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# CANADA

## MEDICAL & SURGICAL JOURNAL

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Original Communications.

### INTRODUCTORY LECTURE AT THE OPENING OF THE FIFTY-FIFTH SESSION OF THE MEDICAL FACULTY OF MCGILL UNIVERSITY.

BY SIR JAMES ALEXANDER GRANT, M.D., F.R.C.P., LOND., &C.,  
Consulting Physician, General and General Protestant Hospitals, Ottawa City.

GENTLEMEN:—It is certainly a cheerful sign of the times, and a most encouraging one, to observe the deep interest taken in the medical department of this college. The position of responsibility and trust in which I am placed here to-day, in my Alma Mater, is an exceedingly pleasing one, and more particularly so, as it brings with it the very gratifying duty of an address. During the years which have passed since I left the halls of this university, many and important changes have taken place. Holmes and McCulloch, Hall and Bruneau, Fraser and Scott, Sutherland and Campbell, have all passed away, and in doing so, left a noble record of their works in the education, at this fountain of science, of many who at present are guiding and directing the best interests of our noble profession in this country. True, since even their time, medicine has undergone many and important changes which require the fullest possible consideration. The recent discoveries of Pasteur and their practical application mark the present as an era of more than ordinary interest in scientific research. In almost every department of the profession of medicine new discoveries are coming to light, and such as cannot fail to prove of immense benefit to suffering humanity. As Grant Allen expresses it, “ours has been an age

of firm grasp and wide vision." In the pride of our hearts we forget for the most part how very young science still is. Outside of our profession, in the vast domain of collateral sciences, we also trace strides alike indicative of the march of intellectual progress. Astronomy advanced furthest when our age was still young. Geology had then only just began to take shape and form as a science, surrounded by absurd theories and inaccurate data. In this department the name of Logan is closely allied with a period of great advancement, as far as Canadian geology is concerned. He was a warm friend and supporter of McGill. In this same branch of science, few men have accomplished more than the present respected principal of this university, whose name is associated with many of the greatest discoveries made during the past quarter of a century in geology and palæontology. Among the separate sciences, many remarkable advances have been made which have formed the very basis of the principles and the education of those now entering upon the study of the medical profession. Of these separate departments of science, few have been marked with greater indications of progress than electricity. The telephone, the microphone, and the electric light have aroused an interest widespread in its character, and these, in addition to the telegraph and Atlantic cable, have given an impetus and force to thought quite sufficient to identify and stamp the present as a time remarkable, beyond computation in the progress of intellectual development.

Present on this occasion, it is gratifying to observe the large number about to enter upon the study of medicine, and it must be a great source of encouragement to be aware of the fact that you are about to be educated, as Sir George McLeod recently termed it, "under the new dispensation." Now-a-days the scientific physician is more disposed to observe closely the operations of nature and to *trust less* to art in the cure of disease. The skilful co-operation of these forces gives an impress to progress in medical science, hence the advantage to be gained in an institution like McGill, where every opportunity at home and abroad is embraced in the way of scientific research to assist the student in obtaining such a knowledge of the various branches

of the profession as will enable him to discharge with credit the responsibilities devolving upon him when in the ranks of professional life. Such assemblages as the present are not without their value. The presence of the teachers might be accepted as an earnest of their desire to fulfill the varied duties they have undertaken to perform, and that while they devoted themselves to their pupils' interest, they expected in return the most lively co-operation possible during the prosecution of their studies. At present in this audience are two classes of students—those who are now commencing or still prosecuting studies, and those who are about to turn the instruction received to practical account. The chief and the important object in view in attending medical lectures is to gain information and store it up for future use in the varied paths of medical life. This is a critical time in your fortunes. Knowledge is not only power, but it is pleasure; such was the opinion of Bacon, the prince of all philosophers. Great men have been amongst you, and it is your happiness that some of them are still with you. It is not an uncommon thing for local reputations to have no national recognition. It is not so with the head of this institution, who is honored and respected amongst his fellow-men, and has recently filled one of the first scientific positions in the world as President of the British Association for the Advancement of Science. These are facts, gratifying in the highest sense, inasmuch as such places filled by native-born Canadians is an evidence of the progress of our age and in this not the least uninteresting of the colonies of the British Empire.

Let me here remark that in my humble opinion the very first step for a student of medicine is *the acquirement* of a good general education prior to entering upon the study of the profession. This has been found a difficulty in the past, but through varied educational facilities now at the disposal of the youths of our country, a good practical education, embracing classics and literature, can be acquired. It is to be hoped the day is not far distant when those entering on the study of medicine will be required to take the degree of B.A. 'Tis true the professions are becoming crowded, and, consequently, those who wish to

attain eminence must become most proficient in all that fits a man for the highest stations in life. In order to command the respect of society and maintain the dignity of the profession, the medical man must know more than the mere practical duties of his calling. He ought to be the equal in point of general education of his associates in society. Thus he is enabled to uphold the dignity of his profession, which in time, by the adoption of a lower standard of education, would reduce one of the noblest callings of life to a level not even dreamt of in the remote days of Hippocrates. The life of the medical man is that of an every-day student. The term of study and observation is being constantly exemplified. The student in college will also be the student in practice. The foundation now placed will carry its appropriate superstructure. Human knowledge is never stationary: its very essence is progress. Theories accepted to-day may in a short time be disproved by additional scientific enquiry. Every day's experience will give you new and varied facts, and you must not rest satisfied with any fancied idea of perfection. Increase your knowledge and add to it daily, and even then times will arise when the difficulty of defining the varied manifestations of disease will be self-evident.

To the junior student let me say, be careful as to your habits of life; prudent as to diet; retire to rest at regular hours; take occasional physical exercise; retain the proper balance of mind and body. The duties of after life require a sound and vigorous constitution in order to enable the medical man to grapple with the varied surroundings of life. Under such circumstances, it is most essential to see carefully to the requirements necessary to promote a healthy condition, mental and physical. The "*mens sana in corpore sano.*" How frequently, by neglect in these particulars, some of our brightest students deprive themselves and the country of their valued services. Think for yourselves and much trouble will be overcome. The habit of thought and reflection is a great factor in the success of life. The time was when students were not thus credited, but now-a-days the contrary is the case. While you carry bare facts in your memories, think carefully over the results likely to

flow from an accumulation of such information. Medical knowledge is a sacred trust placed in the hands of every student for the benefit of mankind. In proportion to the care bestowed upon the elementary branches of medicine, so will you be able to master, with a greater degree of accuracy, the final subjects which complete your course of academic study. A want of due care and attention at first is very difficult to make up for afterwards. Let no student deceive himself in this particular. There should be an earnestness of purpose, thus in many respects defects in early education and even lack of genius would be overcome. As Socrates stated over 2000 years ago, "The best man and most beloved of the gods is he who, as a husbandman, performs all the duties of husbandry; as a surgeon, those of the medical art, in political life, have duties towards the commonwealth; but the man who does nothing well is neither useful nor agreeable to the gods," or as Sir John Macdonald has expressed it, "his usefulness is gone."

"Whatever thy hand findeth to do, do it with all thy might; work while it is day: the night cometh when no man can work."

What was it made Xavier and Schwartz as missionaries, Bunyan and Wesley as teachers, in their particular lines of thought? What was it rendered so dear the names of Newton and Milton, of Arkwright and Stevenson? What was it that has made us love and cherish the names of Harvey and Hunter, of Syme and Simpson, of Trousseau and Lænnec? It may be summed up in the few but expressive words, *earnestness of purpose*. Be vigilant, then—be careful—be prudent; do not take too much credit to yourselves, for you are only the instruments in the hands of a wise Providence for the accomplishment of a good purpose. It should be your ambition to imitate your great and renowned predecessors, men who shed light and lustre upon their callings in life, and by their earnestness and simplicity of purpose endeared themselves to all with whom they came in contact. The rewards which the medical profession holds out are not those of high place or great emolument. With care and prudence a moderate competence is certain, and you will have the society of warm and attached friends, who will sympa-

these with you in your troubles and give you a helping hand in the time of need. You will come in contact with all classes of society, and let your earnest endeavor be to perform the honorable and responsible duty entrusted to your charge in such a manner as to reflect credit on yourselves, the profession, and your "Alma Mater." This programme is well in its way, says the average student, but what is the most certain method of securing success in after life? Having mastered in a measure, and as far as possible in the specified time, the primary branches of study, the next most important step is towards hospital and clinical work. In this direction you will lay the foundation which, if carefully followed out, is most likely to assist you when left to yourselves. See carefully, then, to the cases brought under your observation. Take notes of the various points dwelt upon in the clinics. Let no fact, however trifling, escape you. Thus by degrees you will acquire *accuracy* in describing the life history of each case, and with satisfaction be able to form an opinion as to the future prospect of your patient. Familiarize yourselves with the principles of therapeutics. Be accurate in compounding medicines; observe carefully their action on the system, and embrace every opportunity of writing prescriptions so that chemists in compounding may make no error on that account. After writing a prescription, read it over again carefully, and be specific in directions as to its use. The summer courses in medicine at the various hospitals is certainly a step in the right direction, as, in my opinion, medical training cannot be too clinical in its character. Sir Andrew Clarke made his reputation by examining every case thoroughly, no matter how trivial, and if medicine was not necessary, a diet list was prescribed, which could not fail to attract the patient's attention, to the vast importance of not violating the laws of nature. This eminent authority scans the very "*warp and woof*" of human structure, and defines almost at a glance the *weakened fibre*.

In the midst of clinical work, no line of thought is more important than the physiognomy of disease. To the medical man it is a constant field of observation. Years of labor and application are necessary to develop this power, and in even a mode-

rate degree it becomes a great factor towards success in professional life. Syme and Simpson possessed it in an eminent degree, and, in fact, this form of education, which with some might almost be considered as *intuitive* power, has contributed greatly to the reputation of many illustrious members of the medical profession. The physiognomical diagnosis of morbid constitutional states has been ably discussed by Laycock of Edinburgh. It is this form of knowledge which comes to the surface, and often very remarkably, with trained nurses. External indications cannot always be relied upon, and still such are of vast importance, as pointers for future observation. The staining of jaundice, the tints of hectic, the eruptions of exanthematous fevers, the suppressed breathing of pleurisy, the orthopnoea of cardiac diseases, the pigmentation of Addison's disease, and numerous other external manifestations of internal systemic trouble are all important as factors in arriving at either a diagnosis or prognosis of the malady. The experienced eye only comes about gradually; and well directed study is necessary in order to be even moderately proficient in reading the outward developments resulting from defective systemic action and reaction. The young physician who possesses even in a moderate measure this faculty has a lever of success in his hands far superior to any purchased practice. To our young friends I would say, study diligently the physiognomy of disease, as much valuable information will result therefrom.

To a few points of special interest I desire now to call your attention. Wherever you settle in practice, observe carefully that particular locality, its physical peculiarities and the bearings of such with reference to the development of disease. Thus you will in time accumulate much valuable information. When called to visit a zymotic case, enquire closely into the question of plumbing, drainage, water and food supply. Thus the causes of such diseases as scarlet fever, typhoid fever, diphtheria, etc., may be ascertained, and much practical good accomplished towards arresting their spread. The neglect of sanitary science in many of our centres of trade and commerce is doubtless a prolific source of the remarkable mortality recorded in our



present mortuary statistics. Action in this direction marks the prudence of the medical man, gives confidence to the public as to his professional ability, and advances the interest of the state by the proper regulation of such defects as are found to exist in carrying out the principles now being formulated by Boards of Health in various parts of Canada. In this direction the present *Canada Health Journal* is accomplishing a good work, and I trust the day is not far distant when the Dominion Government will see the necessity of establishing a Bureau of Health and Statistics such as that now approved at Washington. Thus a progressive measure would be inaugurated, and one which could not fail to save annually thousands of valuable lives. We yearly expend considerable sums of money in bringing emigration into the country, but what could possibly be more noble and philanthropic than to stay, by active measures, the present marked emigration out of the country by infantile mortality. This is a question which requires the closest attention, and let the proper authorities see to it.

