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THE CANADIAN PRACTITIONER

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Original Communications.

VAGINAL HYSTERECTOMY FOR CANCER OF THE UTERUS.

BY J. ALGERNON TEMPLE, M.D., M.R.C.S. ENG.,

Professor of Midwifery and Gynecology, Trinity
Medical College.

The treatment of this much-dreaded disease, by whatever plan adopted, is most unsatisfactory; the mortality is very large, and a very great proportion of them recur; so that any new plan of treatment ought to be hailed with delight by every surgeon who has the misfortune to come in contact with this most terrible disease. Pathology has not yet revealed to us its true nature, but I firmly believe some day some remedy will be discovered to cure this complaint. At present, there are two very opposite and distinct theories held in regard to its nature: one, that it is originally a local disease curable by early removal; the other, that it is a constitutional disease, and that local treatment avails but little if at all.

It is not my intention to enter into this much-disputed ground, suffice it to say that my own experience is, that the treatment of this malady, no matter what plan is pursued, is highly unsatisfactory. The treatments to-day in vogue are the knife, galvano-cautery, caustics and internal treatment. I do not doubt that here and there an isolated case has been cured

by some one or more of these combined methods. Still your patients, in spite of your best efforts, have gone from bad to worse, and finally died. I know of but two cases of cure in my own practice which are alive to-day, after a lapse of ten or twelve years after operation, and why these two cases? Simply because I was fortunate enough to see them early, and in operating to get beyond the *diseased tissue* into good sound tissue, and in this manner I removed the whole disease. But how difficult it is to know when you have got beyond the diseased limit into sound tissue, and yet how important this is, how careful we should be to thoroughly examine, not only the uterus, but the structures beyond the pelvis, the glands and everything in the immediate vicinity of the disease. This is the reason why high amputation of the cervix has frequently failed to do any benefit to the patient—the surgeon has not got beyond the disease. In this respect, complete removal of the whole organ offers a much better chance to the patient. The naked eye readily recognizes the disease *in situ*, but we have to depend on the touch for anything beyond. A recent valuable publication by Stratz, gives the following points as characteristic of cancer:

1. A slightly excoriated surface, rough to the touch and readily bleeding, sharply defined from the surrounding healthy tissue. The surface is granular, and of a yellowish red color.

2. A swollen dark red proliferation of one lip, extending into the external os, very readily

bleeding and sharply defined, slight yellowish discoloration, granular surface only at certain points.

3. Broad, pale, yellowish-red excoriation, sharply defined from surrounding mucous membrane, which is slightly inflamed at border, very faint granular appearance, whole surface bleeding readily. The whole of the malignant area is on a deeper level than the remaining part of the cervix. The border of the normal tissue is somewhat hard to the touch. The parts which he holds to be characteristic of cervical carcinoma are: (1) sharp definition at all points from the healthy tissues; (2) a difference in level between the diseased portion as a whole, and the healthy parts; (3) a slightly yellow color of the cancerous portions; (4) the appearance of yellowish-white, glistening, granular bodies over the whole or part of its surface.

In spite of all this, it is very difficult to say when you have really got beyond the diseased structure. Let me invite your attention to the various forms of treatment with their results, so as to compare them with the results of hysterectomy.

We all remember Mr. Clay's startling announcement a few years ago, that chian turpentine administered internally was a sure and certain remedy for cancer of the uterus. I tried the treatment faithfully in some twelve or fifteen cases, and not one recovered. I must, however, admit that it relieves pain, checks hemorrhages, and lessens the offensive discharges, but when I have said this I have said all I can in its favor.

Caustics of all sorts have been tried. I have tried them. I have never seen a single cure in any case. Offensive, broken down tissue has been removed, the patient made somewhat more comfortable, but the disease has gone on to its fatal issue. Lately I have used the milk of aveleg; it is no better than any other caustic.

Now, in regard to the cutting operations, when the disease has spread so extensively as to have involved the vagina to such an extent as to prevent the entire removal of the uterus, I am still in favor of an operation with the knife, the scissors, the sharp curette, and subsequently the thermo-cautery. Much good

can be done, a large quantity of putrid, offensive tissue can be removed, the patient made more comfortable to herself and friends, her life perhaps somewhat prolonged, but no cure will result. When the disease is seen early, and when the disease is limited to the cervix alone, high amputation offers a tolerably fair hope of success. *Baker's* operation—My own two cases, already recited, were thus operated on; but the difficulty is to know how far to cut, when you are beyond the diseased tissue. It is impossible to answer this with any certainty. You are operating entirely on chance that you have gone beyond the disease, and for this very reason, then, I think the whole uterus should in every possible instance be removed entirely, so as to give the woman the best possible hope of recovery.

Abdominal hysterectomy (*Freud's* operation) was resorted to for this very purpose, but the results have been so very fatal, that the operation is to-day absolutely abandoned as unwarrantable. We come now to consider the subject of my paper, viz., *Vaginal Hysterectomy and its Results*. My own personal experience in this operation is so limited that I do not pretend to speak with any authority on the subject; my reading, however, in this direction has been very extensive, and, for my own part, I am convinced that this operation above all others, in properly selected cases, offers the very best chances of cure.

The statistical reports of the results at present are not, I will admit, just as favorable as they ought to be, but still they are rapidly improving. The opponents of this operation will not admit that the death rate is improving. It is a new operation, or at least an old one revived, and deserves; I think, every encouragement and trial. Compare the reports of ovariectomy to-day with those of twenty years ago, and see the marvellous improvement. Who would have thought then that it would ever have reached its present stage of success? How many thousands of lives have been saved! And why should not vaginal hysterectomy reach the same stage of perfection? Almost every unfortunate woman the sufferer of cancer of the uterus dies. At present the average duration of life Simpson gives as two to two and a half years; Tebert, sixteen

months; West, fifteen months; Barker, three years and eight months. Then if this operation offers a minimum chance, I say she ought to have the benefit of it. I believe there is a great future in store for this operation, and those who to-day are denouncing it, will be forced ere long to recognize it as one of the legitimate operations in surgery.

In removing the whole uterus and appendages, we at least hope to have removed the whole disease. It does undoubtedly recur: the pelvic glands have become infected previous to operation, and it is of course a very difficult matter, in all cases, to detect this previous to operation.

In Fritsch's sixty cases, there had been no recurrence in two at the end of three years: in seven at the end of two years: in seven at the end of one year, and in three at the end of ten months (*Mundé*). Martin reports eight cases after hysterectomy without relapse, varying from two and one half to five years.

At the Berlin Clinic, of forty-six cases reported by Hofmeier, twenty-one were free from the disease one year after operation. While this does not show absolutely cure, yet I think it is as good showing as after amputation of the breast. At least the patient has had a time of comparative comfort. Another point, I think, is that even though the disease has returned, it has not been in the vagina, but in some one of the internal organs, and the patient has died a death free from pain in a great measure, and free from the terrible, offensive discharges and hemorrhages which make her almost unbearable to herself and friends. I think this question of recurrence will also greatly improve, because the operation will be done earlier, before the pelvic glands have become contaminated. The average death-rate, from all sources is about twenty-eight per cent. If, however, we take the report of individual operators the showing is better, thus: Martin, of Berlin, gives sixty cases, thirteen deaths, equal to 21.7 per cent. This question of percentage is very difficult at present to decide. One writer reports four cases and two deaths, and calls the death-rate fifty per cent., while another reports forty cases which have all recovered, and speaks of the percentage as next to nothing. I have seen it recorded as

low as eight per cent. and as high as sixty per cent. The first recorded case we have was done in 1820 by Dr. Blundell, of London, England: the operation fell into disuse, and we are indebted to the German surgeons for its revival, Schroeder particularly. I do not pretend for one moment to claim that all cases operated on will get well, or will not have the disease return again, but I believe at present it offers the best chance to the woman. For the operation to be successful the diagnosis requires to be made early, the vagina should not be involved to any great extent, the uterus should be perfectly movable and the broad ligaments and pelvic glands free from infection: with such a condition of affairs I shall in every case give my patient the benefit of the operation, and I think we can hold out a reasonable hope, if not of cure, at least of prolongation of life.

This operation is not confined entirely to malignant disease of the uterus, it has been done for proceridia uteri, fibrous tumors, dysmenorrhœa, neuralgia, convulsions, etc. I do not endorse all this, on the contrary, it appears to me so serious an operation that it should not be undertaken for some of the diseases I have here mentioned. Let me now invite your attention to the steps of the operation. The patient should previous to the operation have the bladder and rectum emptied. Placed under either ether or chloroform on her back in the lithotomy position, the hips well over the table and in a good light. Before commencing wash out the vagina well with a solution bichloride, so as to remove all mucous and disinfect the vagina. Having all the necessary instruments ready, transfix the cervix anterior lip with a good stout piece of ligature and leave a long loop, so as to give you a good command over the uterus in drawing it down. All things being ready, before you draw down the cervix, with the eye mark accurately the junction of the vagina with the cervix, because you wish to make just at this point the division of the vagina. I consider this step in the operation very important, because if traction is made on the cervix without locating the vaginal junction the natural position of the parts is displaced, and your first incision is very apt to be made too high up, and if so, you

are in great risk of wounding the bladder. I wish to draw the attention of operators particularly to this apparently trivial point, and yet one I think of great importance. With a pair of long-handled scissors now separate the vagina all round till the broad ligaments are reached, which are to be left undisturbed. This is a very important part of the operation. It enables you to draw down the uterus into the vagina much lower than you could prior to this step. The vulva must be kept open with a pair of lateral retractors. It is very important to keep close to the cervix anteriorly, as you very rapidly reach the bladder, and if not careful it may readily be opened. Another reason for this is to avoid the ureter, which enter the bladder just above the middle of the anterior vaginal wall. The wounding of this organ necessitates the removal of the kidney, which, of course, makes the operation a most serious undertaking, and the only way of avoiding this is to keep close to the cervix, proceed cautiously, using the finger to assist in separating the bladder from the anterior surface of the cervix. With your finger you can also detect the artery of the ureter which accompanies it. This dissection is not to be made at the lateral sides of the cervix at all, as you wish strictly to avoid the attachments of the broad ligaments. Very soon the finger will enter the peritoneal cavity in front, and you can feel the fundus of the uterus covered over by the smooth peritoneum. Having now detached the whole of the anterior portion, you proceed to do the same posteriorly. You again keep close to the cervix, so as to avoid wounding the rectum. Very soon you enter into Douglas' *cul de sac*, and the whole posterior surface of the body of the uterus can be felt. During this dissection you may have considerable, though not alarming, hemorrhage. Having completely separated the anterior and posterior attachments, some operators retrovert the uterus and bring down the fundus. This is not necessary; and another objection is, you cause the diseased cervix to enter into the peritoneal cavity. The next important part is the dividing of the broad ligaments and securing them against hemorrhage. Some operators do this by means of ligatures passed by the aid of a large curved needle armed with a long

strong ligature, including a small portion tying it and then dividing it; it is a long, tedious and slow process. The best method is to include the whole, or as much as possible, of the broad ligament in a long pair of snap forceps, by inserting one finger in front and another behind the broad ligament; you slip the forceps into position, carefully excluding the ureter, and then clasp them firmly; you now divide the broad ligament with the scissors, and if the whole of the ligament has not been included in the grasp of the first pair of forceps, you put on a second pair, and complete the division. The uterus thus being freed on one side from its lateral attachments, comes right out of the vulva, and you proceed to treat the opposite side in the same way, which is much more easily done. Having now removed the uterus, search must be made for any bleeding points, which ought at once to be secured. The cavity should be carefully sponged out; stitching of the peritoneum is quite unnecessary. It is now recommended to plug the vagina with iodoform gauze. I did so in my case, but I think it is unnecessary, and will not do so again; it is rather a hindrance to drainage, and gives the patient a good deal of pain removing it. The patient is to be put to bed and treated on ordinary principles. At the end of forty-eight hours it is recommended to remove the forceps; I think they might quite safely be removed in twenty four hours, still their presence in the vagina is no discomfort to the woman, and they form a most efficient drainage. The tissue included in the forceps subsequently sloughs. Vaginal douches may or may not be used. At the end of about four weeks the whole cavity has closed, and the patient can be allowed to get up a little each day.

I shall now briefly describe a case in which I have recently operated.

Mrs. R., aged fifty-six, mother of seven children, ceased menstruating at fifty-two, consulted Dr. Baines in July, 1888, complaining of hemorrhage and great pain in the region of the uterus, and having lost a great deal of flesh. On examination he found she had an exuberant fungous mass protruding from the cervix, bleeding readily on being touched, and breaking down easily under the finger. He diagnosed cancer. I might also say

the discharges were highly offensive. I saw her in consultation, and confirmed his diagnosis. Placing before the patient her probable chances of early death, and explaining to her fully the nature of the operation, and with her consent we decided on vaginal hysterectomy, which I performed on 6th August, the operation lasting thirty minutes. She lost very little blood at the operation and rallied well. In fifty hours I removed the four pairs of forceps I had used at the time of operation. The highest temperature reached was 101°. She made a good and uninterrupted recovery, and returned to her home four weeks after the operation. Up to the present time she is steadily improving in health, without any signs of the return of the disease. It now remains to be seen what will be the ultimate result.

As I have already stated, I do not claim a cure absolutely, but I do think her chances are better under her present condition than under any other operation I could have submitted her to. The disease was removed early, and I hope with the entire removal of the whole uterus that the whole disease has been removed.

191 Simcoe Street.

CERTAIN EYE SYMPTOMS OF INTRACRANIAL ORIGIN.

BY J. W. STIRLING, M.B. (EDIN.), ETC., MONTREAL,

Member of Ophthalmological Society of the United Kingdom, etc.

(Read before the Canadian Medical Association at Ottawa, September 12th, 1888.)

