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ORIGINAL ARTICLES.

(No paper published or to be published elsewhere as original, will be accepted in this department.)

CONSIDERATIONS CONCERNING DIPHTHERIA.

BY A. C. ABBOTT, M.D., FIRST ASSISTANT, LABORATORY OF HYGIENE,
UNIVERSITY OF PENNSYLVANIA.

The application of bacteriological methods to the study of pseudo-membranous inflammations of the upper air passages has resulted in placing our knowledge of diphtheria's condition only to that of tuberculosis. Evidence has been accumulated through this channel that serves, in part at least, to decide several mooted questions that have puzzled for so long a time investigators who viewed these troubles from only their clinical and anatomical standpoints.

It is the experience of every clinician that fibrinous inflammations of the upper air passages are constantly encountered upon which it is impossible, by the ordinary methods of observation possessed by him, to express a positive opinion as to their nature. It is in these cases that bacteriological methods of investigation are indispensable, and it is often through this means only that a correct diagnosis can be made.

The history of diphtheria illustrates with what frequency differences of opinion arise as to many points in connection with a disease of even so characteristic clinical and anatomical manifestations as this. Thanks to the newer methods of investigation, many of these doubts have been swept away, and the majority of the mooted questions satisfactorily answered.

The results of bacteriological studies that have been made upon cases of genuine diphtheria by many observers in different parts of the world since those of Loeffler, published in 1884, have been uniformly confirmatory of the views advanced by him at that time, viz: that diphtheria is a specific infectious disease, depending for its existence upon the presence in the pseudo-membranous deposits in the throat of the individual affected, of a micro-organism belonging to the family of bacteria—a bacillus of

peculiar morphology and definite biological characteristics, which, when isolated in pure culture retains the property of reproducing in certain animals conditions that are pathologically identical with those seen in the human being from which it was originally obtained. This organism is present in the false membranes of all cases of true diphtheria, and is absent from inflammatory conditions of a non-diphtheritic nature. Its presence is, therefore, diagnostic of diphtheria, and in certain places this alone is accepted as unquestionable evidence of the existence of the disease.

With the discovery of this organism and the establishment of its relation to genuine diphtheria, the question involving the identity of diphtheria and allied pseudo-membranous processes, particularly membranous croup, so-called, began to be answered, and at present the number of those who still believe in the existence of a fibrinous laryngitis distinct from diphtheria is indeed small. There are still some, however, who adhere to the opinion that a non-contagious fibrinous laryngitis occasionally occurs, but unfortunately for this view, it is usually supported by clinical evidence alone, and has rarely, if at all, been formulated from the results of bacteriological study of these cases. The evidence at hand is too small in amount to justify the positive denial of their existence, but the few opportunities that have been embraced for the study of these affections by bacteriological methods have demonstrated them to be of a diphtheritic nature.

By similar methods of investigation a great deal has been learned as to the nature of the pseudo fibrinous anginas that accompany scarlet fever and measles. While it is well known that diphtheria may be, and often is, engrafted upon scarlet fever and measles, yet it should not be inferred that the exudation in the pharynx in these diseases is always of a diphtheritic nature. On the contrary, under ordinary circumstances, these anginas are neither clinically, anatomically, nor etiologically identical with the apparently similar exudate in the throat of the diphtheritic patient. They are not due to the activity of the same micro-organism that causes diphtheria, but are most commonly the result of the presence in the tissues of a strepto-coccus, closely allied to that concerned in the production of phlegmonous inflammations. Upon these points Booker, who has devoted a great deal of attention to the subject, and whose contribution is most trustworthy, writes as follows: "Pseudo-membranous affections of the throat occur secondary to scarlatina, measles, and, perhaps, other infectious diseases, which often give the clinical features of diphtheria, but which differ from the disease in nature and etiology.

The clinical features are not sufficiently distinctive in all cases to differentiate these affections from diphtheria. The anatomical changes in the body resulting from the effects of the bacillus diphtheriæ appear to be characteristic. A like careful study has not been made of the anatomical changes resulting from pseudo-diphtheritic processes, but so far as this study has been made, it may be safe to consider the anatomical changes as entirely distinct from those of diphtheria.

The anatomical changes, save the pseudo-membrane, resulting from the effects of the bacillus diphtheriæ, are not occasioned by the direct action of the bacilli, which do not invade the body, but by a toxic substance produced by the bacilli. These changes are characterized by local necrosis of the tissues, with peculiar splitting of nuclei of cells.

"The anatomical changes resulting from scarlatinal diphtheria are accompanied with an invasion of the body by strepto-cocci, and are largely suppurative processes which appear to be the direct effect of these organisms . . . The constant occurrence of strepto-cocci in pseudo-diphtheritic processes, and in numbers proportionate to the

degree of tissue changes, indicates a casual relation of the cocci to these processes."—*Johns Hopkins Hospital Bulletin*, No. 26, Oct.-Nov., 1892.

During the past few years, important light has been shed by bacteriological methods upon another group of cases that had hitherto been considered as unimportant: a group of cases not accompanied by pronounced constitutional expressions, and therefore looked upon as of an innocent nature. I refer to the pseudo-membranous condition of the nostrils, commonly known as membranous rhinitis. Closer study of these affections has revealed them to be, in the great majority of instances, of a diphtheritic nature, and that diphtheria bacilli possessing their full virulence can often be isolated from them. These cases have not been considered of a dangerous character or in any way menacing to the health of individuals with whom they may come in contact, and for this reason are practically never isolated. In a paper recently read by the writer before the College of Physicians, of Philadelphia (see *Medical News*, May 13th, 1893), attention was called to the diphtheritic character of this malady and results of analyses of three cases that had been brought to his notice, were reported. From all of these cases diphtheria bacilli of varying degrees of virulence were isolated.¹

The comparative rarity of this disease necessarily limits the opportunity presented for its study, but the observations that have been made by reliable authorities point so directly to the diphtheritic nature of many of these cases that, when possible, it seems advisable to insist upon the bacteriological examination of all pseudo-membranous conditions of the nasal cavity that are not directly and positively traceable to other causes.

From what has been said, modifications should be instituted in the care of these patients, modifications concerning less the treatment than their isolation; for, in so far as I am prepared to say, the treatment received by them is that which might be, and often is, profitably employed in typical pharyngeal and laryngeal diphtheria.

Another point of great importance that has been brought out by bacteriological study of diphtheria and conditions that might be mistaken for it, is the local nature of the former and the frequent constitutional character of certain of the latter affections.

The virus of diphtheria is located in the superficial layers of the false membranes in the air passages, and does not, as a rule, invade the internal organs; while in the pseudo-diphtheritic process, as Booker cites, the organisms causing them are very commonly found in the internal organs.² The constitutional expressions, therefore, that accompany diphtheria owe their origin to something other than the dissemination of the bacilli through the tissues. This something has been isolated, and is now known to be a soluble poison of surprising intensity. It is produced at the seat of the infection in the throat by the growing organisms, and from thence is disseminated through the circulation, giving rise in the muscles and internal organs to most profound alterations of the integral cells, of which they are composed. This poison is not a ptomain, but belongs to the group of which the venom of rattlesnakes and other poisonous reptiles are members, *i.e.*, it is a poison of proteid nature, a poisonous albumore or tax-albumen as it is called. - An idea of its intensity can be formed from the statement

1. Since the appearance of this paper, two of my medical friends, Dr. I. E. Atkinson, of Baltimore, and Dr. Archibald E. Malloch, of Hamilton, Ont., have kindly acquainted me with instances occurring under their observation in which there was a dissemination of this malady through several members of a family and, in one instance, to the contraction of true diphtheria from it.

2. Froesch (*Zeit. für Hygiene*, Bd. XIII., 1893) has published a series of observations in which he found at autopsy, in ten out of fifteen cases of diphtheria, the bacilli in the internal organs. This contribution is recent and has not yet been confirmed by other observers. Flexner (*Johns Hopkins Hospital Bulletin*, April, 1893) found them in the lungs of a subject at autopsy, into the bronchi of whom there had been an extension of the false membranes, and Chriskey and the writer (*ibid.*) have caused them to appear in the lymphatic apparatus of the omentum by injection of cultures into the testicles of guinea-pigs.

of Raux and Yersi. (*Annales de l'Institut Pasteur Tome III.*, 1889, p. 287), whose exhaustive studies upon its relation to susceptible animals show that $\frac{1}{8}$ of a milligram of the dried poison, without the aid of the bacilli by which it was formed, is sufficient to kill eight guinea pigs weighing each 400 grams, or two rabbits weighing each three kilograms, a potency equalled by few poisons with which we are acquainted.

The bacillus diphtheriæ, as obtained from the pseudo-membranous deposits in the throats of diphtheritic patients, is a non-motile rod. It does not form spores, and is, therefore, less resistant and difficult to destroy than are the bacilli that possess this property, though it is among the more resistant of the non-spore bearing forms. It is killed by an exposure of ten minutes to a temperature of 58° C. (136.4° F.) and its development is practically checked by a temperature of 18° C. (about 64° F.) or lower. It withstands drying for a relatively long time, and cultures of it have been obtained from bits of membrane preserved in pieces of linen cloth after as long as five months, a property in accord with the opinion that apartments or clothing that have been contaminated by the expectorations from a diphtheritic patient, if not properly disinfected, may retain the power of reproducing the disease for a long time.

As stated, it is located only in the superficial portions of the false membranes, and is therefore thrown off from the body in bits of this membrane that are either coughed, hawked, or sneezed up. It does not pass from the throat in the breath of the patient in ordinary respiration, and it has been proven experimentally that, during respiration, expired air is incapable of detaching bacteria from the moist mucous surfaces.

Although diphtheria bacilli that have been swallowed may probably be passed in the stools, there is no reason for considering this an important mode of infection.

The contagion of diphtheria is not air borne, as is the case with measles, scarlatina and small-pox, except indirectly, *i.e.*, it is not given off from the surfaces of the body at any stage of the disease, but only reaches the air after having been extruded from the throat in bits of membrane which may become dried and ground into dust. Inhalation of such dust is doubtless capable of reproducing the disease.

