortable habitation. In the account we find the following: "Her neighbours did all they could for her, and sent to several medical men, asking them for 'pity's sake' to lend their aid. But the woman was poor, and they, were busy, and of course could not make it convenient to attend." During Monday she was very ill, and on Tuesday morning she was found in a dying condition with her new-born child lying dead by her side. The cause of death was found to be "pneumonia and want." The insinuations, with reference to the actions of Physicians, who, as a matter of course, are unwilling to perform humane acts, unless paid for them, are very harsh and certainly unjust.

We believe the Physicians of Toronto do as much to assist the deserving poor of the city as any other class of the community, and probably more, if we except clergymen and a number of noble women, whose kind and charitable actions are so well known. But works of charity, like other procedures, to be successful, must be carried out in a systematic way; and in order to accomplish this we have regularly organized Hospitals, Benevolent Societies, Homes,

and Dispensaries, for all classes of sick poor, where the Physicians unite with the lay managers in giving them all the attention and attendance they require.

Unfortunately, in spite of such well directed organization, occasional sad cases of privation, and even death occur; but in referring to them we cannot see why medical men should be held up to obloquy as a class of inhuman monsters, having no regard for the sufferings of humanity. In this case, for instance, why were not architects, builders, merchants, coal dealers, grocers, butchers, and milkmen called in to supply a suitable abode, clothing, fuel, and food? Such a procedure, apparently, was not thought of: only medical men were asked "to lend their aid."

We have no intention at the present time to claim any special credit for Physicians, but we must protest against such charges of inhumanity, on the part of the public press. We would like to see the members of our Profession fully possessed of the greatest of Christian virtues, charity; but all successful Physicians are heavily laden with work: they are morally and legally bound to do the best they can for their paying patients, and in carrying out such contracts, it is simply impossible for them to answer every call at their doors. There is probably not a doctor in this city who does not do charitable work in connection with some of the Hospitals, Homes, Dispensaries, or in private practice.

The public should understand that they have no greater claims on the time of Medical Practitioners than they have on other classes of society; and on behalf of the latter we trust we may promise that they will always co-operate with others in preventing, as far as possible, such inexpressibly sad occurrences as the one recently chronicled.

Dr. Hughlings Jackson, in a recent address, says that too much specialism in teaching tends to produce prigs rather than practitioners.

TRINITY AND THE KINGSTON SCHOOL "TROUBLES."

Again we have a letter from Trinity, purporting to be an answer to an editorial in our February number, which we publish in this issue. This letter denies nothing contained in the article referred to, though it proclaims "falsehood," "falsehood," apparently with the hope of fastening a part of this *falsehood* on our shoulders. In answer to this we may say that the bare statement of facts therein contained was absolutely correct in every particular. We stated that a certain report about fees was current in Kingston, and an extract from a student's letter now published in Trinity's letter admits this fact. Supposing this report to be incorrect, still Trinity was getting the benefit of it, and the letter of the Kingston Dean, also published in this issue, shows that the Trinity Dean though afforded every opportunity refused to repudiate it. We showed in addition that Trinity was determined to ignore the right of the Kingston Faculty, to say whether its own students deserved certificates of attendance for the first half of the session, as evidenced by an offer to give certificates on *student's own declaration*. Under the circumstances the report about the offer concerning fees is a secondary consideration, and so much letter-writing about this "falsehood" is quite superfluous, while such evasion of the main points at issue is about as creditable as the original act of attempting to destroy a sister institution.

The true inwardness of the procedure is plainly visible in a sentence occurring in one of the *friendly* letters sent by the Trinity Dean to his *dear* Brother Dean of Kingston: "Of course if any of the young men go the length of leaving they may as well come west as go east." "East" of course means McGill, and Trinity appeared anxious to outbid what might prove a formidable rival in Montreal; this it accomplished with the utmost ease. The authorities of McGill at once declined to grant to

rebellious students "on their own declaration" a standing refused by their teachers. The "east," with a finer sense of honour, a fuller appreciation of the rights of a sister Faculty, and a higher regard for what the world calls fair play, stood but little chance in the unequal contest: the "west" "won in a canter."

The important element is the promise to grant the students of Kingston certificates for attendance, refused by their own lecturers, *who alone had the right to grant them*, and at the same time refused by another school in Montreal.

We regret exceedingly the manner of the defence offered by the Faculty of Trinity after careful deliberation, as we can only imply from it that this institution is determined in the future to adopt similar tactics, should occasion arise. If so, we hope it will have a clear course without any competition. We are glad to believe that many members of the Trinity Faculty would have scorned to participate in the action taken on their behalf had they had timely notice; but since they have failed, after ample opportunity, to shift the responsibility to the proper shoulders, they must not complain if they suffer in the general condemnation.

THE INTEGRITY MEDICAL AID FUND OF TORONTO.

