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Original Contributions.

Certainly it is excellent discipline for an author to feel that he must say all he has to say in the fewest possible words, or his reader is sure to skip them; and in the plainest possible words, or his reader will certainly misunderstand them. Generally, also, a downright fact may be told in a plain way; and we want downright facts at present more than anything else.—RUSKIN.

CRIME AND CRIMINALS.

BY A. B. EADIE, M.D., TORONTO.

THE history of crime dates from the earliest history of mankind. Whether crime is increasing or not is a difficult problem to settle. Statistics bearing on the point are not entirely satisfactory, yet they seem to show that in most countries crime is increasing.

We propose to deal mainly with the causes of crime and the treatment of criminals. Benedict says: "The brains of criminals exhibit a deviation from the normal type," and again: "The essential ground of abnormal action of the brain is abnormal brain structure." If these statements are true in all cases, then our conceptions of crime and the treatment of criminals should be greatly modified if not entirely altered. Are these statements true? Is it a fact in the case of every criminal that the brain does not perform its functions properly because of disease in the brain itself or in some other organ? Flint in a paper on the "Scientific Treatment of Crime and Criminals" makes the following statement: "It may fairly be assumed that no mental disturbance taking the form of insanity is without a physical cause, however obscure

this cause may be." He then asks the question, "Is it possible that every moral delinquency has a physical cause?" or in other words, is every criminal diseased physically and does he commit crime as a result, and only as a result of that physical disease?" Very few medical men, I think, would care to answer these questions in the affirmative, and yet what data have we at hand upon which to base a rational and intelligent conclusion?

All reasoning should be based upon carefully observed and well assorted facts. When a murderer is hanged his body is buried in the jail yard. Only the most formal post-mortem examination is made by a general practitioner who has little or no special knowledge or experience in microscopic or gross pathology. Could not this valuable material be made to shed much light upon the causes of crime? Paupers, chronic alcoholics, and those who have been convicted of petty crimes from time to time, die in our jails and almshouses. A thorough post-mortem examination of these subjects by a competent pathologist would produce an abundant supply of reliable facts from which criminologists could draw sound and scientific conclusions. These facts would not only throw light on the causes of crime, but would assist in the diagnosis and classification of criminals. It is a well known fact that disease of other organs, apart from the brain, may have a powerful influence over the disposition and conduct of an individual. Patients with anæmia are apt to be melancholy, morose and irritable. Chronic diseases of the heart, such as valvular incompetency and obstructions, fatty degeneration or congenital smallness may profoundly alter the cerebral circulation and thus cause a deviation from the normal function of the brain. Puerperal mania is a familiar example of how the brain may be affected by a toxic influence circulating in the blood.

A large number of prisoners in penitentiaries have physical defects that are plainly visible. Some experienced wardens state that as many as seventy-five per cent. of prisoners have such visible defects. In many cases one side of the head is larger than the other, showing either partial arrest or other abnormal development of the brain. Such defects are well illustrated by the following report in Inspector Byrne's book, "The Professional Criminals of America." Report No. 2. David Bliss, alias Dr. Bliss, sneak; thirty-nine years old in 1886; born in U.S., married; doctor; slim built, height five feet eight inches and a half, weight one hundred and thirty-five pounds, light-colored hair turning gray, gray eyes,

long face, light complexion, has a hole on the right side of forehead, etc. This man was evidently well fitted by education to become a useful member of society. Does the hole in his forehead give us any clue to the reason why he was a vagabond? A long series of carefully made post-mortems would certainly assist much in answering all such questions. An accurate diagnosis is a first requisite to intelligent treatment. In general terms, we may put criminals into one of two classes, the curable and the incurable. For the safety of society, the latter should be placed under permanent restraint, while the former should be placed in such surroundings and under such discipline as is best calculated to restore them to useful citizenship. Two ideas appear to be prominent in the treatment of criminals in the present age—to punish those who are caught in such a way as to deter others, and the idea of revenge pure and simple. Revenge is a relic of barbarism and is entirely unworthy of an enlightened age. How far a severe punishment of one criminal deters another from committing a similar crime is hard to estimate. "Thirty days over the Don" appears to have very little effect in preventing drunkenness. Professional sneak thieves continue to make their raids in the face of heavy sentences pronounced on their less fortunate friends who are caught. Capital punishment has not put an end to murder. The two main objects in the treatment of criminals should be the prevention of crime and the cure of the criminal. With these objects in view, Flint suggests the idea of restitution in crimes against property. If a man steal, or embezzle a sum of money entrusted to his care, he should not be allowed complete liberty till he earns and pays back to the original owner the whole sum with interest at current rates. How can a lawyer, or a judge, or a jury, or all combined, determine what length of time a criminal should be detained in a jail before he will be cured of his physical and moral defect and fit to resume the duties and obligations of citizenship? It is precisely in this respect that our present system appears to fail. Why should incurable criminals be kept a year or two in jail and then turned loose again to commit some greater crime?

Very few would be sanguine enough to expect or hope that all crime could be prevented by any system, or that our knowledge will ever be so perfect that a correct diagnosis can be made in the case of every or nearly every criminal. Yet there is surely great room for improvement in our present methods of treatment of criminals. Crime is believed to be on the increase. In some

countries the increase has already begun to cause alarm. Lawyers and judges fail in their management of the criminal classes because their methods are founded on mere arbitrary precedent, without a due regard for the ever changing conditions and circumstances of an acutely progressive age. Medical science offers more hope for the future and promises to be able to show what is the real physical cause of crime. Physiology of the brain is defective and leaves us entirely in the dark in regard to many interesting and important phases of cerebration. Yet it plainly shows there is a logical and definite connection between normal brain structure and normal function as exhibited in the lives and acts of men. It remains for gross and microscopic pathology to point out what actual lesions exist in the brains of criminals. Then a rational and intelligent system of treatment will be adopted which will be in the interest both of the criminal classes and the general public.

PROSTATIC HYPERTROPHY.

BY T. H. MANLEY, M.D., NEW YORK.

Written specially for THE CANADIAN JOURNAL OF MEDICINE AND SURGERY.

SINCE the distinguished Philadelphia surgeon, Dr. J. William White, has called the attention of the profession to the value of castration as a curative or relief measure in some of those cases of senile enlargement of the prostate which are so often a source of distress and misery in elderly men, there has been fresh interest given to the subject from the standpoint of pathology, inasmuch as a correct knowledge of this must determine our line of action when the serious question of unsexing an individual arises. First, let us for a moment consider what the functions of this organ are.

It is commonly classified with glands, but strictly speaking, from an anatomical standpoint, it is not, as its epithelial or secreting elements form but a minor proportion of its structure. In its parenchyma we find an abundance of erectile tissue, with considerable smooth muscle fibre in the trabeculæ. It presents many striking points of analogy with the uterus, in its great vascularity, its density and muscular frame-work. It is probably functionless, except in generation, and no one is conscious of its presence as a factor in the economy until the degenerative changes

of advancing years become manifest. Then those organic imitations commence which indicate its close analogy with the internal organs of generation in the female. The vascular elements first show signs of change with turgescence, congestion, interstitial inflammation. Next, we may have marked hypertrophy, with or without organic changes.

Neoplastic degeneration, with a backward encroachment on the bladder, the out-growth of a prostatic bar or the "third lobe," as it has been designated, central suppurative or cystic changes have been noted. The serious local or constitutional disturbances, which are encountered in prostatic disease, succeed chiefly in consequence of the mechanical impediment offered to the escape of the urine. The residual urine undergoes decomposition, becomes ammoniacal and irritating, inflaming the vesical mucous membrane, the infection in time spreading up by way of the uterus to the kidneys.

So far, in the late extensive literature on this subject, it does not appear that any writer has considered the influence of diathesis as an etiological factor. This is unfortunate, for anyone who has treated many of these well knows that in a considerable number of cases constitutional as well as local treatment effects most gratifying results.

Castration is well known to promptly induce atrophic changes in the prostate of lower animals, but whether it will do so in the old man whose testes are greatly diminished in functional activity, if this is not entirely suppressed, places another aspect on the question. No doubt but in the virile, whose prostatæ are simply intumescent or turgescent, without having undergone organic changes, the same result may be attained by much safer and more conservative measures, by keeping the rectum well cleared, aseptic catheterization, by the use of sedatives to the entire urinary tract, reduced or appropriate alimentation, etc. In the event of neoplastic formations, outgrowths or central, cystic or fibrogenous transmutation, the important question at issue is whether, even now, we may not by tentative expedients, judiciously and skilfully utilized, spare any patient the peril of sanguinous measures.

Gynæcology and Obstetrics.

CRANIOTOMY ON THE DEAD CHILD.*

BY JOSEPH B. DE LEE, M.D., CHICAGO.

I HAVE little doubt that the subject chosen for this paper has excited wonder. Yet that it is one of great importance I believe I will be able to show, and it is one that is seldom, if ever, found in our literature.

We read many wordy articles in the journals on "Craniotomy on the Living Child: Is it Justifiable?" etc. It is the intention of this paper to leave this subject entirely alone. It has been discussed and written upon *ad nauseam*, and can never be settled as long as religious views and sentimentality are allowed to cloud the horizon of scientific reasoning.

Happily in the consideration of craniotomy—or more broadly embryotomy—on the dead child we avoid all these difficulties, for who should have any sentimental regard for a dead fœtus, and what religious discriminations reach it? Nevertheless, there exists in the minds of many medical men an abhorrence of this operation, even when performed on a lifeless fœtus, and this has made many mothers permanent invalids, or even cost their lives.

The basis of this abhorrence is partly sentiment, partly an erroneous impression of the dangers and difficulties of the operation. There are many cases where, the fœtus being dead, the method of delivery that is quickest and least harmful to the mother is by mutilation of the fœtal body and extraction after reduction in size. In these cases the forced delivery of the fœtus unreduced may, and does too often, cause irreparable injury to the mother, and what is gained in the end? Only a dead child!

The object of this paper is to show that the operation of craniotomy and other mutilating operations on the fœtus are simple in performance, requiring little more skill than does the use of ordinary forceps, and are attended with a necessary mortality of zero. Further, that the bad results of the operations that are collated and published are due to the conditions which indicate the interference, or to errors of art, and should not be attributed to the operation

*Read before the forty-sixth annual meeting of the Illinois State Medical Society.

Finally, craniotomy on the dead child should be performed in many cases in preference to the difficult operations which are usually carried out when the fœtus is alive, the principal being, after the fœtus dies endeavor to deliver the mother with the least possible injury and danger.

Craniotomy is considered as a last resort, and the woman is subjected to the most dangerous operations in order to avoid mutilating her dead infant. The mortality of craniotomy is considered higher than almost any other operation, by some even higher than Cæsarean section or symphyseotomy. This is absurd; the mortality of the operation of craniotomy is lower than that of forceps.

Of all obstetric operations the most common is that of the forceps. Frequently the operator finds that, notwithstanding most strenuous efforts, he can produce no effect on the progress of the child; this is usually due to a mistake in the diagnosis of the position of the head, or to the failure to recognize the existence of a contracted pelvis. However, the attempts at delivery are continued, another physician helps to pull, and together they succeed in delivering a dead child, or one so crushed that it dies in a few hours. As for the mother, she has severe cervical, vaginal and vulvar tears, post-partum hæmorrhage, and sepsis, in the puerperium. If happily she escapes with her life, she carries the effects of such brutality in the shape of severe cellulitic thickenings in the parametria, adherent uterus, and probably life-long invalidism. I have known a physician to pull four hours on the forceps, knowing all the time that the fœtus was dead.

The second operation that is too often undertaken to avoid the necessity of hurting the dead child, is version. In cases of contracted pelvis where in spite of strong pains the head has not passed the inlet, if the child is dead craniotomy is the proper operation. I exclude here cases of absolute contraction, referring to those where the conjugata vera is from three to three and a half inches: to do a version here is foolhardy. The operation of version is one that, except in the most favorable cases, requires considerable skill in technique; it has always the attendant danger of rupture of the uterus, especially in cases where the lower uterine segment has become thinned during the ineffectual attempts of the uterus to force the head past the obstruction. Finally, the operation of craniotomy is simple and requires less skill than a version; it has no attendant dangers except sepsis and injury to the soft parts, which the operator can avoid.