The air of sewer, "sewer-gas," as it is called, is charged in many text-books, particularly those prepared in England, with possessing the property of causing diphtheria, just as it is said to cause typhoid fever, erysipelas, and many other troubles with which it has nothing whatever to do. There is no reliable evidence in support of this doctrine, and that which is usually presented as evidence cannot, with the best intentions, be accepted as more than coincidence. It is far less trouble, and does less violence to our self-opinion to assign, as the cause of an outbreak of diphtheria, the air of a neighbouring sewer than to seek for the reasonable source of infection, or admit our inability to account for it. Even admitting the presence of the bacillus diphtheriæ in the contents of the sewer, there is every argument against its gaining access to and dwelling in the air from this sewer, for we know that it cannot arise from moist surfaces, nor can any other bacteria, and in consequence the air of sewers, even those of very inferior construction, has been found by bacteriological analysis to be usually freer from bacteria than the air in the streets above them. In addition, careful records have been kept of the direction of the air currents in sewers, and in the majority of instances it is found to be nearly constantly toward the mouth of the sewer, and away from the houses in connection with it.

The dissemination of diphtheria is due to direct infection by the bacillus diphtheriæ, either through contact with utensils that have been used by a diphtheritic patient; from contact with instruments employed upon diphtheritic patients and not carefully disin-

fect ed after having been used (the tongue-depressor being not unlikely a common mode of infection); through the use of food stuffs, particularly milk that has become contaminated on its way from the cow to the consumer; and through manifold other ways that may arise in the case of children convalescent from diphtheria, who are allowed to attend school or otherwise mingle with other children before the proper period of their isolation has expired.¹

IS ALCOHOL A SEDATIVE AND DEPRESSANT?

BY THOS. HARRISON, M.D., SELKIRK.

(Read at a meeting of the Canadian Medical Association, London, September, 1893.)

When I commenced the practice of medicine, alcohol in some form was considered, *par excellence*, the great stimulant, and the practitioner who failed to administer it in cases of great and dangerous depression would have been held culpable.

Shortly before that time the use of alcohol as a beverage had been almost universal, and the enormous amount of crime and misery brought about by its excessive use, caused a great many conscientious men to advocate total abstinence, and as there was a possibility of our patients acquiring drinking habits from alcohol prescribed as medicine, some of the temperance men objected to its use under any circumstances—even as a remedy.

The question as to the use and effects of alcohol in health and disease has been discussed for years, and with more heat and prejudice, and more personal feeling than should be present in the discussion of a purely scientific subject, and consequently we cannot place implicit confidence in the conclusions arrived at by either party.

I find, for instance, that a considerable number of conscientious and able medical men claim that alcohol is not of the slightest use in the cases in which we have been in the habit of prescribing it. That it is not only not in any sense a stimulant, but is really a powerful sedative and depressant.

If this is really the case, untold injury must have been done in the cases in which it was used for so many generations. The deaths caused, in critical cases, by giving a sedative instead of a stimulant, must have been uncountable. And as many of us still use it under the impression that it is a stimulant, that the question should be settled—that if we are in error we should recognize it, and reform our practice—must be evident to all.

It is more to elicit the views of the Association on this subject, than with the idea that I can say anything original on it, that has induced me to present this paper.

Soon after I commenced practice my father had a case of post-partum hæmorrhage that promised to end fatally. He thought the patient's only chance lay in transfusion. It was near home, and he sent for me. The patient seemed moribund. The skin was blanched, cool, and clammy; lips white; pulse, which had been rapid and irregular, was imperceptible; pupils widely dilated, and the patient restless and sightless. The hæmorrhage had ceased, and my father had been giving brandy. While he was getting ready to inject the blood, I kept up the use of stimulants, per os and per rectum, and

¹ Bacteriological examinations that have been made of children convalescent from diphtheria have revealed the important fact that for from two to three weeks after the child is apparently well, diphtheria bacilli possessing their full virulence may be obtained from the throat, and therefore, during this period the child, while not usually isolated, is still a menace to the health of those with whom it may come in contact. This is a point of profound importance in aiding the physician in answering the oft-put questions, "When may my child attend school?" or "When is my child free from danger to others?"

by the time everything was ready for the operation, and the blood drawn from the arm of her husband, she had rallied, the pulse had returned, and the idea of transfusion was abandoned. She recovered.

Soon after this I had a case of typhoid fever in a boy. It lasted some seven weeks. Towards the end of the case, the boy seemed dying of exhaustion and heart-failure, and during a period of a couple of weeks we relied entirely on port wine given freely, and the effect of each dose was clearly manifest, the pulse becoming slower, stronger, and more regular. The little patient recovered, it seemed almost by a miracle,

I had a patient with puerperal fever that for days lay at the verge of death; pulse 140-150, at times fluttering and uncountable. She was so low that all medication was abandoned, and for days she took nothing but brandy and port wine, with a very little milk and beef essence. This was many years ago, and she is still living.

A couple of years ago I was called to see the patient of another doctor. He had typhoid fever, and the doctor was so sure that he was dying that he gave him up and left. They wanted my opinion as to whether he was really dying. He was not, but was very close to it. I asked if they had been giving stimulants. They had been giving *half a teaspoonful* of whiskey *twice* a day. When I laughed at the quantity they said the doctor tried a teaspoonful, and it caused an increase of fever. I immediately administered two tablespoonfuls,—the patient seemed the better of it, and I doubled the dose. He gradually improved for fourteen or sixteen days, when profuse hæmorrhage from the nose took place, which continued in spite of us until he was completely exsanguine, and apparently on the verge of dissolution. The whiskey, which had been abandoned as unnecessary, was again administered, and though convalescence was protracted he recovered.

I do not bring these cases forward as anything extraordinary. I presume there is scarcely a man here who has not seen similar cases. Every man who has been in practice for any considerable length of time must have seen cases where from hæmorrhage, or other cause, the patient is brought to the verge of death. The pulse becomes small, rapid, irregular, imperceptible. In the language of Sterne the blood retires to its last citadel, the heart,—rallies again—stops—flutters—Shall I go on?—Feeling that the answer will be unfavorable, you give a generous quantity of brandy—you feel a return of heat, a fluttering at the wrist—the blood has again returned to the out-posts, as decidedly and vigorously as if it had received important re-inforcements—which I have no doubt it has—and the answer is—Yes.

You mention these cases to those who hold alcohol to be a sedative, and they will bring forward cases which seemed as hopeless, and which recovered without the use of alcohol, and think that a sufficient answer. I think in this they miss the point of the argument. It is not necessary, in order to prove that alcohol is not a sedative, to show that in these cases the favorable termination was owing to the alcohol. When your patient is nearly moribund—when it is evident that the weight of a feather thrown into the wrong scale must be fatal, and you give a decided dose of brandy: If brandy acts as a sedative, its effects must necessarily be fatal. The mere fact that the patient rallies under its effects in this frightfully low condition, shows that it cannot be a depressant, or that if it is, its powers of sedation are something on a par with the lethal power of Artemus Ward's coffee. You remember he said coffee was a slow poison—the slowest on earth.

CLINICAL NOTES.

ECLAMPSIA.—REPORT OF A CASE.*

BY J. CAMPBELL, M.D., C.M. (M'GILL) AND L.R.C.P. (EDIN.), SEAFORTH, ONT.

The subject of Eclampsia, though an old one, is ever new, and always intensely interesting. It is one of those diseases which resembles death itself, as it comes like a thief in the night when we least expect it. These are my only reasons for trespassing on the time of this learned Association with the report of a case which recently occurred in practice.

On the 9th of June last, at 11 p.m., I was called to see Mrs. M., aged 32, who was complaining of severe headache which she said was neuralgic, as she had often had it before and it had always yielded to neuralgic medicine. The patient, though an old patron, had employed another physician for years; hence, I had no knowledge of her being pregnant; and as she was lying on her side in bed, undressed, with bedclothes obscuring the view, any information I might receive from eyesight was prevented. She said that the pain besides being felt severely in the head, extended down the side of the neck to the left shoulder—in fact, she maintained that it first began in the shoulder. At present, she said, it “was beating like a hammer in the head.” She had been hot and sweating some days ago, she said, and caught cold. This is the history she gave. Without further investigation or thinking she was pregnant, I gave her medicine for neuralgia, as she desired, and left. At 2 o'clock on the 10th, namely, three hours after my first visit, the husband called me suddenly, saying that “his wife had taken a fit.” I hurried to the house and found her sensible, but still complaining of a severe headache and also pain in the epigastrium. The carotids were throbbing and the patient somewhat excited. Pulse and temperature were normal, but the pulse was hard and bounding. Examined thoroughly. Found she was pregnant for the eighth time, and according to her reckoning, about seven months gone. There was no time to be lost. I at once gave her an enema of warm water containing ʒi of chloral hydrate and watched her until she went to sleep; remained in the house until 7 a.m. She slept several hours, her husband keeping cold cloths on the head and giving small quantities of milk occasionally. Had given her pellets of elaterium when the chloral was injected, and now they were having the desired effect, and the bowels were moving freely. On account of the bowels acting at the same time that she passed urine, I did not secure a sample of the urine for the purpose of examination. As there were no signs of the convulsions returning, I left her at 7.30, directing them to call me if the fits returned.

