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THE  
**CANADIAN PRACTITIONER**

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

EDITOR:

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**Original Communications.**

**ON FREE HEALTH REPORTS: AN ADDRESS TO THE MEDICAL PROFESSION OF CANADA.**

BY EDWARD PLAYTER, M.D., OTTAWA.

Robert Farquharson, M.D., M.P., long a prominent member of the Parliament of Great Britain, at the late seventeenth annual congress of the Sanitary Association, of which he is president, said: "The foundation of all effective progress in preventive medicine must be education." Indeed it has now been found out in Great Britain that much greater progress can be made by educating the masses than by trying to coerce them.

In Canada, our Provincial Legislatures may enact laws and local boards of health may be organized by hundreds, and, although all this is a good beginning and essential, much more still remains to be done. Sanitary work is but begun when good laws are passed and local boards organized. These do not create the public realization of their usefulness. Health acts are now in advance of the public feelings. The people often, instead of welcoming them, take their enforcement as an intrusion and interference with individual rights and liberties. The masses of the people are not disposed to inconvenience themselves by keeping their body and premises clean and their infected family isolated to gratify the whim of their neighbors,

or even their lawmakers. They require to be taught that compliance with health rules and regulations will be a direct benefit to themselves, yea, money in their own pockets; that non-compliance with such rules and regulations is the cause, indeed the only cause, of disease, with all its attendant pains, expenses, and loss of time: that wherever there is a high mortality or a high sickness rate, there surely will be found unsanitary conditions or environments which demand attention.

In this education of the people, although not at all akin to the education of the schools, it is very desirable that a spirit of emulation be stirred up, in order that the various districts or municipalities shall vie with each other in showing a low death rate and a "clean bill of health" by keeping themselves free from epidemic and other diseases.

It is and has long been the universal opinion of sanitarians that the basis of all public health work and progress, both educational and coercive, is a system of health statistics—of births, marriages, and deaths. Beyond this it has become clear, in recent years, that for the best or even fair preventive progress statements or reports (not exactly statistics, for they cannot practically be complete or accurate), monthly or oftener, of prevailing diseases, especially of any outbreak or cases of infectious disease of importance, are absolutely essential. It will not do to wait for the death returns. Not only the local boards, but the central organization should be early informed of any such diseases.

Returns and records of these statistics and reports or statements of prevailing disease would form a most valuable record, year after year, for the Federal—the Canadian—Government to possess; but to be of practical value the information obtained from month to month, or oftener, especially of prevailing diseases, must be scattered freely amongst the people, at least monthly, as by means of a bulletin. These reports not only show where unsanitary conditions need attention, but they give rise to the desired spirit of emulation among the different municipalities. Every community then would have a strong tendency to endeavor to prevent, as far as possible, any outbreak of disease each in its own respective locality, and to preserve a "clean bill of health," as ships at sea usually desire to do, for their own credit.

Now it must be obvious to anybody, even if he be not versed in political economy, that it would be much more economical, on the whole, for but one centre in Canada, the Federal Government, to carry on this work of collecting statistics and reports, recording them, and issuing a bulletin of their condensed facts, etc., than for each province to do so on its own account, while the results in the former case would be incalculably better. If done by the one central government, all the information obtained would be in one central Canadian record, and, more important still, the information conveyed by the returns would then be distributed throughout all the provinces; done by each province, each would only collect and distribute within its own boundaries, except perhaps to a few outside officials, and the people of each would therefore only receive and obtain the information gathered within and relating to their own province; whereas it is almost as essential for the eastern or western provinces, for example, to learn in what special localities any epidemic or prevalency of disease exists in Ontario or Quebec as in their own provinces, while the same principle holds good with regard to Ontario and Quebec, in relation to the east and west. In short, if done by the one centre, all the provinces would get the good of all the information obtained; if done by each separate province, each would only get that relating to itself—a vast and most vital difference.

There appears to be a good deal of misappre-

hension amongst members of the profession relative to this question of federal and provincial public health legislation and action, arising apparently from want of time amongst the busy practitioners to consider thoroughly the whole question in all its bearings. Coercive legislation, enactments, by-laws, etc., and the carrying out of the same, must remain, as now, under provincial and municipal control. But any one who will give the subject due thought and consideration will surely see that the collection of the proposed statistics and reports and utilization of these for the public instruction and benefit, as above indicated, can be much more thoroughly, economically, and profitably done by one centre than by many, with vastly better results in every way. In agriculture, the one Central Experiment Farm can be utilized for the education of the farmers of the whole Dominion much better than for each province to sustain such a farm and attempt the instruction separately. Somewhat similar it is in relation to the analysis of food, etc., in the Dominion, and to the quarantines and diseases of animals. Moreover, it may be well to note here that, if we desire to make Canada as soon as we can the great country she is surely destined to become, while defending in a large measure provincial rights and privileges, we must, as far as possible, encourage a spirit of Canadianism, a unity and oneness, in all possible questions and subjects, and not manifest too much "provincialism."

As already in several of the provinces there is in a large measure provision for obtaining a record of births, marriages, and deaths, it has been well suggested that, at least for some time to come, each province may as well, in its own way, collect such statistics and then allow them on some terms to be utilized by the central department and dealt with for the public benefit in all the provinces; those provinces which have not now a system for this purpose being induced in some way to provide such.

It appears that it is now proposed to endeavor to obtain for the statistical department in Ottawa the information above indicated, from physicians in all parts of the Dominion, relating to the prevailing condition of the public health—*i.e.*, reports of any epidemic or cases of the most important diseases, by providing

the physicians with blanks for this purpose. Doubtless the Government, any liberal government, would be quite willing to pay fairly for such reports if the people through their representatives in parliament were willing to vote the money for the purpose. Are the people willing? Many members of parliament, including at least one physician, say, decidedly, No; that if they were to vote for a sum requisite for such purpose they would be censured by their constituents. Then we can only, or must, first of all, educate the people up to a right appreciation of the importance and necessity for such information. They will then doubtless be willing to pay fairly for it.

Now this is largely, almost wholly, in the hands of the medical practitioners of Canada. What will they do in this behalf? It has been repeatedly said by a few of them that physicians now do too much without remuneration, more than their share, etc., and that the government, the people, *i.e.*, of course, should pay for all such information. This is very true: the people should pay; but as it is now they will not pay at present. Shall we not, then, endeavor not only to teach them the value of having it done for their own sakes, but also to be willing in course of time to pay for the same—teach them without pay, for a time? What else can be done?

Medicine, it may here be observed, is not a business, but a liberal profession, perhaps the most liberal of all the professions, once chiefly practised free by the priesthood. Is not the profession, and are not the members of it as a class, worthy and desirous that it shall ever remain thus liberal, free, noble, bounteous? The physician gives what cannot be weighed or measured and hence well estimated as to its money value. He must, however, get a livelihood for his family, and in this business age a certain amount of business energy is necessary. As the *New York Medical Record* (of Jan. 16th, 1892) says, "The physician's sympathy for the suffering, and his absorbing interest in the scientific aspects of his cases, raise his mind above financial considerations and cause him to forget that he is working for the support of himself and his family, as well as for the good of humanity. The physician has furthermore,

as a rule, an inborn repugnance or incapacity for money-making pure and simple. He dislikes the financial relations and would gladly treat patients without a thought of fee, if he could be guaranteed an income to supply the needs of his family. Owing to this shrinking from even the appearance of being mercenary, he often hesitates to prosecute his just claims."

No one knows better than the writer how much has already been done by the medical profession in Canada in promoting and advancing the public health interests in the Dominion. It has always been foremost in this work, and, indeed, all sanitary progress is due to its efforts. Will physicians not now, "one and all," continue thus liberal and not allow the question of "pay" to influence them to the neglect of any public benefit or scientific proceeding?

Colton, it appears, long ago said, "Physicians are becoming too mercenary." But he wickedly added, "parsons too lazy, and lawyers too powerful."

Notwithstanding the influence which wealth now gives, there is that which wealth cannot purchase or procure. If the profession desires to retain its high position, or to push itself up to its proper place in society, as the first of all professions, the members of it must not approach the "mercenary," although they may properly and should place a high value on their services with all those who are able, and especially not unwilling, to make full return for the same.

When an effort is made, as it may be, to obtain a fair recorded return from the medical practitioners of Canada of the general condition of the public health, especially as relating to infectious or malarial diseases in their respective localities, hundreds will doubtless cheerfully respond to the calls of science and the public weal. Will they not all do so? Many earnest workers for the public good will hope so, and trust. When the work has been done for a time and the value of it has been manifested, proper representation of it to the Government and the people will doubtless bring the reward. The great majority of the masses of the people prefer to pay fair, full value for all or anything they receive from their fellow-men, although it may not be always easy to get them fully awak-

ened to an appreciation of the value of some services.

There are always a number of able "medical members" in the parliament of Canada who look to the interests of the profession, and the profession may be sure that so soon as the public will sanction a vote of money to remunerate physicians for such public service as making returns of sickness for the public good - in the cause of the public health—such vote will be urged upon the Government by the medical members and asked for in the estimates by the Government. Cast our "bread upon the waters": it will surely "return."

### CONCERNING THE LOCAL ORIGIN OF DIPHTHERIA AND ITS LOCAL TREATMENT.

A REPLY.

BY R. SEIBERT, M.D.,

Professor of Diseases of Children, New York Polyclinic, and Visiting Physician to the New York Infant Asylum and the St. Francis Hospital.

IN THE CANADIAN PRACTITIONER of Feb. 1st, 1892, Dr. J. S. Benson, of Chatham, N.B., has published an article entitled, "Is Diphtheria of Local Origin?" in which he addresses certain questions directly to me and cites my name and my method of submembranous local injections of chlorine water (*New York Med. Journal*, Dec. 6th, 1890) as an instance of the fact that "the practice and suggestions of many physicians are greatly at variance with the ideas they have put forth. For instance, Dr. Seibert, of New York, has invented an instrument (and a very ingenious one) for making submembranous injections, using chlorine water as the liquid. Now, what is the effect of this apparently simple operation? The fluid which is injected is at once carried away by the circulating blood and absorbents, and a puncture, representing the entrance of each of the half-dozen needles, remains. Is not each of these punctures a separate opening for infection?" And before this: "Do the disciples of the local origin theory advise the removal of *what they say is the cause of the disease, the exudation!*"

To begin with the last question first, I would here ask: Which disciple of the local origin theory of noteworthy reputation ever stated that the *exudation* was the cause of diphtheria? I

know of no one. Loeffler, Klebs, and their disciples and their opponents in bacteriology, have some time since *all* agreed to the well-established scientific fact (which certainly needs of no more theoretical discussions) that true diphtheria is caused by the Loeffler bacilli (usually associated with streptococci) entering the mucous membrane of the pharynx and there causing that local inflammation known as diphtheria. Not even Dr. Seibert left any doubt as to his ideas on this subject, for in the above-mentioned article it is distinctly stated and put forth, as the first conclusion drawn from a rehearsal of the pathological anatomy of pharyngeal diphtheria, that "the *pseudo-membrane* is an exudate coagulated in the epithelium coming from the deeper layer of the mucous membrane, and therefore not the disease, but the result of it."