Another condition where the simple operation should be chosen is neglected transverse, or shoulder, presentation. In these cases the child is wedged into the pelvis; the fundus of the uterus has drawn high up over it and left the fœtus in the dilated and thinned lower uterine segment. Even the passage of the hand alongside the body of the child may precipitate the rupture which is threatening. Embryotomy should be done; under no circumstances a version, because the child is almost always dead or dying, and turning the child will almost certainly rupture the uterus.

Of course in cases of transverse presentation where one is called early, the child being alive, version is the proper operation. Even if the child is dead, if the bag of waters has only recently broken and the uterus presents none of the symptoms of threatened rupture, a version may be quite easy, and in comparison with decapitation may seem the better operation. Again, one may not have the necessary instruments at hand; but where the labor has been neglected, in cases of contracted pelvis, and where an attempted version meets with even moderate resistance, reject the operation and do an embryotomy.

It may happen that during an extraction by the breech the head becomes arrested at the inlet. During the long, ineffectual attempts at delivery the child dies. Now what is to be done? Keep up the traction, tear the body from the head, rupture the cervix and perinæum? No, the operation of election is craniotomy. In the absence of a perforator use a pair of scissors.

The following cases will serve to show that the conditions I have described exist. I will have to report them without the names of the patients or the physicians, since the latter are still living.

Case 1. Primipara, aged twenty-two; labor eighteen hours; face presentation, mento-dextro-anterior, head not fully engaged, cervic effaced and os dilated for several hours; child dead; forceps, powerful traction, no progress; council; counsellor advised forceps; doctor in charge, craniotomy. Counsellor with feet braced against the bed, two assistants holding the woman by the arms, after the hardest labor delivered a large dead fœtus; profuse hæmorrhage; deep perineal tear. During the puerperium the entire vagina sloughed out. Slow recovery. Place where vagina should be filled with connective tissue, leaving an orifice so small that the finger could not pass. Later, plastic operation in which flaps were made from the skin of the buttocks, the scar

tissue dissected out and a vagina two inches long constructed; result fair.

Case 2. Multipara; contracted pelvis; breech presentation. Midwife called assistance because the head would not come. One physician pulled on the body till he became tired; a second succeeded in tearing the body off the head, which was retained *in utero*. There was nothing to catch hold of but the jaw; a third physician succeeded in ripping this out. Still the head would not come! The fourth physician finally, by pushing his fingers into the orbits, was able to deliver the remainder of the head.* The poor woman died in three hours.

Case 3. Primipara; normal pelvis; large child; head movable about the inlet. Forceps; long and powerful efforts, but no progress; child died during these tractions. An attempt at version succeeded only in bringing down a foot beside the head. Operator, now exhausted, gave place to another, who with great force completed the version. In the extraction which followed, the perinæum was torn through the anus, a tear extending four inches up the recto-vaginal septum. Primary suture sloughed; now permanent incontinence of fæces. Craniotomy was not done because it was thought too dangerous.

Case 4. Reported in a New York obstetrical society last year: case of occipito-posterior position, head still movable; placenta prævia marginalis; prolapse of the arm and the cord. Truly a complicated case, but the *child was dead*.

The following operations were done to deliver this lifeless foreign body: 1. Forceps used to try to correct the bad position of the head. 2. Forceps as an instrument of extraction, using all possible power and kept up for a long time. 3. Incision in the cervix. Think of it, in a case of placenta prævia! 4. Forceps again after this; failure. 5. Version, during which the back turned to the mother's back, making the bringing down of the arms very difficult. 6. Forceps on the after-coming head. The woman died in forty hours.

It is encouraging to note that the paper was very sharply criticised and the proper treatment advanced, at the time it was read. If the child was alive at the time of the first examination, the proper operation was version; this was indicated by all the conditions, placenta prævia, posterior occiput, prolapse of the hand and cord; but the child being dead, the cervix only large enough to

* Cocq: *Arch. de Tocol. et Gyn.*, 1894, No. 5.

admit the forceps, and in the presence of an indication for the termination of labor, there was only one operation to do—craniotomy. Can there be any doubt that, if this operation had been performed, the woman would have lived? It is easier and less harmful than any single one of the methods employed to deliver this case.

In cases where labor has become so complicated that the operation is imperatively demanded, especially where violent attempts at delivery have been made, a certain number of deaths must occur, but these cannot be laid at the door of craniotomy. For this reason all statistics regarding this operation are valueless unless the operations preceding it have been considered—*i.e.*, whether the craniotomy has been undertaken as a primary operation or only as a last resource.

Why should there be any mortality from craniotomy if it is properly carried out? The operation can always be done slowly; there is plenty of time to prepare everything according to the most stringent rules of asepsis. The perforation of the head under the guidance of the fingers is done with absolutely no injury to the mother, and the subsequent application of the cranioclast is simpler and easier even than the forceps. Care is required in the extraction of the child to protect the soft parts from splinters of bone. If the cervix is not dilated, gentle traction repeated often—for there is no hurry—dilates it evenly and safely. Absolute cleanliness protects the patient from infection. In the last year I have had occasion to do five craniotomies—three for contracted pelvis—in the hovels of poor people. Recovery in each case was prompt.

The operation is simple and the instruments needed are two, a perforator and a cranioclast. (The instruments here referred to are Vaefele's perforator and Carl Braun's cranioclast; they were demonstrated at the reading of the paper.) This is nothing more than a large and powerful bone-forceps.

While the instruments are boiling the field of operation is sterilized, abdomen and vulva washed with soap and water, then with 1-2000 bichloride. The vagina and cervix are now thoroughly douched with three per cent. carbolic or one per cent. lysol solution.

The cervix should be large enough to admit three fingers, but the larger it is the better, and in the absence of a contraindication one may wait for sufficient dilatation. The four fingers of one hand are now passed into the vagina and rest on the head; the perforator

is passed under the cover of these fingers and does not touch the maternal tissues at all. The head being steadied from the outside, with a gentle boring motion the point goes easily through the head; the handles are now unlocked and the blades opened to their full extent; the instrument is locked, turned one-quarter of a circle, and reopened; now the handles are again locked and the perforator is carefully withdrawn. Brain matter now flows out, and if the pains be strong they may force the head into the pelvis. It is not advisable to leave the case to nature; rather extract, as it is so simple. With the same precautions as in forceps, the blades of the cranioclast are passed, the solid one inside the opening which was made, the other one over the face; they are locked and screwed together by the screw; now the head is extracted just the same as if it were in the grasp of the forceps, using the same rules to pull with a pain and to pull in the axis of the pelvis.

After labor a thorough vaginal douche or an intra-uterine antiseptic douche is given.

In conclusion I wish to mention the following indications for craniotomy:

1. All cases where, the child being dead, an indication for the termination of labor arises; this operation should be done instead of the forceps when the maternal soft parts are unprepared for rapid delivery. Such cases are eclampsia, placenta prævia, premature detachment of the normally implanted placenta, prolapse of the cord, with danger to the mother from any cause; in short, do not apply the forceps on a dead child. The only exception I would make to this rule is the case of a multipara, with the head low down and the soft parts well prepared.

2. Cases of contracted pelvis when the conjugata vera is not smaller than two and one-half inches. To do a version, extraction, Cæsarean section,* or to use forceps, is not justifiable when the child is dead.

3. In neglected transverse presentation embryotomy should be done. The thought of version should not be entertained for a moment.

There are two points which I have not mentioned, but which are likely to come up in the discussion: First, would not the family object to the disfiguration of the child? Yes, but would they not prefer this to the mutilation, however slight, of the soft parts of the mother? Is it not better to crush the head of a dead baby than to have even a simple torn perinæum? Second, suppose the death of

* *Centralb. fur Gyn.*, 1896, No. 12.

the child is uncertain? The answer is ready: give the child the benefit of the doubt; but do not subject the mother to the risks of severe operations for the sake of a child that is nearly dead or will die during the operation itself.—*Medicine.* H. T. M.

VENTRO-FIXATION OF THE UTERUS.

Dr. E. Fairfax Ross has pointed out a decided though simple improvement in the performance of the operation of ventro-fixation of the uterus. After opening the abdomen, Dr. Fairfax Ross frees the uterus, tubes or ovaries from any adhesions which may exist, and then directs an assistant to pack the vagina high up with absorbent salicylic wool. In cases where no adhesions are present this packing is done before the operation. This simple procedure pushes the fundus well up out of the pelvis and keeps it there, so that the necessity of using forceps which may injure the uterus is done away with, and no pulling upon the organ is required, the left fingers of the operator only being required to steady the uterus while the stitches are introduced. After the operation there is no strain upon the sutures, as the plug of wool is left in situ for two or three days, and only removed for the purpose of douching the vagina, after which the vagina is repacked. The above plan prevents all dragging upon the abdominal wound and inversion of its edges, as is the case when a heaving uterus is ventro-fixed. Dr. Fairfax Ross thinks very highly of the operation in suitable cases. I think this valuable and simple suggestion of Dr. Fairfax Ross might be improved upon by the use of a suitable Hodge or Smith pessary instead of the vaginal packing with the salicylated wool. The pessary would give the same support to the uterus above the pelvis during the operation as the vaginal packing does, and would do away with the necessity of removing the plug and repacking of the vagina for the purpose of douching and keeping the parts clean, as all the measures required to ensure the vagina being kept perfectly clean could be carried out with the pessary in position. In the limited number of cases in which I have performed the above operation the results have been most gratifying, and a suggestion like the one mentioned by Dr. Ross, which does away with some of the inconveniences of the operation, such as the dragging upon the sutures, is most welcome. Since writing the above, I have had an opportunity of using the pessary in the manner I suggest, and have found it answer most admirably.

J. H. L.

Ophthalmology and Otology.

HOLOCAIN.

GUTMANN (*Deut. Med. Woch.*) relates his clinical investigations with this new anæsthetic, which is closely allied to phenacetin. He has used it in thirty cases in men, of which thirteen were examples of a foreign body in the eye, two of keratitis, seven of operations on the eye, and in eight cases the eyes were healthy. One minute after the introduction of three to five drops of a 1 per cent. solution there was anæsthesia of the cornea. A passing burning sensation was felt. The foreign bodies were removed without inconvenience, and the galvano-cautery was used in case of corneal ulcer and in a case of keratitis. Tattooing was also performed in two cases of leucoma. In one case it was possible to compare tenotomy of the eye muscles under cocaine and under holocain. Less pain was experienced in the latter instance. The duration of anæsthesia under holocain is from five to fifteen minutes. The cornea remains moist and shining. The ocular tension is not diminished. The pupil remains unaltered and accommodation is unaffected. In a patient aged forty-eight, three drops of a 2 per cent. solution of cocaine were introduced into one eye; anæsthesia appeared in 2½ minutes and lasted 3¼ minutes, the pupil dilated and the tension diminished. With three drops of a 1 per cent. solution of holocain introduced into the other eye, anæsthesia appeared after a slight feeling of burning, in one minute, and lasted nine minutes; the pupil was not dilated and there was no alteration in tension. The rapidity of anæsthesia with holocain is an advantage. The dilatation of the pupil under cocaine for the removal of foreign bodies is a disadvantage. The lessened pressure is a drawback in cataract extraction, but useful in operations for glaucoma. The author says that holocain should not be used subcutaneously, as intoxication symptoms were rapidly produced by a small dose in a rabbit. For external use he recommends it as a substitute for cocaine.—*British Medical Journal.* J. M.

Eucaine in Ophthalmology.

Sweet reports in the Philadelphia *Polyclinic* that he has used the new local anæsthetic, eucaine, in upwards of fifty eye cases. A 2 per cent. solution of the hydrochlorate was used, one or two drops

causing perfect insensibility of the cornea and conjunctiva in from two to three minutes, which lasted about ten minutes. While not so toxic as cocaine, its anæsthetic effect is fully as great. The one great advantage of the eucaine is that it does not affect the pupil or accommodation. Severe burning pain follows the instillation in many cases, and the hyperæmia of the conjunctiva lasts about half an hour after the anæsthesia passes off. Unlike cocaine, the solutions of eucaine are very stable, and can, therefore, be easily sterilized, besides producing no desquamation of the superficial corneal epithelium. J. M.

Eye Changes in Diabetes Insipidus.