Went to see her at 10 o'clock and while preparing to give her another enema with a ʒi of chloral, she took a severe convulsion before I had even time to use the chloroform which I had on hand for the purpose of warding off the attacks. Gave the enema and secured a sample of the urine, which upon testing with heat and nitric acid, I found to be *literally solid*. Saw my patient again at noon, and asked for a consultation to decide the question as to whether labour should not be brought on, as I felt satisfied that delay under the circumstances, was dangerous. While waiting for the consultant, she took a

*Read at meeting of Canadian Medical Association, September, 1893.

severe convulsion, before I had time to use the anesthetic ; repeated the enema, shortly after which, upon making an examination, I found the *os* dilated to the size of a quarter dollar and somewhat dilatable. Upon consultation, it was decided that we should rupture the membranes, which I did at once, the consultant, Dr. Bethune, leaving me to conduct the case myself unless he should be called upon at any time to assist. Labour pains came on in a few minutes, after which she went to sleep. Examined at proper intervals and aided the dilatation with the fingers. About 3 p.m. she came partly out of her sleep and complained of pain over the uterus. Was able to answer questions intelligently in a sleepy manner. Examined from time to time and found that the *os* was dilating rapidly. Soon the expulsive pains began and by 4 o'clock she was delivered of a living male child. We had been giving her a diuretic mixture containing potas. acet and digitalis, but the stomach had rejected it, as it *had* everything else she took. An hour before delivery, however, we had given her a dose which, contrary to expectation, the stomach had retained. We carefully controlled the uterus and after waiting a short time the placenta was expelled. There was no hemorrhage. Had taken the precaution to give her a ʒi of Parke-Davis' fluid extract of ergot half an hour before delivery ; had the forceps ready to use if they had been required ; left the house at 5 p.m. ; she was then doing well ; saw her at six, and again at nine. There was no return of the convulsions. She took the diuretic mixture every two hours and the milk between times. The headache left her and never returned. She passed water more frequently and in larger quantities, while the pulse and temperature maintained a normal standard.

In conclusion I would say, that the subject of Eclampsia requires further investigation, more light is required as to the etiology of this dangerous disease, to enable the practitioner to treat it intelligently. Modern pathology will, we think, fully justify the following statements : 1st. The cell activity of both mother and foetus produces excrementitious substances which prove poisonous to the whole organism of the mother, unless expelled or made harmless by the excretory organs. 2nd. These organs in the pregnant woman are often inadequate to dispose of the effete material in question. 3rd. As a consequence poisons of a nature not yet demonstrated accumulate in the blood of the mother, until its cumulative action produces the eclamptic seizures in question. 4th. The convulsions are believed to be the result of anæmia of the brain produced by violent contraction of the arterioles, probably by direct irritation of the brain substance.

In consequence of intense muscular action, the circulation is interfered with and blood is determined to the internal organs, such as the brain, lungs and kidneys, producing congestion of these parts, leading to apoplexy in the brain, oedema in the lungs and frequently a complete abrogation of the renal function. The indications for treatment in convulsive seizures of this nature are the following :

- 1st. To eliminate the poison from the blood as quickly and in as large quantities as possible.
- 2nd. To diminish nervous sensibility and lessen muscular power, in order to reduce the convulsions in strength, duration and frequency.
- 3rd. If convulsions occur during labour, to save the infant without adding to the risk of the mother.
- 4th. To guard the mother from injury during the attack.

ACUTE GLOSSITIS IN TIN POISONING.

BY W. H. PEPLER, M.D., TORONTO.

On July 24th last, about noon, J.H. came to me with his tongue very much swollen, and complaining of burning pains in the stomach, vomiting and diarrhoea. He stated that for breakfast he had eaten a quantity of canned peaches, gone to work feeling perfectly well, but about two hours later he felt his tongue getting very thick; had vomited and had had some diarrhoea.

On hearing this, I concluded that he had been poisoned. I therefore gave him a mixture of magnesia sulph. magnesia carb. syr. zingibuis. And for the glossitis, which was very acute, I made half a dozen incisions in the dorsum of his tongue each side of the raptic, and ordered him to suck ice. Under this treatment he rapidly recovered.

There was a similar case recorded in the *British Medical Journal*, some few weeks ago, in which acute glossitis was a symptom in poisoning with the salts of tin.

Reports of Societies.

THE CANADIAN MEDICAL ASSOCIATION.

Reported by DR. J. N. E. BROWN, Official Stenographer of the Association.

The Twenty-sixth Annual Meeting of the Canadian Medical Association met in Victoria Hall, London, Ont., Wednesday, Sept. 20th, at 11 a.m.

Dr. Bray, of Chatham, after thanking the members for their kindness and consideration to him as president for the last year, introduced his successor, Dr. Sheard, of Toronto.

Dr. Birkett, of Montreal, Secretary, read the minutes of last session, which were adopted.

A motion was then introduced asking that fees be required only of members in actual attendance at the Association. Another, that after this date members who were to read papers, and were unable to come, should telegraph such inability to the Secretary, so that the programme might be more easily carried out.

The Secretary then read a communication from the National Bureau of Bibliography, Washington, D.C., informing the members of its value as a store-house of medical literature, from which they might

procure information on any medical subject in which they were interested as students or lecturers.

The President proposed that some provision be made for reporting the proceedings of the Association, and, on motion of Dr. W. H. B. Aikins, a committee was named to arrange for such reporting. Dr. Brown, of Toronto, was chosen to do the work.

Drs. R. A. Reeve, J. F. W. Ross, H. A. Macallum, T. S. Harrison and Holmes, were chosen as the Committee on Ethics.

The subject of an uniform Canadian Pharmacopœia was then discussed, and a committee of teachers of therapeutics was appointed to memorialize the Government on the subject.

PRESIDENT'S ADDRESS.

The President, Dr. C. Sheard, after the opening business, proceeded with his address; his eloquent periods held the Association in rapt attention and elicited the most hearty applause. The effort was a most masterly one; the substance of his address was solid and the effect of its brilliant delivery can be appreciated only by those who have listened to the magnificent oratory of the Doctor, when he is speaking on some congenial theme.

He expressed gratitude to the Association for his election, saying that he felt

honoured to fill such a position which had formerly been filled by men who had made the profession of medicine in Canada illustrious. He combated the statement made by some that the influence of the Association was on the wane and its work usurped in part by Provincial institutions. It had for twenty-six years stood out against charlatanism, it had developed a feeling of friendship and unity among the profession, it had stimulated and helped men to professional excellence, and had given medical men an increased love and zeal for their calling. It has not outlived its usefulness. Such men as Howard, Ross, Osler, Hodder, Workman and Wright, not to speak of men whose advancing years prevented them from attending this Association, were examples of all that was good and noble and inspiring to the younger members of the profession. If a man would do good work, he needed to devote his whole attention to his profession. It was unfortunate that some of the younger men presumed that because they thought they had the latest and most approved methods, they should parade them in such a way as to reflect on their older colleagues. Thackeray had asked how it was that the evil which men did spread so widely, whilst each good, kind word seemed never to take root and blossom. The President went on to say:— "It appears to me scarcely conducive to professional unity, that we should have in the various provinces of the Dominion separate licensing bodies, which confer the privilege of practising only for the Province, and that those of us who to-day may reside in Ontario, in travelling to Manitoba or British Columbia, require there to pass a period of naturalization before he can even be examined, and then to ag in pass an examination which proves our qualification to practise—and this in our own country. Surely we are all Canadians, and if the spirit of the times means anything we are united in patriotic feelings

and national progress. Why should it be different in medicine? I may express the earnest hope that the time is not far distant when there will be some central examining board, or boards, for the whole Dominion, when a license from such a body will be a qualification to practise from one end of the country to the other." (Applause.) The Doctor then spoke of the great strides medicine had made as a result of bacteriological investigations. Curative methods followed correct diagnosis. Bacteriology was a practical scientific means to aid in this direction. He saw within the next decade a solution to the difficulty which beset the cure of phthisis and such diseases whose causation had, during the past decade, been established. *The science of medicine, like others, must depend upon the co-relation of facts—upon the comparison of cases alike in many respects, but differing somewhat in their phenomena. Much difficulty there was in ascertaining what cases were sufficiently similar to become comparable—due to insufficient and erroneous records of the phenomena observed. Few men could for and by themselves see and describe the things before them. It took a long time before men could see the difference between measles and scarlatina; between typhus fever and typhoid. Plato said, "he shall be a god to me, who can rightly divide and define." Men, the speaker said, who have this faculty, we cannot produce by any system of education; they come we know not when or why. It was science, he said, that laid the basis upon which were wrought the revelations in practical medicine.*

"Science seams and scars the detested face of hypocrisy and lies, adds beauty to beauty, grace to grace, truth to truth. It decks the flower of the field with loveliness till all the universe beats with one heart, pants with one breath. It goes hand in hand with art. When the tale of great deeds ceases to thrill, when the awe

has vanished from the snow-capped peak and deep ravine, when the lily of the field becomes no longer beautiful, when the tale of suffering causes no pity, then indeed, and not till then, may science be said to have devoured art."

Science and practice, he said, should go together. It should be the work of the pathologist to study the etiology, diagnosis and progress of the case. Paget was a pathologist and surgeon; so was Billoth; Koch was a general practitioner; Cheyne a consulting physician. In the lines of scientific attainment, Canada was fully abreast of the time. There were too many men in our country, however, who were possessed with the sordid ambition of the utilitarian; who thought they could not leave their practice a day to gather such knowledge and enthusiasm, have their powers of observation quickened, receive such mutual benefit, as would come to them from attending medical associations. The President eulogized the good work of our colleges and the Medical Council of Ontario. In concluding, the President said, the Government of the Province was Liberal, leaving to the profession the ordinance of its own laws, and did it show worthy intelligence on the part of those claiming to be ornaments of the profession to urge upon the gubernatorial body the wisdom of withdrawing from them what was justly and legitimately their own? The masses sent their representatives to represent them in certain issues, and if they did not do so they changed their representatives. "This is one law of political economy throughout the world. Have the physicians of our Province not enough intelligence to be entrusted with the same privilege?"

Dr. Hingston was voted to the chair. Dr. Bray moved, Dr. Reeve seconded, a vote of thanks to Dr. Sheard for his address. This was carried with applause. The President made a suitable reply.

Dr. J. E. White, of Toronto, seconded by Dr. Bray, of Chatham, made a motion to the effect that a committee be formed to report some scheme whereby the barriers that exist to inter provincial registration might be overcome, so that practitioners in one province might be enabled to practise anywhere in the whole Dominion without re-examination, and that such committee be composed of Drs. Praeger, British Columbia; Hingston and Mills, of Montreal; Waugh, of London; Sheard, of Toronto; Harrison, of Selkirk; Taylor, of Goderich; Worthington, of Sherbrooke; and Ross, of Toronto. Carried.