In criticising others, it is essential to be thoroughly informed as to what is to be criticised. If Dr. Seibert distinctly points out the fact that the exudation is the result and not the cause of the disease, then he certainly ought not to be held up in a critical article as saying the opposite!

The injected chlorine water is readily absorbed, according to our critic! Did he ever inject some and watch the effect? If not, he will again find some valuable information upon this subject in our above-mentioned article. Our experiments reported there show that the chlorine gas contained in the chlorine water immediately enters into chemical combination with the surrounding tissue-*albumen*, and only the pure distilled water is absorbed. This quick chemical action constitutes the great value of this water as a *germicide*, and for our purpose its non-poisonous action. As to the danger from infection Dr. Benson seems to see in the openings made by the needle-points, I would only remind him of the openings made in erysipelas, phlegmon, carbuncle, and abscess: the sooner and the more thoroughly the openings are made in these affections, the better the result. Why not be afraid of danger of infection here? Because experience has taught otherwise. But so it has with my diphtheria syringe.\* Nothing like trying.

"What guard does Dr. Seibert leave in

\* See my last report of 25 cases of pharyngeal diphtheria, treated by 11 different physicians. *Archives of Pediatrics*, Feb., 1892.

charge of the portals of circulation during the 6 or 7 hours' rest at night?" Why, of course, the corpses of the Loeffler bacilli lying about in the lower stratum of the exuding mucosa, as warning examples of the action of the injected chlorine water!

137 East Nineteenth St., New York.

## Selections.

### CASE OF IMPENDING FATAL COLLAPSE: IMMEDIATE RESUSCITATION BY TRANSFUSION OF SALT SOLUTION INTO THE PERITONEAL CAVITY.

The following case of some special interest is published by Dr. T. Johnson-Alloway in the *Montreal Medical Journal*. The patient, a married woman 42 years of age, was operated upon for ascites dependent upon malignant disease. After narrating the previous history of the case, Dr. Alloway proceeds as follows: "After she had been under preparatory treatment for about one week, I opened the abdomen. Three gallons of dark-brown, limpid fluid flowed out, and at the bottom of the pelvis I found two large hard bodies -- the ovaries: they were non-adherent, nodular, and about the size and shape of a human kidney: they were stony hard to the feel, and attached by a short pedicle to the broad ligament. These ovaries were removed, catgut ligatures being used, and the pedicle of each dropped. On further examination of the abdominal contents, it was found that the mesenteric glands were much enlarged in certain clusters. The peritoneum was covered with secondary deposits about the size of crystal-like millet seeds. High up in the epigastrium was a large cluster of irregular masses located in the omentum, but which were not thought expedient to remove, ultimate good being very doubtful. The cavity was well cleansed and closed with silk worm gut sutures, leaving a drainage tube in the lower end of wound. The Trendelenburg posture was used, which doubtless tended greatly to prevent shock on the sudden escape of so large a quantity of fluid. When put to bed her condition was very good, the pulse being about 120 and full.

"All went well until about eight hours after the operation. I was then summoned by the nurse, who said the patient was pulseless and in a state of collapse. I found her in a very strange condition. There was not present that collapse we see from hemorrhage, but a restless, sighing, semi-incoherent condition. The radial pulse was a mere flicker, could not be counted, and the heart was evidently strained to its utmost to recover balance. I used hypodermics of brandy and also of ether with extract of digitalis, but no effect whatever was experienced on the heart during the half hour I awaited a change in the pulse: on the contrary, it was gradually becoming less perceptible at the wrist. The yawning and sighing became more frequent, she became very restless in the bed, the respiration, from being very shallow, became gasping, and, in short, she was rapidly passing into a dying condition. Recognizing the fact that this alarming condition was most probably due to the sudden withdrawal of so large a quantity of fluid (three gallons) from the abdominal cavity, and thereby removing firm and constant pressure from the heart and large abdominal vessels, the patient was in fact bleeding to death within her own vessels. The remedy was evident, and without another moment's loss of time I transfused about three quarts of sterilized salt solution (temperature 110°) into the abdominal cavity through the glass drainage tube fortunately inserted at the operation. When I had transfused this quantity she began to scream and vomit violently. I removed the tube and closed the opening by firm packs of cotton-wool. The strange, and, I may say, marvellous, result of this procedure now became apparent. The pulse at the wrist was beating full, strong, and counted 110 per minute. The time between the extreme state of collapse described and the taking of the pulse after the transfusion could not have been, at the outside, more than five or six minutes. I do not, therefore, think this remarkable change was brought about altogether by absorption of the salt solution, but in great part by the mechanical effect of pressure upon the vessels and heart, especially the latter, by lifting the diaphragm upwards. Also the activity of the absorptive power of the human peritoneum is well known, and is estimated at the rate of five to twelve pints per hour, or the

weight of the whole body in from twelve to twenty-four hours. If this estimate be correct, there must have been, in my case, a large quantity of the transfused fluid taken into the circulation in a very few minutes—enough, certainly, to turn the balance in the case of a rapidly failing heart. On the other hand, I do not think pressure of the fluid had all to do with the result, because on examining the abdomen some hours after the transfusion it was as flat and free from fluid as when the patient left the operating-room. Absorption here was complete, and an intense desire on the part of the blood vessels for fluid was evidenced by the rapid draining of the peritoneal cavity. The blood vessels were, however, satisfied with this supply, and the heart's beat did not average more than 115 during the following three and a half weeks she remained in my hospital. There was no effect on the temperature centres, as the highest temperature registered was 101.5°,\* and that only on the second day: it then fell to normal and remained there.

"The result of peritoneal transfusion in this case has been exceedingly instructive to me, and I am sure will also be to others interested in these sad cases. Death from shock after exhaustive hemorrhage directly the patient leaves the operating table is by no means rare. We do not hear of all of them, because they are not reported, and we can therefore form only an approximate idea of the real mortality. Emetics of salt solution and hypodermic injections of the same have been tried with good results, but both of these methods are slow and limited in regard to the amount of solution which can be used in a given case. Peritoneal transfusion has not these disadvantages. The marvellous rapidity with which the fluid passes into the circulation will immediately resuscitate a failing heart, and places the patient from a dying to a living condition. In all cases where large tumors have been removed from the abdomen, the cavity should be filled with sterilized salt solution, and experience will show its great value during convalescence. I observed also that my patient did not suffer at all from the distressing thirst so noticeable after operations, and attributed so much to the effects of ether instead of to the blood-loss. It is certainly a strange way

of giving a patient a drink, but, notwithstanding, it is equally as safe as the usual method, provided the solution is sterile and the operation has been strictly aseptic in technique."—*Montreal Medical Journal*.

#### NOTE ON THE USE OF THE CONSTANT ELECTRIC CURRENT IN THE TREATMENT OF INTES-TINAL OCCLUSION.\*

BY M. SEMMOLA, M.D.,

Professor of Therapeutics, and Director of the Therapeutical Clinic in the University of Naples; Senator of the Kingdom of Italy.

The clinical case which forms the subject of this note is very important, and perhaps unique, in medical literature, as demonstrating clearly (1) that there may be an intestinal occlusion due exclusively to transient intestinal paralysis through defective innervation: (2) that the constant electrical current has a truly marvellous effect in these cases.

The patient (C.S., of Secondigliano) was a young man *æt.* 20, of sound constitution, of normal osseous development, and in good general health, with the exception of a nervous temperament. He fell ill with severe stercora-ceous colic, of which he was cured by ordinary treatment. After the colic he suffered from typhlitis and perityphlitis, but was completely cured by antiphlogistic treatment and milk diet. During convalescence he was attacked one day with diarrhœa, in consequence of some trivial error in diet. The day after the cessation of the diarrhœa he was attacked with most acute pain, with constipation, persistent vomiting, scantiness of urine, etc. The attacks of pain succeeded each other with great intensity every twenty to thirty minutes, and during these colicky attacks the intestinal coils were clearly visible all over the abdomen. The physicians in attendance instituted very active treatment—hypodermic injections of morphine, ice to the belly, hot hip-baths, poultices, calomel in large doses, etc. All these measures proved futile; the bowels remained locked, the pains continued very severe, the vomiting was obstinate and refractory to treatment, while the scanty secretion of urine was followed on the second day by

\*Read in the Section of Medicine at the Annual Meeting of the British Medical Association at Bournemouth.

\*So-called "fermentation fever."

complete retention, so that the catheter had to be employed two or three times a day. One of the doctors in attendance insisted on using enemata of olive oil, and first two and then three litres were thrown into the bowel. Nevertheless the condition of the patient became worse.

I was called into consultation on the third day, when—taking into account, first, the sudden onset of the pain; secondly, the paroxysmal character of the pain, and the freedom from suffering between the attacks when the abdomen was soft and pressure did not cause any pain; thirdly, the mapping out of the intestinal coils at different points during every attack of pain; fourthly, the intestinal occlusion which had come on suddenly after the patient had been repeatedly purged, and on the day following an attack of acute diarrhoea; fifthly, the existence of paralysis of the bladder, which had come on without any apparent cause so far as the genito-urinary apparatus was concerned, and which has never been recorded as a concomitant of ordinary intestinal occlusion; sixthly, the neurotic temperament of the patient—I distinctly expressed the opinion that the intestinal occlusion was due to nervous paralysis, and I urgently recommended the immediate application of the constant electric current. This advice was at once endorsed by the excellent practitioner in attendance, Dr. D'Auria, but the other medical men maintained that this measure was useless, and that it was necessary to perform laparotomy without delay. Dr. Vizioli, professor of electro-therapeutics in the University of Naples, was called in. The constant current which was employed was furnished by a Daniell's battery with Onimus' piles, modified as regards the graduation and the number of piles by Professor Vizioli. The intensity was measured by a milliamperè galvanometer, the strength employed being 10 milliamperès at every application. The positive pole was, by means of a rectal catheter, carried 20 to 25 centimetres up the bowel; and the negative pole, which was olivary in form, and covered with cloth steeped in a saturated solution of chloride of sodium, was rubbed transversely over the surface of the abdomen, especially in the parts corresponding to the cæcum, the ascending, transverse, and descending colon, and the sigmoid flexure, as well as over the hypo-

gastric region. The duration of each application was from eight to ten minutes, and there were three sittings every day. By the end of the first day the retention ceased, the patient was able to pass water freely, his general condition improved, especially subjectively, and the attacks of pain were less violent, but the bowels were still constipated.