Hansell, in the Philadelphia *Polyclinic*, reports a case of diabetes insipidus with ocular complications. A man thirty-nine years old passed seventy-nine ounces of urine daily, of healthy specific gravity, and without trace of albumin or sugar. The eye presented the retinal changes of albuminuria in striking degree, the white patches of degeneration, the hæmorrhages, the star-shaped figure—not, as usual, at the fovea, but to the nasal side of the disc —the swelling of the papilla and œdema of the retina. This case is interesting because, while the existence of organic kidney disease and diabetes mellitus is frequently first ascertained by the discovery of the ocular changes, but little value has been laid on examination of the eye in diabetes insipidus. Ophthalmic literature contains but few references to the disease; indeed, both physicians and ophthalmologists seem to hold that the association of polyuria and visual symptoms is either an accidental coincidence, or that they are both consequences of the same cerebral lesion.

J. M.

Cerebellar Abscess.

Walker records (*Brit. Med. Jour.*, March 6th, 1897) a case of recovery, after operation, of cerebellar abscess secondary to suppurative otitis media. There are but ten previous cases of recovery on record. Acland and Ballance have drawn attention to the occasional presence of certain paralytic symptoms which may be of great service in localizing a cerebellar abscess, namely, muscular weakness of the limbs of the same side as the ear disease, affecting chiefly the arm, conjugate deviation of the eyes to the opposite side from weakness of the muscles, which draw the eye to the same side, and increased knee-jerk on the same side as the otorrhœa.

J. M.

Public Health and Hygiene.

PROVINCIAL BOARD OF HEALTH.

THE second quarterly meeting of this Board was convened at Dr. Bryce's office at 10.30 a.m., May 6th. Four sessions were held on that and the following day. Present, Drs. Macdonald (Chairman), Covernton, Cassidy, Kitchen, Vaux and Bryce (Secretary).

A complaint was received from a Mr. Hill, of Carleton Place, to the effect that in a recent diphtheria epidemic Dr. MacFarlane, the local Medical Health Officer, had improperly quarantined the infected houses, and Mr. Hill's son had taken the disease and died. The Board investigated the complaint, and found that it had not been shown that the medical official had in any way neglected his duties.

Dr. Carney, of Windsor, Ont., complained because Dr. Lambert, the Medical Health Officer there, refuses to decide upon suspected cases of contagious diseases which are being treated by other medical men. The Windsor City Council wants to pass a by-law to compel him to do this.

Dr. Bryce presented the report of the Committee on Epidemics. The report said that the last quarter had shown an absence of the more severe types of contagious disease, except scarlatina, which, in Toronto and elsewhere, had been more than usually prevalent. The mortality per cent. of cases had, however, been low, and the same was said of the cases of diphtheria which had occurred. The report indicated that this was true more because of the individual action of the attending physician than because of the activity of the Boards of Health, and pointed out that while Toronto spent $30,000 annually, or fifteen cents per head of population, the townships in the county of York spent on an average less than two cents per head. The report referred especially to the seeming reluctance which was displayed to pay a salary to local health officers. The logical outcome of this state of affairs was to be seen in the case of a ratepayer near Barrie, who was suing for damages for $10,000 for the neglect of the municipality to take proper precautions, by which he lost four children by diphtheria. It was asked if the neglect by a Board of Health to prevent the distribution of milk from a herd which is known to have tuberculized

animals would not be held to be a legal cause of damages, and it was hoped that a decision of the courts would be given upon the matter. The question of the transmission of tuberculosis by animals was taken up, and the report said that a large number of papers bearing upon the subject had been sent out. The report concludes:—"The necessity for individual and united action in dealing with this great question of the wholesomeness of the public food supplies, whether from the health or commercial standpoint, is so great that your Committee feels that the hands of the dial of scientific progress cannot be turned back, and that though they may have been stopped for the moment, it has only been that they shall move forward again with a more steady motion, till the noontide of effective action shall have been reached." The report was adopted.

A report on the "Disinfecting Value of Formaldehyde" was read by Mr. J. J. Mackenzie. Dr. Cassidy followed with a report of the work done by Dr. Bosc, of Montpellier, France, in producing disinfection by the dry vapors of formol. See page 209, CANADIAN JOURNAL OF MEDICINE AND SURGERY.

Dr. Charles Sheard, M.H.O. for Toronto, was asked to sit with the Board as a corresponding member, and was asked to join the Board in discussion on the preceding reports. Dr. Sheard then spoke on the subject of disinfectants, and referred to certain difficulties in the practical work of disinfection. These reports were adopted.

On motion of Dr. Covernton, seconded by Dr. Vaux, the following resolution was passed: "That this Board desires to express through Dr. J. J. Cassidy its thanks for the courtesy extended to him by Dr. Bosc, of Montpellier, in supplying the fullest information regarding the most recent results of his work on disinfection with formaldehyde; and that the Committee on Epidemics be instructed to take such action as may be found practical to supply means for testing the practical value of this disinfectant."

Dr. Holmes, Medical Health Officer of Goderich, gave an explanation of the recent outbreak of typhoid in that town.

A letter from the Canadian Medical Association, asking that ophthalmia neonatorum be placed on the list of communicable diseases requiring notification, caused some discussion. Finally, on motion of Drs. Cassidy and Kitchen, it was resolved as follows:

"That the Provincial Board of Health recognizes the communicable nature and also the unfortunate results of ophthalmia neonatorum, and urges upon obstetricians the adoption of proper

methods for its prevention, but it does not approve of the opinion that this disease should be added to the list of communicable diseases requiring notification under the Public Health Act."

Dr. Bryce reported that the Board's action in closing two cemeteries at Cardinal had satisfied the popular feeling there in regard to the matter. He also reported that he had received complaints from Forest and Ailsa Craig about the G.T.R. cattle yards there, which were described as a nuisance. Another cause of complaint was that the cattle annoyed people by bellowing. The Secretary was instructed to investigate the matter and report.

Correspondence was submitted which had passed between the Secretary of the Board and Mr. W. B. McMurrich, Vice-President of the Muskoka Lakes Association, concerning official inspection of summer resorts. Dr. Bryce contended that it was never intended that the Government should pay the whole of the expense of inspection. Mr. McMurrich, on the other hand, wrote that the Muskoka Lakes Association had never understood that it would be expected to pay, but, recognizing the need of inspection, it had sent out circulars to the summer residents and hotel men, and he thought that by this means the amount required, namely, $500, might be forthcoming.

Ald. D. Barrett, of Port Hope, appeared before the Board, and secured permission for that town to dispose of its sewage by an outfall into Smith's Creek. This permission was granted, with the proviso that if at any time a nuisance results, the same shall be remedied under the direction of the Board.

At the afternoon session the report of the Committee on Public Water Supplies was received. The proposal to supply the town of Renfrew by the Bonchere supply, to be taken from above Smith's Creek, was approved, subject to special provisions to prevent contamination.

A communication was received reporting the prevalence of diphtheria in north Peterboro', with complaints as to the inaction of the local health authorities and physicians. The Secretary was instructed to take action in the matter.

The Board then adjourned. J. J. C.

MONTHLY REPORT OF CONTAGIOUS DISEASE IN ONTARIO FOR APRIL, 1897.

PREPARED BY P. H. BRYCE, M.A., M.D., DEPUTY REGISTRAR-GENERAL.

		Total Reported.	Per cent. of Whole Reported.
Total population of Province.....	2,233,117	1,119,397	50
" Municipalities.....	745	348	46
" Cities.....	13	10	77
" Towns and Villages.....	236	100	42
" Townships.....	496	238	48

VARIOUS DISEASES REPORTED.

Municipality.	Pop. Reported	Typhoid.		Diphtheria.		Scarlatina.		Tub'rcul'sis	
		Cases.	Rate per 1000 per Annum	Cases.	Rate per 1000 per Annum	Cases.	Rate per 1000 per Annum	Cases.	Rate per 1000 per Annum
Cities	377,349	2	.06	24	.7	14	.4	65	2.0
Towns and Villages	212,416	3	.1	6	.3	5	.3	16	.9
Townships	529,632	3	.07	14	.3	3	.07	45	1.0
Total Pop. Reported	1,119,397	8	.08	44	.4	22	.2	126	1.3

P. H. B.

Garbage Disposal

Is in New Orleans, as in most other American cities—New York and Brooklyn included—an unsolved, or rather an experimental problem, and is likely to so continue so long as the sanitary authorities allow themselves to be imposed upon by the nuisance-rendering processes, instead of the more effectual, shorter and more economical—to the public health—*destructive* processes. Thus far, none of the garbage-rendering processes that would make money out of the residue without nuisance to the neighborhood, has been successful. It is high time that the sanitary authorities regarded the health and comfort of the people of more importance than the commercial value of the garbage.

Proceedings of Societies.

THE ONTARIO MEDICAL ASSOCIATION.

THE seventeenth meeting of this body was held in the Normal School, Toronto, June 2nd and 3rd, Dr. John Coventry, President, in the chair.

Dr. Wm. Britton presented the report of the Committee on Papers, and Dr. Machell that of the Committee of Arrangements.

Dr. J. L. Davison read a paper on "Serum Therapy." In this he discussed the germ theory of disease and described how the toxins and antitoxins were prepared. He then dealt with the matter of diphtheritic antitoxin, quoting statistics which showed beyond doubt that this new remedy saved at least fifteen per cent. more lives than were saved by the old forms of treatment. Reports showed that the effects of bubonic plague had been successfully treated by serum therapy. The work done in such diseases as tuberculosis, rabies, and small-pox was alluded to.

Dr. T. F. McMahon reported a large number of cases in which he had used the anti-diphtheritic serum with a most happy result in nearly every case.

Drs. Fraser and Shuttleworth also made some remarks as to the success of the old method of treatment still pursued at the Toronto Isolation Hospital.

Hon. G. W. Ross was then introduced, and spoke a few words of welcome to the Association.

Dr. J. T. Fotheringham read a paper on "Remarks on Modern Therapeutics."

A letter was read from Dr. Wesley Mills, who had been appointed as a delegate from the Canadian Medical Association, regretting his inability to attend.

Wednesday Afternoon.

After the minutes were read, Dr. J. M. Cotton presented the first interim report.

Dr. Coventry then read the presidential address. He discussed the question, "Where has the old-time family physician gone?" He deprecated strongly the practice of lodge and contract work, and made a strong plea in favor of inter-provincial registration.

A vote of thanks was tendered to the President, moved by T. T. S. Harrison and seconded by R. W. Bruce-Smith.

Dr. J. A. Williams then read a paper on "Inertia of the Uterus following Chloroform in Labor." The patient was large, bony, primiparous female, married late in life, and was delivered with very great difficulty, under chloroform, by forceps, of a fourteen pound baby. The labor was long. Inertia with severe hæmorrhage followed. The use of hypodermic injections of strychnia and ergot, the intra-uterine hot douche and kneading the fundus checked the flooding.

Dr. J. A. Temple said he was not sure that the chloroform was the main factor in the causation of this serious complication. He thought the immense size of the child and the very long labor were the chief causes of the inertia.

The Association then divided into sections, medical and surgical.

Surgical Section.

Dr. L. Teskey reported a case of gangrene of the rectum. The patient, a man about fifty, had what appeared to be an ischio-rectal abscess which opened spontaneously near the anus. A day or two after a large slough of the rectum, six inches long, was evacuated. An inguinal colotomy was done, and the case was progressing favorably.

Dr. G. A. Peters read a paper on "Traumatic Lesions of the Spinal Cord," presenting two specimens.

Dr. T. K. Holmes, of Chatham, read a paper with the title, "Cases of Melancholia Cured by Removal of Interstitial Fibroma of the Cervix Uteri." The first case of melancholia reported was in a young married female. A vaginal examination was not made. Becoming pregnant, she, it was hoped, would be cured. During labor the tumor was found. Craniotomy was performed to make delivery possible. Her mental condition grew worse until the tumor was removed a month later. She got well, but some years later she again became melancholy. On examination another fibroid was found and removed. She did not improve, but the cause was discovered in the finding of another fibroid, the removal of which was followed by prompt improvement. Dr. Holmes reported other cases.

Dr. W. H. Harris reported a case of extensive sloughing following the use of the X rays, and presented a water color of the

same. It was discussed by Drs. B. Spencer, G. A. Peters and H. P. H. Galloway.

