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# THE CANADIAN PRACTITIONER

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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R. ZIMMERMAN, M.D., L.R.C.P., Lond.,

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**SUBSCRIPTION, \$3 PER ANNUM.**

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☞ All business communications and remittances should be addressed to the Publishers, Messrs  
CARSWELL & CO., No. 28 Adelaide Street East.

TORONTO, JULY, 1883.

## Original Communications.

### THE BACILLUS TUBERCULOSIS IN ITS PRACTICAL BEARING ON THE DIAGNOSIS, PROGNOSIS, AND TREAT- MENT OF THE DISEASE.\*

J. E. GRAHAM, M.D.

Ever since the discoveries published by Dr. Koch more than a year ago, pathologists have been busily engaged, first, in testing the genuineness of the discovery, and secondly, in placing a proper estimate on the presence of these bacteria in the diagnosis, prognosis, and treatment of consumption.

With regard to the first point, the genuineness of the discovery, it must be admitted that so far, the great majority of the more distinguished pathologists have, by their investigations, strengthened the position taken by Koch, viz.: that the bacilli described by him are peculiar to tuberculosis, and that they are immediately connected with the production of the disease. The few who have arrayed themselves in opposition are, as he himself asserts, with two or three exceptions, men who have paid more attention to clinical medicine than pathology, and are for that reason unable to conduct these investigations with the delicacy and skill which are absolutely necessary in the solution of a question of this nature. When it is considered that Koch continued his investigations for two years after the discovery was made, before

he published it, having at his command every facility for the proper carrying on of his work, and having at the same time a knowledge of bacteriology, perhaps superior to any existing scientist, one is surprised that men who have worked perhaps with interruptions for a few months, with very poor advantages, at a subject about which their previous knowledge was not very extensive, should be so ready to oppose themselves to the great discoverer. It may be safely said that the discovery has held its ground against any assaults which have been up to the present made upon it.

It is however with the practical aspect of the question that we, as physicians, are principally interested.

(1) Can phthisis be diagnosed by means of the presence of bacilli in the sputa?

(2) Has the number of bacilli any relation to the prognosis?

(3) Has the discovery aided us to any extent in the prevention and treatment of this formidable disease?

In answer to the first question, it might be said that a number of investigations have been made, and the result has been in the affirmative, that we can diagnose the presence of this disease, even in cases which would remain doubtful with our ordinary means of physical examination. You all know how difficult it is sometimes to diagnose phthisis from chronic bronchitic cirrhosis of the lung.

In cases of this kind, the discovery of the bacillus would be a sure evidence of phthisis.

\* Read before the Ontario Medical Association.

The most important investigations which have been made so far, are as follows:

Balmer and Fräntzel (*Berliner Klinisch Wochenschrift*, 1882, No. 45) examined the sputa in 120 cases of phthisis and in that of all of them found bacilli. In cases of chronic bronchitis, they found none. They found the organisms most abundant in acute cases, and in those rapidly progressing.

Prof. D'Espine, of Geneva, found the bacilli in the expectoration of twenty cases, in whom the diagnosis of phthisis had previously been made. They were absent in five cases of chronic bronchitis, with emphysema. As the result of his experiments, Prof. D'Espine does not think that the number of bacilli is in proportion to the severity of the disease. He, however, is of opinion that they are always present in phthisis, and that several examinations should be made on different days, before the absence of bacilli should be considered certain.

Dr. Kowalski, in a paper read before the Medical Society of Vienna, stated that he has since May 1st, 1882, examined the sputa from 600 patients, and that he had not in a single case found the bacilli where tuberculosis was not present. He considers the presence of the bacillus to be a sure indication of phthisis, and that the number is in direct proportion to the severity of the disease.

Dr. Pfeifer, of Wiesbaden, in the *Berliner Klinisch Wochenschrift*, confirms the opinion of previous observers, viz.: that the bacillus is always present at some time or other in the sputa of tuberculosis and that they vary in number and size, in direct proportion to the severity of the disease.

In England, pathologists and physicians in practice have interested themselves very much on this subject.

Dr. West, at a meeting of the Pathological Society of London, gave the following conclusions reached after the investigation of over fifty cases:

(1) That bacilli were found in the sputa of all cases of phthisis in which there was excavation, and that they varied in number with the rate of destruction.

(2) That the arrangement in groups and masses indicated greater destruction than if the bacilli were isolated, unless the isolated bacilli were in great numbers.

(3) That he had detected no variation in size of the bacilli in different cases.

(4) That the bacilli being in his opinion evidence of destruction of the lung, they might, in some doubtful cases, be of diagnostic value, but that in most cases they were merely an additional confirmation of what was already clear from physical signs, and the same was true as regarded prognosis.

Dr. C. Theodore Williams read a paper at a meeting of the London Medical Society, February 12th, 1883. He, with his assistants, examined the sputa from 130 different cases. The results of his experiments agree with those already given with regard to the specific character of the bacilli. The fact that none were found in cases of bronchiectasis, in which the expectoration was extremely fetid and abundant, separates the tubercle bacilli from the numerous organisms connected with fermentation and decomposition. As to the bearing of these on the prognosis of the disease, he does not think there is any definite ratio between the activity of the disease, and the number of bacilli, though as a rule they are few in cases where the disease is quiescent.

Dr. Whipham gave the results of the examination of twenty cases. They corresponded with those obtained by Balmer and Fräntzel.

Dr. G. A. Heron gave the results of the examination of the sputa of sixty-two cases. They were similar to those already given.

The general opinion of members of the London Medical Society appeared to be that bacilli were always found in cases of tuberculosis and in that disease alone.

Also, that they varied in number in proportion to the severity of the disease.

In America, pathologists have interested themselves more in the question of the etiology of the disease.

No series of investigations have so far been made to show the bearing which these bodies have on the diagnosis and prognosis.

In order that I might satisfy myself on these two points, I examined the sputa of 40 consecutive cases. The method of staining employed was Ehrlich's. The specimens were allowed to remain in the staining fluid about three-quarters of an hour at 100° F., and afterwards mounted in Canada balsam.

In the majority of the cases the sputa was brought from the hospital by Mr. Patterson, and examined before I had seen the case. The experiments were conducted in this way so as to leave the mind fully unbiased.

Of the forty cases, in about twenty the staining was done by myself, in seventeen it was done by Mr. Patterson, and in three by Mr. Foster. I examined all the slides myself, and also examined most of the patients.

I will now give you a brief history of these cases, together with the results.

Case 1.—Mr. S., my own patient. Physical signs show consolidation of a portion of the left lower and of the right upper lobes of the lungs. The disease is of four or five months' standing, and advancing rapidly.

On the first examination, the bacilli were found in limited numbers, on the second they were found in large numbers.

Case 2.—Miss G., my own patient. Case of rapid tuberculosis of three or four months' standing. Other parts of the body affected as well as the lungs. Few bacilli were found on first examination, but the second proved them to be present in large numbers. Between the times of these two examinations signs of breaking down of the lungs commenced.

Case 3.—Sputa sent by Dr. Cameron;

case of advanced phthisis; patient has since died; bacilli found in very large numbers.

Case 4.—Sputa also sent by Dr. Cameron, with the following history: patient's father, mother, two brothers and two sisters died of phthisis. One brother living is subject to slight cough. In his own case the disease is of three years' standing; slight hæmorrhage at different times; pulse 124, temperature 101; bacilli found in large numbers.

Case 5.—J. F., Ward 13, T. G. H. No history accompanies this case; said to be one of phthisis; bacilli were not found.

Case 6.—B., Ward 14, T. G. H. Has had cough more or less for three years, and has lost flesh; expansion diminished on right side; evidences of consolidation; bacilli were not shown satisfactorily.

Case 7.—C., phthisis. No history; bacilli found on third examination.

Case 8.—J. T., T. G. H. Patient has cough; purulent sputa; evidence of consolidation; night sweats; loss of flesh, etc.; bacilli found in limited numbers.

Case 9.—W., Ward 5, T. G. H. Fifteen months' standing; tuberculosis in both lungs, with pneumo-thorax; patient has since died; bacilli found on third examination in limited numbers.

Case 10.—Miss B., T. G. H. Patient died the day after the sputa were obtained; disease was undoubtedly phthisis; made two examinations and found no bacilli. It is probable that in this case the sputa came from the throat and not from the lungs, as the patient was very weak.

Case 11.—D., T. G. H. Has had cough for the last five years, and has expectorated blood occasionally during the last two years. The whole of the right lung is involved, and part of the left; bacilli found in large numbers on the third examination.

Case 12.—J. B., T. G. H. Had an attack of pleurisy five years ago; has not been well since; shortness of breathing; not much expectoration, with greatly diminished

expansion on the right side; dulness on percussion on the same side, with diminished breathing sounds; puerile breathing on left side; two examinations made; no bacilli in either case.

Case 13.—McG., Dispensary patient. Sputa sent by Mr. Foster; phthisis; bacilli were found in large numbers.

Case 14.—G., Dr. Stewart's case. Patient caught cold seven years ago, and has been ill ever since; night sweats; left lung involved; signs of cavity in the left infra clavicular region; bacilli not numerous, but very distinct.

Case 15.—T. W., Ward 10, T. G. II. Cough for six months; left lung involved, with signs of breaking down; bacilli found in very large numbers.

Case 16.—C., T. G. II. Upper part of left lung is diseased; not much breaking down; disease pursuing a chronic course; bacilli found in moderately large numbers.

Case 17.—J. R., advanced phthisis. Patient has since died; bacilli found in large numbers.

Case 18.—Sputa sent by Dr. Burns. A case of advanced phthisis; bacilli found in very large numbers.

Case 19.—F., T. G. II. Phthisis of six months' duration; both lungs are affected; patient died the day after the sputa was obtained; bacilli not very numerous.

Case 20.—Mrs. L., my own patient. Chronic bronchitis, with dilated bronchi; no bacilli were found, although two examinations were made.

Case 21.—Mrs. R., my own patient. She has suffered for years with chronic sub-cutaneous abscesses; suspect tuberculous deposit in the apex of the left lung; no bacilli were found, although three examinations were made.

Case 22.—C., my own patient. Suffering from slowly advancing phthisis; the bacilli were not numerous, but distinct.

Case 23.—B., T. G. II. A case of chronic bronchitis, with dilated bronchi; no bacilli; three different examinations were made.

Case 24.—M. T., a patient suffering from advancing phthisis; lungs breaking down; mother and brother died of the same disease; bacilli found in moderately large numbers.

Case 25.—M. S., my own patient, suffering from acute bronchitis, since recovered; no bacilli.

Case 26.—Mrs. D., also under my care. She has had cough for some years. This winter she has shown signs of phthisis. Bacilli, not numerous and small, but distinct. In this case the finding of bacilli was a material aid in diagnosis.

Case 27.—C., T. G. II. Left apex involved, other parts of the lungs healthy; bacilli not numerous, but distinct.

Case 28.—T. G. II. Patient suffering from emphysema and subsequent development of phthisis; bacilli found in moderately large numbers.

Case 29.—Large part of left lung involved; disease of a year's standing; bacilli not numerous, but distinct.

Case 30.—This and the two following cases were given me by Mr. Foster, who prepared the slides.

Dr. S. since died of phthisis; rapid disease; bacilli numerous.

Case 31.—Patient from House of Providence. Case of phthisis; bacilli numerous.

Case 32.—Also from House of Providence. Diagnosis doubtful; bacilli not distinct, if seen at all.

Case 33.—G. came to me for consultation; rapid tuberculosis, with few physical signs in the lungs; bacilli not numerous but distinct. In this case the discovery of bacteria was of great assistance in the diagnosis.

Case 34.—B., my own patient. An undoubted case of phthisis of two years' standing; bacilli not numerous but distinct.

Case 35.—S., T. G. II. Patient suffering from phthisis; bacilli not numerous.

Case 36.—C., T. G. II. Has had cough for the past two or three years; has lately lost flesh. Examination of the chest re-

vealed the presence of bronchitis and emphysema. No bacilli.

Case 37.—N., T. G. H. Decided phthisis of ten months' standing; bacilli numerous.

Case 38.—T., T. G. H. Case of phthisis. No history; bacilli not numerous, but distinct.

Case 39.—C. B., Phthisis; bacilli numerous.

Case 40.—C. G., T. G. H. Phthisis of ten years' standing, which is now in an advanced stage; bacilli numerous. On examining these reports it will be found that thirty-three were decided cases of phthisis, three were of doubtful diagnosis, and four were cases of bronchitis, acute and chronic.

In the thirty-three cases positively diagnosed as phthisis, in thirty-one bacilli were unmistakably found; in one they were not distinctly shown, and in one (No. 10) they were not found at all, probably for the reason already given, that the patient was too weak to expectorate from the lungs. In the four cases of bronchitis no bacilli were found, and they were also absent in the three cases in which the diagnosis was doubtful. The undecided character of the diagnosis in two or three of the cases was owing to their having left the hospital. In the great majority of cases the bacilli were found on the first examination, but in many, two, three, and even four trials were made before they were found.

