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Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

☞ All Communications should be addressed to the Editor, 117 Cowan Avenue, Toronto.

VOL. II.] TORONTO, OCTOBER, 1893. [No. 3.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

Editorials.

CORRESPONDENCE *RE* MEDICAL COUNCIL.

Last month a letter was received by us for insertion in the JOURNAL from Dr. Armour, of St. Catharines. It came too late for that issue, and explanation was made to him of this fact, with the promise that it would be inserted in October. Much to our surprise the same letter came out in a few days in the columns of the *Empire*, and on the 7th inst. in the *Mail*. There can only be one reason for an action of this kind, and that is, that Dr. Armour did not wish to reach the medical profession at all directly. The members of the Medical Defence Association on our invitation agreed through their recognized secretary to put their arguments before the public through the medical press. The failure of at least this one adherent shows plainly that it is not the medical men he wishes to influence, but the general public, and through them the members of the Legislature, knowing full well that the Council's side of the question was only submitted as it was wished that they should submit theirs. Hence the general public would only get a very one-sided view of the subject, and would be unfair judges. With regard to the letter itself, we only intend dealing with the portion which refers to the Council, leaving it to Dr. Rogers who has been particularly assailed to make a plain and able defence of himself, which we truly know from data in our possession that he can easily do, showing that his actions were absolutely fair, and all his expenditure wholly necessary.

Dr. Armour, in his references to the Council and its actions, shows that he is sadly deficient in knowledge of parliamentary acts and the Medical Act in particular. The Legislature only required a new election in 1894, and as long as it is held in that year the bidding of that body is fulfilled both in the letter and spirit of the amendment. If the "specious pretext," which he claims was the cause of the allowance, was actually that cause, it still holds good as the same state of affairs remains. The Discipline Committee, which will meet in December, has before it a number of important cases which are to be dealt with and reported at the next session. We are afraid that cases will still be cropping up to be judged, though it is to be devoutly wished that it were not so, and if as the doctor thinks, this was the *raison d'etre*, he would have the Council an *ad infinitum* one instead of an elective board. He evidently has forgotten that a member of this Committee still remains a member till the report is before the Council, even if he has ceased to be a member of the Council itself.

The time for holding an election is always fixed by the retiring Council by by-law, and is neither a matter of practice nor custom, but simply a time which is thought will best suit the medical pro-

fession generally The new distribution of the territories requires a new register to be made out and distributed, and this is not a work of a few days, but entails on the already much employed Registrar an immense deal of new work which will take a large amount of time and labour. This should surely be a great consideration in the minds of all. The Legislature simply amended the clause of the Act referring to the collection of an annual fee till a new council is elected, leaving it to their discretion whether it should be renewed or not. They did not, however, touch on the many sections referring to the non-payment, and if they are read it can be plainly seen how easily this bears on their shoulders.

Immediately after the last meeting of the Council, we, in our wisdom, thought we would print a report and give it to the profession as early as possible. We did insert the first instalment, but on consideration decided that, on account of the early publication of the annual Announcement, it would be not only a waste of time but also of good material to continue it. The Announcement was delayed going through the printer's hands, but is now before the profession Dr. Armour's insinuation as to changes being made in it, is not only uncalled for, but an evidence of his own ignorance of the method of printing reports. An official stenographer is employed and all the proceedings taken down. From this report the Announcement is printed, and the idea that any change could be made is absolutely absurd on the face of it.

Mr. Waters, before the Legislative Committee, asked for a statement of payments to members of the Council for their services, and it was immediately supplied. Dr. Armour says it was sought after before from the Council, and in that he makes a mistake as the Council was never even asked for any such return. We believe that certain employees were approached and asked for a statement, but it is completely out of their power to give it without an order. If Dr. Armour had asked his representative, Dr. Philp, or if Dr. Sangster had asked his representative, Dr. Orr, to move during the session for this return, it would have been cheerfully supplied to them, but they did not, merely going about it as we have shown. Looking at the question of rations, as Dr. Armour calls it, the seeming discrepancy with regard to a different number of days' allowance to different members can be easily explained. Suppose a four-days' session: A member, say of Ottawa, or even further east, has to start the day before and spend the day after the session getting home, thus making it necessary for his expenses to be paid for six days. Anyone travelling on a railway will soon understand how expenses mount up for meals, and it is only just that such member should get an allowance for it. We think that we are scarcely expected to add, on account of our intending correspondent acting as he did, that his communication will not be found in our columns.

INTERPROVINCIAL RECIPROCITY.

Readers of Shakespeare will easily recollect the remarks of the solemn Jaques anent the usages of the world:

> "As I do live by food, I met a fool;
> Who laid him down and bask'd him in the sun,
> And rail'd on lady Fortune in good terms,
> Yea, in good set terms,—and yet a motley fool."

Listeners and thinkers in this age will easily hear very similar remarks about various matters referring to the Council. If we follow Webster's definition of a fool, we can scarcely place in any other category those who make the unwarrantable charge against the corporate body of the medical profession of this province, that it is the great stumbling-block against a uniform system of registration for the Dominion of Canada. It is very evident that those who say this are not aware that the British North America Act relegated to the Local Legislatures all matters pertaining to education, and that no Dominion Board can be formed without the unanimous request of all the provinces. Such a proposal is not likely to be acceded to by some, university and school influence being so strong as practically to prevent the organization of Central Boards of Examiners.

But until these Central Boards are established, and the standard of graduation made uniform, there is very little hope of anything being accomplished.

The profession in Ontario stands foremost in the desire for a high standard of matriculation and subsequent graduation, and earnestly urges that her sons may practise in other provinces by a reciprocal interchange of such courtesies therein.

That such may be the case, other provinces must have these Central Boards and as high a standard as our own. The position of the Medical Council here is made very plain in clause 26, c. 142, s. 26, R.S.O., 1877, which reads as follows:

"When and as soon as it appears that there has been established a "Central Examining Board," similar to that constituted by this Act, or an institution duly recognized by the Legislature of any of the Provinces forming the Dominion of Canada, other than Ontario, as the sole examining body for the purpose of granting Certificates of Qualification, and wherein the curriculum is equal to that established in Ontario, th holder of any such Certificate shall, upon due proof, be entitled to registration by the Council of Ontario, if the privilege is accorded by such Examining Board or Institution to those holding certificates in Ontario."

Further evidence of a right feeling here is shown by appointment of a committee by our Council in 1892 to meet delegates from the other Provincial Medical Boards. The meeting was held in Ottawa on September 20th, 1892, and after a full and able discussion, all the delegates favoured the adoption in the various provinces of a Medical Act similar to that in Ontario. The following resolution was carried unanimously:

Resolved,—That in the opinion of this Conference there should be established in each province in Canada a Central Examining Board to examine all candidates for medical registration therein.

Resolved,—That as soon as a Central Examining Board is formed in each province, a committee should be appointed for each Provincial Medical Council, in order to have established a uniform standard of matriculation and of medical education throughout Canada, and also reciprocity between the provinces in regard to medical registration.

The Committee in our Council on presenting their report at the session of June, 1893, concluded it as follows:

"Your Committee can also express the hope that the time is not far distant when the various provinces of Canada will each have a Central Examining Board, and reciprocity in medical registration between the provinces will be an accomplished fact."

This report was adopted.

Thus it will be seen that the views held by those who rail against our Council on the question are decidedly erroneous, simply showing their ignorance as to the different actions of the Board, and that it has done more than any other in its endeavour to elevate the standard of the profession and give to the Dominion, in the only legal way possible, a system of Interprovincial Reciprocity.

EDITORIAL NOTES.

We have been informed upon good authority that the profession of St. John, N.B., and of the Maritime Provinces, in general, are already busy making preparations for the meeting of the Canadian Medical Association, which is to be held there next year. This being the case, we may look forward to a very large gathering next year.

The age we live in is a wonderful one for its many ways for rapid work. None is more noticeable in this line than the art of stenography and type-writing. All through the Province we have schools with able men devoted to this work, and among them Barker & Spence stand pre-eminent. With a good staff and a good equipment they well merit the large and ever-increasing classes they have.

Each day shows itself by the addition of some new instrument in the surgical line especially. The new and different operations done now require many things not before in use. This demand is fully met by our instrument makers and dealers. As a new departure, Chas. Cluthe & Sons have enlarged their already large stock and moved their quarters for this specialty upstairs, above their offices for trusses, etc. They have a large first-class display and will well repay a visit.

The profession of London are to be congratulated upon the manner in which they entertained the members of the Canadian Medical Association, while they were meeting in that place. On Wednesday evening, the 20th September, the London Medical Association gave a banquet at the Tecumseh House, at which Dr. Hodge presided. The gathering was a pronounced success. On the following day a special train on the C.P.R. conveyed the members of the Association to the Asylum grounds, where they were given a practical demonstration of the working of a *sewage farm*, after which they were entertained to luncheon in the large concert hall of the Asylum by Dr. Bucke and his genial staff of assistants.

D. Appleton & Co., on January 1st, 1894, take over from the hands of the present publishers the *New York Journal of Gynæcology and Obstetrics.* This journal is at present the official organ of the strong and well-known New York Obstetrical Society, and of course will continue to be so. The new editors and proprietors are A. H. Buckmaster, M.D., and J. D. Emmet, M.D., names which suggest good and only good work. As collaborators the best gynæcologists and obstetricians of New York are on the list. Thos. A. Emmet, the great operator in women's troubles; T. G. Thomas, the author of a work on the subject; A. J. C. Skene, of Brooklyn, who now has a very powerful edition before the profession, Chas. Jewett, W H. Baker, E. C. Dudley, Howard A. Kelly and J. C. Reeve, are such names that the success of a paper written by them is already assured. The cost has been reduced to $4.00 yearly.

On Bloor Street East, stands a well-built, hand some house, well back from the street, protected from the winter's winds and summer's sun by ample shade trees. It is occupied as "The Electro-Medical Sanatarium, with F. C. Ireland as manager, and Dr. R. V. Funnell as medical superintendent. This lady has been a well known figure in medical circles in Kingston for some years, having a large general practice, and holding the chair of Practice of Medicine in the Woman's Medical College. In taking up her specialty as an electro-therapeutist, she found that, on account of the amount of work to be done, she must give up either one or the other. This was done, and as a result we have this first-class sanatarium here. The special lines in connection with the institution are electricity, including mineral, electro-mineral and electro-vapour baths, for which all conveniences are secured, and massage done by accomplished masseures employed by the staff. One feature which should certainly interest medical men is the setting apart of certain well-furnished, well-lighted and well-ventilated rooms for the use of any physician who wishes to secure them for his own patients. This is an item which should give Dr. Funnell good patronage, as the places where we can send our own patients and treat them ourselves are few and far between in this city of Toronto.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. McGUIGAN, Associate Editor for British Columbia.

Prince Edward Island.

DR. R. McNEILL, Associate Editor for Prince Edward Island.

PUBLIC HEALTH DEPARTMENT FOR CANADA.

Our American neighbours are making some progress at having a Department of Public Health.

The Pan-American Medical Congress has had a resolution passed upon the subject. The interests of public health demand that there should be a department of the Government having parity of voice in the National Council, entrusted to experienced and educated medical men, who alone are competent to assume the duties thereof. When will Canada have a department of public health? Not until the medical men of this Dominion make their influence felt, and by strong resolutions keep the matter prominently before the public. We have our marine department, our agriculture department, and other departments good and useful in their place, but public health, the most important of all, is ignored, unless the collection of a few statistics be the all-important point in view. We cannot expect the public to lead in this matter—they are not competent to advise; but medical men from their education and knowledge of sanitary and hygienic laws, are expected to take the lead, and the profession from the various provinces of the Dominion should speak out, and that right early, urging the Government to establish a department of public health. Perhaps it would be necessary for the profession to prepare a basis and plans of operation to be first submitted to the Government, or perhaps the lines of action should be left with the minister and a deputy head from each of the provinces.

Whatever form legislation may require on the subject, there is no doubt the time has arrived when we should have such a department, and I would like to hear the voice of the profession elsewhere

on this subject. Whenever the profession will move solidly in the matter, doubtless the Government will be induced to take action. Hoping to see a move made I shall await with pleasure developments.

While the medical profession here and elsewhere are interested in making laws that will place the profession on a higher plane, and providing for repelling quackery with all its attendant evils, we are apt to lose sight of the ethics due from one member to another. That we have quackery and irregular conduct from within is undeniable. How can it be remedied, and what steps should be taken on the advent of interprovincial reciprocity, to cause our members to respect the rights and feelings of one another in this respect? It is no uncommon thing for a young man, on assuming the practice of the profession, to plant himself in the midst of a field occupied by an older practitioner, and if possible ruin the chances of the older man to make a living—as if the goal of ambition was to destroy the practices of men already settled.

The churches are very conservative in guarding the rights and privileges of their settled pastors within certain parishes, and such a thing as a member of the same church planting himself in the midst of an organized congregation would not be tolerated. Under-bidding is frowned down in every other profession; but in the medical profession it appears we have not the organization or *esprit de corps* essential to regulate abuses of this kind. While interprovincial reciprocity may be a very good thing, and facilities should be provided wherewith a man might leave one province for another, yet it must be admitted that in settling in another place the new man may be invading an organized field, well supplied with men who are quite capable and competent to cater to the public demand in a professional respect. The advent of a new man simply adds to the craze or mania which exists in the popular mind for a change, thus dividing the living of one man having a family with two. The world is wide and large enough to provide a living for all, and the *ethics* of the profession should be placed on a healthy basis; the various Councils should have jurisdiction in the matter. The colleges in training men should inculcate sound principles that would help largely to obviate the necessity of actual interference in this matter. A well-organized profession would consider that it is as important to protect the living of the men already engaged in it as it is to open wide the portals for young men aspiring for the profession. Such a thing as offering *free visits* and only charge for medicines furnished would not be tolerated in a community where ethics was regarded or respected. The struggle for existence may be pleaded as an excuse; but is it wise to overcrowd a profession when such questionable tactics have to be resorted to?

The title of "Doctor" is only rightly assumed by him who has undergone successfully the examination instituted by a legally chartered college or university having power to grant such titles. The public, however, in too many instances regard the quack and pretender with as much faith and respect—in fact, place the scientific man upon the same level with the quack, and are not a bit averse to style the pretender with the title just as freely as the legitimate owner.

Perhaps it would have a beneficial effect upon the public mind to see the profession respect each other—to see unanimity and cordiality in the rank and file of the profession—the spirit of the Golden Rule largely practised by one practitioner towards another, then "Am I my brother's keeper?" would not be sneered at, but the physician would be an educated man, as Chaucer says,

> "In all this world ne was ther non him like
> To speke of phisike and of surgerie."

I may, in your next issue, deal with some other points concerning the unity of the profession, and their power to stamp out quackery.

Original Communications.

ACUTE GENERAL PERITONITIS; LAPAROTOMY; RECOVERY.*

BY ANGUS M'KINNON, M.D., GUELPH.

M. F., a domestic servant, aged 22, has been from early life a pale faced girl, never very well, and often complaining of pain in the stomach. Her first menstruation was at the age of nineteen, and it never occurred with regularity. On the night of December 16th, very acute pain suddenly

* Read before Ontario Medical Association, June, 1893.

developed, which she referred to the stomach. Under a hypodermic dose of ⅙ gr. morphine and repeated ⅛ gr. doses per orem, she was only partially relieved. Within twenty-four hours the symptoms clearly denoted acute general peritonitis. The patient was removed to the General Hospital.

