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THE

Canadian Medical Review.

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Original Communications.

Narcotic Addiction.*

BY STEPHEN LETT, M.D.

Medical Superintendent of The Homewood Retreat, Guelph, Ont.

THE ever-increasing prevalence of narcotic addiction, whose terribly enslaving results seriously disturb the vital and moral phenomena of life and have a most important bearing upon mental responsibility, calls importunately for a more rational and scientific line of treatment than usually prevails.

These cases prove a lucrative source of revenue to the charlatan, whose florid advertisements and alluring promises lead his unfortunate dupes to believe in a secret "sure cure," with early and painless emancipation from their slavery, and such empirics easily extort large sums of money from the too trusting victims of this baneful malady. The busy practitioner cannot devote the requisite time and attention to the study and management of these cases which their importance demands; and home treatment, with few exceptions and for obvious reasons, proves unsatisfactory, disappointing and futile. In the

* Read before the Ontario Medical Association, at Toronto, June 6th, 1895.

majority of cases it is only in a well-regulated institution, under experienced physicians and skilled attendants, that a satisfactory measure of success can be attained. Under these latter circumstances the majority of all cases of narcotic addiction that are free from serious organic disease are curable. And this desirable end can be reached without inflicting upon these helpless and pitiable objects of our care that painful ordeal inseparable from a less skillful line of treatment, put into practise by those who do not understand, and who consequently mismanage, such cases.

Whilst the phenomena presented in narcotic addiction vary with the special narcotic used, each of which have characteristics of their own, the general lines of treatment, with slight variations, found to be most successful with one form of addiction will also prove satisfactory with others; therefore, as opium and its derivatives is the drug most commonly met with, and perhaps the most difficult to combat, the successful treatment of this neurosis may be deemed typical of other forms of narcotic addiction.

There is no specific for the treatment of this disease. There have been, from time to time, many drugs vaunted for this purpose, the majority of which are mere substitutes. Many of them may appear to act for a time, but all fall far short of the object desired, with the probability that their use will produce complications worse than the original malady. Substitution is not curing disease, it is simply multiplying the evils to be encountered and causing a double addiction where only a single one previously existed.

The Levanstine Method.

Amongst the earlier attempts at treatment of the opium neurosis was that of sudden and absolute deprivation of the drug, known as the "Levanstine method." The only way in which this barbarous and unscientific mode of treatment can be carried out is, by placing the patient in a padded room with no furniture whatever, and having a trustworthy attendant constantly with him, day and night. He is now deprived of all opiate and given such nourishment and stimulants as he can retain. Here he remains undergoing, for days and weeks, from lack of his accustomed drug, untold tortures which bring him into the "valley of the shadow of death" from which, if he emerges alive, it will be rather in spite of the treatment than on account of it. Under any circumstance he will be upon his exit but a shadow of his former self, a physical and mental wreck, which it will take months to restore; and, peradventure, his nervous system will present a scar which will be indelible during the remainder of his unfortunate life.

Let me briefly picture to you the agonizing symptoms produced by sudden and total deprivation of the accustomed drug which, for years, has given relief to pain and possibly kept life in a next to lifeless body. A few hours after the time for the accustomed dose they begin to manifest themselves by a restlessness so great that the patient cannot remain quiet or sit still for many consecutive minutes. Soon this restlessness becomes intensified, time passes so slowly that moments seem minutes and minutes appear as hours. The patient cannot now stand, sit or lie down, he must be constantly in motion, walking up and down his room; he becomes tired in every limb, nay, in every muscle; and every nerve filament cries out from a thousand different parts of the body at once, "give me opium." Neuralgic and rheumatoid pains add to his misery, flashes of heat and cold play hide-and-seek all over his body and hold high carnival up and down his spine. One moment he is burning in "Hades," the next so icy cold that Alpine temperatures would be as warmth to his soul. Sleep is absent beyond recall. Added to these moter disturbances the mucous membranes, which have been dried up for so many months by the opiate, now open their floodgates and pour forth their secretions, the eyes, nose and mouth seem to vie with one another to find out which can discharge the greatest amount of fluid in the shortest space of time. The skin from head to foot becomes bathed in a profuse cold clammy perspiration, uncontrolable diarrhœa, cramps in the stomach and intestines add to the torture, whilst sneezing, singultus and vomiting contribute to form a picture of one of the most miserable creatures on earth. As time—which passes, oh, so slowly!—goes on these symptoms become more and more pronounced, the diarrhœa is converted into a bloody flux, with tormina and tenesmus unbearable; the circulation seems to be fast ebbing away, and yet there is a sensation as of molten metal passing through the vessels; the heart begins to flag and stimulants are necessary to keep it in action; the restlessness and loss of sleep give place to wild delirium, which may last for days, weeks, or months, until the unfortunate victim passed from under this tyrannical ordeal with a permanent scar in his nervous system, a physical wreck, with mind impaired. Dr. Charles H. Hughes, of St. Loins, thus tersely comments upon this plan of treatment.* He says: "Medical men of violent therapeutic proclivities, who advise abrupt abandonment of all opium, overlook the fact that a shattered, nervous system is to be reconstructed, which never was, perhaps, very strong; a system in

* "Alienist and Neuroligist," Vol. V., No. 4, page 135.

which the *vis medicatrix naturæ* is not and may never have been very strong; a system in which nutrition is and may have been for a long time below par. To throw upon such a person the painful burden of entire withdrawal is to unmask a battery of horrors which many constitutions cannot endure." He further adds: "The tyrant opium is bad enough without a tyrant physician to minister to its enthralled subject."

The Erlenmeyer Method.

Then came the rapid reduction treatment known as the "Erlenmeyer method." This consists in w thdrawing the opiate in from three to eight or ten days, keeping the patient in bed, attended by experienced and muscular nurses, and chemically restrained by bromides, etc., *ad libitum*. Whilst this has been extolled by its claimants as avoiding the dangers incident to the abrupt withdrawal plan, it nevertheless produces most of the agonizing pains and harrowing symptoms of the more heroic method, though in a modified form, and leaves the patient in a weak, helpless and unsatisfactory condition.

The Leahr-Burkardt Method.

Later still came the gradual reduction or slow deprivation treatment, known as the "Leahr-Burkardt method." This is the most rational, scientific and satisfactory of those methods hitherto recorded. Its chief feature is the slow and methodical reduction of the daily doses, at the same time sustaining the shattered nervous system by tonics, nourishment and hygienic surroundings, securing, when necessary, sleep and tranquillity by the use of such hypnotics and sedatives as experience may prove to be most suitable to the particular case in hand. The reduction must be steady, even and methodic, not reducing too rapidly, and without throwing a greater burden upon the nervous system than it can comfortably bear, with frequent cessation of the reductions, so that the system may become accustomed to the reduced dose, thereby avoiding a breakdown. The system will, in a few days respond to the rest, when reduction can again be resumed with safety and be carried on with periods of rest until a point is reached equal to $\frac{1}{0}$ gr. of morphia in twenty-four hours, when all opiate can be abandoned. The patient will now pass into what is termed a "crisis,' in which the symptoms of abstinence will be present in a modified and milder form. The mucous membranes will become relaxed and discharge their secretions; diarrhœa will be present, anorexia and vomiting may be troublesome symptoms for a short time; sneezing, restlessness and loss of sleep will be amongst the chief features, but

these can be successfully counteracted by appropriate treatment. Natural sleep will return in twenty-four hours, and the "crisis" is past. The other symptoms will rapidly subside; each day will witness a progressive return of the patient's physical strength and buoyancy of spirits, each twenty-four hours marking a substantial progress towards recovery.

The Lett Method.

Finally, I have to direct your attention to that method which I have designated my own, as I have not seen it recorded in any work, or heard of it being practised by any one but myself. Its essential feature is in carrying out the gradual reduction method to a more infinitessimal and cautious degree than that heretofore practised. I have long since learned to appreciate how sensitive the nervous system of the opium habituate becomes to the slightest reduction of the drug after he has reached a point equal to ½ gr. of morphia in the twenty-four hours, and to realize the necessity for caution in advancing at this stage of the treatment, so as to avoid snapping the last slender cord which binds the patient to his enslaving poppy juice, thus evading that severe "crisis" which so frequently leads to disastrous results, and which can only be averted at this stage of the treatment by care, judgment and skill. I, therefore, not only reduce more slowly during the last ½ gr., but also carry the reduction to a much finer point, and instead of discontinuing it at .1 gr. a day, I continue the reduction until I get down to gr. for a dose. At this point, experience has taught me, I can slip my patient from under the bonds of his enslaving drug without passing him through the severe ordeal of a "crisis." Here I can permit him to emerge from the dark paths he has trod into the clear and cloudless life of renewed health, mentally bright and physically strong, without his being able to mark the period at which he took his final dose of his hitherto much-loved nepenthe.

Note on Smoked Glasses.—Dr. R. H. Satterlee, in *Buffalo Medical and Surgical Journal*, June, 1895, draws attention to the fact of the many cases of eye-strain and headaches arising from the use of cheap smoked glasses. These glasses are convex on the outer surface and concave next to the eye. The curve on the concave side is usually greater than on the convex surface. This causes a near-sighted lens and eye-strain and headache.

An Operation for Hare Lip.*

BY A. GROVES, M.D., FERGUS.

THE directions usually laid down in standard works on surgery for correction of the deformity in cases of hare lip, do not appear to me to be founded on sound principles, and, in consequence, the results are not always as good as they might otherwise be expected to be. According to the text-books, the first step of the operation is the paring of the edges of the cleft, which means that where nature has left a deficiency of tissue, art begins the work of repair by cutting off and throwing away part of what is left. I know of no instance either in the lips or any other part in which a malformation by defect exists where it is justifiable to sacrifice any tissue, and I am persuaded that equally good results cannot be obtained by the method of paring the edges.

The method I bring before you to-day is one which may not be original with me, but I devised it nineteen years ago in a bad case of hare lip on which I was called to operate, and the result was so good that I have used no other method since. There are two defects which have to be guarded against in all hare-lip operations: a notch on the lower border and a thinness of the lip at the line of union. To obviate the former I transfix the lip near the angle made by the cleft and the border of the lip on each side with a narrow blade, and cut horizontally across so as to form flaps which, when brought together, leave a projection instead of a notch, unless, indeed, the cleft has been very wide. The next step of the operation is to make an incision on each side to a depth of a little more than half the thickness of the lip along the junction of the skin and mucous membrane, extending from the raw edge below to the apex of the fissure. In making these incisions the knife should not be held perpendicularly to the surface of the lip, but inclined at an angle so that the deepest part of the incision may be farther from the fissure than the superficial part. The flaps are now turned back and two hare-lip pins introduced, one about the junction of the upper and middle thirds of the wound and exactly at the bottom of it, the other across the angle of the flaps at a depth of a little more than half the thickness of the lip. The ordinary figure of eight will bring the cut surfaces together, but for the best results it is necessary to bring the edges of the skin and mucous membrane into exact apposition by a sufficient number of superficial sutures.