These investigations are of more value, as they were made by one in general practice, without any of the great facilities which belong to a pathological laboratory. They thus demonstrate the possibility of practising physicians using this as an additional means of diagnosis. Within the last two or three months Mr. Henage Gibbs has discovered a much more rapid and simple means of staining, which will tend to its further use by the profession.

The following conclusions might reasonably be arrived at from these experiments:

(1) That bacilli are found in the sputa of almost, if not all, cases of phthisis. It is doubtful if there is any case of active disease in which bacilli will not be found, provided the sputa come from the lungs, and five or six different examinations are made.

(2) They are found on the first examination in three-fourths of the cases.

(3) The presence of the bacilli is a positive evidence of the disease.

(4) There are doubtful cases in which the examination of the sputa for the bacilli will be of decided value in arriving at a correct diagnosis. In three or four of the cases given the presence or absence of bacilli was to me of great assistance.

(5) As to prognosis, the number of bacilli is in proportion to the amount and rapidity of the process of destruction. There are cases in which there is a rapid formation of miliary tubercle, in which the sputa will show a small number of bacilli. As soon, however, as in such cases breaking down commences, the bacilli will be found in very great abundance. This fact was shown in No. 2.

(6) It might be said, as a general rule, that in the more chronic cases the bacilli are fewer in number and, I think, smaller. I must here express my thanks to Mr. Patterson for his valuable assistance in staining so many specimens.

Has this discovery had any influence on our treatment of the disease? Yes, in two particulars, the prevention and the cure. A most ridiculous argument has been used against the contagion theory of phthisis, that if it is proved to be correct, consumptive patients will not receive that care and attention from relatives as at present. There are very many ways by which the attendants on cases of phthisis could guard themselves from the disease without relaxing their efforts in administering all the comfort possible to the patient.

Rooms could be better ventilated, sputa ought to be disinfected and frequently removed. The attendants, more especially

if they also are predisposed to the disease, ought to take sufficient out-door exercise and try in every way to keep in a good state of health.

The results of experiments made on the lower animals with regard to this subject of contagion are in my opinion as conclusive as it is possible for them to be. Altogether apart from these however, there is sufficient clinical evidence to support this theory. In my short experience as a practising physician I have seen enough to convince me of the strong probability of contagion in this disease. I have for instance observed the following case. A young man of scrofulous family, a young woman of a strong healthy family and one noted for the longevity of its members. Two or three years after marriage her husband became phthisical and died after six months' illness. His wife who attended him faithfully during his illness in a few months afterwards developed the same disease which pursued a rapid course and terminated fatally. She was the only one of her family who suffered from Phthisis. My friend and former teacher, Dr. Richardson, of this city, who for the last thirty years has been a strong believer in the contagiousness of consumption, arrived at his conclusions entirely from clinical evidence. The following remarkable case came under his observation: A young lady the youngest of a large family of very healthy children, became very much attached to a friend who was suffering from Phthisis. For two months she was her sick friend's constant companion and slept in the same room. Shortly after the death of the latter, she too exhibited signs of tubercular disease and died within a year. The tuberculosis developed itself in her case very gradually almost imperceptibly, showing that it was not the result of Catarrhal Pneumonia. Now this young lady was the only member of that family who was known to have had phthisis, in fact a remarkably healthy record had been shown for generations back. She was as strong and healthy as the others previous to her stay with this

consumptive patient. Is it not extremely probable that if this young lady had not come in close contact with the disease she would never have developed it? Would it not be proper with our present knowledge, to forbid such close intimacy which to all appearance was the cause of disease and death.

A mother suffers for some months and dies of phthisis. Two grown-up daughters wait on her. A short time afterwards the elder becomes consumptive and dies before the year is out, she is followed by her younger sister. A brother and sister who at that time were children under ten years of age, were all that remained with the father. They on account of their age and lively dispositions, were very little with their mother or sisters. One would suppose that the younger who was born a few years before his mother's death would be especially delicate. It was generally predicted that these two would follow their sisters when they arrived at the same age. This was not the case. They are now long past twenty and in very good health. They are liable of course to contract the disease if they should come in contact with it.

Take another case.—A family living in western Ontario, five of whom died of phthisis one after another. A brother who left home shortly after the first case appeared, escapes the disease and is now healthy and strong.

These are but a few of the many instances which I could give to support the probability of the contagion of Phthisis. You may ask how it is that in such a place as the Brompton Hospital, nurses and physicians should have lived so long in the building and not have taken the disease. In order to understand this, one requires to study the peculiarity of bacteria in the etiology of disease. Some forms are exceedingly delicate and will only grow between certain degrees of temperature and on a particular kind of soil. Take for instance the *Microsporon furfur* the parasite producing that disease of the skin Pityriasis Versicolor. According to Dr. Thin's investigations, this will grow only in

a certain range of temperature, and he experimented for weeks before he could find a soil in which he could successfully cultivate it. Such is also the case with the bacteria of tuberculosis. There is no doubt but that certain individuals possess a predisposition to the disease, and there is no doubt also but that close damp houses afford an atmosphere in which these germs luxuriate.

It is difficult to understand why very distinguished London physicians should be so opposed to the contagion theory. There are two reasons for this. They are as a class very conservative and perhaps slow to accept new views or theories. Consulting physicians have not the same opportunity to watch the course of the disease in families as the general practitioner. The instances of contagion in my opinion are as plain as those of Typhoid fever, Leprosy, or even Syphilis. How many are exposed to the contagion of Typhoid and do not contract the disease. It is probable that the germs of this malady are at all times floating in the atmosphere near the ventilators of sewers, and yet how comparatively few take the disease.

The history of Leprosy is a remarkable example of how the whole profession may be misled by the opinions of a few distinguished men. This disease was considered contagious beyond all doubt by the ancients and those of the middle ages. In modern times Hebra and a few others of note from necessarily limited observation gave the opinion that the ancients were wrong, that the disease was not contagious; but at the present time as the result of experience on this continent and the islands of the Pacific, the profession is rapidly returning to the old view, viz.: that it is contagious, and that cases should be isolated.

Thus it is seen that the arguments deduced from experience in consumption hospitals are not as strong or as convincing as one would at first suppose. Another feature in the etiology of phthisis and one

difficult of explanation is shown in the following case:

A woman of tubercular parentage marries a man with similar antecedents. Nine children are born to them, every one of whom died of tubercular disease. Some in the earlier years of Tubercular Meningitis, and Tabes Mesenterica, while others at eighteen or twenty years of age died of Pulmonary Phthisis. In such an example it is difficult to understand how the children could become tuberculous at so early an age from outside influence. It is possible that they might have been infected through their mother's milk, or from the milk of diseased cattle. Dr. Watson Cheyne, in his experiments as given in the April number of the *London Practitioner*, found that when inoculations were made on pregnant animals the tubercular disease was not conveyed to the fœtus in utero. This is a point which needs further investigation. There are certainly cases in which it would appear that the germs might have been reproduced in this way.

As a result of this discovery it may be asserted that physicians are now more careful in the disinfection of sputa, ventilation of sick rooms, and in warning healthy members of a family from intimate contact with the disease.

If on the outbreak of the disease the one affected were immediately sent to a warm equable climate, we would not have the sad record of a whole family falling victims to this dreadful scourge.

The inhalation treatment is the direct outcome of the germ theory of Phthisis. A paper was read at the last meeting of the Association by Dr. Philp, in which the records of successful cases were given. In England there is a difference of opinion on this point. The experience of some has been negative, while others have had very good results.

In my own experience I have found respirators of benefit in allaying cough, but have seen no positive results in the cure of the disease.



## NOTES ON THERAPEUTICS.

BY R. L. MACDONNELL, M.D., M.R.C.S., ENG.

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## RESORCIN.

*Intermittent Fever.*—Dr. Ugo Bassi reports twenty cases in which this new remedy was used. Of these seventeen were entirely cured; two of the remainder were old and obstinate quartan types, while the third patient was in very unfavourable hygienic surroundings. In the successful cases it required but two or three doses to effect the cure. The quantity given varied between thirty and forty grains. Larger amounts were not found to do any good. The peculiar advantage of resorcin, in Dr. Bassi's opinion, is its cheapness.

Resorcin was first obtained in 1864 by Hlasiwetz and Barth, from galbanum resin, by fusing it with potassa. It is closely allied chemically, and in its physiological action, with phenol, its formula being  $C_6H_6O_2$ , while that of phenol is  $C_6H_6O$ . It is claimed, however, to be much less poisonous and much more agreeable in taste and smell.

It is a powerful antipyretic. Dr. C. Fürst, of Vienna, states that resorcin was given in more than three hundred cases of puerperal fever, occurring in the service of Professor Braun. It was administered in doses of forty grains, dissolved in water, repeated when necessary. The result was, almost without exception, to bring down the temperature nearly to the normal. After a few hours there was a rise again, so that a dose given, for example, in the evening had to be repeated in the morning. The fall in temperature was usually accompanied with profuse perspiration.

*In Erysipelas.*—Dr. A. Skibnevsky, of Moscow, has used injections of resorcin in erysipelas with good results. From ten to twenty injections of the five per cent. solution were given, with the result of lessening very rapidly the fever and checking the progress of the disease.

Dr. Andeer, of Wurzburg, has experimented with resorcin, externally applied, and finds that it is not absorbed by the skin. He made a fifty per cent. vaseline ointment, and used it in the treatment of some cases of anthrax. The ointment was applied to the pustules and covered with a gauze bandage. The results were remarkably favourable, the pains disappeared, and the diseased parts speedily assumed a healthy action. The drug does not cause hæmaglobinuria like naphthol, and develops none of the poisonous symptoms caused by its congener, carbolic acid.\*

## THE TREATMENT OF HEART DISEASE.

*Mitral Regurgitation.*†—When we are satisfied that there is due compensation, medicinal treatment may be entirely unnecessary. Much injury has been done by the shaking of the head of the auscultator over the subject of a mitral murmur, who, perhaps, was no worse at the time of examination than he was ten, twenty, or thirty years before, and who might continue uninfluenced for harm by his cardiac complication all his days. He should be cautioned against strain, against exposure, and against irregularities of diet, etc. He may be better occasionally for treatment by iron tonics, cod-liver oil, or strychnine. Special cardiac treatment is out of place. When compensation is beginning to fail, then certain agents are useful. Of these digitalis is *facile princeps*. Practically the tincture is the most reliable preparation. Digitalin gives good results especially, Dr. Sansom says, when administered hypodermically. The usual dose, when given in this way, is 1/50 gr. Such treatment cannot be carried out in private practice. Here I have found very useful the pilules of Digitalin of McKesson & Robbin (gr. 1/60). They are easy to swallow, and afford a change in medication agreeable to the patient.

\* Condensed from the *New York Medical Record*.† Lettsomian lectures on the treatment of some of the forms of valvular disease of the heart.—*Lancet*, Feb. 3rd, 1883.

1. Digitalis ceases to give relief when the right ventricle has dilated so far that there is marked tricuspid regurgitation. Good results in such cases have followed the administration of digitalis when combined with abstraction of blood by leeches or cupping.

2. *Belladonna* is useful in the treatment of failure of compensation in cases of mitral regurgitation when combined with or occasionally substituted for digitalis. It increases the power of systole and raises the arterial tension. It paralyzes the cardiac terminals of the vagus\*, and reduces irritability by an anæsthetic effect on the sensory nerves of the heart. Dr. Sansom has found satisfactory the hypodermic injection of 1/50 grain of digitalin with 1/80 grain of atropine.

3. *Casca*, so highly spoken of by Dr. Brunton in the Gulstonian Lectures of 1877, is no more beneficial in such cases as these, than digitalis.

4. *Caffein*.—This agent or its citrate, at first quickens, but soon after slows the heart's action; it increases the general arterial tension, and acts in a very pronounced manner as a diuretic in cardiac dropsy. Digitalis may be administered previously to, or in conjunction with, the citrate of caffein, and small doses (three grains) should be employed (Brakenridge). M. Huchard recommends that caffein, and not its citrate should be used, and that in larger doses (four to six grains) it produces diuresis more rapidly than digitalis, and has none of its nauseating effects.

Dr. Sansom has used citrate of caffein as a substitute for digitalis without any marked effect being manifest. In some cases it produces insomnia. He would, however, employ it in any case where a rapid diuretic effect was desirable.

5. *Convallaria majalis*.—Its action in promoting a stronger ventricular contrac-

tion is undoubted, but it is not in any way superior to digitalis.

6. *Morphia*, when combined with atropin or digitalin, and administered hypodermically, is often advantageous.

#### CONVALLARIA MAJALIS.

This new drug seems to be holding its own against digitalis as a heart tonic and diuretic. At a meeting of the New York Medical and Surgical Society on Oct. 28th, 1882., it was spoken very well of. Dr. Vander Poel stated that he had administered eight minim doses of the fluid extract with good effect in a case of Mitral Stenosis, with insufficiency and irregular action of the heart. Digitalis was useless. The œdema disappeared in eight or ten days, the heart's action became more regular, and for some days afterwards he had seen the patient riding in the park. Also in a case of internal cancer accompanied with œdema of the extremities, lily of the valley was given with the result of causing the œdema to disappear; over two months had elapsed, and, though the anæmic condition was extreme, there had been no reappearance of œdema, the lily of the valley having been given daily.