The Committee reported at the evening session Thursday, but owing to its being the last session, and many members having already left the meeting, the report was not fully discussed.

The next feature was the report of "A CASE OF ECLAMPSIA," by J. Campbell, of Seaforth, Ont. (See page 101.)

Dr. Laphorn Smith expressed entire approval of what Dr. Campbell had said in his paper. He thought the cause was due to pressure on the venous circulation of the kidneys, causing nephritis. He did not agree that the anæmia of the brain was the beginning of it. The nephritis caused the albuminuria; the albuminuria caused the anæmia. The indication for treatment was to remove the pressure by lessening the size of the uterus. He favoured the use of chloral to assist in dilatation of the os and to lessen reflex action.

Dr. Harrison outlined the history of a recent case of his where he employed bleeding, a remedy he had spoken at some length about in the treatment of this affection at the meeting of the Ontario Medical Association. He bled freely with immediate and permanent effects. He employed as well an enema of chloral and brandy.

Dr. Bethune, of Seaforth, corroborated what Dr. Campbell had said regarding his case. He was in favour of bleeding

in sthenic cases, not in anæmic; but he regretted that the young practitioner of to-day did not know how to perform this simple and often effective operation.

Dr. Irving, of St. Mary's, asked if it were proper to give ergot in eclampsia. Did it not cause contraction of the arterioles—a thing to be avoided? Dr. Smith had said that the pressure of the fœtus *in utero* was the cause of the convulsion. How was it that they often did not occur until after delivery?

Dr. Holmes, of Chatham, said he was reminded of one thing in what Dr. Campbell had said—the danger of making too cursory an examination of the patient. Dr. Holmes pointed out the benefit derived in causing profuse sweating. He leaned to the theory that the convulsions were due to the circulation of some toxic element in the blood, independent of the nephritis.

Dr. Campbell closed the discussion.

Dr. Canniff, of Toronto, then gave an address on "SANITARY SCIENCE—SOME OF ITS EFFECTS." Sanitary science, he said, was not a distinct and separate science, but rather a development of medical science and that the medical man should be employed not only to cure but to prevent disease. He advocated that we should have specialists on the subject. He also advocated the same observation by individuals and families in regard to sanitation as is done in the case of the State and the Municipalities; and, as it was desirable to legislate in regard to preventible diseases, so the principle was equally applicable in relation to individuals and families. It was nobler to prevent than to cure. The principles of hygiene should be taught by the parent and continued in the school. He advocated the principle of families employing a medical man by the year, who would make regular visits, and advise as to sanitation; by so doing sickness would be prevented.

Dr. Arnott thought the idea of families

employing medical men by the year good in theory but bad in practice. His experience was such. He also thought it would be a bad education to the family itself. He thought the importance of a knowledge of sanitary science by medical men in the cure of disease should be emphasized as well as the prevention of it.

Dr. Bethune's experience had been that, having agreed to a certain amount for his services, he was called so frequently as to make it non-paying. If families could be educated up to it, it would be well for the country and much disease prevented.

Dr. Wesley Mills thought that it would be practicable for the physician to look generally to sanitation and to be paid extra when specially sent for; family tendencies would then be understood. Until physicians were employed in the way mentioned, the best results would not be obtainable. He thought the appointment of specialists a good thing, and stated that in some places this was being agitated.

Dr. Canniff thought he had been misunderstood; he only intended saying, if regulations as to hygiene worked well in municipalities, so they ought to in families. Statistics show that the practice of hygiene is a saving operation—saving the man and saving the labour.

Dr. Anglin, of Verdun, followed in a paper on, "THE GENERAL PRACTITIONER AND THE INSANE"—a very practical paper. The subject of insanity was one which had been left alone too much by the general practitioner. It was important that he should know more about it, for on him rested the diagnosis of insanity, possibly the administration of treatment, the recommendation to hospitals, and the certification of the patient's mental condition. Generally speaking, it was better to advise hospital treatment, but in some cases this would be impossible. It was much less expensive, and the change of environment

was generally beneficial. He was glad that the old prejudice against insane hospitals was becoming lessened. It should be taught to the general public that insanity is a disease, not a crime. The Dr. then described the hospital of to-day, showing that it was not a place to be shunned as was the one of days gone by

in cases due to pain, were useful. Constitutional treatment should be attended to strictly. The Dr. outlined the points necessary to observe in making out certificates, laying special emphasis on the recording of phenomena actually seen by the examiner. He criticized the stupid methods of admission in certain States, but commended the progress of Canada in this matter. A certain amount of formality was absolutely necessary, and the doctor should be exceedingly exact in replying to the questions on the blanks used. It was wise to find out all one could about the patient before interviewing him. Deception should never be used with the patient, for this often rendered him less amenable to treatment. It was sometimes exceedingly difficult to detect symptoms, so careful to conceal them was the patient often. Three things should be noted—acts, appearances and conversation. The patient should be told frankly that he was *sick* and needed *hospital* treatment.

This paper was discussed by Drs. Matheson, Arnott and Mills. Dr. Anglin closed the discussion.

Dr. Harrison, of Selkirk, then followed with a paper on, "IS ALCOHOL IN ALL

DOSES AND IN ALL CASES A SEDATIVE AND DEPRESSANT?" (See page 99.)

Dr. Arnott said he had some diffidence in discussing the subject, as he seemed a "lone bird in the tree." His views were, and had been for years, that alcohol was not a stimulant in its direct action. The question under discussion, in other words, is, "Does alcohol or could anything under varying conditions give the same results?" Suppose the principle were applied to water, although under some circumstances it causes death, no one would say it was a poison; the direct and primary action of water is nourishing. The profession are not divided at present as to the sedative action, because all use sedatives to bring about a stimulating result. There was, he said, not so much difference between Dr. Harrison and himself as appeared on the surface. Although opium was a sedative, we get stimulating results from it. He mentioned a case of his in practice—the setting of an old lady's arm—a Colles' fracture. He had given her a great deal of pain, and suddenly she became white and pulse imperceptible. He was afraid the patient was dying. He thought it clearly the result of shock, and called for whiskey, not as a stimulant (being opposed to that), but to relieve the shock. None being in the house, he gave the patient chloroform, after which the pulse became strong and the operation was completed. He had another case of typhoid fever in which the depression was very great, and in which he administered whiskey in large doses, an ounce every hour. Being alarmed, he called in Dr. Hodge, and they administered $\frac{1}{8}$ grain of morphia hypodermatically, and that did much more good.

Dr. Bethune said alcohol was in one case a stimulant, in another a narcotic, and in another a sedative, according to the condition of the system. If taken in big doses it was a narcotic. Perhaps some of them had felt the effect. (Laughter.)

In neuralgia it was a sedative; when people took a tumblerful at night to put them to sleep, it was a narcotic.

Dr. Gardiner, of London, said that by the use of alcohol the pulse got stronger, the eye brighter, the skin warmer and the body invigorated. Whether it was called a stimulant or narcotic, it should not be used carelessly, but only when there was reason for it.

Dr. Mills, of Montreal, thought it was a subject demanding careful scientific study, especially as its elementary principles were taught in the public schools. The doctor said the necessity for experiment was absolute, and they were not prepared yet for dogmatism. He condemned the present school books as extreme. The children were taught that alcohol, under all conditions, was a poison. The medical profession should do something to counteract this.

Dr. Arnott said that alcohol was termed a stimulant, an anodyne and a narcotic. This was perplexing. The fact that the hospital having the lowest death-rate in London, England, did not use alcohol, he made his excuse for speaking on the subject.

Dr. Laphorn Smith spoke of the experiments showing the effect of alcohol on the muscular power, how that, soon after administration of the alcohol, the individual tested could lift much more, but when the reaction had set in, considerably less than at first. It was certainly a temporary stimulant. It affected the great sympathetic which contracted the arterioles, more blood being forced into the coronary arteries, thus strengthening the heart.

Dr. H. A. Macallum said there seemed to be physiological evidence to show that all narcotics and poisons were stimulants. The respiratory stimulus was a poison. It could not be that CO_2 , the respiratory stimulant, and ultimately poisonous to that centre, could be a stimulant as

secondary to narcotic action. All stimulants for secretion, respiration and circulation ultimately were narcotic and poisonous. Anaesthetics were stimulants in small doses. It could not be argued that CO_2 , as a natural stimulant, acts as a narcotic.

Dr. Harrison closed the discussion.

EVENING SESSION.

Dr. Hingston, of Montreal, then delivered an address on surgery.

Dr. Eccles' paper, "MOVABLE KIDNEY WITH TWO CASES OF NEPHRORRHAPHY," came next. This condition, he believed, was often overlooked, and something else treated (often hysteria) for it. This resulted from neglecting to examine the kidneys, a matter always to be attended to in obscure cases with symptoms of hysteria, melancholia and general nervousness and dyspepsia. This organ having no special support, was in danger of displacement. The thirty cases Dr. Eccles reported were all females. Patients had a dragging-down feeling, or aching in the back or along the ureteral lines. In most there was dyspepsia, accompanied by constipation; diarrhoea occurring in only four. In six there was an exacerbation of symptoms during menstruation. In some seven there was inability to lie on the side opposite the displacement. Intermittent hydronephrosis was observed in seven. Dr. Eccles then outlined two cases fully. The first had most of the typical symptoms for a number of years, the most prominent being the frequent

attacks of severe pain, which, at first, lasted about an hour, and latterly forty-eight. These were accompanied by swelling inside, followed by its disappearance and a great flow of pale urine. The Dr. could feel the kidney. Had support and pad applied with complete relief. Movement, no doubt, of the organ had kinked the ureter. The speedy relief of this condition was conservative to the kidney.

In another case reported, the abdominal support failed to give relief. Operation was advised. After the usual incision, the capsule was opened along the convex border one inch in width. Two silkworm gut sutures were passed into the parenchyma three-eighths of an inch deep; two catgut through capsule and fatty capsule above and below, continued through the muscle and fasciæ. The fasciæ were united by separate catgut sutures before those through the kidney and its capsule were tied. Good recovery.