The subject of my paper has to do chiefly with that well-known, and perhaps rather threadbare, subject, the "Abnormal limitations of the field of vision, such as hemianopsia, hemiachromatopsia, scotomata." These limitations, in the light of some discoveries by Willbrand and others, are indeed of clinical importance to the general practitioner, as well as to the specialist, in helping to localize cerebral lesions. I purpose within the limits of a short paper to run over these investigations briefly, and illustrate them by some cases which have come under my notice. I may precede my notes by a *résumé* in brief of the anatomy of the visual tracts. The optic nerves proceeding backward from the orbit undergo partial decussation at

the chiasma, hence the fibres form the optic tracts which, continuing backwards, bend round the cerebral peduncles. So much for the gross anatomy—now as to the minute anatomy. At the chiasma the fibres from the two tracts so arrange themselves that the left tract supplies fibres to the left portion of each retina, and the right tract, the right portion of each retina; the fibres for the nasal portion of both retina occupying the anterior part of the chiasma, as has been evidenced by certain pathological lesions in this region.

1. The tracts at the anterior corpora quadrigemina give off the so-called spinal root which enters the medulla without the intervention of gray matter.

2. Certain fibres of origin come from the optic thalamus and anterior corpora quadrigemina, the corpora geniculata forming ganglia intercalated in the course of certain of the fibres.

3. Fibres from the tegmentum of the crus.

4. A broad band of fibres passes from the origin of the tract backwards to the occipital lobes and cuneus. It is called the optic radiation of Gratiolet, and leads to the psychoptic centre, which is located in the occipital lobes and cuneus.

Other connections of the tracts exist, too numerous to mention here; indeed Gratiolet goes so far as to affirm that they are connected with every convolution from the frontal to the occipital. Some fibres are ganglionic arising from the basal ganglia, and some cortical arising from the cortex, both uniting to form the tracts. As of import may be mentioned certain fibres which originate in the motor areas of one cerebral hemisphere, and cross in the corpus callosum, enter the outer capsule and join the tract directly.

Finally, it is assumed that both maculæ lutæ are connected with both cerebral hemispheres. . . .

Lesions of the optic nerve associated with monocular blindness and pupillary dilatation are not uncommon, but I will cite as an example of a class of these cases by no means common, the following:—

J. P., aged 45, seen March 12th, complains of loss of sight in left eye. About New Year he

slipped on the ice and fell, striking his forehead above the left orbit, was at that time treated for fracture of the skull. Three weeks later the vision began to fail, and has steadily got worse ever since, until now absolute blindness exists.

Examination revealed a deep depression over the left orbit at junction of inner and middle thirds, extending from the edge of the orbit one and a half inch upwards; deep palpation can also distinguish a depression in the roof of the orbit extending backwards in the direction of the optic foramen. Ophthalmoscope showed haziness of edges of disc, with beginning atrophic pallor.

These cases of fracture of the orbital bones extending into the optic foramen set up a retrobulbar neuritis followed by atrophy, or cause atrophy by pressure of exudation, etc.

Coming now to the chiasma as the seat of lesions, I will mention a case of the rare condition of paralysis of the inner halves of both retinae, which occurred during my appointment at the Royal Infirmary, Edinburgh. It was under the charge of Dr. G. A. Berry:

W., aged 23. Patient was nearly moribund at the time of examination, from some obscure nervous lesion. The poor vision of the patient and his depressed state prevented any very full examination, but the entire absence of the temporal halves of both fields of vision was very marked, *i.e.*, paralysis of the inner portions of both retinae. The patient died shortly after, when the *post-mortem* revealed a tumor the size of a small hen's egg occupying the position of the pituitary body and involving nearly the whole chiasma.

Another case I have now under treatment, of evident lesion at the chiasma:

W. J., age 42. Came to me in February complaining of poor vision in the right eye, and total blindness in the left eye. Sight began to fail in the left eye two years ago, for the past six months this eye has been totally blind, the right eye began to fail eighteen months ago, but for the past eight months there has been no change. No history of syphilis, but an alcoholic one. State:—

O. S. No p. l.

O. D. Temporal side of field wanting, nasal side, counts fingers at twelve feet. Here the

anterior portion of the chiasma is mainly affected together with the adjacent portion of the left tract or left nerve, very possibly by a gliomatous growth.

Cases of blindness of corresponding portions of both fields of vision are almost invariably associated with lesions in the optic tract, or cerebral centres in the occipital lobes. The distinguishing point of the one from the other being the condition of the pupillary reaction to light. For lesions in front of the anterior corpora quadrigemina are associated with dilatation and loss of the reaction of the pupil to light, as it is at the anterior corpora quadrigemina that the spinal root is given off to the reflex centre for contraction of the pupil, which is considered to be in the medulla. Lesions posterior to the anterior corpora quadrigemina, are associated with retention of the pupillary reflex and no mydriasis, although the patient may not have perception of light. The experiments of Curschmann, Haab and others, have conclusively proved the existence of a unilateral innervation centre for corresponding portions of both retinae. The lesions in pathological sections have been found to occupy the first, second and third occipital lobes, and the cuneus. The second and third being considered by Nothnagel to be mainly the seat of optic memory.

Munk excised the occipital lobes of one hemisphere of a dog, causing paralysis of the same side of the retina. On excising the occipital lobes of both hemispheres, although the animal was totally blind, yet the pupil reacted readily to light.

Schæfer has found that on excising all of the occipital lobes except the very lowermost layer, (in a monkey) that complete paralysis of the retina existed, except its lower portion, *i.e.*, only the upper part of the field of vision remained. Important aids in localising these lesions may be obtained by the collateral symptoms, *e.g.*, seat of pain, depression in skull, abnormal phenomena in areas supplied by other nerves, etc.

Willbrand has very ably drawn a number of inferences from the aggregate of symptoms observed in a large number of occipital lesions.

1. That in corresponding areas of the fields

of vision, the light sense can not be reduced without the perception of form and color also suffering.

2. That perception of form and color can be affected without the light sense suffering.

3. That the color sense may alone be affected, the other senses escaping.

4. That perception of form cannot be affected without the color sense also being affected.

Upon these data, he formulated the following theory:

1. The cortex cerebri of the psycho-optic centre in the occipital lobes is divisible into three superimposed layers, in the outermost of which resides the color sense, in the middle the sense of form, and in the innermost the sense of light.

2. Now as the fibres of Gratiolet run straight from the optic tract to the very periphery of the cortex cerebri, it is evident they must penetrate all these layers.

Now taking any one fibre, it is evident that a lesion in its course in the area of the innermost layer will prevent it functionizing in the middle or outer layer, or again a lesion of it in the middle layer will prevent it functionizing in the outer layer, although the inner escapes; and, lastly, the fibre may be affected in the outer layer alone.

Last winter I had an example of the color area alone being affected, a very rare condition.

W. K., age 30. Symptoms of G. P. of the insane.

Vn. $\frac{5}{8}$, pupils active.

Fundus normal.

Field for general Vn. free, but total color blindness existed on the left side of both fields, *i.e.*, the right occipital lobes were affected. There was also slight facial paresis of the left side, only noticeable on smiling. Patient complained of occasional occipital headaches.

The following is interesting, as being evidently of meningitic origin:

F. S., age 30. About a year ago while skating he fell and struck the back of his head, five days later severe meningitis set in. He was unconscious for four weeks, and on recovering consciousness was completely blind; but since this sight has been gradually returning. Patient has still occasional severe occipital headaches.

Examination shows only pallor of right disc, and vessels rather diminished.

Vn. L. E. Jaeger 16 $\frac{5}{8}$.

R. E., fingers 10 feet.

Both fields limited concentrically, the right most markedly, and wanting entirely to the left and downwards. Pupils react readily to light. The irregularity of fields, reaction of pupils, and seat of pain, point to the occipital region as the seat of the lesion. I have not heard for some little time from this patient, but it is likely the field continued to improve as long as the meningitic exudation kept on absorbing.

In conclusion, I think these few notes may be of service to the general practitioner in helping him to localize cerebral lesions, by studying the field of vision, which can be approximately done without any special instrument. To recapitulate:

1. Are corresponding areas of both fields affected? If so the lesion is behind the chiasma, in the tract or occipital region. If corresponding areas not affected, then the lesion is in the chiasma, nerve, or eye itself.

2. Is the pupillary reaction to light lost? If it is and the pupil dilated, the lesion is anterior to the anterior corpora quadrigemina. If it is retained, the lesion is behind the corpora quadrigemina.

873 Dorchester Street.

SUPRAPUBIC LITHOTOMY.

BY K. N. FENWICK, M.A., M.D., KINGSTON,

Professor of Obstetrics, Royal Medical College.

As this subject is at present exciting considerable attention, the following successful case may be of interest to the profession:

T. S., aged 47, suffered for the past ten years from irritability of the bladder, sudden arrest of micturition, and occasional hæmaturia. He had been treated medicinally for several years, but a correct diagnosis had never been made.

When he consulted me in April last, a careful examination, by means of the sound, discovered a stone. I advised an early operation, and decided upon the suprapubic method.

On April 16th, assisted by Dr. Dupuis, the

patient was placed under ether, the bladder emptied of urine and injected with a warm solution of boracic acid. The largest size Barnes' dilator was inserted in the rectum and distended with warm water.

An incision was made over the hypogastric region about three inches long, reaching to the pubes, when the distended bladder came into view. To make sure of the incision into the bladder, I passed a No. 16 sound without allowing any of the boracic solution to escape, and cut down on the point of the instrument.

A silk ligature was then passed through the upper edge of this bladder wound, to prevent the bladder receding during the subsequent steps of the operation.

The sound was then withdrawn, the bladder wound enlarged, and the stone, which turned out to be an oval mulberry calculus about one inch long, was removed from the bladder by the finger. The bladder wound was then stitched closely with continuous catgut suture. The abdominal was also closed with continuous catgut suture, except at the lower part, where a small rubber drainage tube was inserted, but this was afterwards found to be useless, and was removed on the third day.

A soft rubber hose catheter was inserted in the bladder through the urethra, tied in and not removed until the eighth day. Strict antiseptic precautions were carried out during the operation, and the wound dressed antiseptically as after a laparotomy.

The urine was bloody for several days, but the patient never had any elevation of temperature, while the pulse kept normal, and the wound healed completely without a sign of pus. A few weeks afterwards he returned to his occupation, and expressed himself as feeling better than he had for fifteen years past, and to-day he is in excellent health.

While most of the authorities advise the bladder wound to be left open, and even a drainage tube to be inserted in the bladder to allow the urine to drain away, I thought that as Sir Wm. McCormack, in his cases of laparotomy for ruptured bladder, had stitched the bladder wound and closed the abdominal wound, the same treatment ought to hold good in suprapubic lithotomy.

SEVERE BICYCLE ACCIDENT—PERITONITIS HÆMATURIA—RECOVERY.

BY J. J. CASSIDY, M.D.

Having recently read, in the daily papers, of a fatal accident to a young man, caused by falling from his bicycle, I have thought that the report of the following case would be interesting to the readers of the PRACTITIONER.

June 8, 1888, 8 a.m. Saw A. M., aged 25. The patient was in bed at his lodgings and was suffering from shock; pulse irregular, surface of body cool. He informed me that while alighting from his bicycle, about an hour previous, his left foot had caught in one of the pedals of the wheel, and he had been thrown forward on the road. The parts of his body, which struck against the macadamized road were the umbilical and right lumbar regions. So severe was the shock that he could not speak and was unable to rise. Some bystanders helped him over to the sidewalk, where he remained for about a quarter of an hour. He subsequently endeavored to reach his lodgings, taking his bicycle with him, but looked so ill that an acquaintance took charge of the bicycle, while A. M. struggled on on foot, and finally reached his lodgings, which were about a mile from the spot where he had fallen.

I ordered complete rest in the recumbent posture, and prescribed morphine gr. $\frac{1}{4}$ every four hours.

June 8th, 8 p.m. The patient, who had recovered from the shock, passed a considerable quantity of bloody urine. No pain in the region of the bladder, tenderness in the right lumbar region.

June 9th, 10 a.m. Temperature, 100° ; pulse, 100. Abdomen tympanitic and tender. The patient's mother arrived and began to nurse him. Milk diet. 6 p.m. Urine quite bloody—patient urinates twice a day. Treatment continued.

June 10th, 10 a.m. Temperature, 103° ; pulse, 129. Urine very bloody. Added to diet 4 oz. whisky per diem. 9 p.m. Temperature, $101\frac{3}{4}^{\circ}$; pulse, 129. Complains of great distension of abdomen.

June 11th, 12 noon. Temperature, $100\frac{1}{2}^{\circ}$;

pulse, 115. Urine is not so bloody as it has been, but, as before, after settling throws down a marked red deposit. 9 p.m. Temperature, $100\frac{1}{4}^{\circ}$; pulse, 119.

June 12th, 10 a.m. Temperature, $101\frac{1}{4}^{\circ}$; pulse, 119. The patient being unable to urinate, I passed a large silver catheter and withdrew about a pint of dark-colored urine.

June 12th, 6 p.m. Patient voided some dark-colored urine. Abdomen is not so tense, and patient can breathe more freely.

June 13th, 11 a.m. Temperature, $100\frac{1}{4}^{\circ}$; pulse, 113. Passed catheter—a small clot was washed out with the urine. 9 p.m. Temperature, $100\frac{1}{2}^{\circ}$; pulse, 119. Passed catheter—small blood clots continued to escape. Treatment continued.

June 14th, 10.45 a.m. Temperature, 100° ; pulse, 112. 8.30 p.m. Temperature, $100\frac{1}{2}^{\circ}$; pulse, 117;

June 15th, 10.30 a.m. Temperature, 100° ; pulse, 107. 8.15 p.m. Temperature, $101\frac{1}{2}^{\circ}$; pulse, 108. The urine still contains blood, and the catheter is required.