Dr. F. Delafield had used the drug in a number of different cases, as in organic heart disease, chronic Bright's disease, feebleness of the heart in fever and pneumonia. It made the heart's action more regular and slower in a certain number of cases, and the general condition of the patient improved very much. He had found that there was a great difference between different patients as to the size of the dose demanded. For some patients  $\text{m} \text{v}$ . of the fluid extract every three hours answered the purpose, while other patients required drachm doses. The most marked benefit he had derived from it was in the case of a woman over seventy years of age, who was apparently about to die of pneumonia. He took the risk of stopping alcoholic stimulants altogether, and gave her twenty drop

\* "Atropin, in some way or other, does away with the normal inhibitory action of the vagus."—Foster.

doses of fluid extract of the lily of the valley every three hours, and after this change was made the patient did very well indeed.\*

CONCENTRATED SOLUTIONS OF SALINE CATHARTICS IN DROPSY.

From the results of experiments on the physiological action of saline cathartics now in course of publication in the journal of Anatomy and Physiology, Dr. Matthew Hay† concludes that a concentrated solution of a saline cathartic ought to prove of considerable service in certain forms of dropsy where owing to the great accumulation of transuded serum in vital parts and elsewhere, there is imminent risk to life and an urgent need for an immediate and active removal of a portion of the dropsical fluid by two channels: by the intestines and by the kidneys. It is almost perfectly certain that no other purgatives excite intestinal secretion so powerfully, and at the same time produce so little irritation of the intestinal mucous membrane as concentrated salines.

Several trials have been made in suitable cases of dropsy, and in most of them with very satisfactory results. One case is cited.

A lad aged 10 had been suffering for several years from heart disease. Dr. Hay found him propped up in bed being unable to lie down and showing signs of great distress. Breathing, rapid and shallow; great dyspnoea; frequent cough; ascites and general anasarca especially observable in the lower limbs. A loud mitral regurgitant murmur could be distinctly heard over the whole of the front of the chest. Pulse rapid, small, and weak. There was œdema of the lungs. He had been treated with almost every variety of renal and cardiac stimulant and at intervals with cathartics. He was then taking iron and digitalis. He had, two days previously taken a saline cathartic dissolved and diluted in the usual way, but with only slight relief. It was ordered that he should take as little as possible of food

and liquids during the night in order to free the alimentary canal from digestive juices or other fluids and permit the full action of the salt. The following morning he took three quarters of an ounce of sulphate of magnesia dissolved in two tablespoonfuls of water, water was given afterwards. The next evening the patient was found lying quietly sleeping in his bed. The anasarca was greatly diminished and the dyspnoea had almost entirely gone, and his breathing was much slower; pulse less rapid; anxious expression gone. In less than an hour after the salt had been taken, its purgative action manifested itself, and there were repeated evacuations in the course of the next few hours; on each occasion the water seemed to "gush" from him. He passed an unusually large quantity of urine. On the following day, Dr. Hay found him on the floor amusing himself with the other children, and looking perfectly comfortable and happy, and except for his wasted and pallid features, showing little evidence of having been quite recently so dangerously ill. During the following month he resumed the digitalis and iron, and throughout this period he had no return of the dyspnoea and the dropsy was comparatively trifling. The family then left the country and no account was obtained of his further progress.

The conditions necessary for the successful administration of the salt are, that the nature of the dropsy should be such as to permit its full action. It is more useful in general than in local dropsies, and of general dropsies most beneficial in those dependant on a general stasis of the circulation, as cardiac dropsy.

The other requisite conditions are that the alimentary canal should be allowed to become as free from fluid as possible, and that the salt should be administered along with the *smallest quantity of water*. Sulphate of magnesia on account of its being soluble in less than its own weight of water, is one of the most suitable of the saline cathartics for this purpose. Sulphate of soda is, owing

\* *The New York Medical Journal*, April 14, 1883.

† *Lancet*, April 21st, 1883.

to its greater insolubility in water (1 to 4), less suitable. The alkaline tartrates and Rochelle salt do not however present this objection, and may therefore be found useful. The phosphate of soda and the sulphate of potash are too insoluble to be of any service.

#### THE TREATMENT OF NEURALGIA.

Dr. Dujardin-Beaumez\* in a recent clinical lecture divides the therapeutic agents applicable to neuralgia into two distinct groups; the one addressed to the symptom pain which characterizes the neuralgia, the symptom treatment; the other directed to the cause of the pain, the pathogenetic treatment.

Symptom treatment is sub-divided into three groups. I. All medicaments which act by modifying more or less profoundly the functions of the nervous system, and which are described under the name of hypnotics, anaesthetics, analgesics, etc., such as opium, chloral, chloroform, and aconite.

II. Medicaments which act by substituting for the pain, another pain, and constitute revulsive or substitutive medication, such as vesicatories, cauterizations, etc. III. Substances which experience has shown to have powerful anti-neuralgic properties, but the mechanism of whose action is not known, such as turpentine, guarana, and sulphate of copper.

Opium is most employed in the treatment of neuralgia and on subcutaneous injections of morphia we place greatest reliance. The injection may be made with equal advantage on the thighs, hips, or the fleshy part of the arm, wherever it can be made the most easily. Subcutaneous injections have one great disadvantage, and only one, the patient easily becomes habituated to them and resorts to the hypodermic syringe not to obtain relief from pain but an excitation which henceforth becomes a necessity. That will be a curious chapter of pathology, which shall describe the progress of morphomania

in our times; it will show that it has almost always been the case that inveterate and deplorable habits of morphia taking have had their origin in the use of hypodermic injections of that anodyne in the treatment of neuralgia.

Chloral is one of the best anodynes, but it cannot be administered for any length of time to the same individual without determining by its caustic and irritant action a chronic inflammation of the digestive tube. Therefore the following combination per rectum will do good service. Take the yolk of one egg, beat it up with a gill of milk and dissolve one or two grammes of chloral. Administered in this way the chloral, however irritates in a few days the rectal mucous membrane and its use must be suspended.

Croton chloral and butyl chloral are given in the dose of thirty centigrammes to one gramme every three hours till the paroxysm disappears. Despite the advantages which this remedy possesses in *tic douloureux*, it is little used in the treatment of neuralgia.

Chloroform is a powerful remedy in neuralgia. It is used almost exclusively locally, occasionally, however, by inhalation in very severe cases. It gives especially good results when used hypodermically. Such injections should be made deeply into the cellular tissue or muscular interstices of the painful region. Plunge your needle then, perpendicularly into the tissues and carry it as far as the guard at its proximal extremity. This mode of treatment is hardly applicable to any form of neuralgia except sciatica.

Aconite and aconitia give marvellous results in certain forms of neuralgia, and especially in facial neuralgia of the congestive form. Aconitia acts specially on sensory innervation, and in particular on that of the tri-facial. The aconitia granules of Duquesnel contain each one quarter of a milligramme of aconitia; you may give one of these granules every three hours till eight are taken in the course of twenty four hours.

\* *The Medical News*, Philadelphia, April 14, 1883

Crystallized aconitia is one of the most energetic poisons; and you ought rarely to exceed the dose of two milligrams a day; there are some patients even in whom, owing to their susceptibility to the drug, this dose cannot with safety be reached. Suspend the medicine when the patient complains of an uncomfortable constriction of the mouth and eyes, and tingling in the tongue, which are the first toxic manifestations.

When aconitia cannot be obtained then the tincture of the root may be employed. The tincture of the leaves is not to be relied on. Of the former ten drops every three hours may be given. Fleming's tincture is much stronger, and should not be given in a larger dose than five drops; at least as a commencing dose. The tincture is much inferior to aconitia—at least in the treatment of facial neuralgia. Dr. Dujardin-Beaumetz cannot too highly commend the alkaloid in prosopalgia; he has obtained cures in many instances and always an amelioration.

*Gelsemium sempervirens*, and *gelsemium* merit a place far below aconite and aconitia.

Electricity is one of the most active agents in the treatment of rebellious neuralgias. It modifies the molecular state of the nerves during its application, and sets up polar currents in them which prolong its effect; you need not be surprised then at its beneficial effect in neuralgia. Galvanic currents are much to be preferred. The negative pole is to be applied near the nerve centre, the positive pole (which is the truly sedative pole) may be moved over the different painful points of the affected nerve. When you are treating *tic douloureux* your currents should be very mild. In the case of sciatica the current should be much stronger.

As for the duration of the current, authorities are far from being agreed, some recommending prolonged, others very short sittings. The duration of the *séances* cannot be fixed in advance. The passage of

the current should be continued till the pain disappears, or at least till some mitigation is obtained.

Hydrotherapy is one of the most active agents in the treatment of neuralgia. Cold water acts by modifying directly the neurility of sensory nerves, and promotes healthy circulation and nutrition. Dr. Dujardin-Beaumetz knows of no better means of arresting a paroxysm of neuralgia, or even of preventing the return of an attack than the *douche*.

Next in order come the surgical measures, which have a direct action on the painful nerve. 1. Neurotomy; 2. Neurectomy; 3. Nerve stretching.

1. The section of nerves is an old operation. Its results are generally temporary and disappointing; 2. Neurectomy. This method, which is only applicable to regions where the sensory and motor nerves are distinct, as in the face, has been signally successful in those painful affections of the fifth nerve, known as *tic douloureux*. Unfortunately, the results are sometimes negative. In these cases the neuralgia was undoubtedly central; 3. Nerve stretching. Generally after the stretching the pain disappears, but is liable to return in a short time; yet, in a good many cases, the benefit obtained is permanent. How does this elongation of nerves operate in the alleviation of pain? It is probable that the stretched nerves have a reactive influence on the sensory spinal centres, an influence which somehow favourably modifies the molecular state of the cells; this view receives support from the fact that very powerful tractions often do the most good.

#### AN ANOMALOUS CASE OF NERVOUS DISEASE.\*

BY C. K. CLARKE, M.D.,

Asst. Medical Supt. of Kingston Asylum

II. A., male, æt. 46.—The history of the patient's antecedents not procurable from

\* Read before the Ontario Medical Association.

any other source than himself. His mental condition is such that his statements may be accepted as perfectly reliable. He says that his father was subject to alcoholism, and in addition was a most passionate man—easily provoked, and quick to strike a blow when aroused.

The patient is of average height, of more than ordinary muscular development, enjoys good physical health, presents no feminine characteristics, and when free from his attacks is quiet and rational, although morbidly interested in his malady. If not prevented he will talk for hours upon the subject of his disease, and is ready to listen to any one who proposes a remedy.

Is easily irritated and cannot endure the jests of his companions—in fact is dangerous when provoked. Is generally inclined to find fault with everything, and never misses an opportunity of grumbling about his meals. As he is an Englishman, perhaps this failing may not be looked upon as a "pathological peculiarity." When not suffering from his attacks is allowed to go about the asylum grounds as he wishes, but another patient is detailed to keep him in sight, for fear of accidents.

Twenty-four years ago, while chopping in the woods, he accidentally cut his left instep with an axe. The wound united nicely, but seems to have been the exciting cause of his trouble, although the hereditary predisposition to neurotic disease was undoubtedly present. Shortly after wounding his foot he had a convulsive attack, of what nature we are unable to discover. Similar attacks occurred regularly from this time every three months until four years ago, when they began to increase in frequency, and the patient became so violent that he was committed to gaol as a dangerous lunatic, and afterwards transferred to the asylum. When taken to gaol he was so violent that it required eight men to control him, and it is said the prison authorities found him a troublesome visitor.

At present he has many convulsive

attacks which vary in intensity and form to a remarkable extent. The most common type of seizure pursues the following course:

The patient's head is suddenly turned to the right, and fixed with the face directly over the right shoulder. The whole body becomes rigid and the man falls either upon his side or back—very rarely upon his face. The head now alters its position, is drawn directly backward, and the body forms an arch, the floor being touched with no other parts than the back of the head and the heels. The position of opisthotonos persists but a few seconds, when suddenly the patient is projected into the air and with astonishing rapidity describes several somersaults backwards. These movements are of the most violent character, and as may easily be supposed, terrifying to the onlooker, as the sufferer seems in imminent danger of injuring himself. He now stretches upon his back, utters groans and shouts, and invariably calls out, "Oh, that foot! that foot! that foot! it is the cause of all my trouble." The arms and legs are thrown about. The whole of the muscles are involved in a general tremor, but at no time are tonic or clonic convulsions present. This sequence of events occupies eight or ten minutes, and the attack ends, or a new one begins and follows the same course as that preceding it.

Of course all the seizures do not occur in the manner just described, and numerous modifications and deviations are seen. For example, rapid rolling upon the floor takes the place of the somersaults at times, and occasionally projective movements are absent altogether. At the same time the description given is applicable to the majority of his attacks, if we except those of mild form, resembling "petit mal," and which do not result in disturbance of the muscular system.

Strange to say the patient is almost invariably affected during the day-time, but if it so happens that a seizure occurs during

the night, the most extraordinary contortions are performed in the bed, and it is a fact worthy of particular notice that the sufferer invariably manages to avoid falling from the bed to the floor. Under any circumstances it is a rare thing for him to injure himself, no matter how violent the projective movements are, and he seems to guard against accidents with a degree of certainty that is surprising. He does not froth at the mouth, never bites his tongue, and has fallen upon his face but twice during his stay in the asylum.