*Read at meeting of Ontario Medical Association, June 5th, 1895.

It will now be found that the line of union is quite as thick as any other part of the lip, and that the notch, in ordinary cases, does not exist.

I invariably apply the same principle in all cases, and it seems to me that the idea of effecting the object aimed at without the slightest loss of tissue ought to commend itself to all, more especially as the results are so much better than where paring is done. I might incidentally mention that in cases of vesico-vaginal or recto-vaginal fistulæ, the application of this principle will be found much better than that commonly practised—paring the edges of the fistula and then bringing the thin edges together. In those cases I separate the mucous membrane of the rectum or bladder, as the case may be, from that of the vagina by means of an incision about a quarter of an inch or more in depth, extending entirely around the fistulous opening, and then bring the parts together by a double row of stitches, one on the rectal or vesical, and the other on the vaginal side. It is now nearly twenty years since I first operated in this way on a case of recto-vaginal fistula, and the result was so good that I have adhered to the plan ever since, and I feel satisfied that it is impossible to urge it too strongly upon all surgeons.

Notes on the Medical Services of the British, French, German and American Armies.

BY DEPUTY SURGEON-GENERAL G. S. RYERSON, M.D.

Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England, Honorary Member of the Association of Military Surgeons of the United States.

(CONTINUED FROM LAST ISSUE.)

II. THE MEDICAL SERVICE OF THE ENGLISH MILITIA AND VOLUNTEERS.

THE CONDITIONS OF SERVICE AND EDUCATION OF THE MEDICAL STAFF OFFICERS.

THE royal warrant of 1891 authorized the formation of a militia medical staff corps. This corps is as yet in a formative stage, but one or two companies being raised. There is, however, a body of 1,200 n.-c. officers and men of the militia reserve who are put through an annual training in medical staff duties, and who would be available in time of need. The volunteers of the United Kingdom, who are so numerous and so efficient, furnish a valuable auxiliary medical staff corps. There is a brigade in London of eight companies, under

the command of Surgeon-Lieut.-Colonel Norton, and separate companies at Edinburgh, Woolwich, Manchester, Maidstone, Leeds, Aberdeen, Norwich and Glasgow. A brigade surgeon of volunteers is now on the staff of the brigadier-general of a district. He has under his orders the regimental surgeons and medical corps companies, and, in addition to these companies, the regimental ambulance corps or stretcher detachments. The several regiments and battalions have regimental surgeons. Appointments to the Army Medical Staff Corps are made either after examination, which is the usual way, or by recommendation from the Royal Colleges of Physicians and Surgeons to the Secretary of State for War. A candidate for examination must have a license from one of the licensing bodies in Great Britain or Ireland, and must be of unmixed European blood, between twenty one and twenty-eight years of age, of good character and physically sound. The Examining Board is a permanent body, and contains no officers of the army on the active list. The compulsory subjects are anatomy and physiology, surgery, medicine, chemistry and pharmacy—each having a maximum of 1,000 marks. The optional subjects are French, German and the natural sciences, 600 marks in all. Much stress is laid on modern languages. To be accepted a candidate must gain at least one-third of the maximum number of marks. These examinations are held half yearly, the Secretary of State for War reserving the right to accept or refuse persons who have passed the examination, the probability of being a credit to the service being the cause of rejection. This right of choice is held by the Minister until the candidate finally receives his commission. As soon as the examination is passed the candidate becomes a "surgeon on probation," and proceeds to Netley Hospital Medical School for further instruction and final examination. During this period he receives pay and wears uniform, but without sword, and lives in quarters, dining at the general mess. He is under careful surveillance while at Netley, and may be reported as unsuited for the service through defects of character. At the end of the course he passes another examination, and is appointed a surgeon-lieutenant. He is then sent to Aldershot for eight weeks for instruction in purely military matters. Drill, internal economy, and equitation form the subjects. After having passed another examination in these the young medical officer is ready to go on ordinary duty. Thus, it will be seen that medical officers of the army to-day are only accepted after much proving and examination, hence the fine scientific corps, which is a credit to the nation, but which is not even yet appreciated by the authorities as it should be. In its way it is quite the equal of the Royal Engineers or the Royal

Artillery, and should, in all justice, be denominated the "Royal" Medical Staff Corps. Promotion up to surgeon-lieutenant-colonel is by seniority, but promotion to a higher grade is in certain cases made by selection—merit or suitability is the test. A surgeon-lieutenant becomes a captain usually after three years' service. After twelve years total service and an examination, surgeon-major. After twenty years a surgeon-major becomes a surgeon-lieutenant-colonel. The brigade surgeon-lieutenant-colonels, surgeon-colonels, and surgeon-major-generals are selected from the respective next lower grades on the recommendation of the Director-General. The Director-General may be selected from any grade on the active or retired list, although he is generally taken from the highest grade on the active list, although not necessarily the senior officer. His appointment is for seven years.

(To be continued.)

PERMANGANATE OF POTASSIUM IN OPIUM POISONING.—Dr. J. G. Hayes (*Medical Record*, May 25th) mentions a case of opium poisoning. The patient, 65 years of age, had taken one and a half ounces of laudanum. An emetic of zinc sulph. was given and a hypodermic of gr $\frac{1}{30}$ atrophia sulph. The patient rapidly grew worse, and became thoroughly unconscious, and respirations four and five per minute. The permanganate was injected into the buttocks, 3 grains every hour until 12 grains had been given. The patient gradually improved after the last dose, and next day was all right. Some pain where the injections had been given.

THE TREATMENT OF ACUTE PNEUMONIA BY ICE CRADLING.—Dr. P. Blaikie Smith (*British Medical Journal*, May 11th) refers to the remarks of Dr. W. S. Fenwick some two years ago with regard to the treatment of pneumonia by the application of cold water, or ice cradling. The writer states that 108 treated in this way gave only 10 per cent. mortality; while 552 treated by the ordinary methods had a death-rate of 23 per cent. The method of carrying out the treatment is to place one or two cradles over the patient; to these a number of small pails are suspended and filled with ice; the ice is renewed as required; the temperature of the patient and the space under the cradles carefully watched. The cradles and ice-pails are continued until the temperature of the patient becomes normal. If the patients complain of cold feet, short stockings should be applied.

Society Reports.

The Ontario Medical Association.

THE Ontario Medical Association held its Fifteenth Annual Meeting in the Council building, Toronto, June 5th and 6th. Dr. R. W. BRUCE SMITH, of Hamilton, presided.

Delayed Union in Fractures was the first paper, by Dr. GEO. PETERS, of Toronto. He said that physicians should be careful about making prognoses, and that anæsthesia if necessary should be used in setting fractures. The Doctor dealt with the more active forms of treatment —rubbing the fractured ends together, cutting down, removing intervening tissue, and approximating the freshened ends of the bone. In conclusion, he referred to the constitutional treatment of these cases.

The Surgical Treatment of Certain Forms of Bronchocele was the second paper, read by Dr. SHEPHERD, of Montreal. He said that he had operated on many cases with no deaths, and of the various methods of treatment which have been adopted, he preferred enucleation. In conclusion, the speaker gave the history of several cases.

President's Address.—Dr. R. W. BRUCE SMITH, of Hamilton, then delivered his address, which was most eloquent and interesting. He spoke of the great benefits to be derived from the annual meetings, the bringing together not only of great medical minds, but of old friends who would otherwise be unlikely to meet. He discoursed on the strides medicine and surgery were making year by year, and the fact that medical men were giving much more attention to the origin of disease than of old. The speaker said that the profession was on a better understanding with the public. He upheld the Ontario Medical Act, and in conclusion said that in his opinion a medical tariff should be formed among the medical practitioners of the various counties.

Primary Repairs of Genital Lesions in Child-birth.—By Dr. K. N. FENWICK, of Kingston. It dealt particularly with the matter of perineal and cervical tears, both of which he maintained should be repaired immediately. Careful examination, strictly aseptic, should be made after each labor.

Dr. MACHELL recommended the suturing of tears in the vaginal wall as well as those of the cervix and perineum. Small cervical tears he would leave alone.

Dr. ALBERT A. MACDONALD said that cervical laceration should only be done at once when the tear was large or where the artery to

the cervix was torn. He preferred to have an assistant and use an anæsthetic.

Dr. A. H. WRIGHT advised a minimum amount of tampering with the cervix after labor. Most cases of septic trouble came from a dirty finger. For perineal tears he had found nothing better than the ordinary darning needle.

Dr. TEMPLE preferred to have the patient on the back when stitching up, and liked a long, curved needle, so as to take in the bite the retracted muscles.

Narcotic Addiction.—By Dr. LETT, of Guelph. (See page 1.)

Puerperal Insanity.—By Dr. BEEMER, of Mimico. He gave a description of the principal features of this disease, referring to its causation and diagnosis. He deprecated the use of sedatives. The great aim should be to sustain the patient by the most nutritious foods.

The Stomach Tube.—Dr. HODGE, of London, presented a paper on this subject. He gave a history of its use, and described the method of introducing it, and laid special emphasis on the value of lavage in gastric troubles.

Morphœa.—Dr. MCPHEDRAN presented a patient suffering from this disease.

Pseudo-Muscular Paralysis.—Dr. J. T. FOTHERINGHAM, Toronto, read a paper, presenting a patient suffering from this disease. This paper will appear in the REVIEW.

Pneumonia.—By Dr. R. V. BRAY, of Chatham. After a summary of the classical symptoms of the disease, he related the history of a case occurring in a painter, the Doctor seeing him when he first began to feel out of sorts. At this time there was no fever, and the pulse normal. The chief complaint was a feeling of soreness over the lower part of the abdomen, which increased in severity. In the same evening the Doctor found the temperature to be 104, pulse 112, respirations 126. There was pain in the right side, but no physical signs of pneumonia. The ordinary treatment was followed, but the patient became much worse, both lungs becoming affected. On the fifth day temperature fell to subnormal and delirium set in, lasting five days and five nights. Recovery followed.

The Surgical Section met in the Council Chamber.