Dec. 17. Pulse 120, and rate increasing; temperature 101°; abdomen distended and tympanitic; walls firm and unyielding. After consultation with Dr. Howitt, it was decided that the cause was probably a perforation, and that a prompt laparotomy afforded the only chance of life.

Accordingly, at one o'clock a.m., with such preliminary aseptic measures as could be hastily improvised, the abdomen was opened by a median incision two and a half inches long below the umbilicus. The pelvis and the cæcal region were carefully explored, without gaining any clue to the cause of the inflammation. The incision was extended upward almost to the ensiform cartilage. The distended bowels escaped in every direction. Two nurses kept them covered by sponges wrung out of hot water. There was considerable sero-purulent fluid free in the peritoneal cavity. The bowels were very carefully examined, but no perforation was found.

The gall-bladder was next examined. It was distended with bile, but normal in appearance.

The anterior wall of the stomach, near its lower border, and about two inches from its left extremity, was found adherent to the abdominal wall. On gently separating these adhesions an old ulcer was disclosed. It contained pus; its edges were ragged, but we were not able to prove that it penetrated through the wall of the stomach. No doubt the attack of peritonitis arose from a partial separation of these adhesions, thus permitting the escape of free pus into the peritoneal cavity.

The ragged edges of the ulcer were trimmed or scraped away, and then the whole peritoneal cavity washed out very thoroughly with simple hot water.

The difficulty experienced in closing the distended abdomen was much greater than I anticipated. The silkworm gut sutures ordinarily used, broke, owing to the extreme tension. I had to resort to strong Chinese silk, which, unfortunately, had not been properly prepared, in order to make the walls meet. We made no attempt at order in replacing the bowels, being satisfied to get them to remain inside in any manner. Two soft rubber drainage tubes were inserted, one in the pelvic cul-de-sac, and one down to the ulcer. The usual dressings and a bandage were applied.

Dec. 19. The patient had considerable vomiting, but no pain. For the first three days enemata of peptonized milk were given at intervals of three hours, nothing by the mouth. The drainage tubes were removed on the second day.

Dec. 21. On the third day, pulse 70; temperature 98°-99°; all tympanitis disappeared; gas passes freely from the bowels.

Dec. 23. Stitch hole abscesses had formed, no doubt due to the unprepared silk used; also a discharge of pus from the upper drainage sinus.

Dec. 24. All the stitches removed, and long wide strips of adhesive plaster used to support the abdominal wall.

Dec. 25. The patient is now able to take fluid nourishment very well. No pain in the abdomen; no tympanitis, pulse 70-80; temperature 99°-100°, the slight rise, no doubt, caused by the suppuration in the stitch-holes and sinus.

Dec. 27. Pulse 100-110; temperature 101°; respiration 35-40; no cough, but she complains of pain at right base. Examination discloses a limited area of fine crepitus with dulness near base of right lung.

Jan. 3. Under 6-minim doses of tincture ferri. mur. every two hours, she gradually improved during the week, but an attack of phlebitis in left leg developed. Pulse rose to 120; evening temperature, 102°. As it subsided, a similar attack occurred in the right leg. Both swelled very much, and were very painful.

Jan. 17. The phlebitis now involved the left arm, both legs having almost recovered.

Jan. 29. The swelling and pain in the arm are completely removed. Pulse 80; evening temperature now normal. She is able to take her food very well.

Feb. 15. Was discharged from the hospital quite well.

The mild attack of septic pneumonia and the three attacks of phlebitis, I am satisfied, may be ascribed to the use of the unprepared silk

The case just narrated seems to me very clearly to show the value of laparotomy in acute general peritonitis. It is rare that this disease develops

so rapidly, except when due to perforation. No one can doubt that this girl would have died in two or three days with the ordinary opium treatment. In my own experience, and in consultation with other medical men, I have seen many such cases. When the symptoms develop rapidly, the pain and tympanitis being great, I have never seen one recover. These are the cases where a prompt laparotomy is not only justifiable, but imperative. It will not make the patient's chances worse in any case, and if any remediable condition be disclosed, it may save life.

For many years operation has been resorted to with numerous permanent recoveries, for tubercular and suppurative peritonitis. Such practice is now well established, so that there can be no doubt of its propriety. But the question of operation for peritonitis from perforation, though often discussed, is still open for discussion.

In many cases, the prompt death of the patient ends the discussion as to operation in an individual case. Such a case is reported in the *British Medical Journal*, September, 1890, page 734. The patient died in twelve hours from the onset of the attack. The peritonitis arose from detachment of adhesions surrounding an old perforation of the stomach. Instead of an operation, there was an autopsy, which disclosed these facts.

I remember a case in the practice of a confrère in the city of Guelph. A young woman died in eighteen hours from the first symptoms. In the evening she complained of acute pain, which she referred to the stomach. During the night, under an opiate, she slept a little, and took some breakfast next morning. At noon she died. The autopsy disclosed a large perforation in the posterior wall of the stomach, and portions of food free in the peritoneal cavity. There was very little trace remaining that there had been peritonitis. In those cases when death occurs within twenty-four or thirty-six hours, the autopsy may fail to show clear evidence of peritonitis.

As to idiopathic peritonitis and some forms of puerperal peritonitis, in view of the success attending the heroic opium treatment so strongly advocated by Dr. Alonzo Clark, we cannot wisely urge surgical interference, because we cannot expect better results than the records furnished by the opium treatment. In perforative peritonitis, however, it is useless to rely upon opium, however boldly administered. In the few cases that survive the first twelve hours after the perforation has occurred, if the patient's condition warrants surgical interference, I think we have the right to urge prompt laparotomy, as affording him the only possibility of recovery.

A very important question then arises, How are we to distinguish the cases that require operation from those that do not? A careful study of the symptoms will aid us. When there is a large perforation of the stomach or bowel, death occurs in part, at least, from shock. The pain is not such an urgent symptom as a sinking, oppressed feeling. Operation in these cases, it would seem to me, would add to the shock. Then in the idiopathic form, the symptoms do not develop with such extreme rapidity as when due to a perforation. It takes two or three days to develop conditions that peritonitis from perforation manifests in twelve to sixteen hours. When the onset is sudden, the pain extreme, the pulse rising rapidly from 70 or 80 to 120 within twenty-four hours, and the tympanitis also rapidly increasing, with vomiting and obstinate constipation, not even flatus passing from the bowels, I am confident no mistake can be made by resorting promptly to laparotomy.

CHOLERA.*

BY H. J. SAUNDERS, M.D., KINGSTON.

The morbid anatomy of cholera presents but few characteristic appearances to account for the violent and rapid nature of the disease. We should naturally look to the intestinal tract for evidences of the cause of the severe vomiting and purging and cramps, yet all observers agree that inflammatory changes are slight or altogether absent. Goodeve, after referring to the occasional enlargement of the intestinal glands, both solitary and agminated, noticed by Boehm, slight œdema of the mucous membrane of the small intestine, and the rare presence of greyish exudative patches, goes on to say: "In many cases there is little or no congestion or decided morbid change discoverable on examination of the mucous membrane or glandular structure." This is not invariably the case; some-

* Read before Ontario Medical Association, June, 1893.

times there is congestion of the mucous membrane of the stomach and of the ileum; occasionally there are patches of venous extravasation (rarely gangrenous) in the colon, though usually it is pale, but all these congestive changes in the mucous membrane of the intestinal tract are so frequently absent that they cannot be regarded as pathognomonic. The intestines are usually filled with the same rice-water contents as formed the characteristic discharges during life, not always liquid, but sometimes inspissated, so as to form a creamy, pasty or gelatinous mass, adhering to the coats of the bowel, this consisting of amorphous granular matter, granular cells, and a small quantity of scaly epithelium. The right side of the heart, the lungs and liver, and the kidneys contain a considerable quantity of dark inspissated blood in the large vessels, while the capillary vessels in these organs and in other parts of the body are empty or nearly so. This change in the condition of the blood is the most remarkable and the most constant of the *post mortem* changes, and concerning the cause of it there are two views held which we may briefly consider: (1) That it is due to the great and rapid loss of the watery constituents, and (2) that it is due to the direct action of the poison of the disease, by which ptomaines are developed and the character of the blood is chemically changed, so that it becomes thickened, and instead of passing freely through the capillary vessels, excites spasm of their coats so that they are unable to receive or convey it.

The first view that the condition of the blood is due to the removal of its water constituents, was formerly received without question as being in accordance with the familiar phenomena of the disease, and accounting rationally for the pallid and shrunken appearance of the surface of the body as well as for the comparative absence of blood from the internal organs of the body except in the larger vessels. Yet of late years doubt has been thrown upon the correctness of this explanation.

It has been shown that the same condition of the blood exists in those cases of cholera in which death has taken place with extreme rapidity, and without the development of the usual characteristic symptoms of vomiting and purging, nay, even when these have been altogether absent. It has been further pointed out that no such change in the blood is seen where death has occurred from copious hæmorrhage, the blood retaining its healthy characteristics to the last, with the exception that the proportion of corpuscles is diminished and that of the watery constituents increased, the latter being taken up from the tissues to make up for the deficiency in volume. I may here remark that this hardly appears to be a parallel case, since in hæmorrhage the loss of bulk includes all the constituent parts of the blood, and not, as in cholera, of the liquid portion only. Leaving, however, this part of the argument out of the question, as inconclusive, there appears abundant reason for believing that the view now generally held is the correct one, and that the tarry condition of the blood, although, doubtless, partly due to the loss of water, is chiefly caused by the chemical action of the morbific material. What this material is was long a matter of doubt, but is now generally believed to be a form of bacillus, first described by Dr Koch in 1884, and asserted by him to be peculiar to cholera. His statements were received with incredulity at first, other observers who had been investigating in the same direction denying that they were peculiar to cholera, and claiming that similar forms were present in the colon even during health, and especially during unhealthy conditions, such as dysentery.

More extended observations have, however, confirmed the correctness of Dr. Koch's statements, and marked differences between the bacillus coli and the cholera bacillus have been shown to exist both in form and mode of propagation, till now few persons are to be met with who will dispute the existence of the cholera bacillus, or its constant relation to the disease itself. Those who do are probably chiefly to be found amongst those who, from international differences, refuse to accept as authentic discoveries of German origin.

So much has been said and written of late years about this common bacillus or spirillum, that its description must be familiar to every one of you, and I feel unwilling to trespass on your time by describing what has already been so fully described by others who are, from direct observation, able to do what I could only do by copying from sources as accessible to you as they are to me. I will therefore only refer to those points connected with it that are of importance to us as regards the prevention of the disease.

Sternberg, in a recent article copied in the *Canadian Practitioner* from the *Brooklyn Medical Journal*, has admirably condensed these into a practical form, that we should all bear in mind: (1) It not only does not increase, but is rapidly destroyed by desiccation, a very short time depriving it of vitality; (2) Although it thrives in warm air yet it will not survive exposure to high temperature, its death point being below 140°; (3) That it is easily destroyed by comparatively weak solutions of various disinfectants, such as hydrochloric acid, 1-1300; sulphuric acid, 1-1000; methyl violet, 1-1000; and carbolic acid, 1-400, a period two hours' exposure being sufficient.

The important fact to be deduced from Koch's and Bolton's experiments would seem to be that, provided any of these means of disinfection are thoroughly applied, the destruction of the contagium is not difficult nor uncertain, but whatever method be employed it is essential that all parts of the material to be disinfected be effectually exposed. If heat (dry), steam, or boiling water be used, clothing, for example, must be so arranged that all parts of it are penetrated, hence it should not be thrown into a mass, but separated as much as possible; if a disinfectant solution used for digestious discharges, etc., the quantity of the solution should be sufficient to completely immerse it.

The discovery of the comma bacillus and its acceptance by the profession as the active agent in the production of the characteristic symptoms of the disease have led naturally, in accordance with the views generally held with regard to specific diseases at the present time, to attempts to protect from the disease by means of inoculation either of the pure virus or of bacteria produced by artificial culture. These attempts, first made, I believe, by Forran, in Spain, in 1885, when they attained considerable notoriety on account of the contradictory reports with regard to the results obtained, and carried on extensively both in France and Germany during the epidemic of last year, have not so far proved very satisfactory. Injections, administered hypodermically, whether of the pure bacilli or cultures, have, as a rule, failed to induce the disease, and it seems probable that to produce its full effect, the bacillus must find its entrance into the stomach and be retained in the intestinal canal. Koch says that he failed to produce cholera in guinea pigs by simply introducing the poison into the stomach, unless at the same time he injected tinct. opii into the peritoneal cavity. If further experiments bear this out, it would have an important bearing upon the advisability of endeavouring to restrain the excessive secretion by means of astringents or opiates.

The diagnosis of cholera is made by the culture of the bacilli in various media, such as pure water gelatine and water, sugar and starch solutions, chicken albumin, sterilized milk, etc., in all of which they grow readily, and by the development of the so-called cholera red in the presence of free acids, of which according to Jadassohn, hydrochloric acid is the best. To obtain this reaction, the presence of oxygen is necessary, and it is also requisite that the culture be pure and unmixed with other bacilli which either prevent or delay the development of the colour. When these conditions are complied with and a sufficient quantity of the oxydizing agent added, a well-marked violet red colour is produced after a short time, due to the existence of a substance which is formed in peptone or albumin cultures, and supposed to be an indol derivative. There seems, however, to be a good deal of uncertainty still about this as a means of diagnosis, since the use of impure acids, or old and impure cultures, either masks the reaction by producing other colours, or delays or prevents it altogether.

I have adopted Sir George Johnson's view as to the causation of the change of the blood in cholera, because it seems to me at once reasonable and consistent with the results of treatment, so far as we can be said to have obtained any results. It is a matter of very great importance, for if the symptoms and *post mortem* appearances are due to chemical changes caused by the presence of the bacillus, it is clearly irrational and mischievous to endeavour to suppress the discharges and retain the poison within the system. If, on the other hand, the thickened blood, the sharpened, pinched, features, the cramps and collapse, are due simply and solely to the withdrawal of a large quantity of fluid from the body, then our chief efforts should be directed to the arrest of this loss. As the question of treatment is to be taken up by others, I will not dwell further upon it.

Kingston, June 20th, 1893.

Meetings of Medical Societies.

CANADIAN MEDICAL ASSOCIATION.

TWENTY-SIXTH ANNUAL MEETING IN VICTORIA HALL. HELD AT LONDON, ONT.

The twenty-sixth annual meeting of the Canadian Medical Association opened at Victoria Hall, London, Ont., on the 20th Sept., ult., and continued for two days.

Dr. Bray, of Chatham, the retiring President, introduced his successor, Dr. Sheard, of Toronto, to the convention in a timely address, after which a number of new members were admitted, and the following Nominating Committee appointed: Drs. J. Stewart and Roddick, of Montreal: Fulton, of St. Thomas: J. E. Graham, A. McPhedran, of Toronto; I. Olmsted, of Hamilton; T. T. S. Harrison, of Selkirk; J. K. Holmes, of Chatham; R. M. Bucke and H. A. McCallum of London.

Beside the President there were on the platform Dr. H. S. Birkett, Montreal, General Secretary; Dr. W. H. B. Aikins, Toronto, Treasurer; Drs. Reeve, McFarlane and Temple, of Toronto; and Harrison, of Selkirk, representing the Ontario Medical Association.