The history of an attack would not be complete without a description of the prodromic sensations experienced by the patient. Sometimes for days before a seizure he will complain of a strange feeling which is localized in a particular zone of the epigastric region. This point is occasionally painful under pressure. Immediately preceding an attack an aura originates in this epigastric zone and ascends rapidly to a point behind the left ear. When this spot is reached the patient falls. Occasionally the aura ascends from the usual spot to the throat, and then feels as if something like a ball were rolling up. When a convulsive period is avoided the aura pursues an extraordinary course. It is first felt in the epigastric region, ascends to the right shoulder, descends upon outside of right leg to the foot, ascends inner side of right leg to chest, crosses to the left and descends to the left leg to the scar upon the foot, where a peculiar snap seems to take place and the attack is over. At times he complains of a sense of compression about the throat (*globus hystericus*) succeeding the aura, but more frequently of contractions in the back and neck. He admits that he is conscious to a certain extent during the latter part of a seizure, and his actions seem to corroborate the statement.

Such is the history of a case which until lately proved exceedingly difficult of classification. That it was not one of true epilepsy was evident, although it seemed

on the borderland of that disease, and we were forced to leave it unclassified until a few weeks ago. The recent researches of Dr. Seppelli, the eminent Italian Alienist, offered a solution to the difficulty, and we have now no hesitation in calling the case one of hystero-epilepsy. Of course there are those who will deny that hysteria in a simple or exaggerated form exists in males, but the weight of evidence is against their cause, and we meet with many cases which must be grouped under the headings hysteria and hystero-epilepsy until more appropriate names are coined, and generally acknowledged.

In our patient the convulsive attacks have shown a tendency to assume graver form as time advanced, and it is possible may in the future take a more marked resemblance to true epilepsy.

The reasons for classifying the case as one of hystero-epilepsy, rather than one of epilepsy are many, and in complete accordance with the prominent diagnostic features detailed by Seppelli.

The first point to be considered in the differential diagnosis is the occasioning or determining cause taken in connection with hereditary predisposition. From what little we can learn of the patient's antecedents there is good reason to believe that there is at least a trace of hereditary defect in his nervous organization, and the determining cause of disease a wound of the foot is quite characteristic of hystero-epilepsy.

The next link in the chain of evidence is that formed by the history of the prodromata of attacks. These forerunners are sometimes auræ of *globus* or auræ of peculiar description and unusual length, beginning from a fixed point in the epigastric region. This point in the epigastric region plays an important part in all of his attacks, and sometimes resolves itself into a true "painful zone,"—that is to say pain is felt when pressure is made over this particular spot. Sometimes an aura is described by the patient as a feeling as if a

ball were rolling from the epigastrium to the throat, and then again the ball is felt in the hip.

We have next to consider the manner of falling. In epilepsy it is commonly observed that a patient almost invariably falls upon his face. There are few exceptions to the rule. In any case, this man always falls either upon his side or back—never upon his face unless some accidental circumstance prevents him falling in other directions.

The most important point in the differential diagnosis is that relating to the absence of true convulsions, either tonic or clonic. We have never yet been able to observe any true convulsive spasms in patient's muscular system during an attack. Instead, we have a condition of opisthotonos, followed by violent projective and anomalous muscular movements. Seppelli ranks these contortions as among the most prominent characteristics of hystero-epilepsy.

Striking facts in connection with the case are that the man never injures himself, no matter how violent the seizure, and never falls out of bed, although the most terrible contortions are gone through. These taken in connection with the statements made in regard to consciousness during attacks, are strongly opposed to a diagnosis of true epilepsy. That the man is partially conscious is without doubt, and on several occasions he has asked that a medical man be sent for, to help him. It is rare, indeed, that consciousness exists during an epileptic attack, and when it does, the case is generally a mild one, in which clonic convulsions are the most marked feature.

The last point worthy of note is, that a seizure is not ended by coma, or sleep, but the patient rises from the floor bright and active as usual, and the only change noticeable in his deportment is that he is slightly more irritable than before.

In Ontario there are not many recorded cases of hystero-epilepsy occurring in males, and it is possible that those met, have not

been recognized. We have seen but three men in whom the disease was suspected. In one, convulsive attacks—opisthotonos and unconsciousness were the prominent features—in another the seizure was followed either by paraplegia or hemiplegia of evanescent type. Unfortunately no records of these cases were kept.

Beyond doubt, this remarkable disease exists in a proportion of cases not yet accurately determined, and we are of the opinion that close observation will reveal diagnostic points as well defined as those of other maladies.

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### Selections : Medicine.

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ICHTHYOL THERAPEUTICS.—P. G. Unna, who has been experimenting with this agent for some time in skin diseases, has lately been using it for other affections with very promising results.

In the treatment of acute and chronic joint rheumatism, it is of very great value. The painful joint is pencilled with an ichthyol-vaseline, varying from 10 to 50 per cent. in strength, twice a day, and then wrapped in cotton wool. No other remedy known at present yields better results.

In painful affections of the muscles as lumbago, he has tried it with good results. For this purpose a tincture made of ichthyol 10 parts, ol. ricini 20 parts, and spirits 100, is freely applied by rubbing or in the form of spray, and the part afterwards covered with cotton wool. In Unna's hands it has been more successful in lumbago than any other agent.

In bronchial affections he has made a fair trial of ichthyol. He puts a teaspoonful in one to two liters of water in a narrow deep vessel, and then places it in the mouth of a kettle or some other means to throw off the steam. this is inhaled for 10 or 15 minutes at a time. In a case of laryngeal phthisis, this was used with great relief to both subjective and objective symptoms. For laryngeal troubles he now employs a mixture of ichthyol 5, æther and spirits each 50, as a spray.

In the specific catarrh of the urethra or gonorrhœa, he has employed the same agent with success. A watery emulsion containing one per cent. ichthyol is injected



into the urethra. This almost completely relieves the pain and smarting in the first day.

In a great variety of skin affections he employs the following mixture :

Ichthyol. ʒo

Ol. Olive.

Aq. Calcis, āā 100.

Mix and shake when used.—*Deutsche Med. Zeitung*, 26th April, 1881.

M. BÉCHAMP was astonished to hear a savant like M. Bouley declare that in his opinion man and animals differ neither histologically nor physiologically, that there is only one physiology, and consequently only one pathology. Nothing is more inexact than this proposition. If we take, says M. Béchamp, the product of the same gland, the parotid, and look at it in man, the dog, and the cow, it will be seen that the saliva from the human parotid, in contact with starch, possesses the power to turn the starch into sugar; the saliva from the parotid of the dog and of the cow has no such power. Thus in spite of the morphological identity of the organ the physiological action is entirely different. It is the same with the pancreas called the salivary gland of the abdomen. On the other hand, from researches recently made by M. Béchamp, it results that two glands anatomically and histologically different, such as the mammary and the parotid, possess the same sugar-forming power upon starch. He has recognized that in the milk from the mammary gland of the woman there exists a zyma which exercises upon starch a sugar-forming power, just as active as that of the parotid saliva. The milk of the sheep and of the cow do not possess this saccharifying property peculiar to human milk. According to M. Béchamp the last term of organic activity is the microzyme. He has cultivated the microzymes of the organism and has seen them evolve into bacteria. The microzymes of the healthy organism—say of the pancreas—may have an action as deleterious as the most virulent poison. It is therefore utterly impossible to draw conclusions from animals to man, either of a physiological or pathological character.—*L'Un. Méd.*

ACETONEMIA IN SACCHARINE DIABETES.—According to the closely followed observations of six cases, Jaenicke (*Deutsch*

*Arch. f. klin. Med.*) concludes that the presence of ethyldiacetic ether in the urine is the result of an exaggerated meat diet. Thus the characteristic odour of the expiration, communicated by the acetone, coincided with the increase of meat in the regimen; twenty-four hours, forty-eight hours at the most after an alteration of the diet in this respect the reaction to the perchloride of iron appeared in the urine, it became less and less marked according as the meat diminished, disappearing forty-eight hours after the establishment of a mixed diet. Such is the absolute rule for all diabetics of low condition treated at the hospital. From day to day a nourishment almost exclusively animalized replaces the miserable vegetable flesh of the poor, whilst the cessation of all work restrains the combustion which it is necessary to encourage. The increase in the blood of nitrogenized excrementitious matters, and the gastrointestinal troubles resulting from such a condition of things, eventuates in the production of that badly-determined and hypothetical body, Ethyldiacetic ether, of which acetone is a derivative. The researches of the author confirm absolutely the toxicity of this first body.—*L'Un. Méd.*

BRUIT DE GALOP.—There exist two *bruits de galop*, the left or nephritic galop, and the right or gastro-hepatic galop.

The clinical distinction between these two *bruits* is made by their situation and by the character of the pulse.

The galop of the left heart has its maximum seat in a region limited on one side by the apex of the heart, on the other side by the left border of the sternum and upwards by the second left intercostal space; further it coincides with a manifest accentuation of the diastolic bruit at the base of the heart at the second right intercostal space—that is, at the level of the aorta.

The right galop has its seat of maximum intensity over the inferior portion of the sternum at the epigastrium, and coincides with a very marked strengthening of the second sound at the second left intercostal space—that is, over the pulmonary artery.

The pulse which accompanies the left galop is hard, full, incompressible in relation with the extreme intra-aortic tension—in the right galop the pulse is soft, feeble, depressible, the index of a feeble pressure in the arterial system.—*L'Un. Méd.*

**THE TREATMENT OF ZYMOTIC PYREXIA BY INHALATION.**—In the *London Lancet* for 9th June, Dr. B. W. Richardson records his treatment as far back as 1853 of a case of phagedænic croup by the inhalation of chloroform vapour combined with that of ammonia. This he had resorted to with the theoretical hope of preventing the separation of fibrine from the blood in the heart, and the resultant obstruction to the circulation which he had noticed in fatal cases. In this case the patient was six years old, the inhalation was kept up for 14 hours, food being administered *per rectum*, and the child recovered, the fever and acute symptoms subsiding rapidly. Dr. John Snow was a witness of the experiment, and used often to refer to it in commendatory terms, and urged the experimenter to persevere in that direction. Dr. Richardson had experimentally proved the remarkable antiseptic power of the vapours of chloroform and ammonia, separate and combined, and shewed to the Medical Society of London a specimen of blood which he had perfectly preserved in a fluid state and free from decomposition for a period of twenty years. His method of treating the zymotic fevers by this plan is thus described by him: I take an alcoholic solution of ammonia (838 alcohol saturated with ammonia) and mix it in equal parts with chloroform or methylene bichloride. When the solutions are mixed, any separation of water that may occur is removed, and in this way a clear mixture of ammoniated chloroform is obtained ready for use. In administering this compound by inhalation of the vapour I put two fluid drachms of it into a small Wolf's bottle, and connect the bottle with a leather inhaler, armed with an expiratory valve. The mouthpiece of the inhaler is held close to the mouth, and the patient is instructed to inspire until bubbles of air are drawn pretty freely through the fluid in the bottle. The inhaler is in this manner charged with the vapours which are drawn into the lungs.

\* \* \* The effects of the inhalations seem to me to extend in four directions:—

1. Under the sedative action of the narcotic relief from pain is obtained, and repose, if not actual sleep, is secured.
2. Under the combined influence of the vapours there is reduction of temperature.
3. Under the influence of the ammonia there is a sustained fluidity of the blood and a pro-

duction of freedom of secretion. 4. Under the action of the combined vapours there is an antiseptic result which is always favourable.

**TUBERCLE BACILLI.**—Prof. Riegel and Dr. Kredel state that in every example of genuine phthisis they found the bacilli, using Ehrlich's Method of staining. In no case of lung trouble other than phthisis did they find the organism.

The bacilli may be temporarily undetected, though tuberculosis be present.

The bacilli were found in the stools of cases where the intestines were diseased.

That on several occasions they found the bacilli in the urinary deposits.—*Deutsche Med. Zeitung.*

Dr. T. J. REID, in the *Louis. Medical News*, relates a case of typical vaccinia resulting from a nævus on the back of the right index finger being wounded against the tooth of a sucking calf. In the propagation of vaccinia to the cow, he suggests that the fresh saliva of a calf is a more natural method than the *grease*, a disease of horses' heels. He calls for investigation and experimentation.

[We would suggest that the first step in the investigation should be into the condition of this cow's udder, as to the presence or absence of cow-pox.—Ed.]