The surprising result of the treatment shown in the cure of the retention confirmed me in my own opinion of the nature of the case; and notwithstanding pressure constantly brought to bear in the opposite sense by the other doctors, who terrified the family with pictures of imaginary dangers because they were determined at all hazards to have laparotomy performed, the electrical applications were continued, and, after the ninth sitting, the patient had spontaneous motions of the bowels, and by degrees he completely recovered.—*British Medical Journal*.

AFFECTIONS OF THE THROAT IN CHILDREN are acute or chronic, but the former are most often seen, and can be subdivided into two classes, those accompanied with exudations, and those in which no appearance of any kind of plaques can be seen.

(a) *Tonsillitis with Exudations*: This class is the most important; the white matter may be pultaceous or diphtheritic. The pultaceous matter, composed of epithelial deposits, is easily removed by the tongue depressor or by a brush, and dissolves quickly in water, while the diphtheritic patch, on the contrary, is detached with difficulty, and, being of fibrous consistence, remains unaffected by water. To the former group belongs especially the sore throat witnessed at the outset of scarlet fever, herpetic tonsillitis, or ordinary pultaceous sore throat. The sore throat of scarlatina is characterized by its *début brusque* with high temperature, vomiting, pains in the back, and general malaise. The whole throat is of brilliant red, and spotted slightly on the next day or the day after the eruption appears. The herpetic sore throat is recognized by the presence of minute transparent vesicles covering the mucous membrane, and sometimes on the lips similar vesicles are discovered. The pultaceous sore throat can be recognized by the absence of the symptoms of herpes or scarlatina. Another form is that due to the presence of

aphthæ, but this is always preceded by stomatitis.

*True Diphtheria*: In this, the most serious form of inflammation of the throat, as every one knows, it is of paramount importance to make a microscopical examination. The *début* of the malady is generally insidious; the patient feels a sort of lassitude, but does not ask to remain in bed, becomes feverish at night, but seems better in the morning. However, when the physician examines the throat, he detects grey spots on the uvula and the pillars of the fauces. With a brush he tries to remove them, but he finds they are adherent, and then, if he is an intelligent practitioner, the gravest fears arise in his mind, which may be confirmed when he submits the exudation to the microscope.

(*b*) *Sore Throat without Exudation*: These forms are generally due to simple cold or irritation: they are to be met with in influenza, erysipelas, rheumatism, and certain eruptive fevers. Phlegmonous tonsillitis is another form, but is generally unilateral, and by the finger the pulsations of the swelling can be plainly felt. No error here can be easily made.—*Medical Press and Circular*.

**CRANIECTOMY.**—At the French Surgical Congress twenty-eight cases of craniectomy were reported, twenty-five by M. Lannelongue, and one each by MM. Th. Anger, Heurtaux, and Manoury (*Rev. Mens. d. Mal. de l'Enfance*, May, 1891: *Br. Med. Jour.*). One of M. Lannelongue's patients died in forty-eight hours; the other twenty seven cases recovered from the operation. M. Lannelongue reports that in a large number of his cases there was distinct improvement both in intellectual capacity and in the power of walking. In M. Anger's case (a girl, aged eight years, imbecile, and with convulsive attacks from the age of eighteen months) there was great improvement. In M. Manoury's case (a microcephalic girl, aged four years, liable to convulsions from the age of three months, imbecile, unable to stand, and with athetosis of the upper limbs) there was improvement lasting two or three months, and then rapid retrogression. M. Heurtaux's patient, a girl, aged five months, died unbenefited. M. Lannelongue stated that he had performed two varieties of craniectomy, (1) linear craniectomy along the

superior longitudinal sinus, posteriorly between the lateral sinus and the occipito-parietal suture, or transversely in the frontal bone dividing the longitudinal sinus; (2) *craniectomie à lambeaux*, in which the cranial bones were so cut as to leave bony flaps of various forms, the shapes being U-shaped, V-shaped, rectangular, horseshoe-shaped, or T-shaped. The amount of bone removed measured from  $\frac{1}{4}$  to  $\frac{1}{3}$  inch. The average duration of the operation was about forty minutes. A trephine was applied at one extremity, and thereafter bone was removed with pincers. The dura mater should not be touched unless pachymeningitis were present, in which case it should be scarified or incised; it was not necessary to resect the periosteum. The operation of craniectomy was to be recommended in microcephalus with premature ossification of sutures and closure of fontanelles, in obstetrical paralysis or obvious cranial depression from other causes, in meningeal hemorrhages and hematoma, circumscribed pachymeningitis, hyperostosis due to congenital syphilis, and in hydrocephalus with thickening and premature closure of the cranium.—*Archives of Gynecology, Obstetrics, and Pediatrics*.

**UNUNITED FRACTURES IN CHILDREN.**—Mr. D'Arcy Power (*Lancet*) produced an analysis of sixty-three cases of ununited fracture occurring in the long bones of children. He introduced his paper by a short account of the work already done in this field. He showed that no one had yet been at the trouble to tabulate the various cases of ununited fracture which had been at different times recorded in medical literature. He believed that until the publication of the valuable paper upon this subject by Sir James Paget in his "Studies of Old Case-books," the occurrence of non-union in childhood had been almost wholly neglected. The conclusions arrived at by Sir James Paget were entirely borne out by the table which Mr. Power had collected. From a consideration of this table it appeared that cases of ununited fracture in children grouped themselves into three classes: the first in which the fracture was intra-uterine; the second, in young children (often as the result of very slight violence); and a third class embracing the greater number of the cases which occurred in older children and in the usual

manner. Of the thirty-six cases five were in the clavicle, nine in the humerus, eleven in the femur, and thirty-eight in the leg. It was very remarkable that the author had not met with any recorded case of ununited fracture in the forearm, although numerically the statistics of fractures showed that the radius and ulna were more frequently broken than any other in a child's body. As regarded the sex, non-union occurred in twenty-five males and in thirty-five females; in three cases the sex was not mentioned. So few observers had noted the side upon which the bone was broken that the table was worthless to settle this point: but there seemed to be a general impression that non-union was much more frequent upon the left than upon the right side. At any rate, the point was worth noting for future observation. The results of the treatment of non-union were most unsatisfactory. Out of the sixty-three cases bony union was obtained in six cases, in seven the patient was relieved, but in thirty-six cases the patient remained *in statu quo ante*. The author believed that ununited fractures were becoming more frequent than they formerly were, and he endeavored to account for this fact. He also pointed out how extremely rare non-union was in France, not in children only, but in adults of both sexes.—*Archives of Gynecology, Obstetrics, and Pediatrics.*

**GONORRHOEA IN WOMEN.**—The more exact studies of the present have expanded very greatly our knowledge of gonorrhœa in women (*Med. and Surg. Rep.*). It is but a little while since this disease in women was considered as trivial; as being only a vulvo-vaginitis which would recover, even without treatment, in six weeks; and as meriting attention, not so much because of the evil it might do the woman, as because of the possibility of the disease being conveyed to men. Enlarged experience has shown this conception of the affection to be not only adequate, but even partly erroneous. The error is with reference to the usual seat, which has been shown to be the cervix uteri and not the vagina. It is now well established also that, far from the disease terminating spontaneously, it tends to persist in a chronic form for a very long time—almost indefinitely. The disease tends to invade the entire genital tract.

Not only the vulvo-vaginal glands, but the endometrium, tubes, ovaries, and the peritoneum—even distant organs and tissues, as the knee or ligaments of the spine, may be affected. Thus, incurable or even fatal conditions may and frequently do arise from this disease, heretofore considered so trivial: not to consider the extension of the disease to the urinary organs, where it may produce the same serious conditions which it does in men.—*Archives of Gynecology.*

**EUPHORIN IN GYNÆCOLOGICAL PRACTICE.**—L. M. Bossi (*Rif. Med.*, December 15th, 1891) reports the results of some clinical experiments with euphorin made by him in obstetric and gynæcological cases. He employed it in powder in twenty cases of ruptured perineum, and found that it promoted rapid healing both in slight cases and in more severe lacerations where sutures had been required. He also used it as a dressing to the stump of the umbilical cord in twenty-one new-born babes. In no case did suppuration take place, nor was there any sign of the drug having been absorbed. In none of the cases was there any appearance of icterus neonatorum. In twenty-nine gynæcological cases euphorin was employed as a fine powder, applied by means of a special atomiser (vaginitis, ulcerations of the os, cervicitis with abrasions of the portio vaginalis and parenchymatous cervico-metritis) or small pessaries about 4 centimetres in length and containing 40 to 50 per cent. of euphorin, which were introduced every two or three days into the uterine cavity (in cases of acute and chronic endometritis). In both these classes of cases the results of the treatment were satisfactory and Bossi concludes by saying that his experience leads him to think that euphorin acts both more efficaciously and more rapidly than any other substance hitherto in use, not excepting iodoform.—*Brit. Med. Jour.*

**MEDICAL TREATMENT OF PERITYPHILITIS.**—The view, which appears to be gradually gaining ground, more especially among surgeons, that once inflammation of the appendix cæci has been diagnosticated these cases should be handed over for surgical treatment, has induced Dr. Saundby, of Birmingham, to put on record

fifteen cases of appendicitis which have been under his care during the past six years. Among these fifteen cases there was only one death—the only case treated surgically—and the *post mortem* appearances led the writer to believe that life might have been spared had he adhered to purely medical treatment. 86.6 per cent. were cured, and 6.6 per cent. relieved. The average length of treatment is admittedly long, and a more rapid cure by surgical means might be claimed, though the writer is of opinion that a little time may fairly be sacrificed in view of the inevitable risks of surgical interference. The plan of treatment he adopts is rest, free evacuation of the bowels, hot fomentations or the ice-bag, with the addition, in chronic cases, of repeated blistering over the tumor. He strongly supports the method of treatment by the administration of full doses of sulphate of magnesium which was advocated by a recent American writer, Dr. W. T. Dodge.—*Birmingham Med. Review.*