There is one other point to which I wish to allude briefly, as much good can be accomplished in that direction. At present the subject of early mental training is occupying considerable attention on both sides of the Atlantic. Wherever you locate, there will most likely be some form of educational institution, and the little inmates may require your professional care and guidance. At present, the multiplicity of subjects crowded into a short period of time, and expected to be carried in the cranial cavity, are more than sufficient to make the heads of families pause before subjecting their children to this form of over-brain taxation. This subject cannot be too carefully thought over. No part of the human body endures less strain than the tiny brain—soft, pliant and pulpy, yet sparkling with evidences of intellectual activity. The period of youth is the child's sunshine, and frequently the very exhibition of natural gifts stimulates the parent to subject the child to a course of over mental strain, such as may render dull in after life those active germs of mental growth, and even thus sap the power of physical organization as well. Our prize animals are not used as dray horses until

properly developed. Time is necessary, also, for the proper mental and physical growth of the rising generation. The expansion of brain tissue, above all, should not be overtaxed by excessive burdens in the way of brain cramming. No two faces in the whole human family are precisely alike, and the same diversity exists as to brain power and brain capacity. Let us be natural, and exactly what a kind Providence made us. This age is one surrounded by great evidences of progress in science, in literature and in art, and the great masters in any one of these departments of thought were not overtaxed in the period of youth by mental strain. The men to-day who guide and direct our Dominion have not had the common-sense educated out of them. Well directed mental training is certainly necessary, and to be of practical utility in after life, too much care and attention cannot be bestowed on the education of the young, who will in time be called upon to occupy important positions in the varied paths of life's duty. To our young medical men we look for careful observation in this direction, in which much useful and practical work, in the way of reforms, may be brought about. Our Canadian children compare favorably with those in any other part of the world, as far as intellectual activity is concerned, and our aim and object should be to preserve the gifts of nature, glowing with more than ordinary lustre around the cerebral thrones of a rising generation. The more closely this whole subject is thought over, the more attention will it attract. The addition of a work-room to each public school, where children might employ even half a day in each week in making various articles in wood used in every-day life, would greatly encourage them in study, turn their practical genius to account, and, in a new country like Canada, with a great North-West, render them better able to grapple with the varied vicissitudes of life. Mental and physical training thus combined would give force and vigor to the system generally, and draw out the special aptitude of many for particular lines of duty. There is no more useless member of society than he who knows everything and can do nothing. At the present time it is necessary to be prepared for any emergency, and education should be so directed as to achieve

the most practical results, while at the same time the varied advantages of our educational institutions are being utilized compatible with the principles of health.

To our young men I would say, be interested yourselves, and in all such matters you will interest others. When you have anything important, the public will not fail to give you attention. Speak with all your heart, and ears will gladly listen to your observations. The surprise power will generally attract some attention. Keep on with common-place affairs, and no particular interest is aroused, but, as Spurgeon advised, "*give the very cradle a jerk*" in which the public mind slumbers, and every nerve is strung to ascertain what next. It is self-interest which thus quickens and sharpens our senses and gives a lively turn to passing events.

In conclusion, I would say, let our young medical men protect their fellow-practitioners, and avoid quarrels and petty jealousies. Let us not be called "the jealous members of the conjectural art." We have a noble profession, with the prospect that by industry, honesty and perseverance, sooner or later, worldly success will follow, and a noble-minded physician is one who, in all he does, feels himself to be the student of God's works.

This jubilee year of Her Majesty has added in a remarkable degree to the future educational prospects of the Medical Faculty of McGill University. The princely gift of Sir George Stephen and Sir Donald A. Smith to found a new hospital in this city for all creeds and all nationalities marks in an undoubted manner the progressive development of our country and the liberality of our people. Their names will be handed down to posterity as noble benefactors of their day and generation.

Before resuming my seat, I desire to thank in an especial manner the Dean and other members of the Medical Faculty for the marked consideration shown in affording me this opportunity of tendering a few words of advice to our young men, who are no doubt proud of the distinction of being medical students and alumni of this University.

ADDRESS ON OBSTETRICS BEFORE THE CANADIAN  
MEDICAL ASSOCIATION.

BY F. R. ECCLES, M.D., LONDON, ONT.

Animated by a desire to promote the interest of this Association, and feeling the obligation which rested on me as a member thereof, I consented to open the discussion in the department of obstetrics and gynæcology. Soon thereafter I recognized the responsible position in which I had placed myself, and began to sorely repent my rashness. But the consciousness of the liberal-mindedness of the members of the Canadian Medical Association assured me that in an honest endeavor to discharge a self-imposed duty, I need not look in vain for their kind indulgence.

I was anxious to present to this Association some subject in connection with this department which would not only be interesting to the specialist, but to the general practitioner as well, as the general practitioner largely prevails in this young country of ours. I have therefore selected so commonplace a subject as *Subinvolution of the Uterus*, not more on account of the frequency of its occurrence and the not unfrequently more or less unsatisfactory results of treatment, than the personal desire to obtain the views as well as the experience of a great number of those present. And even if the observations, clinical research and line of treatment of so many here, who are more competent to speak upon this subject than I am, shall not bring out any great advance, I shall nevertheless not regret the introduction of the discussion. If no new remedies are brought forth, no specially different lines of treatment are advocated, still if we catch the inspiration to the proper use of remedies well known, I venture to say that the time is not misspent. Because of the prevalence of this affection, so much the more has it enjoyed the mind of the general practitioner, and in many instances is looked upon as the opprobrium of an art. "Sir, thou hast nothing to draw with, and the well is deep." I use the term "subinvolution" in preference to any other name, such as areolar hyperplasia, chronic metritis, etc., and for two reasons. It conveys in its meaning a fact that there has been an arrest or re-

tardation of all those normal and physiological changes which are embraced under the head of involution, and, secondly, one is free from those mists and obscurities, those suppositions and hypotheses, where an honest endeavor to give a name according to the pathological condition of the parts obtains. For one hears of areolar hyperplasia, chronic metritis, hypertrophy of the uterus, sclerosis of the uterus, chronic parenchymatous inflammation, or chronic corporeal parenchymatous inflammation, diffuse proliferation of connective tissue, diffuse interstitial metritis, etc., etc., all of which indicate to the thoughtful student that further elucidation of the nature of the pathological changes of this condition may yet be expected.

As eczema in its early stages differs from eczema in its later stages, and as the pathological conditions of hepatic cirrhosis in its early stages differ materially from those noticed in the latter stages, so we often find the subinvolved condition of the uterus frequently presenting variations consequent upon the duration of the ailment, although I believe this is not invariably so. For this reason, more than from natural conservative tendencies, I would retain the old familiar term "subinvolution."

We understand by this that there has been a failure to undergo sufficient reduction in size after delivery or abortion. I infer that something has prevented the ordinary changes incident to the retrograde metamorphosis from taking place, which in the short space of six or seven weeks reduce a uterus of 24 ounces to two ounces. Nature intends a proper and rapid reduction of this organ. How, then, is it that we have this ailment occurring so frequently? That there are known or unknown causes—avoidable or unavoidable—which prevent involution will not be denied. The art and science of medicine are not only to relieve symptoms and remove morbid conditions, but to worthily stretch out into other and more philanthropic fields; and now in all civilized countries preventive medicine is occupying a prominent place.

After delivery, gradual diminution of blood supply and an increasing activity of the processes of absorption bring about involution of the uterus. But amidst unfavorable circumstances

the ordinary retrograde metamorphosis undergoes some departure from health.

I shall endeavor to present to you some of those unfavorable circumstances or influences, the prevention of which will largely contribute towards the normal involution of the uterus. And first amongst those unfavorable influences is fever. An elevated temperature, whether it be from specific fever or septic causes, or inflammatory changes interferes with general nutrition, and to a marked extent is this the case with the uterus following parturition. Recall to your minds some of the peculiarities of the muscular tissue, of which the uterus forms a good example. Arrest of the function is followed by little or no atrophy, whereas exaggerated action leads to hypertrophy to a marked extent. Irritation of the nerves supplying these muscles has less influence on the contraction of their fibres than direct excitation of the muscles themselves, and regeneration of their fibres takes place rapidly; in marked contra-distinction to the voluntary muscles, the structure of which is not easily restored. In reference to the uterus itself, there is no organ in the body which so readily responds to irritation. The presence of a myoma deranges its vascular supply and leads to hypertrophy. So will a contracted os or a flexed cervix, because resistance is offered to the passage of the blighted elements of the lesser reproductive process. Pregnancy so stimulates the nutritive activities, that an organ of 12 or 14 drachms increases to twice as many ounces during the short period of a full utero gestation, while the inverse process is accomplished in the marvellously short period of six or eight weeks. Our attention should therefore be directed to the uterus in all cases where fever has occurred during the puerperium; *very frequently we will find arrested involution.* Then inflammatory attacks occurring in the body or neck, or in immediate connection with the uterus, as in pelvic peritonitis or cellulitis, may be looked upon as unfavorably influencing retrogression; these are the cases in which one may expect to find subinvolution present.

A lacerated cervix or a lacerated perineum, or any serious injury to the vagina, is now known to arrest involution, not only of the uterus, but of the vagina often.

Then there are cases of general debility—impoverished blood—an enfeebled and disordered state of the nervous system, where the nutritive processes are below par; where there is muscular atony, and consequently but feeble rhythmical contraction of the uterus. In all these cases, one almost invariably finds involution retarded. And these are the very cases where the mother is considered unable to nurse her child; and consequently the stimulus to reflex action, which is an important factor in the production of uterine contraction, is lost—a not unimportant point to remember in all cases of abortion. The retention of any portion of the secundines, displacements, prolapses and flexion, keep up a state of hyperæmia which interferes with involution. My experience, however, leads me to believe that displacements are more frequently the effect than the cause of the ailment. The weighty uterus is not so easily steadied, and hence topples over, and generally in the backward direction, perhaps being first influenced in that direction by a distended bladder. Other unfavorable circumstances influencing involution are post-partum hemorrhage, neglect to empty the rectum once in 24 hours, a too early resumption of the upright position, or any local cause whatever productive of venous obstruction. With the knowledge of all these circumstances the physician stands as sentry on guard, and who can say in how many instances disease has been averted, and the physiological changes incident to involution have gone on without let or hindrance. The prevailing idea amongst the laity that the patient should be up and about on the ninth day is productive of no little harm. At times it requires considerable firmness on the part of the physician to break down these old-time prejudices. I look upon too early getting up of etiological importance in connection with subinvolution.

There are certain accidents which frequently occur in connection with subinvolution. For instance, a subinvolted uterus is liable to prolapsus—liable to displacement. Indeed I very frequently find, with subinvolution, retroversion or retroflexion, or both, with the ovaries dragged down, enlarged and tender; and in not a few instances I have been enabled to detect a vari-

case condition of the veins of the ovary. In the majority of cases, these are results of subinvolution—conditions which, although relieved, are liable to return after subsequent pregnancies. Hypertrophy and elongation of cervix are often present.

As far as symptoms are concerned, I think it almost impossible to determine that subinvolution exists. Indeed there are no pathognomonic symptoms, and there are many symptoms in common with other uterine diseases. If there is one symptom to which I attribute more importance than another, and one which more frequently occurs, it is the sense of pressure on the top of the head, just about the position of the anterior fontanelle. Some patients speak of a burning pain there, others as if they wanted to press their head against something, while others will tell you of a sensation there so unbearably distressing that they believe they will go mad. This is a symptom I have noticed as being not unfrequently present. I do not remember this as a symptom noted by any author, but it is one I have recognized for the last 15 or 16 years. Oftentimes the patient consults you only on account of the headache, and will tell that it is not at all like the headache from stomach derangement, neither is it like neuralgia, but incomparably more unbearable than either. Then in old standing cases, where the headache of this character has been more or less persistent, there comes in the current of the history, fits of melancholy, and, indeed, the patients will volunteer the statement that her usual jollity has given place to irritability, by which she really means mental depression. Close observation will often detect an anxious countenance. Catching this anxious and frequently sallow countenance, I often feel pretty certain of my diagnosis before the patient is rightly seated in my consulting-room. With many of these poor women how wearily the day passes, and without a ray of sunshine to brighten their path. To make better their body—to cure them of their ailments, is really to regenerate them—is to change a saddened countenance into one expressive of gratitude beyond any pecuniary consideration.

Now a great deal has been written about mental depression and tendencies to insanity in cases of laceration of the cervix



of long standing, but I have frequently seen the same symptoms in subinvolution, unaccompanied by any laceration. When you cure the subinvolution, whether it be accompanied or unaccompanied by a lacerated cervix, you cure the melancholy and headache as well, and in general all the other symptoms. But some of these cases cannot be cured with any medicinal agent, either by internal administration or local application, but by some operative procedure, of which I will have occasion to speak. Recent subinvolution will always be characterized by more or less menorrhagia, and in not a few instances those also of long standing. The inference from a clinical standpoint is that the condition of the uterus in those latter cases always remains much the same. One who has at all carefully observed his cases of subinvolution will have noticed some of long standing, which, aside from the history, would appear to have been cases of only recent date, cases in which the uterus, body and neck, still remains soft and large, while others present the sclerosed condition, in which the menstrual discharge becomes scanty. Upon examination, we often find a patulous os and open canal, with considerable enlargement of the uterus. The enlargement is evenly distributed and is readily made out by the bimanual method and confirmed by the sound, which may pass from three to five inches. Excluding pregnancy and abnormal growth, the enlargement in conjunction with the history will seldom fail to establish the diagnosis. There is in general an increased sensitiveness about the uterus, more noticeable when you endeavor to raise the organ up than when you press upon it from above; and more especially is this the case if it be retroverted or retroflexed. In all such cases dispareunia is a prominent symptom; unrest and an aggravation of symptoms follow cohabitation. I am always suspicious of retarded or arrested involution, where the history of illness dates from labor (either at full term or premature), where it is accompanied by menorrhagia, and especially if menorrhagia occur during lactation. Whatever may be the direct cause, I suspect involution. Then I confirm my suspicions by a diagnosis made negatively; that is, as far as possible, by eliminating the possibilities. Careful physical exami-

nation, with the information already obtained, will in general clear up all doubts about the case. In a few cases we find that the menstrual flow, from its first reappearance, is scarcely beyond the normal, and yet there is marked subinvolution. It will generally be observed in these patients that lactation exercised a sufficient influence to prevent menstruation until some nine or ten months after the birth of the child. I have a patient under my care now (who recommenced menstruating when her child was nine months old, and who continued to nurse the child for five months longer); in whom menstruation has been normal since its first reappearance, now some fifteen months ago, and yet her uterus is large and heavy, measuring quite  $3\frac{1}{2}$  inches. In the great majority of cases it is not so, and in recent cases of subinvolution more or less menorrhagia may be looked for.