June 16th, 10.50 a.m. Temperature, 99° ; pulse, 100. 8.45 p.m. Temperature, $99\frac{3}{4}^{\circ}$; pulse, 99.

June 17th, 10.15 a.m. Temperature, $98\frac{3}{4}^{\circ}$; pulse 89. 8 p.m. Temperature, $99\frac{1}{4}^{\circ}$; pulse, 88. I ordered the morphine to be discontinued, the whisky was also stopped and the patient confined to a milk diet. The abdomen is beginning to assume its natural contour.

June 18th, 10.30 a.m. Temperature, $99\frac{1}{4}^{\circ}$; pulse, 95. Gave an enema—bowels moved. 9 p.m. Temperature, $98\frac{3}{4}^{\circ}$; pulse, 97. Patient has had several motions.

June 19th, 10.30, a.m. Temperature, $99\frac{1}{4}^{\circ}$; pulse, 97. As the urine still contained blood, I ordered one grain of acetate of lead, and gr. $\frac{1}{2}$ of morphine three times a day.

June 20th, 11 a.m. Temperature, $98\frac{3}{4}^{\circ}$; pulse, 95. Urine is not so deeply red as it was yesterday.

July 21st, 11.15 a.m. Temperature, $98\frac{1}{2}^{\circ}$; pulse, 95. Urine still bloody.

June 22nd, 10.30 a.m. The urine is much clearer.

June 23rd, 11 a.m. Temperature, $101\frac{3}{4}^{\circ}$; pulse, 117. The cause of this increase of tem-

perature was not evident. I stopped the acetate of lead and morphine. Gave an enema, and ordered gr. 15 quinine to be given in three doses of five grains each, one every four hours.

June 24th, 10.30 a.m. Temperature, $98\frac{1}{2}^{\circ}$; pulse, 90; quinine, grs. 8 per diem.

June 25th, 10.15 a.m. Temperature, $98\frac{1}{2}^{\circ}$; pulse, 87. The abdomen is now natural in appearance and is not tender.

July 2nd. The patient continues to improve; temperature, 98° ; pulse, 95. The pulse was taken in the sitting posture in bed. Four grains of quinine per diem.

July 11th. He was carried down stairs, placed in the city ambulance and sent home *via* Grimsby, per steamer *Greyhound*.

July 13th. I received the following postal card:—

“July 12th, 1888.

“Dear Sir,—Arrived home all O. K. Stood the racket much better than expected. Have commenced the slaughter on poultry—suppose I will crow shortly.

“Yours truly,

“A. M.”

The following points in this case are worthy of observation:—

1. The long continuance of hæmaturia, together with tenderness in the region of the right kidney, indicated a ruptured kidney.

2. The fact that the patient was able to walk a mile after so severe an injury is noteworthy.

3. Morphine in gr. $\frac{1}{4}$ doses every four hours, rest, milk diet, and 4 ounces of whisky per diem were sufficient to master an attack of acute peritonitis.

4. Acetate of lead acted well in checking hæmaturia.

5. The air in the patient's lodgings was bad. A wholesale fruiterer occupied the ground floor, a harnessmaker the second floor, while the patient lay in a room on the third floor. The back yard was covered with a large quantity of decaying horse manure. The unsanitary condition of the flat in which the patient lay, may be surmised from the fact, that last March I treated three persons for diphtheria, who occupied rooms, adjacent to the one used by A. M. Fortunately for him, the weather, during his

illness, being very warm, the windows were kept open day and night. Still it is quite possible, that air, laden with decaying vegetable matter, was responsible for the rise in temperature on June 23rd.

119 Church Street.

THE OFFICIAL GERMAN ACCOUNT OF THE ILLNESS OF THE LATE EMPEROR FREDERICK III.

ANNOTATIONS BY

G. STERLING RYERSON, M.D., L.R.C.S., EDIN.,

Professor of Ophthalmology, etc., in Trinity Medical
College, Toronto.

In the September number of the PRACTITIONER I criticised this official pamphlet. I will now endeavor to translate and extract from this mass of verbiage the clinical history of the case.

The first "Bericht," or report, is that of Dr. Gerhardt. He states that the late Emperor consulted him first on the 6th of March, 1887, when he made a laryngoscopic examination, and found at the edge of the left vocal chord, near its middle, a small growth of irregular shape. It was visible during inspiration, and on production of sound also showed itself between the chords. It appears that the Prince had been hoarse since January. The diagnosis made was polypoid vegetation. Dr. Gerhardt attempted to remove it with cutting forceps, but failed. Then galvano-cautery was used. The cauterization was severe, so much so that it was decided to give the august patient an absolute rest from treatment. Accordingly he was sent to Ems. About this time Dr. Gerhardt began to be suspicious of malignancy. His Imperial Highness returned to Potsdam, May 15th. His hoarseness was worse than ever, and the growth had increased in size. The entire interior of the larynx was reddened. The left vocal chord did not act promptly, nor was its excision as great as the other. Prof. Von Bergmann was then called in consultation. After examination, he proposed immediate laryngotomy, on account of its possible malignancy.

After further consultation, it was decided that a laryngologist should be called in. The attendants hitherto had been general practitioners, or surgeons. Several names were mentioned, among others that of Mackenzie. In the meantime Prof. Tobold had been called in. He examined throat, and by a process of *exclusion* decided that it must be a malignant growth. All preparations were made for the laryngotomy. Mackenzie arrived on the 20th May. He examined the larynx carefully, and immediately declared that he did not consider it cancer, as the entire appearance was not that of cancer. He expressed himself as opposed to such a serious operation as laryngotomy *as long as the microscope failed to show the malignant nature of the growth*. All agreed to this postponement. On the 21st Mackenzie removed a small piece of tissue, which was submitted to Virchow, who stated that it was an irritative growth, and contained but a single nest of concentrated epithelial cells. It was then claimed by the Germans that the portion submitted to Virchow was not a portion of the tissue itself. So on the 23rd, another piece was removed. Gerhardt then accused Mackenzie of injuring the right chord with his forceps, and states that from that time the august patient was speechless until some time during his visit to England. On June 8th further pieces were removed. Virchow declared them to be papillary growths, combined with epithelium, pachydermia verrucosa. Still Von Bergmann insisted that it was epithelioma, and advised thyrotomy.

Much space is taken up in the report with defending this view. The Germans declare that about this time they had lost all confidence in Mackenzie—1st, on account of his uncertainty in the manipulations in the larynx (*sic*); 2nd, through his unscientific and arbitrary theory, giving no credit to Virchow; 3rd, on account of the way the press treated the German physicians after Mackenzie's arrival in Berlin. Really the report is most tiresome reading. Perpetual wrangling is the prevalent tone. Gerhardt then goes on to deny that it is possible by irritation to change the character of the growth. It is stated that the Germans were quite unprepared for the news that Mackenzie intended to take

the Prince to the Isle of Wight. However, he succeeded in his nefarious (from a German standpoint) design, and was accompanied by Dr. Landgraf, who was sent to report proceedings to the German surgeons left behind in Berlin. Landgraf desired Mackenzie to submit any proposed change of treatment to Dr. Wagner before it was carried out, but this he refused to do. Then comes the celebrated trip to Italy; the events at San Remo; the difficulties with the canula after tracheotomy; the great consultation with Schrötter, Schmidt, Kussmaul, etc., and the Prince is told that he must die.

Finally, on Friday the 15th June, the end comes, and next day the *post-mortem* was held, the result of which may be briefly stated thus:

Cancerous destruction of the larynx with secondary infiltration of the lymph glands on the left side. A cutaneous outgrowth on the right side near the wound. Pharynx unaffected. Extensive destruction of the upper portion of the windpipe and its neighborhood. Numerous bronchiectases with putrid contents. Broncho-pneumonia with gangrenous points.

FROM THE "TORONTO MAIL," OCT. 13, 1888.

Dr. Mackenzie's history of the case of the late Emperor Frederick contains twenty one illustrations, showing the condition of the Emperor's larynx at different periods, pictures of the various canula used in the later stages of the case, the measurements made by Dr. Hovell with a view of proving the position of the tracheotomy wound, and lesions which are alleged to have followed the attempts of Prof. Bergmann to push the canula into the windpipe. Sir Morell Mackenzie deals solely with the medical aspects of the case, without touching on political questions. He denies the allegation that he deceived his Majesty as to his condition, and states that he can bring forward unimpeachable proof of this assertion. With regard to the charge made against him by Prof. Gerhardt, of having wounded the right vocal chord in his second operation, Sir Morell points out that such an accident is almost impossible with his forceps. He has never known it to occur even to beginners, and as a matter of

fact, in the case of Emperor Frederick, there was no objective signs of such an injury having been inflicted, nor did the august patient afterwards complain of any pain or discomfort, such as he must have felt if the supposed wound had had any existence outside of Prof. Gerhardt's imagination. Prof. Gerhardt's fruitless cauterizations on so many consecutive days are condemned in the strongest terms as utterly unexampled in medical practice, and as being likely to irritate the disease, if originally benign, into malignancy. Interesting details are given as to the heroic fortitude with which the Prince received what was in fact a sentence, not only of death, but prolonged suffering at San Remo. Amusing sketches are also given of the attitude of the various physicians who took part in the consultation. On that occasion, Dr. Schmidt, so far from thinking that the case was one of cancer running a normal course, maintained in opposition to all others that the disease was specific, a notion which Prof. Schrötter characterized as an old wife's tale. Notwithstanding this, Dr. Schmidt took an early opportunity of expressing the same opinion in a public lecture at Frankfort, an indiscretion which caused the greatest annoyance to the Prince. The statistical portion of the book exhibits the results of twenty-two cases of thyrotomy for cancer, only two of which were successful; of thirty-five cases of partial excision of the larynx, only one of which was successful, and of one hundred and thirty-eight cases of total extirpation, only eight of which were successful.

Dr. Mackenzie states that after the Emperor's death an attempt was made to entrap him into a false position, and it was therefore stated that no *post-mortem* examination should be made. Dr. Mackenzie was urged to write his opinion as to the nature of the disease, doubtless in the hope that, thinking himself safe from exposure, he would answer ambiguously, but he disconcerted his enemies by declaring the disease cancer of the larynx.

60 College Avenue.

TUBERCULOSIS.—The demonstration of tubercle bacilli is decisive, for they occur in the sputa of no other disease.—(Eichorst.)

A CASE OF PROGRESSIVE MUSCULAR ATROPHY,

In Toronto General Hospital, under the Care of

A. M'PHERAN, M. B.,

Lecturer in Clinical Medicine, University of Toronto.

(Reported by Mr. J. B. GAMBLE, Clinical Clerk.)

A. G., aged 31, admitted to the hospital September 24th. His family and personal histories are both good. He was a merchant in a village; failed last April, losing all he possessed. This caused him much distress. In June, he went to Grasse's Point, on Lake Simcoe, and built a small house, in the construction of which he worked very hard. At night he frequently slept on the ground with nothing but a buffalo robe round him—he suffered from cold and dampness. Owing to his mental worry he was often very sleepless, for which he drank large quantities of whisky.

Towards the latter part of July, he noticed that his right hand became unsteady, particularly when lifting or carrying. The two middle fingers of this hand became somewhat stiff. Hands tired easily, especially the right. In the beginning of August he noticed that he had difficulty in reaching for things on high shelves, though he could use his arms fairly well at lower positions. He found some difficulty in buttoning his clothes; had some pain in arms and hands; sometimes the shoulders felt stiff. His arms gradually became worse till the latter part of August, since which there has been little change. His arms were never large, and therefore he did not notice any wasting.

Present condition.—Arms are almost completely helpless; when patient stands they hang laxly at his side, and he is unable to lift them; he can use his hands to a certain extent; they show a sluggish circulation. On examination, muscles of hands have a flabby feeling, though they are not apparently atrophied, except in metacarpal spaces posteriorly. Muscles on back of forearms are greatly wasted and completely powerless, so that fingers cannot be extended. Flexors are only slightly affected, grip fair, pronation and supination poor. The triceps are much wasted, but still have some power; the biceps greatly wasted and almost powerless;

the deltoids completely atrophied and quite powerless, as are also the infraspinati; the supraspinati are much wasted; the trapezius, pectoralis major, and muscles of the spine are little, if at all, affected. In all these muscles, except those completely atrophied, mechanical irritability is much increased, light taps on them causing marked contraction of the fibres struck. Spontaneous fibrillary contractions are also present in most of them, especially the pectoral muscle. "Tendon reflex" of the triceps is greatly increased; of biceps and of the extensors of the wrist, *nil*. There is no disturbance of cutaneous sensation, but the affected muscles are sensitive to pressure. There is no tenderness along the course of the nerves.

The lower extremities are not wasted or weak. He walks well without tiring, though much walking causes considerable pain in the legs. The muscles are highly sensitive to pressure, the knee jerk is much exaggerated, no ankle clonus. There are no bladder or bowel symptoms.

To the faradic current there is no response in the deltoids, infraspinati and the muscles on the back of the forearm. The other muscles named respond feebly in proportion to their wasting. On galvanization the same muscles give response, weak but normal in character.

Treatment.—Nitrate of strychnine was ordered to be given subcutaneously, beginning with gr. $\frac{1}{80}$ once daily, to be gradually increased to $\frac{1}{70}$.

Remarks.—This man presents fairly typical symptoms of progressive muscular atrophy. The disease begins probably more frequently in the hands than the shoulders. As in this case, weakness usually first attracts attention, especially if it begin in parts covered by the clothing; soon the atrophy is discovered and both progress together, the weakness being caused by and proportional to the atrophy. One arm does not suffer long before the other becomes affected, usually also in the corresponding muscles. When the disease spreads to the forearms, the flexors and supinators nearly always suffer first; in this man these muscles, except the supinators which have little power, are but little affected while the extensors are quite atrophied. The spontaneous fibrillary contractions and the mechanical and electrical irritability are such as occur

in chronic spinal muscular atrophy; also the sensitiveness of the muscles to pressure is often present in this disease.