TWO METHODS.—To a physician of Philadelphia, widely known and greatly honored, an enterprising firm of dealers in wine lately sent a most lavish and costly case of “samples” of their “medicinal” beverages. The enterprising firm was thanked, and politely informed that the present had been re-presented to — Hospital. Another physician writes an effusive and laudatory letter in praise of the wine, as regards its prophylactic and curative properties in disease, and this letter will doubtless be poked under the nose of every one of us for years to come. In certifying to the superior excellences of one special preparation, it goes without saying that as a scientific man the physician has made impartial scientific analysis and tests of all competing preparations of the kind, and chemically, physiologically, and therapeutically is disinterestedly certain that the one he pronounces the best is really so. If he has not done so his certificate is a farce, and he has unjustly discriminated against other preparations, possibly equally as good, the makers of which trust to the qualities of the preparations rather than to sly advertising dodges. But, whatever the fact, either he has been foolish enough to give a valuable thing for nothing, or he has had value received for the puff.—*Medical News.*

THE SURGICAL TREATMENT OF TUBERCULOUS CERVICAL GLANDS.—Edmund Owen, in the *Practitioner*, discusses the advisability and methods of operating in these cases. Radical procedures are advocated. The use of iodine and poultices is unsatisfactory, and sulphide of calcium is nothing but an impostor. If the glands are allowed to break down, the neighboring ones become infected. The scar left by operation is less than that left by nature. If suppuration has occurred, opening and curetting should be performed. Chloroform is advised to be used as the anæsthetic; and although he has never had a death from it, still two cases came near succumbing. He says in the human species the pulse is terribly apt to fail before the respiration. In these operations it is the internal jugular vein that causes anxiety; it is often laid bare. In one case it was injured so close to the skull as to require a hæmostatic forceps to be left *in situ* for two days. In some cases it is wise to drain with a small tube or horsehair. The stitches should be removed within forty-eight hours to avoid scarring. Concerning the results, a second operation has in no instance failed to secure the desired end.—*University Medical Magazine.*

ICHTHYOL IN TURO-OVARIAN DISEASE.—At a meeting of the Turin Academy of Medicine, on June 12, Dr. Albertoletti reported (*Riforma Medica*) the results of an extended trial of ichthyol made by him in the Maria Victoria Hospital on a number of women suffering from salpingo-ovaritis, endo-, peri-, and para-metritis, etc. He used almost exclusively the sulpho-ichthyolate of ammonium, which he gave internally in pills, or by injection in the form of pomade, or by intra-uterine injection. He sums up the results obtained as follows: Resolution in the relative short space of time of endometritis in cases which had proved refractory to the most active treatment; absorption (not always complete, however) of peri- and para-metritic exudations; cessation of pain in every case without exception. The remedy, according to Dr. Albertoletti, has this marked advantage over other remedies, that while at least equally efficacious, it is perfectly well borne in all cases, and can therefore be used when other forms of medication are inadmis-

sible. Dr. Bergesio, in discussing the paper, confirmed Dr. Albertoletti's conclusions in every particular, and said that ichthyol seemed destined to solve many therapeutic problems relative to utero-ovarian disease.—*Arch. Gyn., Obs. and Ped.*

“L'ESTOMAC ET LE CORSET.”—Dr. Chapotot, in a recent essay published by Baillière under this title, gives a fair summary of the opinions of experts such as Bouvier, Dickinson, Sibson, and others, on the real and imaginary evils attributed to the constriction of the waist. The question of the true position of the stomach is very important in respect to the correct interpretation of abnormal relations of the abdominal viscera detected after death. The most original portion of Dr. Chapotot's essay refers to a matter of some interest to ladies. Young women have often reason to complain of disagreeable noises caused by air moving about in the epigastric region. Our author attributes these noises, which differ from borborygmi, to a vertical bilobulation of the stomach caused by the pressure of stays. During expiration the upper lobe is relieved of pressure by the ascent of the diaphragm. The lower lobe is, on the other hand, subjected to great pressure from the abdominal muscles. Hence, air and liquids are forced upwards into the upper lobe through the narrow isthmus produced by the pressure of the stays; as they pass through the isthmus and issue out of it, the characteristic gurgling sound is produced. If the stays be taken off the sounds are no longer heard, but they may be reproduced by applying any other form of restriction to the abdomen at the same level.—*Brit. Med. Jour.*

THE DIGESTIBILITY OF CHEESE.—It is the general opinion of the laity that the eating of cheese after taking food is an assistance to digestion. This view seems not to be in accord with the result of experiments made by von Klenze, as recorded in the *Allgemeine medicinische Central-Zeitung*, No. 18, 1891. He made very thorough tests of the various forms of cheese found in the dietary lists. For the experiments he used an artificial digestive fluid, to which were added 50 c. c. of fresh gastric juice and 3 c. c. of hydrochloric

acid. Into this he placed a gramme of the cheese to be examined. Eighteen varieties were tested, and the following deductions made: Chester and Roquefort cheese took four hours to digest; genuine Emmenthaler, Gorgonzoler, and Neufchatel, eight hours; Romadour, nine hours; and Kottenberger, Brie, Swiss, and the remaining varieties, ten hours. Considering that in a healthy stomach digestion after an ordinary meal is complete in from four to five hours, it would seem from von Klenze's studies, that Chester and Roquefort cheese were the only kinds that were likely to be digested within this length of time, and that the other varieties, some of which are largely in use, not only did not assist digestion, but actually retarded it.—*N. Y. Medical Journal.*

AN UNUSUAL INTESTINAL CONCRETION.—A case of a large concretion having become lodged in the cæcum has just been recorded by a French practitioner. The patient, a woman, had for a long time suffered from chronic intestinal catarrh, and after death the cæcum was found to be occupied with a large greyish mass, which readily broke down under pressure. On further examination the mass was found to consist of eighty-five per cent. of sub-nitrate of bismuth, together with fifteen per cent. of organic matter. The presence of the bismuth salt was easily explained by the fact that the patient had for a long time before her death been accustomed to take large quantities of it.—*Medical Press.*

STRASMANN, experimenting on three men, found that the quantity of alcohol excreted unchanged from the lungs amounted to from 5 to 6 per cent. of the quantity ingested, and that the quantity passed off in a similar way from the kidney was from 0.73 to 2.43 per cent. According to these experiments, 90 per cent. of alcohol is consumed in the system. These experiments are decisive only as regards the use of alcohol in small doses and as a remedial agent. The question of the use of alcohol, as a daily article of diet by the healthy is not affected.

A NEW medical college for women is to be established in St. Paul, Minn.

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TORONTO, MARCH 16, 1892.

MEDICAL EDUCATION IN ONTARIO.

We publish in this issue the open letter of the distinguished president of the University, Sir Daniel Wilson, to the Minister of Education for Ontario in reference to medical education in this province. The letter is intended as a reply to a marvellous production of one who is allowed to remain in the anomalous position of Dean to a respectable medical college. When one considers the *personnel* of the Senate of the University of Toronto, including such men as Chancellor Blake, Vice-Chancellor Mulock, President Sir Daniel Wilson, Rev. Dr. Caven, Rev. Dr. Sheraton, Rev. Dr. Burwash, Rev. John Teefy, Rev. Dr. Dewart, Sir Casimir Gzowski, Chancellor Boyd, George Gooderham, George Cox, and many others who are considered law-abiding citizens, he can scarcely avoid a feeling of surprise when these men are openly charged with dishonest misappropriation of public moneys. The ordinary onlooker, after reading Sir Daniel's reply to this monstrous accusation, might possibly doubt the wisdom, even from the worldly serpent point of view, of such "reckless" statements.

We borrow the word "reckless" from Sir Daniel, whose chaste and classic English in this connection is perhaps more becoming than the old-fashioned, blunt Anglo-Saxon methods of characterizing such conduct. We regret exceedingly that the Dean, who has done so much for medical education in Ontario for many long years, should now endeavor to destroy a sister institution, whose authorities treated him with marked courtesy in 1887, when the new faculty was restored to the University of Toronto. His

intimate friends will probably join us in regretting that the methods he has recently adopted have passed the bounds of decency, and are likely to recoil on him and his colleagues, who have allowed themselves to be dragged through the mire by their energetic, though erratic, chief.

We will not now attempt to discuss the various subjects treated in Sir Daniel's admirable letter. It will be read with interest and delight by all unprejudiced persons who take any interest in scientific medical education. It must be a source of satisfaction to the members of the Medical Faculty to have gained the warm sympathy and all-powerful assistance of such a distinguished body of men as the Chancellor, Vice-Chancellor, President, and the other members of the Senate. If, under such circumstances, they failed to make the faculty a pronounced success, they would get but little sympathy from the profession in this province.

TORONTO GENERAL HOSPITAL.

The annual report of the Toronto General Hospital, which has just been published, contains much that is interesting both to the profession and the public. The first building for hospital purposes in Toronto was erected on the block bounded by King, John, Peter, and Adelaide streets, at a cost of \$15,000. The present site was selected in 1854, when the central building was erected. For many years it had a serious struggle for existence, and in August, 1868, the trustees were compelled to close it on account of lack of funds. It remained closed for about a year, and on the expiration of that time was reopened under a new directorate.

The board of management received valuable assistance from various sources, and were very judicious and careful in their methods. As a consequence the hospital has flourished, and additions have been built from time to time which have greatly increased the facilities for treating all kinds of diseases and injuries. We are inclined to think that many practitioners of the province are not aware of the fact that this institution is without doubt the largest and best ordered hospital in Canada.

The total number of beds now in commission is 365. This includes those of the new pavilion,

which number 39. This pavilion is intended exclusively for women suffering from diseases and tumors of the abdomen and pelvis; and, although unpretentious in appearance, is admirably adapted for the purposes for which it was intended.

We believe this is Dr. O'Reilly's first attempt to publish a complete and elaborate report, but hope it will not be the last. Not the least interesting portion of the report is that which refers to the "Training School for Nurses," which was established in 1881. The enthusiasm and zeal of the superintendent, Miss Mary A. Snively, are well known and duly appreciated by all who take any interest in the school. The applications for admission are large, and great care is observed in selecting the proper ones to be placed on the list of probationers. The course given is a thorough one, the teaching being done chiefly by Miss Snively, who, however, gets valuable assistance from members of the active staff, who are glad to assist in the good work that is being done.

## MEDICAL EDUCATION IN ONTARIO.

A LETTER TO THE HON. G. W. ROSS, LL.D.,  
MINISTER OF EDUCATION.

BY SIR DANIEL WILSON, LL.D., F.R.S.E.,  
PRESIDENT OF THE UNIVERSITY OF TORONTO.

In accordance with your request, I have perused the open letter addressed by Dr. Geikie to the Honorable Attorney-General on the subject of "Medical Education in Ontario." In reply, I must invite your attention to the broader questions which it involves.