In a second case of operation, Dr. Eccles did similarly, but did not dissect up capsule, as it was thickened, and a cystic condition appeared underneath. A good recovery followed.

Dr. Hingston pointed out that a misplaced kidney was more easily felt if the patient leaned forward during the examination. He showed how one might be mistaken by telling of a patient who came to him suffering in this way, upon whom double ovariectomy had been done for its relief. This mistake would not be made if one, by grasping the kidney and making gentle traction downwards, found that pain was experienced, while pushing it upward gave relief. The reverse would take place in the case of the enlarged ovary. In many cases he thought operation unnecessary.

Dr. Bethune had had a few cases. They were all in women on the right side. The trouble proved most annoying during preg-

nancy. In one case he had, the kidney, on removal, was found to be cancerous. He thought cases of displaced liver were more common than was generally supposed. He did not see how operation could help the patient much, as there would be difficulty in retaining it in position, even after operation, so little was there to which it could be solidly attached.

Dr. Bell, of Montreal, agreed that many of these cases needed no treatment. The condition was often accidentally discovered. But in cases where hydronephrosis developed, some operation seemed to be necessary. He had had no personal experience in the use of the pad and band, and did not think it likely they would do much good. He had operated on patients where this treatment had been tried, and found to be a failure. He thought the operation of nephrorrhaphy, in many cases, effectual in making a permanent cure. At first he was skeptical regarding the operation, but he got over that. He knew of no other means of relief.

Dr. Laphorn Smith agreed with Dr. Bell. The frequency of cases he believed to be due to improved methods in diagnosis. Formerly they were called hysteria. Dr. Smith wished Dr. Eccles would show his ingenious method of retaining displaced kidney in such cases as are not bad enough for operation. He was reminded of the principal causation of the trouble when he heard a young man remark to his friend after a tight-laced young lady passed by them, "I wonder where she puts her thirty yards of intestines." He (the speaker) had not seen any cases of men with this affection. He considered the ounce of prevention to be a modification of the corset.

Dr. Eccles closed the discussion.

Dr. H. S. Birkett, of Montreal, read a paper describing "A CASE OF SUBCORDAL, SPINDLE-CELLED SARCOMA, AND ITS SUCCESSFUL REMOVAL BY THYRO-

TOMY." The Dr. outlined a history of the case. The principal symptoms were marked dyspnoea, hoarseness, and almost complete aphonia occurred; in the latter stage, almost complete suffocation when in the prone position. Patient was thin and anæmic; was pregnant; was compelled to sit upright with mouth open. On examination, the laryngoscope showed a large sub-glottic tumour nearly filling the lumen of the larynx, disky red in colour; vocal cords free. Tracheotomy was performed low down; a tube made breathing easy. Labour was induced; tumour, strange to say, decreased in size. In three weeks, tumour was removed by thyrotomy. Incision was made between the alæ down to the upper border of cricoid. On separating, tumour was well exposed; was attached to right ala of thyroid just below vocal cord. After removal, site was cauterized with chromic acid. Three deep silkworm gut sutures closed deeper structures, and superficial ones, the wound externally. Microscopical examination revealed it to be a spindle-celled sarcoma. The condition was unique. The operation of thyrotomy was practically devoid of danger in itself; its result depended much upon what it was done for. As to its employment in tuberculosis, opinion was divided. The Dr. closed by detailing at length why he adopted the method he did rather than removing the growth *per vias naturales*.

Dr. Osborne, of Hamilton, commented on the decrease in the size of the tumour after delivery. He supposed it was on account of some reflex condition between the uterus and the tumour.

Dr. Birkett explained that the whole arterial system was in a state of great tension during pregnancy; after delivery this would lessen much, and hence there might be a lessening in the size of the tumour due to the fact.

(To be continued in our November number.)

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TORONTO, OCTOBER, 1893.

CANADIAN MEDICAL ASSOCIATION.

The Annual Meeting, which was held in London September 20th and 21st, was interesting and enjoyable, but not largely attended. A full report of the proceedings will be found under the heading of Society reports.

Dr. Sheard presided in a most acceptable manner, and delivered an admirable address. He eloquently and forcibly pointed out the necessity for doing away with the exclusiveness which now obtains in the matter of provincial registration.

Dr. T. S. Harrison, of Selkirk, a gentleman who has attended with great regularity the meetings of the Association, and has done much to advance its interests, was selected to preside at the next meeting, which will be held at St. John, N.B. The other officers elected are as follows:—

Vice-Presidents: For Ontario—Dr. F. R. Eccles, London; Quebec—Dr. J. Stewart, Montreal; New Brunswick—Dr. J. Christie, St. John; Nova Scotia—Dr. W. S. Muir, Truro; Manitoba—Dr. R. Spence, Brandon; N.-W.T.—Dr. F. H. Mewburn, Lethbridge; P. E. I.—Dr. F. B. Taylor, Charlottetown; British Columbia—Dr. R. E. McKechnie, Nan-

aimo. General Secretary, Dr. F. N. G. Starr, Toronto. Treasurer, Dr. H. B. Small, Ottawa. Local Secretaries: Ontario—Dr. J. Olmstead, Hamilton; Quebec—Dr. J. V. Anglin, Montreal; Nova Scotia—Dr. R. A. H. McKean, Cowe Bay; New Brunswick—Dr. M. McLaren, St. John; P. E. I.—Dr. Johnston, Charlottetown; British Columbia—Dr. Walker, New Westminster; Manitoba—Dr. A. M. McDiarmid, Winnipeg; N.-W.T.—Dr. Calder, Medicine Hat.

TREATMENT OF ARTERIAL HEMORRHAGE FROM THE PALM OF THE HAND.

Most of our readers have probably discovered that hemorrhage from the palm of the hand is troublesome, more particularly from a punctured wound. When the vessel can be found and ligatured, or twisted, the result is generally satisfactory. The most painstaking surgeon, however, will often have to give over searching for the two ends of the wounded vessel. Before proceeding to apply a ligature to the brachial artery, a practice, which in neglected cases may be called for at once. Dr. Chalmet of Landerneau, France, in *Revue Générale de Clinique et de Thérapeutique*, advises a combination of known procedures, which heretofore have not been employed simultaneously. His method is as follows:—

1. Flexion (not extreme) of the forearm on the arm.

2. Moderate pressure over the wound (previously bathed with an antiseptic lotion), by a compress of salicylated absorbent cotton, which is retained by a bandage.

3. Moderate compression of the radial and ulnar arteries by two little compresses kept in position by a bandage; a third compress should be placed at the bend of the arm and fresh turns of bandage applied pretty tightly.

4. Fixation of the arm in a square sling stitched together, so that the arm shall be pressed to the side of the body, the elbow elevated, the forearm flexed, and the hand laid supine on the sternum (which should be partly uncovered so as to permit observation).

5. Complete rest, avoiding all effort, daily examination of the dressing, which should be removed about the eighth day.

Dr. Chalmet does not claim originality. As he says, "direct compression is known to everyone; placing compresses over the radial and ulnar arteries is Nelaton's invention; flexion of the forearm on the arm has been pointed out by Bichat; Gosselin recommended elevation of the arm with pressure at the wound, and also at the bend of the arm; humero-costal pressure (bringing into play the weight of the body) has been employed by Schiverlbein."

The combination, in spite of Dr Chalmet's modest disclaimer, may be considered a happy one, and may be recommended on the express conditions, however, that the wound is kept in a thoroughly aseptic condition, and the wound and the wounded one kept under continual observation.

SURGEON-MAJOR PARKE.

To have arrived at distinction at the early age of thirty-three and to die at thirty-six is very hard. Yet such has been the fate of Dr. Parke, Stanley's surgeon, in his last African expedition. It is gratifying to read in "Darkest Africa," Stanley's appreciation of this gifted member of our profession. "This expedition," wrote Stanley, "possesses the rarest doctor in the world. No country in Europe can produce his equal in my opinion, there may be many more learned, perhaps, more skilful, older or younger, as the case may be, but the best of them have something to learn from our doctor. He is such a

combination of sweetness and simplicity. We are all bound to him with cords of love. We have seen him do so much out of pure love for his 'cases,' that human nature becomes emboldened by this gem. He is tenderness itself." It is something to have merited such praise, but it must add to the poignancy of the grief of his friends. Yet there are many such heroes in our profession who have "blushed and died unseen," whom the search-light of public opinion has not revealed to a censorious world, and who have been followed to the grave by the tearful and sincere regret of many a village community. In no calling are there to be found so many patient, self-sacrificing and devoted men as in the profession of medicine.

THE OVER-CROWDED CONDI- TION OF THE MEDICAL PROFESSION.

In the opinion of many of the best members of the medical profession, there are too many studying medicine. For years the lectures delivered at the opening of the medical colleges in Britain have already pointed attention to this fact.

It is becoming yearly more costly and difficult to become a doctor. If a young man will count his five years' time, his board, books, instruments, clothing and fees, he cannot expect to graduate in medicine at a less outlay than from three to four thousand dollars.

When he does get his degree, he has to go into keen competition with those who are already established. Taking British, Canadian and American cities and towns as his fields for practice, there are not over six hundred of a population to each doctor, and in many places much less than the above number. Medicine is certainly not an eldorado to any young man of good ability.

Taking all chances together, we think that with the same money, time and energy very many of our young men would

do much better if they turned their thoughts in other channels.

The tendency of medicine and surgery is also changing. It looks as if much of the treatment of the future in cities is going to be done in well-regulated hospitals, sanitariums and institutes. To those who have control of these places there is often status and emolument; but to the vast majority of the profession, not so favoured, the outlook is often drear enough.

AN ACADEMY OF MEDICINE FOR TORONTO.

Referring to the letter in this issue from the pen of Dr. N. A. Powell, we heartily approve of most of the sentiments therein contained, and would remind our readers that some movement towards the establishment of an Academy of Medicine in Toronto had already been made.

Some time during last winter committees were appointed by different medical societies of the city, with a view to the amalgamation of all into one Academy of Medicine, with its various sections.