It is to be noted that the condition of the forearm is the same as that occurring in lead poisoning, the paralysis and wasting affecting only the muscles supplied by the musculospiral nerve. This is rare but not unknown, as cases have been met with in which progressive muscular atrophy has begun in the extensor muscles of the forearm.

These changes in the muscles depend on a slowly progressive degeneration of the large multipolar cells of the anterior cornua of the cervical portion of the spinal cord, *i.e.*, that portion of the cord from which the nerves supplying these muscles arise. There is also degeneration of the motor nerve fibres springing from these multipolar cells. According to Gowers ("Diseases of the Nervous System"), there is usually also sclerosis of the lateral tracts of the cord; and to this sclerosis is due the exaggerated reflexes of the triceps, the patellar tendon and others. These cases of progressive muscular atrophy in which there is excessive tendon reflex, with more or less spasm of the muscles, especially of the lower extremities, have been separated by Charcot into a distinct disease, and designated "amyotrophic lateral sclerosis." Gowers is of opinion, however, that there is probably some degeneration of the lateral tracts in all cases of progressive muscular atrophy, and that, therefore, a second class with a distinctive name should not be made, simply because the lateral sclerosis happens to be extensive, and the consequent spastic paralysis marked. The classification of Gowers' certainly renders the subject more easy of comprehension.

This disease has to be diagnosed for several affections that may closely resemble it. Subacute and chronic poliomyelitis may bear a close resemblance to it; but in all, except the most chronic cases, the paralysis precedes wasting, and there is usually the reaction of degeneration. Multiple neuritis is distinguished by more acute pains, by anæsthesia, and by less regular distribution. In pachymeningitis of the cervical region, with injury of nerve roots, with the wasting, there would also be the pain and anæsthesia.

"Idiopathic muscular atrophy" may present exactly the same conditions as are present in this case. It is, however, a very rare disease, usually affects several members of a family, runs a more chronic course, occurs mostly in childhood or youth, often affects the face and rarely the hand.

Many causes are assigned for this disease. Of the more frequent direct causes are mental distress and anxiety, and exposure to wet and cold, both of which existed in this case. They are the only ones that can be assigned.

Prognosis.—This is extremely unfavorable. The atrophy and paralysis usually continue to extend, implicating fresh groups of muscles till those of respiration are affected, and in the third stage bulbar paralysis develops. Occasionally the disease is arrested; this is most probable in those cases in which "the wasting is strictly symmetrical and nearly simultaneous on the two sides" (*Gowers*)—conditions which are fulfilled in this man's case. If arrested, the rapidly wasted muscles may recover somewhat, not so those whose wasting is of long standing, as their condition depends on complete destruction of nerve cells which cannot be restored.

EXTRACTS FROM AN ADDRESS DELIVERED AT THE OPENING OF THE WOMEN'S MEDICAL COLLEGE.

BY DR. N. A. POWELL, TORONTO.

It is my pleasant duty to offer a cordial welcome to those of you who appear here as students. For this welcome to be more than a formality—to be without any equivocation or mental reservation whatever—I should know something of the spirit in which you come. Once a good lady from Connemara, whose throat I was treating, said to me, "Arrah! God bless you, Doctor—if you cure me!" A welcome as well as a benediction can be made conditional.

If your idea is that you are to attend a session of lectures more or less interesting and not too tedious; to put in a winter's reading that shall not differ too widely from your past perusal of the current fiction of the day, wet, as Ruskin has said, as so much of it is, with the latest spray

from the fountain of folly; to have these experiences repeated, and later to enter a profession that shall give to you social standing and wealth, and shall not be unpleasantly exacting in the demands which it makes upon you, then I have no words of welcome for you. Fortunately it has so far been the case in Ontario that the profession of medicine has been selected by women only after the most careful deliberation. Too often lightly taken up by your brothers, with nearly all who have preceded you in our school there has been present something like a feeling of consecration to this as a life work. I have been glad to recognize this, and hope it may deepen and broaden rather than grow less. If you have not an abiding conviction that the one thing in this world for you to do is to help sick people to get well and well people to stay so, then for your own sake and for humanity's sake choose some other calling. Do not wait till failure in this profession forces you to seek some other means of support. Endeavor to make very sure now at the start that this is your work. Individuals, like nations, have their missions. The Hebrew has taught the world social purity and the worship of one God: the Roman, legislation and law; and the Greek, the splendor of logic and art. So likewise each individual has a mission, a certain work for which best of all he is fitted. The great thing is to find your place and then to fill it well. One of our railway magnates has secured for two lawyers, who had failed teetotally, positions—one as a freight clerk and the other as a brakeman—and each is now working himself, with bright anticipations, toward the presidency of the road. Failure is more frequently due to misdirected ability than to lack of ability. Have you that training in logical acumen which will enable you to detect and eliminate the apparent from the real? Have you that habit of thinking that will enable you to reach conclusions by linked reasons and not by bounds or intuitions? Are you fertile in helpful resources, ready to confront emergencies, and supported by moral principles that will enable you to defy temptation? Are you aware that no other profession offers the same opportunity for wrong-doing without detection, and in none would you meet with so much to seduce your feet toward devious paths? Are you re-

solved to resist all evil solicitations and "press toward the mark for the prize of your high calling?" Can you bear all things, endure all things, hope all things? If so, I greet you with heartiest welcome! "Who knows but thou art come to the kingdom for such a time as this?"

"The holiest task by Heaven decreed,
An errand all divine,
The burden of our mortal need
To render less is thine.
Before the unveiled mysteries
Of life and death go stand,
With guarded lip and reverent eyes,
And pure of heart and hand."

Continuing, the Doctor said:—Four elements of success in medicine are essential—knowledge, skill, accurate observation and correct reasoning. Wealth cannot insure success nor genius command it. It is to be obtained through patient, and perhaps painful, toil. They only triumph who work. You cannot have the brilliancy of genius without the weariness of toil. Tireless industry with fair ability will distance a genius that will not be tied to a daily routine of labor. Elsewhere I have tried to show that the chief causes of the failure of physicians within the range of my own observation have been three—laziness, liquor and licentiousness. Only the first of these will, of course, be counted in the dangers which assail you; but there are others to which you will be subjected. I do not now refer to dangers to life, such as you will meet in the treatment of diseases like diphtheria, but rather to the effects which the practice of medicine may have upon you as women. Each calling has its own peculiar dangers. When unguarded the merchant may fall into avarice and suspicion; the lawyer, "trained in every art to make the worst appear the better part," has a leaning toward duplicity; the clergyman gravitates toward dogmatism and bigotry; while the physician's besetting sins are carelessness and conceit. Against these let me warn you at the outset. Carelessness is midway between accident and design. Some students who have read with me have been careful naturally, while others have had to be trained to it.

The created universe can hardly show anything more exact and thoroughgoing than the household management of some of the women

of my acquaintance. Remember the words of Dr. Emmett, "Success in the treatment of the diseases of women lies wholly in attention to minute detail," and it will help you to correct any careless tendencies in your future work. Watch also the work of those who are doing the best antiseptic surgery, and you will come to recognize the fact that that beneficent system, developed by Sir Joseph Lister and his followers, is in its practice like a hanging chain. Let but a single link give way and the whole chain falls to the ground. I know of no better training in carefulness than the honest and conscientious application of this antiseptic principle to the treatment of every wound you make or dress.

On the other hand, the charge is sometimes heard that women are essentially trivial and petty in their ways of thinking—not apt to grasp the totality of complex subjects or cases. I have known practitioners who were not women, or at least not *young* women, to seize upon a single symptom and shut their eyes to all beside. It is quite unnecessary that one should enter into any argument to prove that in the sex that has given us the authors of "Aurora Leigh," and "Middlemarch," and "Uncle Tom's Cabin," and "Ramona," there will be found those who "see the distant tops of thought which men of common stature never see." * * *

Having decided that you are fitted for the work, it may next be asked, Is medicine a calling worthy the consecration of your lives? Ever since from lips that spake as never man spake came the blessed words that gave to sightless eyes a vision of the glorious sunshine, to ears that had known no sound the music of birds and of the human voice, that restored strength to withered limbs and brought back life itself to a frame it had forsaken, the healing art has been Christlike and holy. It has often been pointed out that the followers whom He selected and sent out to win the world for His kingdom were commanded to heal the sick, and one, the most learned of them all, was the beloved physician, St. Luke. * * *

Medicine stands for science, and, therefore, commends itself to women, since their natural inclination is supposed to be a little the other way. It is not and never will be an exact science. The problems presented for solution when life

and death are factors can never be solved by unvarying formulæ. It is none the less a true science, and will soon stand, if it does not already stand, pre-eminent among all the sciences which contribute to the real welfare of our race. * * *

Medicine is an honorable profession. Alike in the highest civilization and the deepest barbarism its position has always been a commanding one. The Athenians esteemed it so highly that slaves and women were forbidden to practise it.

It is true that the coarse and brutal Roman bought and sold the physician as he did the artist and artisan in the shambles, but in the Augustine age he alone was emancipated and then ennobled, and his estates and income exempted from taxation. After you enter practice, may it happen that your income will increase so rapidly that when the assessor makes his annual visit, you will, with good reason, long for the return of the Augustine age.

The Florida Indians, according to the accounts of early voyagers, took not the medicine of the physician only, but they took the physician himself internally after death. All other bodies were buried, but his was burned, and its ashes, mixed with water, formed a most valued prescription. Certain of our western tribes were so anxious that their medicine men should reach a high standard, that they judged them by their success, and put them to death upon the loss of the third patient. No such wisely restrictive measure as this has as yet been adopted into our jurisprudence. * * *

Medicine is a profession that is constantly improving. The lawyer is tied to his precedents and the parson to his texts, and so it has come about that neither of them is progressive. Law has made but little progress in the last hundred years, and our ministers have not got beyond trying to explain the Sermon on the Mount, but before the splendid progress of medicine the world stands amazed. Professional jealousies are less bitter than they used to be, and more kindly feelings prevail. One does not need to look through optimistic eye-glasses to see that within our ranks

"Love lights more fires than hate extinguishes,
And men grow better as the world grows old."

Medicine stands for charity; not that so-called

charity which, out of an abundance of this world's goods, gives grudgingly that which it never misses, but the diviner quality taught by Him who gave Himself for others. In Lowell's beautiful poem Sir Launfal returning, old, poor, and worn from his search for the Holy Grail, finds another in his castle and himself an out-cast. Parting his last crust with a loathsome leper, he sees before him stand the Lord Christ, and a voice that is calmer than silence speaks

“Not what we give but what we share—
For the gift without the giver is bare—
Who giveth himself with his alms feeds three,
Himself, his hungering neighbor and Me.”

We are told that “all that a man hath will he give for his life,” and yet it is of their own lives that medical men have been most generous. Come with me to New York city, and I can show you a simple tablet put up in loving remembrance of eighteen young physicians who died, one after another, while attending to a ship-load of emigrants down with typhus fever on quarantine island. No music of martial bands was needed to arouse their courage. Each saw his duty straight before him, and went to his death doing it. Peace, it is said, hath higher tests of manhood than battle ever knew. Out in lone farm-houses, by day and by night, deeds of quiet heroism are being performed by those whom you will soon hail as brothers. I could tell you of one who, with a lung half hepatized, struggled through night and sleet to be with a patient, and guard her from the dangers that threatened in the hour of her motherhood's advent. * * *

“It is only,” says Goethe, “with self-renunciation that we really begin to live.” If to live and labor, and suffer for others, rising above self and selfish ends, is to live truly, then the medical profession, in its unwritten records, could furnish the histories of countless grand and noble lives.

What are its rewards? Not titles, nor honors, nor great wealth are before you; but it may be that you will win your way to something better than all these. You will not have always ringing in your ears the voice of Rachel weeping for her children because they are not, but will hear more frequently the sound of her glad rejoicings because they are restored to health and to

her. It may be yours to feel the happiness of the patriarch of old: “The blessing of him that was ready to perish came upon me, and I caused the widow's heart to sing for joy.”

As to the final reward, let us ask of those who have attained the prize. List while they speak:

“In life's uneven road
Our willing hands have eased our brother's load;
One forehead smoothed, one pang of torture less,
One peaceful hour a sufferer's couch to bless,
The smile brought back to fever's parching lips,
The light restored to reason in eclipse,
Life's treasure rescued like a burning brand
Snatched from the dread destroyer's wasteful hand—
Such were our simple records, day by day
For gains like these we wore our lives away,
In toilsome paths our daily bread we sought
But bread from heaven attending angels brought,
Pain was our teacher, speaking to the heart,
Mother of pity, nurse of pitying art:
Our lesson learned, we reached the peaceful shore
Where the pale sufferer asks our aid no more—
These gracious words our welcome, our reward,
Ye served your brothers: ye have served your Lord.”

259 Simcoe Street.

Selections.

CARDIAC DYSPNŒA.