The Society controlling this "Fund," called by the *Can. Med. and Surg. Journal* "a sort of Co-operative-Medico-Chirurgical-Obstetrical-Gynæcological-Pædiatrical-Supply Association," has arranged for its speedy dissolution. The physicians connected with it, finding the scheme distasteful to the profession, at once sent in their resignations. They explain their position by saying that they thought their company would conduct its proceedings after the plan of many Toronto Societies, who have their medical attendance at contract prices, without the assistance of advertisements by fly sheets distributed from house to house. "*Requiescat in pace.*"

O TEMPORA! O MORES!

In the *Canadian Pharmaceutical Journal* for February, the following advertisement (poster) is editorially cited:—

"Come one!! Come all!! From 10 to 20 per cent. saved if you will buy your goods from R. B. Clarke, M.D., Dealer in Drugs, Groceries, Fancy Goods, &c.," and so on *ad nauseam*, winding up with "Remember the place, 2 doors East Tichborne House, opposite Lennox Hotel, Napanee, Ont." The Editor exultingly remarks that this man's name does not appear on the Roll of Chemists, but is to be found in the *Medical Register*, and calls upon the Profession, the Medical Societies, and the Journals to purge themselves of this offender against all ethics and good breeding.

Whilst we cannot deny that the name of Robert Barr Clark, M.D. (Victoria College, 1866) appears upon the *Medical Register*; we cannot suppose, after what we have read in our contemporary, that he is a practitioner of the Healing Art, or that he moves in the society of Professional men. But were it otherwise, the Profession, as a body, is powerless in the matter; the Medical Council cannot move therein, unless he be convicted of a felony. We must leave him therefore to the private judgment of his fellow-citizens, unless, perchance, his University will discipline him for thus trailing his academicals in the dust. But little less disgusting are the advertisements so frequently seen in country newspapers of Medical men, who have obtained excellent diplomas, both at home and abroad, and whose higher qualifications might legitimately be expected to involve a higher sense of professional propriety. Of such a character is a clipping from the *Uxbridge Guardian*, of February 9th, setting forth the attainments of a Stouffville practitioner, and several of a like character, relating to a Toronto specialist, to which our attention has been repeatedly directed.

A MEDICAL OFFICER OF HEALTH FOR THE CITY.

After varying fortunes in the hands of committees the appointment of a Medical Officer of Health has, at length, been determined upon by the City Council; and the salary fixed at \$1,500 per annum. This sum, we think, is too small in view of the onerous and responsible duties involved. However, as a commencement, it may suffice; and doubtless as the importance and utility of the office become more generally recognised, the recompense will be proportionately amplified. We have a shrewd suspicion that before the receipt of the memorandum forwarded by the Chairman of the Provincial Board of Health (Dr. Oldright), members of the Council had no idea of the extent or character of the duties of such a position. The City and Profession are, therefore, indebted to Dr. Oldright for his timely communication on the subject. From what we can learn it would appear that Dr. Wm. Canniff is likely to receive the appointment; a selection which, we believe, will meet with the general acceptance and approval of the Profession. We think we can promise him, therefore, the hearty co-operation of the Profession in establishing and maintaining the high utility of the office.

THE NEW CODE.

The New Code of Ethics, adopted by the New York State Medical Society a year ago, countenancing consultations on the part of its members with Homœopaths and all sorts of Irregular Practitioners of Medicine, was sustained and confirmed at the annual meeting, in the beginning of February. From the almost unanimous condemnation of the New Code by the Profession throughout the world, and by forty out of the sixty County Societies, in the State of New York, it was confidently hoped and expected that at this year's meeting, the seemingly hasty action of the previous year would be reversed. After a long and liberal discussion, how-

ever, Dr. Squibb's resolution to rescind the former vote was lost by a division of 105 to 99. The New Code being thus sustained by a majority of 6 in a pretty full meeting. The Society has thus cut itself loose from all connection with the American Medical Association, which, last year, refused to receive its delegates at St. Paul; and it is rumoured that the majority of the County Societies will now join together to form a new State Society in ethical harmony with the General Association, and the Profession at large.

In Toronto, we manage these things more quietly. One or two Surgeons consult repeatedly with Homœopaths, and although they are members of both the Ontario and Canada Medical Associations yet, these Societies meet in this city and—to their shame be it spoken—take no notice of the fact. We wonder if there be a latent fear that a discussion of the matter might reveal the existence of a general *advanced liberality* such as the State to the South of us has not blushed to proclaim.

COUNCIL EXAMINATIONS.

The Examinations will be held in Toronto and Kingston, commencing April 3rd. The Final Oral will commence at Toronto, April 10th, and at Kingston, April 12th. The Primary Examinations will commence at Kingston on the 13th, and at Toronto on the 16th. Full particulars given in advertisement.