The treatment of subinvolution differs materially according to the conditions present. When one finds the uterus enlarged, soft, and relaxed, feeling very much like the uterus in the second month of pregnancy, it is noticed that this condition responds very readily and promptly to treatment. The chlorate and bromide of potassium, with ergot and quinine, are amongst the most useful remedies. Two grains each of ergotine and quinine, given three times a day, with 25 or 30 grains of bromide of potassium at bed-time, will in general promote involution. It will be materially aided by douching the cervix with a gallon of hot water night and morning, to the last pint of which I generally add one drachm of borax or alum. If the recovery is not prompt and the cervix looks congested, I scarify it, make applications of iodized phenol or Churchill's tincture of iodine to the endometrium at intervals of ten or twelve days, painting the whole vaginal cervix at the same time. I do this whether endometritis be present or not, and I am satisfied involution is promoted thereby.

It is unnecessary for me here to mention that any displacement should be rectified as soon as possible, as I have before intimated that this accident superimposes an additional element of venous congestion. But when the condition of the uterus becomes altered, and we recognize hardness of tissue, we find a

more obstinate resistance to treatment. These are the cases which have run on for months and even years with little or no treatment, beyond tonics and laxatives; and these are the cases in which we find extraordinary nervous symptoms developing themselves. Unfortunately a number of those cases will never fully recover, but their condition may often be so ameliorated that they may pass the years to the menopause with comparative comfort. In addition to the line of treatment which has just been advocated, and which must be carried out very vigorously, I am in the habit of applying nitric acid to the whole endometrium, after the manner of Atthill, when the carbolic acid, iodized phenol or tincture of iodine fails to produce a healthy condition of the mucous membrane. The application of the various caustics has a two-fold purpose—to *establish* a healthy condition of the mucous membrane, and to *whip* the uterus into contraction. Undiluted carbolic acid is a very safe and almost painless caustic, if care is exercised in not allowing any to trickle down into the vagina. If after a satisfactory trial of this treatment no very marked benefit be produced, I have tried dilatation of the whole cervical canal to the extent of an inch or more, endeavoring in this manner to produce a strong impression upon the uterus. In one case in particular I believe I obtained much good. As this is an operation not fraught with much danger, it can readily be tried in obstinate cases. But I can recommend with much more hope of success, removal of a portion of the cervix. In a number of my early trachelorrhaphies, I was surprised to find what a marked impression was made on the nutritive activities of the subinvolved organ. In one of my first this was especially noted. The uterus was large, retroverted, somewhat prolapsed, and the cervix lacerated into three sections, and the symptoms of backache and dragging pain were so unbearable that the poor woman had been an almost helpless invalid for three years, with all the nervous symptoms which accompany such a condition. In addition, there was a laceration of the perineum almost back to the rectum. In this case I was associated with Dr. Edwards of London, and operated April 24, 1881. The uterus rapidly diminished in size, and the woman bloomed into health in a

manner wholly surprising to her friends and medical attendants. In a short time after her return home, she attended to all her household duties connected with a farm, and in a letter to me some ten or twelve weeks afterwards, refused to come back to have the perineum repaired, saying "as long as I feel as well as I do now I will not have the other operation done." Diminution in tenderness was as marked as diminution in size. As I mentioned, the cervix was lacerated into three segments, one small and two large. The small segment was entirely cut away and the operation thus converted into a bilateral one. I was strongly impressed, aside from the mere stitching up and healing of the cervix, that the operation should have produced such an impression upon the uterus as to start up afresh the nutritive activities which had been arrested some four years previous, and thus involution was brought about.

Another case of subinvolution, without any laceration of the cervix, in which I was associated with Dr. Fraser of London, in which the uterus was so large and the menorrhagia so profuse that some considerable doubt was expressed as to whether there might not be a fibro-myoma in the walls of the uterus. The patient was much exhausted from repeated periodic hemorrhages and was incapacitated for work. She had the best of treatment, both constitutionally and locally, but with only temporary benefit. I saw her on Oct. 16, 1884 (uterus then  $4\frac{1}{2}$  inches), when we agreed that removal of the cervix would afford the best chance of recovery, might wake up the uterus, as it were, and accordingly on Nov. 8th I removed it with the *écraseur* and scissors, using the Paquelin cautery to restrain the hemorrhage. It was completely healed in four weeks, and the improvement in the general condition was uninterrupted. The menses became regular both as regards time and quantity, and has remained so up to the present. I asked Dr. Fraser to examine the uterus, which he very kindly did on the 29th inst., Monday of this week, and his report is that the body of the uterus is normal in size (measurement  $1\frac{3}{4}$  inches), menstruation normal, and her general health good. It will be remembered that she had a long course of treatment, of applications of caustic to the uterus, ergot,

quinine and strychnia, etc., and with little or no benefit. No treatment except tonics after removal of the cervix, and the improvement commenced at once.

Every one who has had any experience in gynæcology can bear witness to the evident improvement of the subinvolved condition of the uterus after what has been called Emmet's operation, now known as trachelorrhaphy. Dr. Emmet himself says: "For many years past I have met with few or no cases of subinvolution which were not due to laceration of the cervix." And again he says: "If the operation be performed after the different sources of irritation have been removed, the uterus will be reduced rapidly in size, and the patient will not only regain her health, but will remain in the full enjoyment of it afterwards." One hesitates in differing from so good and excellent a man as Dr. Emmet—such a careful observer, and one in whom wonderful results have been the outcome of *such careful observation*. But I do not believe that *complete recovery* will occur in every case, at least such has not been my experience; but that in the great majority of cases similar results *will follow*—the involution will take a fresh start and become completed. But that there are cases of subinvolution in which there has been no laceration of the cervix, and in which the improvement has not been satisfactory under the usual treatment, I question if any one here will deny.

Just as in some cases of enlargement of the tonsils in children—you improve the general health, pay careful attention to the function of the skin, kidneys and bowels, endeavor to correct faulty nutrition, apply topical applications to the tonsil, use frequent compression of the gland between the fingers, and still the gland diminishes very little in size. But while the health is in the best possible condition, if you remove a small portion of the most prominent part of the tonsil with the tonsillitome, it appears to start up a new condition of things, whereby absorption takes place and the enlarged tonsil gradually melts down. In a similar manner, with my limited experience, a removal of a portion of the cervix in obstinate cases of subinvolution produces like results. The operation surprises the uterus; increased nutritive activities result, and involution is set up.

When I was in Europe in 1876, '77 and '78, it was quite the fashion in some hospitals to cauterize the cervix deeply with caustic potash in enlargement of the cervix with subinvolution, but the subsequent contractions in the cicatricial tissue have, I believe, justly made the operation unpopular. It was the impression made on the uterus by the powerful effect of the escharotic that produced a revulsive action on that organ.

In some cases wedge-shaped sections have been taken from the cervix with good results, not only to the enlarged cervix, but also to the uterus itself, and, as I said, in a few cases I have had fairly good results from dilatation. In that very excellent work of the late Dr. John Thorburn of Manchester, whose untimely death took place while his work was going through the press, he quotes from his colleague in reference to the operation on the lacerated cervix, and says "that the operation must often be looked upon as merely a step in the course of treatment of a uterine disease," a statement with which I am fully in accord. Any operation on the cervix for the promotion of involution must only be looked upon as a means to an end. It is all-important, therefore, that the system should be put into the best possible condition. Local and constitutional treatment must join hands, otherwise we will be frequently disappointed. In defective nutrition, the uterus suffers in common with other organs, and this alone greatly predisposes to arrest of involution.

## ECLAMPSIA OF PREGNANCY.\*

By J. L. ADDISON, M.D., C.M., ST. GEORGE, ONT.

CASE I.—Mrs. T., primipara, aged 23; twins. Was called to attend this case at 2.30 A.M. February 4th, 1887. On arrival, was informed that her pains began about 1 A.M., after which a lady friend gave her about an ounce of whiskey. The pains immediately increased in frequency, and markedly so in severity. Os dilated about the size of a twenty-five cent piece, head presenting. At 4 A.M., pains having become light and comparatively ineffectual, she was allowed to sit up in a rocking chair and occasionally walk about the room. An hour later I gave her six grains of quinine, in capsule. She then went to bed and very soon began to complain of headache (frontal) and spots before the eyes. On inquiry, she said she had not been in the habit of getting up at night to micturate, excepting during the previous week, when she had to get up three or four times each night, each time voiding from a half to a cupful of urine. The legs were not markedly swollen, the feet pitted on pressure, the ankles did not; no œdema of the face; no puffing of the eyelids nor hands. The pains again began to increase in severity, and I was inclined to look on the headache and vertigo as perhaps due to the reaction of the whiskey, though still suspicious of uræmia.

On vaginal examination, the os was dilated to about the size of a silver dollar, the head presenting in the third position—*i.e.*, left occipito-posterior, membranes protruding. By abdominal palpation I was unable to decide whether there was one or two fetuses, owing to her fleshy condition and abundance of liquor amnii, nor could I hear the foetal heart-beat. About 9 o'clock, the os being fully dilated, I proposed the use of forceps, but to this procedure the friends objected. At 10 o'clock I left her for a few minutes and went into the adjoining room. In less than five minutes I was startled by the husband calling in an excited manner, "Doctor, come quick!" Suspecting what was the matter, I immediately felt for my lancelet, but had left it at

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\* Read before the Brant Medical Association, Brantford, Sept. 7th, 1887.

home. On entering, I saw at once that my fears were realized. I then looked in my satchel for an anal syringe to give an enema of chloral and bromide, but it, too, was at home, and so was my hypodermic syringe. Jaborandi, too, which I usually carry, was absent. As she was robust and full-blooded, I asked for a pen-knife. They gave me a large-bladed jack-knife, with which I cut through the skin and fat, but on reaching the vein it rolled under the edge of the knife; I feared wounding the artery in using pressure, and thought it better to desist, proceeded at once to administer chloroform and empty the uterus. Applied the forceps (Simpson's long) to the head and delivered the first boy without much difficulty. Withdrawing the anæsthetic after delivery she soon became partly conscious. On examination, the membranes of second were protruding through the os, head presenting. The membranes were punctured with a hair-pin, the liquor amnii escaping in sufficient quantity to drench the bed. I passed my finger up to diagnose the presentation, and she was immediately seized with another convulsion. I repeated the anæsthetic, and when thoroughly under applied the forceps. Traction was easy until it descended to the pubes, when it seemed to stick fast, requiring considerable force to dislodge it. Fearing the constant use of the anæsthetic, being without a medical assistant, I withdrew it for a time until she showed some signs of returning consciousness, then again repeated it and made slight steady traction on the forceps, and again she, not being thoroughly under the influence of chloroform, went off in another convulsion, and the child shot through the perineum, the laceration extending through the sphincter. Fearing hemorrhage, I again withdrew the anæsthetic, and she again became partly conscious, sufficiently so to answer questions when roused. In a few minutes the after pains began, and with the first another convulsion. I again repeated the chloroform and removed the placenta by Credé's method, and as my messenger had arrived with medicine, I again withdrew the anæsthetic, and as soon as she was able to swallow administered Fl. Ext. Jaborandi ʒi. She had a rather sharp hemorrhage, but it was easily controlled by keeping the uterus firmly pressed against the pubic bone and



applying ice to the abdomen. Dr. Smith of Sheffield now arrived to help me to share the responsibility. She had no more convulsions.

*Her symptoms.*—The only premonitory symptoms were those mentioned above, viz., frontal headache, which she said was not very severe, and spots before the eyes.

*The convulsions.*—The onset was sudden. The face at first was ashen pale; the eye-balls turned up under the lids so that only the white sclerotics were visible; the head drawn to the left side; the mouth was drawn to the same side, the upper lip drawn well up to the left and forming an arch, the mouth open about  $1\frac{1}{4}$  inches; the tongue was not protruded, but was bitten in one of the convulsions; the hand tightly clenched; marked flexion of the wrist; slight flexion of the elbow. This tonic spasm lasted a few seconds, then became clonic. Face began to twitch, mouth closed and jerking, eye-balls rolling up and down, cyanosis, hands, arms, legs and all the muscles took part in the jerking, frothy saliva oozed from the mouth, respiration irregular, jerking and hissing, heart-beat irregular, forcible and very rapid. This stage lasted a short time, gradually ceasing in severity, the cyanosis gradually giving way to the ashen color.

*Her after-treatment.*—Rest and quietness in a well-ventilated room, with the blinds down for a day or two, temperature  $65^{\circ}$ ; bowels to be kept open with 3i doses of magnesia sulph.; milk diet; vaginal injections of carbolic acid, 1 to 50; wound dressed with iodoform. Stitching of perineum postponed until she is in better condition. Ordered Liq. Ammon. Acet. ʒii every four hours. Urine contained about one-third albumen.

Under the above treatment albumen disappeared in about three or four days. She was then given quinine, iron and phosphoric acid, beef-tea and light diet, and made a good recovery. Both the children (males) are doing well.

