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## Correspondence.

(By our own Correspondent.)

EDITOR OF CAN. MED. RECORD.

DEAR SIR:—

Perhaps a few words about the long talked of and well arranged Pan-American Medical Congress may prove of interest to those of your readers who were not able to have the pleasure of being present. The Congress was opened by an address of welcome from and a reception at the White House by the President of the United States on the 5th of September. This was followed by five minutes speeches in reply by representative doctors of Canada, the Argentine Republic, British West Indies, Chili, Costa Rica, the Dominican Republic, Ecuador and Venezuela, most of the latter speaking in French or Spanish. In the afternoon the twenty-one sections got down to work, the best attended ones being that of Gynæcology, and next to that Obstetrics. The section on General Surgery was complaining about the other special sections taking away from it most of the

interesting questions for discussion. Among the members from Canada were Drs. Roddick, Gardner and Laphorn Smith of Montreal, Montizambert of Quebec, McCallum of Toronto, and several others, who all received the most cordial attention. In the evening of the first day there was a splendid reception and champagne supper; on the second evening, a promenade concert at Metzereit's hall, when the celebrated Washington Marine Band rendered some fine music. On the third evening there was an excursion provided for on a large steamer down the historic Potomac, with music and refreshments, returning to the city at ten o'clock. On Friday, at the close of the section work, a special train of ten Pullman cars was furnished by the United States Government to convey the foreign members and guests of the Congress to Chicago via Baltimore, Philadelphia, New York, Boston, Albany, Saratoga, Niagara Falls, Detroit, Cincinnati and St. Louis, at which cities entertainments will be provided, the trip terminating on the 19th Sept at Chicago. This is mentioned merely to give one an idea of the liberality with which the United States do these things. It will certainly

interest our brethren from the Southern hemisphere to see such wonderful evidences of progress both in medical and every other art and science. Dr. Osler, formerly of Montreal, was on hand to extend a hearty welcome to his former countrymen, both at Washington and also at Johns Hopkins Hospital. At the latter city Dr. Howard Kelly received a large number, and gave a demonstration of catheterizing the ureters, which he performed with wonderful dexterity in less than a minute, and a coeliotomy performed with minute attention to details.

On the evening of the 6th Sept., previous to the concert, Dr. Pepper delivered in a beautiful, almost dramatic, style an address which should have been read at the opening meeting. However, a more cosmopolitan audience was probably secured by this course, for the delegates to the Congress were present in force, and in addition a number of non-professionals who could not have been present on the former occasion. Therefore, the address, which was an exposition of the purposes and scope of the Congress, reached the ears of a very much larger constituency, and will redound to the credit of the movement among many people to whom the ordinary proceedings are Greek.

The handsome and spacious hall was taxed almost to the utmost of its seating capacity when President Pepper commenced. He was accompanied to the front by several of the honorary presidents and distinguished delegates, while Dr. S. S. Adams performed the almost needless ceremony of introducing the speaker to the audience. Loud applause greeted Dr. Pepper as he stepped forward, and was equally vigorous at the close of his discourse when he was called back for a few additional remarks. He spoke in part as follows:—

Gentlemen of the First Pan-American Medical Congress:

This occasion is a unique one, and the thoughts which force themselves on the minds of all of us are, I am convinced, so similar that the briefest greeting might well seem the most fitting address. But when I reflect that I stand here to represent the original committee appointed in pursuance of the resolution which was adopted unanimously on May 5, 1891, at the meeting of the American Medical Association, and that this resolution extended a cordial

invitation to the medical profession of the western hemisphere to assemble here in a congress, I realize the unusual dignity of the duty I must discharge. The recognition of the appropriateness of this great meeting has been immediate and universal.

The year whose four hundredth anniversary we now celebrate found the world stirred as never before. A work of tremendous importance for the future of the human race had been going on amid the gloom of what are often called the Dark Ages. The more closely this period of absorbing interest is studied the more do we appreciate the magnitude and the necessity of the changes effected during those centuries in preparation for the splendid activities of the renaissance. The mission of the Middle Ages had been really, though not obviously, a cosmopolitan one, and it was fitting that the noblest achievement of the renaissance should be the discovery of America.

In no respect, however, may the discovery of America be regarded as the dividing line between the Middle Ages and the Modern Era more truly than in regard to medical science. In spite of the prodigious learning of the most distinguished Arabian and Jewish physicians their medical science was far too largely speculative and philosophic. But the outcome of the long dominion of the Arabs and the Moors so far as concerns medical science, was merely a marked advance in chemistry and pharmacy, the introduction of many new remedies, and the advocacy of the union of the natural sciences with medicine. Their chemistry was tintured strongly with alchemy, their clinical teaching was elementary, their diagnosis and treatment lacked the true Hippocratic force and directness.

The history of European medicine for more than 300 years is a record of which we may well be proud, when the enormous obstacles to progress are held in view. It is not necessary to remind this audience of a single one of its great triumphs. Vesalius and Pare, Harvey and Sydenham, connect themselves with Bichat and Laennec, and Hunter and Jenner, and Pasteur and Lister, and Virchow and Koch, and the torch of genius is passed down the line of these immortals, and lights up the ages with the splendor of their achievements. But it is sad to reflect upon what has been done

as contrasted with what might have been. The dense ignorance of rulers and masses on scientific questions, the slow progress of sound, useful education among the people, the huge claims of imperialism and of militarism, the wanton waste of luxury, have retarded research, have left but paltry sums available for the diffusion of knowledge, have hindered the embodiment in legislation and in actuality of much that would help the healing of the nations.

In North America, although Harvard College was founded in 1636, the title of university seems to have first been applied to the University of Pennsylvania, which in 1765 established the first school of medicine in the United States. The scattered handfuls of early settlers on our shores had, indeed, problems facing them more urgent than the promotion of science. They differed as widely in their motives for undertaking the appalling task of conquering and colonizing America, and in their fitness for the work, as they did in their nationalities.

Here was a new and great intermixture of races, where new problems of ethnology must be studied and the problems concerning the relation of man to his physical environments.

There is much of this work yet to do, and a large share of it must devolve upon the medical profession.

I cannot detain you by enumerating the services already rendered by America to medical science. They began immediately after the discovery by important contributions to pharmacology.

This Congress meets at a period of peculiar and critical interest in medical education, and I am glad to say that for the first time in the medical history of the United States we may feel proud to have such a meeting convened here, and to invite a close examination of our educational standards and facilities. I should fail in courtesy and in candor alike were I not to acknowledge the value of the example which has been so consistently set by Latin America and by Canada in the maintenance of a high standard of qualifications for medical practitioners.

Fifteen years ago the medical profession of the United States arraigned severely the management of their over numerous medical schools.

There have been many wholesome reforms since that time, and much beneficial legislation to rectify those shortcomings, and it has been done without governmental aid. This has been with a high sense of duty and devotion to science on the part of medical faculties.

A broad field opens before us for the study, with the aid of collective investigation, of the distribution and course of phthisis and rheumatism and other important diseases as influenced by race and locality. The endemic fevers, other than malarial and typhoid and yellow fever, which are said to prevail in various parts of North and South America, have long demanded systematic investigation to complete the study which the illustrious Drake began. We shall now have the opportunity of studying equally, by means of selective investigation, the relative effects of various climates on the numerous races now represented in America, and of determining more accurately the scientific and practical questions connected with our extensive series of health resorts, which embrace the finest examples of every type.

After the close of the address, and while the floor was being cleared, many persons came forward to meet Dr. Pepper and congratulate him on his splendid effort. The Marine Band then took possession of the stage, and while the guests strolled about and engaged in social converse, rendered a musical programme.

Among the many papers read in the sections, brief abstracts have been made, and they will be sent for publication in the CANADA MEDICAL RECORD, in due time.

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## Society Proceedings.

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### THE MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, March 3rd, 1893.*

E. P. LACHAPPELLE, M.D., FIRST VICE-PRESIDENT, IN THE CHAIR.

*Cor Bovinum; Cardiac Failure; Myocarditis; Infarct of Posterior Coronary; Sudden Death.*—Dr. ADAMI brought before the Society a case of heart disease presenting certain unusual conditions.

The patient, A. H., aged 35 years, a powerfully built man, had been engaged at a brewery, and had been accustomed to lift and carry about

casks of great weight, and at the same time, after the manner of his kind, to consume large quantities of beer—for the last three years he had taken from five to eight quarts daily. In October, 1892, previous to which time he had enjoyed excellent health, he was seized with dyspnoea when at work, succeeded by palpitation and great weakness. He stopped off work for a week, and, on resuming, the symptoms had disappeared completely. About December 15th, again while at work, a similar sudden attack of dyspnoea came on, and again he was obliged to discontinue. For two days he had almost continuous dyspnoea, and then palpitation and prostration supervened, with some oedema of the lower extremities, and he was forced to remain in bed. There he remained until January 26th, when feeling somewhat stronger he got up for the first time and walked to the General Hospital, where he was admitted under Dr. Stewart. There was a good family history, and the personal history revealed no previous rheumatism, syphilis, chorea or other disease predisposing to cardiac lesions. There was no complaint of palpitation while the patient was in the hospital; the pulse varied from 68 to 100, and was irregular in volume and in rhythm; the arteries were thickened and not easily compressed. The apex beat was in the sixth interspace  $5\frac{3}{4}$  inches from midsternum, and the vertical dullness began at the lower border of the third rib, the transverse began at the right edge of the sternum and extended  $6\frac{3}{4}$  inches to the left. There were no murmurs to be heard. The urine contained no albumen on admission, but before death was loaded with it.

A diagnosis of myocarditis was made, and the patient appeared to be improving slowly for a time, but for two weeks before death the dyspnoea became more severe and more frequent, finally becoming Cheyne-Stokes in character, and upon the morning of February 24th the patient died suddenly.

At the autopsy performed upon the following day there was found some anasarca of the lower extremities and slight oedema below the eyes. The lungs were greatly congested and oedematous, so that they only just floated; there were, as so frequently is the case in Montreal, evidences of old pleurisy. The liver was enlarged, fatty and congested; the mucous membrane of the stomach was also moderately congested; there were evidences of old peritonitis in the shape of adhesions. The kidneys were congested, the cortex enlarged and fatty, the capsules peeled off with some difficulty, and the surface of the organs showed well-marked granular change; in both kidneys were several white infarcts surrounded by inflammatory zones.

The heart, however, showed the greatest departure from the normal. Upon opening the thorax it could be seen to be of great size. The apex lay  $\frac{3}{4}$  inch outside the left nipple line and

2 inches below; the left lung was pushed upwards and outwards. The pericardial cavity contained more than 250 c.c. of fluid, having a very faintly reddish tinge, but there was no recognizable sign of recent pericarditis, though there was a slight old and loose adhesion close to the apex of the left ventricle. All the cavities were greatly dilated, those of the right side contained fairly solid clot, those of the left a softer, more tarry, coagulum. The heart weighed 690 grm., or just about three times the normal. It was a true "cor bovinum." There was no acute and but little evidence of chronic valvular disease. The pulmonary orifice measured 8.4 centimetres in circumference, the aortic 7.5, and just above the orifice there was a little early fatty degeneration of the intima of the aorta; the segments of both pulmonary and aortic valves were normal. The tricuspid orifice admitted the tips of four fingers, the mitral those of three; and in connection with this last valve the papillary muscles were greatly hypertrophied, the chordæ somewhat short and thick, as were also the edges of the cusps. The endocardium of the ventricles presented no inflammatory change recognizable by the naked eye. The walls of all the cavities were hypertrophied; at the junction of the upper and middle third the myocardium of the left ventricle was 2.3 cm. across. The muscle substance could not be described as other than firm, but here and there it was perhaps a little paler than normal. Upon dissecting up the coronaries no endarteritis was found, but in one branch of the right coronary passing over the hinder wall of the left ventricle, there was at the commencement of the lower third of the organ a red clot about half an inch long, and beneath this the myocardium was red and suffused with blood.