Dr. WELFORD, of Woodstock, Second Vice-President, occupied the chair, and Dr. MITCHELL, of Enniskillen, acted as secretary.

An Operative Procedure for Spina Bifida.—By Dr. HOWITT, of Guelph.

Dr. Howitt's procedure is as follows: When normal skin covers the tumor the outlines of the skin-flaps are traced on surface of

tumor; after perforation of the skin the probe-pointed blade of scissors is introduced between it and the membranes of the sac, and the skin divided. The flaps are now by the fingers, or the scalpel-handle, separated from the cyst down to the fascia of the back; by the same means the base of the tumor is parted from its loose attachment to fascia beneath it till the pedicle is exposed. A prepared silk or other suitable ligature is tied as deeply as possible on the pedicle, and all external to it removed.

After oozing has ceased the wound is closed and dressed, a pad of iodoform or bichloride gauze being placed next the wound, this covered with absorbent cotton, and the whole covered by a piece of oiled silk, the edges of which are sealed to the back with collodion to prevent ingress of urine. Usually the dressing does not require to be changed until the wound is healed. If the spina bifida be of unusually large size, the puckering of the irregular flaps and the amount of oozing may demand drainage for a day or two. When part of the tumor has no cutaneous covering, the line of the primary cut for making the flaps should run in the skin at least a quarter of an inch from the margin.

Experience in one of the cases communicated to him has confirmed his opinion that after the operation the child should be kept in its cot, and as quiet as possible for two or three weeks, or until every trace of local irritation has disappeared.

The paper contains notes of seven cases treated by the method. Four of the patients are alive and well to-day. One operated on in the month of July made a complete recovery and attended school till the following spring, when he had an attack of meningitis and died on the tenth day; another had evidently hydrocephalus at the time of operation, which carried him off a month afterwards. In only one case could death be attributed to the operation, and in that one, under more favorable circumstances, the result would probably have been different. Two of the successful cases were operated on in 1885.

The procedure, it must be admitted, has been highly satisfactory, and there seems no reason to doubt that, in an otherwise healthy child, spina bifida will yield to the treatment.

His conclusions were as follows:

1. That one of the most important functions of the cerebro-spinal fluid is to regulate the tension of the great nerve-centres, and hence their blood supply.

2. That the spinal membranes, and therefore the walls of the spina bifida, resemble the peritoneum in being apt on irritation to form adhesions. This provision indicates that the communication between

the sac and the cord may be closed by a suitable ligature applied not over skin, but immediately to pedicle of cyst, where it escapes from spinal column.

3. The character of the communication between the sac and cord cannot be judged by the size of tumor, nor from the breadth of its base. It is quite natural to understand that the delicate sac of a spinal hernia, when it impinges against the skin, receives sufficient resistance to cause it to extend laterally between skin and superficial fascia. Thus a large sessile spina bifida may have so small and imperfect a communication that the tumor may be drained without materially disturbing the tension of the cord. This accounts for occasional cures by tapping, irritating injections and other equally unscientific modes of treatment.

4. That the amount of bone deficiency and implication of nervous tissue can be determined, not by the size of the tumor, but by the general condition of the patient and the extent of paralysis below. The parts of the cord in the sac are functionally destroyed, and removal will not increase the paresis.

5. Spina bifida is frequently accompanied by other congenital deformities, such as talipes, sphincter paresis, hydrocephalus and paraplegia. The last-named is always, and hydrocephalus generally, incompatible with viability. Hence, from the first quite a number of the cases are beyond the possibility of a cure.

6. That no operation will successfully stand repeated trials by different operators, unless in its performance a provision is made to prevent disturbance of the tension of cord.

7. The higher the tumor is placed on spine the more delicate are the walls of its sac, the greater the irritation to it by the movements of the child, and the more difficult it is, other things being equal, to treat.

Tumors of the Bladder. By Dr. F. GRASETT. This paper will appear in the REVIEW.

An Operation for Hare Lip, by A. GROVES, M.D., of Fergus, followed. (See page 6.)

Some Remarks on the Operation for Cleft Palate.—Dr. MCDONAGH read a paper on this subject, in which he described most of the important details of the operation, particularly in reference to those cases in which more or less of the hard palate was involved. He laid stress especially on the importance of paring the edges freely, making long lateral incisions and loosening the flaps so that the edges might be brought together without the least tension. Unless this was well done the result was not likely to be a success. He

preferred silver wire to silk for sutures, although the latter also answered very well. The needle with the eye near the point and attached to a long handle was what he found most convenient for introducing the sutures, which were passed, the first anteriorly and working back towards the uvula. The edges of the flaps ought to be carefully everted before tying the sutures. Chloroform was the anæsthetic preferred.

Remarks on Appendicitis with Report of a Case of Recovery in a Pregnant Woman after Rupture of Abscess into General Peritoneal Cavity. By Dr. HOLMES, Chatham. Herewith is a synopsis: Until five or six years ago the treatment of appendicitis was almost entirely in the hands of the physician; to-day it is acknowledged that many cases are available only to surgical treatment, and some maintain that all cases should be operated on at the earliest possible moment after a diagnosis is made. In this, as in controversies generally, time and accumulated experience alone must decide the question. Dr. Murphy, of Chicago, operates on every case as early as possible, and his rate of mortality is 9.6 per cent. Dr. J. W. White, of Philadelphia, declines to operate on those cases of general septic peritonitis with intestinal paralysis, and on many cases of first attack, and he thinks by doing so the rate of mortality will be from five to eight per cent. Treves holds somewhat similar views. Of forty-nine cases under my own care, eight have died from rupture of abscess into the peritoneal cavity, and four from general septic peritonitis; sixteen have been operated on with one death four months after the operation, and from causes that cannot fairly be attributed to the operation. Twenty-one recovered without operation, but five of these still have some tenderness at McBurney's point and are doubtless still in danger. It may be fairly estimated that of the twenty-one cases of apparent recovery not more than one would have died had they all been operated on, and it is almost certain that of the twelve who died without operation eight could have been saved by timely surgical interference. This would have made the mortality about ten per cent. instead of twenty-five per cent. The surgeon who believes every case should be operated on, and who acts in accordance with this belief, escapes a great deal of harrowing perplexity and frequent disappointment, as everyone will admit who has had an apparently favorable case suddenly die from rupture of an abscess into the peritoneal cavity or from the sudden development of general septic peritonitis. At present, however, I am not prepared to admit that operation in every case is best. The high mortality in the forty-nine cases here referred to was not due to delay in doubtful cases, but to

delay in cases that were clearly ones for operation. Two of the fatal cases occurred in my own practice several years ago, when I was less familiar with the disease and when operation was seldom performed; the other ten were seen in consultation either after the abscess had ruptured or fatal peritonitis had developed. The medicinal treatment that has been most successful may be briefly stated as follows: Perfect quiet, hot fomentations, saline cathartics, strychnine hypodermically and abstention from food. Cathartics are injurious if there be septic paralysis of the intestine. Opium should not be given if pain can be relieved by means just mentioned. The difficulty in deciding when medical means should cease and surgical means be adopted, lies in the obscurity that exists as to the pathological condition present in such given case, and until greater skill in determining this obtains the decision will be difficult. and cases that would recover without operation will be turned over to the surgeon, and cases that should be operated on will die in the hands of the physician. At the present time there is no method of telling early in an attack, with any degree of certainty from the symptoms present, whether a case will run a favorable course and terminate in recovery or will end fatally, and while my own experience is too limited to base certain conclusions upon, I know that operation in every case would have given a greatly reduced mortality. The time limit allowed for the reading of papers at this meeting will not permit of reference to the causes, symptoms, diagnosis and treatment of this disease, but for a satisfactory discussion of these I would refer anyone to the address of Dr. J. W. White, delivered before the Surgical Section of the College of Physicians of Philadelphia, and published in the *London Lancet* of Feb. 16th, 1895. It may, however, be briefly stated that the real difficulty in this question lies in dealing with adhesions, in avoiding injury to the viscera, and in protecting the peritoneal cavity from septic infection.

The following case has some points of interest:

Mrs. O——, aged 37, married, and has had six natural labors. She is now, April 20th, 1895, three months pregnant, and for the last ten days has had severe pain in the right iliac region, but did not consult a medical man and continued to do some housework. At 8.30 a.m., on Saturday, 20th April, while sweeping the floor, she felt "something give way" in the painful side, and fell to the floor in great pain. Dr. Wright, of Wheatly, saw her at noon and found her in great distress, very tender over the whole abdomen and a well-marked swelling to the right of the uterus. In response to a telegram from Dr. Wright, I saw her at 5 o'clock p.m., and found her very tender over the whole

abdomen, although the agonizing pain had been relieved by morphine. Her pulse was 136, temperature subnormal, and general appearance bad. The enlargement in the right side, which had been apparent at first, had now, in a great measure, disappeared, and palpation revealed fluid free in the abdominal cavity. She was unable to give a history of her illness, which at first seemed like a ruptured tube at pregnancy, but the local conditions excluded this. With as little delay as was compatible with asepsis, I opened the abdomen in the median line, and at once a large quantity of thin pus flowed from this wound. As pus had reached every part of the abdominal cavity, thorough irrigation with sterilized water was practised. The viscera were much congested, and soft adhesions were present about the right iliac region. The appendix was easily found and brought outside the wound. It was small and bent so acutely upon itself that the distal and proximal ends were in contact, as will be seen in this specimen here shown, and much of its surface was necrotic and of an ashen color, as though it had been touched with nitrate of silver. This discoloration extended to adjacent parts of the cæcum. The appendix was removed as close as possible to the cæcum, the stump disinfected, a glass drainage tube inserted and the wound closed and dressed with sterilized gauze. The following report from Dr. Wright shows the subsequent progress of the case:

"After the operation she rallied well and had no vomiting and almost no pain or distress of any kind during convalescence. The temperature at no time rose above normal, and the pulse varied from 80 to 100. The drainage tube was removed at the end of forty-eight hours, and the wound was entirely healed and the sutures removed at the end of a week. Interesting features of this case were the apparent mildness of the symptoms before the rupture, the slightness of the adhesions, the absence of fæcal odor from the pus, and the favorable progress of the case when the appendix was so unhealthy. The uterus and appendages presented the normal appearance of pregnancy at three months. There was a small cyst of the right broad ligament which I removed, and which is in the glass with the appendix. Gestation has not been interfered with. Recovery in such cases depends chiefly on the character of the pus, which may be sterile, and on promptness in operating. Intestinal peristalsis was abolished in this case, but undoubtedly it was from the action of the morphine. Had it been from septic infection, operation would probably have been useless.