Though the committees have not completed their work, individual members state that the trend of medical sentiment is towards centralization and union. We feel that it would be advantageous to each individual society, the library, and last, but not least, the profession at large.

There are some members who are of the opinion that sections of the proposed academy should control their own membership. Such details would require consideration.

EIGHTH INTERNATIONAL CON- GRESS OF HYGIENE AND DEMOGRAPHY AT BUDA- PESTH IN 1894.

The next meeting of this Congress will take place in September, 1894, at Budapesth, Hungary, under the distinguished patronage of H.I.M. the Emperor of

Austria. Conjointly with the Congress there will be at Buda-pesth a sanitary exhibition, which will be not merely an industrial affair but a special exhibition intended to illustrate the reports read before the Congress. The programme of this exhibition will be issued next month. The Executive Committee will arrange several excursions for the members of the Congress. The trips to the lower Danube, the Iron Gate of Belgrade and to Constantinople will be strong attractions.

TREATMENT OF TRICHOPHYTOSIS, HERPES CIRCINATUS, AND TINEA TONSURANS BY HEAT.—Dr. J. Noir mentions, in an article in *Le Progres Medical*, a rather interesting discovery in the treatment of this very rebellious disease. He was engaged in looking after the treatment of forty-six cases of tinea of the idiot and epileptic class at the Bicetre, Paris. The diagnosis was certain. The greater number were chronic cases, having had the disease several years, and the microscopic examination had in every instance showed the existence of trichophytosis tonsurans.

Epilation could be done only in an irregular manner, and with difficulty, owing to the fact that nearly all the patients were completely idiotic, and some of them destructive in their habits. Antiparasitic preparations irritated the scalp and caused pustular eruptions which became interminable in duration owing to the fact that the idiotic patients occasionally knocked their heads against the walls or scratched each other furiously with their finger nails.

One of the idiots was attacked with broncho-pneumonia, and for three weeks had a temperature oscillating in the neighborhood of 102°. On recovering, the tinea had almost disappeared, although during the broncho-pneumonia, all local treatment had been abandoned.

Experiments made on one of the medical attendants and two of the nurses, who

had contracted the disease from the patients, proved that baths of plain hot water lasting twenty minutes, and carried to a temperature of 122° F., sufficed to cause the complete disappearance of the eruptions. Generalizing this method, Dr. Noir applied the following treatment to the idiotic children affected with tinea:—The hair having been clipped close with scissors, and the scalp washed carefully with soft soap and water, compresses steeped in a solution of perchloride of mercury 1-2000, and raised to a temperature of about 122° F., were applied. Oiled silk kept in position by a gauze bandage completed the dressing. The treatment was renewed every day. Satisfactory results followed, and when Dr. Noir left the service a few months later only 12 cases of tinea remained, and most of these were recent arrivals at the institution. Although nearly all the patients were subject to attacks of congestion of the brain or epilepsy, it was noticed that the hot applications never caused any aggravation of these nervous phenomena, so that they are quite harmless. No explanation is offered.

Perhaps a temperature of 102°-104° F interferes with the development of trichophyton tonsurans; or perhaps it modifies the condition of the scalp in which the parasite develops. Whatever the reason may be, Dr. Noir succeeded, in one or two months, in curing with this simple treatment a considerable number of cases of this obstinate disease *without epilation*.

SANITATION BY ELECTRICITY—HERMITE'S SYSTEM.—(*Le Progres Medical*.) This system, which is specially suitable for cities and villages situate on the sea coast, is founded on the use of a very energetic disinfectant liquid, obtained from sea water by electrolysis in a machine called the *electrolyser*. The disinfectant is an oxygenated compound of chlorine—it is almost inodorous, leaves no residue

when used for washing, and is quite inoffensive. Sulphuretted hydrogen, sulphate of ammonia, fæces and the microbes contained therein, as well as any other micro-organisms present on linen or vegetables are destroyed by the disinfectant.

The system consists in establishing in cities a central laboratory for the manufacture of the disinfectant (which in inland towns may be obtained by a suitable mixture of chloride of sodium, and chloride of magnesium).

This liquid is forced into pipes placed along the streets in a similar way to gas and water pipes. Hydrants connected with three pipes and placed along the sidewalks allow it to be used in washing the gutters and the sewers. By the aid of branch pipes extending into dwellings it may be distributed to the flush-tanks of water-closets and kitchen sinks. The fæces in water closets are immediately destroyed, and nothing reaches the sewer from them except an odorless liquid from the flush-tank, which contributes to the disinfection of the sewer.

By the general use of this system the propagation of diseases from fæcal matter would be rendered impossible. In seaports the only expense necessary in applying Hermite's system would be the motor power. In other towns the expense is not heavy. In Paris it would be a more practical method of disposing of town sewage than by sending all sewage to the sewers, ultimately discharging it on irrigation fields, which calls for an expensive system of pipes, requiring a long time for its establishment, and which will be for a long time yet insufficient for the sanitation of the whole city.

HYGIENIC MANAGEMENT OF PULMONARY CONSUMPTION.—Dr. M. Boulay (in *Journal d'Hygiène Populaire* for July, '93) treats fully of this important subject. During the day the patient should live in

the open air. The greater portion of the time should be devoted to rest. Care must be taken to guard against changes of weather. The patient should assume the reclining posture, as this affords most rest, and the patient bears cold best in this position. The clothing, of course, must be changed to suit the season. A sentry-box is of great value in these cases, as it can be placed around the invalid's chair or couch, so as to shelter him from the wind or the sun's rays. In suitable buildings this can be carried out on pavilions.

In the evening, the patient returns to his bed-room. The windows should be kept open during the night. The patient is protected by means of a screen, a blind, or slat shutter. The temperature of the room does not fall much as the result of this device. Great changes in the thermometer outside correspond only to slight changes inside. This plan of air treatment should be continued winter and summer. The patient ought to be introduced to it gradually.

The patient should not be allowed to take much exercise—short walks being the best form. All occupation, pastimes and pleasures must be given up in order to rest in the open air. In all cases where there is fever the patient should repose on the reclining chair all morning. All diversion must be of such a nature as to weary neither body nor mind. The patient should live a life of mere vegetation.

THE TREATMENT OF SYPHILITIC NEURASTHENIA.—Dr. M. Fournier (in *Gazette des Hôpitaux*, 12th September, 1893) states that in syphilitic neurasthenia the most important particular is the absolute want of success with specific treatment by iodide of potash and mercury. From these remedies one obtains nothing, or results that are worse than useless, however large the doses, or however long the treatment. The means of treatment for neu-

raesthesia in general yield the best results. Bromide of potash, hydrotherapy and electricity help very much. The best agents, however, are sojourns in the country, voyages on the sea, rest from business, and, above all, encouragement. This is not the only syphilitic condition that specifics fail to relieve. Take, for example, syphilitic pigmentation, tabes and general paralysis. Syphilis, above all other diseases, is capable of producing neurasthenia. It is *par excellence* a debilitating disease. In spite of the fact that specific treatment fails, we must admit that syphilis often causes neurasthenia.

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DIAGNOSIS AND TREATMENT
 THROMBUS OF THE LATERAL SINUS IN EAR DISEASES.—In a clinical lecture on the above subject, delivered by Mr. W. H. Bennett, as reported in *London Lancet*, great stress is laid upon the fact that a tender point is found in these cases over the situations of the mastoid vein, *i.e.*, either at the extreme posterior part of the mastoid process, or perhaps over the posterior inferior angle of the parietal bone. This is explained by the blocking of this vein in connection with the lateral sinus, the former leading directly into the latter. In children under five years of age, this symptom is not to be entirely relied upon, because in disease of the mastoid alone in them we may have associated a subdural abscess, which comes to the surface through the still unossified masto-parietal suture.

In mastoid disease, the point of greatest tenderness is just behind the pinna.

The importance of making a correct diagnosis before proceeding to such a serious operation for its relief as that of trephining is self-evident.

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TO BEGINNERS IN LAPAROTOMY.—Dr. F. B. Robinson (in *Medical Age*, Sept. 11th, 1893) gives some very timely advice to young doctors who are on a "still hunt"

to get a case of laparotomy. From his paper the following suggestions are taken:

1. It is criminal to learn laparotomy on a patient.
2. Do not begin laparotomies in private houses.
3. Before you do one, study under a good master, and learn thoroughly how to perform the operation.
4. Learn thoroughly the after treatment.
5. Make as many *post mortems* as you can, in order to learn accurately the relations of the abdominal and pelvic viscera.
6. Be sure to do experimental operations on the dog. Note carefully afterwards, what damage you did to the peritoneum, etc.
7. Be clean in everything you do. Learn to do your operations with few instruments. In your first operations have an experienced operator with you.

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THE TREATMENT OF ACUTE ORCHITIS.—Drs. Thierry and Fosse (in *Gazette des Hopitaux*, 5th September, 1893) recommend strongly the treatment of the above trouble by means of carbolic acid spray. The swollen parts are sprayed two or three times a day with a solution of carbolic acid in the strength of one in twenty to one in fifty.

The thighs, abdomen and adjacent parts are protected against the spray. The spray should be applied for twenty or thirty minutes at each time. The patient is kept in bed. There is sometimes a discoloration of the urine, but no harm need be feared from this. The skin of the scrotum also desquamates.

The treatment rapidly relieves the pain and reduces the swelling, does not give rise to any accident, local or general. It reduces very much the duration of the attack. It is both an innocent and efficacious method of treatment. Another good feature about it is that it is so easily employed.

THE VALUE OF KUMYSGEN.—John V. Shoemaker (in September *New England Medical Monthly*) claims that kumysgen possesses a number of qualities that will cause it to be preferred to the bottled liquid formerly used. It is a powder and readily transported.

Kumysgen exercises a stimulating influence on the peptic glands. The appetite improves under its use. It has a diuretic effect in cold weather, and a diaphoretic one in summer. It acts as a tonic on the muscular system and the heart. It improves the quality of the blood, and increases the body weight.