President Sheard then delivered the annual address. After thanking the members for having chosen him to preside over this annual meeting, the doctor said when he looked upon those who in the past five and twenty years had preceded him in office, and saw such names as Sir Charles Tupper, Sir James Grant, Dr. Howard, Dr. Osler, Dr. Hingston, Dr. Mullin, and many others, who might be said, as the pioneers of medical practice in the Dominion, to have carried the interest and character of the profession to its present high and respectable place, the gathering could understand that he (the President) acceded to the discharge of his duty with some trepidation. It became apparent twenty-six years ago to the fathers of medicine in the country that it would be a wise thing to unite the ablest of the best elements of medicine, so that in unity they might advance to material progress, that they might ever defend themselves against the inroads of charlatanism and skepticism, so ready to scoff at scientific judgment, and that by cultivating friendly feeling and advancing special lines of work they could attain to a measure of progress which would be mutually beneficial. In alluding to the grand result arising from the institution, the President said that when it had set an impermeable front, which only the boldest and rudest would attempt to attack, when it was of still more value to younger men, when it had left an example which would live long after the oldest members have passed away, surely it could not be said that the Dominion Medical Association had lived in vain. He alluded to the names of Drs. Howard and Ross, of Montreal; our own Dr. Osler, Dr. Hodder Dr. Ross, Dr. Workman, and Dr. Wright, of Toronto, as men who had left behind them a character and example which every young man starting out in his profession ought to remember. Unfortunately there was a growing tendency for the younger man to assume that it was reserved for him to know all the best and most improved methods of scientific discovery, and while some of these might not be as familiar to his older colleagues, and whilst some of them might be occasionally paraded in an uncalled for manner before a less informed patient, jealousies were apt to arise which, as time advanced, tended to prevent harmony of feeling which should pertain between two professional colleagues. As there should be unity among the members of the profession in Canada, so there should be some unity of privilege, continued the President. It appears to me scarcely conducive to professional unity that we should have in the various provinces of the Dominion separate licensing bodies which confer the privilege of practising only for the Province, and that those of us who to-day may reside in Ontario, in travelling to Manitoba or British Columbia, require there to pass a period of naturalization before we can even be examined, and then to pass again an examination which proves our qualification to practise—and this in our own country! Surely we are all Canadians, and if the spirit of the times means anything, we are united in patriotic feeling and national progress. Why should it be different in medicine? I may express the earnest hope that the time is not far distant when there will be some Central Examining Board or Boards for the whole Dominion, when a license from such a body will be a qualification to practise from one end of the country to the other. Branching into more

technical matters, the President said, among other things, "The practice of medicine in the last decade has been more particularly signalized by the advance of pure science, and the science of bacteriology has now become a science of diagnostic medicine. In the diagnosis of tubercular phthisis the bacteriological examination of the sputa is quite as correct diagnostically and more certain than the examination of the skilled auscultator. In the diagnosis of Asiatic cholera the most expert physician waits for the deliberations and the revelations of the bacteriologist, and in many other ways we see the practical results and usefulness of scientific advancement. It has been the history in the past for diagnostic principles to precede curative measures, and I entertain little doubt that those of us who are spared another ten years may see a solution of the difficulty which besets the cure of phthisis, and such diseases whose causation within the last decade has been established. Science and practice of medicine go hand in hand, as science and art everywhere. Science smoothes the ground for art to follow, never antagonistic, ever in unison.

"We must ever guard against the tendency to separate the science of art and medicine. The more advanced methods of observation, the carefulness and delicacy of manipulation requisite in handling scientific apparatus render it in a measure imperative that one who adopts the scientific fields of labour must withdraw from active practice. The physiologist must not only thoroughly understand the most sensitive electrical apparatus and electrical law, but he must also be a mechanic, a careful dissector and a man of marked ingenuity. Truly, as Oliver Wendell Holmes said, the 'greatest, broadest, the most mutual and attractive of sciences is physiology. The noblest study of mankind is man.' So in chemistry, the details of chemical experiment, the field of chemical investigation is so distinct from the ordinary work of a surgeon that perforce it must be left to the surgeon to proceed upon data separated by chemistry, and when we came into the modern revelations of bacteriology, the preparation of the bacteriologist's media, the careful knowledge of chemistry embodied in his work, the study of air plates and air forms, and delicate micro-organisms common to the atmosphere in which he works, the character of this and that product common to his special class, all tend to leave the obverse and reverse of medicine's medal distinct. We must do our part as practical physicians to harmonize and combine these lines of observations if we wish for material advancement. Koch was a general practitioner, Watson Cheyne a consulting physician. It is something to the credit of a young country like ours to be able to say that on these lines of scientific attainment Canadians are fully abreast of the times, whilst we may yet be lacking in men of marked original research. This is not due to lack of intelligence and energy. The development of genius is endemic; it is allied to the friction of mind with mind; it is developed by criticism and comparison, possessed with a desire to excel, until at last it lays bare a truth which startles the world and benefits mankind everywhere."

In concluding the President said the Government of the Province was liberal, leaving to the profession the ordinance of its own laws, and did it show worthy intelligence on the part of those claiming to be ornaments of the profession to urge upon the gubernatorial body the wisdom of withdrawing from them what was justly and legitimately their own? The masses sent their representatives to represent them in certain issues, and if they did not do so they changed their representatives. "This is one law of political economy throughout the world. Have the physicians of our Province not enough intelligence to be entrusted with the same privilege?"

A vote of thanks moved by Dr. Bray, of Chatham, seconded by Dr. Reeve, Toronto, was tendered to the President for his able address.

On motion of Dr. J. E. White, seconded by Dr. W. H. B. Aikins, the following committee was appointed to look into interprovincial registration: Drs. Praeger, Nanaimo; Hingston and Mills, Montreal; Waugh, London, Sheard and Ross, Toronto; Harrison, Selkirk; Taylor, Goderich; Worthington, Sherbrooke.

Dr. J. Campbell, Seaforth, read a paper on "Cases in Practice," dealing with Puerperal Eclampsia. Drs Lapthorn Smith, Montreal; Harrison Selkirk; Bethune, Seaforth; Irving, St. Mary's; Holmes, Chatham, took part in the discussion.

Dr. Wm. Canniff, Toronto, read an abstract o a paper on "Sanitary Science — Some of Its Features," which was discussed by Drs. Arnott London; Mills, Montreal; Bethune, Seaforth

Dr. J. V. Anglin, Verdun, read a paper, "The General Practitioner and the Insane." He thought in most cases that "asylum treatment" is preferable to "home treatment," partly because of the greater convenience with which entertainment may be given and the need of some nurse who thoroughly understands the care of those mentally weak. Many insane people, he said, are unable to sleep This may be overcome by exercise and fatigue, or by means of a full meal, or a hot bath. In some cases alcohol is beneficial. Hyoscine is more uniform and certain than hyoscyamine, and unlike morphia there is no danger of the formation of a habit. Paraldehyde produces natural sleep. The effect of sulfonal is more lasting, but is slow in commencing. Chloral and chloramid may also be tried. If there be bodily pain none of these avail anything; then and then only has morphia to be resorted to. The mental improvement keeps pace with the physical; it is therefore important to have the body well nourished.

Drs. Arnott, London; Mathewson, St. Mary's; Mills, Montreal, took part in the discussion.

Dr. T. T. S. Harrison, Selkirk, read a paper, "Is Alcohol in all Doses and in all Cases a Sedative and Depressant?" He claimed that its first effect is that of a stimulant, though its secondary effect may be that of a sedative; and argued from several cases that were so low when he administered it, that had its effect been depressing the cases would certainly have died, whereas they revived.

Drs. Bethune, Seaforth; Arnott, Gardner, H. A. McCallum, London; L. Smith, Mills, Montreal, discussed the paper.

Dr. Hingston, Montreal, delivered the "Address on Surgery," taking up its history and progress from the earliest records.

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

Wednesday Evening.

Dr. F. R. Eccles, London, followed with a paper on "Displacement of the Kidney."

Dr. Hingston said he had only operated twice for the relief of the conditions. Though he had seen a good many cases, there was, as a rule, no indication for operation.

Dr. Bethune, Seaforth, mentioned a case he had seen.

Dr Bell, Montreal, said he had no experience with pads; he thought nephrorrophy good practice.

Dr. Lapthorn Smith, Montreal, thought that cases of this kind are more common than are usually supposed. He said, in his experience the condition occurs more frequently in females than in males He wished Dr. Eccles had had time in his address to speak of the ounce of prevention as well as the pound of cure. He referred to the compression of the woman's waist by means of corsets. While we cannot probably effect the abolition of the corset, all might use their influence in the modification of that garment.

Dr. Eccles replied, and described the application of an abdominal belt under which is placed a Barnes' bag, and this is subsequently inflated.

Dr. H. S. Birkett, Montreal, then read a paper on "Thyrotomy for large Sub-cordal Spindle celled Sarcoma."

Dr. Osborne, Hamilton, discussed the paper, and asked why there should be such a change in the tumour after delivery? Would it go to show some reflex connection between the uterus and larynx?

Thursday Morning.

Dr. Holmes, Chatham, read a paper, the subject of which was, "Two Cases of Laparotomy for Unusual Conditions." It was discussed by Dr. Atherton, of Toronto.

Dr. Bell, Montreal, spoke of "Some Unusual Conditions met with in Hernia Operations." Drs. Canniff, of Toronto, and Bethune, of Seaforth, discussed the paper.

Next Place of Meeting.

The Nominating Committee recommended that the next place of meeting be St. John, N.B.

Dr. Preager, Nanaimo, urged the claims for British Columbia for 1895. The St. John recommendation was adopted.

Thursday Afternoon.

Dr. A. McPhedran, gave the "Address in Medicine," a synopsis of which will be found in our next issue He discussed the more recent methods of diagnosis and treatment of diseases of the stomach.

Dr. H. A. McCallum said there are some cases in which considerable difficulty is experienced in

passing the stomach tube. This he said, may be overcome by having the patient breathe rapidly.

Dr. Gardner mentioned a case that had been suffering from gastralgia; he said that great relief was experienced from using the stomach lavage every second day.

Dr. Mills said there was a time when a paper containing so much physiology would barely be listened to, and he thought, the fact that so much interest had been shown, was a sign of a possibility of reaching purely scientific medicine.

In order to facilitate business the meeting was divided into medical and surgical sections.

In the surgical section, Mr. I. H. Cameron, Toronto, presided.

Dr. R. Ferguson, London, contributed a paper and presented a case of "Successful Cholecystotomy in a Young Married Woman." It was discussed by Drs. Cameron, Praeger, Meek and Smith.

"The Anatomical Relations of a large malignant Growth in the Neck with a Secondary Deposit in the Lung" was the title of a paper by Dr. A. Primrose, Associate Professor of Anatomy in Toronto University. The paper was illustrated by means of a number of well-prepared *frozen sections*, which demonstrated the relations of the growth, and showed the secondary growth in the lungs very clearly. Dr. Praeger gave great praise to the paper and the sections.

The chairman asked Dr. Meek, of London, to show a speciman of extra uterine pregnancy that he (Dr. Meek) had removed that morning.

Dr. Cameron, Toronto, and Drs. Eccles and Gardner, London, discussed the case.

THE MEDICAL SECTION.

Dr. Moorehouse, London, presided over the medical section.

Dr. Arnott discussed "Some of the Uses of Sulphuric Acid." The paper discussed by Drs. Moorehouse and McPhedran.

Dr. Hodge, London, presented three cases (a brother and two sisters) of Friedreich's Ataxia. Drs. Myers, McCallum, Mills, Arnott, Moorehouse McPhedran took part in the discussion.

Other papers were read by Dr. McKeough, Chatham, on "The Prophylaxis and Treatment of Puerperal Eclampsia," and by Dr. McCallum, London, on "The Meaning of Motion." It was discussed by Dr. Mills.

EVENING SESSION.

Dr. Praeger, of Nanaimo, submitted the report of the committee appointed to look into the matter of interprovincial registration.

Dr. A. B. McCallum, Toronto, said they could not hope to see accomplished in their generation any such result as set forth in the motion. Medical education comes under provincial legislation. He admitted the desirability of some plan of interprovincial legislation, but thought that at present we are not ready for it. He thought that if the various councils and universities of Great Britain and the Dominion form a Council, which, after proper legislation, would recommend the standard in this or that subject to be raised, it would be easy to have the desired reciprocity.

On the motion of Dr. Cameron, seconded by Dr. H. A. McCallum, the report was tabled.

Dr. Wesley Mills, Montreal, read a paper on "Peculiar Forms of Sleep or Allied Conditions." He had secured a hibernating ground-hog, and had watched its habits carefully for four years. He had also paid attention to several peculiar cases of human lethargy, and cited the instance of a man who would lay in a comatose condition with brief intermissions to respond to nature's calls, during several months of the year, when he would awaken in the latter part of the spring active and vigorous. He also mentioned the case reported by Dr. Clarke, of Kingston. This person, an aged female, remained in a state of lethargy for thirteen years. The doctor held that the cases of the animal and the human being were analogous and were equally evidences of the hibernating principle.

Dr. McCallum, Toronto, said it does not follow because a person sleeps long in the day, or for a month or year, that it is a case of hibernation. He did not know that he could accept Dr. Mills' theory that the cases cited were analogous.

Dr. H. A. McCallum, London, quoted Dr. Bucke's opinion, which is that sleep dates back to the tides, and that the child's sleep corresponds to the two periods of rest between the tides. Mr. Cameron regretted that Dr. Mills had been obliged to omit the latter part of his paper. He said it would have been interesting to hear a comparison between such various conditions as sleep, ordinary coma, the somnolent form of status epilepticus, etc.

Dr. Mills defended his position. The symptoms were analogous, and looking at it from an evolutionist's standpoint, it seemed to him the cases where phases of the same hibernating tendencies.

Dr. D. C. Meyers, Toronto, gave a paper on "Multiple Neuritis," Dr. R. A. Reeve, Toronto, on "Ophthalmic Memoranda." He referred to the progress made in ophthalmoscopy; and also in the treatment of trachoma, astigmatism, stricture of the lachrymal sac, etc. It was discussed by Dr. Osborne, Hamilton.

VOTES OF THANKS.

The President, Dr. Sheard, of Toronto, was asked to leave the chair, and his successor, Dr. Harrison, of Selkirk, took it. On motion of Dr. Praeger, seconded by Dr. H. A. McCallum, a vote of thanks was tendered the President Dr. Sheard, for the able manner in which the meeting of the Association had been conducted. Carried.

It was moved by Dr. Mills, seconded by Dr. Cameron, that a cordial vote of thanks be tendered to the profession of London for the royal reception that has been accorded to the Canadian Medical Association.

A vote of thanks was tendered the General Secretary (Dr. Birkett, of Montreal) for his untiring efforts in furthering the interests of the Association.

The twenty-sixth annual meeting was then brought to a close, and was among the most successful the Association has known.

The following is a list of the newly elected officers:

President-Elect.—T. T. S. Harrison, Selkirk, Ont.

Vice-Presidents.—Ontario, F. R. Eccles, London, Quebec, J. Stewart, Montreal; New Brunswick, J. Christie, St. John; Nova Scotia, W. S. Muir, Truro; Manitoba, R. Spencer, Brandon; North-West Territories, F. H. Mewburn, Lethbridge; Prince Edward Island, F. B. Taylor, Charlottetown; British Columbia, R. E. McKechnie, Nanaimo.