Septicæmia.—Dr. MITCHELL, of Enniskillen, reported a case where, from a very insignificant incision through the integument of the knee,

there was septicæmic poisoning from absorption into the wound of some micro organisms. There was thrombosis of left femoral vein, extensive infiltration of the connective tissue between the integument and superficial layer of muscles, the limb being swollen to twice its normal size, followed by great destruction of the infiltration portion. Before the pus discharge began the limb had in some parts assumed a gangrenous appearance, being covered with a number of blebs and ecchymoses, and the general symptoms pointed to a fatal termination. The treatment consisted of incisions and a free use of milk, whiskey, quinine and iron. At the end of the third week, the patient had a very severe attack of nervous trouble, characterized by tonic and clonic spasms of nearly all the muscles of the body except the head. The Doctor classified this as tetany. The seizures returned for over a week when the patient made a good recovery.

Calomel Fumigation in the Treatment of Laryngeal Diphtheria. by Dr. McMahon. He referred to the frightful mortality under the old methods of treatment, even intubation or tracheotomy saving but 20 to 30 per cent. of cases in average epidemics. He thought it yet too soon to fix the value of the antitoxine treatment, and described at length a method first used by Dr. Job Corbin, of Brooklyn, in which calomel was burned under a tent and the fumes inhaled by the patient. Dr. Corbin in his first paper reported 30 cases, 25 of which (82½ per cent.) recovered. Later Dr. Maddren reported 505 (in the practice of 76 physicians), of which 54 (5 per cent.) recovered.

The experience of Dr. Andrew Eadie, of Toronto, was then related. He gave a history of eleven cases with nine recoveries without intubation, and three with intubation. One of the fatal cases died of systemic infection on the fourth day after treatment was commenced. The other died on the fifth day, intubation having been refused by parents.

Dr. McMahon had nine cases exclusively under his own care, all of severe type. Two recovered and four died. Of the four who died none succumbed to laryngeal stenosis ; but death was due to general infection. He related the history of these cases.

Dr. Sheard's experience at the Toronto Isolation Hospital was next related. Sixty-two cases were treated with calomel and forty-three recovered, not one of which was intubated ; of the nineteen deaths nine were reported due to laryngeal stenosis. In no case did the patient die before the fourth day of the disease, and some died as late as the twenty-fifth. The death-rate from laryngeal diphtheria previous to the use of the calomel treatment was about 70 per cent. in spite of intubation. In all this made eighty-two cases in Toronto, treated

with calomel, with fifty-seven recoveries, or about 70 per cent. Cases with marked adenitis and nasal involvement did not do so well as those where the laryngeal stenosis was the only dangerous symptom.

Laryngeal and Tracheal Tuberculosis.—Dr. WALTER F. CHAPELL, of New York, read a paper on "The Early Recognition and Treatment of Laryngeal and Tracheal Tuberculosis." The Doctor quoted that about 20 per cent. of tubercular patients develop laryngeal tuberculosis. The writer divided the diagnosis of the latter disease into subjective and objective symptoms, the former being, odynphagia, dysphagia, dysphonia, dyspnœa and laryngorrhœa. Objective symptoms: Anemias, localized congestions, tumefactions, ulcerations and erosions. A tubercular affection of the larynx might present different appearances, such as infiltrations and hypertrophies, or both with ulceration; tubercular tumors or neoplasms. The Doctor then showed a watercolor sketch of tubercular infiltration in the pharynx. He said that the tubercular bacillus is always present in laryngeal tuberculosis, and a microscope should always be employed in its detection. Syphilis may be co-existent with tubercle. The Doctor divided the treatment of laryngeal tuberculosis into three methods, viz., curettement, submucous injection and topical injections. He has strong belief in submucous injection, and has invented a syringe for the purpose, a sample of which he handed round. It does away with any chance of the needle slipping, as the instrument is almost automatic. As an injection the Doctor advises the following:

℞ Creosote (Beechwood),
Olei. gaultheri .....aa ℥ij.
Olei. hydrocarbon ..... ℥i.
Olei. ricini ..... ℥iij.—M.

For topical application the Doctor advised: Creosote, lactic acid, menthol and iodoform. In conclusion, he said:

1. Every case of pulmonary tuberculosis should be carefully watched for laryngeal symptoms, and treatment begun at once.

2. If expectoration is profuse, creosote spray should be used as precautionary measure.

3. Sedatives should not be used until all other means have been tried.

4. Tubercular infiltration and ulcerations of tubercular nature may be arrested if seen early.

5. Rest and nourishment should be insisted upon, and creosote given internally.

6. If active process in larynx has been arrested, the patient should be placed under climatic influences.

Limelight Views of Anatomical Sections, by Dr. PRIMROSE, were then presented.

THURSDAY MORNING.

Dr. CHARLES TAYLOR, of Goderich, occupied the chair.

Hydrotherapy in the Treatment of Exanthematous Fevers. Dr. A. K. STURGEON read a paper with this title.

Home and Foreign Climates in Consumption, by Dr. PLAYTER, of Ottawa, was the subject of the next paper.

Some Unusual Cases in Practice, by Dr. GEORGE ACHESON, of Galt. He gave a brief account of half a dozen cases of unusual occurrence which he had met with during the last three years. The first was an example of double cephalhæmatoma with enlarged thyroid, occurring in a second confinement after forceps delivery. Complete recovery with practically no treatment.

The second was a case of leucœna in a woman, occurring on the inner side of the lower jaw and floor of the mouth, resulting probably from the irritation of a badly-fitting tooth plate.

The third was a case of retro-pharyngeal abscess, complicating capillary bronchitis, in an infant five months old. The patient was at death's door before the diagnosis was made, but after the condition was recognized and the abscess opened through the pharynx, the recovery was rapid and complete.

The fourth case was one of deep atheromatous cyst in the neck. A rare tumor of congenital origin developed in connection with the fourth bronchial cleft. Simple evacuation would not effect a cure, so the whole cyst was dissected out.

The next was an instance of complete loss of sight in one eye, following acute dacryocystitis, with stenosis of the nasal duct. The blindness persists.

The last case was one of membranous colitis in a little girl.

Nephrectomy.—Dr. L. MCFARLANE presented a paper on this subject.

Seminal Vesiculitis.—Dr. E. E. KING read a paper on this subject. He described the functions of the seminal vesicles as not being clearly defined, some authorities claiming that they act as reservoirs for the semen; but it is certain that they secrete an albuminous fluid which dilutes the testicular secretion. In treating with the symptoms of seminal vesiculitis, the doctor asserts that the seminal vesicles being the analogous of the fallopian tubes, it is clear that seminal vesiculitis and salpingitis are analogous. In continuing, he said: "They are rarely or never primary diseases, but are secondary to some inflammatory trouble, and in a large number of cases it is a common factor, viz.,

gonorrhœa, that produces it." The patient will complain of symptoms similar to those of stone or prostatitis, such as pain at the neck of the bladder, frequency of micturition, pain on evacuating the bowels, and consequent discharge from the penis, etc. Erection may be frequent and painful. The discharge from the meatus may be copious and without any apparent cause, and the case may be easily mistaken for a relapsing clap. The doctor stated that no diagnosis could be made without a rectal examination. This should be done while the bladder is full, the patient standing with his body bent at right angles over the back of a chair. When the vesicles have been mapped out, downward pressure should be used. The patient should then be directed to urinate in two vessels. The first will contain whatever fluid has been squeezed out of the vesicles, and the second will contain normal urine if there is no inflammation existing in the bladder. Dr. King then gave a summary of the literature and teachings regarding seminal vesiculitis, proving that the subject has evidently never been given much investigation. For treatment, the doctor advises, first, a lateral movement with the fingers while the patient is in the position above described, and then a downward pressure to express the contents of the vesicles through the ejaculatory duct to the urethra. This should be followed by micturition and then an astringent injection. The manipulation should be repeated every fourth day until the trouble is relieved. In conclusion, the doctor said: "I would draw from the foregoing: (1) That seminal vesiculitis is an analogous disease with salpingitis; (2) that it is of very frequent occurrence; (3) that it is the so-called cystitis, prostatis and prostatic abscess which follows gonorrhœa; (4) that with proper treatment it is a curable disease; (5) that it is easily recognized per rectum. The doctor then gave the histories of some very interesting cases of the disease.

Antitoxine, by Dr. J. D. EDGAR, was the subject of a paper which followed.

Movable Bodies in the Knee-Joint, by Dr. BINGHAM, describing two cases on which he had operated. The first case healed readily, but the second was much prolonged, owing to what the Doctor thought was syphilitic cachexia.

A Case of Infantile Scurvy was read by H. T. MACHELL. Herewith is a short synopsis of the paper:

On the 25th November last, Mrs. B.'s baby, of 11 months, was seen, and the following history obtained: The baby had been perfectly well up to five weeks ago, when the mother went away for a short holiday, leaving the baby at home. While the mother was away the baby and high-chair fell over, and within a day or two of her

return the baby-carriage and baby was tipped over in the road. The baby did not seem much the worse for either fall, but almost at once the mother noticed that the baby did not use her legs and feet as well as formerly, and that she had pain on taking off her stockings and changing her napkins. This was particularly noticed on moving or handling the right leg, though pain could always be elicited on moving either leg, and particularly the hip joint. The pain was only momentary, and as soon as the baby was settled down again she was as happy and apparently as well as ever. During the last four or five weeks the baby, though ailing, had not lost color or flesh; she was of the usual size and had the average number of teeth. She had been weaned at five months, and since then had been fed on oat-meal gruel, sweetened. Almost at once she began to improve. Cream and milk in varying proportions had been tried at various times, but always seemed to disagree with her, and for a couple of months past had not been tried.

About a week before seeing her, the mother noticed a reddish blush on right ear about the size of a twenty-five-cent piece. It was erythematous in appearance, and neither tender nor hot. In addition, there are a few faint, delicate petechiæ scattered from the knees to the ankles. The joints were neither swollen nor tender, though movement at the hip-joints—particularly the right one—causes resistance; the spinal and sacro-iliac joints are seemingly normal. The gradual onset would exclude infantile paralysis; so would absence of free perspiration of the head, bending of the ribs and thickening of the epiphyses exclude acute rickets.

Diagnosis uncertain, though the two falls, followed closely by inability to stand and pain on movement of legs, and particularly the right hip-joint, seem to point to some commencing inflammation about the joint.