It is easily digested and readily absorbed. It allays vomiting. It is an excellent reconstructive in all chronic wasting and debilitating conditions. From its combination of nutrient and stimulant qualities it is a valuable addition to our dietetic resources. The author has used it with advantage in cases of anæmia, chronic diarrhoea, subacute rheumatism, etc.

IZAL—A NEW ANTISEPTIC.—This is a product obtained in the formation of coke, and is claimed to be a powerful disinfectant, as well as non-poisonous. It is also said to be much less irritant, locally, than carbolic acid, and does not unite with organic matter as mercurial solutions do. A solution of one part in two hundred corresponds to the 1 : 20 solution of carbolic acid, and has been used in several instances by Wm. Bruce Clarke with gratifying success.

He thinks it especially suitable for an antiseptic in mouth and throat cases, because of its harmlessness when taken into the stomach. He has found it very efficacious in the cure of old fistulæ, particularly connected with mucous surfaces.

IODOFORM IN SURGERY.—W. Arbuthnot Lane (*London Lancet*) recommends highly the use of iodoform, moistened

with a solution of 1 : 20 carbolic acid as a filling for cavities left after scraping out all tubercular matter from bone. An Esmarch's bandage is kept on the limb until the packing of the cavity, or cavities, is completed. The packing is done very firmly, as a dentist would fill a tooth, and then smoothed off.

He claims that in this way you introduce a substance in which tuberculæ will not grow, and after a time the iodoform is replaced by bone.

Items, Etc.

The next meeting of the British Medical Association will be held at Bristol, under the presidency of Dr. Long Fox.

The French Chamber of Deputies has amongst its members fifty-six medical practitioners, while in the German Reichstag there are only six medical men.

Owing to the recent legislation the city of Toronto will have, after the election to be held next year, two representatives in the Medical Council. We understand that Dr. A. J. Johnson, the present member for the city, will be a candidate for the western section, and that he probably will be returned by acclamation. Dr. E. J. Barrick is mentioned as a likely representative for that section of the city lying east of Yonge Street.

The annual meeting of the Nova Scotia branch of the British Medical Association was held on September 7th, at Halifax. The following officers were elected: President, D. A. Campbell, M.D.; Vice-President, Thos. Milsom, M.D.; Treasurer, M. A. B. Smith, M.D.; Secretary (re-elected), G. Cockton Jones, M.D., M.R.C.S. Council: Surgeon-Colonel Archer, A.M.S., Ed. Farrell, M.D., Thomas Trenamán, M.D., T. R. Almon, M.D., E. A. Kirkpatrick,

M.D., Thomas Milsom, M.D., Surg.-Capt. Barefoot.

OUR EXCHANGES.—We take pleasure in acknowledging the following valuable additions to our exchange list: *British Medical Journal*, *Boston Medical and Surgical Journal*, *Le Progres Medical*, *Gazeta Médica Catalana*, *Gazette des Hôpitaux*, *Union Médicale du Nord est*, *La France Médicale* and *Paris Medical*, *Chicago Medical Recorder*, *Notes on New Remedies*, *The Epitome of Medicine*, *Chicago Clinical Review*, *Medical News*, *Popular Science Monthly*, *Northwestern Lancet*, *New England Medical Gazette*, *Cincinnati Lancet-Clinic*.

THE ONTARIO MEDICAL LIBRARY ASSOCIATION.

The Ontario Medical Library Association held its adjourned Annual General Meeting in the Library, corner of Bay and Richmond Streets, on the evening of Friday, the 6th. Dr. Albert A. Macdonald, the President, in the chair. Dr. W. J. Greig, the Treasurer, acting as Secretary also.

A number of subjects of importance, both to the Library and the profession, were discussed. Favourable comments were made on the fact that there are now 4,000 volumes ready for use. The estimated cost of maintaining the Library in its present state of efficiency was put at \$700 per annum. This does not provide for the purchase of new books. So far the Library has had to rely upon donations and stock subscriptions for its support. It was resolved to make an extra effort to secure more donations and stock subscriptions, in order to place the Library in a more substantial condition, and to forego collection of the annual fee from each member until next year.

A number of medical men have already agreed to give as freely as possible, some

\$25 a year, and others smaller amounts.

The general feeling was expressed that it should be known throughout the Province that members of the medical profession in good standing could become members of the Ontario Medical Library Association by subscribing stock. The minimum amount entitling a member to the full privileges of the Library being \$15, or three shares, which may be paid either year by year or all at once.

The advantages of members are, that if residing at a distance they may have books of reference sent to them without extra cost, other than that of transport; or, if residing near enough, books, journals, etc., may be consulted at the Library, or taken home for a time.

It was arranged that the College of Physicians and Surgeons of Ontario, which has always shown a desire to help the Library, should be asked to reduce the rental which is now paid, namely, \$100 per annum, for the use of the rooms in the College building, or perhaps the use of the rooms might be granted free.

The hope was expressed that a more lively and general interest would be manifested by every member of the profession in the affairs of the Library, which is destined to be a centre for medical men throughout Ontario.

PROVINCIAL BOARD OF HEALTH.

The fourth quarterly meeting of the Provincial Board of Health of Ontario began October 5th, at two o'clock p.m., in the office of the Board in the Parliament buildings. All the members were present, namely, Drs. Cassidy, Chairman; Bryce, Secretary; Covernton, Rae, Kitchen and Vaux. After the minutes of the previous meeting had been read and adopted, several communications were received. One was from Brantford, complaining of the nuisance arising from decayed corn, used in the manufacture of

starch. Action had already been taken in this matter by Dr. Bryce. Another referred to a drain nuisance at Beaverton. The Secretary had advised as to the course to be pursued. A complaint was made by Dr. Speers of a well at Burlington. Communications were read telling of an outbreak of typhoid fever at Morrisburg and diphtheria at Rockwood. A complaint was received from Niagara Falls stating that in the construction of the Niagara Falls Electric Railway, the natural drainage from the road-bed had been interrupted, and no provision made for its escape. Drs. Macdonald and Bryce were appointed a committee to investigate and report on this matter, and at the same time a similar nuisance at Port Dalhousie.

A communication was received from Dr. Howitt, M.H.O., Guelph, stating that there were no cases of anthrax in Guelph, and another complaining of a drain nuisance.

A communication from Alton was read referring to malarial fever arising from ponds. The Secretary had advised that the ponds be flooded.

A request was made that in the provisional county of Haliburton Mr. F. P. Warren be appointed Sanitary Inspector. The request was acceded to on condition that satisfactory arrangements can be made as to cost.

The Secretary reported on the Chatham system of sewers, recommending filtration of the sewage through sand and gravel beds. He also reported on a main sewer for Watford, recommending a similar method of disposing of the sewage at the outfall, and that property owners along the line of the sewer be allowed to connect their house drains with the catch-basins, or regular drain connections if they preferred to pay for them.

A communication from Mr. Walter S. Morphy suggested that when poisons were sold by druggists, they should be dispensed

in a bottle the shape and form of which would instantly convey to anyone who might see or feel it what its contents were.

Dr. Cassidy reported that an informal complaint had been laid to the effect that the Mimico Industrial School had bad sanitary arrangements; drainage is defective, and there are several cess-pools near the buildings; diphtheria and malarial fever prevailed; two doctors were in attendance, and one sick nurse was constantly employed. The Committee on Epidemics, consisting of Drs. Cassidy, Covernton and Bryce was appointed to investigate the sanitary condition of the Home, and report.

The session of the Board was resumed on the following morning at 10.30 a.m. Mr. J. J. Mackenzie reported regarding the water supply of Windsor, making certain suggestions which the Board adopted.

A bill was sent in of expenses incurred during the smallpox outbreak at Rat Portage and Fort William. The Board considered that it was not liable for construction expenses, but agreed to pay the other expenses, the charges for Rat Portage being \$1,379.30, and for Fort William \$404.90, the total being \$1,784.20. However, it was decided to ask the Provincial Treasurer to apply to the Dominion Government to recoup the Board for this.

A report was received as to the typhoid outbreak in Carleton Place, it being shown that several very bad wells have existed there. The town was ordered to stop using the wells and to procure a supply of pure water.

In the afternoon, Dr. Kitchen, of St. George, explained his scheme for the disposal of whey from cheese factories in such a way as completely to obviate any need for the whey being placed in the same cans as the milk. The Board approved of the scheme suggested by Dr. Kitchen.

Kinmount, on Burnt River, made a complaint of a mill-dam nuisance, and

the matter was referred to the Public Works Department.

Alberton, near Fort Francis, Keewatin, wrote to ask for help in maintaining a medical health system. It was agreed to pay the medical health officer, but to leave the municipality to provide the buildings.

The Board approved of the proposal to establish a system of bottles of a peculiar and easily recognizable shape for containing poison.

Dr. Bryce was directed to attend to the diphtheria outbreak at Mount Denis.

A Gravenhurst dispute regarding a hog-pen was settled by the Board directing the Secretary to write to the parties to the effect that action could be taken under the Public Health Act.

Drs. Cassidy and Bryce were directed to attend to the facts concerning the outbreak of diphtheria in Chapleau, a small town on the C.P.R. The Board then adjourned.

Personals.

Dr. W. A. Young has been appointed an Associate Coroner for the city of Toronto.

Dr. L. L. Palmer has been made a life-member of the Ophthalmological Society of Great Britain.

Dr. J. O. Orr, of this city, left last month, for a prolonged visit to the European centres of medical learning.

Dr. Olmsted has resigned his position as Resident Physician of the Hamilton General Hospital, to accept a lectureship in the University of Pennsylvania.

Correspondence.

AN ACADEMY OF MEDICINE FOR TORONTO.