CANADIANS ABROAD.—On 29th January, W. A. Dawson Montgomery, M.B., Toronto, (of the Toronto School), was admitted M.R.C.S., England. On the 3rd February, S. R. Rogers, M.B., Toronto, M.D., C.M., (Victoria) of Mount Forest, and W. H. Macdonald, M.D., Trinity, of Toronto, were admitted L.R.C.P. and L.R.C.S., Edin.

At the close of Dr. Morrell Mackenzie's lecture, at Bellevue, N. Y., one of the students from "out West" remarked to his neighbour, "that feller talks our language very well for a foreigner."—*Phil. Reporter.*

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

Stated meeting, January 11th, 1883.

Dr. W. J. Wilson, 2nd Vice-President, in the chair.

After routine business Dr. Graham showed part of the ileum from a patient who died of enteric fever at the end of the third week. Symptoms of perforation occurred forty-eight hours before death. *Section Cadaveris*:—A large quantity of contents of the bowel were found in the peritoneal cavity. There were several large perforations in the lower part of the ileum, one near the ileo-cæcal valve was about $1\frac{1}{2}$ inches long, and occupied nearly half the circumference of the bowel. Several small perforations existed higher up. Attention was drawn to the great length of time the patient survived the symptoms of perforation.

Dr. Graham also showed a heart with greatly dilated right ventricle, from a man who died in the Toronto General Hospital. He was brought into the Hospital in an unconscious state. He had been drinking freely and was frost-bitten. He died next day.

Section Cadaveris.—Right side of heart greatly dilated and probably causing tricuspid incompetence. An ante-mortem clot extended into the pulmonary artery. Left ventricle greatly *hypertrophied*. There was no pigmentation of the liver, a rare condition with dilated right ventricle, and Dr. Graham thought, probably accounted for on the supposition that the dilatation was of recent development, being due to the fatty degeneration of the wall of the ventricle which was very marked. According to Balfour, the bruits heard in anæmia are due to temporary dilatation. There was fatty degeneration of liver and kidneys also.

Dr. Cassidy also reported a case of death with symptoms of perforation in enteric fever, but had not the specimen to present

for examination by the Society. The symptoms showed themselves on the 21st day and death occurred on the fourth day following.

Section Cadaveris.—A localized peritonitis of about the size of the hand existed confined to the bowel. The effusion was scanty. The last ten inches of ileum were dark, but no perforation could be found until the bowel was opened and a small one was discovered. It was completely glued over by the exudation.

Dr. McPhedran drew the attention of the Society to a new physical sign of perforation, from any cause, recently brought to the notice of the profession by Dr. Austin Flint, sr., of New York, namely, that with the escape of gas into the abdominal cavity, hepatic flatness is always replaced by tympanitic resonance. This is owing to the fact that gas in the peritoneal cavity, the patient lying on the back, will separate the anterior surface of the liver from the abdominal wall. This statement has been verified by Dr. Flint on the cadaver, and he also relates some cases affording clinical evidence of a negative character in support of the same. While assuming that hepatic flatness is proof against perforation of the alimentary canal, it cannot be assumed that tympanitic resonance over the hepatic region is always due to perforation. Hepatic tympanitic resonance may also arise from each of the two following conditions: namely, first, by separation of the liver from the anterior abdominal wall, by the colon having been forced up between them, and, secondly, by the conduction upwards to the pulmonary region of the tympanitic resonance of the transverse colon when it is greatly distended by gas. If the sign is found, upon further investigation, to be reliable, these two possible conditions giving rise to hepatic tympanitic resonance, will have little, if any, effect on the value of the sign. Dr. Flint submits his views to the profession with the desire that others may test the value of this physical sign.

Dr. Canniff thought that in certain conditions of the system gas might be produced in the peritoneal cavity.

Dr. Nevitt reported three cases of enteric fever in which there was prolonged illness. One was characterized by many marked fluctuations of temperature, varying from normal to 104°. They all made good recoveries.

The President thought there had been a marked tendency to prolonged attacks of enteric fever during the last season.

Dr. Graham thought the nomenclature required attention. At present all fevers characterized by continued high temperatures were classed as enteric. He would make two divisions of them, namely, (1), enteric to include all cases with typical symptoms; (2), continued fever to include the ill-defined cases.

Dr. Canniff reported a case of traumatic inflammation of the knee, met with in Muskoka last summer during a holiday trip. The man was injured in the knee by an axe, the patella being almost completely divided, the femur cut into, and the cavity of the joint evidently opened. Severe arthritis followed. A good recovery has resulted under treatment by extension, cleanliness, and plenty of fresh air. He is unable to bend the knee and passive motion was advised with the hope of overcoming the ankylosis.

Dr. Macdonald reported a case of hydarthrosis of the knee which he is treating by injections of solutions of tincture of iodine, (3 ij. ad ʒj.), injecting ʒv. at each treatment after removing most of the fluid in the joint by aspiration. The patient had taste of iodine in the mouth a few minutes after the injection. The immediate effect of the treatment was to cause much swelling of the knee, but this began to abate in a few days and the joint returned to its normal size. The ultimate results remain yet to be seen.