CASE II.—On July 27th, 1886, was called five miles out from our village to see Mrs. J. K., who, I was informed by the messenger, had fainted before he was sent for me. On arrival, I found her in a convulsion, and learned that it was her fifth that day. Drew off a small quantity of her urine, which on boiling

almost solidified. She was a strong, hearty, robust primipara, aged 24, in her eighth month of pregnancy; urine almost suppressed; legs and feet swollen like posts; eyelids puffy; and her husband said she had been very restless at nights for about a week.

*Treatment.*—I at once bled from the arm about  $\bar{x}$ , gave a brisk cathartic, administered by enema chloral and pot. brom.  $\bar{a}\bar{a}$   $\bar{3}$ ss, and by the mouth two successive doses of 15 grains of each, fifteen minutes apart, after which she slept quietly for about four hours, until her bowels were moved. I then ordered rest in bed, milk diet, sealing jars of hot water to be placed up the sides of the body and legs until free perspiration ensued for one or two hours, and the following mixture:  $\bar{R}$  Liq. Ammon. Acet.  $\bar{3}$ iii, Pot. Acet.  $\bar{3}$ vi, Aqua ad  $\bar{3}$ vi. Sig.  $\bar{3}$ ss every three hours.

In thirty-six hours she was passing water freely, containing about 30% albumen. Rest and milk diet to be continued, and the above mixture to be given in  $\bar{3}$ ii four times a day; bowels to be kept open with sulphate of magnesia. In ten days the urine contained only about 15% albumen. She was then allowed to get up part of the day, and for the above mixture I substituted the following: Bitartrate of Potash  $\bar{3}$ ss, dissolved in a pint of boiling water, to which was added half the rind of a lemon. This to be taken during the course of each day. She had no more convulsions, but was delivered of a dead foetus Sept. 1st. Her urine is now free from albumen, and she is enjoying good health.

CASE III.—March 14th, 1885, attended Mrs. A. C. in confinement. She was a fine, healthy-looking primipara, aged 20. Nothing remarkable about her labor, save that it was almost bloodless. After delivery and bandaging, she complained of headache; pulse 70, strong and full. Remained with her two hours after delivery, when she said she was feeling very much better, and I left. Five hours later I was summoned to see her again, her husband telling me she had fits. She had her third just as I entered the house. Remembering her bloodless labor and full pulse, I bled from the arm, gave Pulv. Jalapæ co. gr. xl,

an enema of Pot. Brom. and Chloral  $\bar{a}\bar{a}$   $\bar{z}$ ss, and left her Pot. Brom.  $\bar{z}$ i, Spt. Eth. Nit.  $\bar{z}$ i, to be taken every four hours. The albumen, about 20% at first, soon disappeared from the urine, and I gave Tr. Ferri Mur.  $\bar{m}$ xv, Liq. Ammon. Acet.  $\bar{z}$ ii, Acid Acetic dil.  $\bar{m}$ x, three times a day after meals. She made a good recovery.

CASE IV.—July 3rd, 1885, was called to see Miss E. T., aged 17. I found her rather drowsy, not markedly so; pupils widely dilated; complaining of headache on top and in front part of head; full bounding pulse; markedly anæmic; feet and ankles œdematous, swelling extending to about midway between the ankles and knees, pitting on pressure; mucous membranes of lips and eyelids very pale; tongue large and flabby, slightly indented on the sides by the teeth, and on the left side, near its tip, a ragged wound as if recently bitten by one tooth. Her friends told me she had had a violent fit about half an hour previous to my visit, that while in it she was black in the face, her features distorted, her muscles jerking, froth oozing from her mouth, and that they thought she was dying. I drew off a small quantity of urine, but with nitric acid could not detect any albumen. She was in her seventh month of pregnancy. Her friends were not aware of her condition before that morning and had reproached her severely for it. I could trace no history of hysteria. She said she had been restless and sleepless for several nights; had been micturating more frequently than usual, but that the whole amount voided in the twenty-four hours was, so far as she could judge, about as much as usual; bowels constipated. Gave a full dose of chloral and bromide, rest and quietness. Later I prescribed Blaud's ferruginous pills, the bowels to be kept open with Epsom salts, abundance of fresh air, sunlight and nourishing diet; and finding out the young man at fault, my prescription for him was to marry the girl and lessen the severity of the storm. My request was acceded to in a few days. Since then they have lived agreeably together, and she has had no more convulsions. At full term she was delivered of a fine healthy boy, since which she has been quite healthy.

*Feb. 2nd, 1887.*—I attended her in her second confinement,

the only difficulty being a cross-presentation, rectified by turning and drawing down a foot.

In *Case I*, the cause appears to be uræmia, the large distension of the uterus interfering with the action of the kidneys. The lacerated perineum Dr. Smith and I both doubted the advisability of immediately stitching, fearing that the action of the bowels would interfere with its healing, unless the bowels were kept confined for a day or two by opiates, which we did not feel justified in prescribing. If I should be unfortunate enough to have another similar case, I would stitch the perineum and take the chances of union.

*Case II* was no doubt due to uræmia, and the death of the foetus probably caused by the convulsions.

*Case III* was partly due to uræmia, but I think more particularly due to irritability of the nervous system. The child, illegitimate, was born six months after marriage, and the husband was unaware of her condition when he married her.

*Case IV* was, I think, the result of anæmia and excitability of the nervous system.

To enlarge our scope of discussion, I might launch out a little further and briefly refer to some of the leading features in eclampsia of pregnancy, beginning with

#### ETIOLOGY.

The etiology of puerperal eclampsia still seems to be rather unsettled, the following being some of the leading causes mentioned: 1. Uræmia. 2. Cerebral Anæmia. 3. Cerebral Congestion. 4. Excitability of the Nervous System. 5. Micro-organisms.

1. *Uræmia*.—In regard to this cause, we must look for some deficiency in the urinary apparatus. We all know that in pregnancy we generally have more or less hypertrophy of the left ventricle, with increased arterial tension; and that in the majority of fatal cases of eclampsia, where post-mortems have been held, there has been found more or less damage to the kidneys. Lever first showed that the urine in patients suffering from this disease was generally highly charged with albumin. The infer-

ence was that urea was the cause. Frerichs modified this view by holding that the decomposition of urea into carbonate of ammonia was the cause. Dr. Purdy would lead us to believe that the majority of cases are associated with and are the direct result of kidney disease. Here we might remark that statistics show that about one-eighth of the cases of puerperal nephritis have convulsions; then if this be the sole cause, why do not one-eighth of our non-pregnant cases of nephritis have convulsions? Infraction, refraction or pressure on the ureters is thought by some to be an active factor in causing the uræmia, and yet we do not meet with this result from the pressure of ovarian tumors. Is it because of the comparative infrequency of the latter? Lastly, an over-distended bladder is said sometimes to be a factor.

2. *Cerebral Anæmia*.—It is due to an insufficiency of pure blood to sustain the vital functions, or a want of nutrient blood in the system, a poverty and privation of the blood associated with mental anxiety, worry, etc. McDonald thinks it due to irritation of the vaso-motor centres, in consequence of an anæmic condition of the blood, produced by the retention in it of excrementitious matter which the kidneys ought to have removed, this over-stimulation resulting in anæmia of the deeper-seated nerve centres and consequent convulsion.

3. *Cerebral Congestion*.—In plethoric pregnant women, irritability of any organ supplied with ganglia may cause; e.g., mental emotion, distended stomach, spirituous liquors, powerful contractions of the uterus with some obstruction to passage of the head.

4. *Excitability of the Nervous System*.—Tyler Smith compares the nervous system of a pregnant woman to that of a child, and looks upon this excitability as a cause.

5. *Micro-organisms*.—Doleris and Poney have studied in collaboration the relation of micro-organisms to the albuminuria of pregnancy, and have come to the following conclusions:

1. Micro-organisms are to be found in the bladder in these cases independently of albuminuria, and apparently unconnected with any kidney trouble.

2. Albuminuria is present in about five per cent. of pregnant

women, and in such urine micro-organisms, especially streptococci, are always present.

3. The blood of such women usually, if not always, contains bacteria, the presence of which is demonstrated by culture.

4. In the cases of albuminuria of pregnancy with eclampsia, micro-organisms were present in both blood and urine, and apparently had a direct quantitative relation to the severity of the convulsions.

*Time of occurrence of Eclampsia.*—Rarely before the sixth month of pregnancy, common after the eighth month, most frequent during the last week, occasionally after the completion of labor. It occurs much more frequently in primiparæ than in multiparæ.

*Prognosis.*—Playfair says 1 woman in 3 or 4 dies. Lately the mortality has been reduced to 1 in 6 or 7. Lusk says half the children die. Testue gives the following statistics of various methods of treatment :

Mortality when general blood-letting was used.....	35 per ct.
“ “ purgatives were used.....	56 “
“ “ purgatives and blood-letting combined were used .....	17.3 “
“ “ anæsthetics were used.....	17.8 “
“ “ chloral alone .....	4 “
“ “ chloral and bleeding combined.....	9 “
“ “ chloral and other measures.....	13.3 “

#### TREATMENT.

*Prophylaxis.*—It would seem from a careful perusal of the various articles on puerperal eclampsia, that if all pregnant women would daily drink buttermilk, skim-milk or whey, keep the bowels regular with small doses of magnesia sulph., have abundance of fresh air and sunlight, daily bathe with warm water, or, better, with salt and water, and have suitable food, there would be few cases of puerperal convulsions. Girls with Bright's disease should not marry. Their first confinement is said to be almost fatal.

In pregnant women complaining of fixed headache, spots before the eyes, epigastric pain, restlessness at night, puffing of the eyelids, hands or feet, it is always well to examine the urine.

and have the daily amount of its secretion measured; inquire into the state of digestion and condition of the bowels. If you find albuminuria, the treatment will depend to a great extent on general principles. Good hygienic surroundings, bathing, keeping the bowels open, rest and milk diet will be found sufficient in many mild cases. In regard to bathing, hot air and hot water are both highly spoken of. The former can be administered in various ways, probably the best being the Turkish bath or placing the patient in a cane-seated chair with a burning alcohol lamp beneath it and surrounding her and the chair with sheets. In one case I found wrapping the patient in warm blankets in bed, with bottles of hot water along the legs and sides and cold cloths on the head, act very well. *The hot water bath*, after the manner practised in Vienna, is good, but in a country practice not generally so easy of administration. The mode of administration I suppose you are all familiar with; it is as follows: The patient is put into a bath of  $99^{\circ}$ , the bath to be covered with a heavy blanket, leaving the face free. The temperature of the water is to be gradually increased to  $110^{\circ}$  or  $112^{\circ}$ . She is to remain in the bath for thirty minutes. A towel wrung out of cold water placed on the head relieves any distressing head symptoms. Whilst in the bath the patient is to drink large quantities of water. After coming out of the bath she is to be covered with a warm sheet and then enveloped in blankets, when almost immediately free perspiration follows. The sweating is allowed to go on for two or three hours.

In regard to milk diet, the following are Nollet's conclusions:

1. Milk diet has as yet given the best results in the treatment of albuminuria.

2. This method is not applicable to all forms, and if too prolonged may produce serious inconvenience for the patient.

3. The albuminuric should avoid large meals, eating frequently, but little at a time.

4. Individual susceptibility must determine the sorts of animal food least injurious to the patient.

5. Fish appears to favor the passage of albumin into the urine.

For the restlessness and sleeplessness, chloral and bromides.

If anæmic, iron in some form. Basham's mixture of Tr. Ferri Mur., Liq. Ammon. Acet., and Acetic Acid dil., is highly spoken of. If plethoric, bleed. For dropsy, some European writer whose name I am unable to recall has said, "Purge one day and sweat the next." This I should think would be good when done cautiously, though I have not seen it tried. For scanty secretion of urine, a good calomel purge and saline draught, followed by a mixture of liquor ammonia acetatis and acetate of potash, with or without jaborandi, would be most likely to increase the secretion. If on ophthalmoscopic examination you discover albuminuric retinitis, or if in the eighth month of pregnancy you find the proportion of albumin steadily increasing in spite of treatment, consider the advisability of emptying the uterus.

*Treatment of Eclampsia.*—The remedies are various. Among the leading ones may be mentioned—Vensection, Pilocarpine, Morphia, Chloral and Chloroform.

1. *Vensection.*—Much care necessary. If the patient is plethoric and the convulsion due to cerebral congestion, it is the remedy *par excellence* in such cases, generally giving ample time for the action of other remedies.

2. *Pilocarpine* seems to be coming more to the front lately, the dose for hypodermic injection ranging from one-eighth to half a grain, or fluid extract of jaborandi may be given in drachm doses, better administered in warm water.

In reference to pilocarpine, Dr. G. T. McKeough says\* :—  
 "When coma is profound, and has almost extinguished the action of the reflex centres, pilocarpine is a dangerous agent on account of the impossibility to the patient of getting rid of the enormous quantity of bronchial secretion and saliva which floods the respiratory passages; but in those cases in which the physician is called before the patient has many convulsions—when the poison has not suppressed entirely the action of the reflex centres—when the patient is partly conscious, probably restless, and moaning, or when the convulsions have not occurred, but seem imminent—it is my conviction that we have in pilocarpine a most valuable adjunct in the treatment of this dreaded disease."

\* Canadian Practitioner, January 1886.