Dr. A. T. Hobbs, London, read a paper on "A Plea for the Radical Cure of Hernia Among the Insane." This was discussed by Drs. E. H. Stafford, T. K. Holmes and J. Wishart.

Dr. A. Primrose presented a paper on the aseptic treatment of pus cavities. This was discussed by Drs. Galloway, Sylvester, Wishart, Goldsmith, Starr and Holmes.

Medical Section.

Dr. J. Mitchell, Enniskillen, was elected Chairman, and Dr. J. W. Smuck, Secretary.

Dr. W. J. Wilson read a paper on "The Treatment of Eclampsia." If indications were severe, labor should be induced when the child was not viable. If the child was viable he advised temporizing, and using such remedies as would eliminate the poison from the system.

Dr. Sanson said he had seen cases of eclampsia occur in which there was no disease of the kidneys.

Dr. A. H. Wright thought too much attention had been paid to the kidneys They were only attacked secondarily. The liver was attacked first, then the blood, the nerves and the kidneys. There was nothing better than magnesium sulphate in treating the preceding condition. For the seizure morphia was good in selected cases. Chloral was useful after the convulsions were over to prevent recurrence.

Dr. C. J. Hastings thought a distinction should be made between neurotic and toxæmic cases. Bleeding had been referred to, but he preferred the use of intravenous injections of artificial serum.

Dr. Mitchell said that in country practice there was a difficulty in getting a chance to treat a case until labor had come on. There was, no doubt, some virtue in bleeding.

Dr. J. S. Hart narrated a case of abscess of the lung.

Dr. A. McPhedran read a paper on "Cerebral Syphilis." He reported two cases. Treatment should be thorough and continuous. Prognosis varied with the length of time of incubation. Cases exhibiting local symptoms were more unfavorable than those showing general symptoms. Iodide of potassium should be administered in large doses intermitted with mercury.

"Study of the Dried and Stained Preparations of the Blood."

Dr. Parsons first described the method of preparing and staining the specimens, and then illustrated the variations from normal found in various pathological conditions.

Dr. J. Sanson reported a series of cases in which he was unable to make a satisfactory diagnosis. They had some resemblance to "milk-sickness," but were not caused by milk. He then discussed the relation of appendicitis to idiopathic peritonitis.

Dr. W. J. Wilson said he had seen rheumatic peritonitis. In such cases the joints were tender. They yielded to anti-rheumatic treatment. Drs. Parsons, G. Gordon, H. B. Anderson, J. S. Hart and W. Oldright took part in the discussion.

Wednesday Evening.

After the minutes, the discussion in surgery took place, led by Dr. G. A. Bingham, Toronto; subject, "The Present Status of Radical Cure in Hernia." It was discussed by Drs. J. Wishart, Spencer and Primrose.

The election of the Nominating Committee was then proceeded with. The following gentlemen were elected: Drs. A. H. Wright, J. E. Graham, A. McPhedran, J. L. Bray, A. Primrose, T. T. S. Harrison, R. W. Bruce-Smith, A. A. Macdonald, T. K. Holmes, William Britton and J. Mitchell.

Dr. N. A. Powell gave an address on "The Cottage Sanitarium Treatment of Pulmonary Tuberculosis," showing some lime-light photographs of the Sarnack Lake Sanitarium, and also of the one in Muskoka, now almost completed.

Dr. Rudolph read a paper on "The Effect of Gravity upon the Circulation."

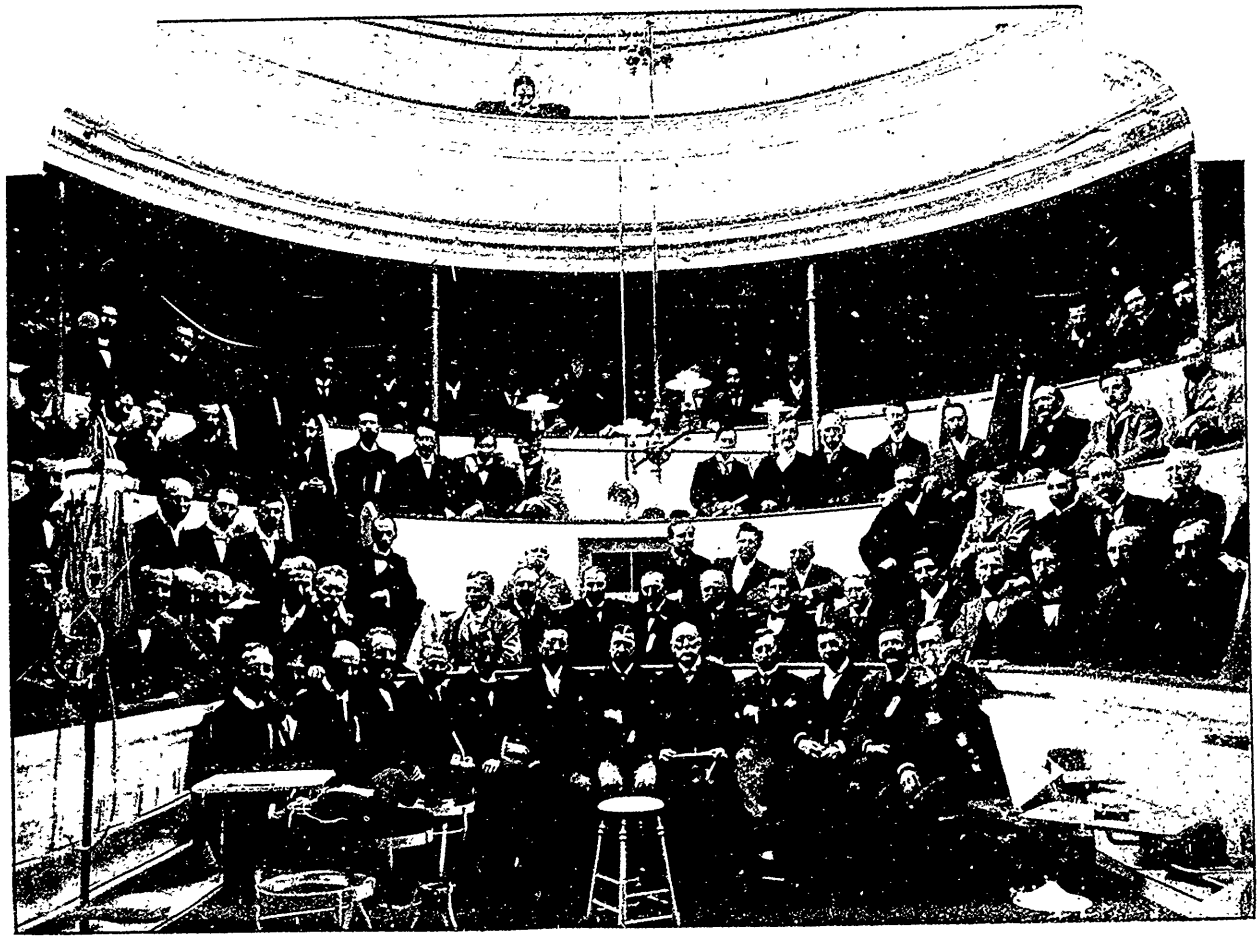
Dr. E. E. King exhibited some stereopticon views of skiagraphic pictures.

Thursday Morning.

The first item of business was the discussion in obstetrics. In the absence of Drs. Garratt and Scadding, Dr. Gilbert Gordon opened this discussion. He was followed by Drs. William Oldright, J. L. Bray, H. P. Wright, T. K. Holmes and E. J. Barrick.

The Association then divided into sections.

In the surgical section, Dr. J. F. W. Ross presented a paper on "Some Peculiar Phases of Appendicitis." He exhibited some photographs of cases. Discussion followed by Drs. T. K. Holmes, A. Mackinnon and H. P. Wright.



ONTARIO MEDICAL ASSOCIATION CLINIC AT TORONTO GENERAL HOSPITAL, JUNE 3rd, 1897.

Dr. H. Meek read a paper on "Cystic Tumors of the Ovary Complicating Pregnancy." Drs. J. F. W. Ross, T. K. Holmes, A. A. Macdonald and H. P. Wright took part in the discussion.

Dr. Kitchen was appointed to the chair in the medical section.

The following papers then were presented in order: "Some Considerations on the Management of Pregnancy," by Dr. E. E. Harvey, Norwich; "Hydrotherapy of the Skin in Early Phthisis," by Dr. Edward Playter, Ottawa; "The Treatment of Gastro-Intestinal Catarrh in Infants," by Dr. H. D. Livingstone, Rockwood.

Dr. H. B. Anderson then read a paper on "Pneumococcus Infection."

Dr. H. J. Hamilton read a paper on "Hyperchlorhydria."

Dr. Price-Brown read a paper on "Intra-Laryngeal Mycosis."

The Luncheon.

At one o'clock the doctors assembled in the well-lighted, cheerful rooms of the Royal Canadian Yacht Club, where luncheon was partaken of, the members from outside the city being complimentary guests. Luncheon was excellently served, and then came a pleasant toast list, the speaking to which was bright, breezy and brief. Dr. Machell presided, supported on the right and left by veterans in the profession and past officers. The vice-chairs were occupied by Drs. Ryerson and Temple. "The Queen" having been enthusiastically honored, Dr. Temple proposed the health of the retiring President, Dr. Coventry, Windsor, who, in reply, said he regarded the honor of presiding over the Association as a very high one indeed. He had had great pleasure in discharging the duties, and if he had succeeded to any appreciable extent the credit was not for him, but for the officers, who had so loyally supported him. He then referred to the visit of the Association last year to Windsor, and said the meeting had left a most excellent impression there, and not only in Windsor, but in Detroit and other places across the border. It had tended to draw together the medical faculties in both countries, and he believed distinguished brethren from the other side would have been present at the meeting here this year were it not that meetings of medical men were being held in their own States. He was gratified with the success of the gathering, but as time was short he would refrain from enlarging on their work, and would sit down, thanking them for their good wishes.

Dr. Ryerson proposed the health of the President-elect, Dr. Britton. In certain circumstances the old cry, "The king is dead, long live the king," was a rather unfeeling one, but in the case of Dr. Britton it was "Long live the king." (Cheers.) In this year of jubilee it was fitting that a Britton should be at the head of the Association—(cheers)—and if his name did not belie him, Dr. Britton would rule to suit his own ideas, for they had it that "Britons never would be slaves." The toast was enthusiastically drunk.

Dr. Britton was singularly happy in his reply, and closed by calling on the members to give hearty co-operation in making the Association's next meeting the best in their experience. (Cheers.)

Dr. Coventry proposed the toast of "The Ex-Presidents," remarking on the sad havoc made in their ranks by death.

Dr. Clark was the first called upon to reply. He was, as usual, witty and to the point, embellishing his remarks by apt anecdote.

Drs. Reeves, Geikie, Grasett, Temple and Bruce-Smith also replied.

The Chairman proposed the health of Dr. Thorburn, President of the Canadian Medical Association.

Dr. Thorburn, in reply, spoke of the great medical gathering to be held in August, at Montreal, and said the question of the inter-provincial standing of doctors would be discussed. He hoped progress would be made with that important question, for the time had come when they ought to have a common standard for Canada. (Cheers.)

Dr. Macdonald proposed the "Visiting Guests," and Dr. Sanson, Windsor, replied in a speech full of humor. His colleague from Windsor was the President, and as it was the habit of Presidents of the Association to die soon after bearing the weight of honor bestowed upon them, he thought it best for the safety of Dr. Coventry that he should accompany him to the meeting. (Cheers.) About one-half of the ex-Presidents were dead, and, continued Dr. Sanson, glancing mischievously at the bulky form of Dr. Daniel Clark, an ex-President, a large portion of the remaining half is at the asylum. (Loud laughter.) But not having had notice, he must not attempt a speech. He differed from his friend, Dr. Clark, in that respect. He (Dr. Sanson) practised in a place where great deliberation and thought were required before speaking, but Dr. Clark's sphere was in a place where a man was quite ready at a moment's notice to make speeches on every conceivable subject.

(Laughter.) Seriously, the medical profession had a great career before it in Canada, and there was no reason why the doctors before him should not advance boldly in the march of medical research and discovery, and share the honors in the work for mankind with the brethren anywhere in the wide world. (Cheers.) He paid a high tribute to Lord Lister, who will visit Canada to attend the meeting of the British Association in Toronto, in August.