Dr. Graham said he had a similar case about a year ago with Dr. Armstrong of

this city. ʒj. of pure tincture of iodine was injected. Both knees were treated and are now well. Other joints became affected subsequently. The iodine taste was present in this case also.

Dr. McPhedran reported a case of trouble in Scarpa's triangle, characterized by excessive pain and tenderness, slight swelling but no other evidence of inflammation. The limb was extended and flexion gave great pain. There was no history of injury nor evidence of any rupture of any of the soft tissues. If the bursa beneath the psoas were the seat of trouble there would have been flexion of the limb. Complete recovery resulted in about three weeks.

Dr. Rosebrugh then exhibited his modification of the McIntosh battery, galvanic and faradic combined, and gave a detailed description of it.

Stated meeting, January 25th, 1883.

The President, Dr. George Wright, in the chair.

Dr. MacKenzie, Riverside, was elected to membership.

Dr. Graham exhibited a placenta containing two cysts filled with dark brownish fluid. The case was premature.

Dr. Cameron showed for Dr. Harison; of Cambray, an acephalous monster. There was no neck, and the spine was bifid throughout the dorsal and cervical regions. Birth was given to a similar monster in the pregnancy previous to this one.

Dr. McPhedran showed a diffuent spleen taken from an old man who died in the House of Providence. There was marked chronic gastritis and all the organs, especially the heart, were very friable.

Dr. Cassidy then read a paper on Ruptured Perineum. He dealt with the subject exhaustively, relating cases in his own practice in illustration. He advocated very strongly immediate operation in all cases. He preferred keeping the bowels loose, and urged the necessity of keeping the parts scrupulously clean by the vaginal douche.

A prolonged discussion followed, in which nearly all the members present took part.

After miscellaneous business the Society adjourned.

Correspondence.

To the Editors of the Practitioner.

GENTLEMEN,—I have no special desire to perpetuate the unpleasant controversy affecting the action of Trinity Medical School in our recent troubles. But the letter of the Secretary of that school, in the February number of your Journal, calls for some explanation as to our ground of complaint against Trinity, which I here propose to give as briefly as possible; the value of his denial will then be better estimated. Let me premise by stating that at no period were we taken into the confidence of either "Trinity" or "Students." We were, as regards any correspondence or diplomacy, left out in the cold, so that we are in no way responsible for the allegations made.

1st. During our troubles, one of our city papers made the statement that "Trinity Medical School proposed to receive our students on the following terms, viz., 'Students who had paid their fees would be received for balance of session free. Those who had not paid fees for the session would be received the balance of session by paying half fee. That certificates of attendance would be given, and all examinations allowed, upon students making their own declaration to that effect.'"

This startling announcement was read and known by citizens and students; copied, I believe, in outside papers, and was a common topic of conversation by all connected with college matters. This statement I have authority for stating, was given by the students to the newspaper without any reservation, and though understood to be the terms from Trinity, by citizens and students, was not denied.

2nd. To put the matter beyond doubt or cavil, on the 12th December, 1882, I wrote to Dr. Geikie, as Dean of Trinity

Medical School, expressing my surprise at this unusual course, sending also the paper giving an account of our difficulty, and asking an explanation. I received promptly two letters in reply. The first, a letter of condolence, *without one word of explanation*, only the following:—"Of course, if any of the young men go the length of leaving, they may as well come west as go east." The second letter, written the day after the above, was equally sympathetic, and equally non-committal; the only allusion to my question being, "that the students' questions were replied to, exactly as similar enquiries were answered, when made by a lot of 'Victoria students' some years ago." Being too dull in detecting the answer I wanted, I pertinaciously continued, and wrote again to Dr. Geikie, for information as to the allegations, as follows:—"That if Trinity proposed what was alleged, we had grounds of complaint against her. We are told the proposition is,

1st. Students received on their own declaration of having attended lectures.

2nd. That those who have paid their fees here will be allowed the balance of the session free.

3rd. "Those who have *not* paid will only have to pay *half-fees*, and that tickets will be certified on students' own declaration."

Could I be more explicit in my questions? I received an immediate reply of the most friendly character, with all sorts of kindly assurance; *but certainly not one word of denial or repudiation as to the above allegations.* Here is the only extract from this letter on the subject:—

"The whole matter so far as we are concerned is in a nut-shell; from *your* point of view, there would be ground to feel we had not acted a friendly part. There is just this difference, and it is this: We answered a civil question in a civil way, under the impression, and entirely under the belief, that there had been trouble of which we knew nothing, and that that trouble had resulted, much to our regret, in

a number of the students having actually left the school, never to return, and that these gentlemen were undecided only as to the direction in which they might go. Had this not been the exact state of things, according to the students' telegram, so far as it could be interpreted by the gentleman to whom it came and by myself, we would have given no answer." "The trouble had come—had reached its unfortunate ending, as we believed, and students who had left, wished to know if they could enter Trinity School,—a considerable number of the members of the old Victoria Medical School class had been received on certain terms, and this formed a precedent."