Unfortunately by mischance the heart and kidneys, having been taken from the post-mortem room to demonstrate to Dr. Stewart's clinic, did not reach the laboratory until twenty-four hours later, and then were in a condition far from satisfactory for study of finer details, so that I am unable to make any further statement than that the myocardium around the seat of the lesion of this coronary vessel was necrosed, and here and there were evidences of fatty degeneration in the heart muscle and that the fibres of the left ventricle were in general thin and smaller than normal. Some of the finer branches of the right coronary coursing on the surface of the left ventricle showed evidences of both acute and chronic endarteritis. There was no marked interstitial fibrosis, nor could any small celled infiltration be recognized.

This case, while presenting features which if relatively uncommon are capable of explanation, is beset with several difficulties. It is easy to find in the hæmorrhagic infarct of the left ventricle the cause of the sudden death. But what brought about the condition of this

branch of the coronary vessel? The endocardium of the left side of the heart showed no lesion; the lungs presented no septic foci, they were simply the congested lungs of heart failure. There is no origin to be found for any embolic mass which would at the same time explain the infarctous condition of the heart and the older infarcts of the kidneys, and this being the case I am led to hazard that both conditions originated *in situ*.

Turning for a moment to the general state of the heart, the hypertrophy, the great dilation and the cardiac weakness. Here, it seems to me, we have an interesting series of events which have led to the condition found at the autopsy. The patient had evidently been a most powerful man and had been accustomed to frequent great muscular exertion. This alone, as has repeatedly been seen in athletes, blacksmiths, and others engaged for long continued periods in progressively advancing feats of physical strength, will lead to great hypertrophy of the heart,—in fact, to the condition of “cor bovinum,” and the organ may continue to do its work perfectly well for long periods under the great strain to which it is regularly subjected, although the tendency is often seen to be towards eventual failure. In this case we have to deal with sudden failure, and the explanation is not far to seek. Great exertion alone at times suffices to bring on what Latham has termed “heart-shock,” in which it would seem that the condition of over-strain and using up of the reserve force of the organ is followed by incomplete power of the organ to perform its normal functions subsequently under normal conditions—it has become dilated, and cannot contract to the usual volume again, and with this there are all the signs of cardiac failure. But in a case like this before us, where the patient has been used to great exertion, something more, I think, has to be invoked to explain the suddenness of the failure, and that something is found in the excessive abuse of alcohol. As Professor Roy and I have shown experimentally, sudden or acute dilatation of the heart may be brought about by injecting alcohol into the venous circulation, and as Dr. Graham Steell first pointed out to me, this condition of acute alcohol dilatation has been recognized clinically for some years, although it is not yet mentioned in the text-books. Given these two factors, physical exertion and the consumption of unlimited beer, acute dilatation may be safely prophesied as waiting upon hypertrophy.

In this condition we have all the elements requisite to set up a vicious cycle. When the heart muscle is in so enfeebled a state that, even when the patient is at rest, it cannot contract with each systole sufficiently to return the ventricle to its capacity in health, then the arterial blood pressure becomes lowered, the coronary circulation is weakened, the heart muscle

fails to receive sufficient nutrition, it becomes further enfeebled—the heart becomes increasingly dilated. And it may be that in this case we have not to do with either infarct due to embolus or thrombus due to endocarditis of the coronary artery, though this latter is a not impossible explanation, but to rupture of the weakened vessel of a degenerated area at some moment of attempted increased cardiac exertion, and that to this rupture is due the infiltration of the muscle immediately surrounding the vessel, the coagulum that filled it, and the sudden death from disturbance of the functions of even a few fibres of the heart muscle. For here it would seem that, just as in Cohnheim's classical experiment, sudden death has been brought about by stoppage of the circulation through one small branch of the coronary artery.

Dr. ADAMI regretted that Dr. Stewart was not present to throw some light upon the clinical history of the case. Cases of myocarditis unaccompanied by pericarditis or endocarditis were very rare, and he was sorry that the condition of the organ prevented him from making an absolute statement as to whether there were clear signs of inflammation having preceded the degeneration met with in this specimen.

Dr. LAFLEUR had some knowledge of the case. The patient came to the out-door department, complaining of shortness of breath and palpitation, which had been going on for several weeks. He had been in the Hospital before with an attack of the same nature, and was discharged sufficiently relieved to return to his occupation. He described himself as drinking to excess, and engaged in an occupation that entailed very heavy lifts. At the time a diagnosis was made of probable myocarditis; it was made from the facts that there was dilatation and hypertrophy, without anything to attract attention to valvular lesions, no organic murmur, no history of antecedent disease which might have given rise to such a condition. The condition of the heart found at the post-mortem was particularly interesting; and he would like to ask Dr. Adami if the condition of commencing necrosis was strictly limited to the part about the supposed hæmorrhagic infarct, or whether it was generally spread throughout the muscular substance of the heart.

Dr. ADAMI, in answer to Dr. Lafleur, regretted to say that he could not be sure of the condition in various parts. While there was what might be partial necrosis in other parts of the heart, yet he could not arrive at an exact statement; and all that could be said was that the heart substance showed a certain amount of fatty change, a certain amount of degeneration.

*Excision of the Tongue.*—Dr. JAMES BELL brought before the Society a case upon whom he had recently operated for the removal of the tongue. The whole tongue was removed on

December 22nd by Whitehead's operation, which method consists in simply snipping the organ off with scissors. The patient was discharged on January 8th.

Dr. BELL related the history of another case, who, after operation, developed a mild pyæmia; and, although now fully recovered, was unfortunately not well enough to bring before the Society. An interesting feature, however, about this case was the mildness of the pyæmia. Twenty-four hours after operation he developed a slight swelling at the angle of the jaw, and later on swelling about the right trochanter.

Dr. ADAMI, exhibiting the specimens, said that both are well marked epithelioma. With regard to the second case, in addition to a perfectly typical epithelioma, it shows considerable infiltration and advancing condition into the surrounding muscle.

*Removal of Pus Tube and Ovary with Adherent Vermiform Appendix.*—Dr. LAPHORN SMITH reported the following case: Mrs. S., age 35, married twelve years, no children, one miscarriage a year after marriage, since which she has never been well. She has had five attacks of pelvic peritonitis, which confined her to bed for several weeks each time. Her present attack came on one week before admission, when Dr. Reddy was called in and treated her with salines, with considerable benefit.

She entered the Hospital on the 2nd February, the temperature then being only 100.4°, but it fell to normal after a few days of the same treatment, with the addition of hot douches. The principal symptom was pain in the right ovarian region of a sharp and burning nature, the same as she had always had with these attacks. During the past eleven years, every menstrual period has been followed by severe pain across the lower part of the abdomen, coming on only in the morning, but disappearing towards evening. She has suffered from constipation as long as she can remember, but she has never been troubled with her water, an analysis of which shows that it is normal.

By bi-manual palpation a hard swelling could be felt in the right inguinal region, which was firmly attached to the uterus about the region of the right cornu, and slightly movable with that organ. The induration extended all around the right half of the pelvis, but to a lesser degree, the whole of the swelling being very tender on pressure. The very hard mass was irregular in shape, consisting of several nodules, one of which was slightly fluctuating.

Diagnosis was made of pus tube and ovary matted together and bound down by old and recent pelvic peritonitis, the recurring attacks of which were probably due to leakage of pus from the tubes.

As no treatment would have been of any use unless it removed the source of the disease, namely, the pyo-salpinx, on the 25th

February I performed coeliotomy, assisted by Drs. England and Geo. T. Ross, the patient being placed in Trendelenburg's posture. After the usual rigorous antiseptic precautions, the abdomen was opened by a four inch incision. The omentum was found to be adherent to the abdominal wall as high as the level of the superior spines of the ilium, but it was peeled off without great difficulty. The omentum was so firmly adherent to the pus tube that it was impossible to detach it; it was therefore tied in two segments and then *en masse*, and cut off. Great difficulty was experienced in enucleating the inflammatory mass from its bed of old adhesions, the process involving the rupture of the abscess cavity. From this about an ounce of ichorous fluid escaped, as well as about four ounces of straw-colored liquid resembling urine, but which was found to have come from a portion of the peritoneal cavity walled off by adhesions. While enucleating, a portion of the mass broke off, and on withdrawing it I found adherent to it a long, thin, healthy-looking cord, which could be drawn six inches from the abdomen. This cord was cut and held temporarily with a Pean forceps, to be examined and dealt with later on. The main mass, consisting of the tube and ovary, were then dug out, bringing with it a portion of the uterine peritoneum. The above mentioned cord-like tube was then carefully examined; it was found to be round, perfectly cylindrical, that is to say, the same diameter at both ends, its interior lined with mucous membrane, but without any peritoneal covering. As it is quite common to find the vermiform appendix adherent to the right uterine appendages, I at once declared this to be the appendix, but on drawing firmly upon it, instead of being able to trace it towards the cæcum in the right inguinal region, it led directly up towards the right kidney, disappearing underneath the intestine, which was matted together. Some of the onlookers were convinced that this was the ureter. In order to make sure that the bladder had not been torn, it was tested by the injection into it of a half-pint of boiled water, which did not come through into the abdomen, and which, on the contrary, flowed out of the natural channel unstained. The left tube and ovary appeared healthy, and were not removed. While examining them, several large lumps the size of pigeons' eggs were felt on the anterior wall of the rectum, beneath the peritoneum. One of them was lifted up to the incision, and inspected, when it was seen to be yellow in color, resembling very much an enlarged cancerous lymphatic gland. The enlargement may, however, have been benign, and merely due to infection from the pus tube, although I have never seen anything like them before in this situation. The abdominal cavity was carefully washed out with four or five gallons of sterilized water, as hot as could be borne,

which was paddled about among the intestines until it returned quite clean. The question now arose as to what was to be done with the cord which I believed to be appendix, but which was thought by several to be ureter. The patient was apparently in extremis, so that very little time could be spared in dealing with it. In case that it might possibly be the ureter, I thought the safest thing to do was to attach it to the lower angle of the incision, where, if it were the appendix, being healthy, it could do no harm, while if it should prove to be ureter it would avoid the destruction of the kidney by hydronephrosis. This was therefore done, and the abdomen was hastily closed with through and through silkworm gut sutures. When placed in bed her prospects were not encouraging, but she soon rallied under enemata of beef tea and brandy. There was considerable abdominal distension, but this was relieved by repeated enemata of sulphate of magnesia and glycerine.

During the first twenty-four hours, nothing whatever was given by the mouth; during the second twenty-four hours, only a few teaspoonfuls of hot water; during the third twenty-four hours, she was allowed two quarts of hot water; and during the fourth twenty-four hours, three pints of milk and lime water, and so on in increasing quantities. The drainage tube was removed at the end of the third day. The further history of the case was uneventful. I show here the chart of the temperature, pulse and respiration. The highest temperature recorded was  $99.45^{\circ}$ , and the highest pulse 99, both on the fourth day.

The pleasure of seeing this patient making such a good recovery after so severe an operation compensates me for the anxiety I felt in the presence of so much doubt, caused by the unusual length and direction of the appendix. If I had been sure that this cord was the appendix, and if the patient's condition had warranted me in prolonging the operation, I would probably have removed it; but the leaving of the rest of the appendix which was healthy has not in any way interfered with the result of the operation, which effected its purpose, namely, the removal of neglected pus tube and ovary, which had long been a menace to the patient's life and a barrier to her comfort.

The specimen was referred to Dr. Adami for a report upon its nature.