Within one week all symptoms were aggravated, and, in addition, the gums surrounding the upper four incisions were swollen and bluish or purple in color. This blueness only surrounds the upper teeth, the lower gums not inflamed at all. Another condition occurring since first seeing the case was a hazed or shining appearance of the skin of the lower part of the thighs and legs.

An article in the *British Medical Journal*, November 10th, 1891, by Dr. Barlow, on "Infantile Scurvy," noticed by Dr. B., the father of the child, cleared up the diagnosis most completely. Within three days after an appropriate diet was commenced, an improvement was noticed. In five days all swelling and tenderness of legs had disappeared, and within seven days the gums were practically normal

In infants these are rare cases, never having been seen at either the Hospital for Sick Children or the Infants' Home here.

Extra-Uterine Gestation was the title of one paper read by Dr. GIBSON, of Belleville, and the second was a case of **Mental Aberration After Removal of Ovarian Cyst.** Complete recovery came about in both cases.

Experimental Surgery on Man and Woman, by Dr. J F. W. Ross, was a criticism of operations done and the results obtained. He said that owing to the great strides that surgery had made since Lister introduced his antiseptic theory, much of the surgery had been experimental in its nature. There was a danger that, owing to the ability of the surgeon to perform major operations with little danger, many unnecessary operations would be done. New procedures are being introduced year after year, and few of them are likely to stand the test of time. Many of them will be entirely forgotten and ignored by succeeding generations. He thought the dead heroes of our surgical past were endowed with more modesty than many of the operators of the present day; surgical piracy was less rampant then than now. Nowadays a surgical procedure well known, named and established, by the addition of a stitch upwards instead of a stitch downwards, was altered so as to be claimed as a new procedure.

He said that statistics of reports of cases as found in Medical Journals were very unreliable. Some of the statistics were honest, but many of them did not accurately represent the true state of affairs. Statistics, to be of any value, must be very accurately kept.

He said that many of the cœliotomies done for the relief of pelvic symptoms would be better left undone. Many of the patients had already one foot over the threshold of the lunatic asylum, and the mental balance cannot be restored by a surgical operation.

He prefers as guide to the modern young woman one of the old-fashioned practitioners and the common-sense mother, by whom pelvic message, one of the most revolting of modern medical procedures, would be tabooed. The uterus and ovaries would be kept in the pelvis, and would not be permitted to migrate to the brain. Trans-Atlantic institutions, supported by the friends and guardians of American girls under treatment for imaginary womb troubles, would cease to flourish.

He stated that hysterical women will allow themselves to be mutilated without offering a single complaint. From his experience he had found the operation of oophorectomy for fibroid tumors a very successful procedure He had seen tumors reaching to the naval almost disappear within twelve or twenty-four months after the

performance of this operation. He considered that the surgeon should hesitate before deciding to perform hysterrectomy in such cases. He now performs oophorectomy where he formerly performed hysterrectomy. He believes that if all women suffering from fibroid tumors would submit themselves to the operation of oophorectomy, large fibroids would be very scarce and an immense amount of suffering avoided.

The operation of hysterorrhaphy he considers useless; the operation of nephrorrhaphy he puts in the same category. In either case the adhesions will become stretched and the organ resume its original position unless fastened by an unabsorbable suture. Such a suture would be, in the case of the uterus, a source of danger in the event of subsequent pregnancy. In the kidney it would be liable to produce nephritis, and later, perhaps, a pyonephrosis.

He considers Alexander's operation also a useless one. When a man was attacked with cancer of the pyloric end of the stomach he considered it useless to perform either the very dangerous operation of removal of the cancer, or the operation of gastro intestinal anastomosis. The operation of anastomosis in patients emaciated and debilitated is a dangerous one, and life is prolonged, at best, for a few months. He would offer the same criticism regarding the removal of cancer of the rectum above the reach of the finger in which intestinal anastomosis or end to end approximation.

Having operated on about one hundred cases of pus tubes, and having met with bowel adhesions and bowel perforation in many cases, he cannot understand how it is possible to complete such operations in a satisfactory and scientific manner through the vagina. The removal of the uterus in such cases he considered unnecessary and unjustifiable. He has met with no difficulty due to the retained uterus in the cases on which he has operated. He considers that it would be about as sensible to take out the bladder and rectum as to take out the uterus for the relief of pus tubes. The cry that the uterus in such cases is infected is more imaginary than real. It may be infected with each fresh attack of gonorrhœa, and many of these patients are liable to be affected with the disease from time to time. He considers that it is easy to remove adherent ovaries and tubes and adherent uterus through the vagina, and that it is much easier to remove healthy ovaries and tubes through the vagina than through an abdominal opening. But many of the cases of slight adhesion of ovaries and tubes should not be operated upon at all; and, if healthy, the ovaries and tubes should certainly be left alone. The bad cases are the ones requiring operation, cases in which pus tubes communicate

with the bowel or in which abscess of the ovary has opened into the bowel or into the bladder.

He considers that if so-called gynecological surgery becomes a little more aggressive, the general practitioners will begin once more to become their own gynecologist: they will be afraid to recommend a consultation with a specialist.

The operation for removal of the vermiform appendix had been done too frequently, he thinks. The physicians have taken to think that the surgeons have gone too far. The lay press has ruffled its feathers over the matter. The public have begun to think that every pain in the abdomen indicates an attack of appendicitis. He said that he had become much more conservative in delaying with cases of appendicitis. The surgeon, as a rule, only sees the bad cases, and is apt to base his opinion on these cases.

In conclusion, he said he felt satisfied that within the next ten years the waters of the great surgical flood that has swept over this continent and the continent of Europe will fall and regain their normal level.

THURSDAY AFTERNOON.

Phlegmasia Dolens.—The next paper read was by Dr. CAMPBELL, of Seaforth, Ont. It consisted of a report of two cases of phlegmasia dolens occurring in his practice, one a few years ago and the other recently, with the treatment of the same. Both had a fatal termination but from different causes. In first case the woman had varicose veins of the leg in a pronounced degree, which laid her up two weeks before labor. After confinement multiple abscesses formed along the course of the femoral vein, developing a well-marked case of peri-venous cellulitis, resulting in blood-poisoning and death from exhaustion on the ninth day from confinement. The second case was also in a woman who had borne several children. The woman was delivered of twins after an easy labor. She lost a good deal of blood, and the doctor had to remain two hours with her after delivery. On the fifth day she took a severe chill, which was followed by high fever and rapid pulse. The milk was secreted abundantly. The lochia were not suppressed. There were no signs of inflammation or puerperal fever. The usual treatment was pursued, but the temperature ranged from 101 to 102½ degrees. On the evening of the ninth day after delivery patient complained of pains in the calf of the left leg, and a well-marked case of phlegmasia dolens developed, and it bid fair to run a mild course. On the sixteenth day after delivery another physician saw her and pronounced her to all appearance out

of danger. She thought herself she might get up, and it was to decide this point the consultation was called.

On the evening of the same day she was taken with pain in the calf of the other leg, which the friends, contrary to the Doctor's warning, rubbed. They turned her over on the side; they even made her sit up. Her face turned purple; she gasped a few times, and died. Death took place from embolism in the pulmonary artery. The following were the Doctor's concluding remarks in both cases:

1. The swelling in both legs began at periphery. The first lost power of the limb, the second did not.

2. Both veins and lymphatics were involved in both cases, the veins being inflamed, the lymphatics obstructed.

3. The phlebitis was produced by the precipitation of the fibrine by the action of a septic agent, which had been either developed in the blood or had made its way into that fluid.

4. The predisposing cause in the first case, besides the hypnotic state of the blood in all pregnant women, was the varicose veins.

5. In the second case, besides the condition of the blood and a moderate varicose condition of the veins, the Doctor believed that the loss of blood at the confinement was the great cause of the trouble, weakening an overstrained nervous system.

6. The modes of death were different, the first dying from pyemia, the second from thrombosis, producing asphyxia from arrest of circulation in the lungs.

7. The pathology of this interesting disease was still somewhat obscure, and much has yet to be found in reference to it.

Antiseptic and Eliminative Treatment of Typhoid Fever, by Dr. THISTLE, was then read.

Science in Medicine, by Dr. OAKLEY, followed.

Papers were read by title from Drs. Reeve, Davison, Teskey and Sweetnam.

Special Forms of Ulceration of the Cornea, by Dr. RYERSON, of Toronto.

Treatment of Pulmonary Tuberculosis, by Dr. MARR, of Ridgetown.

Traumatic Neurasthenia was the title of a paper by Dr. C. MEYERS, of Toronto. It was not until a few years ago that general paralysis or paresis was recognized by alienists as a distinct nervous disease; and for this reason the statistics of to-day, which show it to be so greatly on the increase, may be, to a certain extent, misleading. As the earlier stadia of the affection, before admission to an asylum becomes necessary, often pass unrecognized by the general practitioner, a clearer understanding of the clinical signs of these stages has

become a desideratum, and it is to this end that the present paper was read, attention being called incidentally to the helplessness of the student of psychiatry through lacking a systematic pathological basis for the classification of mental diseases.

Editorials.

Ontario Medical Council.

THE nine days' session of the Council closed on Friday, June 28th, and was a remarkable one in many respects. Considering the bitterness of the recent election contests, the proceedings were conducted with a certain degree of decorum and regard for public opinion. The session was unnecessarily long, and consequently unnecessarily expensive. Old members of the Council charged the *freshmen* with the sin of loquacity, and the new men considered that they were thwarted in their attempts to bring about needed reforms and economies by the *old guard*. However, the physicians of the Province will be in a position to judge for themselves when they receive the Annual Announcement, which will contain a full report of the proceedings.

The members of the Council on the last day wrestled with the annual-tax question and the penal clause. There was practically no money in the treasury, and the Imperial Bank had declined further accommodation. The expenses of the present meeting must be paid, and the majority decided to impose the annual tax, but left the penal clause in obeyance for one year. This satisfied the banker—accommodation will be granted. The members of the Council will receive full pay for this nine-days' wonder. The Registrar, Treasurer, Solicitor and Detective will be properly looked after, and the members of the College of Physicians and Surgeons of Ontario will have the pleasure of handing over the annual tax of two dollars and all arrears.

. . . . . .

It was decided to raise the standard of matriculation. The existing requirements for registration of matriculation will not be accepted after November, 1897.