**JEQUIRITY OPHTHALMIA.**—Dr. H. Sattler, of Erlangen, in reviewing L. DeWecker's article on Jequirity in old granulations, says that if one gramme or 10 to 12 seeds be infused in 200 cc. of water, a suitable strength will be obtained. He says the covering must be removed from the seeds, and then macerated for 24 hours. He has found even one application of this sufficient to excite the inflammation required to destroy the granulations.—*Wien. Med. Woch.*

**TUBERCLE BACILLI.**—Dr. N. Wobly, after a careful study of 53 cases of phthisis, comes to the following conclusions:

1. The appearance of tubercle bacilli in the sputum of a fever patient is a sure sign of destruction in the lung, even though there be no objective symptoms discernible.
2. The absence of bacilli does not yet prove that there is no tubercle present.
3. As to prognosis the bacilli have no special significance.—*Deutsche Med. Zeitung.*

**DISTILLED WATER IN EYE LOTIONS.**—In the *Practitioner* Dr. Paul M. Chapman claims that distilled water is not in all cases the best vehicle for eye lotions. He says: "I have tried the experiment on myself and on many of my friends, and the answer is always the same, viz., that the introduction of distilled water into the eye is attended with much discomfort and smarting, while with normal saline there is no noticeable effect whatever. The practical deduction is this, which I have also verified, that the addition of  $2\frac{1}{2}$  grains of chloride of sodium to the ounce of distilled water renders any lotion intended to be of a soothing character much more beneficial."—*Phil. Med. and Surg. Reporter*.

M. J. AVERBECK, Ph. G., in the *Pharm. Record* recommends the following as an excellent excipient in pill-making: "Tragacanth, one part, glycerine, two parts, water, two parts. Place the ingredients in a water bath, heat for ten or fifteen minutes, and a clear jelly results. About one part of jelly to four parts of material is sufficient to form a mass.

**AN IMPROVEMENT IN LITMUS PAPER.**—Dr. Squibb has substituted for the ordinary blue and red litmus paper a single colour, viz., purple. This purple litmus paper turns red with acids, blue with alkalis. It is claimed to be much more delicate and convenient.

## Surgery.

**OPERATIVE TREATMENT OF CANCER OF THE TONGUE.**—The steps of Billroth's method are as follows: Both lingual arteries are first ligatured; the mouth is then kept open by a speculum, and all diseased teeth opposite the ulceration are extracted. The gum is next separated from the inside of the lower jaw with the raspator. Excision of the floor of the mouth is then effected by means of scissors and forceps. The bleeding points are ligatured, and the tongue, being drawn forward, is finally extirpated. After the separation of the organ, permanganate of potash, either in powder or in watery solution, is applied to the wounded surface, and a drainage-tube, of the thickness of a finger, is inserted through the floor of the mouth. Through this the

various discharges escape, and diphtheria of the mouth, cervical phlegmon, and broncho-pneumonia do not occur in such cases when properly drained. The patients are fed by means of a stomach-tube, until the drainage opening has quite closed.

The proceeding is not so severe as the methods of Langenbeck and of Regnoli and Czerny; and the immediate results of the operation are more favourable than by any other plan, viz.: 84.2 per cent. of recoveries. The deaths were caused by septicaemia (acute or chronic) or by pyaemia. In seventy-one cases ten radical cures have been obtained (14 per cent.) by Prof. Billroth; while in 373 instances of mammary excision, only fifteen radical cures have resulted.—*Lon. Med. Record*.

**SPINA-BIFIDA—ROBSON'S OPERATION.**—In the *N. Y. Record*, June 16th, Dr. R. T. Hayes, of Rochester, reports a successful case of spina bifida treated after the method of Mr. Robson of Leeds. The patient was a female aet.  $9\frac{1}{2}$  weeks. Tumour in lower dorsal region nearly the size of a hen's egg. Patient chloroformed. The skin was divided, and with subcutaneous fat dissected back on each side. Sac first aspirated, then freely opened; superfluous portion of membranes removed, and union formed by six uninterrupted cat-gut sutures. Twenty small grafts of fresh periosteum from a rabbit were introduced on the surface of the membranes, and the external flaps with fatty tissue trimmed and closed. The collapse at time of operating was alarming, but after rallying recovery was rapid.

**LIGATURE OF ARTERIES.**—Dr. John H. Packard, before the American Surgical Association referring to the ligation of arteries, opposed the common opinion that an artery must be exposed to view before being tied, except with regard to certain vessels, such as the subclavian and axillary, where a ligature might be placed upon the brachial plexus by mistake, but where the vessel can be easily isolated complete exposure to view is unnecessary. He exhibited an instrument for use in passing a ligature, which he calls a detached artery needle—simply a blunt needle, somewhat sharply curved and roughened near its blunt point, so as to afford ready hold to a pair of forceps.—*Phil. Med. Times*.

THE  
**Canadian Practitioner,**  
 (FORMERLY JOURNAL OF MEDICAL SCIENCE.)

To CORRESPONDENTS.—*We shall be glad to receive from our friends everywhere, current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.*

TORONTO, JULY, 1883.

THE MEETING OF THE ONTARIO  
 MEDICAL ASSOCIATION.

The June meeting of this Association was, upon the whole, a very successful one. It was probably the largest meeting of medical men ever held in Canada, there being one hundred and forty present.

The prospects were not the brightest at the commencement. Nothing was ready; everything was confusion. The secretary who is usually equal to an emergency, appeared to have temporarily lost his *savoir faire* and a small portion of his suavity. The president was absent, from illness. However, Dr. Richardson was called to the chair, and soon brought order out of chaos. After this everything ran very smoothly and peacefully, until the last afternoon, when some rather warm discussions arose on points of order, rules of procedure, etc., with the usual results of wasting valuable time.

The cases presented were all interesting, and the papers, on the whole, were fairly good. Some of the discussions were quite animated and conducted with ability.

All things considered, this young society has every reason to feel proud of the position it now occupies, and we feel sure it is destined in the near future to do incalculable good to the Profession of this Province.

THE CONVERSAZIONE.

As the annual exhibition of the Academy of Arts, which, by the way, reflected great credit on that worthy organization, was in progress, the happy thought was conceived

in the minds of some individuals said to compose the committee of arrangements, of getting up a cheap picture show on the evening of the second day. A large number attended, but the overpowering heat and crowded condition of the rooms prevented anything like a thorough inspection of the paintings, and the distinguished assemblage vainly struggled to keep cool and look pleasant. We were told, however, that many enjoyed themselves very much, and are pleased to know that such was the case.

NEXT PLACE OF MEETING.

We are very glad that Hamilton has been chosen as the next place of meeting. The profession of that city took a very active part in the organization of the Association, a number having come to Toronto before the first meeting to confer with physicians in Toronto and arrange preliminaries. Since that time they have taken a very hearty and active interest in its proceedings, and have done much to place it on the substantial basis it now possesses.

THE MEETING OF THE ONTARIO  
 MEDICAL COUNCIL.

This year's meeting was a quiet and rather uneventful one. The most important matters brought before the notice of the members were not finally settled. The Council might safely have acted on the suggestion of the retiring president, Dr. Bray, particularly with reference to the time for passing the matriculation examination, etc., to allow students to matriculate at any time before graduating, although, at the same time, requiring a four years' course of study in medicine.

We were much pleased with the endeavour of Dr. Edwards to compel students to show evidence of having *efficiently* acted as clinical clerks on going up for final examination. Twenty complete reports might be considered a large number, and would certainly throw a great deal of additional work on the hands of conscientious examiners.

Another important question brought before the meeting was the advisability of establishing a summer session, and making attendance at the same compulsory. Such a step would be a great benefit to the students, and is worthy of the most careful consideration. We think it would be well, however, to first enforce attendance on four winter sessions, as now required by the Council. It is of course well known that quite a large proportion of our students take only a three years' course, obtain their degree, and then go to the old country for a degree which will entitle to a license here. Of course such students have the time-honored doctor's certificate for a year's study, which is generally as worthless as it is fraudulent.

It might also be well to let the schools work a little longer at their summer sessions, and make them universally popular before these courses are made compulsory. Such changes are often more satisfactory when gradually brought about. We would not like to see a summer session of four months, because our *much-examined* students, especially those who go to the Toronto University, are not free until the last week in April; and a four months' session thereafter will take them through July and August. This would be too much to ask from either teachers or students. When, however, the Council can demand attendance on a short summer session of ten or twelve weeks, both the Profession and the public will be gainers thereby.

These questions are left in the hands of a special committee, as will be seen in our report of the meeting.

Our cordial thanks are due, and are hereby tendered to Dr. Alex. McPhedran, late Recording Secretary of the Toronto Medical Society, for his full and excellent Reports of the Meetings of that Society, contributed to our columns throughout the year. We are indebted to Dr. J. T. Duncan, the present Secretary, for the Report which appears in this issue.

#### THE PAPERS READ BEFORE THE ONTARIO MEDICAL ASSOCIATION.

When the Publication Committee of the Ontario Medical Association was convened after the last meeting of the Association, it was a matter of no little surprise to the members of the Committee to find that only four or five papers had been deposited with the Secretary. Readers of papers, therefore, who have not already done so, will confer a favour on the Committee by transmitting them without delay to Dr. J. E. White, 185 Carleton St., the Secretary of the Association. We observe with regret that the paper read by Dr. Woolverton, of Hamilton, on Fatty Diarrhœa, has already been published in the last issue of the *Canada Medical and Surgical Journal* of Montreal. Not that we regard the columns of our excellent contemporary as an unsuitable medium for its publication, but because the act constituted an unauthorized interference with the rights and property of the Association, and an unwarrantable disregard of the existence of a committee which has always met punctually, discharged its functions properly, and reported duly. We do not for one moment suppose that if Dr. Woolverton were for any reason particularly desirous of having his paper appear in the *Canada Medical and Surgical Journal*, the Committee on Publication would have offered any objection even although that journal is not published within the Province; but we do think that the committee has just cause of complaint in that the common courtesy of craving its concurrence was calmly and complacently omitted.

THE *New York Medical Record* says:—  
 "We are informed that it is a matter of frequent occurrence for some physicians in the North-west, in regular standing subscribers to the Code of Ethics of the American Medical Association, to get a free advertisement by letting their brilliant exploits in surgery be published in the newspapers. We trust that we may be permitted to inform them that such conduct is not becoming physicians or gentlemen."

## THE SUPPRESSION OF QUACKERY.

Some time was spent at the last meeting of the Ontario Medical Council in discussing the ways and means of the suppression of quackery in the Province. The motion to appoint a public prosecutor was not sustained, and it now remains incumbent upon each representative of a territorial division to nominate a prosecutor for his district whenever occasion may arise. Dr. Grant's proposal to tax every quack advertisement in the newspapers appears to us to be quite impracticable, and, even if feasible, totally insufficient. Personally we agree with Dr. Lavell in advocating free trade in medicine, holding it to be the inalienable right of every British subject to be fooled to the top of his bent when so inclined. Dr. Geikie's proposal that quacks should be taxed in the same way as pedlars and circuses, was one of the absurdest suggestions we ever heard emanate from a sensible man, to say nothing of the more than questionable morality of legitimising the nefarious traffic of the charlatan for a small pecuniary consideration. With Dr. McCammon we are in full accord in thinking that the most dangerous charlatans are those whose names appear upon the Register, and the common sense remedy is, as he suggested, to appeal to Parliament to amend the Medical Act by conferring upon the Council power to erase a man's name from the Register for any conduct "infamous in a professional respect." The General Medical Council of Great Britain now possesses this power, and occasionally exercises it with beneficent effect. Our cousins in the State of Illinois have so contrived things that the other day two gentlemen were admitted to the Register upon (bogus?) diplomas, one from Glasgow and the other from Edinburgh, and, it appearing from newspaper advertisements shortly after that they had entered into co-partnership to practise charlatanism of the first water, Dr. John Rauch, the indefatigable secretary of the State Board of

Health, in whose hands the power of registration lies, at once had their names removed from the Register; within twenty-four hours legal proceedings had been instituted against them, and the quacks had moved to an adjoining state. The Medical Council and the Medical Register exist rather for the benefit of the people than of the profession. To be sure the one-portal system possesses the advantage of securing a uniform minimum qualification which doubtless elevates the standard as a whole; but the penal clauses of the Act, even if they were not inoperative, would not redound to the personal advantage of the profession. It is not, however, asking too much, to demand that when a member of the profession pays in his annual dues he shall receive in return therefor a *bona-fide* assurance that on the register recognized by law his name shall not appear in juxtaposition with an advertising quack's; and that the list shall be so purged and guarded that the very fact of a man's name appearing on it shall be *prima facie* evidence of his incapacity for anything "unbecoming a physician and a gentleman."

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 THE AMERICAN SURGICAL ASSOCIATION.

The Fourth Annual Meeting of this young Association of American Surgeons met in Cincinnati, on the 31st May, and 1st and 2nd of June, under the Presidency of that Surgical Nestor, Samuel D. Gross, M.D., LL.D., D.C.L. The meeting was a complete success; a number of interesting papers were thoroughly discussed. Seven new members were elected, there being eleven vacancies; but a proposal to increase the membership from 100 to 150 was rejected. Dr. E. M. Moore, of Rochester, N. Y., was elected President, and the Secretary was instructed to write to all fellows requesting them to resign if they could not subscribe to the Code of Ethics of the American Medical Association.