*Two Cases of Appendicitis.*—Dr. BELL showed two specimens which he had removed during the last ten days. One of these in itself answers a good many of Dr. Laphorn Smith's questions. The largest part is the apex, and the smallest that nearest the cæcum. The apex was near the liver; and as he pulled it out he thought that he was pulling something wonderfully long. It was near the apex that it was diseased, so he was not particular about remov-

ing it close to the cæcum. It was removed for recurrent attacks of appendicitis. The first attack was one year ago last January, another attack in November last, and a series of attacks since then, never fully recovering from any of them and lasting until Wednesday week, when he was operated upon. It was clearly one of those cases of catarrhal appendicitis. The patient at first declined operation, and it was not urged. He went away, but being unable to work returned with a sausage-like mass in the line of the ascending colon. There was no pus, nothing but adhesions, which made it difficult to separate the swollen point of the appendix.

The other specimen was removed last night at 10 o'clock. It shows a gangrenous appendix. It is one of the earliest operations he had any knowledge of. The patient went to his work on Wednesday morning; some time during the morning was attacked with a pain in his side, but worked all day. He sent for a doctor during the night, and was operated upon before 10 p.m. the following night—within 36 hours from the time of his first symptoms, and 24 hours after leaving his work. The middle portion of the appendix was quite gangrenous, but there was no pus about it, it was the separation of the adhesion that caused the gangrenous portion to give way. It lay curled up behind the ascending colon and was gangrenous in its middle portion. No concretions were found.

Both patients are doing well, but the patient from whom the first was removed contracted a pneumonia, from which he has recovered.

Dr. J. ALEX. HURCHISON said that he had assisted Dr. Armstrong in an operation for appendicitis, that was almost, if not quite, as early as Dr. Bell's second case. The first symptoms were on a Friday morning, and the operation was performed on Sunday at 7 a.m. A gangrenous section was removed, and the man died three hours afterwards.

*Rapidly Growing Ovarian Cyst.*—Dr. WM. GARDNER gave the following history: The patient, a woman between 40 and 50 years, some time past the menopause, had suffered from enlargement of the abdomen and pain for a year or so. The peritoneal cavity obviously contained fluid. The hand easily detected a very movable firm tumor, easily recognizable as independent of the uterus. At the operation, peritoneal fluid escaped, and the tumor was delivered with very little difficulty. The interest of the case is that it is a multilocular growth, of the nature of which Dr. Adami will tell us. It was at once obvious that the large anterior cyst had ruptured, and the fluid had escaped into the abdominal cavity. There was an attempt to repair on the part of the cyst, and parts of the edges were atheromatous. There was also a patch of adventitious membrane around

this region. What excited his suspicion was the fact, which was insisted upon by the patient, of frequent variations in the size of the abdomen. The course of recovery was perfectly smooth.

Dr. ADAMI briefly described the tumor as a rapidly growing ovarian cyst. It varied in its density in various regions. There is a large anterior cyst which had burst. Besides this there is one region that contains a large number of completely recognizable cysts lined by epithelium with mucoid contents, and another region in which there are much smaller cysts recognized by the microscope, and which is a much more solid portion. It is characteristic of the multilocular ovarian cyst in its various appearances. There is not much evidence of papillomatous growth into the cyst cavities.

*Masked Tuberculosis.*—Dr. W. S. MORROW read a paper on this subject.

#### DISCUSSION.

Dr. BLACKADER said that there was one fact that Dr. Morrow did not bring out, that is the association of anæmia with tuberculosis. This was pointed out in a very careful paper read last year by Dr. Richford at Cincinnati. In a great number of careful enquiries among a large number of children, characterized by pallor and anæmia, with lessening of the number of red blood corpuscles, he found that in the great majority this condition was associated with tuberculosis in the family. More than that, in a number of members of the same family quite a number might die of phthisis, yet one or two members of the family would be exposed all the time and they would not contract it, yet they were looking pallid, anæmic, with evidence of what one would suppose might constitute them fit subjects for the disease. How was this? How is it that they resisted the invasion of tuberculosis? It was suggested that there was a certain amount of tubercular condition of the internal glands which to a certain extent afforded immunity for the time being from tubercular affection in the pulmonary organs. How far this answer is correct is very uncertain, yet it appears worthy of consideration.

Dr. F. W. CAMPBELL said that he knew of no subject to-day so full of interest as tuberculosis. It is unfortunately an exceedingly common disease, and it is a good thing now that we have recognized the fact of its being a contagious disease. He pointed out that the great majority of tubercular people carry in their faces the signs of tuberculosis. Another point is the extraordinary prevalence of tuberculosis after accouchements. Those who have very large experience with life insurance will be able to appreciate this fact. When you get a history on a life insurance paper of one, two or more members having died in accouchement, an investigation will often reveal that these sudden deaths were due to tuberculosis, and this in spite

of the absence of any trace of tuberculosis in the family.

Dr. LAFLEUR was pleased that Dr. Morrow had mentioned the Ehrlich's reaction of the urine. There is a general impression that it refers solely to typhoid. It had been his experience that it is very apt to be found in tubercular cases. There is one other little point in the paraphernalia of diagnosis that might have been touched upon, viz., the examination of the blood. In these cases where there are chills it is extremely important to exclude malaria by an examination of the blood. In tuberculosis the examination will show one thing very constantly, viz., increase of the white corpuscles. This is said not to occur in typhoid fever, and therefore it might serve to separate a case from that disease.

Dr. WM. GARDNER said that his experience in abdominal surgery bears out to some extent the points mentioned by Dr. Morrow. When one has not much experience, and sometimes when one has a great deal of experience, he will open the abdomen for something else and find tuberculosis; with increased experience he would be more ready to suspect such a condition, and one should always have in mind the possibility of tuberculosis.

Dr. H. S. BIRKETT very frequently has cases referred to him where the only symptom is a slight cough, and where the physician in attendance is quite sure there is no sign in the chest to account for it; yet these cases often afterwards develop the physical signs of pulmonary tuberculosis. Such cases may often be diagnosed at the very outset by an examination of the throat. The pharynx viewed under a bright light, something brighter than sunlight, will be seen to be quite anæmic, and it is found from experience that this marked anæmia of the pharynx is often the only indication of an incipient phthisis.

Dr. J. B. MCCONNELL asked if Dr. Morrow had examined the intensity of the heart sounds as an indication of disease of the lungs. He has noticed that in cases where the lungs gave no clue to the cause of the trouble, an accentuation of the second pulmonary sound may be detected, and this should often lead us to suspect pulmonary tuberculosis where there were no other symptoms.

Dr. KIRKPATRICK related the history of a child eight years of age. There was a suppurating gland in the groin which was to have been scraped out. The operation was postponed for a few days. In the meantime, resolution set in and the abscess disappeared. Very shortly afterwards tubercular meningitis set in, and the child died in about two weeks. Probably had the abscess been dealt with antiseptically in the first instance, as was intended, the child's life might have been saved.

Dr. MORROW, in answer to Dr. McConnell, said that he had no record of the nature of the

pulmonary second sound in the cases he had reported.

*Report of the Committee on Infectious Diseases.*—Dr. J. C. CAMERON read the report. Continuing, he said that the course recommended by the Committee was, if the report was adopted, that a deputation wait on the Mayor, who is thoroughly with us in this matter, and he will introduce the deputation to the Council, and the report will be presented. After this it is proposed to print the report and publish it through all possible channels, in order that public opinion may be awakened to the importance of the subject.

Dr. LACHAPPELLE, before putting the question, desired to say that he quite agreed with every part of this report, and that as a sanitarian he was glad to see this Society so actively alive to the interests of the public health. He wished that all physicians were actuated by the same public spirit, especially as to the reporting of cases of contagious disease, and this, he regretted to say, is not always done. If the Provincial or any other Board of Health is to do anything, they must have the information, the physicians must report their cases. Of course there are some prejudices against the practice, but the physician who knows better should not pander to them at the public cost. Moreover, if everyone reported his cases, there would be no trouble; it would take but a very short time for the public to be reconciled to the inevitable, and everything would then run smoothly. So far as the appointment of a properly qualified person for bacteriological examination as an aid to diagnosis is concerned, he said that the Provincial Board of Health is fully aware of the importance of that step, and is willing and is now specially working to obtain from the Government the authority, the money, and especially the room for the establishment of such a laboratory. He said, further, that the Government seems very well disposed to do their duty in this respect.

The report was adopted, and the Vice-President requested the same committee to act as a deputation to the City Council.

*Stated Meeting, March 17th, 1893.*

JAMES STEWART, M.D., PRESIDENT, IN THE CHAIR.

E. C. Field, M.D., of Prescott, was elected an ordinary member.

*Dystocia due to Hydrocephalus*—Dr. D. J. EVANS read, for Dr. Schmidt and himself, the report of the case, and exhibited the specimen.

Mrs. B., aged 42, IX. para. General health has always been good. Married at 30 years of age. Previous pregnancies normal, with exception of last, which terminated in the seventh month. Labors easy. No abortions.

No specific history on either side. Husband somewhat addicted to alcohol. Very early in present pregnancy the patient assisted a friend at her confinement, and was much startled at seeing the head of the child born. She gives this as a possible cause of the condition of her child's head in this instance. Patient, as she approached term, noticed herself to be far larger than she had ever been before, but suffered very little inconvenience otherwise. Labor pains began about 7 p.m., March 10th, 1893. Her physician reached her at 7.30 p.m., and states he found her enormously distended. Pains were frequent and strong. Diagnosed breech presentation. Membranes ruptured about 9 p.m., and a tremendous quantity of water flowed away. The body of the child was born without difficulty about 10.30 p.m. The cord was pulsating, so the physician endeavored to disengage the head as quickly as possible. No pains being now present, *iii. tr. ergotæ* were given within an hour. He attempted to apply the forceps, but without success; so he summoned assistance. I reached the case about midnight, and found the child born all but the head. The dystocia had been diagnosed as due to hydrocephalus. This I was able to establish by external palpation, the fluctuating sutures and the edges of the parital bones being easily distinguished. With the concurrence of my colleagues I then adopted Tarnier's procedure. The vertebral canal of the child was opened in the dorsal region, and a No. 7 gum elastic catheter introduced through it into the cerebral cavity, and a large quantity of serum drained away. As soon as possible the head was drawn down and an opening made behind the left ear, which permitted a large quantity of fluid to rapidly escape, and the head was then easily delivered. The after-birth was expressed in about twenty minutes, without difficulty, and came away entire. A uterine douche of hot creoline solution (*ʒi. to Oj.*) was then given, and after the patient had been cleaned, a little *pulv. iodoform* was dusted over the vulva and a vulvar pad and a binder applied. On the fourth day the temperature was  $99.15^{\circ}$ , so a vaginal douch was given, which brought it back to normal, where it has remained since.

The measurements of the child's head are as follows:—

<i>Circumferences.</i> —	O.F.	66	c.m.
	O.B.	67.4	"
<i>Diameters.</i> —	B.P.	21.0	"
	O.F.	20.1	"
	Sub.	O.B.	19.8
<i>Length of Body.</i> —		67.4	"

Intra-uterine hydrocephalus is a very rare condition, occurring only once in 1000 cases. M<sup>rs</sup>. Lachapelle records only 1 in 43,555 births.

Hydrocephalus is due to the abnormal col-

lection of serum in the lateral ventricles, which latter may become enormously distended, causing the cranial bones to become thinned and softened and the sutures widely dilated. The condition has been attributed to syphilis, alcohol, cretinism and consanguinity. The mothers are, as a rule, past forty years of age. Hydramnios is frequent in these cases. The fœti are frequently the subjects of spina bifida and talipes equinus as well.

Spontaneous delivery only occurs in mild cases or where the fluid escapes into the subcutaneous tissue or into the pleural or peritoneal cavities of the child.

*Diagnosis.*—The diagnosis is not difficult in these cases, if abdominal palpation is carried out systematically. This is the second case I have been enabled to diagnose by this means. The first case I saw in the Clinic Baudelocque, under Pinard's care, in Paris. The large size of the head, the difficulty with which it can be pressed down into the pelvis where the latter is normal (Eindruckbarkeit, as the Germans call this procedure), the fluctuating sensation of the fontanelles and sutures, are all points to aid in diagnosis by palpation. In fat women, where this condition is suspected, the whole hand must be introduced into the uterus, if necessary, to complete the diagnosis.