In the remodelling of King's College, whereby the provincial endowments for higher education were transferred from the control of a single denomination and placed on the just basis of a national system in which all citizens enjoy perfect equality, the Faculties of Law and Medicine were abolished. This revolution had already been effected when I entered on my duties as a professor in 1853; but the incidents connected with it were fresh in the memory of all, and the chief actors were prominent members of the community. I had the privilege of enjoying intimate intercourse with the Honorable Robert Baldwin, and was admitted to much friendly communication with the Honor-

able Chancellor Blake, and with other public men conversant with the political life of the time. From the information communicated to me by them, I was left in no doubt that the abolition of the Medical Faculty was largely due to the antagonism between the late Dr. Rolph and certain professional rivals; the Honorable Dr. Rolph being, at the time of its abolition, a member of the Government. I was subsequently confirmed in my belief of the influence so exercised by approaches made to me from the same quarter with a view to the restoration of the Medical Faculty.

Fresh as I then was from Edinburgh, and familiar with the relations of the science departments to other branches of instruction in that university, I was strongly impressed with the beneficial influence which an efficient Medical Faculty exerts in the stimulating and fostering of all departments of science. It was, therefore, with mingled surprise and regret that I learned of the abolition of the Medical Faculty at the very time that steps were being taken to establish professorships in Science, and give to it some due share in the prescribed requirements of a liberal education. The results abundantly confirmed my apprehensions. The department of Natural History exercised slight influence on the studies of the undergraduates; and the entire scientific work played a very subordinate part in undergraduate studies.

The counter-revolution which the restoration of the Medical Faculty effected is already abundantly apparent. The department of Natural History has expanded into an efficient school of Biology, with its related branches of Physiology, Histology, and Botany, offering to the students in Arts ample facilities, and holding out strong incentives to a thorough devotion to their study. The department of Chemistry has, in like manner, entirely outgrown the limited aims of earlier years; and the needful steps are being taken for providing an adequate building, with the appliances for carrying on laboratory and other work, not less important to many of the students in Arts than to those in the Faculty of Medicine. The necessity for similar provisions for the department of Geology is now urgently pressed on the attention of University authorities; and action is only delayed till funds are available for the purpose.

The importance of Chemistry to the medical student is universally recognized. The novel bearings of Biology, in all its branches of research, on the transformation of the practice of medicine from empirical routine to an intelligent scientific application of well-determined remedial measures to specific diseases are now widely familiar. But even Geology has its branch of Palæontology to which the attention of the medical student is wisely directed; Psychology, though mainly prosecuted as a branch of philosophy, has its important bearings on abnormal cerebral action, on hypnotism, and many forms of mental aberration; while Physics has now its special experimental lectures, including the study of electricity and magnetism, to meet the requirements of the extended medical curriculum. In all this, instead of the work of Arts students being impeded, the necessary development of the various science departments has largely added to the facilities for their study.

In this healthful expansion every true friend of higher education in Ontario has an interest; and no class of students enjoy such important practical results as those in Arts: the science teachers in your Collegiate Institutes and High Schools; the land surveyors, mining engineers, the chemical analysts, and druggists; the electricians, and all to whom practical scientific training is of value. Yet all this Dr. Geikie calls upon you to reduce to the restricted and inadequate scale of earlier years, assumed to comprehend a sufficiency for students in Arts, on the plea that "it is not the duty of the state to use public funds of any kind in educating students for a special profession any more than for any other calling by which people earn their living." What, then, are we to think of our Provincial Agricultural College for the scientific education of farmers; or our Normal Schools and School of Pedagogy for teachers; or our School of Practical Science for land surveyors, civil engineers, chemical analysts, architects, etc.; or a subsidized School of the Fine Arts; or a Canadian Literary Institute? Is all special professional training, with the one exception of medicine, deserving of aid and encouragement from the state; or is it not rather beyond all controversy that there is no other department of professional training—not even that of the teacher—in

which every member of the community has so keen a personal interest as that of medicine? I will only say, in the words of Dr. Geikie, "Our province is inhabited by sensible people, who can see and judge of such matters for themselves."

Dr. Geikie next proceeds to advance charges of gross abuse and shameful misappropriation of University funds.

(1) The Legislature having voted \$160,000 in aid of the restoration of the University buildings after the disastrous fire of February 14th, 1890, Dr. Geikie says: "It may appear incredible, but it is nevertheless true, that at this very time, or almost immediately afterwards, other extensive and very costly buildings were contracted for and pushed as rapidly forward as possible. . . . Most unquestionably, the Legislature of Ontario, which had hastened to vote \$160,000 to aid in repairing the damage done by the fire, had no idea that the most of the sum so promptly and liberally voted would be at once spent in a way which was never for a moment intended, namely, on dissecting rooms," etc.

It is scarcely possible to characterize in too strong language the reckless conduct of a person in Dr. Geikie's position making to the Attorney-General a charge against the authorities of the University which he admits to be, to all appearance, incredible, and yet which he obviously never troubled himself to authenticate while pledging his word for its truth. The facts, which he might have readily ascertained on enquiry, are these: The plans for the extension of the Biological building were completed in November of the year previous to the fire; the contracts for the building were accepted, and the requisite funds appropriated by the Board of Trustees immediately thereafter, and the building was already in progress and the foundations well advanced before the fire occurred. It is scarcely necessary, therefore, to add that not a single dollar of the money voted by the Legislature has been spent for this or any other purpose than the restoration of the buildings destroyed by the fire.

(2) Again, Dr. Geikie asserts that the Biological buildings of the University are really an addition for the accommodation of the Medical

Faculty; that their extension "was manifestly intended for medical teaching purposes"; and that "they are, to all intents and purposes, medical school buildings." To this I shall offer no vague reply, but a definite statement of facts. In the east wing, first completed, there are, according to the architect's report, about 16,000 square feet of floor space. Of this fully 12,000 square feet, or three-fourths of the whole building, are entirely devoted to the use and purposes of the students in Arts. The lecture-room and the elementary laboratory, which are the only rooms that the medical students share with those of the faculty of Arts, have an area of about 4,000 square feet. But both lecture-room and laboratory would require to be of the present dimensions if the Medical Faculty were abolished. Of the thirty-eight working places in the elementary laboratory, nearly all are occupied every day by the first and second years' practical classes of the Arts Faculty, each class numbering over thirty students. The same places are used at other hours for the practical classes in Biology and Histology of the medical curriculum; but the latter classes are under the charge of instructors paid exclusively from the resources of the medical students' fees. I cannot imagine that any disinterested and impartial inquirer will see the slightest impropriety in the facilities provided by the University for its Arts students being also made available, within such restrictions, to the students in its Medical Faculty.

(3) Next, turning to the later extension of the Biological building, which Dr. Geikie affirms to have been erected from funds obtained on false pretenses, and to be, "to all intents and purposes, medical school buildings," the simple fact is that the transfer of the teaching of Natural History or Biology, in all its branches, to the new building, which for the first time supplied needful appliances in other respects, rendered the removal of the Museum to the same building imperative. The addition of this as part of the original plan was contemplated from the first, and would have been no less indispensable had no Medical Faculty existed. So far, then, from the later extension of the building being purely for medical purposes, the whole main southern range was originally designed and is now appropriated for the ac-

commodation of the Museum. Had it been possible to complete the entire building at once, the whole contents of the Museum would have been safely disposed in their new apartments before the calamitous fire of 1890. But although serious damage was then done to the collection, much of the valuable contents were rescued; and with the gifts already received from many liberal benefactors, in addition to further promise of valuable contributions, it is confidently anticipated that the new Biological Museum, rearranged on the plan now in vogue in the great German universities, will not only be one of the most important educational museums on this continent, and therefore alike helpful to Arts and Medical students, but that it will also prove a popular and attractive feature of the Provincial University for the general public.

So far, therefore, it is obvious that one main portion of the newer building was designed and is appropriated for other than medical purposes. In a further portion of it temporary accommodation has been provided for the departments Geology and Mineralogy until a more adequate structure can be erected; and in so far as certain portions of the building are set apart for the Medical Faculty, a report was obtained from the architect specifying their estimated cost, and on the basis thus furnished an annual rent of \$1,200 is charged to the Medical Faculty, in accordance with the report of a joint committee of the Board of Trustees and the Senate as what, in their estimation, "would be a just and adequate allowance" as interest for the cost of erection. In addition to this, the University is credited with a further sum, estimated at \$1,000, to accrue to it as "proportion of expenses of the maintenance and repairs of Biological and Chemical buildings, to be refunded out of the Medical Faculty funds." With those facts before you, I leave you to form your own estimate of the value to be attached to Dr. Geikie's statement of what even he acknowledges to "appear incredible," but which he gives you his solemn assurance "is nevertheless true!" I observe that the letter is signed by its author in his official capacity as "Dean of Trinity Medical College," and that he professes to speak in the name of the Faculty. "To the Government and to the Legislature."

he says, "we continue to look for redress." Although I have only now obtained sight of the letter, on its being forwarded by you to me with a request for a reply to its grave charges, including that of fraudulent misappropriation of public funds obtained on false pretences: yet I observe by the date that the letter has been in circulation unchallenged for upwards of two months. Can it be possible that the respectable body of medical gentlemen constituting the Faculty of Trinity College are willing to share the responsibility of such reckless and unfounded assertions as I have quoted from the letter addressed by their Dean to the Attorney-General?

One further point remains to be noted. Under a University statute, confirmed by the Lieutenant-Governor in Council, all fees paid by medical students are apportioned to the Medical Faculty. In the interpretation of this statute, fees paid by students for Physiology, Chemistry, and Biology have been treated as "fees paid by medical students," and this Dr. Geikie denounces as "an abuse worthy of Ottawa!" In reality, out of this fund, derived entirely from fees paid by the students in the Medical Faculty, the following expenses are met, namely, the instruction in practical chemistry for medical students in their first year; the special medical chemistry for students of the second year; the zoology for those of the first year, and the histology for those of the second year; all this being instruction specially designed and adapted for medical students. On the other hand, the medical fund has not hitherto been charged with any payment for the medical students who avail themselves of the didactic lectures in physiology, nor for such lectures in chemistry—apart from laboratory work—as they share in common with Arts students; as these lectures involve no more than the occupation by the medical student of a seat in the lecture-room, and lead to no addition to the cost which the University would have to incur for the students in Arts if no Medical Faculty were in existence. Again, out of the same medical fund, derived exclusively from the fees of the medical students, such charges are met as those incurred in the purchase of microscopes and other instruments for scientific research, and for furthering the experi-

mental basis of pharmacology and therapeutics. The restoration of the Medical Faculty has largely increased the amount of work devolving on the science professors, but none of the fees accrue to themselves in remuneration for the great addition to their labor and responsibilities. It is the source on which they draw for the purpose of extending and elevating the teaching of medical science. For example, on the recommendation of the Medical Faculty, the Senate has approved of the appropriation out of their fund of \$1,000 to defray the expense of a practical course of bacteriology to be given the current year by Professor Ramsay Wright after his ordinary duties are over. This course of post-graduate instruction in one of the most important branches of medical science will occupy the greater part of each day throughout the month devoted to it, and will be available to all members of the medical profession. The appropriation above named is required solely for needful appliances for the course. The services of the professor are voluntarily given without remuneration.