Dr. Harrison also replied.

To the toast of "The Faculty in the City," proposed by Dr. Mitchell, Drs. Powell and Gibb Wishart replied.

The Association was then treated to a cruise around the island in Mr. Gooderham's steam yacht, following which the members were transported by private cars (through the kindness of the Toronto Railway Company) to the Toronto General Hospital, where a clinic was given.

Dr. J. E. Graham showed a case of Hodgkin's disease.

Dr. O'Reilly presented a number of ingenious and cheap surgical appliances made in the institution.

Dr. I. H. Cameron showed a case of gastric carcinoma, in which gastro-enterostomy was done ten weeks previous.

Dr. G. Peters showed a case of articular disease of the right knee-joint.

Dr. A. Primrose showed a case of skin-grafting of the hand.

Dr. A. McPhedran showed a case of gangrenous pneumonia, in which operation and drainage had been made through the left axilla.

Dr. L. Teskey showed a case of suprahepatic abscess.

Thursday Evening.

At the evening session the election of officers resulted as follows: Dr. William Britton, of Toronto, President; Dr. Sanson, of Windsor, First Vice-President; Dr. H. P. Wright, of Ottawa, Second Vice-President; Dr. John Wishart, of London, Third Vice-President; Dr. J. Mitchell, of Enniskillen, Fourth Vice-President; Dr. J. N. E. Brown, of Toronto, General Secretary, and Dr. G. H. Carveth, of Toronto, Treasurer.

The newly-elected President said he appreciated highly the honor conferred upon him. The end and aim of the Association was that it might grow until it embraced the medical profession of

the whole country. This could only be done by each member of the Association doing his best to bring one or more new members into its ranks.

Quack Medicines.

Dr. Barrack presented the report of the Committee on Legislation. While noting with pleasure the advance made in legislation in Ontario, in regard to the health of the public, they begged to impress on the Association the advisability of bringing to the attention of the Government two matters: (1) The appointment of a committee to supervise, in some way, the various quack and other advertisements in the public press, appealing to and deluding the sick and afflicted; (2) In rural districts to have one medical health officer for the county instead of one for each municipality. The report was adopted after some discussion.

Victorian Order of Nurses.

One of the members drew attention to the proposal to found an order to be called the Victorian Order of Nurses. He thought the scheme crude and impracticable, and one that would do untold harm to the Canadian public. The result of half-trained nurses—and he contended they would be only half-trained—going into the sparsely settled districts to look after the sick would be an increase in the death-rate. The high death-rate in England was, according to the best authorities, due in no small degree to the large number of midwives in that country. The matter was one which ought to be seriously considered by the Association, all the members of which had the health of the public in view. He moved, "That in the opinion of the Ontario Medical Association the proposal to found a Victorian Order of Nurses is an unnecessary and impracticable scheme."

Objectionable Features.

The seconder of the motion said that while he had the utmost respect for many of the schemes and works which Her Excellency the Countess of Aberdeen was engaged in, he did not agree with this movement. The pamphlet issued from the office of the Governor-General at Ottawa in regard to the order contained some objectionable features. One of these was a statement in effect that Canada needed more Dr. MacLures, men who were not in the

profession for the sake of the fees alone. That sort of attack on the profession was certainly irritating. The medical men of Canada never refused to do all in their power for sufferers, even when they knew that their patients were too poor to pay fees. Continuing, he dealt with some of the objects of the order as stated in the pamphlet. One of these was to attend the sick poor of the city in their homes, the same work exactly, said the doctor, that was being carried on so successfully by the Nursing at Home Mission of Toronto, and like organizations in other cities.

A rural doctor said that in twenty-five years' experience as a country practitioner, he had never met a case in which a doctor had refused to attend a patient, no matter how poor the latter might be.

A Toronto medical man said that since the organization several changes had been made in its constitution, the most important of which was that the nurses should pass a specified examination by a committee of medical men.

Strong Disapproval.

Others thought that the resolution should state the reasons on which the Association based its objections to the scheme.

The President therefore appointed a small committee to draft such a resolution.

The resolution brought in and adapted, was as follows: "After careful consideration of the scheme for the founding of a Victorian Order of Nurses, so far as its details have been made public, the Ontario Medical Association desires to express its full appreciation of the kindly motives that have prompted the movement, but feels that it would be neglecting a serious public duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established."

A resolution of thanks was passed to Hon. G. W. Ross for allowing the Association the use of the Normal School. Mr. Ross, who was present, made a suitable reply. Resolutions of thanks were also passed to Dr. O'Reilly, the R.C.Y.C., Mr. Gooderham, the T.S.R., the C.P.R. and G.T.R., for courtesies extended, and to Dr. J. Coventry, of Windsor, the retiring President, for his services during the past year.

The meeting then adjourned.

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Editorials.

SMOKERS' CANCER.

THOUGH the existence of this disease has been denied by contemporary surgeons, or, at least, has not been deemed worthy of much notice by modern writers, Dr. Cortyl, who has observed a good many cases in the northern districts of France, states, in a recent paper, which is summarized in *La Presse Medicale* of April 21st, that it occurs pretty frequently.

According to this author, Bouisson indicated tobacco as the cause of cancer of the lips and nasal fossæ, and Guermonprez has

insisted on the causative influence of the use of the pipe, in producing neoplasms of the tongue and tonsils.

Smokers' cancer, wherever found, is almost always a lobulated epithelioma, sometimes composed of mucous and at other times of horny tissue. It extends by continuity or reaches the glands by the lymphatic route.

As in all other cancers, its etiology is unknown. The predisposing cause of buccal cancer depends on a general diathesis, the herpetism of Gigot-Suard, rather than on heredity, the importance of which, in such cases, is founded on a very limited number of observations. The determining cause is very frequently the repeated irritation of tobacco, acting on the same spot in the mucous membrane. Cancer of the mouth shows itself particularly among smokers who pay no attention to the cleaning of the mouth, who smoke short clay pipes to the bottom, and who use tobacco of inferior quality.

These neoplasms attack particularly the under lip or that part of the tongue which is regularly brought into contact with the overheated stem of the pipe and is stained with a kind of tobacco juice or rather an acrid, irritating empyreumatic matter. They also grow at the base of the tongue and on the tonsils of smokers, who, having lost their teeth, hold the stem of the pipe deep in the mouth, between the tongue and the soft palate. The weight of a pipe, which is allowed to press steadily on the same spot, as can be shown by the characteristic wearing down of the teeth on one side, is itself a source of irritation of the lip and explains the localization of the disease. In all cases the cancer is found on that side of the mouth on which the smoker is accustomed to hold his pipe.

The propagation of cancer by contagion, which has been much discussed of late, would not appear to be impossible in the matter of tumors of the mouth. If a smoker, predisposed by the herpetic diathesis, debilitated by alcohol or labor, uses a pipe belonging to a man affected with cancroid of the lip, or drinks in a public house from a glass not properly cleaned, often notched at the rim and perhaps infected by a person who has just used it, it would not be surprising if he contracted this disease by contagion.

When these cancroids are situated on the lip and are submitted to an early operation the prognosis is relatively favorable; but quite the reverse when they attack the tongue or the tonsil. The disease recurs more rapidly and more frequently when the smoker does not give up the use of tobacco for good.

Treatment by the injection of chemical or organic liquids has, so far, not yielded a satisfactory result; the mental effects resulting from this treatment will, however, induce practitioners to use, in cases which are not suitable for a cutting operation, interstitial injections of alcohol, which are less dangerous and painful than any other agents of this class. The employment of caustics ought to be abandoned in such cases, as it takes a long time, is subject to contingencies, and is always very painful.

Surgical treatment is the only method which can be recommended. The surgeon should perform an early operation, cutting well outside the diseased tissues and removing everything which provokes suspicion, or else should not operate at all.

When an operation has been performed, the use of a retention catheter, introduced through the nostrils, tends to ward off an attack of pneumonia, which often complicates surgical procedures done on the anterior portion of the digestive tract.

Smokers, predisposed by heredity or herpetism, ought to be careful to secure a clean condition of the mouth. They should also use a nargile or a wooden or meerschaum pipe with an amber mouthpiece; they should not smoke a pipe down to the bottom, and should avoid acrid tobacco. If in addition to these personal precautions preventive measures were put into operation, such as the supervision of the rinsing of glasses in hotels and saloons, we might expect to see a gradual reduction in the frequency of smokers' cancer. J. J. C.

THE NEW TUBERCULIN.

DR. ROBERT KOCH, of the Berlin Institute for Infectious Diseases, has sent a communication to the *Deutsche Med. Wochenscr*, of April 1st, 1897, announcing his discovery of a new tuberculin. He also explains in full the method by which this agent is prepared. In view of the dangers connected with its preparation, he has it made wholesale by a German firm of manufacturing chemists, Meister, Lucius & Bruning, Hochst. The new preparation is preserved in glycerine.*

From a summary of the letter, which appears in *La Presse Medicale* of April 7th, we learn that experiments on animals have

* Merck & Co., New York, inform the writer that the price of Koch's Tuberculin R. is $3.00 per 1 c.c. vial.

convinced Dr. Koch that the new tuberculin has immunizing properties and curative powers as well, if the treatment is begun in good time. In contradistinction to "Tuberculin A," "Tuberculin R" does not excite any local or general reaction when used in suitable doses. It is administered subcutaneously. Referring to its curative powers, Koch says that, when treatment is begun in good time, favorable results are manifested in two or three weeks.

The initial dose is one five-hundredths of a milligramme. The preparation furnished at present contains ten milligrammes of tuberculin in each cubic centimetre. In preparing the initial dose, therefore, it must be diluted with a sufficient quantity of a sterilized physiological solution of common salt.

In case any reaction should appear, the initial dose is lessened. Injections ought to be made every second day and the dose increased slowly, so as not to produce more than one degree F. of elevation of temperature. Should the temperature rise, the operator ought to wait till it reaches the normal line, before making a new injection. One may thus be able to introduce a dose of twenty milligrammes; and, if this dose does not cause pyrexia, the operator should stop the treatment or else make some more injections, at long intervals. The curative effect is often obtained when 5 or 10 milligrammes have been injected.

This treatment succeeds only when the tubercular disease is not of long standing or is not complicated with secondary streptococcus infection. It has no influence over the latter. In order to recognize the presence of streptococcus infection, it is simply necessary to observe the temperature in a given case. Tubercular patients whose temperature exceeds 100.4° F. rarely derive benefit from specific treatment. Koch has tried his new tuberculin on a large number of tubercular patients, chiefly cases of lupus. The treatment has succeeded, without an exception, and has caused considerable ameliorations, which were often real cures; but he prefers to wait longer before speaking of cures.

In patients with cutaneous tuberculosis, as well as those who have pulmonary consumption, the new tuberculin does not excite the least local reaction. In the pulmonary cases, there has been, in some instances, an increase in the moist rales, but, in a short time, expectoration becomes less and less abundant, the rales are not heard, the dulness on percussion diminishes and the bacilli disappear from the sputa. From the beginning of the treatment, the patient increases in weight and the fever declines, the marked

difference between the morning and the evening temperatures is no longer noted, and after a certain time the temperature becomes normal.

Dr. Koch thinks he has extracted all that could be taken from tubercular cultures, so that any improvement in his new tuberculin does not seem possible to him. At present he is studying the action on tuberculosis of the serum of animals which have been treated with his new tuberculin.

It is quite likely that this new agent will receive a thorough trial at the hands of the medical profession, as the wide distribution of tuberculosis in every country and the unspecific nature of the remedies ordinarily used in its treatment, make the practitioner look anxiously afield for a remedy which really possesses curative properties in this disease.

As it requires accurate clinical observation and is not dependent for its operation on hygienic or climatic influences, the new treatment will be placed entirely in the hands of physicians. The thoughtless enthusiasm excited by the tuberculin discovery of 1890 need not be anticipated in the case of the new agent. Its discoverer modestly concedes its limitations. It is not to be expected, even though it combines antitoxic and antibacterial powers, that the new tuberculin can overcome the ravages of a tubercular disease which has been several years in existence. The necessity of beginning treatment at an early date and of searching for the presence of streptococcus infection by the regular use of the thermometer, should induce practitioners to scrutinize their cases of suspected tuberculosis. An early diagnosis and a careful sifting of cases may enable them to obtain a larger percentage of curative results. J. J. C.

