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# CANADA MEDICAL RECORD

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APRIL, 1898.

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## Original Communications.

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### STRONTIUM AND ITS SALTS.

By ALEXANDER B. BRIGGS, M.D.

That the profession have in strontium salts remedies of great therapeutic value is my firm belief, and my experience with them in practice during the past two years has very materially strengthened my faith in them. It has been a surprise to me in conversation with quite a number of my colleagues to find that they are so seldom prescribed. That they have been of such signal help to me in my professional work, and that so little has been said and written about them of late, is my only excuse for bringing the subject before you to-day.

There seems to be an impression that there is more or less danger in the use of the strontium salts from their toxic effects ; this is wholly an error, as has been proved by the researches of such men as Professor Germain See, Dr. Constantin Paul and Dujardin-Beaumetz, who found that, in every instance where conflicting reports and toxic effects have been reported from their use, they were due to the presence of barium, which is found in the commercial product. When I have prescribed these remedies I have always used the pure salts (Paraf-Javal) or their solution prepared by P. Chapoteaut of Paris. At present I think Strontium and its salts are unofficinal in the *pharmacoopœia*, but, nevertheless, the discovery of their therapeutical properties and the good

results in therapeia that have followed their administration would warrant us in the belief that, as they become better known and more often prescribed, they will become more highly appreciated.

The salts that I have most frequently used are the bromide, iodide and lactate, and I will speak of them in the above order.

Bromide of strontium is a colorless, transparent salt, occurring in hexagonal crystals. It is somewhat deliquescent. The dose is from five grains to one drachm. It is not incompatible with the bromides of the alkalies, and it is soluble in both water and alcohol; it can be administered with all the alcoholic tinctures and most fluid extracts. Its indications for use are those of bromide of potassium, and, while it is a perfect substitute for the potash salt, its prolonged use even in large doses does not seem to produce the untoward results so often noticed in the use of the former salt. The gastric disturbances, the cutaneous eruptions so often noticed in the use of the potash salt, are not seen when the strontium salt is used; again, the depressing and systemic agitation from the prolonged use of the potash, which all have encountered in practice, I have never seen from the strontium bromide.

In cases of epilepsy and other spasmodic neuroses, where the potash salt has been given for a long time, the patient thereby becoming insusceptible to its action, the strontium salt may be substituted with safety and great advantage.

In many diseases of the stomach, the bromide salt will be found of especial benefit. In three obstinate cases of vomiting of pregnancy in which I have prescribed the drug during the past year, two received signal benefit, while in the third case it seemed to have no marked effect upon the vomiting, as the stomach would not retain the remedy; in this case it appeared to have some reflex effect upon the vomiting centre, when given in drachm doses per rectum every six hours, and it was so administered for several days in connection with other treatment.

In one case of hyperæsthesia of the stomach that accompanied and followed ulceration for several weeks after I was satisfied the ulcer had healed, the neuroses promptly yielded to

ten grain doses of the drug, given one half hour before food, and there was no return of this most distressing symptom.

A patient suffering from exophthalmic goitre about a year ago consulted a specialist in regard to a severe tinnitus aurium from which she suffered ; bromide of potassium was prescribed in full doses. At first the patient seemed to get some relief from the remedy, and it was continued for several months ; during this time the patient developed severe mental excitement with true delusions. Suspecting the remedy, it was discontinued, and in a few days the mental excitement subsided with a marked increase of the tinnitus. At this time, strontium bromide was substituted with full as good effect upon the symptom, and the patient has continued to take it during the past three months, with no return of the mental excitement ; the delusions continue however.

We are occasionally consulted by a class of patients that are plethoric, who complain of a general feeling of lassitude, frontal headache, constipation, a disposition to sleep all the time, various skin diseases ; the urine is loaded with urates, and frequently the heart's action is feeble, due to commencing fatty degeneration ; these patients are sometimes fat, other times lean, but are always overfed. Any or all of these symptoms may exist, but will surely be relieved by the use of bromide strontium administered before meals, accompanied by a restricted diet.

In other cases of digestive disorders accompanied with acid fermentations, and the formation of gases of decomposition with chronic diarrhoea, the bromide has given me excellent results.

Strontium iodide occurs in colorless, transparent hexagonal crystals, having a bitter saline taste, freely soluble in water and alcohol. Like the bromide salt it is incompatible with solution of the sulphates and carbonates of soda, potash, and lime, but is not incompatible with other iodides.

Iodide of strontium is an excellent tonic and alterative, and may with safety be prescribed in any case where the potash salt is indicated. In quite an extended use of the drug I have never known it to induce the gastric irritation or palpitation of the heart so common in the administration

of iodide of potash in full doses. Its effects in catarrhal asthma, chronic bronchitis and cardio-pulmonary affections have been most satisfactory. The drug is quickly eliminated by the kidneys, the strontium seeming to supplement the action of the iodine by its own peculiar action on the functions of nutrition.

In connection with the above, I wish to report the following case :

Mr. B., age about seventy, has had a catarrhal bronchitis accompanied with asthma for the past ten or fifteen years. At the time the strontium salt was prescribed he presented the following conditions : catarrhal bronchitis of both lungs with paroxysmal attacks of asthma, bad cough with profuse expectoration, has been unable to lie in bed for over two years, body emaciated, appetite poor, urine scanty, no sugar or albumen present, marked arterio-sclerosis, œdema of both feet and legs ; pulse one hundred to one hundred and twenty per minute, mitral insufficiency with dilatation of the heart, takes little food. For several weeks, from one to three pints of water had exuded from the feet and legs every twenty-four hours. The patient had been treated with iodide of potassium at various times, always with considerable relief, but he had been unable to continue the drug for any great length of time or in anything like the full dose on account of the gastric irritation which it produced. We began the treatment with ten grains of strontium iodide every six hours, subsequently the dose was increased to twenty grains. Within one week all the symptoms had improved. The cardiac functions were better performed, the asthmatic attacks had subsided, and within one month the patient was able to move about the house. The remedy has been continued about every other month during the year, and I have seen the patient at work in his garden within the past week.

From my observations of the action of the iodide of strontium, I am satisfied that it is safe to prescribe it as a substitute for the potassium salt, and, while the dose is about the same, the remedy can be pushed to a dose far beyond the limit of safety with the potassium salt, and that without fear of producing symptoms of intolerance.

Strontium lactate is a white granular powder, odorless, and has a slightly bitter, saline taste. Soluble in about four parts of water and freely soluble in alcohol; dose from five to sixty grains. Cases are reported where as much as one hundred and sixty grains have been administered with no untoward effects. The lactate has been often prescribed for Bright's disease both in acute and chronic forms, with excellent results. Constantin Paul concludes that it is indicated in parenchymatous nephritis, the rheumatismal and gouty forms, but is not useful in interstitial nephritis. Dujardin-Beaumetz confirms these statements, and says that when he has administered the remedy in cases of albuminuria, he has obtained uniformly a reduction in the quantity of albumen passed; that, while it affects the most important symptoms favorably, it does not remove the pathological condition. The remedy possesses the advantage over other drugs in the treatment of this disease in that it promotes the appetite, aids digestion and assimilation, and can be administered for a long time continuously with no bad effects.

In two cases of albuminuria of pregnancy, in which I have made use of the lactate, the most gratifying results have followed. In one case where there was severe headache, insufficient urinary discharge, general dropsy and the symptoms of uremia present, and where diuretics, purgatives and diaphoretics had signally failed to give relief, the lactate was substituted in fifteen grain doses every four hours, with a marked diminution of all the symptoms and with a decrease of more than one-half the amount of albumen excreted within forty-eight hours. The improvement in the general condition of the patients was noted from the beginning of the treatment.

In several cases of cystitis in the aged, due to hypertrophy of the prostate, the drug was given in connection with buchu with marked amelioration of the symptoms. Although the lactate does not seem to possess any diuretic properties, nevertheless its action upon the urinary organs seems to be salutary in the extreme.

Professor Germain See, in the treatment of affections of the stomach, considers the strontium salts as far superior to the alkaline carbonates.

Bartholow states that the phosphate of strontium appears to rather improve the appetite, promote the activity of assimilation and increase the body weight. The phosphate more especially is a reconstituent, an agent having the power to increase the nutritive energies. Recently the salicylate of strontium has been highly extolled in the treatment of rheumatism, I have, however, had no experience with the drug.

For a number of years I have been satisfied that many of the untoward symptoms that follow the use of the potash salts in full doses are due as much or more to the potash which they contain as to the iodine or bromine. As we all know potassium is always a poison, even in small doses when often repeated. In bromide of potassium, potash constitutes one-third of the salt, and when given in large doses it cannot fail but exert its toxicological effects.

Well known authorities have long ago demonstrated that there was far less danger in the use of the sodium than the potash salts.

If we have in the strontium salts remedies that can be used in full doses and for a long time without the unfortunate effects that sometimes follow the use of the potash salts, it behooves us to give our patients the benefit of the fact.

**VALEDICTORY ADDRESS TO THE GRADUATING CLASS, 1898, AT THE 26th ANNUAL CONVOCATION UNIVERSITY OF BISHOP'S COLLEGE, FACULTY OF MEDICINE.**

By J. W. STIRLING, M. D.

*Mr. Chancellor, Mr. Dean, Members of Convocation, Members of the Graduating Class, Ladies and Gentlemen :—*

The Faculty of Medicine has honored me by asking me to deliver the farewell address to the graduates in medicine of this year.

Although I feel myself unable to perform this duty properly, yet I gladly undertake it as enabling me to offer a few words of kindly farewell to my student friends.