## THE AMERICAN MEDICAL ASSOCIATION.

The Thirty-fourth Annual Meeting of this Association was held in Cleveland, O., on the 5th, 6th, 7th and 8th ult. Socially and in point of numbers it was an almost unparalleled success; it being, with the exception of the New York meeting, the largest gathering in the history of the Association. The far-famed beauty of the City of Cleveland, the well-known hospitality of its citizens and the burning question of the Codes (on which action was anticipated) all doubtless contributed to this result. The meeting was presided over by the veteran, John L. Atlee, of Lancaster, Pa. The members when registering were all required to sign a declaration of adherence to the Code of Ethics of the Association. A communication was presented by Dr. John S. Billings, U. S. A., from the British Medical Association, and Dr. Mahomed, soliciting co-operation in the "Collective Investigation of Disease." The addresses and papers in the various sections were full of interest and quite up to the average in point of merit. The report of the Association Journal Committee was received and adopted. Dr. N. S. Davis, of Chicago, was appointed Editor, and he nominated Dr. Wm. Lee, of Washington City, as his assistant. Chicago is to be the place of publication, and the first number of the Association Journal will appear about the first of July. Dr. Austin Flint, sr., was elected President for the ensuing year, and Washington was fixed upon as the next place of meeting on the first Tuesday in May, 1884.

### THE F.R.C.P., LONDON.

It is our pleasurable duty to record this month the fact of the election of our distinguished countryman, Prof. Wm. Osler, to the Fellowship of the Royal College of Physicians of London. This is a distinction to which few men of Dr. Osler's age attain, and which is now held by but two resident Canadians of any age. Our felic-

tations are, therefore, in the first place due to Dr. Osler, on account of this eminent and justly merited recognition of his industry, talents, and accomplishments; and in the second place we congratulate the Profession, in this Dominion, upon this further proof, that although sequestered in a comparatively obscure field of labour, good work well done will not wholly escape observation and recognition, and that persevering efforts to advance our science need not despair of requital from at least one fountain of honour in the home of Harvey and of Hunter.

THE Convalescent Wards of the Toronto General Hospital, to the establishment of which allusion was made some time ago, have been completed and were formally opened on Saturday last. The occasion was marked by a large gathering of those interested in the Hospital at the opening ceremony, and all expressed themselves as much pleased with the building and arrangements. The institution will doubtless prove an immense boon not only to the convalescents themselves but also to the sicker inmates of the wards, by relieving these of a large amount of air-contamination during the day. The Medals and Awards to the graduating Nurses in the Training School were at the same time conferred.

*The Medico-Legal Journal*, published under the auspices of the Medico-Legal Society of New York, is now upon our shelves, and we welcome it to our exchange list. It is a Quarterly devoted to the science of Medical Jurisprudence and has no fellow in the world. Its first issue appears in attractive form, is well edited and beautifully printed. The subscription price has been fixed at \$3, to secure the widest possible diffusion. The society under whose auspices it is issued requests all superintendents of Asylums, Judges, District Attorneys, and others, in either law or medicine, throughout the United States and Canada, to communicate papers, facts, or cases of medico-legal interest to the society.

## Meetings of Medical Societies.

### THE MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The third annual meeting of this Association commenced in the theatre of the Normal School on Wednesday morning, June 6th. Dr. Macdonald, the President, being prevented by illness from being present, Dr. J. H. Richardson, on motion, occupied the chair.

A communication was read from Mrs. D. B. Chisholm, President of the Ontario Women's Temperance Association, with reference to the use of alcoholic stimulants. It was referred to the Committee on Public Health. After the receipt of the reports of committees on arrangements, publication, etc., the meeting adjourned.

Afternoon session, 2 o'clock.

The second Vice-President, Dr. D. Clark, occupied the chair.

Dr. Burt, of Paris, presented a patient in whom he had successfully treated traumatic tetanus by neurectomy.

Dr. Campbell gave a history of a case of primary lateral sclerosis.

A paper was read by Dr. Mackay, on *Jaborandi* in the treatment of congestions of the mucous membranes of mouth, throat, and chest. Detailing cases illustrative of its action in the early stages of tonsillitis, asthma, congestion of the lungs, scarlet fever, measles, and common colds. The remedy being given in quantities of from ʒss. to ʒiiss., in divided doses, and no evil effects following therefrom. An animated discussion followed, several members taking part, a general opinion being that the remedy should be given with caution, and especially in cases with heart complication.

Dr. Covernton said that he had used *Jaborandi* combined with aconite in the treatment of tonsillitis and successfully, but had been inclined to give the greater credit to the aconite.

Dr. Ryerson gave some of his experience with the pilocarpin in eye disease.

Dr. Mullin asked if it would be given in albuminuria, following scarlet fever? and whether or not it increased the amount of albumen in the urine, as some authorities maintain.

Dr. Mackay was not prepared to say how it affected the quantity of albumen in the urine. Would not recommend its use in the advanced stages of disease; had stated

in the paper that it should be given "before damage to structures had taken place;" had known the medicine to be given, and great benefit following, in two cases of puerperal parenchymatous nephritis.

Dr. Burrowe's read a paper upon the wedge plaster treatment of Talipes.

Dr. Woolverton then read a paper on Fatty Diarrhoea, in which he gave a history of a case in which this was the most prominent symptom, and which terminated fatally. He discussed the pathology of such cases.

Dr. Sheard stated that he had met with three cases of fatty diarrhoea, upon which he had held *post mortem* examinations. In one of these cases he found a cirrhotic condition of the liver and kidneys, also interstitial thickening of the pancreas, the latter organ being injected and enlarged, causing pressure upon the receptaculum chyli and obstructing the free circulation of chyle through it, and hence impeding absorption.

In the second case there was scirrhus cancer of the pancreas, which had begun in the pancreas, and which was limited wholly to that organ, producing an enlargement which also pressed upon the receptaculum chyli.

In the third case there was disease of the mesenteric glands, attended with fibroid thickening of the tissues of the mesentery and thickening also about the spine, leading to obstruction to the circulation of chyle.

These pathological conditions appeared to him to suggest obstructed absorption rather than the non-digestion of the fat as the real cause of fatty diarrhoea. He was of the opinion that the bile, if secreted, with the secretion from Brunner's glands, could digest the fat, apart from the pancreatic juice. In all of these cases fatty matter was found in a digested state in the faeces.

Dr. Groves read a paper describing a new mode of removing solid ovarian tumours when firmly adherent.

Dr. McNaughton, of Erin, presented a splint suitable for all cases of fracture of the forearm, and especially Colles' fracture. It extended to the palm of hand, and was at lower end slightly inclined to ulnar side. It was adapted to bony inequalities at upper palmar surface, and the portion lying on forearm was convex.

Dr. Ferguson held that in the event of the fracture occurring in the radius between



the insertion of the biceps and the pronator radii teres, the forearm should be flexed, and *supinated* in order to get good apposition between the upper and lower sections of the bone. To pronate in this case, would only be, to separate the fragments still further.

Dr. Richardson explained at some length the structures affected in Colles' fracture, and considered that a result without some deformity, or at least without some weakness remaining, was very rare indeed.

Dr. Powell referred to several cases of Colles' which he had treated with fairly good results.

Dr. Fulton said that ulnar prominence might possibly be due to shortening of the radius.

Dr. Carson agreed with the treatment of his old teacher, Prof. Symes, of Edinburgh, who used a narrow, straight splint, applied to front of forearm, and extending to hand. In his (Dr. Carson's) practice he had obtained good results with his splint.

Dr. Thorburn referred to the past difficulty in sometimes getting perfect results in treating Colles' fracture, and alluded to some cases in his own experience.

Dr. C. K. Clarke read a paper, in which he gave an account of a peculiar case of nerve disease, which he considered Hysteropilepsy, and treated successfully with carbonate of iron.

Dr. Workman then read a paper on aphasia.

#### EVENING SESSION, 8 O'CLOCK.

Dr. J. E. Graham read a paper on "Bacillus Tuberculosis." (See page 193.)

Dr. Covernton asked the reader of the paper if he had made any investigations on the question of the Etiology of Tuberculosis.

Dr. Sheard thought it was very difficult to distinguish the bacilli from fat crystals, and would not consider any investigation of value unless the sputa or section had been passed through ether.

Dr. Zimmerman wished to have a clear definition of Tuberculosis laid down.

Dr. Ferguson said:

1. That Phthisis may be contagious with a lengthy period of incubation. Thus the bacilli might be in the system for an indefinite time before their numbers were sufficient to cause any marked symptoms. During this period the disease was actually in existence. The histories of four families

were given showing very strongly the probability of phthisis being contagious. The experiments of Toppeiner, of Vienna, and Giboux, of France, show that rabbits, dogs, and monkeys can be made tubercular by making them inhale air from consumptive patients.

2. The constancy of bacilli is very great. Of 2,509 cases collected from English, German and French observers, the bacilli were found in 2,417, doubtful in 74, and absent in 18. Of the doubtful cases only a few examinations were made.

3. The number and grouping of the bacilli seem to show some relationship to the activity of the disease. Of 21 observers, 18 adopt this view. 2 are doubtful, and one denies any connection.

4. Of 51 observers, 37 believe phthisis to be contagious, 9 admit it is possible, but regard it as improbable, while 5 either doubt or deny it.

5. Reasons for phthisis not being markedly contagious are, 1st, the germ does not live long off the body. 2nd. Comparatively few organisms are found in the respired air. 3rd. Low temperatures destroy the bacilli, and, 4th, in many cases they come in contact with a person of sufficient power to resist them.

Dr. Hamilton had grave doubts about bacteria being so often the cause of disease. Thought that the results of investigation had been overrated. He considered that the result of Dr. Spina's researches weakened Koch's position very much.

Dr. Mullin had doubts as to the contagious nature of Tuberculosis. Two difficulties presented themselves to his mind in accepting the doctrine. (1.) If consumption is a contagious disease it differs in character from any other contagious malady. (2.) He did not understand why these organisms should withstand the action of strong nitric acid when all other forms of bacteria were destroyed. It is probable that the chemical composition of all bacteria is very similar, and should be equally destroyed by nitric acid.

Dr. Richardson said he had been a strong believer in the contagious nature of phthisis long before bacteria had been thought of. He was gratified to find that his opinion had been verified by scientific research. He replied to one of Dr. Mullin's difficulties by showing how syphilis, a contagious disease resembled phthisis.

Dr. Graham, in reply, stated that he had made no experiments on animals. He did not think that these investigations could be carried on successfully by any except one who made a special study of bacteriology. He did not understand why Dr. Sheard had experienced such difficulty in distinguishing between bacilli and fat crystals. So far as he had read the literature of the subject he knew of no one who had experienced a similar difficulty except Prof. Schmitt, of New Orleans. The latter thought the bacilli were fat crystals, but afterwards withdrew from that position.

Dr. Hamilton had referred to Dr. Spina's investigation. It had been his (Dr. G.'s) privilege during the last few days to read Dr. Spina's original article. Some of the results given by him were incomprehensible. When he states, for instance, that he had examined a hundred and twenty-five different specimens of tubercle of other organs than the lungs, and had not found bacilli in a single case. His experience is totally opposed to that of men who have worked at the subject. In the other room they could examine many specimens of tubercle from ovary, peritoneum, tongue, etc., specimens showing the bacilli, which had been prepared by Dr. Aikins, in Vienna. With regard to the difficulties raised by Dr. Mullin, it must be remembered that it is the combination of the colouring matter with the bacilli which withstands the nitric acid, and not the bacilli themselves. He concluded by thanking the Association for the attention given to the reading of the paper, and for the able and interesting discussion which followed.

Dr. F. W. Strange then read a paper on "Acetonæmia." He gave the history of a case which had come under his own observation, with that of a similar one recorded in England. The opinion was expressed that coma of diabetes is due to chemical reaction of the blood.

Dr. Ferguson agreed with Jaksch, of Vienna, in thinking that the real cause of the coma was that the sugar in passing through the kidneys produced necrotic changes in them, which led to the retention of more or less of the urinary constituents, and an imperfect elimination of the products of sugar decomposition in the blood.

#### MORNING SESSION—THURSDAY.

Dr. Battersby read a report of a case of strangulated umbilical hernia which he at

present has under observation, and which appeared to be doing well without operation.

Dr. Ferguson thought the entire lumen of the intestine had not been constricted.

Dr. White remarked that the feces passed might be those in the bowel below the hernia, and suggested injecting some coloured fluid or milk up the rectum, in this way to find if it comes out at the opening.

Dr. Carsons insisted strongly on the necessity of always operating in case of strangulated hernia; and congratulated Dr. Battersby on the happy termination of his case without an operation.

Dr. McNaughton thought the present line of treatment ought to be carried out for some time until the results of the case were fully manifested. After the strength of the patient had improved, an operation might be performed to connect the upper and lower parts of the bowel again.

Dr. Mitchell then read a paper on some cases of poisoning. He referred to three cases which had fallen under his own observation. One was that of a woman who had swallowed a quantity of carbolic acid. He administered olive oil and sulphate of zinc, and the patient recovered. The other two cases, one of poisoning by Paris green, and the other by some poisonous herb taken in mullein tea, were fatal.

Dr. Harvey also reported an interesting case of poisoning by a liniment containing belladonna and laudanum.

Dr. Turver reported a case of poisoning by belladonna, in which he washed out the stomach by a simple tube on the syphon principle, and administered morphia hypodermically with successful results.

Dr. Graham thought that the symptoms described by Dr. Mitchell in his third case might have resulted from stramonium which is so common in this country.