"THE ABUSE OF MEDICAL CHARITY."

THE Medical Society of the County of New York held the most exciting session in its history on the evening of May 24th in the Academy of Medicine in that city.

The excitement was due, first, to a spirited attack by Dr. D. B. St. John Roosa upon the bill fathered by members of the medical profession, and passed at Albany, which was designed to do away with some free dispensaries and prevent the formation of others. Incidentally, it was hoped that the law would bring back to private

practitioners many persons who, apparently well to do, have been securing free treatment at hospitals and dispensaries, by compelling them to submit to a rigid investigation of their financial resources before being accepted as patients at these institutions. Dr. Roosa held that the bill was born of the hard times that have affected business, professions and trades, and that when prosperity came again those who were instrumental in forwarding the bill would regret it. Moreover, he objected strenuously to giving to the State Board of Charities the rights conferred by the bill, to revoke the charters of institutions that violate the law, holding that the judiciary alone should have the power to interfere with vested interests.

When he sat down his position was vigorously assailed by some of his colleagues, and the excitement reached a culminating point when the news was announced that Governor Black had allowed the bill to die.

Dr. Landon Carter Gray, President of the Society, was in the chair. After some routine business had been disposed of the report of the Committee on Abuses of Medical Charity was called for. Dr. James Hawley Burtenshaw, chairman of the committee, read the report, which was as follows:

At the first meeting of this committee two steps were decided upon—first, to ascertain the sentiment of the Governing Boards of the different dispensaries regarding the proposed efforts to check indiscriminate dispensing of medical aid, and, second, to communicate with the Charity Organization Society of the city of New York with the object of ascertaining if a system might be devised whereby the worthiness of applicants for dispensary treatment might be investigated and reported and if its co-operation might be relied upon to this end.

As a result of the last named resolution the fact was made known that the Charity Organization Society would willingly co-operate with this Society along the lines proposed.

In order to determine to what extent the co-operation of the dispensaries might be relied upon a letter was sent on February 13th last to the President, Secretary or physician in charge of each of the ninety-five dispensaries located in New York city, asking if the Governing Board of the Dispensary approved of the movement to abolish or regulate the abuse of medical charity, and whether their support could be expected. To almost every letter an affirmative answer was received.

The meeting was decidedly stormy, the discussion being taken active part in by Dr. D. B. St. John Roosa, Dr. Burtenshaw and Dr. E. H. Grandin. During the meeting statements of a somewhat diverse character were made; Dr. Roosa on the one hand stating that the talk about the abuses made of medical charity was very much exaggerated. He said that he represented institutions which had certain vested constitutional rights, and he added that he did not propose to allow those vested rights to be taken away. He said that many of the complaints from physicians of their patients leaving them and going to free dispensaries was due to the hard times which have been so prevalent. Dr. Grandin, on the other hand, said emphatically that the dispensary abuse was one of the greatest evils a physician had to contend against. He went as far as to say that Dr. Roosa was in favor of a system WHICH HELPED TO DEFRAUD THE MEDICAL PROFESSION. He insisted that the matter should be stigmatized as it deserved, and concluded by saying that no one should hesitate to oppose the evil even though their efforts thus far to obtain the desired legislation had been fruitless.

We heartily congratulate our confreres in the profession in New York on the firm stand taken in regard to the dispensary evil. The sooner they insist upon the Governor of the State passing such legislation as will prevent the monied classes from securing free treatment at the many existing charitable institutions, thereby taking dollar for dollar out of the pockets of the practising physicians who can ill afford the loss, the better for the profession in every way. We hope that the profession of Toronto will take similar action in this respect. W. A. Y.

THE VICTORIAN ORDER OF HOME HELPERS.

AMONG the topics discussed at the closing session of the Ontario Medical Association, at the Normal School recently, was the proposed Victorian Order of Nurses. The discussion was decidedly animated. Among those taking part were the President-elect, Dr. W. Britton, Toronto; the retiring President, Dr. Coventry, of Windsor; Drs. Fotheringham, Machell and others. The members spoke strongly against the scheme, fearing that, owing to the want of proper training, these nurses scattered broadcast over the land would tend to materially increase the death-rate. One physician stated that the high death-rate in maternity cases in England was

due in no small degree to the large number of midwives employed in that country. The motion before the Association was as follows: "That in the opinion of the Ontario Medical Association the proposal to found a Victorian Order of Nurses is an unnecessary and impracticable scheme." As others thought that the resolution should state the reasons upon which the Association based its objections, the following was unanimously carried:

"After careful consideration of the scheme for the founding of a Victorian Order of Nurses, so far as its details have been made public, the Ontario Medical Association feels that it would be neglecting a serious public duty if it failed to express its most unqualified disapproval of the scheme, on account of the dangers which must necessarily follow to the public should such an order be established."

Several members spoke about a very objectionable sentence which appeared in the official pamphlet issued from the office of the Governor-General at Ottawa, namely, "That Canada needed more Dr. MacLures—men who were not in the profession for the sake of the fees alone." In referring to this remark, several physicians stated (what all Canadians know to be true) that never had a case been known in which a doctor had *refused* to attend a patient, no matter how poor the latter might be. We are glad that the members of our profession are speaking out on this subject, for this slurring remark should not be passed over. We cannot deem this an instance where dignified silence is golden; we must rather speak in clarion notes. While, on the one hand, we maintain that every physician should uphold the dignity of his calling, and that those who employ him should gladly give him a well-earned fee; on the other hand, we do not believe there is in all Canada a physician who would not gladly and instantly respond to the call of suffering poverty. Every "Drumtochty" in Canada has its "Dr. MacLure," although, we fear, unhonored and unsung; he lives and voices in his unselfish life his noble creed:

> "Oh, brother man! fold to thy heart thy brother;
> Where pity dwells, the peace of God is there;
> To worship rightly is to love each other,
> Each smile a hymn, each kindly deed a prayer."

We took the trouble, before referring editorially to the proposed Order of Nurses in our May issue, to ascertain the opinion of a number of physicians in the Canadian cities, towns, and some

country places, and we found the almost universal verdict to be that "The Victorian Order of Nurses" was not really needed.

The city of Winnipeg has spoken with no "uncertain sound," the Medical Society of that city having lately passed the following resolution:

"This meeting, representing the Medical Society of this city, is unanimously of opinion that, though the object that Lady Aberdeen has in view in establishing the Victorian Order of Nurses is highly commendable, with our necessarily more perfect knowledge of the requirements of the country in attending the sick, we feel that the scheme, at any rate so far as Manitoba and the North-West is concerned, will prove an entire failure."

When "a nation speaks to a nation," it certainly seems but courteous that the symbol of the greeting should be expressive of the unanimous feeling of the people. Therefore the proposed "Victorian Order of Nurses" would not voice fittingly the Jubilee message from "Our Lady of the Snows."

W. A. Y.

RECENT ADDITIONS TO TORONTO UNIVERSITY MEDICAL FACULTY.

It is understood that, though there were threatened recently some radical changes in the staff of Toronto University Medical Faculty, the proposed changes have not materialized, but instead several additions have been made to the personnel of the staff and the same sent on to the Ontario Cabinet for approval.

In the department of surgery Dr. L M. Sweetnam and Dr. H. A. Bruce have been made associate professors in place of the late Drs. W. T. Aikins, and L. MacFarlane. Dr. J. F. W. Ross will be professor in gynæcology in conjunction with Dr. Uzziel Ogden.

Professor Heebner, Dean of the College of Pharmacy, was formerly a lecturer in the University, and will in future be an associate professor of the Medical School.

Other appointments are those of Drs. W. B. Thistle and H. T. Machell as lecturers in the diseases of children and clinical medicine. Dr. Thistle was formerly demonstrator in anatomy. Dr. G. Boyd and Dr. Robert J. Dwyer, of St. Michael's Hospital, will be lecturers in medicine.

The Medical Faculty has so far had a very much up-hill road to pull, and there is no denying the fact that had it been placed in

the position of a business house it would have long ere this been declared in a state of bankruptcy. We understand that it was only recently that Drs. John Ferguson, W. W. Ogden and Moses Aikins received, after nearly six years' delay, the first dividend of 25 cents on the dollar on their retiring allowances, something they have been sighing for ever since it became justly due. The JOURNAL earnestly hopes that with the new blood now infused into it, the Medical Faculty will at once enter upon a career of success and increased usefulness.

JUBILEE MEETING OF AMERICAN MEDICAL ASSOCIATION.

WE exceedingly regret that owing to lack of space this month we will be unable to even mention in anything like a satisfactory manner the meeting of the American Medical Association, which held its fiftieth anniversary last week in Philadelphia. This magnificent Association, which is without a peer, we think, almost in the world, had by far its most successful convention this year. there being over 2,500 delegates from every State in the Union. Philadelphia threw open its doors to the visitors, and from the reports sent us by our representative, the opening meeting of the convention must have been well worthy of travelling a long distance in order to be present. Not only was President McKinley there, but also Governor Hastings and Mayor Warwick, accompanied by all the most prominent physicians of the United States, including Professors Nicholas Senn and Hobart A. Hare The address in medicine was delivered by Dr. Austin Flint. After considerable rivalry, Denver, Col., was chosen as the next place of meeting, and Dr. Geo. M. Sternberg, of the District of Columbia, was elected President. We hope to give a report of this wonderful meeting in our next issue. W. A. Y.

THE NEW CUSTOMS TARIFF.

To Canadian physicians some features of the new tariff will occasion a pleasant surprise. The following classes of books have been placed on the free list:. Books for the library of any incorporated medical association; books which are not printed in Canada, which are on the curricula of universities and colleges, whether for the use of students or others, and books printed by, or for any Government, or by any association for the promotion of science or

letters. As books on applied science are on the free list, the customs authorities at Toronto are allowing the free entry of all books on medicine and surgery. Besides, American reprints of English works, not copyrighted in Canada, may now be imported.

Surgical instruments will be put on the free list on the first of January, 1898. Up to that date they will have to pay only 10 per cent. duty. J. J. C.

GOOD ADVICE.

WE are wondering whether the Editor of our esteemed contemporary, *The Canadian Medical Review*, will feel hurt if we mention in passing that possibly the following verses might be quoted with some little benefit to the gentlemen who have recently been filling his journal with such a voluminous amount of correspondence on Council matters:

If you've got a thought that's happy,
Boil it down;
Make it short and crisp and snappy,—
Boil it down.
When your brain its coin has minted,
Down the page your pen has sprinted,
If you want your effort printed,
Boil it down.

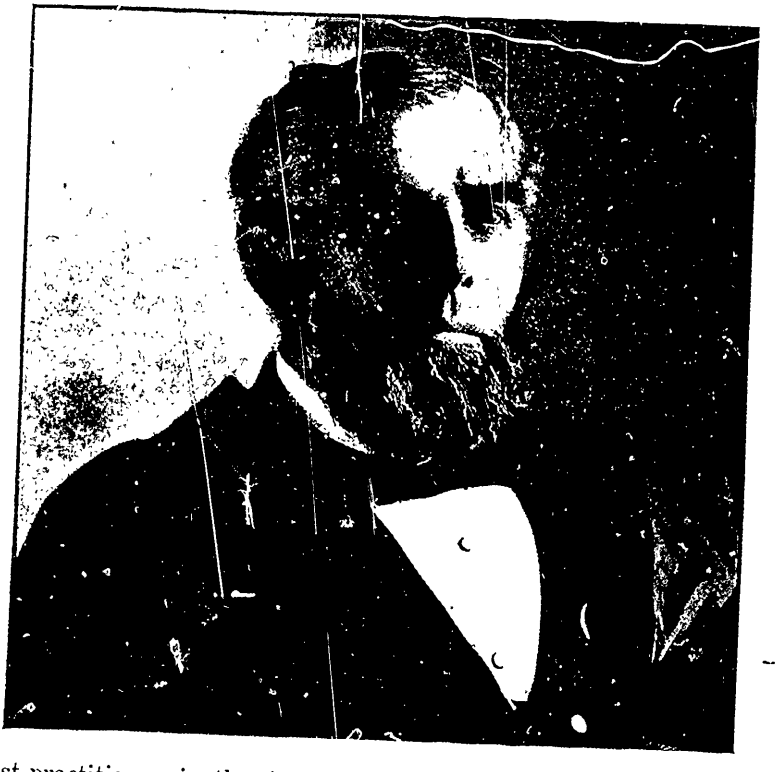
Take out every surplus letter,—
Boil it down;
Fewer syllables the better,—
Boil it down.
Make your meaning plain,—explain it
So we'll know, not merely guess it;
Then, my friend, ere you address it,
Boil it down.