Thinking over the various subjects on which I might speak to you materially, the idea occurred to me that courage, *true courage*, was the one great moral essential in a medical man's career, superadded to or conjoined with hard, earnest work.

I accordingly have chosen the latin motto "*Virtute et Labore*" as embodying this and as being the main central thought I would wish you to carry away.

Courage—the word—even glanced at casually means far more than bravery—bravery suggests rather the idea of single acts, whereas courage means a prolonged struggle, and it is a struggle of a life time which you have now to meet.

Courage itself presupposes the existence of evils which we have to face and combat. In your career as medical practitioners these evils will occur in many different forms. Conditions must and will arise calling upon you to exert your moral, your mental and your physical courage, conditions over which you cannot possibly have any control, but which you must bravely face.

Let there never be any shrinking from your duty ; decide what that duty is and do it—be courageous.

In forming your decision in your medical career as in all the other phases of life, you must weigh carefully the pros and cons, judge calmly, and having drawn your conclusion and arrived at a decision, boldly support it.

You may have to face the adverse criticism of many, but it is better far to act rightly and conscientiously and to receive the approbation of the "just" few than the adulation of a multitude who are incapable of correctly appreciating your motives.

Let a "*meus conscia sibi recti*" be your highest reward. But, withal, be not so set in your opinions as not to be open to conviction if perchance some faulty point in your conclusions be shown you. The truly scientific mind must be always open to proof.

Having then reached your decision, if thereafter action be called for, do not stand as one shivering on the brink of a stream, but jump boldly in and trust to your knowledge, nerve and pluck to bring you through.

Remember that our fears are traitors, and oft we lose the good we might attain by fearing to attempt.

Your moral courage will also be continually put to the test, and I would urge upon you that both virtue and vice are voluntarily, and, as Aristotle puts it, "the means to attain either a vicious or virtuous end are deliberate—they are duly thought over and acted on.

You know what is right and virtuous, and failing then to perform an honorable act when it is possible is just as faulty as the direct performance of a vicious act.

Few men are exposed to temptations and to the same extent that a medical man is ; be true to yourselves, and

exert your moral courage, nor run any risks of wrecking your lives with all their possibilities of usefulness to your fellow-men.

Courage is by no means always noticed by others, for it very frequently happens that after all the lives which show the most courage that are lived nobly and heroically are often those of which the world knows least.

Lofty courage dwells in a heart which braves an adverse fate. The individual who for the sake of duty must sometimes stand aside in a quiet place and see others do the valient deeds which help on the progress of the world, when he knows that he too has the will to do, the soul to dare and the power to perform, that man is more hero-like than many a famous conqueror.

You will all have your duty to perform. Your sphere may be small or large, but you yet have your duty to do—do it then truly and conscientiously.

You will surely have rebuffs and falls. No one escapes them, but go forward with a heart for any fate. You may be misjudged, but fully aware you are acting rightly adhere to your course.

Oh fear not in a world like this  
And thou shalt know ere long,  
Know how sublime a thing it is  
To suffer and be strong.

Some years ago you voluntarily entered our University as students of medicine, and during your course of study have had to follow the rules laid down for your guidance and tuition by the University. To-day you receive your degrees, and leave us to go out into the world, and now that our control over you in your medical career ceases, we may surely demand with right that the oath you take to-day may be no mere empty form.

We ask you to act in your life work so as to reflect credit on your Alma Mater, to have the courage to countenance and perform only noble elevated deeds, to act rightly as your conscience dictates.

You will be called upon to face death and danger to yourselves, do it steadfastly and calmly. It requires courage of a higher type than that which leads a brilliant charge in the excitement of a battle, in that your courage has to be calm and deliberate. You will frequently have to take your lives in your hands in the discharge of your duty. But no nobler sacrifice can you make than to risk your lives for your fellow-men.

How many, many noble examples have we of this in our profession.

Shrink not then from the call of duty. Remember the medical profession is not one for poltroons or cowards.

But in addition to this courage there must also be work, and that very strenuous and persistent. Your days of study by no means cease with the acquisition of your diplomas; indeed your real study is only beginning. You simply have laid the foundation on which you are to build.

It is a truism that nothing can be attained without labour or effort, and most especially does this apply to our own profession. It is one continued effort and striving in study and practice from the day you take it up until you finally lay it down.

The illimitability of our profession is to me one of its great charms. The feeling that there are always greater heights yet to be scaled, that there are constant advances to be made.

Unless we are going to fall behind, it is absolutely necessary that we study and work unceasingly. We can only afford a respite in order to brace ourselves for still greater efforts. Truly the life work of men like Lister, Pasteur, Haffkin and others is noble and inspiring, much more so indeed than of the greatest conquerors.

If one but considers the thousands of lives saved, the pain and suffering ameliorated as the result of their labours, surely these men are the greatest benefactors of the world.

In the absolute and self-abnegation and fearlessness of Haffkin and men like him during the course of their researches in plague-stricken districts, and in their devotion to and love of their work, we find noble examples worthy of emulation.

There are such grand possibilities in our life work. We may not be great men like Lister and the others, or make some vital discovery which will set the scientific world afire, yet we can and should avail ourselves of our possibilities to the utmost.

We can try to add some stones in the grand scientific structure now being erected by our profession, or failing this we may be able to help with some morsel of mortar to bind together the stones already in place.

To this end, *study* your work and *do* your work carefully and thoroughly, not haphazard. Keep full case reports, collate your facts and study them out. If in time you happily build up a large practice, endeavour to keep it within such bounds that you have time for thought, otherwise you must perforce scamp your work, and thus fail to do justice to your patients or yourself.

The first few years of your professional life are bound to be slow, and you will likely have plenty of spare time. These

years are a golden opportunity which I would urge you not to lose. Take full advantage of them in pursuing quiet study, and perhaps some research in one form or another, later on when your practice increases, it will be very difficult if not impossible to secure sufficient time for any prolonged uninterrupted study.

If possible try to become attached to a hospital in some position or other, or, failing this, you should during your slack years attend hospital practice if possible regularly. There are always crumbs of information to be picked up, and at any rate it will prevent any chance of that direful result, becoming "rusty" in your work.

Let your work be continuous and above all thorough, then, come what may, you can feel that under any circumstances, adverse or otherwise, you have in any given case done your best for your patient.

Remember the life of your patient is in your hands and you are accountable to God as well as to your fellow man.

As our profession in its truest phase is such a noble one and calls for such entire devotion, any exhibition of selfishness or meanness appears most pitiable and contemptible. Hence the use of it for the mere acquisition of money is unpardonable, and indeed is very apt to fail.

If you enter on your professional career with the one object of acquiring wealth, I would urge you forthwith to abandon medicine; with such an aim in view you are most unlikely to do your suffering fellow creatures any good, and will certainly bring no credit on the profession.

Let not the sordid overwhelm the high aims of your profession—Let the latter stand first and highest, and the reward to your conscience and soul will be infinitely more satisfying than simply making a travesty of the noble healing art in your greed for wealth.

But, mark you, I by no means decry fees, for I hold a labourer is always worthy of his hire, yet there is so much that is elevating and inspiring about our work rightly practiced that it appears a sad degradation to turn it into a purely money-making business.

It is this that causes the bitter enmity of all true medical practitioners against the numerous patent remedies which appear from time to time; they are preparations which may sometimes do good or effect a cure, nevertheless they are secret preparations, which are manufactured for the sole purpose of making money, not from any philanthropic motive—I would beg of you never to use or countenance them—There can be no secrets in the true healing art; any discovery for the benefit of suffering humanity must be the common property of all.

You now go forth as members of the noblest profession—and I would like you to hear what Francis Bacon said :—“I hold every man a debtor to his profession—from the which of course as men do seek to receive countenance and profit so ought they of duty to endeavour themselves, by way of amends, to be a help and ornament thereunto.”

If we are only true to ourselves and have the courage of well founded-convictions, and have truly, honestly laboured with our might and main, we can when the time comes for us to lay aside the armour of our life's warfare, feel that we at any rate have fought a good fight and not lived in vain, that we leave this world none the worse but rather the better of our labours.

You have grand possibilities ahead of you ; I would beg of you not to throw them away or in any manner prostitute the talents God has given you—work while you can with all your might. Do the utmost good you can, and, although you may fail of approbation from your fellow men, you will at any rate have the consciousness of doing your duty to the best of your ability.

I can not close without impressing on you again and yet again the grand nobility of your profession. Oh my friends honour it with all your heart, and in honouring it you will do honour to yourselves.

Be true to your profession ; in so doing you will be true to yourselves ; and you cannot then be false to any man.

Some of you I may never meet again. Let *Virtute et Labore* be your watch-word. Strive for it, labour for it. Acquit yourselves like men. Above all place implicit trust in God. You will often need greater help than man's in the troubles you are sure to meet.

In the name of the Medical Faculty I bid you a kind adieu and affectionate God-speed.

May God Almighty guide you and help you. Remember :

“ *Virtute et Laore* ”  
Et jam Vale Vale.

**VALEDICTORY OF THE GRADUATING CLASS,  
1898, UNIVERSITY OF BISHOP'S COLLEGE,  
FACULTY OF MEDICINE.**

By MacD. FORD, C.M., M.D.

*Mr. Chancellor, Mr. Principal, Members of Convocation,  
Ladies and Gentlemen :—*

On this solemn occasion when one is called upon to address an audience so numerous and so select, and also containing so many learned men, assembled from all the province, and even from more distant points, who have come together to lighten by their presence the brilliancy of our annual

Medical Faculty Convocation, one cannot help feeling a certain regret for the choice which his fellow students have made in entrusting to him the onerous task of voicing their sentiments to such a learned gathering.