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

Local Secretaries.—Ontario, I. Olmsted, Hamilton; Quebec, J. V. Anglin, Montreal; New Brunswick, M. McLaren, St. John; Nova Scotia, R. A. H. McKeen, Cow Bay; Manitoba, A. McDiarmid, Winnipeg, North-West Territories, —. Calder, Medicine Hat; Prince Edward Island, —. Johnston, Charlottetown; British Columbia, —. Walker, New Westminster.

Treasurer—H. B. Small, Ottawa.

LONDON MEDICAL SOCIETY.

A meeting of the London Medical Society was held on Monday evening, 11th inst., in the Lecture Hall of the Medical College, the President, Dr. Hodge, in the chair. After the transaction of some minor business, Dr. Wilson read his paper on "Pernicious Anæmia" as follows:

Mr. President and Gentlemen,—The paper I would like to submit to you is on Progressive Anæmia. This disease was first separated from the other anæmias by Addison, by showing there existed in it none of the usual causes or concomitants of anæmia. Clinically there are several groups which present the characters of a progressive anæmia but are different. A fatal anæmia may be due to parasites, associated with atrophy of he stomach, may follow hæmorrhage, but when we exclude these there is still a general anæmia occurring without any discoverable causes in which there has been no loss of blood, exhausting diarrhœa, chlorosis, purpura, renal, splenic, miasmatic, glandular, strumous or malignant disease It is a disease not uncommon in this country. It generally affects middle-aged persons; males are more frequently affected than females. Tumcke and Peters showed there was an enormous increase of iron in the liver, and suggested the affection was due to increased hæmoptysis; this has been supported by Hunter who has shown that the urine is darker in colour and contains urobilin in early stage. The lemon tint in the skin is attributed to the changes in the liver cells produced by the excessive amount of pigment. To explain the hæmoptysis it has been thought that in the condition of faulty intestinal digestion which is commonly associated with these cases, poisonous materials are developed, such as ptomaine, fæcal matter, together with mucus in a degenerated state; in other words, a septic material absorbed which produces destruction of the red blood corpuscles.

SYMPTOMS.

In nearly all cases there is a history of gastro-intestinal disturbance. The countenance gets pale, the whites of the eyes become pearly, the body flabby rather than wasted, the pulse large but soft and compressible occasionally with a slight jerk under excitement. Faintness or hurried breathing is produced on slight exertion, palpitation is

marked. Some slight œdema is perceived about the ankles. The bowels are costive, at other times relaxed, and have a very offensive odour. The skin in nearly all cases is of a lemon colour. The temperature varies from 100 F. to 104 F., at times; then may become normal for a week. Nervous symptoms may occur, such as numbness and tingling, wakeful nights with delirium and pain in the head. Various local hæmorrhages take place. The large vessels palpitate and cause a good deal of discomfort in the last stage.

DIAGNOSIS.

Increase in hæmoglobin, and the presence of the large forms of nucleated red blood corpuscles, also numerous pyriform ones, etc., severity of symptoms, offensive discharges from the bowels, lemon-coloured skin, together with leucin and tyrosin in the urine products of the decomposition of albumen; these latter, viz., leucin and tyrosin, are only found in acute yellow atrophy of the liver, variola, typhoid fever and pernicious anæmia.—(*Stewart.*)

PROGNOSIS.

From all the works that I have read the prognosis is looked upon as very bad; a large proportion of the cases have died, some have been apparently cured, and relapsed, while a small number have been permanently cured.

TREATMENT.

Now I come to the principal part, namely, treatment. The authors all give us a doubt about the cause, but I must say that from what little experience I have had, I am inclined to think the disease starts in the intestines, and the only success I have had has been in that line of treatment. My first experience with this disease was about five years ago. The patient, a female, had all the usual symptoms; I diagnosed the trouble early. Gave bismuth pepsin, with bitters before meals, and quinine, iron and strychnia after meals. The disease gradually progressed, when I called in a consultant; he advised me to change my treatment and give arsenic, first small doses, then gradually increase to fifteen drops, three times a day. I kept this up for three weeks; at that time the disease had progressed very much. I then simply treated symptoms and gave what relief I could until the patient died.

The treatment of the case I now relate to you has had a very different termination. Mrs. S., age forty-eight; has been poorly for eight months: can't say when or how the trouble started; says she felt tired after the least exertion; apetite not good; lost her rosy colour slowly; complexion began to get sallow; bad taste in the mouth in the morning; bowels inclined to be costive; headache at times; water dark in colour; sourness of the stomach and gaseous eructations; uncomfortable feeling over the bowels; face gradually got paler and lemon-colour appeared about the fifth month; began to get restless at night, and palpitation of the heart and shortness of breath. She consulted me March 13th. I found the usual symptoms of pernicious anæmia, but the temperature was normal; she was around the house, and could not be persuaded to go to bed. I ordered a purgative and gave bismuth pepsin, with bitters before meals and iron, arsenic and strychnine after meals; the disease gradually progressed until she was unable to rise in bed without faint spells; the stools were very offensive; nausea and vomiting; pulsation of all the large vessels; temperature 104 F., pulse 140; body swollen so that the face was not recognizable. I called in a consultant and he agreed with me in treatment, also in prognosis that it was only a matter of a few days. However, I did not feel satisfied and was determined to try the hints thrown out by Peters and Hunter, so I aimed my whole treatment at removing the cause and restoring the blood. I first washed out the bowels and gave bismuth, sulphuric acid and pepsin until the discharges from the bowels were normal, and as soon as the stools lost that offensive odour the temperature became normal and the pulse dropped down to 110. I then added Pizzala's digested iron after each meal, together with injections of defibrinated blood with salt and water in the following proportions: Defibrinated blood, half a cupful, with one teaspoonful of salt to half a cupful of warm water. This was injected night and morning. I continued this treatment for three weeks; at the end of that time the puffiness had all left the body; temperature remained normal and pulse fell to eighty-six per minute; appetite reappeared, all nervous symptoms disappeared. Four weeks after starting last treatment the skin resumed its normal colour. She is now eating, sleeping and feeling remarkably well,

and I think she will remain so as long as the digestive tract continues to act in a normal state.

DISCUSSION.

Dr. McCallum agrees with Dr. Wilson as to the cause but differs from the pathology of Hunter and Peters. He believes it is the same as any of the other forms of anæmia. The presence of iron in the liver in 1890 was diagnostic of the pernicious variety; in 1892, it was not. Dr. A. B. McCallum demonstrated that animals fed on iron died in coma. Ehrlich gives the giant red cell as the diagnostic sign. Organic disease must be excluded. In an anæmia, if the blood count was above a million and a half, it excluded pernicious anæmia. Leucin and tyrosin occur in the urine in many conditions. Foster says traces of both are normal, hence their presence is not diagnostic.

In the treatment naphthalin in fifteen-grain doses every three hours, and arsenic in large and increasing doses after meals gave the best results.

Dr. Barker said the diagnosis could be made as well from the clinical signs as by the use of the microscope.

Dr. Arnott, in regard to the ætiology, said if any cause was discoverable for the anæmia it was not pernicious. The real facts of the case are that the authors lead us everywhere. If we find a case with the symptoms of pernicious anæmia and recovery ensues, the diagnosis has been at fault. There is some cause in every case if it could be found out.

Dr. Hodge, referring to Dr. McCallum's statement that the presence of such diseases as cancer, Bright's disease, etc., would exclude pernicious anæmia, said that he took exception to him. He believed with Dr. Hunter that pernicious anæmia may co-exist with cancer, etc.; that it is due to a specific micro-organism acting under favourable circumstances in the gastro-intestinal tract producing a ptomaine, which, when absorbed into the blood, causes excessive destruction of the red blood corpuscles. The conditions favouring these changes are such as are met with in a disease like cancer. Referring to the treatment as carried out by Dr. Wilson in his case, he said he had had no experience with rectal injections of defibrinated blood, but he could not see in what way it would be effectual. Arsenic, he believed, was the remedy in these cases, and required to be given in as large doses as the patient could bear.

Dr. Wilson in replying, again advocated the benefits to be derived from the injections of defibrinated blood.

Correspondence.

☞ The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

DR. LOVETT'S OPINION.

To the Editor of ONTARIO MEDICAL JOURNAL.

In the August number of the ONTARIO MEDICAL JOURNAL there was a letter from Dr. J. H. Sangster. In it he promises to give more in a future number. In the September number I read his article over carefully, expecting to see something. The whole affair seemed to be the language of a school-boy daring another to come on and fight. It is preposterous to think how a man can expect a public journal to occupy its space with what any reasonable man would call nonsense. The doctor promises the use of his pen and influence to correct abuses, etc. He really means, if possible, to break up the the present medical council. No doubt he would gladly return to the old state of affairs from which he has had so many favours.

Over thirty years ago, we first knew him, a teacher in the Hamilton schools, associated with Mr. J. McCallum. Mr. McCallum, with creditable industry, perseveres and graduates as B.A. at the Toronto University. Mr. J. H. Sangster jumps the fence, crosses the fields and arrives there in a very short time. We next met him as J. H. Sangster, A.M., *honoris causa*. I fail to see where ever after "science" has been benefited by the A.M. *honoris causa*. He becomes second and afterwards first master in the Normal School, Toronto. The many gentlemen and ladies who were teachers throughout the province of Upper Canada, and who attended that school, will bear testimony to the fact that no tyrant wielded his sceptre with better ability, kept afloat by the then existing government, who would see no wrong in the man.

Retaining his position in the Normal School and that of transplanting text books at a great profit and lecturer in chemistry in one of the medical

schools nigh Toronto. We next find him J. H. Sangster, M.D. Pray, during what year did he graduate as an M.D., and who were his classmates? Surely he was a *rara avis*. In those days many were not two years in the study of medicine bearing the signature of J. H. Sangster on their "sheep-skins." The present medical council has broken up a state of affairs in which J. H. Sangster lived, flourished and fattened—hence his tears.

When the first examination of the council was held at Kingston, the second day our man comes with the rules and regulations of the Normal School and tacks them before our noses, as if the whole crowd were a pack of rogues, yet most of us carrying in our pockets diplomas certified by men whose medical and social standing was sufficient to class us at least as gentlemen. That man's level is now what it should be and never should have been higher. Gladly would he arouse a party to give him a lift to become again a boss. Who ever heard of Dr. Sangster attending a meeting of any medical association, or writing a paper for them?

Some time before the last medical election, I urged the members of the South Waterloo Medical Association to bring out a man from our end of the division, not that I had any objection to Dr. Williams personally, but they knew of nothing to complain until they were aroused by Dr. Sangster & Co. That body afterwards sent a deputation to Toronto to assist in carrying an amendment to the Medical Act, as they called it, through the local House. One of this deputation told me afterwards that, had he known before he went down as much how matters stood as he did afterwards, he would never have gone. No doubt the many who signed the post cards acted in the same manner.

Yours, etc.,

WILLIAM LOVETT.

Ayr, Oct. 9th, 1893.

THE MEDICAL COUNCIL ELECTIONS.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—My attention has been to-day directed to a letter with the above caption, signed by J. P. Armour, and published in the *Empire* of the 3rd instant, in which the writer, whoever he is, has not only showered on to the entire Medical Council the most malignant asperities, but he has singled me out for attack in a manner alike malicious, craven and disgraceful. Let me briefly reply to some of his statements. He says the Committee of the Legislature, to whom was referred the Medical Bill of last session, understood there would be an election for the Medical Council in the spring of 1894. I have excellent authority for saying that is not true. The Act of 1893 provides for an election in 1894, and that the term shall be four years in the future instead of five; but the distinct understanding of the Committee was that the members of the Council having been elected or appointed for five years or five annual sessions in 1890, were not to be dismissed by the new Act. Had there been any intention of curtailing the existence of the present Council, then the fact would have been stated that the four-years term applied to the body then existing, as legislators are not in the habit of allowing an "understanding" to usurp the place of clear enactment. It has *not* been customary, in either the Provincial or Federal Legislatures of Canada, to appeal to the electors soon after the redistribution of constituencies, and the custom has been nearly universal that the members elected for a specific period are allowed to retain their seats until the termination of that period. One example will suffice: The last redistribution of the constituencies for the Dominion Parliament took place over a year ago, and yet no appeal to the electors will occur for probably two years to come; and in the case of one member his constituency has been obliterated but he retains his seat without molestation or cavil. It must be remembered, however, the Federal Parliament is not enlightened by the brilliancy of Armour, Sangster & Co.

There will be an election for the Medical Council in 1894 according to the Act, but the chief reason for delaying the election until the autumn, is because the redistribution of the divisions is a veritable gerrymander, constituencies have been carved out unequal in size and without any reference to the natural or geographical boundaries, with the result that great dissatisfaction exists among the physicians, especially in eastern Ontario. At the next session of Parliament these inequalities may be altered, and a member of the Government is authority for saying the redistribution is only tentative, and the Government felt if any injustice

was done in the arrangement of the divisions, it could be rectified at the next session of the Legislature and before the election of the Council. The by-law, to be passed by the Council for holding the elections, can only be considered when the divisions have been finally adjusted—hence it is imperative that the regular annual meeting shall be held in June next to pass the necessary by law to legally appoint the time for holding the elections. As for the member of the Council who is a non-resident of his division, his constituents are educated physicians, are satisfied with their representative, have never complained of his not residing in their midst, and hence it is surely a piece of gratuitous impertinence for Dr. Armour or anyone else to interfere on their behalf. Respecting the finances of the Council, the operation of the law of suspending members for non-payment of annual dues caused a large amount to be paid in, and enabled us to pay off the entire floating debt of $12,000.00, and thus give relief to a heavy burden. It must be remembered, also, that all unpaid dues and those for 1893 and 1894, will be collectable by the new Council in the same manner, and therefore they form a present asset if necessary to use temporarily.

Now as to the statement that members of the Council have made excessive charges. This false assertion represents the malignancy which pervades the whole course of the so-called Defence Association. He states that members of the Council have rationed themselves to the extent of eight days for attendance on a five days' session. I deny this, but it is true that occasionally members have attended Committee meetings held a day or two previous to the meeting of the Council—arranged in that way to minimize expense—and thus the whole expenditure would be compiled into one bill at the end of the session The sessions of the Council never last more than five days, and to properly finish their labours in that time the members frequently work from nine in the morning until twelve at night, and, if they were interested in the paltry emoluments, there would be no difficulty in allowing each session to continue ten days instead of five. As to the contemptible charge, that the profession could not get a detailed statement of the payments to members of the Council for their services, and when asked for was refused, it is totally untrue. The profession never asked for it unless Drs. Armour and Sangster constitute *the profession*. When did the medical profession of Ontario ever authorize either of these gentlemen to write or speak for them? Neither the Council nor any member of the Council was ever asked for a return showing the payments to members, or it would have been given willingly; but the treasurer very properly refused information unless authorized to give such by the Council.