*Prognosis—For the Child.*—Chassainat's records show that in 60 cases of hydrocephalus, 41 died before or during labor. Only 4 out of 19 born alive lived for several years. Paultet, after diligent search, failed to find the record of a single case that, having caused dystocia, lived. *For the Mother.*—The great danger is rupture of the uterus. Kieller, of Edinburgh, records that in 74 cases rupture occurred 16 times. Charpentier stated that 17.79 per cent. of these cases die from uterine tearing. Paultet records that in 106 cases 21 mothers died.

*Treatment.*—As soon as diagnosis is established and dystocia threatens, in vertex cases, perforate with a trocar and drain off the fluid. In breech cases, which occur frequently in this condition (one in every five cases), the proceeding I adopted in this case, which was first employed by Tarnier in 1860, recommends itself by its simplicity, its effectiveness and its lack of danger to the mother.

The forceps are more than useless in this condition, as a hold cannot be obtained, and they are very apt to injure the soft parts by slipping.

*A Case of Pernicious Anæmia.*—Dr. ADAMI read the history of the case, as follows:—It is far from my intention to-night to detail fully the various points of interest in connection with the case of pernicious anæmia that I bring before you now; but it is necessary that I should recount the broad outlines of the history of the disease in the patient and of the conditions found at the autopsy.

The patient, A. H. C., aged 52, was admitted into the General Hospital upon February 8th, 1893, under Dr. Stewart. In March, 1892, the patient noticed his increasing weakness. This was accompanied by numbness and tingling of the feet and slight swelling of the lower extremities. With this there was increasing pallor, and he entered the Montreal General Hospital in August of last year, the diagnosis then given being pernicious anæmia. However, during the five weeks of his stay the patient improved in health to such an extent that some doubt was felt as to the correctness of the diagnosis; but even upon leaving the Hospital, in September, the number of red corpuscles per cubic millimeter was only 2,365,000. The patient neglected treatment after his departure, and after a few weeks fell back again in health.

On re-admission, in February, the number of the red corpuscles had sunk to 700,000; the percentage of hæmoglobin had fallen to nothing like the same extent, there being an actual increase of 23 per cent. per corpuscle. The patient now was very prostrate, and the progressive asthenia ended in death upon Feb. 21st. There had never been any hæmorrhage or diarrhœa, and vomiting only occurred twice, and on both occasions after taking arsenic. There was a soft blowing systolic apex murmur; the heart sounds, however, were strong.

At the autopsy, which was performed a very few hours after death, the cardinal appearances of pernicious anæmia were made out. There was the typical canary color of the skin, and the persistence of subcutaneous fat in fair quantity, despite the extreme anæmia. The liver was rather enlarged, and of a more reddish or orange tinge than usual. The kidneys enlarged, pale and friable. The walls of the stomach were somewhat thinned and pale, while the bladder was distended, containing considerably over 500 cc. of dark, amber-colored urine. The pancreas was firm and normal. The stomach was free from any ulceration or malignant growth, and the only noticeable point with regard to the alimentary canal in general was its anæmic condition and the thinness of its walls, but the thinness was not extreme. The lungs were anæmic, but otherwise normal. There was an increase in reddish-purple bone marrow in the sternum and lower vertebræ. The condition of the heart was worthy of note. All the cavities were in a state of extreme dilatation. The right auricle was filled partly with a thin fluid blood and partly with a soft clot. From this cavity more than 300 cc. of the fluid blood was removed for future examination. The aortic and pulmonary valves were competent; the tricuspid and the mitral somewhat thickened at the edges, the latter the more so.

Portions of the spinal cord were removed, but are not as yet sufficiently hardened to be examined microscopically. This was done in view

of the recent observations that have been made regarding certain changes in the cord in connection with pernicious anæmia. Some blood taken from the heart was submitted to Dr. Ruttan for chemical analysis. In this case an analysis of the serum has been made for the first time in pernicious anæmia, and it is interesting to note that the proteids of the plasma have been altered in their relative proportions.

*Chemical Analysis of the Blood Serum, by Dr Ruttan.*—The clear almost colorless serum from this case of pernicious anæmia had a specific gravity of 1026.1, and carried only 5.2 per cent. of proteids by weight. These proteids consisted of 2.3 per cent. of globulins, precipitated by saturating with magnesium sulphate, and 2.9 per cent. of serum albumen proper. There was 0.875 per cent. of ash. It will thus be seen that not only are the total proteids reduced about 40 per cent. below the average normal quantity, but the normal ratio of the globulin to serum albumen is considerably altered. The ash is also about 20 per cent. above normal.

*Determination of the Iron contained in the Liver Tissue.*—The total quantity of iron found in the liver was 0.2423 per cent. by weight, calculated to the fresh undried tissue. This was found to be equivalent to about 0.72 per cent. to the dried tissue.

In connection with these analyses, I would point out the fact that we have here very evidently a considerable change in the blood serum going hand in hand with the change in the red corpuscles. If this case can be taken as typical (which certainly it was in its progress, although the distended condition of the heart at the autopsy was unusual), then we learn that in this disease the serum becomes much thinner, containing more than one-third less proteids, and that in this diminution of the proteid constituents the serum albumen sinks rather more than does the globulin, for in 100 parts of normal blood there are 8 or 9 parts of proteid, and of these 3 to 4 consist of globulins, the rest being serum albumen. With reference to the iron in the liver, I may say that normal dried liver tissue, freed from blood, contains about 0.1 per cent. of iron. Here we have seven times that amount. This is in keeping with the results of Quincke and others, who in advanced cases of this disease found 0.6 to 1.0 per cent. present.

Dr. BLACKADER wished to know if there is any record of the results of the microscopical examination of the blood during the patient's stay in the Hospital.

The PRESIDENT, in answer to Dr. Blackader, said that the usual changes had been present and observed. Arsenic had at first a marked beneficial effect. When admitted in August, a diagnosis of pernicious anæmia had been made from the man's appearance, examination

of blood, etc. He was put on arsenic, and in a few weeks his condition had so far improved that the diagnosis was doubted. He (Dr. Stewart) thought the man was well, and as such had him discharged from the Hospital. A few weeks afterwards he returned with undoubted symptoms of the disease again manifesting themselves, and there was little or no improvement following treatment on this second occasion. Still, the clinical symptoms on the first admission were quite as characteristic of pernicious anæmia as on the second. This shows that clinically there are no characteristic symptoms of the disease. The usual changes in the blood corpuscles which are described are not really characteristic, as they can be found in other conditions. In fact, it is doubtful whether there is any definite change in the blood which can be considered diagnostic of disease.

Dr. MILLS considered it fortunate that this case has been reported on chemically. From regarding, as we once did, the blood as the source of all evil, we have gone to the opposite extreme of attributing too little power to it as being the seat of disease. The plasma itself has been too long left out of account as a factor in the pathology of the blood, and yet it is very questionable if there is ever any very great modification of the cells without a corresponding modification in the plasma. The attention of clinicians is so drawn to the corpuscles that this part is neglected. He asked if there had been any microscopic examination made of the cells and tubules of the stomach, for in a discussion reported some time ago from Philadelphia, in regard to pernicious anæmia, some cases were cited in which the glandular portions of the stomach had actually atrophied, so that gastric digestion was necessarily very much interfered with.

Dr. SMITH wished to know if in this case there was very much enlargement of the spleen.

Dr. ELDER asked if evidence of malignant disease of the intestines had been present, would the case still be called one of pernicious anæmia? He further wished an explanation as to the quantity of blood found in the heart. Usually there is very little blood found in the heart after death from this disease, but in this case there seems to have been a good deal.

Dr. F. W. CAMPBELL asked what was the general condition of the arterial system, for narrowing is supposed to be one of the causes of this disease. Dr. GURD inquired if the unusually large amount of iron found in the liver in such cases had been proven to be due to the large destruction of corpuscles, or if it might not be due to the practice of administering iron in anæmia.

Dr. ADAMI, in reply, said that there was a certain amount of atrophy found on examination of the stomach tubes, but the change was a very slight one, nothing like that usually met

with. The spleen is never very much enlarged in pernicious anæmia. There are some cases in which the iron has been found to be increased in the spleen, but there is never that heaping up of it found in the liver.

The question of connection between pernicious anæmia and cancer is often a really difficult one to answer. The greatest authorities include a large number of cases of cancer in pernicious anæmia. Here comes the difficulty, whether we ought to speak of the cancerous cachexia as a pernicious anæmia? In the advanced cases of cancerous anæmia there can be hardly any distinction made between it and pernicious anæmia. Many cases of cancerous anæmia it is impossible to diagnose during life, and it is only in the post-mortem room that they can be recognized as other than the idiopathic pernicious anæmia. Perhaps this difference now found in the blood plasma may yet be of diagnostic importance in this respect.

With regard to the condition of the heart, this certainly is a remarkable case. There seemed to be a large amount of blood in the whole arterial system, not only in the heart, but in the thoracic and abdominal aortas. In fact, one has here the impression that there was present a certain amount of hydræmia. This is a remarkable point not generally observed, but one well worthy of notice. In this case, however, the autopsy was made a short time after death, whereas in other cases where the interval is longer it is conceivable that the heart might contract, and by so doing force the blood into the arterial system.

Lastly, as to the question of the cause of the accumulation of iron in the liver, it is generally accepted that this iron is derived from the breaking down of the blood corpuscles. In a very large number of these cases no iron has been given for months previous to death; no iron was given in this case. Also, it is found in experimental physiology that the administration of drugs which cause a destruction of corpuscles is followed by an increase in the amount of iron in the liver. From these and other similar considerations one is forced to the conclusion that this iron is derived from the breaking down of the red corpuscles.

*Specimen of Appendix.*—Dr. ADAMI stated that he had examined a section of the tube exhibited by Dr. Smith at the last meeting, and described the appearance of the section, which was seen to be that of appendix rather than ureter. He also cut a section of ureter, and had both present for comparison, when the different characteristics of each might be readily appreciated.

Dr. ENGLAND wished to make a few remarks on this most interesting case. The tube which Dr. Adami has examined and proved to be appendix was certainly a very peculiar appendix. At the time it looked very like the ureter ;

it was certainly a long ureter-like looking tube, six or seven inches in length, taking a direction upwards and to the right, apparently going beneath the liver. The other end of this tube disappeared into the mesentery in the midst of a lot of inflammatory tissue in which there were hard nodules. Now, the explanation simply lies in this, the part attached in the inflammatory mass must have been the proximal end of the tube, the distal end being attached in the higher region near the kidney. The tube also was a very small one to be appendix ; it certainly was not larger than a goose quill. Then the condition of the woman did not allow of much time for deliberation, there being some doubt as to whether she would leave the table alive. The bladder, however, was filled with water, to see if it appeared in the abdominal wound, which it did not do.

*Multilocular Ovarian Cyst.*—Dr. LAPHORN SMITH brought before the members a small multilocular cyst, which he had removed from a patient recently. It was sunk right down in the Douglas sac in the middle line, and consequently was excessively painful in coitus, defæcation and locomotion. The case had been under his observation for one month, and in that time the tumor had doubled in size, so probably had it gone on it would have become quite a large tumor in the course of time. There was a large cavity inside which was filled with a very thick glue-like material.

#### CANADIAN MEDICAL ASSOCIATION.

The twenty-sixth annual meeting of our national association will be held in London on Wednesday and Thursday, 20th and 21st of September. When selecting the place of meeting last year, it was thought well to decide on a Western city, and one also directly on the route to Chicago, so that members could readily attend the meeting when going to or coming from the World's Fair. A large attendance is anticipated, and an excellent programme is promised. The address on Surgery will be delivered by Dr. Hingston, of Montreal, and that on Medicine by Dr. McPhedran, of Toronto. Dr. Sheard, of this city, will fill the President's chair ; those who are acquainted with him know that he will preside with dignity and tact.