Nevertheless, while thoroughly appreciating the responsibility which rests upon me, I feel an honest pride, wholly incapable as I am, in having been entrusted with the duty of rendering the traditional "Valedictory," and to thank you on their behalf for leaving your occupations, and perhaps your pleasures, in order that you might come to this assembly and inspire, by your presence, we, young men, who are about to run our race in the occupation which we have chosen as our life's work. To inspire us who have such a great need of the sympathy of those around us, and of knowing that behind them, other hearts are beating in unison with our own. For although our profession may be different from yours, yet we are destined to live the same life, to rejoice in the same joys and to be saddened by the same sorrows. At the present time you are well aware that the medical profession is not what it formerly was, when the medical man separated himself from the rest of mankind and wrapped himself in a certain cloak of mystery almost thereby acquiring the name of sorcerer. At that time when certain privileged beings only had the means of studying the physiology of the human body, the ignorant masses almost placed their healers on a level with God, and many quacks knew how to make capital of this instinctive fear of humanity, which is often unable to distinguish between he who knows and he who knows not. Happily in our day this has been entirely changed,—thanks to the rapid march of science—thanks to the benefit of an instruction which is embracing the world, men are now given to reason to find out the "why and the wherefore" of that which formerly appeared incomprehensible. And after incessant toil, they have succeeded in drawing from nature a reply to all their questions.

And naturally in this continual evolution the medical man has rather been the cause of its birth, by going as he has deep into the study of men and nature and not being content as he formerly was—say two centuries ago with cutting or bleeding—a butcher, however unskilled, might in a short time arrive at this point of medical science; but the doctor of to-day has a higher aim, nobler aspirations—that of enriching the poor, without impoverishing the rich. That of forcing nature to yield up to him her secrets, which he will make use of to cure his fellow man. And in order to reach this admirable result, the physician must study the different characteristics of the materials of which the universe is made. Enrich the pharmacopœas by the manipulation of fruits of

our agricultural productions in order to transform them into substances which will preserve the life of man. Draw from the study of electric forces the different improvements of which our profession has such need ; know by astronomy the conditions of the climates of the globe. Obtain from mechanics a new and better idea of natural forces. In short—to lighten, to simplify, to alleviate the work of millions of individuals, and thus prolong their existence.

In short—the physician of to-day has to be an astronomer, a chemist, a biologist, a naturalist, a minerologist, a mechanic and a botanist. It is necessary for him, in a comparatively short space of time, to grasp all branches of science so that he may become versed in each one ; and that he must continue to study with zeal and perseverance always and unceasingly, for science is marching onwards with rapid strides and to stop is to fall in the rear. And when he shall have realized the dreams of his ambition and when the evening of the day comes, he will feel that he is entitled to rest, with the conscience of having added to the common treasury from which humanity draws her resources ; and without which humanity would have otherwise remained in her primitive condition of poverty.

Even at this time, the doctor shall be monopolized by his social duties ; he will have to remember that if he has been considered as one of the benefactors of society, he is also a man, and should endeavor to practice often in spite of himself, and often without the slightest aptitude, the difficult art of pleasing all without offending any ;—too happy, if looking forward to a well merited repose, he be not rudely awakened in order to attend some sick man in agony.

This is the life of a medical man—a life of labor, self-sacrifice and devotion.

He is desirous of knowing, indifferent to all other pleasures. *Fortune* he esteems as nothing. *Poverty* he sets at naught. Eager for work, hungry for science, he has his eye continually turned towards the truth, like the magnet toward the “ polar star.” He seeks out this truth through fatigue and peril ; without truce and without repose, never once faltering. He keeps in himself the sacred fire of knowledge burning in spite of the discouragements from without, full of that ardent enthusiasm one feels when working for the benefit of the centuries to come, and that expectation of delight which he will experience when there lies open before his mind, vistas which no human eye had ever before seen. This is the life that my fellow students and myself have chosen,—not that we think ourselves stronger and more skillful than others ; but as the law of labor is incumbent upon all, we all must work. It is the first duty towards our country, our

family and ourselves, and of all the professions open to us we have chosen the noblest.

Do not think that I wish to raise up our profession at the expense of others—all workmen are honorable, whatever they may be, and the humble laborer who uses the pick and shovel is no more to be despised than the learned scientist who enriches the world with a new idea. But at the present day the rôle of a physician is all the more difficult, inasmuch as the “art of killing” has made a well marked advance. We laud to the skies, the name of the inventor of some new engine of war ; we guild with lustre the advocate, who by his eloquence, has succeeded in freeing from the hands of the law some four-fold assassin, we receive with acclamation often the author of dissolute romances ; but we leave aside the names of many of our professors and lecturers who in the silence of their work, without noise or show, have succeeded in saving thousands of lives. And if we are so proud of the study of medicine, and if we appear to you somewhat vain of the title of doctor—throw the blame on our dean, on our professors, on all those, who, at Bishop’s College have taught us to esteem them and consequently to esteem ourselves. During these years, without sparing their trouble, or even becoming fatigued, these men, as modest as they are learned, have raised our sunken courage by the gift of their ideas, by the benefit of their experience, and by the enobling energy of their enthusiasm. They have endeavored to raise us little by little to their level, we who could never attain that height alone. Therefore, can you blame us for having a little pride, and on this memorable day, in the presence of you all we thank publicly our professors for their efforts in inculcating in us the everlasting principles of scientific truth. Allow me, therefore, professors and lecturers of our Faculty of Medicine, to express to you the respectful sentiments which we all entertain for you and your instruction. Our gratitude will last as long as our lives, and it will not be without some emotion that later on in the trials which the future has in store for us, we will remember the years spent at Bishop’s ; and also perhaps, reproach ourselves for not having paid sufficient attention to your lectures. Pardon us, Gentlemen, for we are yet young ; but have learned from you not to be idle, but to be men, and to bring our stone to help in the construction of the social edifice. And, since the theory of medicine would not be much unless practice came to its aid, we extend to the authorities of the different hospitals who have placed their institutions at our disposal, our sincere thanks.

May those who come after us keep in their memory the souvenir which we leave to them of the benefits for which we are indebted to you.

# Progress of Medical Science.

## MEDICINE AND NEUROLOGY.

IN CHARGE OF

J. BRADFORD McCONNELL, M.D.

Associate Professor of Medicine and Neurology, and Professor of Clinical Medicine  
University of Bishop's College; Physician Western Hospital.

### PSEUDOLEUKEMIA INFANTUM.

Alfred Stengel, M.D., Instructor in Clinical Medicine, University of Pennsylvania, writes on this subject in the *University Medical Magazine* for April. He first objects to the term and the description of the condition as a disease, and alludes to facts regarding the morphology. He does not regard it as a separate disease. Von Jaksch, who first described it, mentions enlargement of the liver and spleen as symptoms, anæmia, reduction of red cells, and marked leucocytosis; but the children usually recover, unlike the results in leukemia. The splenic enlargement is due to chronic hyperplasia, also that of bone. There is no lymphomatous infiltrations. Von Jaksch refers to very large leucocytes, enclosing red cells, or fragments, large polynuclear neutrophile cells, poikilocytosis and endoglobular changes. Loos and Luzet have described abundant nucleated red cells, many showing karyokinesis. But no diagnostic blood characteristic has been described. The factors warranting a diagnosis, according to von Jaksch, are great reduction in the number of red cells, leucocytosis, less than in leukemia, unequal enlargement of the liver as compared with the spleen, and a tendency towards a favorable termination. He regards it as a definite disease, and does not regard syphilis or rickets as causes. Although other observers have found either one or the other of these conditions as generally present, Dr. Stengel claims that we should not consider the state of the blood alone in considering diseases of the blood. Infantile leukemia has been looked on by some as a connecting link between leukemia and pernicious anæmia, but the other pathologic lesions do not warrant this and other points in regard to ferruginous pigmentation of the liver and the urine have not yet been determined. Dr. Stengel and Dr. C. Y. White have examined the blood of 45 children, and find marked difference between it and the blood of adults. Thus leucocytosis occurs much more readily in children than in adults; the mononuclear leucocytes are relatively more abundant than in adults, and this is still more marked in diseases showing leucocytosis; the mononuclear leucocytes are frequently excessive in size and commonly larger than in adults. There is not a tendency to marked reduction in the number of red corpuscles, even in severe illness, although marked reduction of the number of red corpuscles occurs in cases of secondary anæmia of infancy. Many cases of pernicious anæmia of childhood are doubtless of this sort.

## ON DIAGNOSIS.

An editorial (*Philadelphia Medical Journal*, January 8, 1898) in this journal says: It is not the end of diagnosis to determine the name of the disease from which a patient is suffering. It is a great satisfaction to know John Smith has typhoid fever; it is much more satisfactory to know that John has typhoid fever in the second week; that he has probably no serious local lesions; that his general condition is good, and his heart sound. This expresses in a way the difference between a good diagnostician and a poor one. Some men are pleased to be able to label every case more or less accurately; this is but the first step in diagnosis. It is the clinician's duty to recognize every abnormal condition presented by a patient, and the probably pathologic causes. Refined diagnosis goes still further; it makes clear the interdependence of various morbid states presented by one patient. An individual may have two distinct diseases at the same time; much more frequently the several conditions arise in sequence, one causing another, or all may be due to one underlying morbid process. We have known three clinicians of world-wide reputation make the diagnosis respectively valvular heart-disease, abdominal aneurism, organic disease of the spinal cord in the same patient; not one recognized the three conditions present or the fact that general arterial disease was the underlying evil. Accurate treatment follows naturally upon accurate and ultimate diagnosis. In other cases, if inaccurate, the treatment is accidental.