Fraenkel (*Berliner klin Wochenschr.*), in an address on this subject, says that dyspnœa appears in very different forms in the different heart diseases, depending on the nature of the affection. It is sometimes premonitory, but is then slight and only occasional; and disregarding this, we may distinguish two forms of severe dyspnœa, the *continual* and the *asthmatic*. The first is especially well seen in stenosis of the mitral valve. This lesion is the least apt to attain complete compensation, and even when this occurs it is by hypertrophy of the right ventricle and necessarily with overfilling of the pulmonary system. The distended pulmonary capillaries project into and narrow the cavity of the alveoli, and this contraction of the alveolar space, together with the slowing of the blood current, and the lessening of the proportionate surface exposed to oxygenation, produces the continual dyspnœa. Digitalis in this lesion sometimes acts very badly, since by stimulating

the right ventricle and sending more blood to the lungs it only increases the shortness of breath. Other cardiac affections also are accompanied by continual dyspnoea, as for example cases of progressive failure of the left ventricle, with consequent engorgement of the pulmonary system: as is seen in the last stages of cases of "cardiac overstrain," or in heart diseases resulting from psychic depression.

Cardiac asthma, on the other hand, is seen most typically in hypertrophy of the left ventricle with abnormal resistance in the bloodvessels, resulting from arterio-sclerosis. The asthmatic attack comes quite suddenly and usually at night, waking the patient from sleep, and is generally very severe. The lungs are found full of coarse râles, and respiratory pauses may occur like those of Cheyne-Stokes respiration. The affection often resembles bronchial asthma greatly, but may be distinguished by the high tension of the vessels, the absence of expiratory dyspnoea, and often by the discovery of a dilated left ventricle, though this is not always easily detected, owing to an increase in the volume of the lungs. This enlargement is due to the fact that through the narrowing of the arteries the blood is driven into the venous system, or, rather, into the lungs and the left auricle. Hence there is a permanent engorgement of the pulmonary circulation, even when there is complete compensation. The sudden asthmatic attacks are probably due to a sudden temporary insufficiency of the left ventricle, brought about by psychic emotion, increasing catarrh, or some other cause. The heart is already doing its utmost, and this disturbance of the balance produces increased passive congestion and consequent dyspnoea. Autopsies have shown that the heart muscle is of normal structure, and it would, therefore, seem likely that the failure is due to paralysis of the cardiac nerves or ganglia. Fränkel cannot accept the theory of Basch, that cardiac dyspnoea is due to a rigidity of the lungs from their being overfilled with blood; this producing an insufficiency of the respiratory muscles.

Regarding the therapeutics, the author repeats what he has formerly said in praise of morphia and digitalis in combination. The former diminishes the arterial tension, prevents the

exhaustion of the respiratory centre by the continued dyspnoea, and cuts short the asthmatic attack, while the latter stimulates the ventricle to greater activity. Calomel may also be employed for its diuretic and purgative action, thus depleting the system; and though somewhat uncertain, it always benefits that patient to whom it has formerly done good. Strophanthus has been of no value in dyspnoea in the author's experience, except in those cases in which it produces free diuresis. As regards uræmic and dyspeptic asthma, the former is simply cardiac and has nothing directly to do with uræmia. Cases of the latter have been reported by Henoch, and seem to depend on the presence of undigested masses in the stomach; the affection being relieved by vomiting after lasting one or two days.—*American Journal of Medical Science.*

VACCINATION IN CHINA.

The epidemic of smallpox in Hong Kong has naturally directed attention to the subject of vaccination. The first opinion published and generally accepted was that the Chinese will not endure vaccination, and that any attempt to enforce it by law would have the effect of depopulating the colony. The *Hong Kong Daily Press* traverses this theory. It bases its arguments on the evidence of a pamphlet by a certain Dr. Chang, which is now being circulated gratuitously by the guilds at Chaochow. The pamphlet first became public property in 1875, but existed in MS. as far back as 1866. The author has practised vaccination for twenty years, and his avowed object in writing is to expose quacks whose proceedings tend to bring the science into ill repute. His theory of vaccination is radically different from that of Western experts. He does not regard it as a method of inuring the system against a dangerous disease by subjecting it to a mild form of the same malady. On the contrary, the notion is that every child comes into the world infected with a varying amount of foetal virus, generated by the passions that gave him birth, which virus induces susceptibility to the attack of smallpox, and that the object of inoculation is to kill or eradicate the virus. The virus congregates about the "Gate of Life" and

the "Three Passages." These occult regions of the body have never been accurately located, but the former is happily accessible by two veins which debouche at depressions between the shoulder and the elbow, and are called "the eddy of purity and cold" and "the lesser estuary." The vaccine matter, introduced by these veins, sweeps out the "Gate of Life," without which cleansing the smallpox would come and destroy the "Five Viscera." One smiles at these fanciful epithets, but they appear to be used with a shrewd purpose. For the anti-vaccinators deny that the few and paltry pustules produced by vaccination can suffice to exhaust the foetal virus, and the only way to combat the effect of this argument on vulgar minds is to talk in large, imposing terms. At all events, Dr. Chang has so far succeeded in popularizing his theory that in the more civilized parts of Eastern Kwantung people who have not been themselves vaccinated, or who do not have their children vaccinated, are said to be rare. Evidently, however the theory does not lend itself to re-vaccination. No second cleansing of the "Gate of Life" can be necessary. As for the vaccine lymph employed by the Chinese practitioner, it is invariably obtained from a scab. The original derivation of lymph from cow-pox appears to be quite unknown. What an immense contrast China presents to Japan in this matter! Here vaccination is virtually universal. It is practised on the most scientific principles and with the greatest dexterity. No Japanese mother is happy until she has had her child vaccinated.—(*The Sei-I-Kwai Medical Journal*)—*Pacific Medical and Surgical Journal*.

TOBACCO AND BACTERIA.

The popular belief in the germicidal virtues of tobacco-smoke (which we note has been revived in connection with the alleged immunity enjoyed by the cigar-makers of Florida during the recent yellow fever epidemic) has received some confirmation in the scientific researches of Dr. Vincenzo Tassinari, first assistant of the Hygienic Institute of Pisa University. In a preliminary note on his experiments (*Centralbl. für Bakteriologie*), he describes the simple appar-

atus he designed to test the effect on pathogenic organisms of exposure to the fumes of tobacco. The apparatus consists of a chamber formed by two glass funnels placed horizontally, and connected together at their mouths by paraffin. In this chamber is suspended from a loop of platinum a small piece of linen, with the threads of its lower extremity immersed in a cultured fluid containing the microbes. The chamber is connected at one end by a tube with a cigar or cigarette, and at the other, by a tube containing a plug of cotton wool (to serve as a filter), with the mouth of the experimenter. The smoke as it is exhaled, therefore thoroughly surrounds the linen soaked in the cultured fluid, and after the experiment, which lasts from thirty to thirty-five minutes, involving the consumption of from three and a half to four and a half grammes of tobacco, the chamber is opened and the linen allowed to fall into a test tube containing fluid gelatine. Control experiments were also, of course, made. The micro-organisms subjected to this treatment included—1. *Spirillum cholerae asiaticæ*. 2. *Spirillum Finkler-Prior*. 3. *Bacillus anthracis*. 4. *Bacillus typho-abdominalis*. 5. *Bacillus pneumoniae* (Friedlander). 6. *Staphylococcus pyogenes aureus*. 7. *Bacillus prodigiosus*. The results varied with the variety of tobacco and the kind of microbe, but in every instance there was marked (sometimes very great) delay in the development of colonies in the gelatine as compared with that of organisms dealt with similarly, but without exposure to tobacco smoke. Indeed, the development of some was entirely prevented. For example, in the third series of experiments cited, where large Virginia cigars were used, the development of *Bacillus prodigiosus* was delayed for seventy-two hours, that of *staphylococcus pyogenes aureus* for seventy-three hours, of *Bacillus anthracis* for ninety-seven hours; whilst of the others, mentioned above, no development of colonies took place after, from a hundred and twenty-eight to a hundred and sixty-eight hours. Dr. Tassinari attributes these results to the chemical action of the ingredients of tobacco-smoke. He proposes to extend his researches more fully, both as regards the effect of different kinds of tobacco upon these and other micro-organisms,

especially the tubercle bacillus, and to determine the time of exposure as well as the amount of tobacco necessary to produce the full effect. He hopes also to ascertain what substance or substances are responsible for the germicidal action.—*Lancet*.

STROPHANTHUS AS A CARDIAC TONIC.

It will be appropriate in this connection to say a word as to the value of this new candidate for favor at the hands of the physician. This is even necessary, as within the past six months, reports of a discouraging character have been published, and much has been said with the ostensible object of guarding against danger, but actually for the purpose of preventing its general adoption. It is now recognized by competent observers as one of the most valuable remedies in the whole range of medicine. . . .

Assuming that we have a good tincture, or some of the other preparations of this drug, how are we to use it, and for what purpose? The latter question will first have attention, and the indications for the use of strophanthus may be stated in a few words. It may be used with benefit in cases of imperfect contraction of the cardiac muscle from any cause, such as dilatation, mitral and aortic insufficiency. When in dropsy or œdema of the extremities there is reason to believe a heart complication present, strophanthus will act promptly as a diuretic and carry off the accumulations in the cellular tissue and in the abdominal cavity. In the case of long-continued disease, like typhoid, pneumonia, and in wasting diseases, where we have reason to think that active stimulation of the heart is of advantage to our patient, no remedy promises to answer our needs as well. We are not to forget, however, that the action of this drug is limited to the heart, that, unlike digitalis, it does not act as a constrictor of the arterial system, and we cannot expect it to compete with that drug in this respect; but when it is desired to avoid the bad effects which naturally follow this action of digitalis, we may do so by the cautious administration of strychnine

along with the strophanthus, and we shall then have a combination far superior to digitalis in the majority of cases which demand this method. . . .

The method of administration will readily suggest itself to the thoughtful physician—small doses at frequent intervals; say, in urgent cases, two minims of tincture at intervals of two or three hours, or about five minims or less three times daily. Two and a-half minims three times daily will be followed in a majority of cases by the best results, and if the alkaloid strophanthin is used, $\frac{1}{100}$ to $\frac{1}{1000}$ grain is sufficient to maintain the desired effect. When advisable to combine with it the advantages of strychnine, one or two minims of nux vomica may be used at the same time, either alone or in connection with the strophanthus, or a corresponding dose of the alkaloid strychnine, or the salts of the alkaloid if they are preferred.—*Medical Register*.

THE CONDITION OF THE BRAIN IN CASES OF CONCUSSION.

Mr. Bryant, in his lectures on cranial and intracranial injuries (*Lancet*), devotes considerable time to the changes found in the brain after so-called concussion of its substance, or rather shaking of its structure. In his experience, concussion has always been synonymous in a pathological sense with contusion or laceration of the brain. Sir Prescott Hewitt, thirty years ago, said: "In every case in which I have seen death occur shortly after and in consequence of an injury to the head, I have invariably found ample evidence of the damage done to the cranial contents." Mr. Hilton, who followed him, wrote: "We ought to consider a brain which has been subjected to concussion a bruised brain." And Mr. Le Gros Clark, who lectured later, stated: "I have never made or witnessed a *post-mortem* after speedy death from a blow on the head where there was not palpable physical lesion of the brain. Neudorfer, of the Austrian army, declares that he has never seen concussion, as so called, since in all cases he has examined cerebral injury was found to exist.

After citing numerous cases of physical changes in the brain substance as a result of so-called

concussion, Mr. Bryant says: "With these facts and conclusions before us, am I therefore wrong in assuming with some confidence that you will see with me the expediency of combining with the term 'concussion' that of 'injury,' and of describing such cases in the future as those of injury of the brain from concussion?" The term "concussion" by itself is vague and delusive, while that of "injury" is clear and true, and conveys at once a meaning the force of which can not be misunderstood. The word "concussion" later on may be dropped, and the simple term "injury" retained. With this starting point, it would naturally follow that fractures of the skull in all their varieties, hemorrhage into the cranium in all its forms, and compression of the brain, however brought about, will be regarded as complications of the one common and essential factor, cerebral injury, and not, as now, be regarded as separate and individual troubles to be dealt with independently. And even scalp wounds, the result of external violence, would assume a position in the surgeon's mind they ought to have, but have not yet attained; and consequently receive the attention to which they are entitled, not so much, perhaps, on their own individual account as simple wounds, but as wounds mostly brought about by direct violence applied to the cranium, and consequently liable to be complicated with some contusion of the cranial bone or intracranial injury.—*New York Medical Journal.*

ECLAMPSIA AND ALBUMINURIA.

In a recent contribution to this subject ("Arch. f. Gyn.," xxxii. 3) Lantos arrives at the following conclusions:

1. Albuminuria occurs more frequently in parturient than in pregnant women, which may be explained by the fact that during labor the uterus is subject to great contraction and tension, whereby the nerves of the uterine wall are subjected to greater irritation than usual.

2. This occurs more frequently in those who are pregnant and parturient for the first time, for while the uterine wall itself is able to offer greater opposition to tension, this opposition acts as a nerve impulse.

3. In twin labors and labors at term, therefore, albuminuria is more common, because the increased volume of the contents of the uterus is the cause of greater tension.

4. Protracted labors cause protracted irritation, and favor the existence of albuminuria.

5. The artificial termination of labor can only be regarded as a means of nerve irritation which increases the already heightened reflex excitability of the vaso-motor nerves of the uterus and kidneys. The percentage of cases of albuminuria among those with whom labor has thus been terminated is much larger than with others.

6. Albuminuria occurs most frequently among primiparæ between fifteen and twenty years old, apparently as an expression of the heightened susceptibility to irritation of this period of life. Though the largest number of sufferers from albuminuria are found in multiparæ between the ages of thirty and thirty-five, it is due to the fact that, relatively, the largest number of women bear children during that period.

7. The quick disappearance of albumin from the urine is explained by the subsidence of nerve irritation.

8. The well-settled fact that in the ordinary albuminuria of pregnancy albumin is not constantly demonstrable cannot be explained by the mechanical theory. According to that theory, the constant and increasing pressure of the uterus upon the veins as pregnancy advances should have the effect not only of causing albuminuria to disappear at times, but altogether. On the other hand, these cases are easily accounted for if we assume that the nerve irritation disappears either on account of changes in the position of the fœtus or on account of habituation to the irritant.