Boil out all the extra trimmings,—
Boil it down;
Skim it well, then skim the trimmings,
Boil it down.
When you're sure 'twould be a sin to
Cut another sentence into,
Send it on, and *we'll* begin to
Boil it down

Obituary.

WILLIAM THOMAS AIKINS, M.D., LL.D.

THE profession in Toronto is again called upon to mourn the loss of one of its oldest and most respected members in the person of Dr. W. T. Aikins, who died on May 25th, after an illness of nearly three years. Deceased was one of the best known and old-



est practitioners in the city, having practised for more than forty years. Dr. Aikins was a son of James Aikins, and was born in Burnhamthorpe, County of Peel, seventy years ago this month. He got his early education in the schools of that section, and after attending college here he went to Jefferson Medical College, Philadelphia, where he graduated with high honors. Upon finishing his

course he came to Toronto, and had practised his profession continuously until his health broke down nearly three years ago. Dr. Aikins was looked upon by the profession as one of the most skilful surgeons on the continent. The degree of LL.B. was conferred upon him by Victoria University ten years ago.

Deceased for nearly twenty years was President of the Toronto Medical School, and was Dean of the Medical Faculty of Toronto University until 1893. For years he was surgeon to the Toronto General Hospital, and was also on the consulting staff.

Dr. Aikins was a prominent member and Trustee of the Metropolitan Church. He was a brother of Hon. J. C. Aikins, ex-Lieutenant-Governor of Manitoba. Dr. H. Wilberforce Aikins, of this city, is one of the eight children of deceased. We take pleasure in reproducing for our readers, a photograph of the deceased, whose countenance was so familiar to all.

The funeral took place on the 27th of May from the residence of the deceased's son, Dr. H. Wilberforce Aikins, and was one of the largest seen in Toronto for many years. It was attended by almost every member of the profession, the floral offerings being especially fine. W. A. Y.

DR. JAMES B. BALDWIN.

Dr. James B. Baldwin, who for many years has resided at 46 Avenue Road, in this city, died on Saturday the 29th of May, after an illness only lasting three days. The deceased, though not in active practice for some years past, was one of the most popular men in this city. He was genial and courteous, in fact was liked by every one who met him. Dr. Baldwin was exceedingly fond of everything military, having been attached to the Governor-General's Body Guard till very recently, and always entered into the work of that regiment with any amount of vim and energy. He was a prominent figure at the annual drill on Niagara Common each year. The doctor was buried with military honors on June 1st.

M. J. HANAVAN, M.B.

M. J. Hanavan, M.B. University of Toronto, 1866, surgeon of Wolseley Barracks, London, Ont., died somewhat suddenly on June 1st, as a result of blood poisoning. Dr. Hanavan's military career began many years ago, when he received a certificate at the Infantry

School at Toronto. He was for fourteen years medical officer in the Twenty-Eighth Battalion, Stratford, holding that office until his appointment at Wolseley Barracks, in September, 1888. The doctor was a general favorite, and his loss will be deeply felt by a wide circle of acquaintances and friends. He was 54 years of age and leaves a wife and several children.

DR. FREDERICK W. STRANGE.

By the death of Frederick W. Strange, Toronto has lost one of its finest surgeons, the medical profession throughout Canada one of its most skilful practitioners and courteous gentlemen. His untimely death, on Saturday morning last, June 5th, caused a feeling of deepest sorrow throughout this city. His place can never be filled in the hearts of his patients and friends, and THE CANADIAN JOURNAL OF MEDICINE AND SURGERY will ever miss an honored name from the members of its staff. Dr. Strange was for many years Surgeon of No. 2 Company, R.R.C.I., and in addition to that held a large number of other appointments. He held a commission of Coroner for the County of York, and sat

from 1878 to 1882 for North York in the Dominion Parliament. He was an ex-Captain of the 12th York Battalion and the Queen's Own Rifles. In his capacity as Surgeon of "C" Company he served through the North-West rebellion, for which he received the medal and clasp. The deceased was Consulting Surgeon to Toronto General Hospital, and enjoyed by far the largest practice in Toronto. He was a son of the late Thomas Strange, of Sulkamshead, Abbotts, Berkshire, England. After a preliminary education at Bath, he studied medicine in Liverpool, and afterwards at University College, London. From 1866 to 1869 he was Assistant-Surgeon to the London Surgical Home and Hospital for Women, resigning these posts in 1869 to come to Canada. He purchased the practice of Dr. W. B. Geikie (now Dean Geikie) at Aurora, but later moved to Toronto. Underneath the dignified perfect exterior of the man of the world lay the man with the great heart, tender and patient. It is indeed difficult to realize that for this active, useful life the day is done. Brilliant in life, respected in death by comrade, friend and patient alike, Canada mourned her dead and laid him to rest as a soldier whom the nation honored. W. A. Y.

The Physician's Library.

Mental Diseases. A synopsis of twelve lectures delivered at the Hospital for the Insane, Toronto, to the graduating medical classes. By DANIEL CLARK, M.D. Toronto: William Briggs. $1.25.

In the opening chapters of this manual the author speaks of the brain and its relation to mental processes, gives a resumé of the general pathological changes found in brain diseases, and defines insanity. Following this is a practical classification of mental diseases, and clinical pictures of these various conditions are given and best forms of treatment commented upon. The lectures increase in interest as the author discusses such topics as the relation insanity bears to general systemic diseases, the borderland of insanity, heredity, mind stress. The chapters on "Crime and Responsibility" and "The Steps to be Taken to Admit Patients into the Asylums of the Province" are of special import to every general practitioner. We can heartily recommend the book to those for whom it is designed, the senior medical student and the busy practitioner.

It is with pleasure that we acknowledge the receipt of the *Medico Legal Journal*, so ably edited by the Hon. Clark Bell, of New York city. Also the *Indian Lancet*, published by Dr. L. Fernandez, of Calcutta.

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LAST MONTH'S LEADING ARTICLES.

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Actinomycosis. E. F. Buecking, M.D. (55)
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Abdominal, Brain and Automatic Visceral Ganglia. B. Robinson, M.D. (38)
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Alcoholic Intoxication in a Young Child. C. A. Herter, M.D. (49)
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Broncho-Pneumonia in Children. T. Melvin, M.D. (31) May 1st.
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Ductless Glands. H. C. Wood, M.D. (27)
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Nicotine, the Effects of. J. W. Seaver, M.D. (49)
Nitroglycerine for Children. A. Money, M.D. (31) May 15th.

Oculo-Motor Paralysis: G. E. Bellows, M.D. (25)
Obstetrical Paralysis of Infants. W. H. Haynes, M.D. (30)

Perforation of Inferior Vena Cava. S. Flexner, M.D. (27)
vesical Abscess. J. B. Bullitt, M.D. (46)
Pelvic Surgery Based upon Experience. J. Price, M.D. (50) May 8th.
Prolapsed Ovaries. C. O'Donovan, M.D. (5) May 8th.
Pus Tubes and Their Management. W. E. Ford, M.D. (58)
Probable Diagnostic Sign of Tricuspid Stenosis. J. Mackenzie, M.D. (57) May 8th.
Pulse, A Clinical Study of. C. F. Hoover, M.D. (23)
Posture, Language of. F. Cornwall, M.D. (53)
Pain in Eye Disease. D. C. L. Owen, M.D. (62)
Prognosis of Pneumothorax. S. West, M.D. (2) May 15th.
Psychical Hermaphroditism. W. L. Howard, M.D. (63)

Quinine Poisoning. G. Gresswell, L.R.C.P. (2) May 1st.

Removal of Foreign Body in the Œsophagus. H. B. Delatour, M.D. (1) May 1st.
Recovery of Animals after Serum Transfusion. W. S. Hall, M.D. (34)

Residual Gonorrhœa. M. Saenger, M.D. (58)

Rupture of the Liver Treated by Abdominal Section. C. Matin, M.B. (2) May 8th.

Supplied Blood "in Extremis." W. H. Parsons, M.D. (18)

Should the Marriage Contract be Limited by Law. E. T. Rulison, M.D. (22)

Should Opticians Practice Medicine? A. A. Hubbell, M.D. (22)

Surgical Treatment of Carcinoma of the Breast. G. Wacherhagen, M.D. (30)

Strophanthus. R. W. Wilcox, M.D. (27)

Steel in the Ciliary Body Located by means of Rœntgen Rays. G. E. Schweinitz. (27)

Subacute and Chronic Gastritis. A. L. Benedict, M.D. (17)

Surgical Suggestion in Enucleation of the Eye. G. E. Luker, M.D. (17)

Syphilis of the Eye, Ear and Throat. A. Robbins, M.D. (5) May 8th.

Surgical Operations Recently Performed in the Macon Hospital. H. J. Williams, M.D. (4)

Suppurative Pericarditis. J. B. Roberts, M.D. (12) May 22nd.

Treatment of the Centipede's Bite. W. B. Outten, M.D. (9)

Toxæmia. A. S. Thayler, M.D. (8)

Traumatic Transplantation of the Cilia. G. C. Harlan, M.D. (12).

Treatment of Alcoholism. J. M. French, M.D. (14)

Treatment of Congenital Displacement of the Hip. A. H. Tubby, M.S. (2) May 1st.

The Fashion in Antiseptics. P. Dunn, F.R.C.S. (37) May 5th.

Treatment of Tuberculous Disease of the Hip in its Early Stages. H. Marsh, M.D. (57) May 8th.

Treatment and Prognosis of Catarrhal Deafness in Young Children. J. A. Mullen, M.D. (20)

Urine in Epilepsy. A. M. Bleile, M.D. (3) May 8th.

Uterine Fibroids. D. A. Allen, M.D. (23)

Varicose Veins, Treatment of. J. O'Conor, M.D. (3) May 1st.

Widal's Test in Typhoid Fever. J. L. Miller, M.D. (36)

W. A. Y.

Key to Medical Publications.

1. Medical Record, N.Y.
2. The Lancet, London, Eng.
3. New York Medical Journal.
4. Atlanta Medical and Surgical Journal.
5. Maryland Medical Journal.
6. Medical Summary, Philadelphia.
7. Scottish Medical and Surgical Journal, Edin.
8. Journal of Medicine and Science, Portl., Me.
9. The Railway Surgeon, Chicago.
10. Archives of Pediatrics, N.Y.
11. Montreal Medical Journal.
12. Philadelphia Polyclinic.
13. International Journal of Surgery, N.Y.
14. Medical and Surgical Reporter, Philadelphia.
15. American Medical Journal (Eclectic), St. Louis, Mo.
16. Medical Bulletin, Philadelphia.
17. Medicine, Detroit.
18. New England Medical Monthly and The Prescription, Danbury, Conn.
19. Canadian Medical Review, Toronto.
20. The Laryngoscope, St. Louis.
21. The Medical Age, Detroit.
22. Buffalo Medical Journal.
23. Cleveland Medical Journal.
24. The Therapeutic Gazette, Detroit.
25. Langsdale's Lancet, Kansas City.
26. Pacific Medical Journal, San Francisco, Cal.
27. American Journal of Medical Science, Phila.
28. The Maritime Medical News, Halifax.
29. The State Hospitals' Bulletin, Utica, N.Y.
30. Brooklyn Medical Journal, N.Y.
31. Pediatrics, N.Y.
32. Bulletin of Pharmacy, Detroit.
33. Magazine of Medicine, Atlanta, Ga.
34. North American Practitioner, Chicago.
35. St. Louis Medical and Surgical Journal.
36. Chicago Medical Recorder.
37. Medical Press and Circular, London, Eng.
38. Medical Brief, St. Louis.
39. Columbus Medical Journal, Columbus, O.
40. Chicago Clinical Review, Chicago.
41. The American Therapist, New York.
42. The Pacific Health Journal, Oakland, Cal.
43. The Diabetic and Hygienic Gazette, N.Y.
44. La France Medicale, Paris.
45. Medical Standard, Chicago.
46. The Medical Times, New York.
47. La Presse Medicale, Paris.
48. Le Progres Medical, Paris.
49. Quarterly Journal of Inebriety, Hartford, Conn.
50. American Journal of Surgery and Gynæcology, St. Louis.
51. The Homœopathic Physician, Philadelphia.
52. Matthews' Quarterly Journal of Rectal and Gastro Intestinal Diseases, Louisville, Ky.
53. California Medical Journal (Eclectic), San Francisco, Cal.
54. Journal of Eye, Ear and Throat Diseases, Baltimore, Md.
55. Chicago Medical Times.
56. The Indian Lancet, Calcutta, India.
57. The British Medical Journal, London, Eng.
58. Annals of Gynæcology and Pediatry, Boston.
59. The American Gynæcological and Obstetrical Journal.
60. American Practitioner and News, Louisville, Ky.
61. The Medical Examiner, New York.
62. The Birmingham Medical Review.
63. The Alienist and Neurologist (Quarterly), St. Louis, Mo.