## CHANGES IN THE NERVE-CELLS IN FEVER.

At a recent meeting of the Berliner Verein für innere Medicin (*Deutsche medicinische Wochenschrift*, February 17, 1898, *University Medical Magazine*), Goldscheider and Brasch showed Nissl preparations from the cord of a child that had succumbed to scarlet fever on the fourth day. The terminal temperature had been from  $40.5^{\circ}$  to  $40.9^{\circ}$  C. The ganglion-cells were smaller than normal and pale, and the protoplasmic indistinct; the nucleolus in some cells was angular, and the protoplasmic processes were swollen. As these changes corresponded exactly with those found by Goldscheider and Flatau in the cord of a case of tetanus with fever, dying on the sixth day, and likewise with those obtained in rabbits exposed to high temperature. The authors were inclined to attribute them to the influence of the temperature, and not to the action of the toxin of scarlet fever.

As regards the tetanus case, the lesions found were different from those seen in animals poisoned with tetanus-toxin, in the latter case the nucleolus and Nissl's bodies swell, and later break down, while in fever the nucleolus becomes smaller and angular and Nissl's bodies dissolve. Brasch found similar febrile changes in the ganglion-cells in a case of meningitis with high terminal temperature.

## THE FORMATION OF MUCUS.

A. Schmidt (*Sammlung klinischen Vorträge*, No. 202, February, 1898, *University Medical Magazine*), has devoted a good deal of attention to the study of mucous secretion, and in these lectures

collates a number of facts that may profitably be reproduced in this department. There are two principal forms of mucinogenous substances: the nucleins and the mucins, the former containing phosphorus, the latter not. All mucins are not alike; thus, that of the stomach under normal conditions does not give the characteristic mucin reaction, while in certain pathologic states it does. Regarding the function of mucin, the author thinks that they are very important. Mucin is not germicidal; it is, however, a poor soil for the growth of bacteria. As to the question whether the cells forming mucin always perish after secreting the substance, he is inclined to the belief that they do not, although their longevity is limited.

The secretion of mucus increases on irritation, but if the latter is too severe, the cells die and secretion is suspended. Hence the secretion, in catarrhal inflammations, of tough mucus is a good sign, indicating that the mucous membrane is not seriously injured. In some inflammatory conditions of mucous membranes, mucus is absent from the discharges; this may be due to digestion of the mucus, or to its decomposition by bacteria. The hay bacillus, the bacillus coli, and the typhoid bacillus, as well as others, have the power of liquefying mucus. The presence of pus, and a discharge associated with the persistent absence of mucus indicates atrophic inflammation of the mucous membrane in question.

As the best clinical test for mucus the author recommends microscopic staining. Mucin reacts with basic, nuclein with acid dyes. Thus, from a mixture of acid fuchsin and methyl-green, pneumonic sputum, which consists largely of nucleins, selects the fuchsin, mucus, the methyl-green. The method is as follows:

A small, pea-sized, transparent, glassy flocculus of sputum is placed in a test-tube and agitated with a 5-per-cent. solution of bichloride of mercury in alcohol. Albuminous sputa disintegrate rapidly, mucinous slowly. After sedimentation the alcohol is poured off and the tube filled with distilled water. Three drops of a stock-solution of the stain (one gramme Biondi's salt to thirty cubic centimetres of distilled water) are then added. The tube is turned slowly for from one to three minutes, and, after decantation, the sediment washed once or twice with distilled water. Brick-red color of the flocculus indicates pneumonia. The color must be brick-red, not violet-red.

Microscopic examination of the excreta for mucus is of value; the acetic acid test is unreliable.

## SECRETION NEUROSIS OF THE COLON.

In *Mathew's Quarterly Journal of Rectal and Gastro Intestinal Diseases* for January, 1898, BYRON ROBINSON discusses this subject, and gives the following conclusions:

1. The above disease of the colon should be termed secretion neurosis and enteritis. The first is of neurotic origin and course.
2. Both secretion neurosis and enteritis may coexist.
3. Secretion neurosis of the colon occurs chiefly in neurotic females (eighty per cent.).

4. It is closely associated with genital disease.

5. It is frequently preceded by constipation (a neurosis of the fecal reservoir or of the inferior mesenteric ganglion).

6. The continuation of the disease is partly due to an irritable, vicious habit of excessive epithelial activity.

7. The disease is characterised by colicky pains with the evacuation of mucous masses.

8. It is not fatal, variable and erratic in attacks, with impossible prognosis as to time.

9. Microscopically the evacuations appear as membranous yellowish-white masses of mucus.

10. Macroscopically one sees hyaline bodies, cylindrical epithelium, cholesterine crystals, triple phosphates, round cells, various kinds of micro-organisms, and pigment.

11. Chemically the evacuations consist of mucin and albuminous substance.

12. Secretion neurosis of the colon is comparable to the secretion neurosis of the endometrium (membranous dysmenorrhea) or bronchial croup.

13. Secretion neurosis of the colon appears to be limited chiefly to the part of the colon supplied by the inferior mesenteric ganglion—*i.e.*, to the fecal reservoir (the left half of the transverse colon, the descending colon, the sigmoid, and rectum).

14. It is a disease of the sympathetic secretory nerves, and is analogous to the disease of the motor and sensory nerves of the viscera.

15. Its treatment consists in removing the neurosis, which lies in the front ground, and regulating the secretion, which lies in the background.

16. Three views exist as to the above disease, which certainly embrace more than one pathologic process, viz: (a) That the disease is enteritis (catarrh); (b) that it is simply excessive secretion of mucus (colica mucosa); (c) that it is a secretion neurosis of the colon (nervous).

### A REFRESHING BATH.

The following is the formula of a "rejuvenator" from which Mme. Sarah Bernhardt is said to get unfailing refreshment. It is a liquid in which she is bathed from head to foot—an *eau sédative* Madame Bernhardt calls it. The prescription is as follows: Two ounces of spirits of ammonia, two ounces of spirits of camphor, one cup and a half of sea-salt, two cups of alcohol. Put all into a quart bottle, and fill with boiling water. Shake before using. The method of application is very simple. The body is bathed with a soft

sponge dipped in the undiluted liquid, and dried with the slight friction of a smooth towel. After the bath the stiffness and soreness of fatigue are all gone, the circulation is stimulated, and a gentle languor is induced, followed by a desire to sleep.—*The Practitioner*.

### EXERCISE TREATMENT IN NERVOUS DISEASES.

Goldscheider (*Deut. Med. Woch.*, 1898, Nos. 4 and 5, *Gaillard's Medical Journal*) more especially refers to tabes dorsalis and some other diseases. He maintains that the ataxia is due to a disturbance of the muscular sense. He first learned to use exercise treatment in v. Leyden's clinic, but this method has been subsequently largely extended by Fraenkel. In the so-called paraplegic stage of tabes slight flexions and extensions, etc., of the limbs may be made when the patient is in bed. Help may be given by lightly supporting the thigh or leg. A chair may be inverted over the foot of the bed, and the patient can then exercise himself in touching the cross bars or by putting the feet in between them.

The movements are first made with the eyes open and afterwards with closed eyes. Ample periods of rest must be allowed so as not to produce fatigue, otherwise an exhaustion lasting over several days may result. The author confirms Fraenkel's opinion that even in these advanced cases improvement may be produced and the patient may even walk again. Some patients do not improve, and sometimes the exercises have to be given up owing to the pains which are apparently induced by them. In less advanced cases various movements may be practiced to improve the gait, and the author figures many pieces of apparatus adapted to this end. A chair on four legs with rollers may be useful. The treatment must be persisted in over long periods of time.

The chief point lies in many movements performed without fatigue and with intervals of rest. The author draws attention to the absence of the sense of fatigue. In some patients there is an atony of the muscles, and here electricity and massage must be employed as well. The knee and hip joints may be supported by bandaging. The author then refers to the treatment of intentional tremor by exercises. He looks upon this tremor as closely allied to ataxia, and as capable of improvement by exercises. In chorea some improvement may also be produced, but the exercises should be carried out only once in the day or once in two or three days. The good effects of this treatment in writer's cramp are well recognized. In athetosis also some improvement

may be produced by long-continued exercise treatment. In speaking of paresis and muscular atrophies the author draws attention to the value of exercises carried out in a bath, and especially in peripheral neuritis. In neuralgias, etc., exercises, particularly of a passive form, may be useful. In articular pains left after rheumatism, and more especially after contusions, this treatment is valuable. Goldscheider thinks that much more attention should be given to exercise treatment.

### INCONTINENCE OF URINE IN CHILDREN.

Incontinence of urine, says Dr. J. A. Coutts (*Treatment*, Vol. I, Part 1, No. 13, p. 289, *Gaillard's Medical Journal*), may be associated with many and varied morbid conditions, in which it plays a very unimportant part. In some instances it may be the first symptom to call attention to such serious disorders as diabetes, calculus, hydronephrosis, and others. In nocturnal epilepsy, incontinence of urine may furnish the only evidence of past attacks.

In infancy, incontinence of urine is physiological, and is due to the urinary reflex being as yet not under the control of the brain. Its persistency beyond infancy is probably owing to imperfection of control unless it be referable to bad habits and poor training.