I may state here the students had not left, as Dr. G. was aware, and he so intimated in reply to my first letter above quoted.

This ended our correspondence on the subject. I could get no answer to my explicit questions as to the alleged proposal. *Could we, therefore, come to any other conclusion, but that the proposal from Trinity was such as stated.* An opportunity was promptly and candidly given to disabuse our minds of any unfairness on the part of Trinity, this was not accepted. We appealed to the only authority we could have access to, without avail. The sword was allowed deliberately to hang over our heads—we must assume for a purpose—and failing in the accomplishment of it—they seek now to get rid of the odium of a dishonourable act. The Trinity authorities are too late in their denial—the mischief is done and cannot be repaired, and we are left to the unpleasant consciousness of feeling that we have been betrayed, and confidence in the honour of a sister institution shaken, if not destroyed.

M. LAVELL.

Royal College Phys. and Surgs., Kingston,
February, 1883.

To the Editors of the Canadian Practitioner.

GENTS.—In your February number, you published my emphatic official contradiction of the false statement, that Trinity

Medical School offered to receive certain Kingston students for "half fees," and strangely enough, in the same number, this very statement is more than once repeated in an editorial. I am, therefore, directed, again to declare the statement absolutely and unequivocally untrue.

From Kingston students in answer to the question, "how such a falsehood could have originated?" we have, within the past few days, received two communications.

In one, the writer says that "the first he heard of it was, through one of the local papers"—that "such a thing was not talked over, amongst the students," until it came from outsiders, and then "only jestingly." Also, that "no such statement emanated from the students as a body, or I might say individually." And further, that "it is conjectured that some of the friends of the 'Royal' used such statements as a means to lead our Professors to make the present arrangements. We as students, feel, you have been wrongfully accused."

In the other letter, speaking for the students, the writer says:—"We regret the 'report' should have been circulated, and we repudiate the statements that the students here openly and publicly boasted that Trinity School had offered to take students who had paid nothing here (Kingston) 'for half fees.' We cannot understand how such a statement ever gained currency, and we conclude, it only existed, in the imagination of the original circulator or writer."

One telegram only, in reply to a despatch received, was sent to the Kingston students, and this did not refer directly or indirectly to fees—and this, with a short letter of congratulation, when matters were either fully settled, or in the way of being so, were the only communications sent from Trinity School to the Kingston students.

Thus, there was not even a single vestige of truth on which to base this mischievous falsehood.

JOHN FRASER,
Sec. Trin. Med. School.

Toronto, Feb. 19th, 1883.

Book Notices.

The Dangers of Impure Ice. (Reprint from *The Sanitarian*.)

First Annual Announcement of the College for Medical Practitioners of St. Louis, Mo.

The Physiology of Alcoholics. An address by W. B. CARPENTER, M.D., LL.D., F.R.S.

Annual Announcement, Cooper Medical College of San Francisco. Session of 1883.

The Management of Chronic Inebriates and Insane Drunkards. By A. N. BLODGETT, M.D., Boston.

Cervical Ribs. By FRANCIS J. SHEPHERD, M.D., M.R.C.S., Eng. (Reprint from *Am. J. Med. Sc.*)

The Placental Development in Mammals. By HENRY O. MARCY, M.D., Boston, Mass. (Reprint from *Annals of Anatomy and Surgery*.)

On Canadian Fresh Water Polyzoa, By WM. OSLER, M.D. (Reprint from *Canadian Naturalist*. Vol. x., No. 7.)

On Certain Parasites in the Blood of the Frog. By WM. OSLER, M.D. (Reprint from *Canadian Naturalist*.)

The Best Methods of Treating Operative Wounds. By HENRY O. MARCY, A.M., M.D., Boston. (Reprint from *Medical Gazette*.)

Annual Reports of the Sanitary Protection Association of Newport, R. I., for 1881-2. DR. H. R. STORER, Sec., Washington St.

Annual Address before the American Academy of Medicine, at Philadelphia, Oct. 26th, 1882. By TRAILL GREEN, A.M., M.D., President.

An Investigation into the Parasites in the Pork Supply of Montreal. By WM. OSLER, M.D., M.R.C.P., London, and A. W. CLEMENT, (Lawrence, Mass.)

Addresses delivered on the Dedication of Cooper Medical College Building. By LEVI C. LANE, A.M., M.D., (Jefferson and Berlin), M.R.C.S., England, and by EDWARD R. TAYLOR, Esq.

Spinal Deformities, Fracture of the Femur, Orthopedics, and Injuries. Extracts from Clinical Lectures, by EDWARD BORCK, M.D., of St. Louis, Mo. (Reprint from *St. Louis Med. and Surg. J.*)

Illustrated Medicine and Surgery. Edited by GEO. HENRY FOX and F. R. SURGIS, (with the co-operation of Profs. Willard Parker, Post, Van Buren, Little, Thomas, Loomis, Delafield, St. J. Roosa, Agnew, and Austin Flint). New York: E. B. Treat, 757 Broadway.