Lastly as to statements in reference to the Legislative Committee of the Council of 1891 At the various meetings of this Committee there was invariably a quorum, but a few of the members attended more regularly than others We had been entrusted by the Council to secure certain necessary improvements in the Medical Act, and not only was it necessary to carefully prepare the bill, but also to arrange the facts and data showing the necessity for the changes required, before the measure was introduced to the Legislature. Thus arranged, the proposed Act was placed before the Premier and the members of the Government on several occasions, but all this, with the natural delays and adjournments, consumed considerable time. The only part of the Bill, as finally passed, which received opposition from influential quarters was the first clause, and that was to amend section 19 of the Medical Act by leaving out the words "or any student having matriculated," and thus give the Council control over the standard of matriculation, which previous to this we did not have. This was the particular part of the Bill more especially under my charge, and, through Dr. A. McKay and other medical members of the Legislature, this right was secured against very considerable opposition. The first regular meeting of the Committee was held on the 19th, 20th, 21st and 22nd of March, 1891, and my account for this was paid by the Treasurer's cheque on the 18th of April following. The next meeting of the Committee occurred on the 13th of April, and lasted, with an adjournment for a day, until the 24th of April. This really consumed twelve days of my time in council work, and two trips to and from Ottawa, and the Treasurer's cheque was received for this meeting on the 24th of April. The bill was for ten days' attendance, ten days' hotel allowance and travelling expenses. Between the 23rd of March and the 13th of April I made two trips to Toronto and gave several days

of my time in connection with the Bill, but for which I made no charge whatever. If J. P. Armour, who has thus proven himself such a prince of veracity, such a righteous investigator, had enquired of Dr. Pyne, the Registrar, he would have secured these facts, but careless of truth and manly decency he has maliciously maligned me by twisting a parliamentary return and drawing conclusions from it which no honourable and fair-minded man would.

Respecting your correspondent's scurrilous insinuation that I used a couple of champagne suppers to influence the vote on the Bill, the very grossness of the insult to not only me but to the members of the Legislature renders it beneath contempt; but if he will abandon insinuation and specify a charge of this character I shall offer him an opportunity of proof with startling celerity. There are only two courses open to him in the matter, either make a plain specific statement or apologize, if he has any courage or respect for himself as a gentleman.

No public body is so perfect but what it may be improved by intelligent, fair and honest criticism, but when any man descends to licentious fault-finding, making false and misleading assertions, then we must conclude his object is to destroy; and I appeal to the members of the medical profession throughout Ontario to be on the alert and guard their interest, for nothing can be plainer than if the object of the active members of the Defence Association is not to destroy the Ontario Medical Council and the Ontario Medical Act, then the tendency of their conduct is the destruction of these.

Yours, etc.,

A. F. ROGERS.

Ottawa, Oct. 12th, 1893.

THE TORONTO "MAIL" AND THE MEDICAL COUNCIL.

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—At the last meeting of the Medical Council the opinion was expressed that some answer should be given to the editorial articles of the Toronto *Mail*, in criticism of the actions of that body. In accordance with that view, I wrote a brief letter in reply to one of the first articles appearing in the *Mail* after our adjournment. This letter was published, with comments. These comments I tried to answer under date of July 20th. That letter never appeared. After waiting several weeks, I inquired of the publisher the cause of its non-appearance; and, in course of time, was informed that it must have gone astray, as they knew nothing of it. As it was mailed in a sealed envelope, with my printed address on the outside, and the usual request to return if not delivered, it is not unreasonable to suppose that it was duly delivered at the *Mail* office, and got astray in that building. I suppose the Council will hold me excused from writing letters to a newspaper whose correspondence goes astray in this manner. But, as I kept a copy of my letter you may perhaps find room for it.

CL. T. C.

To the Editor of the Mail.

SIR,—Your notice of my letter appearing in your issue of the 7th seems to invite the reply I send. You say you accept my assurance that the action of the Council, in the case of Dr. McCully, was in accordance with the precedent established in the case of Dr. Washington and others, and in the same paragraph repeat your former assertion that the leniency in one case was in marked contrast with the severity in the other. That is, you accept my assurance that we followed the same line of procedure in both cases, and yet declare the two cases were in marked contrast. While you do not deny that both men were, under similar circumstances, treated exactly alike, yet because one was disciplined on the repetition of an offence which the other has not repeated, you renew your former assertion that they were not treated alike. Do you really think this is a fair mode of argument. Or is it a specimen of that "good Anglo-Saxon" which you say I do not understand?

Having thus tried to wriggle out of a situation which I supposed you would frankly accept, you call my attention to certain misstatements which you think I made, in charging you with criticizing the profession, and in calling the Council the representative body of the profession. One answer applies to both. The Council is, and always has been, a representative body. Of its twenty-six members, seventeen are elected by the registered physicians of the province; and four are appointed by medical colleges; only the remaining five repre-

sent simply educational institutions. Does not that make it a representative body? Further, the actions of the Council which appear most obnoxious to you and your correspondents were initiated by the territorial representatives, and unanimously supported by them. Does this not prove that the actions of the Council were those of a representative body, and strictly of the elected representatives in the body? Now, when you criticize the conduct of the elected representatives you criticize the medical profession—the electorate which has chosen these representatives, and which still supports them.

You have no proof to offer of your assertion that a large section of the profession now repudiates the Council. Prior to the session of the Legislature in 1892, after a vigorous canvass on the part of a few dissatisfied physicians, they secured about four hundred signatures to a petition against the Council. A number of the signers, to my personal knowledge, have withdrawn their names; and after a year spent in inquiring into the sentiments of their constituents, the territorial representatives now confidently assert that the Council has the support of the great mass of the profession. It is true the astounding statement was made some time ago, that more than half the physicians were opposed to the Council, and were members of the so-called Defence Association. But, like many other statements from the same source, its extravagance was its own contradiction.

Nor did the Legislature stamp the claim of the Council to be a representative body as "spurious" by any action taken last session. Are you aware of the fact that the bill, as passed, instead of granting the changes in the composition of the Council asked for by its promoters, actually gave less than the Council was willing to accept? Last year the Legislative Committee of the Council expressed its willingness for an increase of five territorial representatives, and for the disfranchisement of all corporations that neither taught medicine nor granted degrees. The Legislature added the five territorial representatives, but at the same time retained all the collegiate representatives, including those the Council was willing to drop. In fact, while the Council was opposed on principle to any change in the Act until the profession could have an opportunity to pronounce on the questions at issue, yet there was not a clause of any importance in the bill, as passed, to which the majority of the Council would, or did, object—unless it might be the gerrymandering of the constituencies. Let me correct another error into which you have fallen. You say your correspondents had "vainly endeavoured to sting the Council into a reply" to the charges made; that the Council "remained dumb as an oyster." Are you really ignorant of the fact that the charges brought against the Council were answered in the addresses of President Williams before the Ontario Medical Association and the Medical Council; in the discussions of the Council at its 1892 session, and in articles in medical journals; all of which were sent to every member of the profession in Ontario? The Council may have failed to use your columns; but it availed itself of methods of reaching the profession which your columns could not provide.

In conclusion, you accuse me of "insinuating" that some of your correspondents were inspired by personal grievances; and you call on me to rise above cowardly inuendo, and say what I mean. I have no desire, and had no intention of hiding behind inuendoes. I advised you, in discussing medical questions, to "familiarize yourself with the facts, instead of following the lead of any disgruntled correspondent who may air his personal grievances in your columns." I repeat the advice, and supplement it with the plain and emphatic statement that all your medical correspondents whose lucubrations I have seen were inspired by a personal grievance. That grievance arose out of the action of the Council in securing legislation intended to make these gentlemen pay their long overdue debts. All other complaints centred around this one. Some of these gentlemen had been members of the Council, and employees of the Council in past years. They had willingly taken all the money out of the Council treasury they could get, but had carefully abstained from paying in the dues they owed, and which were no more than their neighbours paid. Year after year they allowed the Council to pursue the course they now denounce, and never uttered a word of criticism. Election after election was held, and they never took the field against the Council, nor endeavoured to secure the defeat of any of those men who, they now say, so vilely misrepresented them. If the

Council were extravagant, unjust, corrupt or foolish, they condoned every offence, and winked at every folly. So far as concerned any grievance the profession might have suffered, they were "dumb as oysters." It was only when they had a personal grievance—only when they were required to pay what they owed—that they became so vociferously indignant. With these gentlemen I have no controversy. They can bring their charges against the representatives they elected, or allowed to be elected. They can attack them at the next election, if their courage exceeds their discretion; and the men they have been abusing will doubtless be ready to meet them. But when a public journal, which should have no interest in the domestic disputes of any profession, save in so far as justice is concerned, gives currency to misstatements concerning the body over which I preside, I intend to make as emphatic denial of such false charges as my knowledge of the English language will allow.

Yours, etc.,

CL. T. CAMPBELL,
President Medical Council.

London, July 20th, 1893.

PHYSICIANS AND "CONTRACTS."

To the Editor of ONTARIO MEDICAL JOURNAL.

DEAR SIR,—In the July number of the JOURNAL, Dr. Angus McKinnon, of Guelph, wrote a vigorous denunciation of the "contract" system, under which physicians serve societies and companies for a bare nominal fee; and in the September number of the same journal we find an excellent contribution from the pen of Dr. John Philp, of Listowel, in which he ably comments on Dr. McKinnon's letter, and exposes what he terms the "flippant impudence and gratuitous insult" of Dr. Oronhyatekha, who did not meet the arguments of Dr. McKinnon logically, as he should have done, but indulged in language that was inadequate to the subject and discreditable to the author.

Now, the sentiments of the letters of Drs. Philp and McKinnon are worthy of our candid and cordial approval, and every member of the medical profession will readily endorse them, with the exception of the ambitious and most worthy Dr. Oronhyatekha.

If I am informed rightly, the fathers and brethren of medicine in the past disdained to sacrifice at this unworthy altar; then why should we, living in the full light of the last decade of the nineteenth century, approach the unhallowed shrine?

I think it is proper that regular insurance companies should employ any physician in whom they have confidence, to examine applicants at a certain fee, for here the matter stops. But it is different with the contract physicians of societies and companies. If the examinations were all, there would be no room for complaint, but the dollar contract to supply members with advice and attendance, is an interference with the liberty of the subject.

Societies and companies have no right to dictate in the matter of physicians' fees; it is not for them to fix a tariff for a certain part of the community, while another part is subject to other charges, and the practitioner who accepts such an office has no faith in the trifling remuneration. He expects rather the patronage of members' families at regular professional fees. He makes the public believe that he undervalues the science of medicine, as old as the infirmities of mankind and as far-reaching as the decrease of our mortality. A knowledge of medicine is not thus cheaply acquired, but is rather purchased with the toiling years of faithful application, when the heart throbs with intensity at the mighty problems of diagnosis and therapeutics.

Lodge members, as a rule, are not in need of free medical attendance, nor do they ask it; they are more independent than that. They recognize merit and ability; they ask no man to throw these requisites away in free medical attendance, for they know that he, too, must earn his bread by the sweat of his brow. They are, moreover, men who try to make both ends meet, and they grasp the problem of life with an earnestness that never grows weary in the various activities of manual and mental enterprise. To serve them thus cheaply, for one dollar or so a year, is not the charity of medicine. It seeks, rather, the poor and unfortunate of the world, disabled in body or deranged in mind. It hounds no man to inquisitorial torture because he cannot pay a fee. The faithful physician, like the priests of the Latin Church, thinks no obstacle too great to prevent him from reaching the couch of the suffering. Hours of midnight, toilsome roads, inclement seasons, risk

of infection and even death do not deter him from bedsides whose occupants are known to be in the most destitute circumstances. The world looks for no more. It does not respect the man who works cheaply with one hand that, with the ambition of Crassus, he may grasp gold with the other.

Dr. Oronhyatekha knows full well that he has not replied to the letter of Dr. McKinnon, whose living depends on medicine and surgery alone. We expected more of him—a man of scholarship in medical and classical literature.

Now, this sad evil should engage the attention of the Council of the College of Physicians and Surgeons of Ontario. Let medical men discuss it carefully, and they will conclude that the evil must be discountenanced.

Merit and industry alone are worthy of effort. They are within the possibilities of all. They will have their reward, for they are as eternal as the laws of right and truth. Belonging to the great medical profession, let us be honest with ourselves. Let the impostors, the "calculators," the "quacks" and the "fakirs" do the mean things. Let us maintain inviolate the sacred traditions of that noble body of whom the Divine Teacher himself was the greatest representative.

O. McCULLOUGH.

Erin, Oct. 11th, 1893.

Book Notices.

About October 15th, a Medical Directory of the State of Connecticut will be issued by the Danbury Medical Printing Co, of Danbury, Conn. It will contain a list of all the medical practitioners of the state, the various medical societies, all the dentists and dental societies, druggist and pharmaceutical societies, nurses and training schools for nurses, hospitals, etc. Price $1, delivered free by post.

A new Illustrated Dictionary of Medicine, Biology, and Collateral Sciences.

Dr. George M. Gould, already well known as the editor of two small medical dictionaries, has now about ready an unabridged, exhaustive work of the same class, upon which he and a corps of able assistants have been uninterruptedly engaged for several years.

The feature that will attract immediate attention is the large number of fine illustrations that have been included, many of which have been drawn and engraved especially for the work.

The chief point, however, upon which the editor relies for the success of his book is the unique epitomization of old and new knowledge. It contains a far larger number of words than any other one-volume medical lexicon. It is a new book, not a revision of the older volume. The pronunciation, etymology, definition, illustration, and logical groupings of each word are given. There has never been such a gathering of new words from the living literature of the day.

The latest method of spelling certain terms, as adopted by various scientific bodies and authorities, have all been included, as well as those words classed as obsolete by some editors, but still used largely in the literature of to-day, and the omission of which in any work aiming to be complete would make it unreliable as an exhaustive work of reference.

The publishers announce that, notwithstanding the large outlay necessary to its production on such an elaborate plan, the price will be no higher than that of the usual medical text-book.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S., Lecturer on Anatomy at St. George's Hospital, London. New American from the thirteenth enlarged and improved English edition. Edited by T. PICKERING PICK, F.R.C.S., Examiner in Anatomy, Royal College of Surgeons of England. In one imperial octavo volume of 1,100 pages, with 635 large engravings. Price with illustrations in colours: Cloth, $7.00; leather, $8.00. Price with illustrations in black: Cloth, $6.00; leather, $7.00. Philadelphia: Lea Brothers & Co. 1893.

Public School Physiology and Temperance. By WILLIAM NATTRESS, M.D., M.R.C.S., Eng., First Class Provincial Certificate, Grade A. Authorized by the Education Department (Ontario). Toronto. William Briggs, Wesley Buildings. 29 to 33 Richmond St. West.

We extend our hearty congratulations to our fellow-citizen upon entering the ranks of Canadian authors. The chief difficulties to be surmounted in a book of this character are the avoidance of

technical terms and minute details. Dr. Nattress has succeeded admirably in this particular, and the book is eminently adapted for the use of school children.

In the first chapter the student is given a general idea of the human body, and in the next three chapters a more complete account of the different structures of the body, with hygienic hints with regard to the same which cannot fail to be of value. Digestion, circulation and respiration are taken up in the next three chapters in a short and simple form.

Chapters eight and nine deal with the nervous system and the special senses, and chapter ten contains practical and very useful advice on what to do in emergencies; fractures, hæmorrhages, drowning, etc., etc., being also dealt with. Physical exercise is taken up in chapter eleven.

A common sense view of temperance runs through the whole book, the evil effects of alcohol and tobacco upon the body being fully explained.

A Text-book of Ophthalmology. By Wm. F. Norris, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, and one of the surgeons to the Wills Eye Hospital, Philadelphia, and Charles D. Oliver, A.M., M.D., one of the surgeons to the Wills Eye Hospital, Philadelphia, and one of the ophthalmic surgeons to the Presbyterian Hospital, Philadelphia. Illustrated with five colored plates and 357 wood-cuts. Publishers: Lea Brothers & Co., Philadelphia.