In treatment, the ordinary routine practice of awakening the child at stated intervals to micturate is mentioned and commended. This simple procedure will cure the vast majority of cases. In addition to the last, restricting the liquids in the child's dietary during the latter hours of the day seems credible to all.

However, in obstinate cases, if on examination the urine presents a high specific gravity and a high degree of acidity, then, instead of limiting the liquids, the author advises that trial be made of encouraging the child to drink freely toward the end of the day. In a few cases by this reversal of the common practice signal success has been scored.

Of drug treatment belladonna takes first rank. But that belladonna often fails is admitted by all. Some of these failures doubtless arise from the method commonly pursued by giving the drug in divided doses throughout the day. A much more efficient plan is to give one single dose in the evening, and to increase this gradually every four or five days. In this way a large single dose can be gradually worked up to, and, if the incontinence ceases, can be gradually lessened until the drug is finally abandoned. Belladonna cannot be fairly said to have failed till this method has been tried. Of

other drugs the author ranks lycopodium first. While belladonna acts by paralyzing the detrusive muscular fibres of the bladder, lycopodium is stated to have a more selective sedative action on the vesical mucous membrane. The author claims lycopodium was successful in numerous instances where belladonna has entirely failed. The method advised is to give twenty drops of the tincture three times a day to a small child and work up gradually until doses of a dram are given at the corresponding times. Lycopodium has been claimed by some as almost a specific in incontinence of urine, but, while it is not that, it is certainly deserving of more extensive trial.

Bromide of potassium is mentioned as being of benefit in those cases in which the act of micturition ensues when waking is imminent or actually takes place. Here the beneficial action lies no doubt in its hypnotic effect rather than in any other action it may have on the nervous system. Strychnine is useful when the incontinence is accompanied with anemia, lassitude, and other departures from the normal health. Then a combination of iron and strychnine is of service.

Of other drugs, such as opium, chloral, etc., the author pleads ignorance.

When drugs fail there are still other measures that may prove of service in obstinate cases. It has been noticed that in many instances the child retains his urine while lying asleep on his side, but that as soon as he turns upon his back emission of urine takes place. The child can be prevented from turning on his back by fixing an ordinary bobbin over the lower spine by means of strapping. With this arrangement, whenever the child attempts to turn on his back the bobbin either wakes him up or else he returns to his former position on his side. In either case the urine is retained in most instances.

Circumcision in incontinence of urine, without phimosis, is uncalled for.

## RHEUMATISM IN CHILDREN.

An editorial in the *Archives of Pediatrics* for January, 1898, says among those who have studied rheumatism in children most carefully and have done most to correct older errors of belief regarding it is W. B. Cheadle, of London. In a recent article in *Treatment* he describes the various peculiarities of the disease in the young and writes most judiciously regarding the treatment. He refers particularly to the fact that the risk of cardiac complications in acute rheumatism is in inverse proportion to the age of the patient ;

hence the great importance of an early and correct diagnosis of rheumatism in children. But such a diagnosis is, unfortunately, often very difficult to make, and not uncommonly acute rheumatism is only thought of as a cause of some childish ailment when irremediable damage has been done to the heart by an endocarditis or pericarditis which has run an insidious course. And yet, if sought for carefully, there are in nearly every instance certain symptoms which ought to suggest the true nature of the ailment. The mistakes made in the diagnosis of acute rheumatism in children arise chiefly from the fact that in this class of patients the symptoms of arthritis, acid sweats, and pyrexia, to which we trust chiefly in diagnosing the disease in older people, are less prominent. The disease runs what in the adult would be called a subacute course.

In acute rheumatism of early life arthritis is at its minimum; endocarditis, pericarditis and chorea at their maximum; pleurisy, tonsillitis, the vasomotor and hemorrhagic phenomena, and the erythemata and purpura, are more common, tending to decline as puberty is passed. There is also a special tendency in children for the various phases of the affliction to arise independently and apart from one another. This is an important point, which Cheadle was one of the first to point out. Endocarditis or pericarditis may arise in a rheumatic child not only without any accompanying joint affection, but in rare instances without any recognized rheumatic phenomena to give warning of the nature of the true complaint.

As a rule, however, a slight stiffness of the joints, chorea, crop of nodules, or erythema give some slight indication of a rheumatic condition. When a case of endocarditis or pericarditis arises in a child there is *prima facie* presumption that it is rheumatic. If, with the cardiac affections, we have chorea, fibrous nodules, tonsillitis, erythema, or pleurisy, whether these have occurred recently or have cropped up at intervals through months or even years, the cardiac inflammation is almost entirely rheumatic.

The existence of a family predisposition is of great significance. The occurrence of the conditions mentioned above, and even the presence of the subcutaneous nodules alone, which are pathognomonic of rheumatism, are sufficient for diagnosis. As the heart affection is so serious in children this organ should be carefully examined whenever any of these rheumatic symptoms are met with, and in every feverish attack, simple though it may appear, the condition of the heart should be regularly ascertained.—*Medicine*,

# SURGERY.

IN CHARGE OF

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## A NEW INCISION FOR THE REMOVAL OF THE APPENDIX VERMIFORMIS. (1)

By CARL V. VISCHER, M.D., of Philadelphia.

Until recently, the peritoneal cavity was always opened by an incision through one of the aponeurotic lines, in this way dividing as little tissue as possible, and averting hæmorrhage. This incision was often followed by the development of so-called ventral or post-operative hernia,—hence the necessity for some method to obviate this difficulty. Among the various methods of suturing that were suggested, that of silver wire promised the most favorable results; yet the disadvantages accompanying the introduction of non-absorbable material soon became apparent. This led some operators to endeavor to overcome the difficulty by opening the abdomen through the muscular structures in place of the linea alba, or semilunaris, thus giving more tissue to approximate, and hence the formation of a thicker cicatrix. Then followed the suggestion of McBurney, to open the abdominal cavity by incising the integument and aponeurotic structures alone and separating the various muscles in the direction of their fibres. This method was first practiced for the removal of the vermiform appendix. The incision here is located at a point, however, where the abdominal parietes are largely made up of aponeurotic structures—*i.e.*, in the lateral portion of the anterior abdominal wall. That this incision presents some disadvantages every one who has had much experience with cases of appendicitis well knows. Whereas it answers admirably for the removal of the appendix “between attacks;” it is not so satisfactory in acute cases, particularly those accompanied by pus-formation, inasmuch as one is frequently obliged to enter the peritoneal cavity to the median side of the inflammatory mass, and in this way drain and remove the appendix through a non-infected area. Again, at times, it is quite difficult to locate the appendix, and, finally, the relation of the parts are not conducive to free drainage. It therefore occurred to me that if an incision were made through a more muscular and dependent portion of the ab-

(1) Read before the A. R. Thomas Club of Philadelphia, 1897.

dominal wall the above disadvantages could be overcome, and, in consequence, I have recently been making an incision an inch above and parallel to the crest of the ilium, beginning at the outer edge of the external oblique, and running forward to a point corresponding to the anterior superior iliac spine, or, if necessary, slightly beyond this. Having divided the skin and aponeurosis, the external oblique which is found well developed at this point and its fibres running nearly vertical is separated, after which the internal oblique and transversalis, which are also well developed, and whose fibres run nearly on one plane, are separated, exposing the transversalis fascia. This, together with the peritoneum, is divided in a vertical direction. This will be found to have opened the peritoneal cavity at its lowermost plane and near to the attachment of the cæcum. A finger, now being introduced, invariably comes in contact with the caput coli, which can be readily drawn into the wound, and thereby facilitate the search for the appendix. In suppurative cases, the pus cavity being opened at this point, drainage follows at the most dependent point. Possibly the greatest disadvantage offered by this incision is the depth of the wound, which, particularly in those inclined to be corpulent, may make manipulation somewhat difficult; the hæmorrhage, which has been found to take place from a small muscular branch of the circumflex iliac artery, can readily be controlled. The advantages are:—first, from the position of the wound it is almost impossible for hernia to occur even when it is allowed to heal by granulation; second, it offers a dependent point favorable for drainage; third, the facility with which the cæcum and appendix are found.—*Annals of Surgery, November, '97,*

## VASCULAR SYSTEM.

### I. FINAL REPORT OF A CASE OF A VERY LARGE INNOMINATE ANEURISM COMPLETELY CURED BY ELECTROLYSIS THROUGH TEN FEET OF SNARLED, COILED, FINE GOLD WIRE INTRODUCED INTO THE SAC.

By D. D. STEWART, M.D., Philadelphia.

The writer reports the result of a necropsy on the case of a very large innominate aneurism on which he, over forty-one months before, had employed galvanism through ten feet of coiled gold wire, which he had introduced, resulting in complete solidification of the sac. The case was one most unpropitious for any treatment. The patient had been an habitual spirit drinker. He was also a syphilitic, had pronounced aortic and mitral disease, with extensive cardiac enlargement, generalized endarteritis, and had also chronic nephritis. The

aneurism formed a large and prominent swelling at the root of the neck. It was regarded as springing from and being limited to the innominate artery. The sac wall was of extreme thinness, and, at least externally was unprotected by clot. This, which was apparent to the eye and touch, was further demonstrated by puncture with needles. At the time of operation the sac wall seemed on the point of bursting externally in several situations over which the skin was extremely thin and bluish.

The result of electrolysis through the introduced wire was very decided. Clot-formation, leading apparently to solidification of the sac, was early manifest. The patient lived for nearly three years and a half after operation, and finally died as the result of the formation of a large thrombus in the middle cerebral artery, the result of the advanced endarteritis present.