EDITOR DOMINION MEDICAL MONTHLY :

SIR,—Last spring, in retiring from the presidency of the Toronto Medical Society,

I took occasion to present a subject which seemed to me worthy of the special attention of the profession here. This was the providing of some centrally-located home in which could be housed the medical library, in which all our medical societies could hold their meetings, and in which physicians of this city and those visiting here might come together fraternally as in a club. Every city of 100,000 inhabitants or more should have a place of this kind, and, rightly managed, it could be provided at a minimum expense. Societies can easily obtain rooms for meeting; the medical library has pleasant, well-lighted rooms, and is becoming more and more each year an attractive resort for those of studious habits; but we have no place in which physicians may meet each other, rub off the asperities of professional life, and come to recognize that even the keenest rivals in practice may not be half-baddish fellows after all. Just now it is possible to lease comfortable and roomy dwelling houses in Toronto at very low rates. Physicians who are carrying a load of real estate here will hardly dispute this statement. Why should there not be an effort made on the part of the Toronto Medical Society, the Pathological Society, the Clinical Society and the Medical Library Association to lease a house and inaugurate such a movement. This was what was done in New York City, and out of it has grown the great New York Academy of Medicine. The upper rooms of such a house would be ample for our library, which will shortly reach 4,000 volumes, and double parlours to hold an audience of seventy-five would suffice for the present. Wine cellars, from my standpoint, would not be absolute necessities, but a smoking and supper-room would certainly need to be provided. My efforts since removing to Toronto have been, as you know, given largely to the building up of the medical library, and this has taken

more time than I could well afford, but with a movement of the kind just mentioned, I should feel it a pleasure to co-operate, willingly following the lead of the man who is to do for Toronto what Fordyce Barker did for the city of New York. We have men who could make such a movement an assured success from the beginning. Doctors Temple, Graham and Reeve are gentlemen whose names naturally suggest themselves, and from the ranks of our "Four Hundred" there are others well fitted to carry to satisfactory completion anything of this nature for our professional and social advantage.

Yours fraternally,

N. A. POWELL.

176 College St., Toronto,
Sept. 29th.

A MEDICAL OFFICER IN GREAT LUCK.

EDITOR DOMINION MEDICAL MONTHLY:

SIR,—It is such an unusual event to be able to chronicle a piece of good luck on the part of a "member of the medical staff of the militia," that I cannot refrain from drawing the attention of the profession to it. The *Canada Gazette*, of September 1st, 1893, contained the announcement that Surgeons Strange, Sewell, Hanavan, Codd and McLearn, were promoted to Surgeons-Major from that date. These gentlemen can be sincerely congratulated in the exact ratio to the shortness of their service. Here is their record—Surgeon Strange, 13th January, 1880; Surgeon Sewell, 16th December, 1881; Surgeon Hanavan, September, 1882; Surgeon Codd, 15th August, 1885; Assistant-Surgeon McLearn, 29th November, 1889. So that Dr. McLearn is Surgeon-Major after less than *four years'* service, of which only *one* was in the rank of Surgeon. No one of these gentlemen has served more than thirteen years, yet the regulations say distinctly that Surgeons-Major

shall only be appointed after twenty years' service in the rank of Surgeon, not counting Assistant-Surgeon. So that Dr. McLearn has accomplished in *four* years what has taken other men *thirty* years. He ought certainly to be congratulated on his luck, but the system is most unfair to the rest of us. MILITÄR ARTZ.

Book Notices.

Alcohol and Public Health. By J. J. RIDGE, M.D. Second edition. London: H. K. Lewis, 136 Gower St., W.C. 1893.

The question of prohibition, now so actively discussed in nearly every portion of the Dominion, finds in this work many arguments of a favourable character which are not usually employed by the advocates of total abstinence.

The purpose of the author is to show that the use of intoxicating beverages, in ever so small quantities, is physiologically wrong, and he regards it obligatory on the part of the defender of alcohol-drinking to prove that it is harmless. He maintains that, until this is done, we should advise total abstinence as a certain means of preventing all the evils, small or great, which result from its use.

What to do in Cases of Poisoning. By WM. MURRELL, M.D., F.R.C.P. London: H. K. Lewis, 136 Gower St., W.C. 1893.

The seventh edition of this valuable work has reached us from the press, and in recommending it to our readers, we do so with the utmost confidence. It is handy, compact and up to date. Being up to date means a very great deal in this age of discovery of numerous new remedies capable of producing toxic effects. The work does not claim to discuss theories or modes of action, but is written on purely practical lines. In the words

of its authors: "It is essentially a pocket guide, and has no higher aim than to give, in the plainest possible language, directions for the use of antidotes in cases of poisoning."

Progress of Medical Science.

THE ACTION OF GLYCERINE IN NEPHROLITHIASIS.—Besides piperazine, which is the best known solvent of concretions of uric acid and its salts, glycerine has attracted attention in recent literature as a remedy in nephrolithiasis. Upon the administration of fifty to one hundred cubic centimetres of glycerine, concretions to the size of a bean have been observed to pass away with the urine in patients suffering from nephrolithiasis fourteen to fifteen hours after taking the drug, the urine also containing a remarkable amount of mucus. Two or three hours after the drug has been taken, pains occur with great regularity in the region of the suspected kidney. In order to explain this action of glycerine, A. Hermann has made experiments, which have been published in the *Prag. Med. Wochen.*, from which the following may be deduced:

The largest part of the glycerine, taken internally, is secreted unchanged within the next twenty hours with the urine, and the latter is neither quantitatively nor qualitatively changed, excepting that it becomes slippery. The solving power of glycerine for concretions is extremely small, even at the boiling point. When introduced into the ureter of rabbits by abdominal section, no contraction of the involuntary muscular fibres of the urinary passages takes place. When administered to excess, per os, similar symptoms occur as are observed when a saturated solution of sodium chloride is injected into the veins. The action of the drug can, therefore, only be a mechanical one. Glycerine, after entering the blood, withdraws a large amount of water from the tissues, which

passes through the kidneys, the mucus in the uriniferous tubules shrinks in consequence of the withdrawal of water by the glycerine, and is thereby loosened and with the concretions washed away by the slippery urine.—*Medical Review.*

SYPHILIS IN PREGNANCY.—Tarnier (*Journ. des Sages-Femmes*, August 16th, 1893) recently delivered a clinical lecture on a patient aged twenty, who contracted syphilis two months before term. When labour came on at term there was a chancre on the vulva, and mucous patches on the cervix and on the soft palate. Labour began on June 2nd. On June 4th, at 4 a.m., the membranes ruptured. The os was dilated to the diameter of a franc piece, and felt very tough. Antiseptic warm injections and hot baths did not aid dilatation. At 6 p.m. meconium came away; the os was as wide as the palm of a small hand. The forceps was applied, and it was necessary to make four short incisions before the head could be delivered; then the child was born asphyxiated. Insufflation through a laryngeal tube revived it, but it died in five hours. On June 6th the lochia become foetid and the temperature rose. Sloughing of the vaginal mucous membrane was detected. The sloughs were brushed away and iodoform applied. A rigour occurred on the next day. The patient did well till the 15th, when pain in the left iliac fossa set in. Next day there was all the signs of peritonitis tending to become purulent. On Fochier and Thierry's principle, a gramme of essence of turpentine was injected into the subcutaneous tissue of the thighs in order to produce abscess. This caused the symptoms of peritonitis to abate, but the patient died suddenly. Over three pints of pus were found in the peritoneum.—*British Medical Journal.*

RELATION BETWEEN THE ALKALINITY OF THE BLOOD AND INTESTINAL AB-

Absorption.—Castellini and Cavazzani (*Gaz. degli Ospitali*) have sought to ascertain whether, and if so how, the process of absorption from the intestine is modified in association with altered physical and chemical conditions of the blood; secondly, they have sought to establish how such changes of the blood influence in the human subject the general metabolism of the body. The study is not as yet complete, but the authors have ascertained the following facts: In distinctly alkaline serum, the reticulum of the hyaloplasm of leucocytes undergoes stimulation, which causes increased irritability and more active vital manifestations in the protoplasm. In liquids poor in alkali the protoplasm appears torpid and slow in its reactions, but in these cases contact with alkaline serum speedily evokes increased activity. Contact of faintly alkaline serum with leucocytes in a medium favourable to their activity depresses their movements, and accelerates the processes of degeneration. Serum which is but faintly alkaline nearly always produces transparency of the protoplasm, and throws out the nucleus. From the above facts the authors argue, first, that alkalinization of the blood favours intestinal absorption; and, secondly, that as the passage of foods from the intestine through the lining mucous membrane is probably due in great measure to the activity of the cells lining the villi and to the leucocytes, alkalies would cause an increase in the rapidity of absorption by stimulating the activity of the protoplasm, and increasing its chemiotactic powers.—*Med. and Surg. Reporter*.

THYROID THERAPY FOR PSORIASIS.—Struck by the remarkable improvement observed in the condition of the skin in cases of myædema treated by the administration of thyroid extract, Dr. Byron Bramwell, of Edinburgh, was led to try the same agent in the treatment of some

chronic and obstinate cases of psoriasis, with results that were at once surprising and gratifying, as detailed at the recent meeting of the British Medical Association. A preparation of thyroid gland was the only medicament given, so that the possibility of doubt was practically eliminated. In some cases the subjective improvement was immediate, and was soon followed by objective evidence of improvement. The inflammatory redness of the diseased areas diminished, and there was considerable desquamation. One patient was made worse; in two the treatment was followed by no benefit; and in one case a slight relapse took place. The question at once suggests itself that if this method of treatment prove ultimately successful in psoriasis, why should it not be applicable to other diseases of the skin as well.—*Medical News*.

ELECTRIC TREATMENT OF UTERINE FIBROMATA.—Bergonié and Boursier (*Arch. Clin. de Bordeaux*) give a summary of the results obtained by them in the treatment of 100 cases of uterine fibromata by monopolar positive electrolysis, according to the practice of Apostoli. They conclude: (1) That the treatment of uterine fibroids by this method is principally a palliative—efficacious in hæmorrhagic fibroids (ninety per cent.); (2) that it acts favourably on the general condition (seventy-nine per cent.); (3) that it often diminishes pain (fifty per cent.); (4) that as regards the size of the tumours, its action is rarely efficacious (nine to ten per cent.)—*British Medical Journal*.

Died.

AIKINS—At the residence of his father, Dr. W. T. Aikins, 278 Jarvis Street, Oct. 10th, of acute pleuro-pneumonia, Wil. im Heber Aikins, B.A., M.D., aged forty years.