This extensive and valuable work is divided into two parts, according to the work taken up by the different authors. Dr. Oliver confines his work to the embryology, anatomy, physiology and optics, with methods of examination of the eye, and determination of errors of refraction and accommodation. The chapters on physiology and optics are specially strong, giving the reader a very complete view of the subject.

On the other hand, Dr. Norris writes entirely on diseases proper of the eye and its surroundings. The portion of his work on operations of the eye is clear and very extensive, giving all the modern methods in their various connections. We would have expected a larger description of instruments which would be of value to students, but it seems captious to complain at all of such an excellent treatise as the publication before us. The plates and wood-cuts are clear and very trustworthy, and greatly aid as an explanation to the text.

In addition, there is a first-class page of test types and a full index. To students and practitioners looking for a new and exhaustive work on so important a specialty, this book can be strongly recommended.

PAMPHLETS RECEIVED.

(1) *Spelling of Some Medical Words;* (2) *Meaning and Method of Life;* (3) *The Duty of the Community to Medical Science;* (4) *Temporary Change in the Axis of Astigmatism;* (5) *The Medical Press;* (6) *Pernicious Influence of Albinism Upon the Eye.* By G. M. Gould, A.M., M.D., Philadelphia.

AN EPITOME
OF
CURRENT MEDICAL LITERATURE.

MEDICINE.

A Means of Relief in Hay Fever.—The capriciousness of hay fever and the occasional relief obtained from an entirely empirical method of treatment warrant the publication of any means which has proved successful, in the hope that it may be of use to some other person afflicted with this annoying and disabling disease.

Ferber, of Hamburg, reports his own case which had been so severe as to necessitate his using a closed carriage all through the summer. His relief was brought about from accidentally noticing that in the winter a coryza was usually accompanied with hot ears which regained their normal temperature when the discharge from the nose was established. He determined to try a reversed order of effect on the hay fever in the summer, and began accordingly to rub his ears until they became red and hot.

It is now the third year that he has been able to lead an endurable existence during the hay fever season. "As soon as the least sensation of fullness in the nose appears, there is recognized a certain amount of pallor in the ears. A thorough rubbing of the ears, at times even to contusion,

has always succeeded in freeing the nasal mucous membrane from its congestion. The rubbing, however, must be *thorough* and repeated as often as the least symptom of congestion returns to the nose. Since using this means I have been able to take long sandy walks, sit and even sleep with open windows or pass the evening in my garden without distress. Several patients have had the same relief from this treatment, always in proportion to the thoroughness of the rubbing, and I hope by this means some other physician may be able to give his patients the same great relief."—*Boston Medical and Surgical Journal.*

Creasote in Consumption.—The conclusions are as follows.

1. Creasote, when pure, is harmless.

2. It has no direct action upon the tubercle bacillus.

3. Tuberculosis pulmonum is chiefly a secondary infection by a streptococcus.

4. Creasote has no direct action upon this streptococcus, hence none whatever upon hectic fever.

5. It destroys lower organisms, especially those which produce fermentation, without affecting the process of digestion.

6. Hence the virtue of creasote, which is undeniable in most cases, is chiefly, but not wholly, upon nutrition.—James T. Whitaker, M.D., in *Therapeutic Gazette.*

A Case of Scarlet Fever, with Infective Endocarditis (Fatal on the Thirteenth Day).—E. P., aged 7, was admitted on June 12th, 1893. Child had previously enjoyed good health: no history of rheumatism. She had vomiting and sore throat on June 8th. On admission, scarlatinal rash was well developed; throat swollen, and showed patches of exudation; temperature, 102°. Heart normal, lungs normal; urine contained no albumen. During the next four days the temperature varied between 102° and 103°, and the throat was much inflamed.

June 17 (five days after admission) a systolic bruit became audible at the apex of the heart. Rash had completely disappeared.

June 18. The systolic bruit was very loud. Some increase of the cardiac dulness to the left; no pericardial friction, no rheumatic pains in joints; urine, faint trace of albumen, no rigours temperature 103°.

June. 19. Child had become very pale, and was delirious at times. Pulse 200, respiration 48. Temperature 101°.

June 20. The systolic bruit was very loud, and was conducted to the axilla. Apex of heart was in the sixth space, and half an inch outside the nipple line. Pulse 200. Vomited several times. Lungs resonant, some moist rales. Spleen reached the costal margin. Urine; faint cloud of albumen. Temperature 102°.

June 21. Child much weaker; very pale; pulse very small, and frequent. Child died at 10 p.m.

Post Mortem.—Pericardium contained 1 oz of clear fluid, no evidence of pericarditis. Heart left ventricle much dilated, cardiac muscle very soft and pale, mitral orifice admitted three fingers. The mitral valve showed very numerous vegetations on its auricular surfaces. There was no ulceration of the edges of the valves, and no destruction of tissue. The aortic valves were healthy. Right side of heart dilated, no endocarditis. Lungs showed some hypostatic congestion; no pneumonia. Spleen enlarged and very soft. Kidneys pale, otherwise apparently healthy, no microscopical examination was made.

Two days before death cultivations were obtained of a drop of blood, obtained by pricking the finger, the skin and instruments used having previously been sterilized. On the third day small white dots were seen on the gelatine, and soon an abundant growth was observed. Microscopically, the organism was the streptococcus pyogenes.

After death cultivations were made from the vegetations on the mitral valve; these showed abundant growth of staphylococcus pyogenes and also strepto-cocci, as obtained from the blood.

The infective endocarditis set up by these organisms may be of the ulcerating, or of the verrucose type as found in this case. These micro-cocci are frequently found in the mucus of the throat and in the saliva of healthy individuals, and are always present in the inflamed throat of scarlet fever. It is probable that the organisms entered the general circulation from the inflamed throat, and that they were actively concerned in the production of the endocarditis. It is possible that in this case a

previous attack of endocarditis had injured the mitral valve, and so afforded a nidus for the organisms circulating in the blood. There was nothing, however, in the previous history or in the post-mortem appearances to point to such an attack.

Infective endocarditis occurring in the course of scarlet fever is very rare, Out of 1,500 cases treated at this hospital, no previous case has been observed.—ARNOLD W. W. LEA, M.D., B.S., in *Manchester Medical Chronicle.*

How to Ascertain a Twin Pregnancy.—It is best done by abdominal palpation and auscultation.

In twin conception, on uncovering the woman's abdomen, one can at once notice the considerable dimensions of the uterus, the irregularity of its shape, a depression, even a sulcus, crossing obliquely the abdominal walls.

This sulcus is always present when the two fœtuses are lying obliquely above the other, as generally happens. But it does not exist when the fœtuses are one in front of the other.

By abdominal palpation, the diagnosis is easy in the first instance, but difficult in the other instance.

At any rate, palpation at once reveals the great volume of the uterus and its irregular shape. But its tension, on account of a greater amount of amniotic fluid, renders the diagnosis more difficult, as the fœtal parts are not so well defined.

By palpation it can be ascertained that in twin pregnancy the large fœtal tumors are double, for instance, one head can be found near the superior strait, the other at the fundus of the uterus; and one back, in an oblique and inferior direction.

In other instances, there may be found two breeches, two backs, and only one head in one of the iliac fossæ: the other head, being concealed in the excavation, can be found by the vaginal touch only This is a very delicate point in obstetric diagnosis.

Auscultation will generally much assist in ascertaining the beat of two hearts at different points.—*Boisliniere, American Gynecological Journal.*

Tapeworm.—Dr. Duhomeau (*Med. Neuigkeiten*, No. 22, 1893) finds the addition of chloroform to greatly increase the efficacy of extract of male fern. This is of practical value, as grave symptoms of poisoning have been observed after the ingestion of large doses of male fern. He speaks highly of the following:

℞ Ethereal extr. male fern .... gms. 1.2
(gtts. xviij).
Chloroform ..... gms. 3.6
(gtts. l).
Castor oil..... gms. 4.8
(℥j).
Croton oil..... gtt. 1.2

Sufficient for one treatment.

—*Lancet-Clinic.*

Therapeutics of Damiana.—The therapeutics of damiana seems to have progressed from the merely empirical stage to a point where it can be prescribed with something like scientific accuracy. Though slower in action, it is analogous to strychnia in effect, but more tonic than the latter. On the bowels it acts to promote increased peristalsis, causing one or two mushy stools per day, and it is an effective remedy in the habitual constipation of neurotic subjects, especially of those who are victims of sexual perversion. Increased diuresis follows its use, and many cases of irritable bladder and urethra are very greatly benefited by it. On the heart, also, it acts as a tonic sedative, equal, in some cases of functional disturbance, to Cactus Grandiflorus. From the above résume, it is plain why damiana has proven so efficacious in cases of nerve-exhaustion resulting from sexual excesses, and why, far from being a direct stimulant of erotic desires, it has been found to act as a sedative to abnormal sexual appetite. In short, it is not a "specific," but its so-called specific action is but the result of its general tonic effect.—*Cleveland Medical Journal.*

Two Cases of Cocaine Susceptibility.—No. 1. Young man, florid, stoutly built, healthy and robust, farmer. Operation for stricture of lachrymal duct. Had used about one-half of the contents of small dropper, which held about thirty-five drops of four per cent. cocaine solution. While waiting a moment, attention was called to the patient by his drawing a deep, sighing respiration, then falling to the floor in a dead faint. Gave half glass of whiskey, and in a few moments he recovered, but was in a dazed condition for half an hour.

No. 2. Young lady, actress, delicate, anæmic looking girl, suffering from an attack of acute tonsillitis. Sprayed about fifteen drops of a two per cent. solution on tonsils and pharynx, preparatory to the application of a thirty-grain solution of nitrate of silver to the tonsils. Patient immediately suffered great distress, evinced by difficulty of breathing, and said she felt that she was "smothering to death." Gave her a glass of sherry, and made application to tonsils.

She appeared to get all right, but upon walking to waiting room fell in a faint. Gave another glass of sherry, bathed face with ice water, and in a few moments she recovered sufficiently to go home, but was quite ill and nervous for eight or ten hours afterwards.—George Brown, in *Atlanta Medical and Surgical Journal.*

The Therapeutic Value of Methyl Chloride.—After noting the literature of this remedy Dr. Hertmann (*Therapeutische Monatshefte* April, 1893) relates his own experiments in its use, tabulating twenty-nine cases. In fifteen cases of sciatica, three improved; there were two failures and ten cures. Three case of inter-costal neuralgia, two of pleuro-dynia, and one case each of lumbago and coccygodynia were cured. Four cases of rheumatism, partly of long standing, were cured.

The chloride of methyl is sprayed upon the diseased limbs. Having frequently used it during the year, Hertmann believes it will be a valuable aid in the treatment of neuralgia and other painful diseases.—*Therapeutic Gazette.*

Paternal Transmissibility of Tuberculosis.—Dr. John M. Keating, in an excellent paper before the American Pediatric Society in May, 1893, on "Plausibility of the Direct Transmission of Tuberculosis to the Fœtus from either Parent," concludes as follows:

1. Unrecognized genital tuberculosis in women without pulmonary disease is not uncommon.

2. A tuberculous mother can transmit the disease to her offspring in utero.

3. Tuberculosis is apparently at times confined to the generative organs of women, probably with greater frequency than we now recognize.

4. Bacilli or their spores can be conveyed by means of seminal secretion to women when no apparent tubercular lesion is present in the male generative organs.

5. Women may, and often do, escape tuberculosis when transmitted in this way, and even when evidence exists of tuberculosis of the male generative organs.

6. Is it not possible for the father to transmit his disease directly to the fœtus, the mother not proving a fertile soil, and, if so, is it not possible for this inheritance to become latent in the child, only to manifest itself when accident or environment tends to bring it into activity? And can we not go still further and assert that the bacillus or its spores, inherited from either parent, may be carried into another generation, and either become manifest in glandular affections, joint troubles or even finally in pulmonary disease?—*Times and Register.*

Diagnosis of Kidney and Heart Diseases.—Jas. Tyson, M.D., in his paper on "Heart Disease and Kidney Disease," draws the following conclusions:

CHRONIC PARENCHYMATOUS NEPHRITIS.

Urine scanty and high-coloured; high specific gravity; highly albuminous.

Numerous granular, dark granular or fatty casts.

Much dropsy.

No mitral systolic murmur.

As a rule no hypertrophy of left ventricle, which may, however, be present at times.

No enlargement of liver.

No signs or symptoms of arterio-capillary fibrosis.

No retinitis albuminuria.

No history of gout.

Seldom a history of rheumatism; more frequent of infectious disease.

Uræmia infrequent.

Partial response to treatment.

CHRONIC INTERSTITIAL NEPHRITIS.

LAST STAGES.

Urine though scanty is still light-hued, and has low specific gravity; moderately or slightly albuminous.

Few casts and these hyaline or slightly granular. Often no casts.

Little dropsy as a rule, though when heart fails, dropsy may be marked.

No mitral murmur.

Always marked hypertrophy of left ventricle, except in persons feeble and cachetic at the outset; this without aortic murmur.

No enlargement of liver.

Symptoms and signs of arterio-capillary fibrosis may be present.

Retinitis albuminuria may be present.

History of gout, lead poisoning, or free eating and drinking.

No history of rheumatism or infectious disease.

Uræmia frequent.

Doubtful response to treatment.

MITRAL DISEASE.

Urine scanty and high-coloured; high specific gravity; moderately or slightly albuminous; rarely highly albuminous.

Few casts, hyaline or slightly granular.

Much dropsy, effusion into serous sacs.

Mitral murmur.

Moderate hypertrophy of left ventricle; hypertrophy of right ventricle.

Enlarged and tender liver.

No arterio-capillary fibrosis.

No retinitis albuminuria.

Seldom a history of gout, alcoholism, or free eating and drinking.

Probably history of rheumatism or infectious disease.

No uræmia.

Generally prompt response to treatment.—*Med. and Surg. Reporter.*

Creasote Carbonate (Creasotal).—Creasote carbonate contains over ninety per cent. of the purest beechwood creasote in chemical combination with carbonic acid. It is a clear, absolutely neutral, oily liquid, free from the unpleasant odour and burning taste of creasote.

It is insoluble in water, but soluble in four or five parts of cod liver oil or olive oil. Its action is not caustic and irritating to the mucous membrane of the digestive organs, like that of creasote, as it has no effect upon the same.

Creasote carbonate, compared with creasote, is non-poisonous to such a degree that it can be dispensed as a pure undiluted substance by the teaspoonfuls, and thus it will perfectly agree with the most sensitive patients.

According to Prof. Sommerbrodt, the more creasote one can tolerate, the better its effect. Since creasote can be borne better in no other form than that of creasote carbonate, this is the ideal creasote preparation for phthisical patients.

One of the first effects of this drug is the return of an increasing appetite, and a consequent gain of strength; furthermore, the cough diminishes perceptibly in frequency, and at last a healing process in the lungs is observed. The weight of the patient increases in proportion, sometimes at an enormous rate.—*American Druggist.*

Herpes Labialis.—This boy, aged about four years, has as you observe at once, a swelling under the jaw and sores about the mouth. The father says the sores about the mouth have been present seven or eight days, and the glandular swellings under the jaw on each side have been present three or four days. There is no eruption anywhere excepting that about the mouth, which extends somewhat down the chin. The scabs or serous exudates are almost transparent, and their appearance is very much like that of eczema, only that in herpes the vesicles are smaller, closer together, and the surface beneath is redder. There is some liquid beneath the scab or dried serum. There is no odour to the breath.