This excellent illustrated quarterly enters upon the second year of its existence with the January number. The high encomiums uttered on all hands during the issue of the first volume it seems will have to be reiterated of its successor. The contents of the January number are: Dental Development, (3 illustrations), by Wm. Hailes, jr.; Palato Pharyngeal Sarcoma, (1 illustration), by Johnson Eliot; Excision of the Shoulder Joint, (3 illustrations), by Randolph Winslow; Compound Complicated Harelip, (8 illustrations), by James L. Little; Cysto Adenoma of Thyroid Gland, (2 illustrations), by Chas. Buckley; Secondary Myeloid Disease of Pleura and Lung, (2 illustrations), by Wm. Osler; Congenital Union of the Fingers, (11 illustrations), by J. H. Pooley; A Teratological Contribution, (3 illustrations), by Geo. J. Engelmann and an Apparatus for Treating Fracture of Patella, (1 illustration), by J. S. Wight. The editors exercise an excellent discrimination in the matter admitted, securing at once merit and variety. Moreover, accepted contributions are liberally paid for.

A System of Human Anatomy, Including its Medical and Surgical Relations. By HARRISON ALLEN, M.D., Professor of Physiology, University of Pennsylvania. (Illustrations.)

trated with 380 figures on 107 plates, many beautifully coloured, and upwards of 250 woodcuts in the text). The drawings by Hermann Faber, from dissections by the author. Philadelphia: Henry C. Lea's Son & Co., 1883.

Section III., comprising the muscles and fasciæ of this beautiful atlas, has come to hand, and completes the first half of the publication. This number comprises 15 plates, containing 43 figures of very excellent execution. As before, the text is remarkable, not only for clearness of diction and typography, but more especially for its practical applicability in everyday experience. The concluding remarks on Displacement in Fracture well illustrate this. Each section is enclosed in a separate portfolio. The price per section (six in all) is \$3.50; and the practitioner who owns it has his money well invested.

Fourth Annual Report of the State Board of Health of Illinois.

The citizens of the State of Illinois are to be congratulated upon the successful organization of so energetic and efficient a Board. The duties have been extensive, covering a wide range of subjects, prominent amongst which are the suppression of smallpox and the enforcement of the Medical Practice Act. The former has occupied a large portion of the energies and means of the Board. The introduction of the disease has been greatly obstructed and its spread largely prevented.

In the working of the Medical Practice Act much time has been consumed, great labour involved, some dissatisfaction expressed, much discussion aroused; but generally its operations have been advanced with circumspection and thoughtful discrimination. No one is allowed to practice medicine in the State without possessing a certificate from the State Board. This certificate is to be obtained by examination or by presentation of diplomas from medical schools in "good standing." No school is recognized as being in "good standing"

that does not require a preliminary certificate of proficiency in English, and that does not compel a three years' course of study in medicine. A list of institutions recognized by the Board as fulfilling the indications of being in good standing is given.

Medical Diagnosis: A Manual of Clinical Methods. By J. GRAHAM BROWN, M.D., Edinburgh: Bell & Bradfute, 12 Bank St. Toronto: Carswell & Co., 1882.

"It is a creditable character of the treatment of diseases in the present day, that it seeks to proceed on rational principles." Accuracy in diagnosis is a *sine quâ non*, a necessary precursor of rational therapeutics. Diagnosis is the discriminatory cognition of the changes produced in the animal economy by disease, and is founded upon the signs and symptoms cognizable by our senses, and by the methods which the tributary natural sciences have placed at our disposal. To give a clear and succinct account of these has been the aim of the author of this present volume; and it is but a merited meed of praise to say that he has within the compass of some three hundred little pages, satisfactorily accomplished the task which he set before him as far as medical diagnosis is concerned. After a brief but pertinent and interesting introduction, the subject matter of the work is taken up according to the physiological systems of the body in the following order: Alimentary, Absorbent, and Hæmopoietic, Circulatory, Respiratory, Integumentary, Urinary, Reproductive, Nervous, and Locomotory. All these, with the exception of the last, which was perhaps unnecessary, are very good; but the sections on the Circulatory, the Respiratory, and the Urinary are undoubtedly the best. The description of Broncho-Vesicular breathing, however, is, we think, totally insufficient and misleading. To show how careful the author has been to bring his subject matter up to date we may mention that Appendix A is inserted in order to record the latest results of Nothnagel's examination of the

Fœces in the latter half of 1882. Taking the work as a whole we can most cordially commend it to the student as a safe and helpful *vade mecum*. We know of no work in the language which covers the same ground in an equally brief and perspicuous manner. The illustrations are exceedingly good and clear, but far too few in number.