It is therefore possible to believe that in cases in which there are no tissue changes in the kidneys, albuminuria of pregnancy and labor may be regarded as of no pathological significance, being a very common symptom arising from reflex irritation of the vaso-motor nerves of the kidneys, excited by irritation of the nerves of the uterine wall. As a diagnostic sign of pregnancy this condition may be considered as of some importance.

We have only to look back a century to re-

alize the hold tradition had upon our fathers, and the great advances in our knowledge of today. In the article quoted it is plainly taught that the albuminuria of pregnancy may not denote any pathological change, and may even be useful in determining a diagnosis of pregnancy. What would the obstetrician of half a century ago, who saw with the appearance of albumin in the urine of his patient, unhappy visions of eclampsia and its frequently unhappy consequences, say to this?—*N. Y. Med. Jour.*

TREATMENT OF WARTS.—Roesen (*Münchener Medic. Wochenschr.*,) has found the following procedure very serviceable in removing warts and callosities, etc.:

The thickened epidermis is slightly moistened with an antiseptic solution (boracic or salicylic acid) and then covered with a fairly thick layer of pure crystallized salicylic acid. Over this is placed moist borated lint in four layers, a piece of gutta percha fabric and a bandage. In the case of small warts and callosities, the dressing is allowed to remain for five days. On removal it will be found that the thickened tissue is somewhat shrunken and has separated from the subjacent parts, which are covered with perfectly normal skin, presenting no traces of injury or bleeding. The author has never seen any caustic effect from this application on the surrounding and subjacent tissues. If the callosity is of any considerable thickness, as is often seen on the sole of the foot, the dressing should be left in place for ten days or renewed after five days. The great advantage of this application is that the effects of the salicylic acid are localized to the thickened area.—*International Journal of Surgery and Antiseptics.*

THE BIRTH OF MAN.—The ethical question how far it is pusillanimous and even religious to profit by the annihilation of pain which anaesthesia affords under surgical operation and in parturition has recently undergone discussion anew in some of the French papers. The discussion is antiquated and out of date in this country, and many of the stories told would hardly bear repetition in this serious country. Sir James Simpson long ago disposed of the argument, now revived, which charges the

women who accept anaesthesia in childbirth with evading the biblical injunction of pain. An indignant Frenchwoman has revived an old argument with some flippancy, but not without a reckless wit. "You quote," she says, "some verselets in the Bible against us; but let me remind you that the only one of your sex who took his part in the act of giving birth profited by anaesthesia; for when Adam gave up a rib towards the creation of Eve, he was thrown into the deep sleep of insensibility."—*British Medical Journal.*

FLOATING KIDNEY IN WOMEN.—Dr. Lindner has brought out a special work this year (published by Heuser of Neuweid) on the anatomy, etiology and diagnosis of floating kidney in women. His views are startling. He boldly asserts that floating kidney is the most frequent anomaly in the female subject. According to his experience, out of every five or six women one has a floating kidney. He is prepared to face the most violent opposition. Dr. Lindner, in examining the patient, always stands to her right side. He places the right hand against the anterior abdominal parietes, and presses the left against the back of the lumbar region, so as to press the kidney forwards. The patient is then placed on her side, with her knees drawn up. By sharply shaking her body the kidney, if movable, will fall forwards. In some cases Dr. Lindner did not detect the abnormality till after repeated examinations. He finds that floating kidney affects the peculiarly nervous organization of women more or less unfavorably; but he is opposed to operative measures, excepting when the patient's life is endangered, which must at least occur very seldom. He has collected records of thirty-six nephrectomies and twenty-nine nephrorrhaphies. Dr. Lindner is a great believer in the treatment of floating kidney by careful bandaging, and describes his method at length, adding twenty-four cases where bandaging proved successful. It is probable that Dr. Niehaus's truss for floating kidney, or some kindred contrivance, will prove more satisfactory in the long run. Dr. Lindner's opinions may be extreme or exaggerated, yet in the history of many another disease or malformation, as recorded in medical science, we find

that it was first held to be a rarity, till some careful clinical observer discovered that it was relatively more or less frequent.—*Brit. Medical Journal*.

SUDDEN DEATH FROM FEAR.—Bollinger reports a case of sudden death from fear in a prisoner. It seems that a farm-laborer, sixty years old, in a fit of anger struck another man on the head with a pitchfork, inflicting two wounds involving the skull. The injured man died of pyæmia. His assailant was imprisoned, and became extremely depressed and melancholy. On January 30 he did not seem to be quite well, but first complained of illness on the next day, when he had to appear before the jury as defendant. Here he became so miserable that he had to be carried away, and had the appearance of a man moribund. The skin was cold; there was no pulse, but repeated attacks of fainting. He was taken to the hospital, where he died in twenty-four hours. At the autopsy his organs corresponded with the relatively good state of health which he had enjoyed before the occurrence just described, and no such changes were found, especially in the brain and heart, as could be charged as contributory to the direct cause of death.—(*Munchner Med. Wochenschrift*).—*World's Medical Review*.

MENTAL DISEASES SUBSEQUENT TO GYNECOLOGICAL OPERATIONS. WERTH.—(*Arch. für Gynäk.*) In a paper read before the last meeting of the German Gynecological Society, the author reported six cases of mental disease observed after three hundred gynecological operations. Three of the cases occurred after total extirpation of the uterus: the other three followed operations where the ovaries and fallopian tubes were removed. In five of these cases the patients showed symptoms of mental depression, amounting in one case to a severe attack of acute melancholia. Four of the six patients recovered rapidly, the other two still remain mentally unsound. In three of the cases there was a history of insanity in the family; the other three patients were subjected to operation long after the establishment of the menopause. Dr. Werth referred to twenty-four recorded cases of insanity which had followed

gynecological operations. In the subsequent discussion, Dr. Singer alluded to two interesting cases of acute iodoform insanity characterized mostly by fugitive hallucinations, and Frommel referred to two cases of a form of mental disease by no means uncommon in surgical practice, viz., delirium tremens in women whose average consumption of beer ranged from sixteen to twenty glasses daily, and who fully merited the German appellation of "Säufer innen."—*Medical Chronicle*.

CAUSATION AND PREVENTION OF PNEUMONIA.—A pamphlet on the Causation of Pneumonia, by Dr. Henry B. Baker, is being distributed by the Michigan State Board of Health. It is an 85 page pamphlet, and is a compilation of statistics collected by the State Board of Health, relating to pneumonia in Michigan and in other parts of the world. It is a thorough consideration of the subject, and seems to prove that pneumonia is controlled by temperature and humidity of the air. The pneumonia increases after the atmosphere is cold and dry, and decreases after the air is warm and moist. One would suppose that such climatic causes could not be controlled, but Dr. Baker points out how he thinks the disease may be greatly lessened by controlling the temperature, and especially by moistening all air which requires to be warmed in all buildings, public and private. During the time of greatest danger from the disease (cold weather) most people spend half their time in buildings where such conditions can be controlled, and Dr. Baker claims that it is the long-continued exposure that causes this disease, so that if the indoor conditions are properly cared for, this disease will be greatly lessened.—*St. Louis Courier of Medicine*.

TREATMENT OF CHRONIC PHARYNGITIS.—Dr. Weil (*Monat. f. Ohrenhik.*) recommends the use of crude pyroligneous acid. The pharyngeal mucous membrane is brushed twice a week with the crude acid. In very sensitive patients it is at first diluted. There is a momentary burning sensation, and an unpleasant taste, which soon disappears.—(*Therap. M.*)—*Medical Chronicle*.

ADDITION OF AN ACID TO SOLUTIONS OF CORROSIVE SUBLIMATE TO INCREASE THEIR ANTISEPTIC POWER.—Dr. Laplace has been making a series of experiments with a view of determining the antiseptic power of corrosive sublimate wound dressings, such as gauze cotton and bandages. He has recognized that these materials are usually inefficacious. This can be attributed to the formation of an insoluble albuminate of mercury. The addition of an acid to the sublimate solutions prevents this chemical combination. M. Laplace advises especially the use of tartaric acid, and establishes the following conclusions :

1. Acid solutions of corrosive sublimate produce a complete reaction in albuminous fluids.

2. The combination of an acid with corrosive sublimate increases the antiseptic power of the latter, for one can then use weaker solutions.

3. Medication with acidified sublimate is sufficient of itself, and there is no necessity to have recourse to iodoform.

4. Preparations of acidified sublimate furnish results more satisfactory than with any other disinfectants.

5. Wounds are not irritated by it.

The solution recommended by M. Laplace is the following :

Hydrarg. bichlor	1 gramme.
Acid tartaric	5 grammes.
Aq. distill.	1000 "

Wound dressings such as gauze cotton, etc., are to be immersed for two hours in this solution :

Hydrarg. bichlor	1 gramme.
Acid tartaric	20 grammes.
Aq. distill.	1000 "

We obtain in this way disinfectant materials, the application of which secures cicatrization.—*Revue de l'Antiseptie*, 15 September, 1888.

G. A.

TREATMENT OF EPILEPSY BY GALVANISM OF THE THYROID BODY.—Seven epileptic patients have been treated by Signicelli by galvanism of the thyroid body; in three the results were negative; in the other four there was at first an increase, afterwards a rapid and progressive

decrease in the number of attacks, which ceased altogether for one month in one patient and for two months in another; and this decrease in the number of attacks was accompanied by a favorable modification of their intensity and an amelioration of the psychical condition of the patients.—*Revue Clin., et Therap., et Bulletin Medical*, No 67.

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

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TORONTO, NOVEMBER, 1888.

OUR MEDICAL COLLEGES.

The medical students have returned, and reports say our medical colleges are full. The recent advances in the standard of the matriculation examinations do not appear to have checked the numbers entering, and the ever recurring question comes up: What will become of them? We will not attempt to solve this difficult problem. It will become the life-work of those who graduate to try to furnish a solution. Our aim is rather to extend a cordial welcome to all worthy students. The proportion of the latter class is becoming larger from year to year, and the amount of patient, laborious work now done is greater than we have ever known in this country.

The opening lecture in the Medical Faculty of the University of Toronto, was delivered by Dr. Richardson, the distinguished Professor of Anatomy, in the Convocation Hall. The lecturer, in his informal address, gave many reminiscences of the history of the university, which were listened to with the deepest interest. He expressed in eloquent terms his profound satis-

faction with the condition of things since the re-establishment of the Medical Faculty, which, in his opinion, should never have been abolished. We are pleased to know that there is a general consensus of opinion on this subject, and as a consequence, the new faculty is receiving a cordial and generous support which assures its success. There is a large and enthusiastic class of students, and it only remains for the members of the teaching staff to work zealously in the good cause, and thus prove worthy of the great trust imposed upon them.

Its worthy and friendly rival in Toronto, the Trinity Medical College, is meeting with its usual success. Its opening exercises were slightly marred by a small and discordant element, but it retains the old enthusiasm among its teachers and students, and is doing good work. The opening lecture was delivered by Rev. Dr. Johnston, of Jamaica, one of its most distinguished and worthy graduates. As usual, the number of students is large, and the college continues to prosper.

The Woman's Medical College, of Toronto, deserves the most favorable mention. Its worthy staff of teachers have done their duty nobly with little or no remuneration. We cannot say that we are very enthusiastic about the fitness of women to become doctors. We are inclined to think that other spheres suit them better, but we have a decided opinion that, when they choose this honorable but laborious profession, they should have an equal chance with the men; and we are glad to know that such an opportunity is afforded in this college. With so many friends of higher education for women in this wealthy and prosperous city, we think this college has not received the support it deserves. In another column we have given a synopsis of the opening lecture delivered by Dr. Powell.

Reports from other medical colleges in Canada show that all are prospering. There is evidently going to be no paucity of doctors in the future. The few corners in Toronto and other cities and towns, not at present covered with medical shingles, are not likely to remain long unadorned. From the east, the west, the north and the south they still are coming, and the prospects are that the supply will not run short.

THE WHITECHAPEL MURDERS.

The history of the Whitechapel murders is one of the most remarkable in the annals of crime. Whitechapel is one of the worst districts in the east of London, England, and the character of its inhabitants is of the worst possible type. The murderer appears to have entered upon a crusade against the street-walking prostitutes. His plan is to meet these unfortunate creatures and entice them into some dark corner, professedly for ordinary immoral purposes, and then to murder and mutilate them in a horrible way.

From reports of the *post-mortem* examinations, we find that he shows a certain rough skill, with some anatomical knowledge. The appearances indicate that he uses a knife which must be very sharp, with a blade five or six inches in length. He makes a fearful gash in the throat, takes off a portion of one ear, and cuts out certain portions of the body which he carries away. These portions are a piece of the abdominal wall, including the navel, two-thirds of the bladder (posterior and upper portions), the upper third of the vagina and the whole of the uterus.

It is supposed that someone who has contracted disease from illicit intercourse, and who has become wholly or partially demented, is actuated by feelings of revenge, and adopts this horrible method of punishing fallen women. As a matter of course, such a series of mysterious and revolting murders is causing intense excitement, and extraordinary efforts to discover the criminal are being made.

PHYSICIANS' PRESCRIPTIONS AND THE DRUGGISTS.

Much has been said and written on the subject of doctors' prescriptions which have gone into the hands of druggists; and the burning question is, Do such prescriptions belong to the druggists or do they remain the property of the physician? It is scarcely worth our while to discuss the legal aspects of the case. So far as we know the druggist can do what he likes with such prescriptions; practically this is what it amounts to at all events. Of course he cannot

use them to practise medicine in the ordinary sense of the term, but the same law applies to the formulæ in our ordinary text-books.