In lieu thereof this will be the law:

"Everyone desirous of being registered as a matriculated medical student in the register of this College, except as is hereinafter provided, must, on and after November 1st, 1897, present to the Registrar of the College the official certificate of having passed the departmental pass arts matriculation examination with not less than

second-class honors in each of the following subjects: English, physics, chemistry, botany and zoology; or, in lieu thereof, an official certificate of having passed the departmental pass arts examination, and in addition thereto a certificate of having passed not sooner than in the ensuing year the arts examination held at the end of the first year of the University course by a recognized university; the second and third clauses of said section to remain in force."

In our next issue we will deal with some of the subjects of debate which engaged the attention of this meeting.

Brain Surgery at the German Congress of Surgeons.

At the recent congress in Berlin, Bergman read an address on brain surgery which was a sort of review of our present knowledge of the subject, and need not further be referred to. During the discussion which followed two remarkable cases were reported. One, by Ledderhose, of Strasburg, was a case of intracranial hematoma with collateral paralysis. The patient received a blow on the head, lost consciousness, but recovering quickly, walked home. Gradually, in the course of a few days, he developed the symptoms of compression, and on the twelfth day became comatose with paralysis of the right side. As no fracture existed a diagnosis of the intracranial hemorrhage was made, and trephining was performed. Patient died next day unrelieved. The autopsy showed the absence of a fracture, or of a rupture of the vessels on the left side. On the contrary, on the right, corresponding side to the paralysis, an immense clot was found. Ledderhose stated that only a dozen such cases could be found in medical literature.

The researches of Pierret demonstrated that anomalies frequently existed; that individual differences were to be found in the mode of intercrossing of the nerve fibres of the cerebral hemispheres, in some cases no intererossing taking place, which would explain this case. Ledderhose believed that one would be quite justified in trephining the other side in such a case as this.

The other case of note was a sarcoma of the brain and skull, operated by Bramann, of Halle, three years ago, but up to the present no return has been observed. The result has been so good that the patient has resumed his occupation, and enjoys excellent general health.

The Treatment of Epilepsy.

THERE is probably no other disease where routine treatment is more frequently resorted to than in the above. A patient is diagnosed to have epilepsy, and bromides are ordered. With this the treatment too often begins and ends.

Now, to deal successfully with this disease, no routine treatment is possible. The most rigid examination of the patient is necessary. No portion of the body must be overlooked. The most scrupulous attention must be paid to the condition of the digestion, the kidneys, the genito-urinary organs, the heart, etc.

Epilepsy readily falls under several heads. We meet with cases where the disease is clearly due to some injury—the so-called traumatic form. In the treatment of these cases, the aid of the surgeon is of the utmost value. The removal of pressure may cure these cases, when drugs have hopelessly failed. It may be that there are old thickenings of the meninges or depressed portions of the skull.

Another group of cases may be regarded as of reflex type—an adherent irritating prepuce. Some disease of the ovaries, derangements of the digestive organs or eye strain may be the sources of excitement, by which an unstable, nervous organism is thrown into excessive and involuntary action. These cases all require their due measure of study and rightly-directed treatment. To give some bromide is not likely to yield very brilliant results.

Then there are cases that arise from constitutional diseases, such as syphilis, where local disease and pressure are produced by the formation of grunmata, or syphilitic aneurisms of the cerebral arteries. Here again, the caution must be given against routine treatment.

Lastly, there are the essential, or idiopathic cases. These come on largely as the result of some inherent defect in the nervous system. There is a weakness or instability, either acquired or hereditary. In these cases the utmost attention must be given to the hygiene and care of the patient. Proper food, rest, exercise and company all have their place. It is here the bromides do most good. They may be combined with other drugs, such as chloral, digitalis, ergot, strychnia, opium, etc., as the judgment of the physician and the nature of the case would indicate.

It is of the utmost importance to look well after the digestion, the action of the skin and kidneys, and the condition of all the reflexes. Without such detail and care, disappointment is sure to attend upon all attempts at treatment.

Canadian Medical Association.

THE Secretary of the Association, Dr. F. Starr, has informed us that the prospects for a great meeting were never brighter than for the one at Kingston on August 28th, 29th and 30th next. The Maritime Provinces are sending a large delegation to support the venerable President, Dr. Bayard, of St. John, N.B.

Kingston is beautifully located as a place in which to spend a holiday, and every member of the profession in this Dominion should try to make the Limestone City the centre of attraction in August. A list of papers to be presented will be published in next issue.

The Ontario Medical Association.

THE meeting of the Provincial Association was once more a numerical success, there being a very large attendance present, representing every part of the province. The busy man who had merely the time to come to the meeting and listen to the numerous and varied papers must have carried away many excellent ideas and a stimulus to greater research and closer observation in a field of science so rapidly widening.

From an analysis of the programme it can be seen that if anyone interested in the subject of medicine generally had taken the pains to read up each subject presented for discussion, he would have covered an astonishing area, and required a large fund of medical lore.

To the large body of physicians in Ontario (over two thousand) who were not present, we hope that the meeting of the Association may not be without interest, inspiration and helpfulness by a perusal of the report published in this number, and papers which will appear.

Dr. Bruce Smith, of Hamilton, presided over the Association with conspicuous ability and tact.

As the result of a cordial invitation from the western medical men and from the authorities of the city of Windsor, the next meeting of the Association will be held in that city in June, 1896, under the presidency of Dr. Grasett, of Toronto.

DR. F. OAKLEY, who has been practising in Weston for a time, has returned to Toronto. At present he is in charge of the Isolation Hospital during Dr. Tweedie's absence, the latter having gone to the Pacific coast for a holiday.

SALOPHEN IN RHEUMATISM.—Dr. B. H. Waters, in *New York Medical Journal*, May 25th, gives his experience with this drug, in the treatment of acute rheumatism. He gives an adult 120 grains daily. The pain is very rapidly relieved, and the duration of the disease much less than under the gaultherium or salicylate methods of treatment No bad effects or complications were met with. The average duration of treatment under salophen was eighteen days; under gaultherium and salicylates the duration was twenty-five days.

DIABETES INSIPIDUS TREATED BY SUPRA-RENAL GLANDS.—Dr. W. F. Clark, in *British Medical Journal*, May 18th, describes an interesting case of this disease. The patient, a female, aged 39, was ordered the half of a sheep's supra-renal gland every third night, in a small sandwich. Tabloids of the dried glands were then used. The urine was reduced from four quarts to three pints in twenty-four hours. The general health and strength of the patient much improved. When she ceases taking the glands the urine increases in amount and there is great thirst.

THREE CASES OF HEREDITARY RUMINATION.—Dr. Edward C. Runge (*Boston Medical and Surgical Journal*, May 23rd) gives an account of the above trouble running through three generations. A gentleman, apparently in perfect health, informed the writer that he had been in the habit of ruminating for ten or fifteen years. He stated that his father had been in the habit of bringing up his food for many years; and further, that his own boy, seven years old, had developed the habit while on a trans-Atlantic voyage. There is no history of any form of nervous disease in the family.

ŒDEMA OF THE GLOTTIS.—Dr. J. A. Thompson (*Cincinnati Lancet-Clinic*, May 25th) remarks on the treatment of acute cases of the above that the patient should be confined to a warm room, moistened by steam. Hot baths in the early stage. Pilocarpine muriate gr⅛ hypodermically, where the heart is not too weak. Ice to the neck has been highly recommended; but the writer prefers a hot water bottle as high a temperature as can be borne. When these means fail the swollen tissue should be scarified. This can be done with a bistoury, covered to within a quarter of an inch of the point. The index finger can be used as a guide. A better plan is to use the laryngoscope, and a Tobold's knife. With this the epiglottis and swollen folds may be freely divided.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

"Specialism Run Mad."

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—Your article under the above caption was in the right direction. I would like to relate two cases which are pertinent. A young woman consulted me a short time ago for granular ophthalmia with corneal opacities. She had been sold glasses (cylindrical) by an alleged oculist calling himself a "Dr." and hailing from New York, or purporting to come from there. He charged her $14 for them and *nothing for examination*. That is how it is worked. Three dollars would have been a fair charge had they been needed, which they were not, for as the granular condition improved the cornea cleared up and the patient complained of pain on using the glasses. Another case was related to me by a colleague. It was that of a man who had toxic amblyopia, and who was given glasses by a "Professor" who told him that he would be cured by wearing them. It appears to me that the law should be amended so as to deal with these frauds. There can be no doubt that much harm is done by them, and that many eyes are permanently damaged by neglect of proper treatment under the representations of these fakirs, or on account of injury done by wearing improper glasses. Many rural practitioners send patients to them supposing them to possess a medical education or to understand something which they do not. They understand this, how to defraud their unsuspecting patients.

Yours, etc., etc.,

OPHTHALMOLOGIST.

Doctors and the Clergy.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—We have, more especially of late, observed some startling revelations of eminent divines as regards personal relief and cure from the use of patent medicines; in fact, it would appear as if a sudden inspiration had prompted such leading luminaries to give themselves a gratuitous and widely spread celebrity, even if such was of the lowest grade.

If such men are to pose as expounders of the errors of superstition and as examples of the highest literary and theological learning, we fail to see in their testimonials, that is, in the act of presenting such, that they are not advocating and endorsing superstition and credulity. In other words, they but acknowledge the superior virtues of quack compounds in preference to prescriptions of our profession.

It is an axiom that old women and preachers are the best advertisers of patent medicines, and such will be found to be correct upon investigation. We may forgive the old dames, but the clergy who, in many instances, have received and are receiving gratuitous medical attention, we can in no way excuse.

During a practice of more than one-fourth of a century in village and town, I must admit I yet have to receive thanks or financial recompense for any medical services rendered to the families of preachers. On the contrary I have never yet seen a minister who did not wish to illustrate more or less medical skill, and to place himself in the eyes of his flock as the possessor of medical lore akin to that of the regular M.D. Yes, many instances of clerical interferences in my own and the practice of my fellow-practitioners most bitterly I can recall, and yet such reverend gentlemen can and do recommend this or that worthless proprietary compound even to my patients, and yet unblushingly accept my services without a thought of even thanking me, while payment is never considered.

Recently one of this order of pious mendicants gave instructions to one of his flock to send a lock of his hair with a small fee to a quack advertiser for a cure for sciatica, and yet this Rev. Mr. Shouter is allowed to address intelligent men, and is supposed to be a "light to them in dark places;" in fact, it is but an illustration of the blind leading the blind.

Then, too, it is an admitted fact that among the most faithful and ignorant of all churches there exists a belief that their spiritual guides are possessed of considerable medical knowledge, which in many instances they plainly exemplify, and is conflicting to the regular physician's orders. To be brief, it becomes every licentiate in medicine to render no gratuitous services to these reverend gentlemen who with smiles reward *us* for services, but with their shekels and words encourage *quacks and laud their compounds*, thereby encouraging superstition and credulity, and evincing disrespect for our learned profession.