Correspondence.

The Editor cannot hold himself responsible for any views expressed in this Department.

'TIS PLEASANT, SURE, TO SEE ONE'S NAME IN PRINT.

To the Editor of the CANADIAN JOURNAL OF MEDICINE AND SURGERY.

DEAR DR.—"A book's a book altho' there's nothing in't." The question you ask, in one of your editorial references, as to the possible discovery of some agent or plan by which phthisis can be successfully treated, may be answered very quickly, and, to my mind, very satisfactorily, as it embraces the only plan as yet in sight of as nearly as possible arresting the ravages of "consumption." "Stop the intermarrying of all who have the slightest suspicion of possessing any hereditary constitutional tendency to develop phthisis." The same rule will apply in all cases of inherited diseases. I might finish my remarks at once and take up no more space, but the plan and its practical working are two very different things, however. It must be agitated, written up, and brought before the laity as a subject of great consequence for their consideration. Its possibility rests with them. I do not see why the family physician should not be consulted on a matter involving such important interests. Of course, "Love is blind," and "life is a disease of which we die."

As to the possibility of anyone discovering an antidote or a tuberculo-toxin, and in another way conferring upon humanity a great benefit, as did the renowned Jenner in the application of vaccine, it must not be forgotten that the conditions of the two cases are as different as they can well be.

Phthisis depends upon an hereditary constitutional or systemic defect, and tubercle is developed as a degeneracy and the outcome of a lowered standard. From summit to base, or head to foot, the tendency is downward. Tuberculo-toxin at best can contend only against the effect; the cause remains.

Small-pox is not systemic, it depends upon a pabulum *sui generis* in which the germ incubates and develops into full variola of a milder or severer type. Vaccine pus is not a toxic agent, but it incubates and develops in the same pabulum, and by anticipation exhausts it, thus leaving no nidus in which the germ of variola can develop and serving as an exhauster or prophylactic, only in variola.

Each of all the exanthemata must depend for its development

upon the presence of the pabulum peculiar to it, and it can only be by a substitute peculiar to each, which by anticipation exhausts the pabulum, that we can render the genuine article harmless. That the discovery of such a substitute for each exanthem is within the bounds of possibility, no one will pretend to deny. The subject is important and the field is large. Again, whooping cough, mumps, *et hoc genus omne*, run on parallel lines, each having its own peculiar pabulum on which it thrives.

Typhoid, diphtheria, etc., run upon an entirely different plane from phthisis, or the exanthemata. The bacilli peculiar to each, typhoid or diphtheria, may remain quiet for months, until accident, injury or exhaustion of system lower the standard. The emunctories fail to remove the waste material and thus a nidus is afforded in which these bacilli incubate and develop. In these last it is not unreasonable to look for a preventive by enforcing strict attention to sanitary laws.

But to control tubercle requires entire systemic change, the stopping, if possible, of intermarrying of all who have the slightest suspicion of any hereditary tendency to develop the disease, and every available influence brought to bear to bring about such a consummation. To reduce to a minimum the victims of all diseases resulting from and depending upon hereditary tendency, must be urged, in a common sense way, the, as far as possible, adopting of the rule of "non-intermarriage."

The following principles will weigh on the side of the rule of non-intermarriage in all cases of hereditary disease. It may be laid down as a principle that no systemic hereditary disease, as tubercle, cancer and its many forms, can be treated in any way successfully unless entire change of system can be effected.

The system can be guarded against any disease that occurs only once in a lifetime and depends upon a pabulum for its development, for instance small-pox, provided that a substitute can be secured which will expropriate the pabulum, eliminate it, and thus by anticipation afford protection. The labor to procure a substitute that will safely expropriate and by anticipation eliminate the pabula of scarlatina, rubeola, and all exanthems, will be labor well spent.

As vaccine pus is harmless and expropriates nothing but the pabulum of small-pox, it is not a toxic agent, it is innocuous if its pabulum be not there, so the substitutes, for other exanthemata, mentioned above, if obtained, must be, to be safe, equally harmless as the vaccine.

GEO. PRINGLE, M.D., Toronto.

THE VICTORIAN ORDER OF HOME HELPERS.

To the Editor of the CANADIAN JOURNAL OF MEDICINE AND SURGERY.

SIR,—I very much fear that a layman's criticism of any article in your journal, which I read from month to month with interest, will be regarded as savoring of presumption if not of impertinence. Nevertheless I make bold to offer for your editorial consideration, and for publication if you can see your way thereto, a few remarks upon the article on the Victorian Order of Home Helpers which appears in the issue for May. I am the more willing to venture upon this uninvited communication because I feel that your editorial was written under a misapprehension of facts similar to that under which I myself labored until a few weeks ago; and that, with more light, you may see your way to give the weight of your great influence to the movement, which at present does not command your admiration.

1. The first misapprehension under which you rest is the exceedingly common one that the scheme must fail unless the sum of one million dollars is raised. This is not so. Even if only one hundred thousand dollars were secured, and much more than that will surely be obtained, the good work may be begun, which in the old land has proved so manifest a blessing. Of course the larger the contribution the greater the possible efficiency; but a more modest form of operation is still possible should the desired financial goal be unreached in the jubilee year.

2. You are also mistaken in supposing that imperfectly trained nurses are to be employed. None but those who have received a full course, and whose efficiency is certified by competent authority, will be engaged. This was not the first intention, but careful consideration soon compelled the promoters of this movement to see that it could not command the approval of thoughtful men and women if "half-trained helpers," as you call them, were permitted to drive out of employment those who had been duly qualified for the important work of nursing.

3. My experience as pastor of a large congregation in this city compels me to join issue with you on a point of fact. You claim that the cities do not need the help which it is proposed to give through the establishment of the Victorian Order. You doubtless know the needs of your own city; but speaking for Montreal, where three hospitals are yearly graduating accomplished nurses, most of whom remain with us, I can testify that during the past season even those who could pay for the nurses were not always able to

secure their services, and the fees, none too large, which nurses are obliged to ask, make them a prohibited luxury to the vast majority of the families towards whom I sustain pastoral relations.

Neither do our hospitals, large and numerous and admirably managed as they are, wholly meet the difficulty. Some of the forms of sickness where nursing is so valuable, are either wholly or imperfectly provided for by our hospitals; as, for example, cases of consumption which are pronounced incurable, cases of erysipelas and the like. I am, moreover, occasionally learning of maternity cases where hardship and suffering are caused by lack of nursing, for which under present conditions no provision is made. In my own congregation I could employ one or more members of this new order almost constantly. So far, then, from driving skilled nurses from the field, additional employment would be found for them.

So far as the country is concerned, I can testify as to the need of trained nurses. I have been a country pastor, and, as I write, can recall instances where a member of the Victorian Order would have been as an angel of mercy indeed.

4. You seem to fear that the nurses will suffer in their own self-respect, and feel themselves objects of charity if they are supported in whole or in part by the income derived from this jubilee fund. Why should they? Is the physician, who derives some portion of his support from a benevolent organization whose members he visits, any less a man than his brother who does not? The money will be earned and honestly paid; whence the humiliation?

5. Your expression of fear that the physician will be displaced by the nurse becomes groundless in view of the fact that none but duly qualified nurses will be employed, and these, as past experience teaches, are in the best sense helpers, not hindrances, in the good work which your noble profession does so well.

I may add that members of your own profession in this city do not appear to share in the fears which you voice in your journal. On the contrary, many of the leading physicians are amongst its most enthusiastic supporters. I venture to enclose for your personal reading a printed copy of an address by Dr. Craik, Dean of the Faculty of Medicine of McGill University. So far as I know, his views are fairly representative of the position of the more prominent physicians of Montreal.

With apologies for trespassing upon your attention,

I am, dear sir,

A MONTREAL PASTOR.

Montreal, May 11th, 1897.

Commercial Department.

A CASE OF URINAL FISTULA.

GUNHAVA LANE,
FORT BOMBAY, INDIA, November 14, 1896.

A YOUNG Parsee, aged nineteen, came under my treatment on May 16th, 1896, for a urinal fistula on the under surface of the urethra and midway between the anal orifice and the base of the scrotum. The external opening was found, on examination, to be half an inch in length, and the internal one admitted the bulbous end of the probe. The skin on both sides of the external opening was found thickened. The urine during its passage through the urethral canal partly escaped through this fistulous opening.

PREVIOUS HISTORY.

The patient had syphilis or gonorrhœa about three years ago, and had a large abscess in his perineal region, but for the fear of the surgeon's knife he did not show it to any medical man. He called upon a quack and went under his treatment. The abscess burst open itself after a month from its commencement, producing a fistulous opening in the urethra.

SYMPTOMS WHICH GUIDED ME TO SELECT THE MEDICINE AND BRING ABOUT A RADICAL CURE.

He assured me that the irritability was due to his constantly getting painful boils on the head and neck. He had then a good many small boils and pimples on his scalp which were sore to the touch, and caused his hair to fall out considerably. He became very susceptible to the cold, which he attributed to the falling out of his hair. On account of getting constant attacks of cold, he used to complain of a good deal of pain in the throat, aggravated during the act of deglutition. On examining the throat, I found both tonsils enlarged and the whole throat congested. He was subject to dry and hard stools. There was great burning during the passage of both stools and urine. Painful erections in the night would sometimes disturb his sleep. These were then the principal

symptoms which guided me to select the following prescription as being the best medicine for him:

℞ Magnes. sulph ..... ℥iv.
Potass. acetas ..... ℥iss.
Tinct. buchu ..... ℥ss.
Tinct. hyoscyami ..... ℥ss.
Aqua, pure ..... ℥iii.
Ft. mist. Sig.: 3 tis horis sumend.

He was given the above prescription thrice daily for two weeks continually. He did very well under it. Almost all his old symptoms disappeared, but new ones appeared in their place. He began to complain from the beginning of June of soreness over the pubes, and passed urine in a thin stream mixed with pus. I stopped the prescription and gave him the following medicine:

℞ Stearn's hæmoferrum (liquid) ..... ℥i.
Aqua, pure ..... ℨiii.
Ft. mist. Sig.: 3 tis horis sumend.

Above prescription was given three times a day for nearly a week, when these symptoms disappeared and the fistula also completely closed. I should candidly state here that when I took up this case I had not the remotest idea of curing the fistula permanently. My idea was that the patient would be relieved of his troublesome symptoms, especially the painful pimples on the scalp. This is an illustration of what hæmoferrum can achieve where formerly surgical interference was the only resource.

I remain, sirs, yours very respectfully,

S. B. SHROFF.

Messrs. F. Stearns & Co., Detroit, Mich., U.S.A.

BIRTH.

On May 19th, at Unionville, to Dr. and Mrs. J. Watson, a son.

MARRIAGES.

On May 4th, Cecilia E. Jeffrey to Dr. George H. Matthewson.

On May 25th, Bessie, daughter of the late James Farrell, Esq., of Toronto, to J. Percival Lee, M.D., of Kingston.

DEATHS.

On Monday, May 24th, William T. Aikins, M.D., aged seventy years. Interred May 27th, at the Necropolis, Toronto.