The autopsy revealed the aorta dilated from its cardiac origin, but a separate and very distinctly outlined extensive fusiform dilatation existed from one and a half centimetres to the left from the origin of the left subclavian artery at the junction of the transverse with the descending portion of the aorta downward to a distance of ten centimetres. This fusiform sac at its greatest internal circumference is fifteen centimetres. This dilatation—a typical fusiform aneurism—is sharply defined above and below by concentric elevated rings or constrictions of the whole circumference of the aorta. The entire aorta, including the dilated portion, is uniformly thickened. The inner surface of the fusiform sac shows widespread atheromatous patches. The sacculated aneurism springs directly from the root of the innominate artery. The aneurismal sac is approximately the size of a foetal head at term; length, thirteen centimetres; transverse diameter, nine centimetres. The sac is completely consolidated with organized coagula in which lie the coils of wire. The consolidated sac has at its base a small cul-de-sac, the remains of the innominate artery. This, from the aorta, admits the little finger to a distance of four centimetres through an annular ring, sharply defined, two centimetres in diameter. The cul-de-sac was noted to contain in its interior a small coagulum, presumably of post-mortem formation. The sac itself was very firm and wholly solidified, and when cut into was found to be completely occupied by organized material, in the interstices of which lay the coils of fine gold wire. Brain: A large thrombus is evident in the left middle cerebral artery. Softening has occurred in the region of the corpus callosum, caudate and lenticular nucleus and in the internal capsule of the left side.

The method, as practiced and advocated by the author, consists in introducing into the sac, under the strictest antiseptic precautions, a fine silver or gold-coiled wire, previously so drawn that it may be readily passed through a thoroughly insulated needle of somewhat larger calibre than the wire, and, after introduction, assume snarled, spiral coils, that, with a moderate amount of wire, the entire calibre of the sac will be reached unless the cavity be already filled with coagula or the sac be of unusual size.

The wire must be neither in amount nor calibre too great nor too bulky or highly drawn that the results to be desired be interfered with. Nor should the wire be of a material so brittle as steel nor of hard drawn iron lest fracture occur in process of contraction of sac, with danger of rupture; nor should it be of soft iron, lest so great a quantity of detritus result, due to the decomposition of the iron and the formation of insoluble salts under the current influence, even with low amperage, that danger of emboli result.

Silver or gold wire is undoubtedly preferable material. Silver-coppered wire, employed by Loretta in his case, in which wire alone—without galvanism—was used, possesses no advantage over that of silver alone, and if it were used might be provocative of toxic symptoms through the amount of copper dissolved under the current influence.

The amount of wire required depends necessarily upon the calibre of the aneurismal sac, and must be decided upon with the greatest nicety of judgment, since with too small an amount little or no result will be obtained, and with too great a quantity permanent cure through obliteration of sac by contraction of clot cannot be expected. For a globular sac of approximately three inches in diameter, three to five feet are sufficient for a sac of four to five inches, eight to ten feet. How readily these amounts comply with the conditions is shown by the introduction through a needle of a measured amount of spirally-wound snarled wire into globular corked bottles of approximately the size stated.

The anode or positive pole should invariably be the active electrode. This is connected with the wire, and the negative rheophore, a large clay plate, or an absorbent cotton pad of equal dimensions, is placed upon the abdomen or the back. The current is slowly brought into circuit, and its strength noted by an accurate milliampèremeter. The increase is gradual for a few moments until the maximum strength supposed to be required is reached. It is maintained at this until the approach of the end of the session and then gradually diminished to zero, after which the wire is separated from the battery, the needle carefully withdrawn

by rotation and counter-pressure, and the released external portion of the wire gently pulled upon and cut close to the skin, the cut end being then pushed beneath the surface. This latter procedure is facilitated by using care in the introduction of the needle to first draw the skin at the site of puncture a trifle to one side in order to procure a somewhat valve-like opening.

Experience has shown that the current's strength must be rather high,—from forty to eighty milliampères, and the sitting long,—from three-quarters of an hour to one hour and a half. Thus used the following effects may be expected:—The mere introduction of coiled, snarled wire without the conjoint use of galvanism, if practiced judiciously, is in itself a method of value, since the presence of wire, if engaging all parts of the sac, acts both as an impediment to the blood stream and at the same time offers to the eddies set up multiple surfaces for clot-formation. Hence this method has more to commend it than that by mere galvano-puncture with needles. By galvano-puncture, although firm coagula are produced, they are of such trifling dimensions and engage such small areas of sac wall, that, without impeding in the least the blood-current, their dissolution rather than their accretion quickly follows. By the application of a strong galvanic current through coils of wire so disposed that all areas of the sac are reached, it follows without exception, as has been noted in all recorded cases, that consolidation by virtue of clot-formation is promptly and invariably produced. The solidification is rapid, and is generally manifest before the end of the electrical session, through changes apparent to the eye and hand, in the pulsation, and in the degree of consistence of the sac wall. These changes become more decided in the course of a few days, until after a time in the most favorable cases a hard nodule, with a communicated pulsation only replaces the previous expansible tumor.—*British Medical Journal*, August 14, 1897. [*Annals of Surgery* November, 97.]

J. Torrence Rugh (*Philadelphia Med. Jour.*, April 9, 98) describes an original method of applying plaster of Paris to make continuous pressure for the correction of club feet. He utilises continuous pressure by attaching a rubber tube at the knee and connecting it with the end of a lever which is attached to a foot piece and extends out about two inches at right angles to the foot. The foot piece or sole is firmly bandaged to the foot with plaster of Paris bandages which extend only to the ankle. A second bandage begins just above the ankle and extends to some way above the knee with this joint bent at nearly right angles in order that trac-

tion will not cause displacement of the bandage. The piece projecting from the foot piece is placed on either or both sides according as the deformity requires. He recommends the use of this apparatus in all cases which do not need a radical bone operation and in the after treatment of operated cases.

Downes (*Philadelphia Med. Jour.*, April, 2, 98) describes the use of removable rubber bulbs in intestinal anastomosis. He employs three varieties, one for lateral anastomosis where there is side-union of two cylinders with a comparatively narrow neck, the second equal sized bulbs with a filling tube attached in the middle or at one end, and the third having one bulb larger than the other in case of anastomosis between large and small intestines. The bulbs after being placed are filled with air or fluid by means of a bulb syringe, and the dilatation is maintained by applying forceps or a ligature to the filling tube. With this facilitate sewing he uses a stitch knotted continuous Lembert suture so placed as not to invert but approximate the edges. After placing nearly all the sutures the bulb may be deflated and removed, or the sutures may be completed and the deflated bulb removed through a longitudinal slit at one side, which may be closed with a couple of sutures.

### PHYSIOLOGICAL ALBUMINURIA AND THE BICYCLE.

It seems from certain observations made by Müller (*Münchener medicinische Wochenschrift, Centralblatt für innere Medicin*) that in albuminuria that cannot be distinguished with the microscope from that of genuine kidney disease, but one that must be looked upon as physiological, since it disappears within a few days after the cessation of the exertion, leaving absolutely no signs of the disease. Müller's observations were made on twelve bicyclists, eight of whom he calls trained and four untrained. Among the eight trained wheelmen there was only one whose urine contained albumin before the exercise, but after it the urine was albuminous in seven. In six of them, including the one whose urine was free from albumin, there were at the same time present in the urine casts in numbers as great as are generally met with in acute or chronic parenchy matous nephritis; and the two others had a few hyaline casts. Most of the casts were hyaline; the minority showed distinct renal epithelia and were granular. Free renal epithelia were found in every instance. White blood corpuscles appeared sparingly, but red corpuscles were not met with at all. Among the four untrained wheelmen, in all

of whom the urine was free from albumin before the exercise, two showed albuminuria and one cylindruria after riding from an hour and a half to three hours.—*N. Y. Med. Jour.*

### AN ADVOCATE OF BLOOD LETTING.

Hoff (*Four. Amer. Med. Assn.*) reports 26 cases in which, after other remedies proved unsuccessful, venesection restored the patients to life. The list included puerperal fever, eclampsia, paralysis from congestion of the brain, brain fever, meningitis and cerebro-spinal meningitis, pneumonitis in its first stages, congestion of the lungs, liver and abdominal viscera, peritonitis, croup, tonsillitis, hemorrhage of the lungs and incipient phthisis. "Repeated bleedings," says the writer, "will do more to cure consumption in its early stages than any other single agent, especially when used in conjunction with an open-air life and in a dry and medium high atmosphere." Hoff would have every medical student instructed in the art of venesection, so as to be ready to apply this much-neglected therapeutic measure in cases of acute congestion of the internal organs.—*Med. Prog.*

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## OBSTETRICS.

IN CHARGE OF

H. L. REDDY, M.D., L. R. C. P., London,

Professor of Obstetrics, University of Bishop's College; Physician Accoucheur Women's Hospital; Physician to the Western Hospital.

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### A NEW DRESSING FOR THE UMBILICAL CORD.