As a matter of fact, there should be no disagreements between doctors and druggists. It is their interest to work together, but in such a city as Toronto we think the druggists, considering the profits they derive directly through the good-will of the profession, do not as a rule, treat the doctors fairly. We may take occasion to speak on some points connected with this question in the future, but at present we wish to consider whether a prescription should be repeated without a written order from the prescriber. Many of our druggists are in the habit of repeating such prescriptions when the empty bottles are returned without asking any questions. In the interests of both doctors and patients such a custom is wrong, as a mixture may be repeated without the knowledge of the doctor at a time when it will do positive injury.

In justice to all parties, it is only fair to say that physicians are at least as much to blame for this custom as either the patients or druggists. Doctors are too frequently in the habit of simply directing the medicine to be renewed, without a written order. This is a careless style of prescribing, which is inexcusable. It is a simple matter, takes but little time to write a "repeat," and it should always be done when such repetition is wanted. If such a rule were universally observed we would be in a better position to talk plainly about some of the shortcomings of the druggists.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

The Committee who have had in hand the work of organizing this Association, have about completed their task. We are pleased to announce that the library will be open on and after November 1st, during certain hours every day, Sundays excepted, viz.: from 10 to 11 in the morning, 2 to 6 in the afternoon, and 7.30 to 9.30 in the evening. A librarian has been appointed, who will have charge of books and journals, and wait on members and visitors. There are now about one thousand volumes, and five thousand journals. A canvass

will shortly be made for contributions of books or journals from practitioners. The library, as our readers will remember, is in a room kindly given for the purpose by the Ontario Medical Council in their new building, on the corner of Bay and Richmond Streets. Great credit is due to the Committee who have worked so assiduously and successfully in this important undertaking.

A directory for nurses will be established in connection with the library, which will be looked after by the librarian, and it is hoped that the fees from this source will partly or wholly pay the salary of this officer. It will be remembered that an attempt was made in Toronto some time ago to popularize such an undertaking, but it proved a failure. We want something of the kind very much, and hope this new directory will be a success.

DIDACTIC LECTURES.

The efforts of the Ontario Medical Council to make the examinations as practical as possible are very commendable. We hope they will take the question of the curriculum into consideration at their next meeting. It is much to the credit of our medical colleges that the amount of practical instruction given in the laboratories, dissecting rooms and hospitals has been greatly increased in recent years. This is in accordance with the spirit of the times. It unfortunately happens, however, that the old rule of requiring two courses of one hundred didactic lectures in nearly all subjects, is still adhered to. The consequence is that the clinical teachers in the hospital find it a difficult matter to get the clerks and dressers to do their work as thoroughly and systematically as they should. In the Toronto General Hospital the nurses do a large portion of the work which should be done by the surgical dressers. What the dressers lose by such a system is difficult to estimate, and really needs not to be discussed, as there can scarcely be any difference of opinion in the matter. Why are they subjected to any such irreparable loss? Because so much of their time is spent in attending didactic lectures.

A change is urgently needed. Why should any object? We know of no reason excepting

probably that of indifference. Some members of the Council appear to think more about the means of preventing entrance to the profession, than the proper education of those who have matriculated.

SIR MORELL MACKENZIE'S BOOK.

Several selections from our exchanges are given with reference to the much-discussed subject of the unseemly quarrel now in progress between the attendants of the late Emperor Frederick of Germany. It is greatly to be regretted that such harsh criticism has been indulged in by the contestants, for it will add nothing to the dignity of the medical profession, and can but react disastrously upon the disputants who are now posed in such warlike attitude:—

“Unfortunately for his reputation, he (Mackenzie) has passed beyond the limits to which a discreet man, conscious of being right and confident of the respect of his professional brethren, would have restricted himself, and has put before the world a statement which will do him more damage than anything which others have stated of him. We need not now undertake the work of exposing the fatal inconsistencies of Dr. Mackenzie's argument that Gerhardt converted a benign growth in the Crown Prince's larynx into a malignant one, and that Bergmann finally killed him. For our present purpose it is enough to express our condemnation of the spirit which prompted these shameful accusations and our contempt for his undisguised intention to make money out of them. A more stupendous example of the folly to which hatred, malignity, and avarice may drive a man could hardly be imagined; and the responsibility for it may well rest alone upon the individual who was capable of perpetrating it.”—*Medical and Surgical Reporter*.

“Notwithstanding the fact that he met in consultation gentlemen of high standing, Dr. Mackenzie states very positively that he was always on the right side, and that he did not feel that he was justified in pronouncing the growth cancerous, even when it had that appearance, until it was proved beyond question that it was

so. From our present information in the premises, we are willing to say that the statements of Dr. Mackenzie are quite plausible, but they are not altogether convincing, and because of his great reputation, and the high esteem in which he is held by his associates at home, we are prepared to rest judgment for the time being, until both sides can be studied.”—*Medical Register*

“Now why should a magnanimous potentate, full of good-will to men, have been overtaken by the more cruel fate of a death made uneasy by domestic bickerings and court intrigues? Why should a noble profession, full of all beneficence, be besmirched by the quarrels of men oversensitive about a transitory glory which might have been transferred by the will of the monarch upon the bragging professor of a cancer specific? Why should the ‘infallible’ expounders of an art, who came to a diagnosis by the easy reading of a *post-mortem* backwards, have accentuated so-called snubs, while a desirable life was at stake? ‘Not so happy—yet more happy,’ is the outcast Lazarus in a Home for Incurables who is allowed to die in peace behind a friendly screen, with no public peering in at the windows and awaiting the flight of a wailing soul.”—*Journal American Medical Association*.

“For virulence, scurrile invective, and jealous professional calumny, the attack of Morell Mackenzie on the German physicians of the late Emperor Frederick stands unequalled in the annals of English medical literature. . . . The outburst of medical passion and childish argument used by the celebrated London throat specialist is so utterly beneath the dignity of a great mind, that one is constrained to pity the fate of the once admired but now ruined and sadly shattered British medical idol.”—*Lancet Clinic*.

“For intensity of feeling and bitterness of language, no professional dispute of recent years can compare with that now raging between the British and German physicians who were in attendance upon the late Emperor Frederick. When we think of the exalted rank of the patient and the eminence to which the warring surgeons have attained—their wide reputation for learning and professional skill—it be-

comes almost incredible that such regrettable and embittered differences should exist as are disclosed in the indictment and answer of Sir Morell Mackenzie.—*Medical Record.*

NOTES.

"HOB-NAIL" LIVER IN A CHILD.—Dr. Langham, of London, England, in making a *post-mortem* examination on the body of a boy, aged seven, whose death was caused by the kick of a horse, found a ruptured spleen and a "hob-nail" liver. The child had been accustomed to carry beer and spirits to men in stables.

EPILEPSY AND INSANITY.—Dr. Goodell, of Philadelphia, says he believes the State should interfere to prevent men and women who suffer from epilepsy or insanity from getting married; and thinks the day may come when, by Act of Legislature, an insane man will be castrated, and an insane woman will have her ovaries removed.

Three years before his death, Mr. Darwin added to his "Autobiography" the following lines in his own hand:—"As for myself, I believe that I have acted rightly in steadily following and devoting my life to science. I feel no remorse from having committed any great sin, but have often and often regretted that I have not done more direct good to my fellow-creatures."

Dr. A. J. Willard, who has a private institution for the treatment of nervous invalids at Burlington, U.S., has erected during the past summer a commodious and costly building for his patients. Its location in that beautiful city is most picturesque, and the house has every convenience and appliance for the care of the sick. The institution has been successful from the start, and gives promise of permanency.

ANOTHER SPECIAL JOURNAL.—In January, 1889, there will be issued from the press of A. L. Chatterton & Co., New York, a new quarterly, entitled, *The Journal of Ophthalmology, Otolaryngology and Laryngology*. It will be edited by Geo. S. Norton, M.D., assisted by Chas. Deady, M.D.

The *Journal* will be devoted to original articles upon the three specialties. In addition to original papers by prominent authorities, the immense mass of material found at the New York Ophthalmological Hospital will be utilized.

OVARIOTOMY IN OLD AGE.—There has been considerable discussion about the age of patients who have undergone ovariectomy, and a good deal of confusion arising through mistakes in reports, such as changing a 3 into 8. There seems no doubt, however, that Schröder operated on patients at the ages of 79 and 80 respectively. The greatest age known in such a case, however, was that of Dr. Homans' patient, who was operated on early this year at the age of 82. Dr. Homans is a well-known surgeon of Boston.

We have received the initial number of the *University Medical Magazine*, edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania. It is intended that the *Magazine* shall serve not only the purpose of a general medical periodical, but it will contain in large measure the teachings and scientific work of the University of Pennsylvania. The professors and instructors of that institution have pledged themselves to keep the pages of the *Magazine* constantly supplied with the results of the University instruction.

FREE NOTICES IN NEWSPAPERS.—Marked copies of the *Stratford Times* and *The Eye*, of Erin, are before us. We are favored with newspapers from all sections of the country, containing startling announcements of critical operations performed with marvellous, and almost magical dexterity, and the usual most gratifying results. The ethically pure, however, are in a position to solace themselves with the sedative thought that the names of those most eminent in medical science are not always known to the reportorial staff, nor are their voices frequently heard in communion with the writers of morbid fiction for the public.

TORONTO UNIVERSITY MEDICAL EXAMINERS FOR 1889.—The following is a list of the examiners appointed:—Pathology, H. A. Macallum, M.B.; Physiology, A. B. Macallum, B.A.,

M.B., Ph.D.; Medicine and Therapeutics, J. A. Mullin, M.D.; Materia Medica, O. R. Avison, M.D.; Midwifery, W. Digby, M.D.; Descriptive Anatomy, H. M. Aikins, B.A., M.D.; Practical Anatomy, J. Ferguson, M.A., M.D.; Surgery and Surgical Anatomy, W. T. Aikins, M.D., L.L.D.; Clinical Medicine, A. McPhedran, M.B.; Clinical Surgery, C. O'Reilly, M.D.; Sanitary Science, H. P. Yeomans, B.A., M.D.; Forensic Medicine and Medical Psychology, W. W. Ogden, M.D.; Gynecology, A. Baines, M.D.; Chemistry, A. McGill, B.A.; Biology, J. J. MacKenzie, B.A.

DR. WILLIAM OSLER.—The many friends of Dr. Osler in Canada will be pleased to hear that he has been appointed Physician to Johns-Hopkins' Hospital and Professor of Principles and Practice of Medicine in Johns-Hopkins' University, of Baltimore. No higher honor than this can be conferred on any physician on the continent, and we know of no member of the profession who more fully deserves it. He will leave Philadelphia, where he has been acting as Professor of Clinical Medicine for four years in the Medical Faculty of the University of Pennsylvania, for Baltimore in May next, when he will enter upon his new duties. Our best wishes will go with him. May he live long to enjoy the honors he has so worthily won, and may he add much lustre to the reputation of this great hospital and university.

OÖPHORECTOMY.—Dr. Wm. Goodell, of Philadelphia, in the *University Medical Magazine*, states that during the past year he has removed the uterine appendages nineteen times with one fatal result. His communication is a most interesting one at the present time, for there exists an uneasy feeling regarding the so frequent removal of the uterine appendages when macroscopically they present an appearance so closely allied to the normal that the microscope has to be brought into service to demonstrate the pathological changes. For a frightful case of hysteroneurosis bordering on insanity he performed an operation which resulted in a perfect cure. "*The radical operation was not performed, however, until the lady had undergone two prolonged treatments by massage, electricity and rest in bed; for*

by this treatment I have wholly cured a number of patients whose ovaries had been doomed by their physicians, and who had been sent to me to have them removed. In view of these facts it seems to me that the operation of oöphorectomy has been too frequently performed, and sometimes without adequate warrant." We italicise his statement.

Meetings of Medical Societies.

TORONTO MEDICAL SOCIETY.

STATED MEETING, OCT. 16, 1888.

Dr. Machell in the chair.

Minutes of previous meeting were read and adopted.

CASES IN PRACTICE.

Dr. Carveth presented for examination a man brought before the Society last May, when he showed extensive ulceration of the nose, cheek and throat; some discussion followed at the time as to whether it was a case of syphilis or rodent ulcer. Under specific treatment the man has progressed very favorably.

Dr. Smith presented a young man aged 22 years. When 9 years old he fell on ice striking his elbow; no pain was experienced till next day; abscess appeared and was opened, but did not heal. Others appeared for four years, but old ones did not heal kindly. At present has trouble with forearm. He goes to bed quite well, and is suddenly awakened by severe pains in arm, the elbow swells; this lasts a week and disappears; has had ten such attacks in two years. Two years ago a lump appeared on inner side of arm, then disappeared, and part around began to soften. He played base-ball all summer, when the arm did not trouble him, but since he has stopped the trouble has appeared again.

Dr. Bryce was inclined to think it due to neurosis.

Dr. Atherton would try pot. iodid. for general or possibly specific effect.

Dr. Britton then read a comprehensive paper on cystitis. Idiopathic acute cystitis frequently occurs as a complication, occasionally originates *de novo* in scrofulous and rickety girls;

traumatic origin, either direct, as from instruments, calculi, etc.; or indirect, as overdistension and retention. The disease invades primarily either the mucous tunic or the peritoneal covering, usually the former, the inflammation being either catarrhal or croupous in character. On examination, the mucous membrane is discolored and softened, usually in patches; here and there may be erosions, or, if disease has run a severe course, ulcerations or even gangrenous spots. In acute form of disease the symptoms are malaise, chills, frequent desire to urinate, with scalding urine, pain in hypogastrium and sometimes tenesmus, high temperature and general symptoms of fever. After a few days the urine becomes ammoniacal, and deposits phosphates with mucous and pus corpuscles. If the case proceeds unfavorably, the patient lapses into a *quasi* typhoid state, manifested by hebetude, subsultus, vomiting, purging, and the disease invading the ureter, pelvis and secreting structure of the kidney, ends fatally in coma.