JUNIUS.

June 11th, 1895.

Book Notices.

A Guide to the Aseptic Treatment of Wounds. By DR. C. SCHIMMELBUSCH, Assistant in the Royal Surgical Clinic of the University of Berlin. Preface by PROF. E. VON BERGMANN. Translated from the second revised German edition by FRANK J. THORNBURY, M.D., Lecturer on Bacteriology University of Buffalo, N.Y.; Supervising Microscopist in the Bureau of Aminal Industry United States Department of Agriculture, late Senior Resident Physician Cincinnati Hospital, Cincinnati, Ohio, etc., with forty-three illustrations. New York: G. P. Putnam's Sons, 27 West 23rd Street. London: 24 Bedford Street, Strand. The Knickerbocker Press. 1895.

The importance attached to the aseptic management of wounds is well exemplified by the fact that more than two hundred pages of this little volume are needed to present a clear and comprehensive statement of the subject to the profession. The treatise is largely the outcome of bacteriological experiments and the practice of aseptic surgery as carried out in Von Bergmann's clinic in Berlin. The translator has also added some important observations of his own.

While due credit is given to the teachings of *antisepticism* by Lister, the chief aim of this work is to point out the best means of ensuring the *aseptic* condition of the air and everything else coming in contact with the field of a surgical operation, while the greatest attention is given to the removal of all infectious germs from the surface upon which we are going to operate.

As the greater number of air fungi are found to be innocuous, it is held that the germs in that fluid are seldom the cause of wound infection, and no very elaborate means are needed to purify it. It is considered sufficient to keep the room closed for a few hours in order that the germs may have time to settle on the floor, and then the air is sufficiently pure to proceed with our operation. The presence of a number of spectators, instead of rendering the air more infective, is said to really reduce the number of bacteria by each person filtering a large proportion of the germs through his lungs in the process of respiration.

Contact infection is therefore by far the most prolific source of wound contamination, and most strenuous efforts are insisted on to avoid all damage from this direction. Surgical cleansing of hands instruments, sponges, etc., is of the utmost importance. The hands of the operator and his assistants should be, in the first place, thoroughly washed with plenty of soup and water, with the use of a surgically clean brush to remove dirt from beneath the nails and from

the crevices of the skin, after this a brisk rubbing with alcohol is recommended; and finally, a washing with pledget of gauze, dipped in a half per cent. sublimate solution. Much the same process will serve to render the field of operation aseptic. When a mucous surface is the site of operation, repeated washings with some mild disinfectant, such as a solution of boracic acid is recommended. Stronger antiseptics cannot be employed without the risk of too much irritation. Hand brushes must be well washed in soap and water, and then laid in a half per cent. sublimate solution. When fouled by pus, boiling for a few minutes will be required. Boiling for five minutes in a one per cent. soda solution is recommended for the instruments; it is claimed that the soda not only aids in the disinfecting process, but also prevents rusting. The dressings are sterilized by steaming for three-quarters of an hour; several kinds of sterilizers are described as suitable for this purpose; the superiority of *dry* dressings is emphasized. Silk ligatures are treated by steaming also, and then kept in a tight box.

Catgut is rendered aseptic by first removing oily matter by soaking in ether, and afterwards placing it in a two per cent. solution of corrosive sublimate, containing three parts of alcohol and two of distilled water, in which it remains twenty-four hours. This solution is then to be renewed and the process continued till the fluid remains clear, usually two or three renewals will suffice, finally the catgut is placed in alcohol till used. Twenty per cent. of glycerine may be added to the alcohol if the catgut is required to be soft and pliable.

Gauze pads are generally preferred to sponges, on account of the difficulty experienced in rendering the latter aseptic after use.

In Von Bergmann's clinic, during an operation, the instruments are laid in a solution of carbolized soda, one per cent. of each. Both operator and assistants are clothed with sterilized linen aprons.

Operating rooms should be cleansed as far as possible by washing and scrubbing with soap and water. All materials, which will bear steaming without injury, are to be thus treated.

A short chapter is devoted to aseptic catheterization, and another to the management of emergency cases.

We have much pleasure in welcoming this volume to medical literature, and we feel that the general practitioner, as well as the surgeon, will find in it much that will be interesting and useful to him in his daily work. It treats exhaustively, and in both a scientific and practical manner, the subject in hand, and although we ourselves prefer to make assurance doubly sure by a freer use of antiseptics, more especially in the case of accidental wounds, yet we can heartily endorse nearly all that it contains.

Personals.

DR. B. L. RIORDAN spent a short June holiday in New York.

DR. J. H. WESLEY has removed from Keswick to Newmarket.

DR. A. F. MACKENZIE, late of Toronto, has settled in Mitchell.

DR. C. C. RICHARDSON has commenced practice in Mount Albert.

DR. W. H. HARRIS has removed from the Junction to McCaul Street.

DR. W. OLDRIGHT joined the Withrow party in its tour through Europe.

DR. F. K. ARMSTRONG (Tor. '92), of Eden, N.Y., spent his holidays in Hamilton and Toronto.

DR. J. R. SMITH, of Glanford, has left that point and opened practice in Conewango Valley, N.Y.

DR. T H. WHITELAW, who had charge of the small-pox cases at the Model Farm, is practising in Guelph.

DR. H. B. ANDERSON returns from Baltimore, Md., this week, where he has been pursuing his work in pathology.

DR. C. MEYERS, of this city, has left for Paris to "do" nervous diseases at the Salpetriere. He will return about the middle of September.

THE following gentlemen were appointed to the house staff of the Toronto General Hospital: Drs. W. J. Chapman, F. C. Harris, A. G. Lambert, J. G. Lamont, T. McCrae, J. Sheehan, A. A. Small, F. L. Vaux.

THE following is a list of the officers elected at the closing meeting of the Toronto Medical Society for the coming year: President, W. H. Oldright; First Vice-President, W. J. Wilson; Second Vice-President, T. MacMahon; Recording Secretary, John N. E. Brown; Corresponding Secretary, A. R. Gordon; Treasurer, Geo. H. Carveth. Council: H. T. Machell, J. Spence, N. A. Powell.

ONTARIO MEDICAL ASSOCIATION.—The following officers were elected for the ensuing year: President, F. Le M. Grasett; First Vice-President, H. A. McKinnon, of Guelph; Second Vice-President, Dr. Gibson, of Belleville; Third Vice-President, Dr. Wilson, of Richmond Hill; Fourth Vice-President, Dr. H. S. McCallum, of London; General Secretary, J. N. E. Brown, of Toronto; Assistant Secretary, Chas. A. Temple; Treasurer, Geo. H. Carveth.

SOME RECENT DISCOVERIES IN THE MODE OF ACTION AND CHEMISTRY OF COD LIVER OIL.—This was the subject of a paper read before the section of Materia Medica and Pharmacy of the American Medical Association, by Dr. F. E. Stewart, director of the Scientific Department of Frederick Stearns & Company, calling attention to the fact that cod liver oil possesses a stimulating effect upon the processes of assimilation and nutrition, which distinguishes it from all other oils and fats. He said that this action must be due to some principle or principles contained in the oil, possessing peculiar alterative action, and called attention to the fact that this view is supported by the authors of the United States Dispensatory. In referring to the chemistry of cod liver oil, the author noted that it contains, in addition to the fatty matter, from two to five per cent. of extractives, and that in the extractives were found by Gautier and Mourgues several leucomaines and basic substances, possessing marked effects upon tissue metabolism. To these substances he ascribed at least part of the alterative effect of the oil. These extracts, made from cod liver oil, having been placed on the market under various names, such as morrhuol, jecorol, etc., and being received with much favor by the profession, interfered so seriously with the sale of cod liver oil itself, and the various emulsions and other preparations of it, that, excited by trade jealousy, those vitally interested in the matter are attempting to throw discredit on the extracts, claiming that they are products of putrefying livers used for preparing the oil. They support this argument by the fact that the pale oil contains but a small amount of the extractive matter, while the light brown oil contains them in abundance. Assuming that the light brown oil is made from putrefying livers, they argue that the extractives are products of putrefaction. For the purpose of investigating this subject, Frederick Stearns & Company sent a commission to the cod fisheries of New England. This commission has reported that the color of cod liver oil and the presence of extractive matters in the oil are not necessarily due to putrefaction. This they have proved by manufacturing oils of all colors from fresh livers, during which, by the aid of the microscope, and afterward verifying the work by making cultures, they have demonstrated the absence of bacteria, and, therefore, the absence of putrefactive products. The color of the oil is probably due to a process of oxidation in the livers by which they are darkened on exposure to light, in the same manner that a freshly cut apple is affected by similar agency. The coloring matter being contained in the parenchema of the liver, is dissolved out during the process of preparing the oil. Under similar circumstances

the organic bases of Gautier and Mourgues are dissolved out of the liver. That the latter are not ptomaines is thus definitely proven. The different shades of color of cod liver oil and the presence of extractive matters therein are due to (1) the amount of time the oil is exposed to the livers during its preparation, and (2) amount of heat used in the operation—some of the substances being volatile and driven off if too high heat is employed. The doctor concluded that the action of cod liver oil is due to the fatty matter, which acts as a food, and to the extractive matters, which serve as stimulants to the assimilation of the oil. He suggested that the employment of cod liver oil extracts, separated from the fatty matter, should be recommended, provided that they were given simultaneously with a properly selected diet. As the extractives referred to have the power, not only of assisting in the assimilation of fats, but of proteids and carbohydrates as well, better results might be expected in many cases by this method than by administering fats so largely in wasting diseases. Physiologists tell us that the use of fats as foods will not build fat or tissues to any appreciable extent, but they are useful as fuel to supply the system with energy. If it is desired to employ fats, butter, cream, and the fats of meats may be used, and the extractive of cod liver oil administered to stimulate their absorption. By this means the disagreeable fishy fatty matter of cod liver oil may be rejected, and other fats made to do the work hitherto accomplished by cod liver oil. In addition to this, the use of a mixed diet, in which proteids, carbohydrates and fats are contained in proper proportion, and cod liver oil extracts employed to stimulate their absorption and assimilation, possesses great advantages.