ROCHON strongly recommends the use of picric acid as a dressing for the cord. He states that it ensures antiseptis, obviates the too rapid desiccation which produces a brittle stump liable to cause hæmorrhage on the slightest provocation, does not hinder the separation of the cord on the sixth or seventh day, and leaves then a hard and complete cicatrix. It is furthermore absolutely harmless. The dressing consists merely of a bandage or a wad of absorbent wool soaked in 0.5 per cent. picric acid and then carefully squeezed out, and finally covered with aseptic cotton without the interposition of any impermeable material. The dressing should be changed every two or three days; more often if soiled with urine; at a pinch, however, a single dressing will suffice. The more often it is changed the later the separation of the cord, which is usually on the fifth to the seventh day when this method is followed.—*British Medical Journal.*

### PRURITUS VULVÆ IN PREGNANCY.

FIEUX (*La Gynécologie*, February 15, 1898) advocates thorough local treatment of pruritus to be undertaken by the doctor himself. A woman under his care was tormented with pruritus which caused sleeplessness, loss of appetite and mental irritability. She did not consult anybody for a fortnight, but gave herself sublimate injections twice daily, and kept cold water compresses on the vulva. As she became worse she consulted Fieux. He found no objective symptoms beyond superficial scratches, nor were there any traces of discharge, oxyurides, or any other parasites. He declined to prescribe any lotion or ointment, but at once practiced Ruge's antiseptic toilet of the vulva. The vulva, vagina and cervix were thoroughly washed with soap, all folds and creases in the mucosa being opened up; then the vagina was freely washed out with a weak sublimate solution, some 16 pints being used. This process lasted a quarter of an hour, and definitely cured the patient. Ruge usually performs the "toilet" two or three times, and applies to the vulva after each sitting an ointment of carbolized vaseline. Fieux saw his patient six weeks after the treatment by washing, and the pruritus had not recurred. There may be a purely nervous pruritus, but the satisfactory effects of Ruge's treatment seem, in Fieux's opinion, to apply that, even in pregnancy where no objective local symptoms are present, the disease is often due to bacteria.

### DIETING FOR DYSTOCIA FROM NARROW PELVIS.

PRADON dieted a woman who had twice been delivered by aid of the cranioclast of very big children (12 lbs., 11 lbs.); the pelvis was distinctly narrow, though only external measurements are given. The patient was kept for the last four months of her third pregnancy on a diet poor in carbohydrates, after Prochownik's principle. A somewhat thin fœtus weighing 8 lbs., 12 ozs., was delivered by forceps *British Medical Journal*.

### HYPEREMESIS GRAVIDARUM AND SALT IN FOOD.

ANTONCHEVITCH (*La Gynécologie*, October 15, 1897) sees a strict homology between uncontrollable vomiting of pregnancy and vomiting from which animals suffer when deprived of salt in their food, being fed on albumen artificially deprived, as much as possible, of potassium and sodium salts. He has, therefore, dieted women suffering from hyperemesis gravidarum by taking care that their food contains at least a full proportion of salts.

## TREATMENT OF RENAL AFFECTIONS DURING PREGNANCY.

O. PASTEAU AND J. D. D'HERBECOURT report the case of a patient four and a-half months pregnant, who suffered from purulent cystitis. She had suffered from leucorrhœa for six months. The region of the right kidney was full, dull, and very tender; pyelonephritis by direct infection from the bladder was diagnosed. Irrigation of the bladder was resorted to, with improvement of the bladder signs, but the temperature continued high. When a large quantity of urine was evacuated the temperature generally fell for a time. On one occasion artificial distention of the bladder was done for purposes of ureteroscopy, and, though the examination of the ureter could not be effected, it was observed that the temperature fell for several hours afterwards, so they determined, when the cystitis had subsided, to distend the bladder artificially at regular daily intervals for a few moments. This was done, with the result that the temperature remained normal, and the patient was confined naturally at eight and a-half months. The authors explain the results by supposing that the right ureter used to become temporarily blocked by pressure of the gravid uterus. Distention of the bladder raised the uterus and freed the ureter.—*British Medical Journal*.

### APPARENT DEATH FROM POST-PARTUM HÆMORRHAGE.

GIMBERT, of Cannes (*Gaz. Hebdom.*, February 27, 1898), records a case in which on his arrival at the bedside he found the child born and hæmorrhage going on; in a vessel there was a litre and a-half of blood, and the bed was soaked. The inert uterus reached to the umbilicus; the pulse could hardly be felt. It was 8:30 a.m. With one hand the aorta was compressed; with the other towels soaked in boiling water were rubbed on the abdomen; ergotin was injected, stimulants were given to drink. The uterus rapidly contracted, and the placenta was delivered, accompanied by a fresh gush of blood. But the loss of blood, estimated at 3 litres, was too much, and the patient sank, with all the signs of apparent death. Instantly the body and head seemed to shrink; the skin was cold as a corpse. No heart beats, pulse, respiration, nor reflex of any kind could be detected. Straightway the patient was placed across the bed, head low on the nurse's knees; direct insufflation of air from mouth to mouth with rhythmic traction of the tongue was practiced; hot applications were made to the chest. There was no effect at all. There was at hand a pan of filtered and boiled water holding 300 g.; into

this 3 g. of salt were thrown, and a syringeful (20 c.cm.) was injected into one thigh, while stimulation was continued. No result. It was 9.10 a.m. A similar injection was made into the other thigh. After a third injection (60 c.cm. in all) the patient made a little sound ; still the heart gave no sign. A fourth injection was made, after which a little fluttering was felt in the right radial artery ; some facial contractions and a conjunctival reflex appeared, and attempts at inspiration commenced. Very hot coffee, bouillon, and cognac were slowly given by the mouth ; the heart beats could be heard. the breathing became better, the skin warmer. It was a quarter to 10. At 11 a.m. resuscitation was assured. At 3 p.m. the patient could be left. The eventual recovery was satisfactory. The author, in commenting on the case, discusses the part played by the subcutaneous injection of serum, to which he attributes the resuscitation of the patient, for rhythmical traction of the tongue, insufflation of air, and stimulation of reflexes were unavailing until after the injections. He used this method rather than venous transfusion partly because more immediately applicable, partly because salt solution injected under the skin gets mixed with blood before it reaches the heart instead of arriving there as salt solution ; and partly because intravenous injection has too sudden an action, causing sometimes a dangerous reaction and even toxic symptoms.

#### WHEN MAY WOMEN WITH HEART DISEASE MARRY ?

Kisch discusses this question. He does not agree with Peter's dictum : "*Fille pas de mariage, femme pas de grossesse, mère pas d'allaitement.*" Every case, however, must be decided on its merits. The chief points to be considered are : (1) the kind of heart disease, (2) its duration, (3) the presence or absence of compensation, (4) the general health, (5) the social position of the patient. (a) They may marry if the disease is not of long standing, and compensation is good, and the general health not undermined. They will have during pregnancy, and still more during and for a time after delivery, many troubles due to their heart, but in by far the greater number of cases there will be no danger to life. This applies to well compensated mitral regurgitation, and stenosis, aortic regurgitation, fairly marked sequelæ of pericarditis, and to muscular degeneration if not too far advanced. The patients must also be in a position to spare themselves bodily exertion as much as possible during pregnancy, to avoid mental excitement, and to have constant medical supervision. (b) The prognosis is not so good if the patients are very anæmic or nervous, or advanced in years, or if the

the valvular disease is congenital or acquired in childhood. In these cases the physician should advise against marriage, or at any rate point out that the disease will almost certainly become worse after marriage. (c) Marriage is to be absolutely forbidden as dangerous to life when compensation is failing or when there is advanced muscular degeneration. In all cases where there is dyspnoea, palpitation and a quickened pulse on slight exertion, or marked œdema not disappearing after rest in bed, when there is a tendency to arrhythmia, scanty urine with albumen, and attacks with irregular small pulse, coldness of the extremities, nausea, dyspnoea, syncope, etc., marriage is dangerous whether the cause of the symptoms be valvular disease, diseased arteries or cardiac muscles. Even those for whom marriage is allowable must follow certain rules strictly: (1) Coitus must not be frequent, and must be continued to the end of the orgasm, otherwise reflex heart troubles and depression result. (2) They must not have more than one or two children, as the strength of a diseased heart diminishes with every pregnancy in geometrical progression. If this rule is followed induction of premature labour will be luckily seldom necessary, since when it is the results are very unfavourable.—*British Medical Journal*.

#### LOCAL TREATMENT OF PUERPERAL FEVER.

Herrenschneider (*Centralbl. f. Gynäk*) strongly believes in the use of proper uterine therapeutics in puerperal fever. He has observed several fatal cases and found them distinctly traceable to a process of infective inflammation of the endometrium clearly local and manageable at first. He has successfully treated ten cases since these observations were made by intrauterine antiseptic injections, curetting, and, lastly, packing with iodoform gauze. The latter step is the most important, and should be continued after every injection until the temperature falls to normal. He combats the theory that scraping opens up blood vessels and lymph channels, allowing greater chance of the introduction of more septic material. Certainly vessels are wounded, but the tampon prevents the anticipated danger as it excites normal contraction of the uterine muscle, which tries to expel the foreign body. This therapeutical effect of the tampon is superior to the action of ergot administered with the view of expelling septic fragments and mucus from an otherwise empty uterus. The drug causes uniform contraction of the longitudinal and circular fibres when the uterine cavity is practically empty so that the os becomes closed. Thus the escape of poisonous mucus is prevented, not assisted. The tampon closes the raw surface of endometrium upon itself and keeps the os open.

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## Editorial.

### ANNUAL CONVOCATION, MEDICAL FACULTY, BISHOP'S COLLEGE.

This event was held on the 13th ult., and was a most successful function. Chancellor Heneker presided, and besides the Dean and members of Faculty with representatives from Dental College, there were present Principal Adams from Lennoxville, Hon. Dr. Borden, Minister of Militia; Judge Hall, Dr. Austin, Sherbrooke; Rev. G. Abbot Smith and others.

The Dean's report showed that there were 101 enregistered medical and dental students during the past session of which 88 came from the Province of Quebec, 8 from Jamaica, 2 from Ontario, 1 from Hayti, W. I., 1 from Australia, and 1 from the United States.