3. *Morphia*.—Dr. C. C. P. Clark, in the *American Journal of Obstetrics*, is a strong advocate of this remedy in heroic doses. He says "ordinary doses are useless. Inject into the arm a grain and a half of morphia; should the paroxysms return any time after two hours, repeat the dose. If in labor, repeat the dose in eight hours anyway. He says this quantity may look large, but that he is perfectly confident, after having tried it many times, that it is absolutely safe. That he is also prepared to swear that twice the quantity, not repeated, would do no harm to a patient in a strongly eclamptic condition."

Few of us young practitioners would like to risk such heroic dosing; perhaps a safer way would be to repeat  $\frac{1}{4}$  to  $\frac{1}{2}$  grain doses as often as necessary.

4. *Chloral*.—The weight of opinion seems to favor this remedy in large doses per rectum. Dr. Goodell, a few years ago, said he believed it to be the best single remedy. He directs a drachm by the rectum or twenty grains by the mouth, repeated as often as necessary, and asserted that he had never lost a case.

5. *Chloroform*.—It is very useful, temporarily, to control the convulsions, and almost indispensable when operative interference is necessary. M. Ternier, in the *Medical Union*, says that it increases the percentage of albumin. In a series of ten experiments in its administration for 30 to 75 minutes without any operation, he showed that albumin was found in eight cases, though none before; and in a second series of ten administrations with operation, albumin was present in every instance after administration, and in every case where a trace was found before anæsthesia, a marked increase was noticed afterwards.

6. *Veratrum Viride* is highly lauded by many practitioners in the Western States. It is given in 10 minim doses with or without bromide of potash, repeated often as necessary to control the pulse, or the fluid extract may be given hypodermically when the woman is unconscious.

7. *Purgatives*.—These diminish vascular tension and at the same time clear the intestinal tract of any irritant matter. Pulv. Jalapæ co. still takes the lead, perhaps on account of its easy administration and rapid action. If unconscious between the

paroxysms, croton oil, one or two drops, would be more convenient. If conscious, almost any active purgative you may have at hand would do—calomel, Epsom salts, pill cathartic co., etc. Some physicians rely entirely on chloroform and purgatives, one whose name I have forgotten making the statement “that as soon as he got the bowels moving freely he had no further fear of convulsions.”

8. *Forceps*.—When shall we use them? Here, as in all other cases, common sense should guide us. Dr. Temple of Toronto has pointed out that in primiparæ the advancement of the head is frequently impeded by the pubic bone, and that this obstruction is easily overcome by application of the forceps.

In such cases where eclampsia supervenes, chloroform and the forceps is the quickest and best way of getting out of the difficulty. When eclampsia occurs during labor, hasten the labor by every means safe to the mother and child. Should the os not be sufficiently dilated, undue haste might lessen the danger to the child, while it increased the risk of injury to the mother in the way of lacerating or otherwise wounding the cervix, rupturing the vagina, or lacerating the perineum; at the same time, by the irritation, increasing the severity of the convulsions. To protect the perineum when using the forceps, place two fingers in the rectum and use the palm of the hand as a support.

## Reviews and Notices of Books.

**Elements of Physiological Psychology.** A Treatise of the Activities and Nature of Mind from the Physical and Experimental point of view. By GEORGE T. LADD, Professor of Philosophy in Yale University. New York: Chas. Scribner's Sons. Montreal: Wm. Drysdale & Co.

We have read carefully every one of the 688 pages of this work, and we are prepared to speak of it in terms of almost unqualified praise. The book is divided into three parts, preceded by an introduction, in which the author defines the grounds of his method of treatment of the subject.

The first part discusses *The Nervous Mechanism*. Under this head are chapters on: The Elements of the Nervous System; Combination of the Nervous Elements into a System; The Nerves as Conductors; Automatic and Reflex Functions of the Central Organs; End-Organs of the Nervous System; The Development of the Nervous Mechanism; and Mechanical Theory of the Nervous System.

Part second is on *The Correlations of the Nervous Mechanism and the Mind*. It contains chapters on: The Localization of Cerebral Function; The Quality of Sensations; The Quantity of Sensations; The Presentations of Sense; Time-Relations of Mental Phenomena; Feelings and Motions; Physical Basis of the Higher Faculties; and Certain Statical Relations of the Body and Mental Phenomena.

The third part is devoted to *The Nature of Mind*. Here we find the subject dealt with under the following heads: The Faculties of the Mind and its Unity; The Development of the Mind; Real Connection of Brain and Mind; The Mind as Real Being.

We have enumerated the subjects treated at length, because one thus perceives at a glance not only the scope of this magnificent work, but also the nature of the field which the modern science of physiological psychology aims at tilling; though only imperfectly, for, as we learn upon the reading of such a book as this, there is much common ground now between the psycholo-

gist, the physiologist and the physician. The modern psychologist is one who may truly affirm that there is nothing foreign to him which throws light upon the nature of the mental processes, no matter with what science it originates. This book is the only one of its kind in the English language; the only other work extant that covers the same ground is Wundt's *Grundzüge der Physiologischen Psychologie*.

The preparation of such a work has involved an enormous amount of reading and literary research, and the English reader is presented with the results in a form concise, clear, and admirably digested. Not only so, but every theory, we might say every monograph, examined, seems to have been subjected to the careful scrutiny of an acute and, we are glad to add, impartial mind. In this work we have no crude, undigested collection of the opinions of the German or any single school, without regard to merit. We feel constantly, as we peruse the book, that the writer's mind has acted as a pair of well-adjusted balances; and if he has erred, it is simply because no balance is perfect. To those unacquainted with the literature of the new psychology, the knowledge shown of the details of anatomy (especially histology) and physiology, even as contained in special monographs, must be surprising. One looks with hopefulness for new light on these sciences from a department that till lately had absolutely no existence; and not the least of the fruits likely to be borne by this young tree of science will probably fall into the broad lap of Medicine. Is Medicine as grateful as she ought to be for what the collateral sciences have done for her? Does she realize in any adequate measure what is actually the extent of her indebtedness?

As an example of the *quality* of this book, we would instance the treatment of the burning subject of cerebral localization. We have no hesitation in saying that Professor Ladd's handling of this subject is the most thorough, impartial and generally satisfactory to be found in English, or, so far as we are aware, in any tongue. If others, including the able investigators who have advanced our knowledge of this department of physiology, had exhibited the same caution in drawing conclusions as the

writer of this book, cerebral physiology would not have left so zig-zag a trail. The conclusions of Professor Ladd are so in harmony with our own views on this subject that we cannot forbear quoting them :

“ Three principles may be laid down as summing up the results reached by inference upon the basis of experiment with respect to the localization of function in the cerebral cortex. The first principle is to be accepted in the form of a general postulate derived from a study of the other parts of the nervous system, and confirmed on attempting to apply it to the cerebral hemispheres. It may be stated as follows : The different elementary parts of the nervous system are all capable of performing its different specific functions when, and only when, they have been brought into the proper connections and have been exercised in the performance of those functions. This principle includes two important laws which, we know, hold good throughout the whole nervous mechanism, and which lie at the physical basis of important psychical facts and laws ; they are *the law of specific energy* and *the law of habit*. The remaining two of the three principles alluded to above may be said to follow from the first ; they are the principle of *localized function* and the principle of *substitution*. The former asserts that, in the normal condition of the nervous system, all parts have not the same definite functions. Inasmuch as the functions of the different elementary parts necessarily depend upon the manner in which they are combined and connected, the composite parts or organs thus formed must also have certain normal functions. There is nothing in the structure of the cortex to show why the general law of differentiation of function should be inapplicable there. On the contrary, everything in both its anatomy and physiology indicates that the principle of localized function does apply, in some sort, to the cerebral hemispheres. So-called ‘ centres,’ or ‘ areas,’ or ‘ fields,’ of the cerebrum are in no case, however, to be regarded as portions of its nervous substance that can be marked off by fixed lines for the confinement of definite functions within rigid limits. These areas are somewhat different for different brains of the same species ; they widen when a heightened energy is

demanded of them; their centres are neither mathematical points nor very minute collections of cells. They are not composed of elements, which have, each one, a fixed and unchangeable value, and a definite function as though the number of mental operations assigned to a locality needed to be precisely matched by the separate nerve fibres and nerve cells of the locality. Nor are these areas perfectly isolated localities; on the contrary, they obviously overlap each other in certain cases. Furthermore, the functions of the cerebrum are not absolutely confined to those centres with which, under ordinary circumstances, they are chiefly or wholly connected; in which, that is to say, they are localized. If such centres, for any reason, become incapacitated or relatively unfitted to perform their normal functions, the same functions may be performed by other areas of the cerebral cortex, provided these areas also stand in the proper connections. This is the principle of substitution. It is due to its working that animals subjected to experiments in extirpation, as a rule, so largely recover the powers of sensation or motion which they have temporarily lost. Such substitutive functions improve under the law of habit to which the organs of the cerebral cortex are subjected. The connections between the different cerebral areas and their functions are so complex and subtle that physiological science will need a long time to disentangle them; it may be doubted whether it will ever succeed in doing this completely."

While in the future science must gratefully acknowledge the work of such men as Fritsch, Hitzig, Exner, Ferrier, Munk and others, it will owe a special debt of gratitude to Goltz. He has been the brake on the car of progress which the others were hurrying on at a dangerous rate of speed. Why are physicians or pathologists so much less cautious than psychologists or even physiologists in drawing conclusions on this subject—indeed on the whole physiology of the nervous system? To speak candidly, we think it is largely due to their not exercising the same caution *habitually*. Their professional duties do not call for it; or, at least, they are so often obliged to act without exact knowledge that the mind is in great danger of getting into a habit of

jumping at conclusions in a way that the strict laws of logic cannot sanction. The perusal of such a work must tend to make the physician or any one else cautious, in the true scientific sense.

As an index to the literature alone the book is of great value ; for the literature of every science is now so vast and so scattered it is almost impossible to keep track of it. The whole subject of the senses receives at present a fuller treatment in works of this character than anywhere else ; and the labors of the physiologist, the psycho-physicist, and the psychologist, in the wider sense, are now to be regarded as supplementary in this connection.

Throughout, the author's position, as a dualist, is consistently and ably maintained. Professor Ladd believes we can get no really sound foundation for our knowledge of mental processes without assuming the existence of mind as a distinct entity. To explain consciousness by any materialistic conception lands us in actual absurdity. No doubt the chapters on this subject will lead to more unfavorable criticism than any others. For our part we are exceedingly glad they have been written. The "new psychology," like bacteriology in medicine, is just now in the rampant stage. Its adherents are over-hopeful and somewhat too pretentious. It is not likely that the problems that have baffled men for ages will all be cleared away by the results of any one method, however good in itself. We live in an age, sometimes fearfully destructive, sometimes almost recklessly regardless, of the opinions of the past, and with unbounded confidence in its own performances. Anyone who will write so as to check these tendencies must prove to be a real benefactor of the highest kind, and not the less so though the value of his warnings be inadequately appreciated at the time.

The author is conservative in regard to explanations of memory. This faculty is inexplicable by any physical theories ; it remains a mystery. The use of terms, borrowed from physical science, as applied to the mind, except in a purely figurative sense, is deprecated ; and the substitution of declamation (as by Luys) for facts or theories based on facts is regarded as a retrograde step.

Many interesting facts and suggestions in regard to temperaments, bodily development in its relation to the unfolding of the mind, sexual mental differences, etc., are put before the reader. The need of an exact study of the correlations of mental and physical development before we can generalize with safety is clearly presented. Professor Ladd's position on the nature of the mind can best be expressed in his own careful words: "The subject of all the states of consciousness is a real unit-being called mind; which is of non-material nature, and acts and develops according to laws of its own, but is specially correlated with certain material molecules and masses forming the substance of the brain. The development of mind can only be regarded as the progressive manifestation in consciousness of the life of a real being which, although taking its start and direction from the action of the physical elements of the body, proceeds to unfold powers that are *sui generis*, according to laws of its own. The assumption that the mind is a real being which can be acted upon by the brain, and which can act on the body through the brain, is the only one compatible with all the facts of experience." Again, in reference to memory, our author says: "Those phenomena of consciousness which we designate as 'memory' and 'recollection,' as well as the play of the reproduced images of representation in general, are correlated with the molecular constitution and tendencies and with the so-called 'dynamical associations' of the elements of the nervous system." It is to be distinctly noted, however, that the author discards the view that *all* mental phenomena have exact equivalents in specific forms of the nerve-commotion of the living brain.

While the real connection of mind and body are judged inexplicable, we regard Professor Ladd's showing that the mystery is no greater than in certain cases which, many fancy are not unexplained, (*e.g.*, the nature of the force which binds the parts of the solar system together) as unusually felicitous. Such a work as this must prove the most valuable antidote for that over confidence which characterizes to a large extent the younger or youngest portion of the scientists of the day. One of the most eminent botanists on this continent said in a recent address:



"It often seems as if we were producing a set of precious little prigs, when one sees young men turning up their noses at all those who do any work not involving the most complicated microscopical manipulations." With such a remark we cordially agree; but it does not apply to any one group of scientists alone. Now-a-days we hear from a certain class of young men a great deal about "original research," which often means nothing more than the spreading forth in print of a series of *manipulations* which have led to no really valuable results; we find men ripe in years and attainments criticised with audacious flippancy and even set at nought unless they happen to be the kind of "investigators" these callow brains conceive of; so that one is tempted to look about with alarm and ask what factors in our educational methods or our public or private life are producing these manifestations.