THE TREATMENT OF CORNEAL ULCERS.—1. The constitutional conditions are struma, syphilis, malaria, anæmia, digestive troubles in children. 2. Asepsis should be maintained; for this, 3 per cent. solution of boric acid every two hours. 3. Complete rest by means of a light flannel bandage or gauze, with a small pad of absorbent cotton wool over the eye. 4. When the acute stage is over, iodoform or calomel may be applied to the ulcer. Yellow oxide of mercury is useful. The cautery may be employed. Eserine stimulates healing. Section of deep ulcers with a Grafe's knife is sometimes necessary.

WE regret to announce the death of Dr. Higginson, of Winnipeg, of diphtheria, contracted from a patient. He left life insurance policies to the amount of $25,000.

Miscellaneous.

A SCHOOL of Medicine for Women is to be opened at St. Petersburg, Russia, under the auspices of the State.—*Medical Record.*

A PERIODONTITIS may frequently be aborted by painting the inflamed gums several times a day with a mixture of iodine and aconite, one drachm each, and chloroform and tincture of benzoin, each fifteen minims.—*Practitioner.*

IT IS claimed by physicians who regularly prescribe Maltine with Cod Liver Oil that it produces less regurgitation, and at the same time possesses greater reconstructive power than any other cod liver oil preparation, Maltine and Oil being properly proportioned, and the base of the preparation, Maltine, being superior to any excipient employed for such a purpose. Dr. William F. Waugh highly recommends Malto-Yerbine in laryngeal cough.—*N. Y. Medical Times.*

DR. CARL THIERSCH, the eminent German surgeon, died on May 28th at Leipzic, aged seventy-three years. He was a native of Bavaria, and was educated at the University of Munich, graduating in 1846. He afterward resided successively in Berlin, Vienna and Paris. He was a frequent contributor to the literature of his profession, and the system of skin-grafting which he introduced is now generally adopted by surgeons throughout the world. He also wrote upon maxillary necrosis from phosphorus, and upon Listerian methods in surgery. —*Ex.*

INCREASE OF THE MEDICAL PROFESSION.—Professor Brouardel, at a recent meeting of the Medical Association of the Department of the Seine, said that the increase in the number of medical students in France continued to be very great. In all the French faculties the number of physicians, he said, were twice as numerous as they were ten years ago. The cause of this, Professor Brouardel thinks, is the publicity accorded to the achievements of medical science. Day by day, he says, one sees in the newspapers the great importance attached to public health, and parents conclude that medicine offers a great and lucrative career for their sons. The medical profession of France is already overcrowded, and promises to suffer very much more from this state.—*Medical Record.*

"KISSING THE BOOK" is now to be dispensed with in Pennsylvania, the Legislature having decided to this effect, it having been shown to be a fruitful source for the spread of disease.

THE BRITISH MEDICAL JOURNAL.—The receipts of the *British Medical Journal* last year were $176,000; the expenses were over $150,000. The total assets over liabilities exceed $279,000.

MEDICINE IN TOKYO.—In Tokyo a recent census has shown that the city contains 2,315 medical men, 70 dentists, 69 veterinary surgeons, 371 pharmaceutical chemists, 2 city hospitals, 3 government hospitals and 41 private hospitals.—*Ex.*

THE GOLD STANDARD.—The San Francisco *Post* says: A young lady with a touch of tonsilitis was consulting the family physician. "That is nothing serious," said he: "I'll touch it up with a nitrate of silver and you will be all right." The young lady looked a bit doubtful. "Oh, it won't hurt you," remarked the doctor, reassuringly. "I wasn't thinking of that. Papa might object." "Why, what possible objection can he have?" "I heard him tell mamma the other evening that he was opposed to silver. Couldn't you use nitrate of gold? Silver is so common and cheap, you know, and I am sure papa wouldn't object then."—*Ex.*

SUCCESSFUL CELIOTOMY FOR INTESTINAL PERFORATION DURING TYPHOID FEVER.—Sifton (*Chicago Clinical Review*) has reported the case of a man, 39 years old, in which, during the third week of an attack of typhoid fever, symptoms of intestinal perforation appeared. Operation was advised and consented to. An incision, four inches long was made close to the median edge of the ascending colon, and on opening the peritoneum about a pint of liquid fæces escaped. The ileum was seen to be extensively ulcerated, and after a brief search a perforation about one-sixteenth of an inch in diameter was found about two feet above the ileocecal valve. This was closed by two rows of Lembert sutures. The bowels were then replaced and the abdomen washed out as thoroughly as possible. Drainage was provided for, and the abdominal wound was closed with an interrupted suture. The case thereafter pursued a slow but favorable course, and eventuated in recovery. This is said to be the fourth recovery among twenty operations for intestinal perforation in the course of typhoid fever.—*Philadelphia Polyclinic.*

TRIONAL POISONING.—Hecker (*University Medical Magazine*) reports the following case: A woman, aged fifty years, a sufferer from mental depression for ten years, had taken forty-five grains of trional at bedtime with good results for a period of ten days. Subsequently, however, the drug induced coryza, slight fever, vertigo weakness and profound malaise. Subsequently symptoms resembling paretic dementia developed. The discontinuance of the hypnotic was followed by a complete restoration to her former condition.—*Maryland Medical Journal.*

HEROISM OF MEDICAL OFFICERS IN THE CHINESE WAR.—An item which must excite admiration is reported by a correspondent at Wei-hai-wei in the current number of the *Broad Arrow*: "Now came a touching proof of heroic devotion to duty. While the storm of lead was still hurling thickly through the air, a company of Red Cross men, always well to the front, appeared on the field, stolidly marching out from the ravines, two and two, with stretchers and 'first-aid' appliances for their comrades, right under the withering fire from the gunboat, with never a moment's hesitation. Unarmed, but for a paltry dirk at the side, helpless in any case against such an attack, with foes heedless or ignorant of the sacred significance of the Red Cross badge, they did not flinch for a moment on their errand of mercy. It would have been easy to wait until the fire should cease, but they nobly went on and did their work as if on their parade-ground at home. One by one the dead and wounded were sought out all over that wide field of blood, and borne away, until within twenty minutes the place was completely cleared of every man, living or dead. Colonel Taylor, A.M.S., declared it the most splendid deed he ever saw, and the other foreign attachés who saw it were equally emphatic in their praise."—*Medical Record.*

THE OLD DOCTOR.—Dr. George Monroe is credited with the following tribute to the loved and honored family doctor: "A physician's occupation appears to be somewhat paradoxical. He is either bringing some poor, miserable wretch into this wicked, sinful world, or is laboring to prevent others from leaving it for a better. Into what close relationship is he brought with the people! What responsibility is his! How many a tale of joy, gladness, hope and pleasure, or sorrow, sadness, suffering and despair he could tell! How many family histories he could relate. How many skeletons he sees in the family closets! Of how many confidences and secrets is he made the repository! How many a home has been cheered and made happy by his presence! How many a bitter heart-ache has he witnessed! What is more gratifying or satisfactory than to hear the old doctor, in whom the utmost confidence is placed, say 'he' or 'she is better, and will get well!' A house where has been sorrow, grief and tears for days, where a loved mother, mayhap, has been thought dying, and the good old doctor pronounced the crisis passed, that she would get well and be spared to her family. Oh, what a change comes over this family! Joy, almost unbearable, enters every heart. When a father has been near the unknown, and the distracted and nearly heart-broken wife and weeping children have thought their stay, comfort and support was about to be taken away from them, and the doctor at his morning visit says, 'Better, will get well;' what gladness takes possession of everyone at these good tidings! Yesterday was dark, gloomy and sunless; to-day not a cloud is to be seen, not even a mist; but beauty, sunshine and perfect joy and light. When a little child is at the grave's brink, and the force of a thistle-down wafted on the breeze would appear to be sufficient to convey it to the other world; when the windows are shaded and the streets covered with straw, that no light or noise may act as a disturbing element to the little sufferer; when even the doors are left ajar, so they may not grate upon their hinges; when the mother reflects how drear and desolate the home will be without the little prattler, whose voice will be hushed until the resurrection morn—the fountains of tears well up to overflowing, and the sobs and sighs cannot be suppressed; that mother prays as she never prayed before that her child may be spared—the very heart-strings are nearly broken. The old doctor arrives, and finds the child breathing easily, its skin moist, the fever gone, and sleeping quietly. He pronounces the talismanic words, 'Better, will get well.' Oh, then there is joy and thankfulness in that household! A peaceful calm comes upon them; almost a glorified radiance covers the mother's face. It is then that the tear-

fountains overflow with joy and gladness, and not with grief What a difference there is between tears of sorrow and sadness and those of joy and gladness! The one kills; the other brings to life. Oh, how anxiously and closely we scan every expression of the old doctor's face, and listen to his every word when he is at the bedside of our sick! He is a harbinger of joy or sorrow to many a heart. Long live the kind, good old doctor."—*Medical Age.*

STEAM AS A HEMOSTATIC.—Prof. Snegirew has successfully used this agent in the following operations: 1. In five cases of resection of the knee-joint, without elastic bands, ligatures or artery forceps. 2 In the extirpation of a cancerous breast, under the same conditions as above; also in the removal of fatty and malignant new growths in the skin. 3. In amputation of the cervix uteri and in fibromyotomy. 4. In resection of bone and in removing sequestra. 5. In abscesses, to render them odorless and induce rapid healing. 6. In fistulæ and sinuses, especially when tubercular. There seems little doubt in the mind of the investigator than in steam he has found a hemostatic of ready usefulness, aseptic, not interfering with primary union.—*Boston Med. and Surg. Jour.*

THE TREATMENT OF BURNS WITH THIOL.—In the May number of *La Clinique* there is an article on this subject in which the writer says that according to A. Bilder, of Berlin, thiol is one of the best applications in the treatment of burns of all degrees. Bilder first washes the burned part with a weak solution of corrosive sublimate and then removes the cuticle hanging loose as the remnants of ruptured blisters, taking care not to touch those of which the walls are still intact. After dusting the burn with powdered boric acid, the entire surface of the burned region and the healthy skin around it are painted with a solution of equal parts of thiol and water; finally, a layer of greased cotton is laid on the burn and kept in place with a bandage. Thiol allays the pain very rapidly and arrests the hyperæmia of the skin. Part of the contents of the blisters is absorbed and the rest becomes dry in the form of semi transparent, amber colored crusts, which are easily detached, leaving a completely healthy skin. At the end of eight days the dressing is removed. The rapidity of the cure varies according to the degree of the burn. In burns of the first and second degrees it is generally rapid. In those of the third degree the cicatrices which are formed under the dressing of thiol are smooth and show no tendency to retraction.