The Illustrated Quarterly of Medicine and Surgery. Edited by GEO. HENRY FOX and F. R. STURGIS. Vol. I., No. 4. October, 1882. New York: E. B. Treat, 757 Broadway.

The high promise of excellence and utility engendered by the appearance of the first number of this novel and commendable publication has been well sustained throughout the year, and the October issue is not a whit behind its predecessors, either in the intrinsic interest of the subjects treated of, or in the artistic character of the illustrations. Such a work is valuable, not only in affording an enhanced facility of understanding by the aid of good pictorial representations, but also in rescuing from obscurity and oblivion the record of valuable cases otherwise not published for want of sufficient intelligible illustration. This number contains: Two Large Tumours of the Female Breast (2 illustrations); Sarcoma of Pharynx and Neck (1 ill.); Double Equino Varus (3 ill.); Extraneous Microscopic Matter in Animal Fluids (4 ill.); Syphilitic Ulcerations of Upper Air Passages (2 ill.); Laryngo Tracheal Diphtheria in an Adult (3 ill.); Case of Traumatic and Septic Empyema (1 ill.); Thoracic Deformity Resulting from Empyema (1 ill.); Case of Peculiar Tumours of the Hands (1 ill.). The list of prospective contributors for 1883 is an earnest of the capacity and determination to maintain the high reputation this publication has already acquired.

Practical Medical Anatomy. A Guide to the Physician in the Study of the Relations of the Viscera to each other in Health and Disease, and in the Diagnosis of the Medical and Surgical Conditions of the

Anatomical Structures of the Head and Trunk. By AMBROSE L. RANNEY, A.M., M.D. New York: Wm. Wood & Co.

This volume was the June No. of Wood's Library, and adds much to the value of the series. It is divided into two parts. Part I. concerns the head, chapter one treating of the bones and their points of special interest. Chapter two considers the human face in health and disease, and its value as a guide in diagnosis. Chapter three deals with the blood vessels of the head; chapter four with special regions of the head and the points of general interest pertaining to each. Part II. has relation to the trunk. Chapter one is devoted to the vertebral column, its physiological and clinical points of interest; chapter two to the neck and its structures—their clinical aspects; chapter three, the bones of the thorax and their relations to the adjacent structures; chapter four, the chest and its contained organs; chapter five, the bones of the pelvis, and the general plan of its construction; and chapter six, the abdomen—its viscera, and the surgical guides to important structures of that region. As will be seen from this enumeration of the contents, the book does not treat purely of *Medical Anatomy*. It, however, loses none of its value on that account. Doubtless, here and there, statements are to be met with, which, on strict scrutiny, would not pass unchallenged; but, on the whole, Dr. Ranney has produced a work alike creditable to himself and interesting and instructive to his readers. Many trifling points, it seems to us, have been deemed worthy of illustration by diagrams, and some of these are simply excusable. The work on the whole is a valuable acquisition to professional bookshelves.

The Diseases of the Liver, with and without Jaundice; with the Special Application of Physiological Chemistry to their Diagnosis and Treatment. By GEO. HARLEY, M.D., F.R.S. Philadelphia: P. Blakiston, Son & Co., 1883; Toronto: N. Ure & Co. Price, \$5.

We have derived much amusement and no little profit from the perusal of this latest product of George Harley's pen, and we are thankful to say that the American edition, at all events, does not present those peculiarities of spelling by the omission of superfluous consonants, for which Dr. Harley is noted. Dr. Harley is a man of wide experience of men and the cities of men, and is thereby enabled to incorporate in his text many interesting and instructive anecdotes and reminiscences, *quorum magna pars fuit*; indeed in a lesser man, one whose reputation and attainments rested on a less solid foundation, the egoism of his style would be deemed insufferable. As it is, the littleness of a great man affords amusement and instruction; and the general modesty of science is enhanced by contrast with an exceptional though eminent devotee. The value and essentiality of a thorough knowledge of Chemistry and Physiology in the diagnosis and treatment of affections of the liver is well, and we believe not too strongly, set forth in the introduction. The Chemistry, Physics, and Physiology of the Liver are discussed in Chapter II. Chapter III is devoted to the Etiology of Jaundice, and here we may remark that we are surprised and disappointed to find a man of scientific training and habits, such as Dr. Harley is, lending his countenance to the perpetuation of the term, and look upon the reasons offered as totally unsatisfactory and insufficient. Our author is an uncompromising opponent of Frerichs' views, and a consistent supporter of Dr. Budd's theory of the origin of Jaundice from mechanical obstructions to its outflow, and from suppression of its secretion. Then follow two chapters containing general remarks on the Signs and Symptoms and Treatment of Hepatic disease; both of these are clear, interesting, and instructive. Chapter VI is, doubtless to the surprise of most modern readers, headed "Biliousness"—a term and condition which the author ably defends. Jaundice, Intrauterine, Congenital, and