#### THE PRESIDENT'S ADDRESS.

At this stage of the proceedings Dr. Macdonald, of Hamilton, the president, entered the room, and amid applause took his seat. He explained that his absence the previous day had been caused by indisposition. He then delivered his annual address. He enumerated the advantages to be derived from the meetings of the Association, both from a social and professional point of view. He thought that London and Kingston should be visited every year alternately with Toronto by the Association, as such a course would extend the benefits de-

rived from their meetings over the Province. He then referred to the question of the attitude to be assumed by the members of the profession towards the homeopaths in consultation. There was not that hostile feeling towards the disciples of Hahnemann in Canada that was felt in the United States, a result owing probably to the terms on which homeopaths were received by the Medical Council of the College of Physicians and Surgeons. But, although there was no hostility, there was no change in the opinion in which the doctrines of Hahnemann were regarded. He alluded incidentally to the museum proposed. He had no doubt that the College of Physicians and Surgeons would find the room required for such a museum. He went on to refer to the communication of the Ontario Christian Women's Temperance Association. They all sought, to promote among the people habits of sobriety, and would do all in their power to aid the temperance organizations in this object.

Dr. Radford, of Galt, showed a patient suffering from chorea, which he had treated without success by the ordinary method. He asked the opinion of the Association. Dr. Harvey recommended cod liver oil, maltine, and bathing with a solution of Atlantic salt and by friction. Dr. Zimmerman recommended circumcision if phimosis existed.

Dr. McPhedran presented a case of prurigo which he is treating successfully at present with pilocarpin.

Dr. Ryerson, of Toronto, read a paper on "Cancer of the Larynx." He detailed the facts of three cases which had come under his notice. He recommended an early resort to tracheotomy, followed with treatment by Condy's solution, and in later stages with morphia.

Dr. Ferguson, of Toronto, read a paper on "Hip-joint Disease."

Dr. Davidson, of Toronto, described what he considered to be a case of superfetation. Drs. Cameron and Oldright dissented from the opinion of Dr. Davidson. The President, Dr. McDonald, said that the absence of putrefaction was a very strong point in favour of Dr. Davidson's position.

Dr. Cassidy read a paper on "Enteric Fever," in which he recommended that the dejections of the patient in every case be thoroughly disinfected by carbolic acid or chloride of zinc.

#### THE PUBLIC HEALTH.

The report of the Committee on Public Health was read by Drs. Oldright and Playter. The Committee urged on the Association the importance of keeping up the public interest on the subject of sanitary legislation. The committee recommended that steps should be taken to provide that hygiene be taught more generally in the public schools. An advance copy of a pamphlet on the disposal of sewage, issued by the Provincial Board of Health, was submitted. With regard to the communication which had been received from Mrs. Chisholm, President of the Ontario Women's Christian Association, Dr. Oldright regretted that the time at the disposal of the committee had been too short to return a full report. The Committee, however, felt free to state that in general the use of intoxicating liquors by healthy persons is injurious, and also that the profession believe that disease is very often due to the use of liquors, and that there is a general feeling that attempts should be made to bring about a more restricted use of alcohol.

The report was adopted, with the exception of the clause on temperance, which was referred to a committee consisting of Drs. Burritt, Buchan, Workman, George Wright, and Playter, with instructions to report at the next meeting of the Association.

#### MUNICIPAL HEALTH OFFICERS.

The following resolution based on the report was adopted:—"This Association would press on the Government the necessity of legislation that would secure the appointment of a Board of Health and a medical health officer to each municipality or group of municipalities."

A report was read by the Committee on Medical Ethics. This report dealt with the duty of medical men in relation to each other and to the public. The Committee expressed disapprobation of flaming signs, extended advertisements, holding patents and dispensing secret nostrums, and consultation with homeopathic practitioners. The Committee recommended that medical ethics should be made a part of professional education at the Medical Schools. The report was referred back to the Committee with instructions to bring in a more definite report at the next meeting. The report of a Committee on Surgery, etc., was read. The main points referred to were operative

surgery, recent wounds, the reduction of dislocations, the germ theory of disease, the physiology of the blood, antiseptics, and drainage.

#### ELECTION OF OFFICERS.

The report of the Committee on Nominations was then presented and adopted, by which the following are the officers of the Association for the ensuing year:—Dr. Daniel Clark, Toronto, President; Dr. Worthington, Clinton, 1st Vice-President; Dr. Philp, Brantford, 2nd Vice-President; Dr. Richardson, Toronto, 3rd Vice-President; Dr. McGill, Oshawa, 4th Vice-President; Dr. White, Toronto, Recording Secretary; Dr. Graham, Toronto, Treasurer; Dr. Graham, Brussels, Dr. McKay, Woodstock, Dr. I. H. Cameron, Toronto, Dr. Aylesworth, Collingwood, Corresponding Secretaries.

#### PROVINCIAL MEDICAL MUSEUM.

The President and Secretary were requested by the Association to memorialize the Medical Council on the subject of a Provincial Medical Museum, and to bring the matter before the Government.

It was decided that the next annual convention of the Association should be held at Hamilton. The meeting then adjourned *sine die*.

#### TORONTO MEDICAL SOCIETY.

Regular meeting, May 17th, the President, Dr. Graham, in the chair.

Dr. F. Krauss and Dr. M. Wallace were proposed for membership.

The Treasurer, Dr. Spencer, presented his report. Referred to the council for audit.

Dr. McPhedran presented a woman, aged 40, with the following history: She began menstruating at 12, slow occurring every three weeks, abundant. Married at 24. She has 11 children, twins being born on two occasions. Has miscarried twice, each of these also twin pregnancies. She nursed the first 3 children, but had to use a shield on account of sharp stabbing pains felt in the breast when nursing. Fourth child was nursed till three months old, when her face and legs began to swell. By the fifth month the face was so swollen as to bury the ears, and the eyes were almost closed. The swelling was hard and smooth and the whole face of a purplish color; a hard swelling as large as an English walnut on the right frontal eminence. She was unable

to lie down owing to rushing sensations in the head and ears: these sensations were almost constant but greatly aggravated by lying down. Child was weaned at the fifth month; recovery not complete till five months later. At next pregnancy she was confined of twins; tried to nurse them and the symptoms described above returned immediately. This time she became purple all over. Recovered under former treatment in a month. After each subsequent accouchement the symptoms returned in the third month after confinement, though no effort was made to nurse the children, but she had no trouble after the two miscarriages. She was last confined in December, 1882, - twins—and the symptoms of her old trouble began three months later. In the face there are many small hard nodules, especially in the track of Steno's duct, some of them have disappeared and fresh ones developed. There are many small ones on the inner surfaces of the cheeks and lips. They are not tender or painful. The face is slightly puffed and darker in color than natural. The knees are swollen, the right especially, presenting the appearance on the outside when flexed of an accumulation of synovia. She is unable to kneel. The elbows were slightly swollen, and frequently give a cracking noise when flexed. The nodules are doubtless due to enlargement of the lymphatic structures, owing perhaps to engorgement and apparently caused in some way by lactation. The case was submitted to elicit the opinion of the Society as to the nature of the affection and the course of treatment most advisable to be pursued.

Dr. Cameron considered the enlargements due to dilatation and occlusion of the lymph channels—really a lymphatic thrombosis, instead of the venous thrombosis so often seen after confinement.

Dr. Workman suggested electricity as treatment.

The President, and Dr. Cameron showed pathological specimens.

Dr. Ferguson read a paper on Puerperal Pyrexia. This may be I. Neurosal. The elevation of temperature here being dependant upon altered relationship of nerve governance.

II. Cases due to such causes as constipation, urinary derangement, etc.

III. A deranged relationship between the effete matters entering the circulatory fluids and those rejected.

IV. Malarial fever in the newly confined.

V. The Septic disease proper viz: (a) Sæpæmia, or the entrance into the system of dead poison, this always has a local origin and

(b) Septicæmia, from local or constitutional infection. In this condition the use of quinine is indicated. As illustrating the value of this drug the essayist mentioned some experiments on dogs. To No. I, he gave gr. v. during six hours. After three doses the contents of a hypodermic syringe of offensive loehial discharge was injected. No. II., received a similar injection, but gr. v. of quinine had been added to it. No. III., received the injection without the quinine at any time. Nos. I and II recovered. No. III died in forty-one hours. To be effectual in cases of puerperal septicæmia this drug (quinine) must be given to the amount of 1/1000 of the weight of the patient, gr. xx. would be the minimum dose.

On motion discussion of the paper was adjourned till next meeting.

Regular meeting, May 3, the President in the chair.

Dr. F. Krauss, and Dr. M. Wallace, were elected members.

Dr. Riddel brought forward two patients—the first, showing an admirable example of eezema pustulosum: the second, with a deep-seated tumor of the neck, considered by Dr. Aikins and Dr. Fulton to be cancerous. Operation was not advised.

The President requested Dr. Oldright to open the discussion on Puerperal Pyrexia, the paper having been read at last meeting.

Dr. Oldright considered that the type of this affection lately had been metritic. A peculiarity he had noticed in recent cases of confinement might also be worth mention; in several of them the membranes seemed caught by spasm of the os; and in some, portions of the placenta had to be peeled from the uterus, after general expulsion had taken place.

Dr. Cameron regretted that the essayist had given no rules for differentiation. Because if slight causes, as mental emotion, may send the temperature up 3° or 4°, it is of importance to be able to distinguish such cases. According to his observation, peritonitis seems more common than metritis in this epidemic.

Dr. Ryerson referred to the case of the Duchess of Connaught, to emphasize the

importance of good sanitary arrangements in accouchements.

Dr. McPhedran considered that general puerperal septicæmia may be complicated by a local diseased condition. A case in point was given. Sepsis may be effectually guarded against by proper precautions.

Dr. Ferguson, in replying, briefly noticed some of the points raised. The importance of the proper action of the emunctories was insisted on. If there is a reception of virus and not a full excretion, we must have pyrexia. He entirely agreed with Dr. McPhedran as to the possibility of a local complication in puerperal septicæmia.

#### CASES IN PRACTICE.

Dr. Machell.—Three weeks ago, Mrs. W. asked me to see her, and gave the following history: Menstruated last time 9th of November last. For two years previously menstruated quite regularly. In December and January, more or less morning sickness and pricking pains, with feeling of fullness in breasts. Slight enlargement of abdomen towards end of January. During latter part of February, breasts became softer, and later flabby, pricking pains ceased, and abdomen seemed to get smaller, and at same time it felt cold and uncomfortable. These latter feelings have continued since last named date. Knowing that she had a fleshy mole two years ago, I was under the impression that this might be something similar. A vaginal examination revealed the fact that the uterus was enlarged to about same size as in pregnancy between 3rd and 4th month. Thus the pregnancy had not continued uninterruptedly since November last, or patient had missed a menstrual period or two, and then became pregnant. I rather inclined to former view. Gave a placebo, and told her to report in a month. A rather offensive vaginal discharge brought her back in three weeks, when I introduced a bougie into the uterus, and left it there. Within twelve hours, labour came on, and a few hours later brought away a dead foetus with membranes intact and placenta attached. Foetus was probably between the 3rd and 4th month, of a greyish leaden colour. Sac contained a dark coloured grumous fluid—nothing abnormal in appearance of placenta. No cause for death of foetus could be ascertained. The reasons which induced me to bring on labour were: the cessation of menstruation when it had always been quite regular previously, the

change in feeling and appearance of breasts and abdomen, after she supposed herself three months pregnant, and the offensive vaginal discharge.

Dr. Davidson read the report of the meeting of Council, after the adoption of which adjournment took place.

### ONTARIO MEDICAL COUNCIL MEETING.

The annual meeting of the council commenced Tuesday, June 12th.

The proceedings were opened by Dr. Pyne, registrar, who called for nominations for the office of president for the ensuing year.

Dr. Spragge, of Toronto, was nominated by Dr. McCammon, seconded by Dr. McCargow.

Dr. Logan, of Ottawa, was nominated by Dr. Bray, seconded by Dr. Edwards.

A vote was taken and Dr. Logan declared elected by the following division:—

Yea—Drs. Allison, Bray, Campbell, Day, Douglas, Edwards, Fenwick, Geikie, Henderson, Husband, Lavell, Logan, Rosebrugh, Spragge, Vernon, J. W. Wright—16.

Nay—Drs. Buchan, Burritt, Burns, Cranston, McCammon, McCargow, H. H. Wright—7

The following officers were elected without opposition:—Vice-President, Dr. Day; Registrar, Dr. Pyne; Treasurer, Dr. Aikins.

Standing committees were then appointed as follows:—

Registration—Drs. Rosebrugh, Bergin, J. W. Wright, Vernon, Fenwick, and Grant.

Rules and Regulations—Drs. Spragge, Rosebrugh, J. W. Wright, Grant, and Campbell.

Finance—Drs. Edwards, Allison, McCargow, Day, Henderson, and Douglas.

Printing—Drs. McCammon, Day, Vernon, Burritt, and Campbell.

Education.—Drs. Lavell, Geikie, McCammon, H. H. Wright, Edwards, Burritt, Husband, Spragge, Williams, Burns, and Cranston.