Like the author, we look hopefully, but not with the unbounded extravagance of some, on the future achievements of the "new psychology"; and we can still see much of value to cherish in the "old psychology." We are not inclined to seek for microscopic faults in a great work like this. There are some books that should never have been conceived, much less born; and there are some few books the world could not spare. Of the scientific world at least, the latter may be said of Professor Ladd's *Physiological Psychology*. After the accomplishment of such a task, any man might shuffle off this mortal coil with the feeling that he had well served his day and generation.

T. W. M.

#### Evacuant Medication (Cathartics and Emetics).—

By HENRY M. FIELD, M.D., Professor of Therapeutics, Dartmouth Medical College, &c., &c. Philadelphia: P. Blakiston, Son & Co. 1887.

Dr. Field, under the head of Evacuant Medication, gives an elaborate account of our different emetic and cathartic agents. The indications for the employment of these drugs are described with a fullness and clearness which is refreshing. Altogether we have had great profit from the reading of this little work.

## Society Proceedings.

## MEDICO-CHIRURGICAL SOCIETY OF MONTREAL.

Stated Meeting, June 10th, 1887.

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

DR. R. L. MACDONNELL read the history of two interesting cases which had recently come under his notice :

1. *Malignant Disease of the Lung*.—A boy, aged 3 years, had appeared for some weeks to be suffering from shortness of breath, without any other symptom. At the first visit the whole right chest was found to be flat on percussion, and to present the physical signs of pleurisy with effusion. Aspiration yielded a negative result, nothing but a few drops of blood entering the instrument. These being examined by Dr. Wyatt Johnston, were found to contain no pus, but an unusual number of leucocytes. Several further attempts at aspiration yielded scarcely better results. At one time about two ounces of pure blood were withdrawn. Dyspnoea became very urgent, and pressure signs, distension of thoracic veins, and œdema of the right side of the face set in. The child died after an illness of six weeks. An autopsy showed that the right lung was the seat of an extensive growth of a lympho-sarcomatous nature. No other organs were found involved.

*Discussion*.—DR. JOHNSTON stated that the tumor was a lympho-sarcoma. It was like a small, round-celled sarcoma, but with a number of lymph elements. The specimen showed the anomaly that, though sarcomatous, the cells were arranged in alveoli.

DR. HINGSTON said the symptoms seemed to point to empyema, cancer is so rare in children. He also quoted a case of empyema that occurred about the same time, in which the first aspiration produced fluid, but the second gave none, the pus having become consolidated.

2. *Cerebral Syphilis*.—The second case was that of a married woman, aged 20, who entered hospital on account of "fits," which had occurred off and on during the last nine months.

These attacks, one of which occurred in the hospital, consisted of clonic spasms affecting the left side of the face and left arm, and were preceded by a distinct aura. There was subsequent hemiplegia of these parts, with dragging of the left leg on attempting to walk. On the left side the reflexes were exaggerated and ankle clonus present. General intelligence was but fair, and speech thick. Optic neuritis was present in both eyes, with intense, but not localized, headache. Though no history of syphilis was to be obtained, a course of inunction with mercury was carried on to salivation, Dr. MacDonnell recognizing that the symptoms were the result of some lesion of the motor area of the right side of the brain, and that the most probable origin of such a condition was syphilitic tumor. The result was most satisfactory. Complete recovery of the parietic parts rapidly ensued, the headache disappeared, and after a month's stay in hospital the patient returned home in an excellent state of health.

*Discussion.*—DR. STEWART stated that he was called to see the patient. He thought there were two points of great interest in this case. The first was that the onset of the symptoms seemed to point to a cortical lesion which was probably of syphilitic origin; the lesion might be a tumor or merely a thickening of the membrane. The second point to be observed is the greater value of mercury compared to potassium iodide in the treatment of cerebral syphilis. If the woman could have stood the effects of more mercury she would probably have got better sooner. He also called attention to the value of using an antiseptic mouth-wash. In Vienna mercury was rubbed in thirty times a month without saturation, because the patient's mouth was well washed.

DR. CAMERON asked at what point could one determine when the mercury had reached its full effect, and when would it be advisable to resort to operation?

DR. STEWART replied that if the disease was syphilis, a complete cure might be expected; but if no effect was produced in six weeks, operative procedure might be considered.

DR. HINGSTON referred to the efficacy of potassium iodide over mercury in his experience. There is very little doubt of

the superior efficiency of potassium iodide over mercury in syphilis generally, why not in cerebral syphilis? He then referred to the difficulty of diagnosing syphilis even in cases where the lesion was visible, and quoted cases where it had been mistaken for malignant disease. He believed potassium iodide was a scavenger for the disease, and if it had no effect on any disease, that disease was not syphilitic.

*Foreign body in the Bladder.*—DR. HINGSTON related an interesting case of this nature. An old man came into hospital complaining of frequent micturition at night, with pain and other symptoms of calculus. The lithrotite was introduced without preliminary sounding, opened, and closed on something soft not attached to the vesical wall. On withdrawing it, found a piece of sheet rubber; again introduced the instrument, and withdrew another piece, and afterwards crushed and removed a calculus that was there. Patient stated that he had been examined with an instrument in Chicago, where he was treated for irritation of the neck of the bladder. Probably part of the rubber catheter was left.

In reply to Dr. Gurd, Dr. Hingston stated that the rubber was very much incrustated.

*Case of supposed Aneurism.*—DR. MACDONNELL related a case of supposed thoracic aneurism. There was great intrathoracic pain, and neuralgic pains in the course of the fifth and sixth nerves, requiring hypodermics to produce sleep. Patient had history and symptoms of syphilis. Complete relief was afforded by potassium iodide. There is now no pain nor any pressure symptoms, and patient is up and about the wards.

In answer to Dr. Gurd, Dr. MacDonnell said that potassium iodide gives wonderful relief in cases of aneurism. Would not say whether this was due to its antisyphilitic action or to its power of producing a clot in the sac.

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*Stated Meeting, Sept. 30, 1887.*

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Drs. J. Stirling and K. Cameron were elected members of the Society.

## PATHOLOGICAL SPECIMENS.

DR. JOHNSTON exhibited the following specimens:—

1. *Enlarged prostate, with bladder attached.* showing the beneficial effects of systematic catheterization. Bladder mucosa was quite normal, and neither the ureters nor the kidneys were affected, though the enlargement was sufficient to prevent the passage of urine except by the use of a catheter.

2. *Acardia*; a foetus from the McGill College Museum, with the organs of circulation entirely wanting.

3. *A fibrous nodule*, found lying free in a pocket formed by an old pleuritic adhesion. The nodule was quite cartilaginous in consistence.

DR. MAJOR exhibited his new instrument for the removal of growths from the vault of the pharynx. It works on the principle of the guillotine, and is a great improvement on the older forms of forceps, as the uvula could not be caught in the instrument, and most growths could be removed at one operation.

DR. WILKINS, First Vice-President, took the chair, and

The PRESIDENT (Dr. Cameron) read a paper on *The Influence of Leukæmia on Pregnancy and Labor*, which will appear shortly in the *American Journal of the Medical Sciences*. He said that after a careful search through the literature of the subject he had been able to find reports of only four cases where leukæmia was said to have occurred in the course of pregnancy, but in none of these had a blood-count been made or the condition of liver and spleen carefully examined. No case has hitherto been recorded where a woman already leukæmic has been known to become pregnant. He then reported at considerable length a case which he considers unique. A woman, aged 36, married, was treated in the Montreal General Hospital for leukæmia, in September 1885, and at the same time her three months old infant and six year old daughter were found to be leukæmic. She became pregnant in March 1886, her liver and spleen became enlarged and tender, and as pregnancy went on, dyspnœa and œdema became extreme, and her blood showed profound alterations. She had repeated attacks of epistaxis before labor set in, and became so weak and faint that her con-

dition was really alarming. She was confined in the University Maternity Hospital on 29th October, 214 days after cessation of last menstrual period. Her labor was perfectly dry and bloodless, and a scant slimy discharge for a couple of days was the sole lochial flow. Two hours after the birth of the child, the blood of both mother and child was examined, with the following result :—

Mother—Red corps., per c.mm.,	990,000.....	W:R=1:4
Child— “ “ “	5,210,000.....	W:R=1:175

She made a rapid convalescence, and was discharged from hospital on the twelfth day, when her blood was found to have improved so as to register

Red corps., per c.mm.,	1,900,000.....	W:R=1:35
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The placenta was carefully examined, and showed remarkable and interesting differences in the quality of the blood at different parts :

Pl. Vein—Red corps., per c.mm.,	4,610,000.....	W:R=1:173
Pl. Artery— “ “ “	5,410,000.....	W:R=1:270
Pl. Sinuses— “ “ “	950,000.....	W:R=1:36

The child, which throve nicely for a day, was clandestinely put by the patient to her own breast, and in a few hours a purpuric rash appeared and spread over the body, the child began to vomit and purge, and in four days died. Nothing special was found post-mortem. The patient regained her strength so completely that she was able to do heavy housework, wash and scrub, iron, and drive a waggon to market. Early in May 1887, she became again pregnant, liver and spleen began again to enlarge, her red corpuscles to decrease and white corpuscles to increase, and the course of pregnancy is running along very similar to the previous one. She is being kept under careful supervision, and a number of interesting observations are being made which will be published in due time. In conclusion, Dr. Cameron summarized the points of interest in the case as follows :

1. *The family history.*—The grandmother, mother and brother of the patient have suffered from symptoms probably pointing to leukæmia. Two of her own children have had well-marked leukæmia ; another is now in ill-health with diminished red cells

and enlarged spleen. None of her children reach the normal standard of five to six millions of red corpuscles were c.mm. All of them have had jaundice. In this case there seems to be a strong *hereditary* tendency.

2. The enlargement of the spleen was first noticed by the patient at the beginning of her sixth pregnancy, and now both liver and spleen begin to enlarge when she becomes pregnant, while at the same time her red corpuscles diminish and white corpuscles increase.

3. During labor and the puerperal period, there was absence of hemorrhage or any appearance of blood.

4. After labor, the œdema and dyspnœa rapidly subsided, the red corpuscles increased and white corpuscles decreased till her usual strength and vigor were regained, though the spleen remains considerably enlarged.

5. The remarkably chronic course of the disease, and the recurrence of pregnancy (now the third time since splenic enlargement was first noticed).

6. The remarkable difference between the blood of mother and child and of the blood in the placenta, showing that the foetal and maternal circulations were not only entirely distinct, but also that the child actually made red-blood in its body and lost it in the placenta.

7. The disastrous effect of nursing upon the child, causing purpura, vomiting, purging and death.

*Discussion.*—DR. GEO. ROSS said that this unusually interesting case had been for some time under his care at the General Hospital. Her health at the time of her confinement was such that she required the most careful attention; indeed even a very moderate loss of blood at that time would have been most dangerous, if not fatal, to the patient. He could offer no explanation for the absence of blood at the time of delivery. He had a case in private practice where there was a very slight sanguineous loss at the time of delivery. This was a case of profound anæmia accompanying valvular disease of the heart, with œdema of the legs, violent palpitation of the heart, dyspnœa and general cardiac weakness. The loss of blood here was

almost imperceptible. He thought that Dr. Cameron's case showed that heredity is not a strongly marked feature of the disease.

DR. ARMSTRONG suggested that the apparent absence of sanguineous discharge might be due to the small proportion of red corpuscles in the blood; a proportion of one white to four red corpuscles would hardly look like blood. As pregnancy seems to have made the patient much worse, it becomes a question whether it would not be advisable to prevent a future pregnancy.

DR. ROSS thought the last question a very important one, but though deleterious to her health, she survived, and has been remarkably well since. He did not think interference was called for in this case.

DR. WILKINS agreed with Dr. Armstrong that the absence of blood may have been more apparent than real. In a case of acute pernicious anæmia, when there were only 1,050,000 red cells, the blood was but a very pale pink. If such a liquid were mixed with amniotic fluid, it would be very difficult to identify as blood.

DR. JOHNSTON called attention to the close similarity in the condition of the mother's blood and that found in the placental sinuses, and asked if the advisability of removing the spleen had been considered.

DR. BULLER referred to the serious consequences to the infant which followed from nursing by the mother, and asked if the mother's milk had been examined.

DR. CAMERON, in reply, said that the mother's milk was thin and acrid, and in a day or two dried up, so no thorough examination was made. Splenotomy was not considered advisable in the case, as it is chronic. With regard to the question of inducing premature labor, he thought that nature would probably settle the question. The woman is again pregnant, but it is doubtful if it will go on beyond the seventh or eighth month. If the alarming epistaxis were again to appear, he would be inclined to bring on an abortion to save the mother's life. The absence of blood at the birth was real, it was not apparent only, as the birth was almost a dry one; the placenta was glistening



and the child quite dry, no fluid of any kind accompanied it. This case is alone in illustrating the effect of heredity; no mention is made of it in the literature of leukæmia.