All members desirous of reading papers or presenting cases are requested to communicate with the secretary, Dr. Birkett, of Montreal—*Dom. Med. Monthly.*

## Progress of Medicine.

### MEDICAL TREATMENT OF HEMORRHOIDS.

Dr. Frank S. Parsons gives the following directions (*Med. Times and Register*): The medical treatment of hemorrhoids consists of palliative and curative measures. For it is possible to cure piles without the aid of surgical means. The palliative measures are directed to the relief of pain and controlling of hemorrhage, if any of importance occur.

External piles may be ameliorated by the use of topical applications of ice, opium, cocaine and other useful adjuvants calculated to reduce the cellular congestions and relieve the pain, and reduce the size of the tumor. Internal piles may be treated in a similar manner by suppositories and injections in which various drugs are employed.

A mixture of tannin and opium often controls the hemorrhage of internal piles and relieves tenesmus.

Curative medication should begin by ascertaining the cause of the varicose condition of the hemorrhoidal veins, and its removal, if possible.

This involves treatment of co-existing diseases which may be inclined to produce or aggravate the status of portal circulation.

Attention to the diet and regulation of the bowels is of prime importance.

The object of this paper is to call attention to the treatment and cure of piles by absolute rest in bed, with the hips elevated.

This method is so simple, easy of performance, and effective, that the results are often astonishing.

Naturally, most patients object to it, for the time required for the cure of that affection is often wearisome, and unless it is absolutely followed out, the patient is not fully relieved.

The patient should be placed in bed with a pillow under the hips, or the foot of the bed raised so that all downward pressure is taken from the pelvis. It is necessary to keep the patient two or more weeks in bed for effective cure. The diet should be semi-fluid and of easily digested substances.

The after-treatment should consist of such tonics as will favorably act on the muscular coats of the vessels.—*Med. Brief.*

## Progress of Surgery.

### TREATMENT OF LOSS OF SEXUAL POWER BY LIGATION OF VEINS.

The loss of sexual powers, says Dr. Alfred King (*Boston Medical and Surgical Journal*),

or rather deficient erections of the penis, render so many men miserable mentally and physically, that any new method of treatment, promising a radical cure, merits investigation and trial.

Three immediate causes of deficient erections may be specified: destruction of the erector muscles, loss of nerve power, and a change in the circulation. The first of these is so rare and so easily determined that it needs only a passing notice. The second cause, loss of nerve power, seems to me to have received more prominence than it deserves, as it is the basis on which almost all treatment is founded. While its force in many cases is undisputed, yet the frequent failure of treatment based upon it leads me to direct attention to the importance of the third cause, that is, a change in the circulation. This change takes place in the veins, especially those which do not pass beneath the pubic arch, or are not acted upon by the erector muscles. Repeated engorgement of the penis renders their caliber larger, and, consequently, there is a more rapid escape of blood through them. When, therefore, an erection takes place, it cannot be maintained, on account of the escape of blood through these channels. Thus we have the history of gradual shortening of the duration of erections, and, finally, scarcely none, if any, as these veins grow larger.

The remedy for such a condition, especially when far advanced, is not in the use of drugs, but may be brought about speedily and safely by the ligation of some of the larger of these veins.

The following case is given to illustrate this cause and its successful treatment:

Mr. M., aged thirty-five, a laborer of powerful physique, came to me about a year ago with the following history: For several years he had been losing the power of maintaining an erection; during the past year its duration had been so short that sexual intercourse had been rendered impossible. There was a loss of sexual desire and great mental depression. Excessive use or abuse was the cause of this condition.

I gave all possible encouragement to the patient; advised total abstinence from sexual intercourse, cold baths (especially to the spine and external genitals); prescribed bromides, cannabis indica, cantharides, damiana, phosphorus and salts containing it; pushed strychnine as far as it could be borne; gave various tonics; used electricity; and, in short, did everything which offered any hope of success, but all to no effect so far as producing any stronger erections was concerned.

Careful study of the case convinced me that the immediate cause of the trouble was a physical one, due to a leakage, as it were, or to a too rapid escape of blood from the penis when erected. I, therefore, determined to ligate a couple of the larger subcutaneous veins at the base of the penis, and watch the effect.

This was very easily done by the use of cocaine. A vein on each side of the penis was exposed, ligated in two places and severed between the ligatures. A dressing was lightly applied, and held in position by a strip of adhesive plaster placed longitudinally. The result was immediate. In less than five minutes after leaving my office he had an erection. That night he was awakened by a powerful erection, which made the bandage so painfully tight that he was obliged to jump out of bed on to the cold floor to subdue it. Primary union was prevented by the frequent erections, but the success of the operation was certain.

Two months later he reported himself well, mentally and physically, his sexual appetite had returned, and since the operation his power of maintaining erections had been as good as ever.—*Med. and Surg. Reporter.*

### SALOL IN CYSTITIS.

Arnold (*Therap. Monatsch.*, May, 1892) relates cases of acute and chronic catarrh of the bladder which have been much benefited by the use of salol in gramme doses in addition to the local treatment. Even tuberculous cystitis has been relieved by it. Arnold observes that salol makes the urine acid, and renders it ultimately almost clear and free from smell; that the drug is well borne, even when administered for some length of time, and that it is a useful adjunct to the treatment, especially when only weak antiseptic solutions can be tolerated by the bladder.—*Brit. Med. Jour.*

Inoculation against Asiatic cholera by Haffkine's method is now in use in the pathological laboratory of Cambridge University. The method gives effective protection in the case of such animals as guinea pigs and rabbits, and it is supposed that it has a similar effect on man. The inoculation causes very little inconvenience when applied to the human being, and appears to be without danger. It has been thought right to give to such as desire it, before going to the East or travelling on the Continent, the opportunity of availing themselves of this mode of protection without the necessity of proceeding to the "Institut Pasteur" in Paris for the purpose. Indeed, M. Pasteur has expressed his desire to inform English applicants, who now go to Paris to be inoculated by this method, that the protection can be equally well carried out in England as soon as arrangements have been made with this object. Two inoculations are required at an interval of five or six days.

**A DANGER TO SURGEONS.**—An interesting observation made by Prof. Albert on himself emphasizes the importance of caution on the surgeon's part in the use of poisonous antiseptics, especially corrosive sublimate solutions. At a

cent meeting of the Vienna Medical Society, a professor stated that for some time he had suffered from dyspepsia, for which no cause could be assigned by the physicians he had consulted. Lately the condition had become very troublesome, and the thought had occurred to him that the free and constant use of corrosive sublimate in his operations might have some share in the causation of the dyspepsia by reason of the absorption of small amounts of this drug. Accordingly he had his urine examined by Prof. Ludwig, the entire quantity passed during twenty-four hours being tested. The examination revealed the presence of iodide of mercury in quantities comparatively large, if the manner of absorption of the substance be considered. While Prof. Albert is not positive that his dyspepsia is due to chronic mercurial poisoning, he thinks the fact that his finger nails have lately become softer, and that he has lost three healthy teeth, seem to point in that direction.

It requires an ideal woman to make a good nurse. She must be intelligent and refined. She must have a strong will in order to control her refractory patients without friction. She must be able to hide any feeling of disgust with the most disagreeable case of illness. She must invariably be cheerful. She must command the respect of her patients and at the same time be sympathetic, and in addition to all this she must have a practical knowledge of cooking, of arranging a bed, of removing a patient's bandages, of the properties of medicine, their effect, and a thousand and one things that are only thought of as they come up in the practical work of a hospital ward. In addition to all this there is a theoretical training to be gone through.

**JOHNS HOPKINS SCHOOL OF MEDICINE.**—Members of the Faculty Announced from Baltimore—One goes from Chicago.—The trustees of the Johns Hopkins University have completed all arrangements for the establishment of the medical school next fall. The following appointments to the Faculty are announced: Dr. John J. Abel, of the University of Michigan, professor of Pharmacology; Dr. Franklin P. Mall, of the University of Chicago, professor of Anatomy; Dr. William H. Howell, of the Harvard Medical School, professor of Physiology; Dr. J. Whitridge Williams, of Baltimore, associate professor of Gynæcology; Dr. J. M. T. Finney of the Johns Hopkins Hospital, associate professor of Surgery. Four of the professors are graduates of the Hopkins. Already applications for admission to the new department are being received from young men and women in all parts of the country. A feature of the Hopkins Medical School will be the practical work afforded the students in the great hospital connected with it.

## Progress of Gynaecology.

### GONORRHOEA IN WOMEN.

Dr. Fred. Byron Robinson, in the *Medical Age*, sums up the treatment of this disease as follows:

1. Gonorrhœa may be cured if it be taken early enough so that the germs are not beyond the control of local application.

2. The microbes must be eradicated by germicides applied directly to the habitat of the gonococcus.

3. When gonorrhœa gets into the Fallopian tubes, it is an incurable disease except by extirpation of the appendages.

4. Probably the best internal remedy in gonorrhœa is the balsam of copaiba. The urine secreted while taking copaiba seems to act on the gonococcus and cripple its multiplication.

For a local remedy, Ag. No. 3 solution of 10 per cent. is probably one of the most effective, while at the same time it is not destructive to surrounding tissue.

## Progress of Obstetrics.

### PUERPERAL SEPSIS.

In an article on this subject, *Buffalo Medical and Surgical Reporter*, Dr. William Warren Potter offers the following conclusions:

1. Obstetric engagements once accepted should be faithfully fulfilled, no matter how awkwardly they fit. Apply the same rule of cleanliness to rich and poor alike. Decline service when this cannot be done. Human life is too precious to jeopardize it by slipshod, half-hearted, or indifferent service.

2. The physician should be a model of cleanliness in body and clothing, and should insist upon the observance of similar conditions by all persons in and about the lying-in chamber.

3. The delivery room, whether in hovel or palace, court, alley or avenue, should be simple in its furniture and hangings, and be cleaned with soap, water, and whitewash (if possible to use the latter) immediately before occupancy by the puerpera.

4. The delivery bed should consist of a new tick filled with sweet and clean straw, covered with a blanket, impervious dressing and a folded sheet, with other clean covering to be allowed, according to season. Exceptions to this simple bed should be as few as possible, and in no event should a bed be substituted that has been used by the sick, or that is not beyond even a suspicion of infection.

5. The patient should be specially prepared for delivery by baths and enemata, vaginal

douches, and clean clothing; and labor should be conducted on the lines of absolute cleanliness, with a few digital examinations and a complete delivery of the secundines.

6. Lesions of the genital tract should receive careful attention; rents of the perineum should be repaired, and so, too, in some instances should tears of the cervix.

7. Antiseptic solutions containing a germicide should be used for cleaning the hands and instruments of the operator. Intra-uterine irrigation with sterilized water should be carefully employed after operative midwifery, either manual or instrumental.

8. Finally, if sepsis proceed to suppuration and abscess, the abdomen should be opened, pus cavities emptied, irrigation used, and drainage established. If the uterus and adnexa become thoroughly infected, they should be extirpated.

### THE USE OF CHLOROFORM IN MIDWIFERY.

It would be interesting to learn what proportion of normal labor cases in this country are facilitated, and the pangs of the acme of the second stage mitigated, by the use of a small quantity of chloroform. It is safe to say that whether the practitioner has been taught in his student days to use it, or has been instructed on that other line, which has fully developed in it all the merits and demerits of conservatism, that Nature is the best midwife, and should be left to take her course, he will not use it more than once or twice in practice without being converted to its use in every case, normal or other, in which it is not specially contra-indicated. The safety of the procedure depends, as is now well known upon two points: first, that the pain at the end of the second stage is sufficiently controlled by far less anæsthesia than would be necessary for surgical purposes, less, too, than would be needed to stop either uterine contractions or even the contractions of the abdominal muscles. The second is that the intra-abdominal pressure, before evacuation of the uterus has occurred, is too great to make it possible for the patient to inhale too much.