That some readjustment of some of the arrangements heretofore adopted in reference to the special medical fund may commend itself to your judgment, under the present circumstances, is possible. But the devotion of the fees paid by medical students for instruments and other appliances indispensable for the furthering of scientific research in its special application to medicine; or for such courses of lectures as those of the Professor of Biology—though his salary is derived solely from the University endowment, and not from the medical fund—to form the requisite means for such post-graduate work as I have described, can scarcely suggest to any unbiased mind the idea of a misappropriation of University revenue.

It is inevitable when any great public improvement on existing systems is inaugurated that the old Ephesian cry of "Our craft is in danger!" should anew be heard. The old profitable venture is not only claimed to be a vested interest, but is unblushingly maintained to be ample for all requirements; if not, indeed, incapable of improvement! Dr. Geikie repeatedly refers to "our self-supporting medical colleges," confidently affirms that they satisfy all requirements of medical edu-

cation; and as he takes upon himself to say, "as is abundantly proved, do the work as well as it can be done!"—"provide and equip every building they require at their own cost, which answer perfectly all the purposes of the highest and best medical education given in any part of the empire!" I accept these and similar statements of Dr. Geikie as made in good faith. Marvellous as they are, I assume that he believes them all. But if so, they show how little conception the Dean of Trinity College has of the requirements of a well-equipped medical school. I have repeatedly had letters from old students who, after beginning their medical studies at one or other of the Toronto medical schools, have gone to one of the great schools of Europe; and their expressions relative to the contrast between the inadequate and petty provisions in the little building alongside of our Toronto General Hospital and the ample appliances they found available for them at Edinburgh, London, Paris, or Berlin, would furnish an amusing commentary on Dr. Geikie's self-complacent estimate of his school. Why, sir, the Edinburgh Hospital, with its clinical lecture-rooms, operating theaters, etc., covers a larger area than many Canadian villages; and alongside of it stands the amply equipped university buildings devoted to the departments of science and medicine, including biology, physiology, and all the branches of science which now contribute so largely to the transformation of medicine into scientific instead of mere empirical treatment of disease.

In truth, the great evil of the multiplication of such "self-supporting" medical schools is that their pecuniary interests are in conflict with the necessary expansion to embrace the important new applications of modern science. Dr. Geikie speaks of the University of Toronto as a keen competitor with such schools for students; but the entire record of the University in its efforts to set a higher standard for its medical degrees proves that it voluntarily adopted and adhered to requirements which greatly reduced the number of candidates willing to encounter the severe conditions it imposed. At the late meeting of the College of Physicians and Surgeons of Ontario, Dr. Bergin, as convener, presented the report of a committee appointed the previous year "to communi-

cate with the authorities of the Canadian and English universities and medical colleges, and obtain their views as to the necessity, if any, for a higher standard of preliminary and medical education." Important changes, based upon this report, were sought to be introduced into the curriculum; and on the persistent urgency of Dr. Geikie and others to defer its discussion, and to adjourn all consideration of its recommendations, Dr. Bergin—the originator and active promoter of this effort at elevating the standard of medical education in Ontario, after urging that, whether designed or not, the postponing consideration of the report, as proposed, till next session would be to kill it for years to come—is further reported as saying:

"I feel that we have too many medical schools; and I feel that all the opposition that we have to attempts to advance the interests of the medical profession of this country comes from the schools; and if they desire it, and continue in this course, the result will be that the profession will, as one man, rise up and demand that the school men be excluded from this council because of their opposition to every advance in medical and preliminary education."

When, in 1887, the Legislature restored to the University of Toronto its Medical Faculty, its authorities were most anxious to prevent, if possible, the multiplication of schools; and it is important that you should know that precisely the same invitation to co-operate in the revival of the Medical Faculty was extended to the Trinity and to the Toronto Medical School. Dr. Geikie refers to such a combination of forces as was thereby aimed at for the creation of one efficient medical school as an attempt at the impossible; and in doing so incidentally admits the fact that such a union was freely offered to him and his colleagues. Addressing the Attorney-General, he says: "You speak of 'union of colleges,' and this was suggested in 1887: but medical colleges large enough to require the services of a complete staff of professors and other teachers can no more be rolled together than can large congregations or public schools; and it is never wise to attempt the impossible!" The remark only furnishes another proof of Dr. Geikie's failure to comprehend the condition and requirements of a thoroughly equipped medical school. In

reality the united school would have been small in comparison with any of the great schools of Europe. That of Edinburgh, for example, numbers fully 2,000 medical students. The co-operation of the ablest men in both schools, superadded to the resources of the University and its efficient staff of instructors in science, would have hastened the development of what—unless the Legislature of Ontario yield to the misrepresentations of interested and unscrupulous defamers, and strangle it in its cradle—is destined, I confidently believe, to become one of the greatest medical schools on this continent.

How far the proposition for united action on this new and comprehensive basis was fully considered and dealt with by the members of the Faculty of Trinity Medical College, I have no means of determining; but of Dr. Geikie's action, and of the motives that guided him, we are left in no doubt. In his letter to the *Globe*, of date March 23rd, 1887, he says: "I think it will be ample time to give the subject full consideration when we learn that the Government of Ontario, with the cordial support of our Provincial Legislature, has fully decided to create, equip, and endow liberally a new medical teaching body: and to provide for a staff of the best teachers the country can furnish, each of whom shall have a salary secured to him of not less than \$2,000 a year for each of the principal chairs; and a suitable retiring allowance when, from age or ill-health, he is no longer able to discharge his duties. Till this is done, the project is a mere 'castle in the air.' When it has assumed this tangible form, I am quite sure Trinity Medical School will accord to it a most careful and respectful consideration."

I leave, sir, to yourself and to the Attorney-General to judge how far this avowal of the Dean of Trinity Medical School in 1887 harmonizes with the "disinterested" protest of the same person in 1891 against the application by the state of public funds of any kind in promoting medical education. It is sufficient for me to invite your attention to the evidence I have adduced to show that while, by the co-operation of the instructors of the University Medical Faculty with the professors and lecturers in Arts and Science, enormous advantages are

secured to the medical students of Ontario; and they have for the first time opportunities placed within their reach that heretofore had to be sought in British or foreign schools; yet, so far as the instruction pertaining to strictly medical subjects, it constitutes no charge on the funds of the University.

University of Toronto,

Feb. 22nd, 1892.

## Meeting of Medical Societies.

### CLINICAL SOCIETY OF MARYLAND.

Baltimore, February 5, 1892.

The 261st regular meeting of the society was called to order by the president, Dr. Robert W. Johnson.

Dr. W. B. Platt read a paper on "Free Dispensaries, or the Physician and the Poor." Dr. Platt in his dispensary work adopts, as nearly as possible, the following plan: Inhabitants of certain squalid alleys, well known to him, are treated without question; the destitute and forlorn, whose aspect is unmistakable to one having dealings with the poor, come in first of all for treatment; mechanics, artisans, or laborers out of work and out of money, and the poor families of drunken and worthless men, are all entitled to free treatment; adults who have to pay for their board and lodging out of wages less than \$5 per week are treated free; house servants, earning \$10 and \$12 per month, can and do pay physicians for advice.

Dr. I. E. Atkinson said this subject, as Dr. Platt has pointed out, bears upon the patients, the physicians in attendance, and the profession at large. The abuses of dispensaries is a world-wide complaint, and the difficulties that stand in the way of correcting them are almost insuperable. In the first place, the presence of a person at the dispensary is a confession of poverty, and, when questioned as to his financial condition, nearly every patient is prepared to say that he is unable to pay the fees of a physician. Occasionally one encounters patients who, when questioned, avow their ability to pay and are properly excluded. I think that the evils of dispensary service are more apt to be developed in dispensaries others than those in which patients are used for clinical purposes. The presentation before a class of students is, to persons who are not degraded, a very disagreeable procedure, and they will refuse to come again unless compelled by necessity.

What kind of patients are entitled to relief? Every one admits that the pauper is a proper person. There is not so much unanimity of opinion with regard to the relief of those persons who are brought to that condition by their own vices. Never mind what his faults, nor what his vices, nor how utterly beyond the pale of ordinary sympathy he is, as soon as he is sick he becomes a worthy object of charity. In this way medical charity differs from almost every other kind of

charity. Dr. Platt mentions another class that especially appeals to my sympathy, namely, the wage-earner who makes \$10 per month. As to whether or not he shall pay depends entirely upon how much he is called upon to pay. A fee of one dollar would be ten per cent. of his income for the month, and his medicine would perhaps cost five per cent. more. It may be that he should not be the beneficiary of a free dispensary, but of a provident dispensary, the absence of which in Baltimore I very much regret. I further believe that the man who earns \$1.00 or \$1.50 per day, and supports his family, is entitled to a modified relief. This man, by careful economy, is able to keep his family alive, but he cannot support them in comfort. Just as soon as a member of his family falls sick, his expenditures are enormously increased, while his income remains the same or is diminished. If he himself falls sick, the income stops while expenses increase. I think that one of the great needs is that modified form of charity which we recognize as a provident dispensary. This idea of a provident dispensary is no. a new one. The individual pays into it so much per month, and his membership entitles him to receive the services of good, intelligent physicians, who are properly paid for their services by the association, and gets his medicine at a reduced rate. Membership in the dispensary is only granted to those who receive a certain maximum of wages. Such dispensaries have been in existence in England for fifty years, yet the number is small. The justice of them, the propriety of them, and the benefits to be derived from them are so manifest that it is difficult to understand why it is that such a limited popularity should be accorded to them.

That there is dreadful abuse in dispensary practice I am convinced, but that the abuse is not altogether on the part of the patients, I am also convinced. There are few ordinary day laborers who feel able to pay the full fees of physicians and the prices of the pharmacist. Some do it from pride, some from principle, and some they know not why. But in case of continued sickness it is absolutely impossible for them to pay physicians' fees, and they are forced into incurring debts which they know they cannot pay. I am an advocate of that form of relief which shall not pauperize the individual, but will enable him to secure for himself and family proper professional advice and necessary medicines without too great a strain on his purse.