*Peculiar Cause of Blindness.*—DR. BULLER related a case occurring in his practice two years ago. A little girl had a squint eye quite blind; on examination, the optic nerve, or the place for it, showed a white patch with pigmented margin. He learned that when the child was born the labor was difficult and severe; instrumental aid was necessary. After birth it is said this eye was found out of the orbit, on the cheek, and was put back by the physician. Dr. Buller asked if any one knew of similar effects from the use of forceps.

DR. CAMERON said he had seen the eye protruded almost beyond the lids from severe use of forceps not properly applied to the head.

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*Annual Meeting, October 14th, 1887.*

J. C. CAMERON, M.D., PRESIDENT, IN THE CHAIR.

Drs. A. W. Campbell and J. H. B. Allen were elected members of the Society.

The Treasurer's report was held over to the next meeting.

The report of the Secretary showed that there were 18 meetings held during the year, at which 21 papers were read, besides reports of cases and exhibition of pathological specimens. The average attendance for the year was over 19.

*Pathological Specimens.*—DR. JOHNSTON exhibited specimens from two cases of ainhum, sent by Dr. C. E. Gooding of Barbadoes. In each case a constricting band of fibrous tissue had formed about the proximal phalanx. The bones were extremely small and thin, and seemed atrophied. He also exhibited for Dr. Geo. Ross specimens from a case of chronic Bright's disease. The patient during life had shown marked dyspnœa. The pharynx, soft palate and epiglottis were enormously swollen through œdema, but from the absence of stridor it had been inferred that the chink of the larynx itself was not involved. At the autopsy the œdema was found not to actually involve the glottis, the

rima being of normal dimensions and both vocal cords and ventricular bands were free from œdema.

Dr. C. E. Gooding of Barbadoes was elected a corresponding member of the Society.

*Periosteal Sarcoma.*—DR. JAMES BELL exhibited the thigh of a patient amputated at the upper third, and related the following history of the case: The patient whose leg was shown was a young man aged 18 years, a native of Montreal, and of Irish extraction. The growth began in April last as a small moveable nodule on the front of the femur, just above the knee. It grew rapidly and extended around the lower end of the femur. It was painless until recently, when he began to suffer from pains of a neuralgic character, chiefly in the foot (doubtless due to pressure on the nerves). As late as the 4th of June he walked to the Hotel Dieu Hospital, where he remained five weeks, and has never been able to walk since. He was admitted to the General Hospital about the middle of August, where Dr. Bell saw him for the first time. The whole lower end of the femur was then uniformly enlarged. It was clearly a periosteal sarcoma, and amputation was suggested. He took fright at the suggestion and went away, but returned on the 30th of September. The growth had increased greatly in size during the six weeks which had elapsed since his leaving the hospital. His foot and leg were œdematous and the neuralgic pains very severe. He was exceedingly weakened, pale, and much emaciated, and his temperature ranged from 100–103°F. On Monday, Oct. 3rd, Dr. Bell amputated through the upper third of the thigh by the circular method. Since the operation his temperature has been perfectly normal, and his general condition has improved very much. The first dressing after operation was done on the eighth day. On section, the tumor was found to have involved the periosteum of the lower third of the bone, but had not invaded the interior. On examination, the epiphysis separated from the shaft and showed a diseased condition (apparently inflammatory) between these two parts.

*Discussion.*—DR. JOHNSTON said that the microscopic section of the tumor, which was exhibited, showed the growth to be a

round-celled sarcoma, showing here and there scattered among the round-celled tissue small transparent islets, within which a few branched cells could be seen (osteoblasts).

DR. RODDICK thought that although on account of the man's condition it was probably wise to amputate in the upper third, as had been done, yet he thought that the surgical *role* of removing the whole bone should, if possible, have been followed.

DR. FENWICK did not agree with Dr. Roddick, and thought that in periosteal sarcoma, if the disease were entirely removed, there was no danger of recurrence in the stump, at least for a long time, and mentioned some similar cases which had occurred in his own practice.

DR. BELL, in reply, stated that in the cases of this disease which had hitherto come under his observation, recurrence in the stump had never occurred, although in every case there had been an early recurrence in some of the fibro-serous sacs of the body—either the pleura, the periosteum, or the dura mater, chiefly the pleura.

#### RESOLUTIONS OF CONDOLENCE.

Moved by DR. GEO. FENWICK, seconded by DR. GODFREY :

*Resolved*,—"That the Medico-Chirurgical Society of Montreal has learned with deep regret of the sudden, although not unexpected, death of their late esteemed friend and associate, Henry Howard, M.D., M.R.C.S, Eng., the oldest member of this Society.

"That his regular attendance at our gatherings, his readiness to participate in discussions, and also the deep interest taken by our late associate in all scientific questions that came up before us, added greatly to the interest and attractiveness of these meetings; and that this Society desires to place on record the sense of the loss which has fallen upon them in his death."

DR. GEORGE ROSS moved, seconded by DR. T. G. RODDICK, "That the members of this Society extend to the family of the deceased their respectful sympathy in their present great bereavement, and that the Secretary be requested to forward a copy of these resolutions to the family of our late member and also give copies to the city papers for publication."

DR. PROUDFOOT then referred to the sudden death of Dr. Wm. Stephen in Buenos Ayres, and moved the following resolution, seconded by DR. T. G. RODDICK :

*Resolved*,—"That the members of this Society have heard with deep regret of the death of their late member and confrère, Dr. William Stephen, whose many good qualities and kindly disposition had endeared him to every member of the profession, and that a copy of this resolution be sent to the friends of the deceased."

#### ELECTION OF OFFICERS.

The officers of the Society for 1887-88 were then elected as follows :—

*President*, Dr. Perrigo. *1st Vice-President*, Dr. William Gardner. *2nd Vice-President*, Dr. Guerin. *Secretary*, Dr. Ruttan. *Treasurer*, Dr. J. A. MacDonald. *Librarian*, Dr. T. D. Reed. *Council*, Drs. George Ross, T. Rodger and A. D. Blackader.

### NINTH INTERNATIONAL MEDICAL CONGRESS.

WASHINGTON, Sept. 6, 1887.

#### *Section in Gynæcology.*

DR. THOMAS MORE MADDEN of Dublin read a paper on

#### THE CAUSES AND TREATMENT OF BARRENNESS.

Few gynæcological questions come so constantly before us, and few, probably, are of greater practical importance, involving, as they do, not only the physical health of the patient, but also in many instances affecting the happiness and welfare of married life. For, at least in the country where my practice lies, child-bearing is still generally, and I believe rightly, held to be one of the chief functions of a woman's conjugal life, while to be sterile is commonly regarded as the protean source of marital trouble. In this paper will be found, in tabular form, a statement of the causes of sterility in 528 of the cases of infecundity which, occurring in married women within the child-bearing period, have come under observation in the gynæcological department of my hospital. The cases may be thus roughly divided :

1. These in which barrenness was occasioned by sexual impotency or some physical impediment from the valvular orifice to the ovaria.

2. Cases of true sterility or conceptive incapacity from deficiency, congenital or acquired, structural disease, arrested developments, supra-involution, etc., of the uterus, or from analogous morbid conditions of its appendages.

3. Cases of barrenness from constitutional causes.

4. Cases in which the causes of infecundity are apparently moral rather than physical, such as sexual incongruity, etc.

According to this table, the most frequent cause of sterility is stenosis of the cervical canal. And as I believe the operative treatment of such cases, simple as it is deemed by some, requires more consideration than it generally receives, and frequently proves worse than useless from the disregard of certain details and precautions which I consider essential, I venture to recommend the use of a method of procedure and the adoption of instruments which I have found advantageous in the curative treatment of 380 cases of obstructive dysmenorrhœa and sterility traceable to this cause. During the present session 70 cases have been treated in my hospital, and in most of the cases I have had the able assistance of my friend, Dr. Duke, Obstetric Physician to Steven's Hospital, Dublin.

The essential features of the method of treatment are the separation by cutting and simultaneous forcible expansion of the affected parts, followed by dilation during the period of cicatrization, so as to prevent their subsequent contraction, and thus to secure the permanent patency of the erst occluded passage. To obtain this result I use three instruments, viz., a special form of uterine director, which can, generally speaking, be introduced into any cervical canal, however narrow, and along which a serrated, triangular guarded knife is made to travel up through the os internum; thirdly, an uterine dilator of great power, by which any required degree of cervical expansion may be effectually secured and accurately gauged.

The influence of uterine flexions in the prevention of pregnancy and the treatment adopted in cases of sterility dependent

thereon are next described. So also is the management of aphoria when it results, as is frequently the case, from chronic endometritis. The methods found most serviceable in infecundity due to vaginal, uterine and ovarian causes are briefly reviewed. More fully dwelt on is the subject of conceptive incapacity from morbid conditions of the Fallopian tubes, as I regard stenosis, as well as occlusion of those ducts by vaginitis and its results, such as hydro- and pyo-salpinx, far more common causes of sterility than is usually thought. I also hold that such tubal diseases may be often removed without the resort to such serious operative procedures as the removal of the uterine appendages, by some surgeons considered imperatively necessary, and by them freely employed in such cases. Therefore I have referred at some length to those less heroic measures, such as aspiration and catheterization of the Fallopian tubes, the feasibility and successful results of which I have clinically demonstrated.

Finally, the question of sterility arising, as it frequently does, from constitutional disorders, and instances apparently irrespective of any physical cause, and the method of dealing with such cases, is treated of in my paper.

DR. S. C. GORDON of Portland, Me., said he did not believe that cases existed where there was not enough canal for the semen to pass up. He believed with Dr. Madden that vaginismus had very much to do therewith. We must remember that we cannot raise large crops on barren soil. No one has done more for the relief of these conditions than Graily Hewitt, who is now with us. The uterus is in an abnormal position and you must return it to its normal position, as is his custom to do so with his pessary. Above and beyond this comes the Fallopian tubes and ovaries. The points concerned are (1) vaginismus and (2) uterine or pelvic congestion. He was convinced it is the Fallopian tubes and ovaries more than the stenosis of the cervical canal.

DR. GRAILY HEWITT of London described his method of treatment carefully, and expressed his conviction that the good was done through the straightening of the uterus, not the dilatation. He believed it acts by straightening.

DR. LAPHORN SMITH of Montreal thought that in many cases the difficulty did not lie in the vagina, cervix, uterus, Fallopian tubes or Ovaries, but in the testicle.

DR. D. T. NELSON of Chicago thought with Dr. Smith that in many cases the male is at fault. If the mucous membrane of the female is pale, anæmic, contracted, cicatricial, containing little blood, the sperm is not nourished, or if so, only for a few days. Sea bathing often does good, but only when the husband remains at home.

PROF. GRAILY HEWITT of London, England, read a paper on  
THE RELATION BETWEEN CHANGES IN THE TISSUES AND CHANGES  
IN THE SHAPE OF THE UTERUS.

In order to determine more precisely the true relation existing between changes in the tissues of the uterus and changes in its form and shape, concerning which differences of opinion prevail, it is evident that the initial stage of these changes offers the widest field for inquiry. In describing uterine tissue changes the term "chronic metritis" is generally employed. It is desired to call attention to a tissue change sometimes observed on or soon after the arrival of puberty, especially in young women who have been inadequately nourished, consisting in undue softness of the uterine tissues, and associated with them in the beginning of uterine suffering. This undue softness is not "inflammatory" in its nature. It is associated with great flexibility of the uterus and generally with marked flexion. The author first described it ten years ago, and has repeatedly remarked it since. It has recently been noticed by Dr. Charles D. Scudder under the term "molities uteri."

The recognition of the liability to occurrences of this initial change in the uterine tissues is to be regarded as very important, in the explanation of the origin and increase in degree of flexions of the uterus. In such case, the uterus being abnormally flexible, the flexion may be gradually and easily intensified by any ordinary exertion, but will be more likely to be much exaggerated and perpetuated by any severe and suddenly acting mechanical disturbance. The processes by which the uterus becomes permanently flexed may thus be slow or rapid.

Hardening of the uterus occurs sooner or later. After hardening the flexion is persistent. In some few cases the flexion may be the persistence of a congenital condition, or due to absence of developmental growth at the time of puberty, without undue softness being present.

In multiparæ, a somewhat analogous condition is present in what is known as "defective uterine involution," the uterine masses being soft and wanting in resistance. As is generally admitted, slow flexions frequently originate at such times and under such circumstances.

The author contends that the interference with circulation present with uterine congestion is, in most cases, due to association of a weak blood current, and mechanical compression of uterine tissue due to flexions present in such cases. The uterus being unduly soft, plastic, and mouldable, takes a flexed shape, which often becomes perpetuated by the hardening process described by Jacobi as the result of chronic metritis. One consequence of the latter is the presence of sclerosis of the uterine parenchyma. It is to be remarked that the incidents of some of the cases related by Putnam F. Jacobi favor the view that the flexion and displacement were operative in producing the menstrual subinvolution, rather than the cervical catarrh, which Jacobi assigns as the principal cause.

As regards endometritis, he considers the condition so described as more generally due to congestive hypertrophy of the uterine lining and to retained irritating secretion, and that, excluding gonorrhœal and syphilitic cases, the endometritis is secondary rather than primary.—(*New York Medical Record Report.*)



CANADA

# Medical and Surgical Journal.

MONTREAL, NOVEMBER, 1887.