It is probable the boy had a fever from some cause or other; it may be he had only a catarrhal fever, and in consequence developed labial herpes. Very likely there were some herpetic spots in the mouth, but with or without that, the glands under the jaw became infected and swelled. It is generally a very active fever with healthy circulation which throws out herpetic vesicles, and when the old practitioners of the past century saw herpes come out during an acute inflammatory disease they made a good prognosis. And there was considerable reason for it. When, for instance, you meet with a case of pneumonia and the circulation is active, herpetic eruption is very apt to make its appearance. Herpes is decidedly a neurotic affection, and is generally recognized as such in "zoster." But these cases which are not so-called zoster proper, are of the same nature. Very probably this boy

is over the disease now which caused the herpes; he had, presumably, a severe "cold" or catarrhal fever.

What would you do for the boy now, when the danger is simply from scratching and keeping the sores irritated and open, and thus also keeping up irritation and a swollen condition of the lymph bodies which finally might result in permanent hypertrophy or so-called "scrofulous glands?" "Apply some soothing ointment, like oxide of zinc, and keep the boy's hands off of it." Yes, keeping the hands off is more important than applying the ointment. To apply the ointment before the scabs have been renewed or have disappeared would be of little value. Remove the scabs with warm water or oil; then apply the ointment and keep the hands off. Do we need to do anything for the glands? "I think the swelling will disappear spontaneously." Yes, after the herpes disappears.—A. Jacobi, M.D., in *Archives of Pediatrics.*

Cholera Infantum.—On last Saturday night I was requested to see a child, aged nineteen months, which presented a perfect typical picture of cholera infantum. A bright, handsome, well-nourished boy in health, he was now shrivelled and old-looking, from his ten hours of agonizing suffering and from the frightful loss through the characteristic discharges of this disease. Apparently he had but a few hours to live. I at once gave, in the form of dosimetric preparations, thorough intestinal antisepsis. I gave every fifteen minutes a tablet containing sulpho-carbolate of zinc, ¼ grain; sub-nitrate of bismuth, ½ grain; and pepsin, 1-67 grain, and at the same time a granule, in addition, of sulpho-carbolate of zinc, 1/6 grain. I ordered to be given, *after every choleraic passage*, a thorough irrigation of the colon by means of a copious enema, rendered antiseptic by a compound thymoline tablet, containing the above-mentioned zinc salt combined with other excellent antiseptics. I allowed the patient to freely assuage his raging thirst with cold water, made quite acid with lemon juice. The patient began improving.

I also dissolved a granule containing 1-20 grain of sulphate of morphine and 1-500 grain of sulphate of atropine in twelve teaspoonfuls of water, and ordered a teaspoonful every hour for the nervous erethism and to restore the peripheral circulation, not more than three doses to be given within a very short time. By five o'clock in the morning the choleraic symptoms had subsided—vomiting and purging completely checked—and the little one was quietly sleeping, with the returning colour in its lips, and the natural warmth of health in the hands and feet, which before were cold and shrivelled. A good feeding of white of egg beaten up in cold water, salted to taste, when the patient awoke, with directions to renew the treatment at once if there should appear symptoms of a fresh outbreak, completed the treatment. Within twenty-four hours from the time treatment was commenced, the little one was playing with his toys, and could with difficulty be restrained from running around. The cure has remained permanent.—J. J. Taylor, in *Times and Register*, August 5, 1893.

Infection.—The period of infectiousness of contagious diseases, according to the State Health Board of Pennsylvania, is:

Small-pox—Six weeks from the commencement of the disease, if every scab has fallen off.

Chicken-pox—Three weeks from the commencement of the disease, if every scab has fallen off.

Scarlet Fever—Six weeks from the commencement of the disease, if the peeling has ceased and there is no sore nose.

Diphtheria—Six weeks from the commencement of the disease, if sore throat and other signs of the disease have disappeared.

Measles—Three weeks from the commencement of the disease, if all rash and the cough has ceased.

Mumps—Three weeks from the commencement of the disease, if all swelling has subsided.

Typhus—Four weeks from the commencement of the disease, if strength is re-established.

Typhoid—Six weeks from the commencement of the disease, if strength is re-established.

Whooping Cough—Six weeks from the commencement of the disease, if all cough has ceased.

Under judicious treatment the period of infectiousness may be considerably shortened, but no child suffering as above should be admitted to any school after a shorter period of absence, and then should be provided with a medical certificate, that he or she is not liable to communicate the disease.

Length of Quarantine.—Teachers or children

who have been exposed to infection from any of the following diseases may safely be re admitted to the school, if they remain in good health (and have taken proper means for disinfection) after the following periods of quarantine:

Diphtheria, 12 days; scarlet fever, 14 days; small-pox, 18 days; measles, 18 days; chicken-pox, 18 days; mumps, 24 days; whooping-cough, 21 days.

Adults may be re-admitted immediately, if they disinfect their clothes and persons.—*Maryland Med. Jour.*

Sweating Feet.—Kaposi recommends:

℞ Naphthol.....gr. lxxv.
Glycerin.....℥iiss.
Alcohol.....℥iij.

℞. Wash the feet night and morning with the above mixture. Then use as a dusting-powder:

℞ Pulv. naphthol.....℥ss.
Amyl. pulv.....℥iij.

Mechanical Treatment of Chronic Rheumatism.—Dr. C. O. Walbridge recommends mechanical means, including calisthenics with its healthful exercise of body and limbs, to break up existing adhesions, to smooth the roughened articular cartilages, strengthen the contracted tendons and nerve tissues, and restore the joint to its former suppleness—first, by a process of stroking and kneading in a centripetal direction, stimulating the lymphatics and venous currents and surrounding tissues to greater activity, carrying the lymph with greater rapidity toward the centre. By these means the lymphatics and circulating system are stimulated, setting up changes in the nutrition, causing healthy activity in the parts. In cases where there is perceptible defective nutrition, constitutional remedies with dietetic medication must be employed. The primary effects are upon the joints, muscles and nerves. In the joints, stiffness, adhesions, and contracted tendons are broken up and got into a proper condition for absorption. The secondary effects are produced upon the circulation and lymphatic system. The muscles and nerves are surely elongated, heat must necessarily be evolved by the manipulations changing the molecules of the muscles from an inactive to an active state, causing internal work, setting up molecular changes in all of the surrounding tissues. The waste material is carried away by increased action of the lymph and circulation, and new nourishment is more readily carried to all parts, feeding them and enlivening the whole organism.—*The Dietetic Gazette*, 1892.

Sciatica.—"In any obstinate sciatica where I can exclude spinal-cord disease, constitutional states, tumours, etc., I put my case in bed. Then I give cod liver oil, iron at need, full diet, and milk between meals. A long flannel bandage is put on at once rather tightly from the foot to the groin, and renewed twice a day. At the side of the limb a long splint is secured by a few turns of bandage. The splint should reach from axilla to ankle, the knee being bent a little, the heel secured from pressure. The splint and bandage are kept in place two to four weeks, night and day; daily, when these are removed, the leg is slowly and very moderately flexed and extended. The treatment is in constant use at the Infirmary for Nervous Disease. If it fails, it is usually because the malady is at first, or has become, spinal. The *rationale* of its use is, I think, clear: 1. The flannel bandage lessens the blood in the leg. 2. It protects the whole skin surface from the excitation of contacts. 3. The enforced immobility makes all motion impossible, and so the two uses of the nerve cease. It is in splint, and we get physiological rest. Since I have used the bandage the cumbersome use of ice along the nerve-track is less often required. At the close of the treatment, massage used with extreme care may hurry the recovery."—Dr. S. Weir Mitchell in *College and Clinical Record.*

Recovery from Pneumothorax.—Klemperer (*Deut. med. Woch.*, June 22nd, 1893), at a meeting of the Berlin Medical Society, showed a man, aged 21, who had recovered from pneumothorax. He had been a costermonger for a year and a half, and was the subject of an obstinate laryngitis as a result of his shrill cries. He had previously enjoyed good health, and on November 18th, 1892, he got up feeling as well as ever, and went out to buy some new goods. As he was walking he felt a stitch in the left side of his chest, walked a couple of steps farther with great difficulty, and then fell down unconscious. When brought

to the hospital, dyspnœa and cyanosis were both very marked; the right side of the thorax was moving at the rate of 72 per minute, while the left side was motionless, and all the typical signs of pneumothorax were detected. There was no history of phthisis, nor were there any physical signs of it, therefore it was supposed that the effect of the street crying had been to produce emphysema, and that the rupture of an emphysematous lung produced what Leyden calls a "simple pneumothorax." The patient was kept absolutely quiet in bed, and by the middle of the second week faint vesicular breathing could be heard on the left side. He got out of bed on December 3rd, for the first time after the accident, and left the hospital three weeks after his admission, with the breath sounds as nearly as possible equal on the two sides.—*British Medical Journal.*

The Early Diagnosis of Chronic Nephritis.—For many years M. Dieulafoy (*Lancet*, No. 3643, p. 1542) has sought to emphasize the importance of divers symptoms which, though often apparently trivial, are none the less significant of the existence of that very common malady, chronic nephritis To these symptoms he has given the name of *petite urémie* or Brightism. He regards albuminuria as an unreliable symptom of chronic nephritis. Of sixty cases under treatment in his wards during recent years, albuminuria was absent in one-fourth. That nephritis really existed was proved in several instances *post mortem*. In another series of cases albumin disappeared in spite of the continued evolution of the disease. Some patients are albuminuric without being nephritic. Amongst the symptoms of nephritis, M. Dieulafoy mentions auditory troubles. These consist in whistling or more sonorous noises in one or both ears, the causes being multiple (edema, paralysis of the acoustic nerve, variations in pressure). The frequency of these noises may be judged of when it is stated that they were present in thirty-four out of sixty cases. Menière's vertigo was frequently complained of (thirteen times in sixty). Asphyxia of the extremities, first described by Maurice Raynaud, is one of the commonest symptoms of chronic nephritis. This begins as formication of the hands or fingers, and then the tips of the latter become bloodless, pale, and numb. This dead-finger symptom is found in all the forms and in all the stages of chronic nephritis. Itching, without possessing the same importance as the foregoing, is sometimes very severe. Frequency of micturition is well known as a symptom of the disease. To this symptom M. Dieulafoy has given the name of pollakiuria, to distinguish it from polyuria; many nephritics, in fact, urinating ten or twelve times a day without voiding a quantity above the normal. Cryesthesia (*Κρυος*=cold), or sensitiveness to cold, is a minor symptom of nephritis. It is generally confined to the lower extremities. Cramps, especially nocturnal, in the calves of the legs are sometimes severe enough to wake the patient. Epistaxis, chiefly occurring in the morning, is often significant. Electriform shocks must also be counted in this category. At the moment of falling asleep, or during sleep, the patient is aroused by a single violent shock, recalling the effects of an electric discharge. The temporal sign is frequent. Here the temporal artery is distended, dilated and tortuous, without being atheromatous. This is, of course, due to high arterial tension. The foregoing symptoms, if associated in any one individual, are, according to M. Dieulafoy, sufficient to warrant the diagnosis of chronic nephritis. He is convinced that many persons apparently healthy are in reality nephritic. A confirmation of this diagnosis will frequently be found in the good effects of an exclusive milk-diet, which causes the disappearance of these seemingly insignificant troubles. M. Dieulafoy has also applied another test—viz., the degree of toxicity of the urine passed by patients affected with chronic nephritis. He finds that this secretion has in such cases lost a portion of its toxic properties.—*Medical Progress.*

Venous Aneurysm.—(*Brit. Med. Jour*, 1893, i. 233.) Dr. Pitt exhibited before the Pathological Society of London, a specimen of arterio-venous aneurysm between the left common iliac vein. The heart was dilated and hypertrophied, and this he attributed to the increased pressure in the venous system from the direct passage of arterial blood into the inferior cava. The case was that of a boy who was struck with the shaft of a cart in the left groin. The leg was œdematous, and the collateral veins, especially those of the penis, dilated. In

answer to the President, Dr. Pitt thought that, although the artery was probably damaged by the injury, the chief damage was inflicted on the vein. —*Archives of Pediatrics.*

Convulsions.—"It is also true that, now and then, there are slight muscular twitchings; and now and then, when the child is half asleep, the eyes will roll. There may even be slight twitchings of the extremities. There is sleeplessness, but we must not forget that peripheral irritability increases from the fifth to the ninth month considerably, and that the inhibitory centres do not perform all their functions as in the adult. Thus it is even possible that, now and then, a convulsion will occur, but so far as I am concerned, I have not seen convulsions dependent upon difficult dentition in the course of the last ten years."—A. JACOBI, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis).

The Treatment of Constipation and some Affections of the Bowels with Large Enemas of Oil. — Professor Fleischer thinks that atonic and spastic constipation are too often treated without discrimination. He regards oil as the best article to use in the treatment of spastic constipation. For a grown person from thirteen and a-half to seventeen fluid ounces should be given as an enema, the patient lying on his back with a stiff cushion, from eight to ten inches high, under the pelvis. The oil should be warmed and allowed to flow into the bowel slowly at slight pressure.

Professor Fleischer does not expect a single enema of oil to suffice, but has it repeated on several succeeding days. Sometimes the oil acts upon the cæcum the second day, but more frequently not until the third day or later. This maximum having been reached, the oil enemas need no longer be used daily, and the quantity of oil used may be reduced to one-half.

The quality and chemical preparation of the oils are so varied that care must be taken to make use of as pure and clean an oil as possible. Either pure olive oil or poppy or sesame oil may be used.

The action of the oil on the large bowel may be briefly summed up:

1. Softening and loosening the fæces.
2. Quieting and non-irritating, but after a long stay in the bowel,
3. Exerting peristalsis and evacuation.
4. Preventing absorption.—*Therapeutic Gazette.*

SURGERY.

Thiol.—In skin troubles the powder is used as an absorbent upon moist surfaces. It may be beneficially spread upon the surface in acute eczema, in cases where vesicles have ruptured and discharged their contents, or where, as sometimes happens, the epidermis has been rapidly exfoliated, leaving exposed a raw and exuding corium. After the bullæ have been opened or have spontaneously ruptured, thiol forms a good dressing in pemphigus. In the erythematous and bullous varieties of burns, thiol also constitutes a good dressing, relieving the heat of the surface in the former, and taking up the discharge in the latter form. Thiol-powder is a good local application in erysipelas, especially in those cases where vesicles or bullæ develop. This itching and burning of erythema multiforme are alleviated by sprinkling the surface with thiol-powder. A ten per cent. watery solution of thiol painted twice daily upon the affected surface has been found very useful in herpes zoster by Professor Schwimmer. The same authority reports especially good results in dermatitis herpetiformis from the use of a ten per cent. solution of thiol. The solution has likewise proved effective in the treatment of papular and pustular eczema, acne and rosacea.—Shoemaker, *Medical Bulletin.*

The Radical Cure of Hernia by Implantation of Bone.—Thiriar, in *Le Mercredi Médical*, May 24th, 1893, describes his method of radical cure for hernia by the implantation of a decalcified plate of bone. After carefully isolating the sac to above the internal ring, he then ligates and resects it. On being released the stump disappears within the abdomen. Between the peritoneum and abdominal wall a plate of decalcified bone is inserted; this is well held in place by the sutures which pass through the edges of the orifice and unite the pillars. The size of this plate is larger than that of the opening, and varies from three to five centimetres long, the same in breadth, and eight to twelve millimetres in thickness. The canal is sutured shut with catgut, and then the skin drainage being put in if desired. The author states that he has practised the operation twenty-five times in the past eight months, and as yet has had no relapses, and this notwithstanding he has done

it in the worst of cases. In one of his earlier cases the plate was discharged in fifteen days, having been reduced about one third in size. The patient, nevertheless, was cured, and remains so. The author claims that as the plate disappears, it is gradually replaced by cicatricial or strong fibrous tissue that effectually plugs the opening and prevents recurrence. – *University Med. Magazine.*

Cases Showing Power of Lysol as an Antiseptic.—Case 1. I. J. W., a switchman, had his left hand caught in the draw bars and completely crushed, requiring amputation of a part of the hand. Being desirous to save all of the hand that could possibly be saved, I was guided by the bone injury rather than the contusion to the soft part. The shattered fragments of the little and ring fingers were removed, together with about one half of their corresponding metacarpal bones, and the soft parts made to cover the wound as far as possible in their bruised condition, the whole being washed with ten per cent. solution of lysol, and dressed with gauze saturated in a twenty per cent. solution of the same. This dressing was allowed to remain nine days, and when removed the parts were found to be perfectly aseptic, notwithstanding the extensive necrosis of the contused soft parts, which was dry and hard even up to the time of separation from the living tissue. The dressing was renewed, and the hand dressed each alternate day until the patient was discharged with good use of the remainder of his hand, thus enabling him to resume his occupation.