As to the *modus operandi*, an assistant, other than the nurse, is not needed, as the accoucheur can superintend the first inhalation, and then let the nurse give, under his direction, after, whiffs if necessary, while he is engaged at the delivery of the head. Vomiting is not apt to follow the use of the small quantity needed. If the accoucheur choose, he may give the woman a cup or tumbler, with some absorbent cotton in it, upon which he has poured a little chloroform or A. C. E. mixture, and she can use it as each pain comes on, unconsciousness causing the falling away of the cup when enough has been inhaled. The main objection

to its use has been the fear of increasing the liability to *post partum* hemorrhage. If used for any purpose after evacuation of the uterus, that fear is well founded, from the risk incurred of uterine relaxation. But that need not be feared if the chloroform is used only during the second stage.

A paper read this year by Byers, of Belfast, before the Section of Obstetrics, at the sixteenth annual meeting of the British Medical Association, favors the much more frequent use of chloroform in normal labor. The author of the paper points out the fallacy, in arguing that because chloroform is given and hemorrhage follows, the one is the cause and the other the effect; the old *post hoc, ergo propter hoc*. "Dr. Byers argued that the great majority of cases of alleged flooding after delivery, occurring when the anæsthetic was used, can be explained as being due, *not* to the chloroform, but either to rapid delivery or to a want of proper management of the third stage of labor, or to a combination of both these causes." The paper ended with the positive statement, as the result of a large experience, that "if proper care be used, *post partum* hemorrhage will not occur more frequently when chloroform is used than when the anæsthetic is not given."—*Editor Canad. Lancet*.

## Progress of Therapeutics.

### QUININE TOPICALLY.

Dr. Alföldi (*Közegeszegügyi-Kalauz*) reports the following cases in which quinine was applied directly to wounds:

1. A severe contusion of the foot rendered amputation of the leg necessary. Several days after the operation, despite the most strict antiseptis, the lips of the wound and their surrounding tissues took on a blue discoloration, showed no tendency to healing, and the flaps grew cold. This condition grew more intense, and gangrene threatened.

Under the application of pledgets of cotton soaked in a one per cent. solution of sulphate of quinine, the gangrenous tendency disappeared, the wound assumed a normal appearance and healed promptly.

2. A child aged 6 had, what the author calls, an "apple-sized" cavernous neoplasm on the right arm, which he destroyed with Vienna caustic. A week later the wound was gangrenous and the arm affected with extensive erysipelas. He washed the region with a one per cent. solution of quinine sulph., and dressed it with cotton and a gauze bandage soaked in the same solution. Under this treatment the wound became clean, showed red granulations,

erysipelas disappeared and rapid healing supervened.

3. A row of soft chancres around the glans was dusted with powdered sulphate of quinine every second day. After renewing the dressing four times, the ulcers were found healed.

The author's experience causes him to believe that sluggish infected wounds become clean, and heal under quinine locally more rapidly than in consequence of the application of corrosive sublimate or iodoform, and that clean wounds heal with surprising rapidity under quinine.

### MEAT-EATING AND BAD TEMPER.

Mrs. Ernest Hart, who accompanied her husband in his recent trip around the world, appears to come to the conclusion that meat-eating is bad for the temper. In *the hospital* she says that in no country is home rendered so unhappy and life made so miserable by the ill-temper of those who are obliged to live together as in England. If we compare domestic life and manners in England with those of other countries where meat does not form such an integral article of diet, a notable improvement will be remarked. In less meat-eating France, urbanity is the rule of the home; in fish and rice-eating Japan, harsh words are unknown, and an exquisite politeness to one another prevails even among the children who play together in the streets. In Japan I never heard rude, angry words spoken by any but Englishmen. I am strongly of opinion that the ill-temper of English is caused in a great measure by a too abundant meat dietary combined with a sedentary life. The half-oxidized products of albumen circulating in the blood produce both mental and moral disturbances. The healthful thing to do is to lead an active and unselfish life, on a moderate diet, sufficient to maintain strength and not increase weight.—*Boston Medical and Surgical Journal*.

### MUSIC AS AN AID TO MEDICINE.

Music (*Lancet*), which has of late been sending forth new trial-shoots in the field of therapeutics, was again brought under the notice of the profession in this connection by Dr. J. G. Blackman in the January number of the *Medical Magazine*. Defined by this author as the language of sounds, its effects are briefly stated to consist in the production of motion, with liberation of nerve force and a general pleasant result. The observations of Dogiel are again quoted as proving its regulating effect upon the circulatory system and its consequent close relation to tissue nutrition. It is doubtless in this way that its exhilarating or calmative influence in conditions of mental disease may

best be explained. The article above mentioned is interesting to us as conveying the first definite statistical evidence we have met with respecting the employment of music in clinical medicine. The observations of Dr. J. Ewing Hunter at the Helensburgh Hospital go to show that, amongst the obvious effects of its use, relief of pain has in many cases been most marked; and we are also informed that rapid reduction of temperature in a case of peritonitis appeared to have similar origin. Of course we must in all such cases make due allowance for the possibility of a *post* and *propter hoc* fallacy, and we should certainly exceed every known sanction of science if we were to claim for music a distinctly curative influence in organic lesions. Nevertheless, the fact remains that healthy nerve-tone has much to do with tissue nutrition, and that music as a recognized agent in its production has thus far a place—albeit a subordinate one—amongst the extra-pharmacopoeial remedies available for the purposes of the physician.—*Med. Age.*

### BREATHING EXERCISES.

Breathing exercises are of great value, most easily practised, and give excellent results. It is not necessary to have an elaborate system. The nostrils are the proper organs of breathing. Man, unlike some other animals, is capable of breathing through the mouth if the nostrils are obstructed, and many from habit or debility continually do so—a practice, whether by day or night, attended with many evils; whereas every breath of pure air a man inhales through his nostrils is a breath of life.

One exercise, repeated fifty or a hundred times a day, requiring no more than ten minutes altogether, is of the greatest advantage, and can be done out of doors as well as in, at almost every season of the year. It consists in inhaling through the nostrils a deep breath, retaining it a few seconds, and then, with the lips adjusted as if one intended to whistle, expelling it slowly through the contracted orifice. There is no physiological objection to exhaling through the mouth; there are no muscles whereby the course of the breath can be restrained through the nostrils; but the lips contain sufficient muscular strength for this purpose. If students would rise from their studies, bookkeepers from their desks, women from their sewing or reading, two or three times a day, and take from fifteen to thirty such breaths, the results would surprise them.—*The Chautauquan.*

PRESCRIPTION WRITING is an art and few seem to be able to appreciate this. Medicines should be mixed with a large proportion of brains, but they too often lack this essential ingredient. As the Gross Medical College *Bulletin* says: A

famous physician once made the remark that he would rather prescribe a mixture that acted well than one that looked and tasted good. This sentiment has been approved by many doctors, and yet it seems to us to be weak and misleading. It is as important, if not more so, in the majority of cases, that the patient should be cured of his malady pleasantly as well as safely and quickly. When we think of the nauseous compounds which delicate women and children have been compelled to swallow, it is no wonder that they, especially, are sometimes drawn toward the fantasies of Homœopathy. With the whole range of *materia medica* before him it is a disgrace for a medical practitioner not to be able to write a prescription for a solution which both looks and acts well. The fault has been in the comparatively little attention devoted by students to chemistry and pharmacy, than which few other branches of medical science are of more importance to the practical and successful physician.—*Medical Review.*

THE OLDEST PRESCRIPTION IN THE WORLD.—In the course of a deeply interesting lecture, delivered by Professor A. Macalischer, M.A., M.D., F.R.S. (Professor of Anatomy, Cambridge), at Firth College, Sheffield, on "Studies in Ancient Egyptian Literature," some of the earliest medical writings were referred to and explained and translated by the Professor (*National Druggist*). Photographs of soiled and seared papyri, together with the photographs of the mummified monarchs and magicians who wrote them, were depicted on the screen. Among the earliest prescriptions shown by the Professor was one for a "hair wash" for "promoting the growth of the hair," for the mother of King Chata, second king of the first Dynasty, who reigned about 4,000 B. C. It is as follows:

Pad of a dog's foot, . . .	1 part.
Fruit of date palm, . . .	1 part.
Ass's hoof, . . . . .	1 part.

Boil together in oil in saucepan.

Directions for use: Rub thoroughly in.—*Medical Review.*

### NEWS ITEMS.

#### DR. PLAYTER SUSTAINED

By the Medical Association of the Rideau and Bathurst Division.

At the annual meeting on Wednesday at Carleton Place of the Rideau and Bathurst Medical Association, at which there was a large attendance of physicians from the various towns between Ottawa and Pembroke, the subject of our quarantines was discussed. Many of the members expressed their disapproval in very strong terms of the manner in which Dr.

Montizambert had recently written of Dr. Playter, and the following resolution was passed unanimously:

Resolved, that this Association desires to state that we have every confidence in our confrère Dr. Edward Playter of Ottawa, respecting his opinion on all sanitary matters.

#### NEW METHOD OF TAKING EXPERT TESTIMONY.

We take extracts from an interesting and useful paper read before the New York Society of Medical Jurisprudence on a "New Method of taking Expert Testimony," by Dr. Landon Carter Gray. Dr. Gray said: "No one will venture to deny that the present method of taking the testimony of medical experts is unsatisfactory, for judges, lawyers and jurymen regard these gentlemen with distrust, and medical men as a rule are very reluctant to go on the witness stand. To us physicians, the reasons for all this are perfectly obvious. The machinery of the law is not adequate for the purpose of obtaining for judges and juries the opinion of competent medical men, one of the latter, for example, who is to give his opinion to a jury upon a great question of medical science goes upon the witness stand in a radical false position at the very start, since he is regarded by everybody as a partisan, this opinion often being held most strenuously by the lawyers who have retained him. Then comes the expert on the other side to contradict him, for he must contradict him or he will be regarded as disloyal to those who are to pay him his fee. I have been myself present at many trials in which some acknowledged master of the art and science of medicine has been counterbalanced in the minds of the jury by some medical man who would not have been fit to act as his third or fourth assistant. Then, too, the reporters in the court room, on the alert for what is piquant and sensational, blazon forth to the public garbled reports of what the competent man has said, which are in no wise offset by equally faulty sketches of what the incompetent man has said, inasmuch as the latter has no particular reputation to lose, and is therefore not vulnerable in this regard. The result of this system of obtaining medical testimony is that the competent physician goes home feeling that he has not been properly protected or reported, so that he shuns the next trial, and comes to believe that such levelling processes are too dangerous to his reputation to be often repeated." We wish space would permit a full report of this very valuable and interesting paper by Dr. Gray. It is full of suggestions upon the very important question of expert testimony and its influences in criminal trials. This fact has been prominently brought before the public mind, espe-

cially in the two recent trials of Carlyle Harris and Dr. Buchanan. Dr. Gray concludes his paper with these words of suggestion: "First, the selection of medical men by the presiding judge to sit on the bench with him in an advisory capacity in trials which do not need juries. Second, a conference of all the medical men in cases tried by a jury."

#### COLLEGE OF PHYSICIANS OF PHILADELPHIA.

N.E. Corner Thirteenth and Locust Streets. The William F. Jenks Memorial Prize. The Third Triennial Prize of Five Hundred Dollars, under the Deed of Trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "Infant Mortality during Labor, and its Prevention."

The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, should be sent to the College of Physicians of Philadelphia, Pennsylvania, U.S.A., before January 1, 1895, addressed to Horace Y. Evans, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto and accompanied by a sealed envelope bearing the same motto, and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,

*Secretary of the Trustees.*

AUGUST 1, 1893.

**THE CANADA MEDICAL RECORD.**

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**MONTREAL, SEPTEMBER, 1893.**

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**PRESIDENT PEPPER'S ADDRESS AT  
THE PAN-AMERICAN CONGRESS.**

The address of Dr. William Pepper, of Philadelphia, delivered before the Pan-American Medical Congress, of which distinguished body he has the honor of being the presiding officer, was in all respects a masterly effort, worthy of the occasion which called it forth, worthy of the great cause which the occasion typifies, and worthy of the eminent and eloquent speaker.