## CHLOROFORM DEATHS.

Scarcely a number of the great London weeklies appear without a record of a death from chloroform. This sad tale has been going on for many years, and to all appearances it is likely to go on until some startling case will thoroughly arouse the conservative mind of the British practitioner. The sooner the better. If there is any fact certain in pharmacology, it is that chloroform is, of all commonly used anæsthetics, the most dangerous. That it is very much more dangerous than ether is well known to all who have had any experience with either of these agents. In spite of these facts, however, chloroform continues to be used as the common anæsthetic in many quarters, especially in England. It is difficult, indeed, for an outsider to understand this apparent disregard for the lives of his patients on the part of the British practitioner.

We have been led to make the above remarks from reading an account of a fatal case of chloroform anæsthesia, which appeared in the *British Medical Journal* for October 8th. The patient was a man, aged 45, admitted to the Bath Hospital. He was suffering from epithelioma of the tongue. The report says: "It having been decided to remove the growth, and a careful examination of the chest being made, chloroform was selected as the anæsthetic. . . . For about three minutes or so it took little effect; then there was a short period of excitement, but within five minutes he became calm, and I was about to commence. Up to this time the pulse had remained regular and firm, but on a sudden it began to flutter, and almost immediately

became imperceptible. Respiration was impeded, and so resort was instantly had to artificial respiration (Silvester's method). The patient breathed once or twice after this, but no trace of heart-sounds could be heard with the stethoscope; and although every effort was made for more than half an hour with galvanic battery, injections of ether, and nitrite of amyl to the nostrils, no return of animation ensued; life was extinct. The quantity of chloroform used in all amounted to only a drachm and a half."

At the post-mortem examination the heart-muscle was found to be in a state of advanced fatty degeneration. Here we have a case of chloroform anæsthesia fatal from heart-failure, the usual mode of death. In spite of the clearest indications for the employment at once of vigorous measures for restoring the heart's movements, we find the treatment at first resorted to was for the object of keeping up the "impeded" respiration—artificial respiration. Instead of the latter, the patient should have been at once inverted. There is abundant testimony to prove that inversion of the body is the best means of restoring a heart that is failing or that has failed. It is a method that can be easily and quickly put into practice. Next to it in importance stands the application of cloths rung out of boiling water to the cardiac region. The use of ether hypodermically and amyl by inhalation are recommendable, but they are very subsidiary measures, and little can be expected from them when the heart has ceased to beat. No mention is made of how galvanism was employed in this case. It is an agent that is likely to do more harm than good. Two grave mistakes were made:

1st, The employment of chloroform instead of ether.

2nd, The failure to use those means which science has demonstrated to be the most efficacious in restoring a failing circulation.

An interesting feature of the case is the proof of the thorough untrustworthiness of relying upon a stethoscopic examination of the cardiac region at the time of operation to decide whether a patient has a fatty heart or not.

The only redeeming feature about the whole business is the honesty of the surgeon in reporting his case in all its details.

## TRAUMATIC TETANUS.

From recent researches by Dr. Shakespeare of Philadelphia, it would appear that there is something after all in the attempts recently made to make the traumatic tetanus of horses an infectious disease. He concludes that during the progress of this disease in the horse, there is a virus elaborated and multiplied which is capable of producing a similar disease in other animals when placed beneath the dura mater of the cerebrum, and that this virus is contained in the medulla and spinal marrow of the animal suffering from the disease. This virus increases in virulency when injected from rabbit to rabbit; and, further, the virulency is much greater when the virus is injected under the cerebral dura mater than when injected under the skin or between the muscles of the back. In these respects it resembles the virus of hydrophobia.

Dr. Shakespeare thinks that many cases of traumatic tetanus in man are traceable to infection from the lower animals.

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## APOHAQUI WATER.

Recently there has been discovered a valuable mineral spring at Apohaqui station, on the Intercolonial Railway. It is an alkaline water, closely resembling in composition the famous Vichy water. The following is the chemical composition as made out by Mr. Best, the Government analyst at St. John, N.B.

In 100,000 pints of water there are of

Potassium Sulphate.....	.50
"    Chloride.....	1.08
Calcium Carbonate.....	1.25
Sodium Chloride.....	76.06
"    Bicarbonate.....	201.60
Magnesium and Iron.....	Traces.
Silica.....	.90
Organic Matter.....	Traces.

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281.83

It will be observed that, after the sodium bicarbonate, the most important ingredient is sodium chloride. It is well known that sodium takes a most active part in promoting tissue growth and the general metabolism of the body.

As Apohaqui water is pleasant to take, being entirely free from either a bad odor or taste, it is admirably suited for the treatment of those very common deranged nutritional states arising from chronic gastric and intestinal dyspepsia. It fulfills the prominent indications in the treatment of lithæmia. From its composition, we should judge that it will prove serviceable in that numerous class of cases of chloro-anæmia where iron and its congeners are not tolerated until the gastric and intestinal mucous membranes are restored to a normal condition.

Apohaqui Water also possesses the valuable property of emulsifying oils, especially those of the fatty kind. Added to cod-liver oil in equal parts, it forms a perfect emulsion. This emulsion has now been employed in the Montreal General Hospital for some time back, and gives great satisfaction. From a considerable experience of its use as a vehicle for the administration of cod-liver oil, we feel confident that it will replace all other agents used for this purpose. In the administration of this emulsion it is well to remember its alkaline properties, and that therefore it should be given some time after the meals—about that period of digestion when the contents of the stomach are making their way into the duodenum; that is, from an hour and a half to two hours after eating. By giving it at this period there is more certainty of its being quickly absorbed, and therefore less liability of it interfering with gastric digestion. For lithæmic and gouty states, Apohaqui water had better be administered on an empty stomach. For acid dyspepsia, a short time before meals.

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#### MCGILL UNIVERSITY, FACULTY OF MEDICINE.

The fifty-fifth session of the Medical Faculty of McGill University was opened by an address from Sir James Alexander Grant of Ottawa, on Monday, October 3rd. The address, which we publish in full, was delivered before an audience composed of the Principal (Sir William Dawson), the Dean (Dr. Palmer Howard), the entire teaching staff of the Faculty, and a body of students considerably over two hundred in number.

On the same evening, the Dean and Medical Faculty of McGill

University entertained Sir James Grant and a few guests at dinner at the St. James' Club. It proved a very pleasant re-union, and was thoroughly enjoyed by all. The Dean, Dr. Howard, proposed the health of Sir James Grant. The distinguished guest had kindly come from Ottawa at the express invitation of the Faculty to deliver the opening address of the session. All would join with him in saying that this had been listened to with great pleasure, and that they were much indebted to the able lecturer for the admirable remarks he had been pleased to make. Sir James was a graduate of McGill College, a former pupil of his own he was proud to say, and had in this jubilee year been the recipient of a very high honor from Her Most Gracious Majesty. His university took this opportunity of congratulating him upon the event and of tendering him their best wishes that he might live long to wear his decorations. Sir James Grant is well known as a warm friend of McGill College and a foremost worker for the promotion of a high educational standard in this country; he has also done good service in directing attention to the importance of sanitary science and the necessity for Dominion action in this direction.

Sir James Grant, in replying, said that he felt proud of being asked to perform the duty which he had fulfilled this day. He had always a warm spot in his heart for his Alma Mater. He felt that the Faculty was composed of men who would maintain the teaching of their school on a level with that of the best European institutions. He compared the facilities of the present day and the excellent equipment of laboratories, etc., with the meagre accommodation of twenty years ago, and insisted upon the happiness of being a medical student of to-day and predicted a great future for those now passing through the schools. He alluded to his recent visit to the International Medical Congress at Washington, where he had met numbers of McGill graduates, many holding positions of trust and importance, and well able to take their part in this great meeting of *savants*. He was glad to see some of his old fellow-students still attached to the Faculty, and spoke of others who have done good work in it. He concluded by proposing the "McGill University."

Sir William Dawson responded, speaking of the work done in the various faculties and of the difficulties in the way of higher education in this Province. It gave him great pleasure to see the extent to which graduates of McGill were taking foremost places in the country—in law, in medicine, in ecclesiastical circles, in the judicature, etc. He proposed “The Medical Faculty.”

The Dean, in reply, said that whatever success had been reached by the Faculty was largely due to the uniform harmony and good-will which had always existed amongst them. The members were all of them pervaded by a love of the labor, which accounted for the uniform regularity with which the work of the various departments was carried on. Most of the professors were our own graduates: the principle in making such appointments had generally been found to work extremely well. He read an interesting letter from Surgeon-Major Keefer, showing the success met with by this distinguished alumnus in a military career in India.

Prof. MacCallum then proposed “Our Sister Universities,” stating that there had always been the best of good feeling between McGill and the other Universities. This sentiment of mutual regard it was most important to cultivate, and he trusted it would always continue.

Dr. F. W. Campbell, Dean of the Faculty of Medicine of Bishop's College, responded, returning the kindly words of the former speaker, and averring that though he had assisted in the formation of a rival school, he had never ceased to hold the same affection for, and to speak as highly as ever of, his Alma Mater, McGill.

Prof. Craik proposed “Our Guests,” and responses were made by Dr. Rodger, chief surgeon of the G.T.R., Dr. Charles, of Rome, Italy, and Principal McEachran, of the Veterinary School.

The health of the Dean was given by Sir James Grant, and received with much enthusiasm, and a very successful gathering was closed by the singing of the National Anthem.

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## Obituary.

HENRY HOWARD, M.D., M.R.C.S.E.

It is with much regret that we have to announce the death of this well-known and much-respected physician of Montreal. Dr. Henry Howard was almost, if not quite, the oldest practitioner of this city, and he continued to perform his professional duties until within a few days of his death. He was, above all things, a warm-hearted, sympathetic, genial Irish gentleman, possessing an unusual capacity for interesting himself in that which would be of use to others, and eager at all times and at any sacrifice to himself to promote the general good. Advancing years never took from him the keen interest in scientific matters which he had pursued with such zest as a younger man, and nothing gave him such pleasure as to take part in discussions at our medical societies or privately with his younger medical friends. At such meetings the familiar figure of the stately old doctor, with flowing patriarchal beard, will long be missed; and amongst his friends—and no one ever had more or more genuine—his memory will long be cherished. His kindly wit, free from all tinge of malice—his animated discourse—his thorough honesty of purpose and manly straightforwardness in everything, made him respected by all and beloved by those who knew him well.

Dr. Henry Howard was born in Nenagh, County Tipperary, Ireland, on the 1st December, 1815, and studied medicine in Dublin under the celebrated Dr. Jacob. He received the M.R.C.S. in London, England, in 1838. He came to Canada in 1842, residing first in Kingston, and removing to Montreal in 1845. Possessed always of a philosophical mind, and fond of metaphysical problems, he became absorbed in the study of mental disorder, and accepted the appointment of Medical Superintendent of the Provincial Lunatic Asylum, then at St. Johns, and on the removal of this institution to Longue Pointe, continued to act in the same capacity. It is but right to say that, had Dr. Howard been listened to, the abuses described by

Dr. Tuke would never have existed, for he constantly urged the necessary reforms, but the contract system is powerful, and has so far prevailed.

Dr. Howard was fond of writing, and was a frequent contributor to various medical journals, his topics being mainly those in some way connected with his specialty. He published in 1882 a *brochure* upon "The Philosophy of Insanity, Crime and Responsibility," which excited widespread attention, critics being divided upon its merits—some holding that the doctor's views were those of our coming alienists, whilst others found them Utopian and impossible.

*Requiescat in pace!* A brave, manly life, fought with unwavering cheerfulness through many and great difficulties, and laid down at last with the quiet calmness begotten of conscious rectitude.

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## Medical Items.

—At a meeting of the Aberdeen University Court on the 6th ult., a motion by the Lord Rector that the graduation oath in medicine and in arts should be abolished was agreed to.

—By the death of Dr. Francis Ogston the last representative of the able group of men who started the Aberdeen School of Medicine is gone. Dr. Ogston was a teacher in the University for half a century.

DR. JOSEPH MEYER, the director of the Royal University Policlinic of Berlin, is dead. For many years he occupied a leading position as consultant. His predecessor in the Policlinic was the distinguished Romberg.

—An institution that gives promise of success has been established at Burlington, Vt., by Dr. A. J. Willard, a graduate of Yale College and the Medical Department of the University of Vermont, for the special treatment of nervous disease by the Weir Mitchell method of rest, etc.

PROFESSOR VON LANGENBECK, the distinguished German surgeon, died on the 29th September at the advanced age of 77 years. For 35 years he was Director of the Royal Surgical Clinic in the University of Berlin, the most important surgical position in the German empire. He was the founder and the first president of the Association of German Surgeons. He has done much to advance surgery in general and conservative surgery in particular. He was a great surgical teacher. His pupils are now the leading surgeons throughout the German and Austrian empires. Billroth, Nussbaum, Bergmann, Volkmann, Socin, König and many others were taught by him.

BROMO-SODA.—“On a recent trip to Europe, on both the outward and homeward passages, I used Warner & Co.'s *Effervescing Bromo-Soda* with great success in preventing and relieving sea-sickness. The quantity given was a heaping dessert-spoonful, repeated hourly if necessary. I believe Bromo-Soda to be a very valuable preventive and remedy for sea-sickness; it certainly was unfailing in my hands.”—*Wm. H. Keim, M.D., 2015 Ridge Ave., Philadelphia.*