Dr. Platt: I think Dr. Atkinson's point in regard to there being less abuse in dispensaries where patients are used for clinical material is well taken; and yet the great howl that has gone up recently has been on account of a dispensary which is used almost exclusively for purposes of instruction. I think there are many persons who are perfectly shameless about getting charity. There is generally a look about a person who lives poorly and miserably that enables you to spot them as quickly as you can tell a wharf rat from a common one. They have poverty written all over them. There is a middle class, whose earnings are not much, yet who have deposits in the savings bank, and ought to pay. There are physicians who would make a reasonable number of visits at half price, and they can get reduced rates at the pharmacists. As to having patients pay at a dis-

pensary, that has been tried. The only thing that has not been tried thoroughly is to carefully investigate each patient by a visit to his home. I have had people come to me at the dispensary who owned houses and had bank accounts, others with a large number of children, all receiving good salaries. I think the key to the whole matter is to look up each individual and see whether or not he can pay. I think there are very few physicians in this room who charge all persons alike. If a patient cannot pay my full fee, I treat him for less.

Dr. Herbert Harlan: I have had experience with different dispensaries ever since my student days. I believe that at the dispensary of the Maryland University, where patients are used for clinical purposes, there is very little imposition. It may be on account of the large class of students, for the tendency of people is not to go before a class of students. I have known a good many patients to go to that dispensary on other days of the week, and to absent themselves on the days of the clinic. There is, however, quite a large class of people who like to hear their cases discussed. The Baltimore General Dispensary is not imposed on much, because the physicians visit the patients' houses and see whether they can pay or not. The great abuse is undoubtedly in the special dispensaries. We have tried a good many devices to prevent those who ought to pay from receiving services free. One was for the physician to question them as to their ability to pay. Sometimes they answer "Yes," sometimes "No." Some say they can pay, but others who can pay are treated free. Here is the point that I want especially to raise here. At a special dispensary it is a daily occurrence for patients to say, "Doctor So-and-so, my family physician, sent me here to have my case treated." Physicians themselves are not as particular about these things as they might be. We ask such people if they pay their family physicians, and they reply, "Certainly we do." Then we refuse to treat them. We have tried in another way to prevent abuse, namely, by having a clergyman, who is regularly employed for the purpose, to go about the waiting-room and question the patients, and act as judge as to who shall or shall not be treated. This, I think, is a move in the right direction. We are indebted to Dr. Platt for calling our attention to this matter, and we ought all to make an effort to do away with the abuses.

Dr. I. E. Atkinson: The physician who charges but small fees knows that in many cases his patient cannot pay the fees of a special practitioner. I frequently have had patients who pay me go to a special dispensary. They do not ask my opinion about it. They say they cannot pay specialists' fees. I think the standard in regard to this class of patients should be a little different from that of the class going to the general dispensaries.

Dr. J. Edwin Michael read "A Report of Eight Additional Cases of External Perineal Urethrotomy without a Guide," these cases being in addition to nine cases already reported by him in the spring of 1887.

Dr. Robert W. Johnson spoke on "A Convenient and Comprehensive Method of Instrument Disinfection," and exhibited the apparatus which he devised and uses. Dr. Johnson boils everything except himself, his patients, and the rubber tissue. He boils ligatures, instruments, needles, gauze,

etc., and also the trays which hold them. The boiler is a plain tin one, large enough to accommodate the trays, with spigot attached near the bottom. A nest of elongated trays of granite-ware is found most convenient. Before leaving his office he goes over the instruments that will be required and puts them in a tray. The dressings to be used are put in another tray, and so on, and finally the trays are built up, one upon another, and all are put into the boiler, which is put in the back of the wagon. At the patient's house the boiler is filled up with boiling water, put upon the stove and boiled for twenty or thirty minutes, while the patient is being prepared for operation. When ready for operation, the trays are lifted out by means of sterilized button-hooks. The boiler is put in an elevated position, a rubber tube attached to the spigot, and the boiled water is used for irrigation. It makes no difference whether knives or dressings touch the sides of the trays, for they are quite aseptic.

Dr. Herbert Harlan asked what means were taken to prevent the rusting of instruments in boiling. He had noticed the curious phenomenon that the steel blades of a set of knives with aluminium handles rusted more readily than those with ivory handles.

Dr. Chunn asked Dr. Johnson's method of preparing his hands for operation.

Dr. Johnson: By adding a slight amount of bicarbonate of soda to the water, rusting of the instruments during boiling is prevented. I sometimes use bichloride on my hands, and sometimes potassium permanganate, cleaning it off with oxalic acid. The latter is probably the best method.

## Correspondence.

### PROFESSIONAL ETIQUETTE.

*Editor of THE CANADIAN PRACTITIONER:*

I ask the privilege of space in your valuable journal for the publication of the following statement of facts, which, I think, should be told with the object of showing the sharp methods resorted to by, I sincerely trust, only a few of our aspiring young doctors who are striving to make a livelihood in this far-famed city of Toronto. The governing principle of these newly-fledged specimens of the profession is very much like the well-known advice of the canny Scotchman to his son, "Get money, honestly if you can, but get money," which might read, "Get practice, honestly if you can, but get practice." The following are the particulars:

Yesterday (Sunday, 28th February) I was hastily summoned by a Mr. H. H. Cossit, living on Park Avenue, to attend his three-year-old little son, whom, he stated, had taken a fit

and was frothing at the mouth. I immediately accompanied Mr. Cossit to his residence. On the way there I obtained all the particulars he could give as to the general health, diet, and surroundings of the child; also his own idea of the cause of the trouble. He also informed me he had called at the residence of several doctors on his way, but found them from home, until he came to me. When I arrived I found a person there busily engaged at what I first thought was washing his hands in a large basin on a chair along side of the cot in which the little patient lay. Asking this person, "Are you a doctor?" he replied, "Yes: Dr. F." I then asked what had been done for the child. He replied, "I am going to give an injection of soap and water." Handy Andy's soap and water, which got him the nickname of "Suds," occurred to me, so ludicrous was the position. On making further enquiries from the mother, she informed me that the little patient had just been taken out of a hot bath, given by a neighbor woman, and seemed to be very much better. The child was lying naked, wrapt up in blankets, and, on examination, I found the little arms twitching and the teeth firmly set. I tried to open the child's mouth, but could not succeed at first. A second attempt succeeded, and on withdrawing my finger it was nearly caught between his teeth. The child was insensible, but breathed freely. I then expressed my approval of the injection, as it was ready for use, and suggested the addition of castor oil, which was immediately brought, but not used. The vial was almost empty. Just as this person was about to administer the injection of soap and water, without the castor oil, another medical gentleman appeared on the scene, who was addressed as Dr. F. Without saying a word to me, this last arrival, very much excited, and in a fussy way, took the 1 oz. syringe from the first Dr. F. and began throwing up the soap suds with the syringe. I had in the meantime turned the child on his left side, separated the nates, and exposed the anus. When the last-named Dr. F., whom I began to think by this time was the real Simon Pure, had filled and emptied the syringe a number of times, with little success; but, persisting in throwing up the soap and water, a lump or two of hard feces were dislodged, and

appeared at the verge of the anus, but it seemed the child was unable to expel them, and I suggested to Dr. F. No. 2 to smear his finger with castor oil and break up the hard scybala. He handed me the syringe, and, having oiled his finger, succeeded in bringing away one or two lumps of scybala. He then retired to wash his hands in an adjoining room, and in his absence I removed the cap of the syringe and piston and poured into it about a tablespoonful of castor oil, replaced the piston and cap, and with a little gentle force injected the oil into the rectum. This was immediately followed by a free discharge of scybala. Dr. F. No. 2 by this time returned and said, "It is all right now." shook hands with the mother of the child and all the other women, and was about to leave, when I whispered to him, "You had better wait a little while longer, as the child is not over this yet." The little patient's teeth were still fixed, and the twitching of the arms, although not so violent, was still visible. In the meantime Dr. F. No. 2 had instructed Dr. F. No. 1 to make a mixture of  $\frac{5}{3}$  to 10 grains of bromide in water. He delayed giving the bromide mixture and tried to give castor oil by the mouth. I retired to wash my hands, and on my return to the patient I observed Dr. F. No. 1 administering the bromide mixture, with what success, the patient's teeth being firmly closed, I cannot say. Observing how matters stood, I felt that both Dr. F. No. 1 and Dr. F. No. 2 were bound to ignore me in the case, although I was the first doctor, as we shall see, who saw the patient. Not being anxious to make a scene in the room before the anxious parents and friends, I suggested that it was not necessary for so many doctors, that the parents should decide which one of us they preferred. The father replied he would leave the decision to his wife, and she named the fussy, nervous Dr. F. No. 2 to be her choice. Without any comment or remark, I bade them good evening (without shaking hands all round) and retired.

That is the case. I have given the particulars, for without the particulars justice would not be done to the position. I learned afterwards that Dr. F. No. 1 was no doctor at all, a kind of fraud. I believe his name is Smith; one of those hopeful medical students

of this fast and busy modern world who, one of these days, may be a star of any magnitude to elevate the standard and honor of the gentlemanly, honorable profession of medicine, so gloriously adorned by the Dr. F. No. 2, with whom this hopeful student, *nee* Dr. F. No. 1, is, I understand, domiciled.

What do you think of the case and of the professional conduct of these aspiring doctors?

Yours truly,

GEORGE J. POTTS.

### THE "ISOLATION HOSPITAL."

*Editor of THE CANADIAN PRACTITIONER.*

SIR,—Some weeks ago a rumor reached me that the members of the profession connected with the Toronto General Hospital were very much agitated concerning a statement accredited to me. This alleged statement was to the effect that the Local Board of Health and myself, in establishing a hospital, intended not only treating persons suffering from diseases of an infectious character, but also that we proposed receiving those suffering from non-infectious disorders. Now, in view of the fact that the name "Isolation Hospital" clearly indicated that the institution would be used only for cases of infectious disease, I did not consider it necessary to contradict the rumor.

But as I am again informed that the impression conveyed by this rumor regarding the isolation hospital still exists among many of the profession, and, further, that had they not been given so to believe they would never have appeared before the Board of Health in the matter, I consider it but right to state publicly that this statement is absolutely untrue and without foundation.

NORMAN ALLEN,

*Medical Health Officer.*

Toronto, March 9, 1892.