President Pepper not only stands at the head of his profession, and is recognized as one of the highest medical authorities living, but is a citizen of such thoroughly American sentiments and of such broad and patriotic views concerning the advancement of the science to which he has devoted his life, that the whole continent is proud to call him peculiarly its own.

A large portion of his address was devoted to the growth and progress of medical science from an early period, and especially to the history of its development in the new world during the past 400 years. It was a retrospective view of wonderful research, and richly instructive alike to scientist and layman, exhibiting with striking impressiveness the gradual processes of evolution by which the profession, from crude and speculative beginnings, has gained its present high standard of excellence, each new discovery adding to its stature, and the ever-increasing intelligence of the people re-enforcing

and necessitating the expansion of its usefulness.

In the course of his address President Pepper called particular attention to the subject of hygiene and State preventive medicine, and to the impetus which of late years has been given it by sanitary investigation; by a better knowledge of hygienic conditions and needs; by the organized co-operation of municipal authorities in behalf of the public health. In Dr. Pepper's carefully formed judgment, it is scarcely an exaggeration to say that our progress in preventive medicine in the past twenty years has been greater than in the preceding twenty centuries; while the action of the Government of the United States, in extending its cordial invitation to her neighbors South and North to attend the present Congress—a formal recognition of the importance of the questions to be discussed never before accorded on this continent—he looks upon as destined to exert a telling influence for the future upon the general adoption of proper sanitary legislation throughout the hemisphere.

Already, says President Pepper, are "our great commercial communities reposing in confidence upon the sanitary measures adopted, in accordance with medical advice, for the restriction of two dreaded pestilences,—cholera and yellow fever." Herein of itself is shown in the most forcible manner the need and value of the international sanitary agreement which the Congress now in session may do much to promote.

But to accomplish the full work required, there must be thorough organization and hearty co-operation on the part of all the countries interested, and to still further aid in so great and beneficent a cause, Dr. Pepper is firmly of the belief that every government should have a department of public health.

Here, then, he said by way of peroration to an address that was able, earnest and scholarly, as well as plain and practical from beginning to end—"Is the last and greatest service to be rendered to science and to the Nation by our congress. Our combined influence will be irresistible when used in advocacy of higher education; in carrying out large plans for the scientific study of our national life as affected by social and climatic influences; in the adoption of remedies and remedial measures of demon-

strated merit, and in the insistence upon a fuller recognition of the lofty function of preventive medicine. 'Salus Sanitasque Reipublicæ, suprema lex.' Let us acquire here a closer touch with each other, a deeper faith in our profession and its noble destiny, and a stronger determination to labor in brotherly co-operation for the loftiest ideals of service to science and the race."

#### ANIMAL EXTRACTS.

We were rather amused on picking up an exchange to see an advertisement of animal extracts for sale at two dollars a bottle. The following is the list:

Cerebrine from the brain, for disease of the brain;

Medulline from the spinal cord, for disease of the cord;

Cardine from the heart, for disease of the heart;

Testine from the testes, for disease of the testes;

Ovarine from the ovaries, for disease of the ovaries;

Musculine from the muscles, for disease of the muscles.

We learn from the same advertisement that others are in process of preparation, and, when ready, the fact will be duly announced to the profession.

These active principles have been lately advocated with great vigor by one of the most brilliant of the regular schools in the United States, who has, no doubt, in common with others, had many a laugh at the absurd principle of the homœopaths *similia similibus*; but surely this outrivals them. The use of cerebrine for those who are weak in the head reminds us of the reply given to a young man who asked a great physician whether he should eat fish so as to improve his brain by means of the phosphorus which this article of diet contains. "Yes," he said, "you had better eat fish; but you would have to eat a whale in order to improve *your* brain." With the exception of ovarine and medulline, which are rarely found on a bill of fare, the other articles enter largely into our daily diet. Why pay two dollars for a bottle of juice from sheep's heart, when for five or ten cents a dainty dish can be prepared from the heart itself? Why buy cere-

brine, when calves' head and brain sauce is so much more palatable to ingest? While for weakness of the muscles there is no musculine to equal the good roast beef of Old England. The whole idea of these animal extracts seems to be so absurd that we can hardly believe that anyone would seriously recommend them. Still, the fact that they are extensively manufactured and advertised shows that there must be some demand for them. But we think that the practitioner who depends on such remedies for the diseases mentioned would soon, and very justly, prescribe himself out of practice.

#### ARE SILK AND SILK WORM GUT LIGATURES EVER ABSORBED?

A good deal of misapprehension seems to exist on this question, the opinion being quite generally entertained that the substances being of an animal nature, they are absorbed as catgut is. That this is quite a mistake is proved by the fact that silk and silk worm gut ligatures have been found intact after a burial of several years in the tissues. The mistake has led to serious inconvenience, as when silk worm gut has been left in the cervix uteri or perineum for several years under the idea that it would be absorbed. In the *N. Y. Medical Record* of Aug. 5, Dr. H. Speier of Duluth, Minn., writes: "On July 22, 1890, I performed an operation for lacerated cervix, using silk worm gut for sutures. On June 22, 1893, I removed one of the sutures, which had been overlooked and left for two years and eleven months. It gave no discomfort until quite recently, when the woman felt a sharp pricking produced by the ends which were cut off quite close to the knot. The specimen removed is firm and hard, and differs in no wise from a fresh specimen." In all cases where it is desirable to leave in the ligature indefinitely, there is only one material that fills all the requirements, and that is carefully prepared catgut.

#### POSTPONEMENT OF THE INTERNATIONAL CONGRESS AT ROME.

Owing to the prevalence of cholera in Italy, and especially at Naples and Rome, the International Congress, which was to have been held in September of this year, has been postponed until next spring. Those of our re

who intended to be present can with great advantage attend the Pan-American Congress at Washington, on the 4th to the 8th of September.

#### THE ROYAL VICTORIA HOSPITAL.

This magnificent building is now completed, and arrangements are being made for the early opening. Canada will then possess an institution which will be second to none in the world. Dr. Roddick, accompanied by Mr. Chapman, the popular instrument dealer of McGill College Avenue, Montreal, have returned from a trip to Europe, for the purpose of purchasing instruments and surgical appliances, which they were instructed to purchase practically, regardless of cost.

#### THE NEXT PAN AMERICAN CONGRESS.

An invitation having been tendered by the government of Mexico to hold the next Pan-American Congress at the city of Mexico, this was accepted, and the Congress will meet there in 1896. It is to be hoped that some arrangements may be made on that occasion for a special train from Montreal to Mexico at such a rate as to put it within the reach of many Canadian doctors to visit this beautiful country, and also contribute their share in welding the medical profession on the American Continent into one great and powerful weapon for the world's good.

#### THE BULLETIN'S SPECIAL.\*

##### THE WORLD'S FAIR MEDICAL HEADQUARTERS.

To still further add in every possible way to the comfort, convenience, economy and pleasure of visiting doctors, we have decided to have our headquarters in the Masonic Temple. This building is the most central, best advertised and most extensively known building in Chicago, and the *Bulletin* concluded to go there so that you would not require to burden your mind with any special street and number. Just say "Masonic Temple," and there you are. It is also the most central point in Chicago to radiate from. All street car lines pass the door.

##### WHAT WE PROPOSE TO DO.

In the first place, we wish to impress upon you that *no charge* of any character will be made or remuneration expected. This point we are particularly anxious to have you remember.

The *Bulletin*, during the Fair, will contain a full and complete list of all physicians arriving in the city from day to day, together with the city from whence they came, their address in Chicago, and the expected duration of their visit. In this way one can easily communicate with friends, and as every local doctor and druggist in Chicago will receive a copy of the *Bulletin*, a large number of visitors will receive hospitality and attention from those who might not otherwise know of their presence in the city. Rooms are set aside for the following purposes: A writing-room, with all stationery, will be furnished, where doctors can attend to their correspondence, meet their friends, etc. We will have a regular post office department, so that instructions may be left to have all mail sent in our care before leaving home, and the same with telegrams and packages of any description. Clerks will be in attendance, so there will be no delay in getting such items when called for, or instructions may be left to have them forwarded to hotels or boarding houses, thus avoiding mistakes or delays. A full list of hotels, boarding houses and apartments will be kept and rooms secured. Parcels and packages may be left and checked; messenger, cab, express and telegraph services have been arranged for on the premises, and we can, therefore, assure you of only paying regular rates. Tickets for all places of amusement will be kept on hand. We have arranged for a large number of desirable and first-class rooms, so that we will be in a position also to obtain these for members of the profession at a reasonable rate to them, so that no opportunity of charging extortionate rates will be afforded anyone against those who will avail themselves of what we have to offer.

Cards of admission to the different colleges, hospitals and public medical institutions of the city have been arranged for, and will be issued to any physician who wishes to visit these places. Through the courtesy of our bank, drafts, etc., will be cashed, and deposits can be made of money in the same manner and with the same facility which would be afforded a regular patron of the bank.

Solely for *your* convenience and to facilitate us in the work of taking care of large numbers arriving daily and coming to our headquarters, we earnestly request you to register with us now. This is particularly necessary if you desire us to have apartments for you *without* fail, and the best we can get you for the money. Giving this matter our attention *now*, and even securing rooms thus far in advance, we can assure you of good quarters and that the price charged will be *approximately* the same as similar accommodations are charged for *now* or at *any* time when there is no World's Fair in Chicago. To facilitate this work, we have completed plans for a Registration Bureau, as follows:

\*We regret that by an oversight the following interesting information has been delayed in appearing.

1. Send in your name, address, city and State.
2. Somewhere about the time you expect to visit Chicago.
3. Whether you will be accompanied by other members of your family ; if so, how many.
4. Expected duration of your visit.
5. How many rooms you will want.

Upon receiving this communication it will be filed and given a number. A card numbered to correspond will be returned to you, which you will retain as your voucher.

*Immediately* on arriving in the city you will come direct to our offices in the Masonic Temple, and the registration clerk, on seeing your certificate, will give you all information, address of the rooms secured for you, etc., etc.

We make absolutely *no* charge for anything we propose to do.

All communications should be addressed to the Editor, Masonic Temple, Chicago.

### PERSONALS.

The following gentlemen were elected to office at the meeting of the Nova Scotia Medical Society:—President, Dr. C. J. Fox, Pubnico, N. S.; 1st Vice-President, Dr. R. A. H. McKeen, Cow Bay, C. B.; 2nd Vice-President, Dr. H. A. March, Bridgewater, N. S.; Secretary-Treasurer, Dr. W. S. Muir, Truro, N. S.

Dr. G. Sterling Ryerson, M.P.P., Surgeon of the Royal Grenadiers, has been appointed by H.R.H. the Prince of Wales, with the sanction of H. M. the Queen, an Honorary Associate of the Order of St. John of Jerusalem. Dr. Ryerson is the first Canadian on the list and is to be congratulated upon this well-earned distinction. Among the prominent men who have been thus honored we notice the names of Baron V. Esmarch, Sir Henry Acland, Sir James Paget and Surgeon Parke (of Stanley fame).

The officers elected for the ensuing year at the meeting of the Maritime Medical Association, held at Charlottetown, P.E.I., July 12th and 13th, were:—Dr. Thomas Walker, St John, President; Dr. Coburn, Fredericton, Vice-President for New Brunswick; Dr. D. A. Campbell, Halifax, Vice-President for Nova Scotia; Dr. F. D. Beer, Charlottetown, Vice-President for P. E. Island; Dr. G. M. Campbell, Halifax, Secretary; Dr. G. E. Dewitt, Wolfville, Treasurer (re-elected); Executive Committee, Drs. Emery, P. R. Inches, Murray, McLaren, Wm. Christie, and Dr. Walker.