Hereditary, Jaundice as a result of Enervation, Jaundice from Hepatic Congestion and Inflammation, and Jaundice caused by Disease-Germs, occupy the four succeeding chapters. Biliary concretions are next considered in an admirable chapter; after which come Hints on the Differential Diagnosis of Colics, Catarrhal Jaundice, Jaundice from Poisons, and Jaundice from Permanent Obstruction; all these are excellent, and bear the impress of the author's individuality in an unmistakable manner. His allusions to "Surgeon's errors" are amusing as well as edifying, though doubtless harmless, the culprits being Sir Henry Thompson and Sir James Paget. One of the ablest and most valuable chapters in the work is now introduced, on the Chemistry of the excretions as an aid to diagnosis and treatment. Pre-eminent excellence was doubtless to be expected here, from the author's well-known laboratory labours and predilections. The reference to melanin in the urine in Murchison's Patient (p. 479) doubtless goes further to prove the value of its presence as a sign of cancer, than the good taste of the author in his mode of narration. Abscesses of the Liver next claim attention and are followed by Cancer, Syphilis, Hydatids, Cystic Disease and Benign Degenerations. We may remark of Cancers, *en passant*, that the author admits only the soft forms of the disease, in this classification; excluding Scirrhus altogether. He adheres to the constitutional origin of cancer, in which we opine few modern surgeons will concur; but by the opinions of surgeons, as already indicated, the author lays no great store. Traumatic affections, Hepatic Ascites and Dropsy, Liver Spots and affections of the Gall-Bladder are next introduced; the discussion of the last-named being particularly good and commendable. The concluding chapter will be found of much convenience and utility, consisting of seventy-eight aphoristic Hints to aid in the Diagnosis and Prognosis of Diseases of the Liver.

As will be readily perceived the noticeable feature of the work is the special embodiment of modern chemical and physiological lore in the methods of elucidating hepatic problems. The book is larger than Murchison's by about 50 pages, (allowing for fewer lines to the page), and in its manner presents a striking contrast therewith. Even those who possess the works of Murchison, Legg, and Frerichs will do well to purchase this of Harley also, for notwithstanding its æsthetic faults it is a storehouse of practical information and a standard treatise *sui generis* on the subjects of which it treats. The manner may be readily condoned for the sake of the matter.

The *Southern Clinic* has reduced its subscription price to \$1 per annum: *Macte virtute esto!*

Personal.

Dr. Wm. Natress is in Vienna, Austria.

Dr. Arthur Machell has commenced practice in Owen Sound.

Dr. J. H. Stevenson, of London, is, we regret to say, seriously ill at the residence of his father-in-law, Mr. Vice-Chancellor Proudfoot, of Toronto.

Miscellaneous.

TRUTH THROUGH ERROR.—A busy doctor sent in a certificate of death the other day, and accidentally signed his name in the space for "Cause of death." The registrar says he wishes the profession would be as accurate generally.—*Phila. Med. Times*.

PARALYSIS AGITANS.—Professor Brandes, of the General Hospital, at Copenhagen, says he has cured two recent cases of paralysis agitans by the continuous application of cold to the back of the neck. In older cases the method failed.—*N.Y. Record*.

SYPHILISATION OF A MONKEY.—M. Martineau inoculated a monkey on the penis, with serous fluid taken from a syphilitic chancre of a patient. Twenty-eight days afterwards two indurated chancres were found at the points of inoculation, succeeded in a few days by mobile indolent enlargements of the inguinal glands.—*Gaz. des Hôp.*

CREDIT TO WHOM CREDIT IS DUE.—Philip Doddridge (1702-1751), spoke of nerve-stretching, and recommended it as a religious stimulant in his *Zeal and Vigour in the Christian Race*:

"Awake, my soul: stretch every nerve,
And press with vigour on."

The proceedings.—*Southern Clinic*.

The Committee of the American Medical Association on the subject of establishing an Association Journal, on the 17th ult. met in Chicago, and nominated Dr. N. S. Davis editor, and Chicago as the place of publication of the journal, which is to be a weekly, more or less upon the model of the *British Medical Journal*.

Winnipeg has organized a Medico-Chirurgical Society, with Dr. Lynch, President, Dr. Whiteford, Dr. Codd, Vice-Presidents, Dr. Covernton, Secretary-Treasurer, and a Council composed of Drs. O'Donnell, Patterson, Jackes, Brett, Philip, and Kerr. The meetings are to be held monthly.

LINSEED MEAL.—M. Laillu brings to the notice of the profession a preparation of linseed meal, from which the oil has been eliminated by sulphide of carbon. He claims for this meal, that it retains all the therapeutic properties of the ordinary meal, that it contains more mucilage, starch, and albuminoid substances, that less is required to make a good poultice, the poultices are lighter and retain heat longer; in making drinks the disagreeable fatty odour is not developed, and it does not become rancid.—*L'Union Méd.*