I have had equally good results in burns where there was deep destruction of tissue.

Case 2 Was called by a brother physician to see Mrs. B., who gave a history of miscarriage at three months, some five days previous. Upon examination found temperature 104 F., pulse 120, and considerable delirium, while the discharge from the vagina was extremely offensive. With a dull currette we removed a considerable quantity of placental tissue, irrigated the uterus with a ten per cent. solution of lysol, and then, with an applicator wrapped with absorbent cotton, we swabbed the interior of the uterus with

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lysol, full strength; the temperature dropped to normal in two days, and the patient made an uninterrupted recovery.—E. P. MURDOCH, M.D., in *The American Therapist.*

Tuberculosis of the Prostate.—Marmedel concludes that one-third of all cases of tuberculosis of the prostate develop insidiously. In the remaining cases the first symptoms are those of vesical and prostate catarrh.

Later there is purulent flow, sometimes spermatorrhœa, bloody diarrhœa, and abscess formation. The disease rarely appears in the prostate alone, the bladder, seminal vesicles and testicles also being involved.

The treatment should consist of intravesical injections of iodoform, later of perineal incisions of abscesses and even of prostatotomy.—*Therapeutic Gazette.*

Drainage of Empyæma.—"As to drainage, though in some cases where the chest is very full of fluid, the intercostal spaces may be widened and bulging, yet often this is not so, and the ribs are so close together that it is difficult to get a tube into the chest, and when inserted it is liable to be nipped by presence of the ribs. In such cases the ribs should be pushed apart with dressing forceps, and a rigid tube, such as a silver or vulcanite tracheotomy tube, employed."

Though the above is sanctioned by such experienced authorities as Ashby and Wright (page 225, "Diseases of Children," 2d Ed.), I cannot allow several of their statements to go unchallenged.

In a personal experience, which comprises at least a hundred cases of empyæma in children (including four, in which both sides were involved), I have not found the difficulty referred to above in inserting the tubes because of the close approximation of the ribs. It is true my cases were nearly all acute, that is, of not longer duration than six weeks to two months. I have repeatedly demonstrated the fact that a rubber tube of the diameter of three-eighths to one-half inch could readily be introduced in the eighth intercostal space posteriorly on a line with the angle of the scapula, in a child eleven months old.

A rigid tube of metal or hard rubber is not

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necessary. Though the rubber may be nipped at first, it will be found that in a very short time the bone in the immediate vicinity will be absorbed and a groove be formed, in which the drainage tube rests without its calibre being infringed in any way. The process is similar to the erosion of the bone, caused by the presence of an aneurism in close proximity.

Later on, as the ribs become more closely approximated, bony offshoots will be thrown off on either side of the sinus and the tract passes through an osseous ring. Numerous cases of this character are reported in literature, and I have met with the condition in several cases of resection of ribs for the closure of a sinus in chronic empyæma in which incision and drainage had been resorted to months before.—F. Huber, M.D., in *Archives of Pediatrics.*

Occlusion of Steno's Duct by Salivary Calculi — Operation and Cure. —John A. Wyeth (*Med. Rec.*) reports the patient, a female, aged six years, had a large painful tumour on the right cheek, which greatly disfigured her face. Careful palpation under chloroform did not detach any calculi, and suspecting a lymphangidma, the tumour was incised from the outside. Five spherical calculi, varying in diameter from one-sixteenth to one-eight of an inch, were found blocked in Steno's duct. This was incised and the stones removed. The external wound was carefully united by silk sutures, and an exit for the saliva established through the mucous membrane. The patient made a perfect recovery.

The second case was a boy, who as sequelæ of scarlet fever had an occlusion of Steno's duct by stricture and salivary fistula beneath the ear. The stricture was found by dissection, the duct divided just at the proximal side of the obstruction, and the end carried into the mouth and stitched to the mucous membrane of the buccal wall. In this case the flow of saliva into the mouth was reestablished, and the fistula closed by freshening the edges and sutured.—*Archives of Pediatrics.*

Eczema in Infant.—G. R., a well-nourished boy baby of six months was brought to me on

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October 6, 1890, for advice in regard to an eruption upon the palms and soles, which began during the summer months preceding, and remained more or less constant up to the time of observation. The baby's health was very good, he received only the breast, and the bowels were regular. The mother was well and her functions were all regularly performed.

The mother stated that at times there would be a little irritation about the buttocks and anus, but not enough to give any trouble.

Upon the palms and soles and along the sides of the feet were peculiar circular rings of eruption, and here and there little patches covered with adherent crusts, the skin between was healthy. The eruption disappeared in a very short time under the use of the following ointment:

℞ Acidi carbolici..... gr. ii.
Bismuth subnit..... ʒss.
Unguent. hydrarg. ammoniat... ʒss.
Unguent. aquæ rosæ .....ad ʒi.
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—L. D. BULKLEY, in *Archives of Pediatrics.*

Burns.—A doctor who had the painful task of dressing some of the wounds caused by the late dreadful fire in the Cold Storage building on the World's Fair grounds, has this to say about the treatment of burns in general:

"Burns are always painful, but the most painful ones are not the most dangerous. A circumscribed deep burn is less dangerous than a superficial burn covering an extensive surface. The rule in burns and scalds is to exclude the air as soon as possible. This is generally more readily accomplished by wrapping the burned part with gauze or cotton soaked in oil. Cloths wrung out of a solution of 'baking soda' or boric acid are said to relieve the pain promptly. A dressing of flour can usually be obtained at once, and answers as a temporary dressing.

"The dressing should be allowed to remain on as long as possible. All blisters should be pricked and their fluid contents allowed to escape. Burned fingers should not be allowed to touch each other.

"In the treatment of any burn the utmost cleanliness should be observed. Maturation from burns is no more necessary than from any other wound.

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They should be dressed antiseptically. This can be easily accomplished by having the oil used, slightly carbolized. Carbolized or iodoform or bichloride gauze should be used." *Pacific Record.*

Separation of the Lower Femoral Epiphysis.—Mayo Robson (*Annals of Surgery*, vol. xviii., No. 1, July, 1893), after referring to the scant attention paid to this subject in the text-books, gives cases to illustrate this condition. Extreme direct violence is usually the cause. The displacement depends on the direction of the violence, but also on the attachment or otherwise of the gastrocnemius tendon to the lower end of the upper fragment. The shortening, the projection of the lower end of the diaphysis in the popliteal space, the displacement of the epiphysis on to the front of the femur, and the interference with the circulation, together with the cause of the injury and the age of the patient, form a group of symptoms pathognomonic of this fracture. Robson advises first reduction under an anæsthetic, which might be facilitated by division of the tendo Achillis, after reduction, either the long splint with weight and pulley or the double inclined plane might be employed. Should reduction be impossible, then excision might be practised; but if the large vessels be ruptured or gangrene occur amputation is the only resource. —*British Medical Journal.*

MIDWIFERY.

The Treatment of Post-Partum Hemorrhage.—Herman (*Revue Médico-Chirurgicale des Maladies des Femmes*, Aug. 15, 1893) states that compression of the vessels is the most rational means of arresting post partum hemorrhage As preventative means the following considerations should be borne in mind: To render assistance if the uterus is inactive; to pay most minute attention to the details of the third portion of delivery. As treatment he advises massage of the uterus, with the hand placed upon the abdomen. If this is not successful, the introduction of the hand into the uterus to prove conclusively that it is perfectly empty. Finally, injections of hot water within the uterine cavity. If these means fail, persistent bimanual compression of the uterus should be

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made, assisted in its action by putting the infant to the breast. Injections of iron solution are dangerous, because they may cause death by distention of the uterus, peritonitis, or septicæmia. The introduction of iodoform gauze is not without its disadvantages; sometimes it is a means of allowing air to enter the veins, and it always prevents normal contraction of the uterus.—*College and Clinical Record.*

Shoulder Presentation in Primipara with Case.—On the 13th of November last, I was called in great haste to see Miss E. When I arrived I found two physicians in attendance. On examination the head of the child was resting in the left sacral iliac junction with the right arm and hand prolapsed at the vulva. Impaction strong; the mother badly prostrated and weak. She had been in labour about twenty hours, under care and guidance of a midwife. Her physicians had been unable to return the arm or turn the child, deliver and relieve the woman. The child was dead. The womb had long since been drained of its waters and contracted closely about the body of the child, which rendered it impracticable to return the arm bring down the feet and deliver the child without great danger of uterine laceration or fatal contusion of the parts of the mother, and of failure to succeed in effecting the version. A fourth physician came to our assistance. The woman was so weak and prostrated that we decided that the only mode of procedure left us was to amputate the arm, eviscerate the chest and abdomen, then deliver. After the surgical operation of amputating the arm, eviscerating the chest and abdomen of the child, the two practitioners first in charge of the case returned to their homes to get other instruments. The woman's strength had failed to an alarming extent, and it began to look like she certainly would die without relief, for we had done everything to sustain her strength in the way of giving her spirits vini gallici. We then gave her fluid extract of ergot in teaspoonful doses every thirty minutes, and after taking the third dose her pains grew stronger, at which time another practitioner came to our assistance, and by the use of the blunt hook we delivered her of the remains of a male child. The mother, after protracted cardiac trouble, made

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a fair recovery.—Jas. C. Pearson, in *Medical and Surgical Reporter.*

Personals.

Dr. Olmsted has resigned the medical superintendence of Hamilton General Hospital, to go on the staff of University of Pennsylvania.

Dr. Bergin, M.P., representative on the Medical Council for the St. Lawrence and Eastern Division, having sufficiently recovered from his late illness, spent a few days in Toronto last week.

Frank S. Parsons, M.D., now occupies the editorial chair of the *Times and Register, vice* William F. Waugh, M.D., who has so long and so ably conducted this paper. Dr. Waugh still retains his connection as manager.

Miscellaneous.

J. A. Brien, M.D., of St. Alexander, Canada, says: "I have used antikamnia with the best results in cases of migraine, hemicrania and sleeplessness. It is a benediction for those suffering with habitual headache."

Dr. W. E. Pratt, of Buckingham, C.H., Va., writes:—"I give aloin with antikamnia when there is constipation or inaction of the liver. Ergot in combination with antikamnia in menorrhagia, has relieved promptly."

Never give stimulants in a case of profuse hæmorrhage. The faint feeling, or irresistible inclination to lie down, is nature's own method of circumventing the danger, by quieting the circulation and lessening the expulsive force of the heart, thus favouring the formation of clot at the site of injury. —*Clinique.*

Chronic Endometritis: Cured by Iatrol.—Dr. C. S. Parkhill writes: "It gives me great pleasure to report the very favourable results

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obtained by me from the use of iatrol in chronic endometritis of the os, with granulations, attended with bleeding on touch, and albuminous discharge. My treatment was as follows:

"First wiped out with absorbent cotton until hemorrhage ceased, and albuminous discharge was removed. I then applied iatrol with a powder-blower, directed the use of a hot douche, night and morning, and a tampon of equal parts boroglyceride (C.P. Co.) and glycerine, each night. Tampon was removed each morning and nothing used during the day. This treatment was employed twice a week and resulted in a surprisingly quick cure. I have also used iatrol in indolent ulcers on leg with much success. I have found iatrol superior in its results to aristol and consider it the best antiseptic dressing I have ever used."

Liebig says: "The vivifying agency of the blood must ever be considered to be the most important condition in the restoration of a disturbed equilibrium. The blood, therefore, must be constantly considered and kept in view as the ultimate and most powerful cause of a lasting vital resistance, as well in the diseased as in the normal portions of the body."

Purity of the blood is thus recognized by Liebig as a vital necessity, if it is to be able to vivify the body. Purity of the blood depends upon the due performance of those functions that furnish it with the proper material to replace those portions exhausted by use. Said material is supplied by the food taken, properly *assimilated* or digested.

Vegetables, including bread, enter most largely into the average diet of the human, and as this class of food contains a large amount of starch, it is of first importance that *all* this starch is converted from an insoluble, innutritious body to a soluble and nutritious one. As you well know, this is intended by nature to be accomplished by a peculiar ferment, *Ptyalin*, contained in the saliva, which has intense activity and if in a healthy state changes starch into sugar or maltose, which is always the result of starch hydrolyzed by either the ferment of the saliva or the pancreas. These sugar products are easily absorbed, and have

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besides important physiological significance. Schiff states that when the albumen of egg, or other insoluble food, was given to fasting animals, no digestion took place, as no pepsine was secreted; but if certain soluble foods were given at the same time, pepsine was produced and digestion took place.

Ptyalin, or Diastase, is readily absorbed and diffused, and there are strong reasons for believing that it goes with the starchy food through the alimentary tract, to complete its action and expend its force, as is shown in the fæces after taking *Morse's* Diastase.

Mr. Hazen Morse, of International Bridge, Ontario, desires to hear from the profession regarding his preparations of malt, viz.: Diastase plain, Diastase with Essence of Pepsine, and Diastase Ferrated. These preparations are made from the finest Canada malt, four times more concentrated than the ordinary syrups of malt, yet of the density of ordinary fluid extracts, and containing diastase in a normal and highly active state, with very little maltose, and as digestive aids have no equal. Samples furnished upon application.

Obituary.

Dr. G. Niemeier, an old resident of the village of Neustadt, Ont., has died at the age of 72 years. He is a graduate of 1848 of the University of Wurgburg, Bavaria, and has practised medicine in Ontario for almost half a century.

Dr. T. A. Ferguson, who has been practising in Parkdale for a little over four years, died at his residence, Macdonell Avenue, on the 13th inst. He was the son of the late John Ferguson, of Her Majesty's Customs, Toronto, being born thirty-two years ago, in South Simcoe. He attended Upper Canada College and Toronto University for a time, but on account of ill-health he quit studying, and turned to commercial life. He returned to his first love, however, and graduated M.B. in Toronto University in 1889. He married two years ago, his widow and one child surviving him. He was an active church worker, a strong society man—belonging to many orders and a good Conservative. He was interred at Cookstown, on the 16th inst.

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