### BOOK NOTICES.

DUNGLISON'S NEW PRONOUNCING MEDICAL DICTIONARY. A new edition of Dunglison's Medical Dictionary is announced as in press for early publication. It has been

thoroughly revised and greatly enlarged, and will contain about forty-four thousand new medical words and phrases. Pronunciation has been introduced into the new edition by means of a simple phonetic spelling. This work has always been noted for the fullness of its definitions, ample explanation being its distinguishing characteristic. In the new edition much encyclopædic information, difficult of access elsewhere, will be found conveniently at hand. Especial attention has been devoted to matters of practical value. A review will appear in an early issue.

BIBLIOTHÈQUE GÉNÉRALE de MÉDECINE DE LA CATARACTE. Corticale vulgaire, dite cataracte spontanée ou sénile, historique, causes, prophylaxie et traitement médical. Par le Docteur A. Ferret, ancien chirurgien de l'Hôpital de Meaux et de la Clinique Nationale Ophthalmologique, des Quinze-Vingts de Paris. Paris: Société d'Éditions Scientifiques, Place de l'École de Médecine, 4 rue Antoine-Dubois. 1893.

Un volume in-8 de 136 pages, prix 5 francs. Envoi franco contre un mandat de 5 francs adressé à M. le Directeur de la Société d'Éditions Scientifiques, 4 rue Antoine-Dubois, Place de l'École de Médecine, à Paris. L'ouvrage débute par un historique de la question de la Cataracte, qui présentera certainement de l'intérêt pour le lecteur, et lui ménage même quelque surprise, ne serait-ce qu'en lui apprenant que l'opération de la cataracte par extraction était connue des médecins de l'Inde d'il y a 3000 ans. Puis, l'auteur entre dans l'exposé des observations qui l'ont conduit à reconnaître que la cataracte corticale commune, dite cataracte spontanée ou sénile, est la conséquence d'une toxémie particulière, qui est, le plus souvent, d'origine alimentaire; et qu'il est facile de prévenir cette maladie et de la guérir, grâce à un ensemble de prescriptions hygiéniques très simples. Si nous ajoutons que la forme de Cataracte dont il s'agit est celle qui est de beaucoup la plus fréquente, puisqu'elle entre dans le chiffre total des cataractes pour une proportion de 60 à 70 par cent, il sera inutile d'insister pour faire ressortir la grande importance pratique de ces observations.

SCIATICA. A record of clinical observations on the causes, nature and treatment of sixty-eight cases. By A. Symons Eccles, M.B. Aberd., Member Royal College Surgeons, England; Fellow Royal-Medical and Chirurgical Society of London; Vice-President West London Medico-Chirurgical Society; Member Neurological Society of London, etc. London, MacMillan & Co., and New York, 1893. Price 3s. 6d.

LES KOLAS AFRICAINS. Monographie botanique, chimique, thérapeutique et pharmacologique (Emploi stratégique et alimentaire: commerce). Par le Docteur

Edouard Heckel, Professeur à la Faculté des Sciences et à l'École de Médecine de Marseilles, directeur du Jardin Botanique et de l'Institut Colonial, Membre correspondant de l'Académie de Médecine et du Muséum de Paris, Lauréat de l'Institut (Académie des Sciences). (Avec figures intercalées dans le texte, planches en noir et une chromolithographie.) Paris, Société d'Éditions Scientifiques, Place de l'École de Médecine, 4 rue Antoine-Dubois. 1893.

LE BACTERIUM COLI DANS L'INFECTION URINAIRE. Par le Docteur Jules Renault, Ancien Interne des hôpitaux de Paris. Paris: Société d'Éditions Scientifiques, Place de l'École de Médecine, 4 rue Antoine-Dubois. 1893.

TRAITÉ CLINIQUE ET THÉRAPEUTIQUE DE LA TUBERCULOSE PULMONAIRE. Par le Docteur Samuel Bernheim. Paris: Société d'Éditions Scientifiques, Place de l'École de Médecine, 4 Rue Antoine-Dubois. 1893.

This is a large volume of over 575 pages, and is the most complete and thoroughly up to date treatise on pulmonary tuberculosis that has so far appeared. It begins with a short chapter of 14 pages on the history of the disease, and 60 pages on its causation, in which the author clearly proves what we have so often maintained: that the disease is much more contagious than it is hereditary. Then come 150 pages on the clinical aspect of it, and a short chapter on the experimental inoculation of tuberculosis. Its pathological anatomy occupies fifty pages, and bacteriology fifty more. The chapter on prevention is short, but every word is valuable, for the author shows conclusively that the disease could be stamped out if all children were removed from tubercular contagion and if tubercular patients were prevented from becoming the foci of spreading the disease. One hundred pages are devoted to treatment, the author stating, among many other opinions, that cod liver oil probably does more harm than good by destroying the appetite; he maintains that just as much benefit may be derived from cream, which has not the disadvantage of being utterly repugnant to the unfortunate patient. To those of our readers who understand French, the book will prove of absorbing interest.

THE ANATOMY AND SURGICAL TREATMENT OF HERNIA. By Henry O. Marcy, A.M., M.D., LL.D., late President of the American Medical Association, etc. Illustrated with Seventy full-page Heliotype and Lithographic reproductions from Cooper, Scarpa, Cloquet, Camper, Darrach, Langenbeck, Cruveilhier, and others of the Old Masters, and Thirty-four Wood-cuts in the Text. Sold only by subscription.

Half Morocco, \$15.00. D. Appleton & Co., publishers, New York.

The author has reviewed, *in extenso*, the normal anatomy of the parts involved in Hernia, and the remote causes which tend to produce it. The pathological changes incident to the more marked condition are clearly defined, and the chapters devoted to the discussion of these subjects are very copiously illustrated. Instrumental supports are carefully discussed, and their better methods of application defined. All the various methods of modern operation are given in detail, and, as far as possible, a compilation of the results obtained under modern antiseptic processes is made. The chapter devoted to the animal suture is worthy of especial consideration, since it clearly details one of the greatest innovations of modern surgery of universal value.

The statistical tables are given with great fairness, and teach the safety of the measure undertaken for the treatment of Hernia. The author's experience covers a period of twenty years, and he gives the results he has obtained in one hundred and twelve cases upon which he has operated.

Since the publication of the great work of Sir Astley Cooper, no author has attempted to present the subject of Hernia to the profession in so royal and complete a manner as has been undertaken in the present instance. This has been made possible solely by reason of the marvelous processes of modern art, to which the full-page reproductions from Cooper, Cloquet, Camper, Darrach, Langenbeck, Cruveilhier and others amply testify.

It is estimated that there are between three and four millions of people in the United States alone suffering from Hernia. Hundreds of thousands of trusses are manufactured annually. Every physician is aware that a hernia is a gradually increasing disability, and is very rarely cured except by operative measures. Serious complications and dangers are ever present to the individual suffering from Hernia, and statistical tables show that the resulting mortality is very large. No other surgical disability is so liable to come under the notice of the physician as Hernia, and the author holds that it is in the highest degree the duty of every practitioner to familiarize himself thoroughly with the subject. The opinion, that professional obligations are discharged when the patient suffering from Hernia is relegated to the instrument-maker, is erroneous. The belief, as taught by authors of the last generation, that operative measures should not be taken except as a last resort, because of the attendant dangers, has been controverted by the achievements of modern surgery, among which none are more noteworthy than the perfected operations for the cure of Hernia.

## PAMPHLETS RECEIVED.

- CERTAIN FORMS OF SEPTICÆMIA RESULTING FROM ABORTION. By Andrew F. Currier, M.D., of New York.
- THE CAUSES AND TREATMENT OF SINUSES RESULTING FROM ABDOMINAL SECTION. By Andrew F. Currier, M.D., of New York.
- ENDOMETRITIS—CONSIDERED CLINICALLY. By Charles P. Noble, M.D.
- CERTAIN ASPECTS OF GONORRŒA IN WOMEN. By Charles P. Noble, M.D., Philadelphia, Pa. Reprint from Vol. XVII. Gynæcological Transactions, 1892.
- POINTS IN OFFICE PRACTICE IN THE TREATMENT OF THE DISEASES OF WOMEN. By Charles P. Noble, M.D., surgeon-in-charge, Kensington Hospital for women. Reprinted from the Transactions of the Philadelphia County Medical Society, May 11, 1892.
- RAPPORT DES OPÉRATIONS DU BUREAU D'HYGIÈNE, de la Cité de Québec, pour l'année 1892, par le Docteur L. Catellier, médecin Municipal. Québec: Georges Vincent, Imprimeur de la Cité, 1892.
- REPORT OF WORK DONE by the Board of Health of the city of Quebec, during the year 1892, by Dr. L. Catellier, City Medical Health Officer. Quebec: Georges Vincent, city printer, 1892.
- CHARLES MARCHAND vs. A. JACOBI, M.D. New York, 1893.
- THE RECONSTRUCTION OF THE PELVIC STRUCTURES IN WOMAN. The advantages derived from the use of the buried tendon suture. By Henry O. Marcy, A.M., M.D., LL.D., of Boston, Mass., late President American Medical Association, Surgeon to the Hospital for Women, Cambridge, etc. Reprinted from Transactions of American Association of Obstetricians and Gynæcologists, 1892. Philadelphia: Wm. J. Doran, printer, 1893.
- INGUINAL HERNIA IN THE MALE. By Henry O. Marcy, A.M., M.D., LL.D., Boston, Mass., Late President of the American Medical Association, Surgeon to the Hospital for Women, Cambridge, etc. Read before the Southern Surgical and Gynæcological Association, at Louisville, November, 1892.
- THE MATTISON METHOD IN MORPHINISM. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues. Reprinted from *The Universal Medical Journal*, Feb., 1893.
- COCAINE INEBRIETY, by J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues, Member American Medical Association, American Association for the Cure of Inebriety, New York Academy of Medicine, New York Medico-Legal Society, Brooklyn Neurological Society, Medical Society of the County of Kings. Read before the District of Columbia Medical Society, Washington. Reprint, *Medical Record*, 22nd October, 1892, and 14th January, 1893.
- COCAINE POISONING. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues.
- THE ETIOLOGY OF NARCOTIC INEBRIETY. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues, Member American Medical Association, American Association for the Cure of Inebriety, New York Academy of Medicine, New York Medico-Legal Society, Brooklyn Neurological Society, Kings County Medical Society. Read before the Brooklyn Neurological Society, December 14, 1892. Reprint from *Weekly Medical Review*, February 11, 1893.
- TWENTY-SEVEN YEARS ADDICTION TO OPIUM.—RECOVERY.—RELAPSE. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues. Reprint from the *New England Medical Monthly* for March, 1893. Danbury, Conn., The Danbury Medical Printing Company, 1893.
- TRIONAL, THE NEW HYPNOTIC. ITS USE IN NARCOTIC HABITUÉS. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Habitues. Read before the Brooklyn Neurological Society, 12th April, 1893. Reprint *Medical News*, 6th May, 1893.
- CONSUMPTION, ESPECIALLY IN ITS RELATIONS TO THE DISEASES PECULIAR TO WOMEN. By Andrew F. Currier, M.D. Reprinted from the *New York Medical Journal* for February 11, 1893.

## PARIS WORLD'S FAIR, 1889.

There is no other exhibit of the class in the United States section to rival that of Wm. R. Warner & Co. From the Philadelphia merchant comes an exhibit which the native pharmacists can look at with both admiration and wonderment. This display is enough to make any Frenchman curious, and their arrangement such as to be above deprecatory criticism; and those Frenchmen there could not be a people with better taste for the proper and harmonious exhibition of products. A glance through their own magnificent section of pharmacy will verify this. Readers would find superfluous a description in detail of the Messrs. Warner's essentially fine installation covering all their soluble sugar-coated pills, salts, &c. Suffice it is to remark that at the Paris Universelle their exhibit is thoroughly representative, comprises all the makers' fabrications, and it is decidedly an honor to the concern.—*Pharmaceutical Record*.