The treatment in the acute form is from the early stages antiphlogistic. Absolute rest, both for patient and bladder, saline cathartics, opiate suppositories, hot fomentations, demulcent drinks and milk diet; alkalies to correct acidity, and in the later stages benzoic acid to counteract alkalinity. Buchu, cubebs, uva ursi, hyoscyamus, copaiba, lupulin and belladonna have all been used for their specific effects. there is less pain.

Treatment: irrigations of nitrate of silver, $\frac{1}{4}$ gr. to an ounce of warm water has been used, also carbolic acid, where there is fetor, pot. permanganate, borax, boracic acid and sulphate of zinc. The plan of puncturing bladder for purpose of drainage was also spoken of.

Drs. Bryce, Atherton and Spencer took part in the discussion.

It was moved by Dr. Reeve, seconded by Dr. Bryce, that the Executive Committee be empowered to collect subscriptions for a large portrait of the ex-President, Dr. Workman.

C. R. CUTHBERTSON, *Secretary*.

The Lancet, after carefully weighing all the facts and arguments *re* Emperor Frederick's disease, expresses the opinion that Prof. Gerhardt's original diagnosis was correct.

Correspondence.

LETTER OF THANKS FROM DR. LESLIE.

TO JAMES WHITE, ESQ.,

Hamilton. 20th Oct., 1888.

DEAR DOCTOR,—Allow me to thank you for \$461, which has been handed to me by you for the purpose of contributing toward defraying the legal expenses incurred in defending the persecution lately raised against me. While I regard this practical proof of feeling as given in support of a cause rather than personal, I am at the same time deeply sensible of the heartfelt sympathy manifested to me by a great many of my professional friends not only in this city but elsewhere.

I thank you personally for all your kindness, and thus through you those who, regardless of their own time and trouble, espoused my cause and assisted me in it with their wise counsel, their sympathy, and their moral support.

I am, yours sincerely,

JAMES LESLIE.

Book Notices.

Suicide and Legislation. By CLARK BELL, Esq. (Reprint.)

Transactions of Medico-Legal Society, April Session. Presidency of Clark Bell, Esq. (Reprint.)

Addresses in State Medicine. Recent advances in State Medicine. By HENRY B. BAKER, M.D. (Reprint.)

Hot Water in the Management of Eye Diseases. Some suggestions. By LEARTUS CONNOR, A.M., M.D., Detroit.

The Causation of Cold-Weather Diseases: an attempt to explain the Causation of Inflammation of the Air Passages, etc. (Reprint.)

Proceedings and Addresses at a Sanitary Convention, held at Manistee, Michigan, June 5th and 6th, 1888. Lansing, Michigan, 1888.

Fifteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan, for the fiscal year ending June 30th, 1887. Lansing, Michigan, 1888.

Hand-book of Historical and Geographical Physiology, with special reference to the distribution of Consumption in the United States. Compiled and arranged by GEO. A. EVANS, M.D. New York: D. Appleton & Co. 1888. Toronto: J. E. Bryant & Co., 64 Bay Street.

The Treatment of Empyema—the Process of Repair. A Method of Subcutaneous Drainage and Irrigation, with Illustrative Cases. By G. J. ROBERTSON, M.B., C.M., Surgeon to the Oldham Infirmary. (Reprinted from the *Medical Chronicle* for March, May, June and July, 1888.)

A Manual of General Pathology, designed as an introduction to the practice of medicine. By DR. J. F. PAYNE, of St. Thomas's Hospital, London. Lea Bros. & Co., of Philadelphia.

This is a strong, well written work, by a sound pathologist and able teacher, and ought to rank high as a text-book. In next issue it will receive notice *in extenso*.

International Journal of Surgery and Antiseptics.

We have received a copy of the new "International Journal of Surgery and Antiseptics," edited by Dr. M. J. Roberts, with Dr. F. King, business manager, published quarterly in New York. It presents an excellent appearance, is well illustrated, and promises to fulfil the aim of its founders, *i.e.*, to keep its subscribers thoroughly posted in progressive surgery and antiseptics.

Excessive Venery, Masturbation and Continence: the Etiology, Pathology, and Treatment of the Diseases resulting from Venereal Excesses, Masturbation and Continence. By JOSEPH W. HOWE, M.D., Author of "Emergencies," etc., late Professor of Clinical Surgery in Bellevue Medical College, etc. New York: E. B. Treat, 771 Broadway.

The title of this book will give a very good idea of its scope. The subjects may not be very attractive, but they are certainly practical. Patients suffering from the effects of the excesses mentioned are sufficiently numerous, and

require the most careful and judicious treatment. For a work of the kind we know of none as good as this.

A Reference Hand-book of the Medical Sciences, embracing the entire range of scientific and practical medicine and allied science. By various writers. Illustrated by chromo-lithographs and fine wood engravings. Edited by ALBERT H. BUCK, M.D., New York City. Vol. VI. New York: Wm. Wood & Co., 56 and 58 Lafayette Place, 1888.

The following are the Canadian contributors to this volume: Dr. Peter H. Bryce, Toronto; Dr. F. Buller, Montreal; Dr. J. Elliot Graham, Toronto; Dr. T. G. Roddick, Montreal; Dr. James Stewart, Montreal; *Dr. Wm. Oldright, Toronto. We have to again express our admiration for this magnificent reference hand-book, which will receive a more extended notice next month.

A System of Gynecology. By American authors. Edited by MATTHEW D. MANN, A.M., M.D., Professor of Obstetrics and Gynecology in the Medical Department of the University of Buffalo. Volume II. Illustrated with four colored plates and three hundred and sixty-one engravings on wood. Philadelphia: Lea Brothers & Co.

We have perused the second volume of this work with great pleasure. It is a matter of profound regret that we have not space to give something like a proper review of such a book. The eighteen gynecologists who have contributed to this volume are all of the United States, but they have world-wide reputations. All things considered, we doubt if their equals could be found in any other part of the world for such a work as this. Of the whole "system" we cannot speak too highly. We believe it is superior to anything that has yet been published, and can, therefore, recommend it to my professional brethren with a great deal of confidence.

Physician's Interpreter in four Languages. Specially arranged for diagnosis. BY VON V. F. A. DAVIS, Publishers, 1231 Filbert Street, Philadelphia.

The object of this little work is to meet a need often keenly felt by the busy physician, namely: the need of some quick and reliable

method of communicating intelligibly with patients of those nationalities and languages unfamiliar to the practitioner. The plan of the book is a systematic arrangement of questions upon the various branches of Practical Medicine, as the Eye, Ear, Nose, Throat, Fevers, Surgical Operations, Stomach Complaints, General Health, Special Diet, Patient's History, etc., etc., and each question is so worded that the only answer required of the patient is merely Yes, or No. The questions are all numbered, and a complete index renders them always available for quick reference. This little book has been written by one who, having had some hospital experience, and being frequently called upon to interpret for foreigners, presents it to physicians and students with the hope that it may facilitate their intercourse with the suffering. Bound in full Russia leather, for carrying in the pocket, (size, 5 x 2 $\frac{3}{4}$ inches). 206 pages. Price, \$1 net.

Therapeutics: its Principles and Practice. By H. C. Wood, M.D., LL.D., Professor of Materia Medica and Therapeutics, and Clinical Professor of Diseases of the Nervous System in the University of Pennsylvania. Seventh edition. Philadelphia: J. B. Lippincott Company.

We doubt if any work published on the subject of therapeutics has proved as popular on this continent as this. The present edition is the seventh published within a comparatively short time since the appearance of the first. We have for years had a very high opinion of Wood's "Therapeutics;" and we are pleased to notice in the present volume that the distinguished author is keeping fully up to the times. The vast number of new medicines introduced during the last few years are well described. One can scarcely realize the wonderful advances in this direction, and nowhere can he gain a better acquaintance with new remedies than in this work. Dr. Wood is neither purely theoretical nor visionary; on the contrary, he is eminently practical. We sometimes think that therapeutics does not receive all the attention it deserves. After all, its importance is second to none in the great and broad subject of medicine. We can recommend this book with great confidence, as being a safe

and reliable guide to the senior medical student and the general practitioner.

The Applied Anatomy of the Nervous System. BY AMBROSE L. RANNEY, M.D. D. Appleton & Co., New York. W. J. Gage & Co., Toronto.

Just at this time, when the surgical treatment of diseases of the brain is receiving so much attention, a work like that before us seems to be an absolute necessity. Not many years ago the discoveries of Ferrier were considered interesting alone to the student of pathology and physiology, but now they have a practical value; and no well informed practitioner can afford to be ignorant of the recent discovery made in the anatomy and physiology of that most important organ of the body, the brain. Thus the second edition has been, in part, re-written, and contains all the recent views of the leading workers in this department. "The aim of the author has been to furnish a reliable guide to the student of neurological anatomy and physiology, in which he may find the views of the leading minds in that field accessible, and the main facts which are applicable to diagnosis clearly interpreted." Any reader of the work before us will be convinced that the author has succeeded in fulfilling the aim thus given in the preface. The text is clear and concise, and the plates are numerous, and serve to illustrate this most difficult subject. We are confident that the work will be of great service to the student who wishes to obtain an accurate knowledge of the anatomy of the brain. It will be even of greater service to the practitioner who makes reference to it in cases of cerebral disease, especially when a tumor or abscess is suspected. We have great pleasure in recommending this work.

The Case of Emperor Frederick III. Full Official Report by the German Physicians and by Sir Morell Mackenzie. The German report translated by HENRY SCHWEIG, M.D., New York. This is the only edition giving the unabridged reports, with all of the illustrations, of Sir Morell Mackenzie and of the German physicians. Cloth, \$1.25. Paper, 75 cents. Address the Publisher, Edgar S. Werner, 48 University Place, New York. Be sure to order the Werner edition.

Personal.

Dr. Thistle has removed to Denison Avenue.

Dr. John Ferguson has removed to 62 College Street.

Dr. W. P. Caven has located at 18 Gerrard Street east.

Dr. A. Melville Ewing has left this city for Buffalo, N.Y.

Dr. C. Scadding is now in practice with Dr. Cameron, at 273 Sherbourne Street.

Dr. Willoughby, the Conservative candidate for East Northumberland, has been declared elected by three on the official count.

Dr. Daniel Clark, Superintendent of the Asylum for Insane, Toronto, has been appointed Professor of Psychology in the Medical Faculty of the University of Toronto.

Dr. A. E. Lackner has returned from the Continent. While in Edinburgh he was admitted to the L.R.C.P. & S., Ed., and L.F.P. & S., Glas. He has now settled in Hamilton, on Victoria Avenue.

James A. E. Steeves, A.M., M.D., Assistant Superintendent of the Provincial Lunatic Asylum, St. John, New Brunswick, is in Europe on a vacation of four months, visiting the asylums of Great Britain and the continent. Lucius C. Allison, B.A., M.D., of the medical staff of the General Public Hospital of St. John, discharges the duties of assistant during Dr. Steeves' absence.

Miscellaneous.

A REAL ANATOMIST.—Professor: "Why do they call this bone the *humerus*?"

Student: "Because it's the funny bone at one end."—*Indianapolis Medical Journal*.

ASSISTANTSHIP WANTED.—A young Scotchman, having spent three years in hospital work in Edinboro', desires to secure position of assistant to a doctor, either city or country. G. G., PRACTITIONER Office.

"A surgeon," noting the peculiar tendency of his fellow-citizens to take carbolic acid in mis-

take for other beverages, makes known, through the papers, that the best antidote for the poison is common soap, or, indeed, soap of any kind. But it must be swallowed immediately, and repeated till the worst effects have been relieved. —*Medical Press and Circular*.

WHERE HAS 'OPKINS GONE?—*The Hospital*, of England, states that nurses in hospitals are rather apt to lay too much stress on the advantages received by the patients and their duty of thankfulness. Witness the following true story: Chaplain.—So poor Hopkins is dead I should have liked to speak to him once again, and soothe his last moments: why didn't you call me? Hospital orderly.—I didn't think you ought to be disturbed for 'Opkins, sir, so I just soothed him as best I could myself. Chaplain.—Why, what did you say to him? Orderly.—"'Opkins," sez I, "you're mortal bad." "I am," sez'e. "'Opkins," sez I, "I don't think you'll get better." "No," sez'e. "'Opkins," sez I, "you're going fast." "Yes," sez'e. "'Opkins," sez I, "I don't think you can 'ope to go to 'eaven." "I don't think I can," sez'e. "Well then, 'Opkins," sez I, "you'll go to 'ell." "I suppose so," sez'e. "'Opkins," sez I, "you ought to be wery grateful as there's a place perwided for you, and that you've got somewhere to go." And I think 'e 'eard me, sir, and then 'e died.—*Ex*.

Births, Marriages, and Deaths.

Notices of Births, Marriages and Deaths to be sent in before the 24th of each month.

BIRTHS.

NOECKER—At Waterloo, Oct. 11th, the wife of Chas. T. Noecker, M.B., of a daughter.

SHEARD.—On Friday, the 5th of October, at 314 Jarvis Street, the wife of Charles Sheard, M.D., of a son.

MARRIAGES.

FORIN—FAIR.—On the 24th of October, by the Rev. J. Campbell, M.A., Ph.D., assisted by the Rev. D. Maclaren, B.A., Alex. Forin, M.D., to Winnifred, eldest daughter of the late T. W. Fair, Esq., of Collingwood.

THOMPSON—DELAPORTE. — On Wednesday, Oct. 10th, by the Rev. A. T. Bowser, B.D., S. G. Thompson, M.D., L.R.C.P.S. Edin., to Elizabeth, daughter of A. V. DeLaporte, Esq.