Dr. Bray the retiring President, then gave a history of the business of the past year, and then offered some suggestions to the Council. He believed that so long as the schools accepted the matriculation of a student any time before graduating the Council should do the same, provided the four-year course had been complied with. The profession in Ontario, should agitate for

a uniform bill for all the provinces whereby the standard would be the same, so that a man having passed the Council of one province could register in another by merely paying the fee. He suggested also that the examinations should be still more practical, which could best be done by having the examiners competent men, and appointed for five instead of two years.

A mass of communications and petitions were read, and referred to their respective committees.

The Finance Committee reported that the Council property on the corner of Bay and Richmond streets had been valued at \$14,951, and was now offered for sale.

Wednesday, June 13th.

Dr. Edwards, seconded by Dr. Fenwick, gave notice of a motion requiring final candidates to present complete clinical reports of 10 Medical and 10 Surgical cases.

Dr. H. H. Wright gave notice of a motion to make the Summer Session compulsory.

Both were referred to the Education Committee at afternoon session.

Dr. Edwards moved, seconded by Dr. Vernon, "That a public prosecutor be appointed for this Council. Lost.

### TREASURER'S REPORT.

Dr. Aikins, treasurer, read his report for the year ending June 13th inst., which showed the following:—

#### RECEIPTS.

Examination fees—Primary, \$1,500; final, \$1.075; primary and final, \$570.....	\$3,145 00
Fees from registration of pupils and practitioners .....	1,642 00
Assessment fees.....	791 00
Rent of hall.....	25 00
Fines on unlicensed practitioners.....	255 00
Balance on hand, June, 1882.....	1,568 00
	\$7,426 00

The principal items in the expenditure were:—Council meeting of 1882, \$1,186.00; accounts paid, \$480.05; Board of Examiners, April, 1883, \$1,191; salaries—Registrar, \$1,000; treasurer, \$250; porter, \$200; interest on mortgage, \$390. After the expenditures for the year were deducted, there would be a balance in hand of \$2,163.98. About \$5,000 were due from unpaid assessments. The balance in hand was not sufficient to pay for the expenses of the present session and accounts due. For some years past no payments had been made on the hall. In order to meet prospective outlay it was necessary that steps be taken to

enforce the payment of all outstanding assessment fees. A great saving would be effected if the Council could get through its session in three instead of four days as usual. If the examiners on final subjects were paid according to the number of their papers a considerable saving would be effected, and the number of examiners might be reduced. Annual examinations would increase the fees, as from various causes many students dropped out before the time for the primary examinations arrived.

The report was referred to the Finance Committee.

Thursday, June 14th.

After routine a discussion arose on the matter of needed amendments to the Medical Act.

Dr. Allison moved that the Committee on Legislation appointed last year be re-appointed with instructions to consider and draft such amendments as were necessary to the Act, and report at the meeting of the Council next year.

The motion was seconded by Dr. Bergin, and adopted.

REPORTS OF COMMITTEES.

Dr. Edwards read the report of the Finance Committee. It was recommended that more stringent measures should be taken to collect outstanding dues. The assets and liabilities are as follows:—

ASSETS.	
Cash in bank.....	\$2,163 98
Building and grounds.....	18,000 00
Annual dues uncollected .....	5,318 00
	\$25,481 98
LIABILITIES.	
Mortgage on property.....	\$6,000 00
Expenses of present Council....	1,300 00
Accounts unpaid .....	861 81
	\$8,161 81
Balance in favour of Council .....	\$17,320 17

The report was adopted.

REGISTRATION COMMITTEE.

Dr. Rosebrugh read the report of the Registration Committee, which was adopted.

EDUCATIONAL COMMITTEE.

Dr. Lavell read the report of the Committee on Education, which was adopted. It was recommended that no action be taken on the suggestions of the retiring president. Dr. Edwards' resolution concerning the taking of cases was considered, and while the committee appreciated the importance

of the suggestions, recommended no action at present. Dr. Wright's resolution anent a summer session was considered, and the committee, while fully appreciating its desirability and the relief its establishment would afford to the excessive work of the winter courses, it was not deemed advisable to give it definite shape, but it was desirable to raise the question so as to call the attention of all interested to it. The following committee was recommended to review during the recess the curriculum of study endorsed by the Council:—Drs. Fenwick, Lavell, Macdonald, Bray, Bergin, Cranston, and Logan, the travelling expenses of the committee to be paid by the Council.

THE BOARD OF EXAMINERS

for 1883-84 is as follows:—Anatomy, descriptive, Dr. J. Fulton, Toronto; theory and practice of medicine and general pathology, Dr. A. S. Oliver, Kingston; midwifery, operative and other than operative, with puerperal and infantile diseases, Dr. B. E. Burdett, Belleville; physiology and histology, Dr. G. A. Tye, Chatham; surgery, operative and other than operative, Dr. W. Camiff, Toronto; chemistry, theoretical and practical and toxicology, Dr. M. Barrett, Toronto; materia medica, therapeutics, and botany, Dr. W. W. Dickson, Pembroke; medical jurisprudence and sanitary science, Dr. W. Nichol, Brantford; homeopathic examiner, Dr. Andrew Clark, Toronto; medical and surgical anatomy, Dr. Eccles, London.

A resolution of condolence, referring to the three former Members of the Council, Drs. Lynn, Morden, and Pyne, was carried.

The President, Vice-President, and Dr. Bray were appointed Executive Committee for coming year.

PRACTITIONERS IN ARREARS.

On motion of Dr. Bray, seconded by Dr. Wright, the registrar was ordered to address a circular to all practitioners in arrears to the effect that unless the amount due by them be paid within three months action at law will be taken.

AN ADDRESS TO VICEROYALTY.

On motion of Dr. Bergin, seconded by Dr. Vernon, a committee consisting of Drs. Wright, Lavell, Spragge, and the mover and seconder was appointed to draft an address to his Excellency the Governor-

General and the Princess Louise, to be presented at Quebec on the occasion of their departure from Canada.

After a vote of thanks to the president and some other formal motions the Council adjourned.

### Book Notices.

*Second Annual Announcement and Catalogue of the Woman's Medical College of Baltimore, 1883-4.*

*Weekly Health Bulletins and Meteorological Record.* By P. H. Bryce, M.A., M.D., Secretary, Ontario Board of Health.

*May Meteorology at Lansing, Weekly Meteorological Reports and Monthly Mortuary Report for the City of Lansing, and Weekly Health Bulletin for the State of Michigan.* Henry B. Baker, M.D., Secretary.

*Consultation Chart of the Eye Symptoms and Eye Complications of General Diseases,* arranged after Förster and others. By Henry G. Cornwell, M.D., Columbus, Ohio: H. C. McClelland & Co. Price, 25 cents.

*A System of Human Anatomy, including its Medical and Surgical Relations.* By Harrison Allen, M.D., Section IV.—Arteries, Veins and Lymphatics. Philadelphia: Henry C. Lea's Son & Co., 1883.

Although a remarkably high degree of excellence has been manifested throughout the preceding parts of this work, Section IV. surpasses them all in beauty and artistic merit. The letterpress, too, continues to manifest that special regard for the applicability of anatomical facts to everyday work which constitutes one of the chief advantages of the present work, and commends it more highly to the consideration of the general practitioner than any other treatise on anatomy extant.

### Personal.

Dr. DOLSEN (Toronto, '83) has gone to England.

Dr. J. C. MELDRUM (Toronto, '83) has settled in Princeton.

Dr. S. R. ROGERS (Toronto, '82) is practising in Walkerton.

Dr. H. S. CLERKE (Toronto, '83) is practising in Brooklin, Ont.

Dr. CLELAND (Toronto, '82) has commenced practice on Yonge street, Toronto.

W. OSLER, M.D., was elected a Fellow of the Royal College of Physicians, on May 17th.

Dr. W. H. ATKINS (Toronto, '81) has returned from Vienna, and is now at his father's residence, Winnipeg.

Dr. GRASSETT, of Toronto, was married June 14th, to Miss Todd, daughter of J. Thornton Todd, Esq., of Toronto.

Dr. FRANK KRAUSS (gold medallist, Trinity University, '83) has commenced practice in Toronto at 35 Elm street.

Prof. ELLERSLIE WALLACE has resigned the Chair of Obstetrics, etc., in Jefferson Medical College, on account of ill-health.

REUBEN LEVI, M.D., McGill College, and Herbert Mickle, M.B., Toronto, on the 17th May, were admitted members of the Royal College of Surgeons.

R. J. BLISS HOWARD, McGill College, on the 21st May, successfully passed the primary examination for the Fellowship of the Royal College of Surgeons.

Dr. ROBERT F. WEIR was elected President, and Dr. DANA, Secretary of the Practitioner's Society of New York, at the annual meeting in June.

Dr. W. J. ROBINSON (Toronto School, '83, and double gold medallist, Toronto University) was married, June 14th, to Miss Orton, daughter of the late Dr. Orton, of Ancaster. Dr. Robinson is now engaged in practice at Ancaster.

Dr. Jas. B. Hunter, the distinguished gynecologist of New York, was in town for a day or two in June. He reports signal success in the work of the N. Y. Polyclinic for this its first year of existence, there having been very full classes and a superabundance of material.

ROBERT DRUIT, M.D., F.R.C.P., F.R.C.S., author of the Surgeon's *Vade Mecum*, which he wrote at 21 years of age, and which for many years was, perhaps, the most popular Manual with students, died in London on the 15th of May, aged 68 years. He was Editor of the *Medical Times and Gazette* for ten years.

HOLMES ON RICORD.—“I think life has not yet done with the vivacious Ricord, whom I remember calling the Voltaire of pelvic literature—a skeptic as to the morality of the race in general, who would have submitted Diana to treatment with his mineral specifics, and ordered a course



of blue pills for the vestal virgins."—*N. Y. Record*.

PETER BRENDON, F.R.C.S., who recently died at the age of 85, was one of the oldest members of the Royal College of Surgeons, having received his diploma in 1817. He was prosector to Abernethy at St. Bartholomew's. C. R. J. Allatt, M.D., F.R.C.P., who died recently at the age of 89, was the oldest Fellow of the Royal College of Physicians. His Fellowship dated from 1828.

### Miscellaneous.

ACCORDING to *N. Y. Record*, Dr. DaCosta says:—Gynæcologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable.

MARWOOD'S DROPS.—Mr. Marwood, the London hangman, being asked by a neighbour what was a good remedy for a troublesome cough, is reported to have replied that his "Marwood's Drops" had never yet been known to fail.

It results from the researches of Mr. Aubert (*Lyon Med.*) that the virus of the simple chancre is completely annihilated by heating practised for an hour only between 42 and 43 degrees (C.). These results permit the application of heating to the tissues bearers of the chancreoid lesions.

THE AFTERBIRTH MISTAKEN FOR INTESTINES AND RETURNED.—A correspondent from the Sandwich Islands, sends us the following:—"Some of the statements about obstetrics in the Sandwich Islands made in *The Record* are not quite true, but the following is what took place here:—An Englishman's donkey had a colt, the first the man had ever seen born. When the after-birth came he thought it was the bowels, and so he and two other white men took a stick and pushed it back. This they did three times and at last, out of pity, they shot the donkey. The man said,—"I did not like to see the animal suffer for want of bowels."—*Medical Record*.—*Northwestern Lancet*.

FORDYCE BARKER'S TRIBUTE TO YOUNG MEN.—My own experience has been that from this class I learn the most; it is from them that I get the most useful knowledge

and the most valuable suggestions. I hold it to be one of the great missions of this Academy to bring out and develop, by its library and its scientific work, the young men who are to take care of its interest and give the stamp of character to the Academy and the medical profession of this city in the future. I do not hesitate to express the belief, based on a rather extensive acquaintance with the profession in other cities and other countries, that the number of young men of bright intellects, of noble zeal, who have had the largest opportunities at home and abroad for a thorough and complete education, which have been most conscientiously improved, is greater than has ever before been aggregated in any city in any age of the world, and that twenty years hence New York will have a galaxy of distinguished men who will give the medical profession such prominence with the public and with the profession elsewhere as has never before been attained.—*N. Y. Med. Jour.*

HYDRAULIC method of overcoming urethral stricture. M. Gauron in some nearly impassable strictures by means of a funnel, a yard of rubber tubing and an elastic catheter, with hot water, succeeds in getting a sound into the bladder. The implements being joined together and filled with hot water, the patient lying in bed, and the funnel raised about a yard above the mattress, the oiled catheter is passed as far as the seat of the stricture. The penis is lightly compressed in order to prevent regurgitation of the water, and the sound held in contact with the stricture. Hot water is poured into the funnel, and the column of liquid is maintained to press upon the stricture for three-quarters or an hour. When withdrawing the sound leave the urethra full of water, then immediately endeavour to pass an ordinary sound. In most cases it will pass at once, and may be left.

### Married.

LESSLIE—BALDWIN.—On the 6th June, at All Saints' Church, Toronto, by the Rev. Arthur Baldwin, M.A., Dr. J. W. Lesslie to Agatha D., daughter of W. Wilcocks Baldwin, Esq., all of Toronto.

### Birth.

BEEMER. On May 31st, the wife of Dr. Beemer, first Assistant Physician, Asylum for the Insane, London, of a daughter.