It is proposed to hold in Paris, in 1893, an international congress composed of physicians, jurists, hygienists, economists, and sociologists, for the study of questions relating to prostitution and the propagation of syphilis.—*Exchange.*

## Pamphlets Received.

*Trendelenburg's Posture in Gynecology.* Reprint from transactions of the Association of American Obstetricians and Gynecologists. *Total Extirpation versus Leaving a Stump in Operations for Uterine Fibromyomata.* Reprint from the *New York Journal of Gynecology and Obstetrics.* By Florian King, M.D., New York.

*Retro-Peritoneal Tumors, their Anatomical Relations, Pathology, Diagnosis, and Treatment, with a Report of Cases.* By Albert Vander Veer, M.D., consulting surgeon to St. Peter's Hospital; attending surgeon, Albany Hospital; professor of didactic, clinical, and abdominal surgery, Albany Medical College.

*To What Extent is the Diagnosis of Pregnancy Possible in the Early Months?* By Charles Jewett, A.M., M.D., professor of obstetrics and diseases of children in the Long Island College Hospital, Brooklyn. Reprinted from the *Brooklyn Medical Journal.*

*Removal of the Uterine Appendages, with Results.* By M. B. Ward, M.D., professor of gynecology, Kansas Medical College. Reprinted from the transactions of the American Association of Obstetricians and Gynecologists.

*Report of Cases of Cholecystotomy, with Special Reference to the Treatment of Calculus Lodging in the Common Duct.* Reprinted from the transactions of the American Association of Obstetricians and Gynecologists.

*Report on a case of Hematophilia, or a Family of Bleeders.* Reprinted from the *Archives of Pediatrics.*

*On the Demonstration of the Presence of Iron in Chromatin by Micro-Chemical Methods.* By A. B. Macallum, M.B., Ph.D.

*The Atmospheric Tractor and the Uterine Safety Tube.* By P. McCahey, M.D. Reprinted from the *Southern Medical Record.*

*Atresia of the Genital Tract.* Reprint from transactions of the American Gynecological Society.

## Personal.

At the recent meeting of the Medical Society of the State of New York, held the first week in February, the following were elected honorary members: Dr. Lewis S. McMurtry, of Louisville, Ky.; Dr. Charles A. L. Reid, of Cincinnati, Ohio; Dr. W. E. B. Davis, of Rome, Ala.; Drs. Adam H. Wright and James F. W. Ross, of Toronto, Canada.

At the last meeting of the Ontario Board of Health, Dr. Charles McLellan, of Chicago, formerly of Trenton, Ont., was appointed to look after the sanitary appliances of Ontario which are to be exhibited at the World's Fair.

SIR JOSEPH LISTER, of London; Sir William Turner, of Edinburgh; Dr. Credé, of Leipzig; and Dr. Lusk, of New York, were elected honorary fellows of the Obstetrical Society of London on February 3rd, 1892.

DR. J. H. BURNS, of Toronto, started for Southern California on March 7th. He expects to remain there a few weeks.

DR. BULL., of Toronto, has been in California for several months.

## Therapeutic Notes.

ANTIPYRIN IN WHOOPING-COUGH.—The writer sums up his hospital experience as follows: About eighty cases of whooping-cough have been recently treated here with antipyrin, as many decigrammes as the child was years of age (or xv. grs. for a patient of ten years) being given morning and evening. The remedy was gratuitously given to the parents in powder form and ordered to be administered in sweetened water. Fifty-seven of the cases were seen at least twice again, so that a definite opinion could be formed of the action of the remedy.

In forty-one improvement was evident at the second visit (after three to seven days), and in some cases the improvement could be characterized as striking. In five cases, alleviation of the symptoms was not distinctly affected till the third or fourth visit. The improvement was only temporary with five of the patients; three of these had brothers and sisters simultaneously suffering from whooping-cough. Generally it was found that where several children of the same family were affected at the same time, the disease was more obstinate and ran a more tedious course. This is consistent with the opinion of Prof. Hagenbach, that the children mutually reinfect one another under such conditions. No improvement could be traced in seven cases (three of these, however, were only seen twice), and four patients got worse at first; these were, however, such as had only recently (from three to ten days) developed the characteristic symptoms of the disease, and three improved subsequently.

Of the numerous cases that only returned once to the hospital, a considerable proportion would doubtless be such children as were so much benefited by the remedy that the parents did not think it necessary to bring them again. In several instances an unmistakable relapse was evident when the administration of antipyrin was omitted by the neglect of the parents.

The beneficial effect of the remedy was therefore established in four-fifths of the total number of cases; in a few it was astonishingly marked, but in none was it at all uncertain. The attacks diminished in violence and also in frequency, particularly at night. The remedy was always well borne, vomiting was arrested, the appetite increased, the children became generally more cheerful and slept better. The course of the disease was decidedly shortened, although necessarily the nature of our patient treatment does not admit of the reckoning of an average duration. Complications (broncho-pneumonia) were rare, but did not appear a few times (particularly with rachitic patients) during the antipyrin treatment. — *Medical Press and Circular*.

with this compound, the liquid resulting from rubbing together equal parts of camphor and menthol and diluting with a mineral oil. It gave excellent results in relieving the swelling and irritability of acute nasal catarrhs; a few repetitions securing the relief of the stenosis and obviating the operative measures which had seemed unavoidable. Its effect in laryngitis has appeared as happy, and its injection through the catheter into the Eustachian tube and tympanum has been attended by only good results. For the latter purpose a solution of 3 to 5 per cent. is as strong as it is safe; most noses and larynges will bear 10 per cent., while in marked hypertrophic rhinitis, with copious discharge, even 25 per cent. is well borne. "Finally, camphor-menthol contracts the capillary blood vessels of the mucous membrane, reduces swelling, relieves pain and fulness of the head or stenosis, arrests sneezing, checks excessive discharge, and corrects perverted secretion." — *Therapeutic Gazette*.

TREATMENT OF RINGWORM.—Kerley (*N. Y. Med. Jour.*, October 10th) advocates the following: Two grains of bichloride of mercury dissolved in a small quantity of alcohol are added to one ounce of equal parts of kerosene and olive oil. This should be thoroughly rubbed into the diseased areas, and the whole scalp thoroughly saturated once a day until a smart inflammation is produced; the part should then be covered with a simple ointment until the inflammation has subsided, when the treatment may be resumed, but the applications may be made less frequently and less vigorously. A variation in the treatment, which he sometimes found useful, was to rub into the diseased areas on alternate days with the above a saturated solution of iodine in absolute alcohol. In all cases the scalp should be frequently washed with soap and water. Slight inflammation of the scalp was induced in most of the cases, and in a considerable number a moderately severe squamous condition of the scalp followed on the cure. This was remedied by the application of a 3 per cent. solution of resorcine frequently. This treatment effects a cure in from six to nine weeks. — *Med. and Surg. Reporter*.

CAMPBOR-MENTHOL IN CATARRHAL DISEASES.—In the *Jour. Amer. Med. Assn.*, Oct. 24, 1891, Dr. Seth S. Bishop gives his experience

### Miscellaneous.

A NEW HOSPITAL FEATURE FOR PREVENTING THE SPREAD OF INFECTIOUS DISEASES.—*The Medical Press and Circular*, November 4th, has a description of a new hospital at Berlin, called the Emperor and Empress Frederick Children's Hospital. The pavilion for diphtherial patients has a peculiar arrangement, which is designed to imprison the contagium of that disease, whether brought there or generated there. This pavilion is entered by what is known as the "schleuse," or sluice. No person is allowed to pass directly into the ward from the outside world, but must pass from the porter's room into the "schleuse." There the visitor must take a bath and change his clothes; the same process must be gone through with on leaving the pavilion. The hope is that not only will these precautions prevent the conveyance of the disease to any one outside the hospital, but also to the inmates of other parts of the institution.

—*Jour. A. M. A.—Med. Age.*

THE February issue of *The Quarterly Register of Current History* (Detroit, Mich., \$1 a year) is a model one. Without beating about the bush, it strikes right at the very heart of its subject-matter. From a clear and interesting treatment of international affairs, it proceeds to a series of splendid articles on "Affairs in Europe," "Affairs in Africa," "Affairs in Asia," and, last but not least, "Affairs in America." Under this last heading is included the presidential discussion, the proceedings of the congress and the legislatures, the state of trade, finance, and general politics. An elaborate treatise on the latest developments in Canada is an interesting feature of the number.

*An American Text-book of Surgery*, by Professors Keen, White, Burnett, Connor, Dennis, Park, Nancrede, Pilcher, Senn, Shepherd, Stimson, Thomson, and Warren, forming one handsome royal octavo volume of about 1,200 pages (10 x 7 inches), profusely illustrated with wood-cuts in text, and chromo-lithographic plates; many of them engraved from original photographs and drawings furnished by the authors. Price—cloth, \$7; sheep, \$8.

*An American Text-book of the Theory and Practice of Medicine according to American Teachers*, edited by Wm. Pepper, M.D., LL.D., provost of the University of Pennsylvania. To be completed in two handsome royal octavo volumes of about 1,000 pages each, with illustrations to elucidate the text wherever necessary. Price, per volume, cloth, \$5; sheep, \$6; half Russia, \$7. For sale by subscription only.

HYGIEA SPARKLING WATERS.—A variety of these waters are prepared by J. J. McLaughlin, manufacturing chemist, corner of Queen and Victoria Streets, Toronto, as follows: lithia b.p., potash B.P., soda B.P., vichy, seltzer, double soda, and carbonic. They are being largely ordered by physicians in Toronto, and we think we can safely say they have given universal satisfaction.

GRIPPE MORTALITY.—According to the State Board of Health Mortality Report just issued, out of a total of 123,878 deaths in New York State during 1891 it is estimated that 10,000 were due to influenza. The death rate for zymotic diseases was 178 per thousand, as against 169 per thousand last year. The average for the past five years is 193. The deaths from influenza were distributed over the whole State.

—*Med. Rec.*

THE UNIVERSITIES OF THE WORLD.—There are 147 universities in the world, of which the largest is in Paris, with 9,215 students; the next in Vienna, with 6,220; the third in Berlin, with 5,527. The smallest is a branch of Durham University, Fourah Bay College, in Sierra Leone, with twelve students and five professors.

—*Med. Rec.*

WE desire to call the attention of candidates for the examination of the College of Physicians and Surgeons of Ontario to the advertisement in another column regarding the coming examination in April.

A NEW HOSPITAL FOR CHICAGO.—The Scotchmen in Chicago propose to erect a hospital to commemorate their beloved poet, which is to be called the Burns Free Hospital.