The following graduated C.M., M.D., viz. :—James Leslie Allan, Montreal; John Francis, Aux-Cayes, Hayti, W. I.; Angus McDonald Ford, Portneuf, Que; Miss Minnie Gomery, Miss Marion Hansford, John McIntyre and Archibald Hamilton Newman, Montreal; Robert M. Stimpson, Manchester, Jamaica, W. I.; James Amos, Paddyfoot, Jamaica, W. I.

Dental Degrees (D.D.S.) were conferred upon G. W. Oliver, T. D. McGregor and F. C. Nichol.

Prof. J. W. Stirling delivered the valedictory address to the medical graduates, and Dr. W. J. Kerr to the dental graduates.

Honorary degrees were then conferred upon:—

Hon. Dr. F. W. Borden, Ottawa.

Dr. F. J. Austin, Sherbrooke.

Dr. J. W. Stirling, Montreal.

The following is the list of prize winners:—

Junior Dessector, E. G. Mason.

Histology, F. O. Anderson.

Senior Dissectors, F. G. Henry, F. L. Wilkinson, equal.

David Silver Medal, F. O. Anderson.

Wood Gold Medal, Miss. M. Gomery.

Chancellor's Prize, John Francis.

## THE COLLEGE OF PHYSICIANS AND SURGEONS OF THE PROVINCE OF QUEBEC.

Considerable activity has been displayed by the Election Committee of Montreal Medico-Chirurgical Society in regard to the election of the new board in July next. It has received proxies from the majority of the English portion of the profession, and from the sympathy which is expressed with the reform movement it is expected that the entire English vote will support the Committee, and we learn that very satisfactory progress is being made among our French confreres in securing proxies and enlisting the sympathy of the profession in the effort being made to secure an independent board. While the present board is being attacked as a whole, it is only just to say that the movement is largely directed against Dr. Beausoleil, who occupies the objectionable position of having, through a systematic and organized effort, secured a sufficient number of proxies each time to entirely control the election in regard to himself and any other member outside of the University—representatives whom he desired to associate with him. These members, on account of this circumstance, owing their election to him, could not show independence of action in considering matters of importance coming before the board. It may truthfully be said, however, that it is generally recognized that there are a number of worthy men on the board who are

upright and capable, and whom we would like to see again elected, and who would not, we feel sure, sanction the questionable actions which have been accredited to some of the officials. It is to be hoped that, although the present registrar has opportunities for manipulating in his favour the proxies he has already in hand, that they will not be used by him in any way contrary to the wishes of those who have already committed themselves by having previously sent their proxies to him who may subsequently decide to have their vote otherwise controlled. It is well to remember that any member has the privilege of changing his proxy, and the last one registered will represent his legal vote. We publish below a circular issued by the Electoral Committee of the Medico-Chirurgical Society, which, considered side by side with that issued presumably by Dr. Beausoleil, is calculated to cause the Electorate to give the matter considered some thought. We will be glad to publish the views of any of our readers who may have something to offer in regard to the efforts now being made to place the elections to the College on an independent and representative basis.

### ELECTORAL REFORM COMMITTEE.

#### A FEW REMARKS CONCERNING THE FORTHCOMING ELECTION OF THE PROVINCIAL BOARD AND CONCERNING A RECENTLY PUBLISHED CIRCULAR.

Never up to the present time has a Triennial Election of the Provincial Board caused so much interest in our profession as that which will take place in July next, and this because the administration of that Board is such that the profession can stand it no longer, and because the election will determine whether the profession is to be free to direct its business, or whether it is to continue at the mercy of a clique which, having once, through the apathy of the profession in times past, assumed control, now absolutely directs medical legislation and the administration of matters medical.

That clique has maintained complete control thus far as a consequence of the method of election now in vogue. Any one who has sufficient interest, direct or indirect, to procure the proxies of practitioners at any moment after the preceding triennial election, can use those proxies not only for his

own election but towards the election of the one and thirty other members of the Board ; and, inasmuch as this obtaining of proxies is largely employed, it is notorious that the election in no respects represents the free and individual voting of members of the profession.

We may be pardoned for calling attention to the facilities which proxy voting now places in the hands of the registrar. And we think it highly undesirable that the official on whom falls the delicate task of deciding the qualifying or disqualifying the voter should himself be one of the candidates for election.

A system which is far more creditable, and against which no objection can be raised, is that employed in connection with the elections to the general medical council in Great Britain, and employed also in the neighboring province of Ontario, that namely, in the first place, of nominating members for districts, and in the second place, after the nomination, distributing to the voters a ballot paper upon which are indicated the names of the candidate or candidates. This paper, duly filled in and signed, is then returned to the proper officials on or before a given date.

The agitation for this alteration in the method of representation is by no means new. Nine years ago, at the election for 1889, a Board of Governors was elected pledged to obtain this representation by districts ; in 1892 the Board repeated this promise to the profession, and at the last election in 1895 the then Board once again placed this reform upon its programme. Once the elections have come and gone no regard has been paid to the promises thus made, and what is more, the Board, or those controlling the Board, have always rejected every motion brought forward asking for the fulfilment of these promises. Only this last December a small group of the members of the Board did not hesitate to employ every means possible to prevent the legislature at Quebec bringing in an amendment to the law which was in accordance with the desire of the profession. Now, only three months later, they again, for the fourth time in nine years, have the audacity to promise the desired reform, relying, no doubt, on their being able by some means or other to baulk us later.

It is the object of this committee to obtain the election of those pledged to bring in this system of district representation by ballot. If we succeed in electing a Board of Governors favourable to our object, that Board will immediately apply to the Government to so modify the present law as to give representation to each district—the districts to correspond as nearly as feasible with the parliamentary electoral

districts of the Province. The Committee does not venture to propound a list of candidates. It is our aim that each district shall nominate for itself a candidate pledged to support this reform.

The whole profession in this Province is in favor of the method of genuine representation by district. The mere fact that at each election the matter has been found a useful plank in the programme of the Board is in itself evidence that this is so, but, in addition, the medical societies of our larger centres, the district medical associations and the medical men in certain districts in assembly have all pronounced in favour of the reform, and these bodies have appointed committees to work in combination with others, in order to obtain professional independence in this matter of conducting the elections.

Naturally we find opposed to us that same clique which has constantly been in evidence whenever the general interests of the profession as opposed to this clique have been involved. We are far from wishing to identify the great majority of the members of the present Board with the clique. This small group, believing that possession is nine points of the law, and having control of the working of the College at the present time, have published a document without signature, but drawn up in such a manner as to appear as the official circular of the Board of Governors itself. We have been debating whether we should best serve the profession were we simply to publish and to circulate this circular in its entirety. It would have been difficult to concoct a more specious document than this. The authors do not hesitate to throw dust into the eyes of the profession in almost every sentence, and where a suggestion of the false is not adequate, they boldly employ a complete departure from the truth. The ordinary reader, unable to realise such wholesale lack of candour, will almost naturally accept a considerable portion of it as correct, not believing that any member of our profession could weave together such a tissue of deviations from the truth; hence it becomes necessary to take up this circular point by point and show out its glaring defects.

Thus, analysing the circular, we find that it begins with a statement of the work accomplished by the Medical Board now in existence. We are told that the programme of this Board in 1895 was :

1. To amend the law relating to quacks and quackery.
2. To obtain the establishment of a Court of Discipline.
3. To establish a Provincial Medical Library.
4. To establish a free Laboratory for clinical research.

In all these matters we are now told the Board has so acted as to merit the approval, not to say the thanks of the profession. We will, however, take up these points one by one:

*The Illegal Practice of Medicine.* During the last few years, those bringing to the notice of the College cases of quackery and of malpractice have received absolutely no help from that body; they have been given the cold comfort of learning that they themselves must be the prosecutors, and that even if the College should help them they must themselves be responsible for all charges. How keen the College has been to help the profession in this matter is evidenced by the fact that only now, when the term of office of the present body is coming to an end, has a feeble move forward been taken, and we are asked to be thankful for this small move, which allows the individual practitioner to bring his case before a magistrate or before some of the petty courts of the Province. But the College itself will give no more help in this matter than it did before. If called before the minor court and convicted, the penalty inflicted will be so small that it will not prevent the quack from exercising his lucrative calling. The Board has done nothing to render the law more effective in these matters, and we may well ask why it is that no steps have been taken in this direction. There is, indeed, not a little mystery concerning the way in which the Board allows American companies to give gratuitous consultation to facilitate the sale of their pretended specifics. The profession does not benefit by this; does any one?

2. *The Court of Discipline.* At last—this very year—the Board has determined to create a court of discipline, which has been demanded by the profession since 1889. Is this again an election movement? It is not a little interesting to observe how certain perpetual members of the Board now assume the credit for the creation of this court which to this moment has been energetically opposed by them. In itself a Court of Discipline is an excellent thing, but only under the conditions that it does not come into the hands of a group or of a clique, in which case it will become a most dangerous institution. Upon this matter the circular is silent. We are not told how the members of the court are to be appointed, and until we know this and know that the members of the court will be independent and not responsible to any clique, we cannot express any satisfaction,—in fact we must demand fuller knowledge about the matter.

3. *The Establishment of a Laboratory.* Here, again, we have the same obvious comment to make. That laboratory,

promised three years ago, is still non-existent save on paper. No steps have been taken until the last moment to do anything in connection with it, and now we know nothing as to how it is to be conducted. We are told that the apparatus is "on the way," and that this or that minister in France is giving odd bits of apparatus. How "odd" is indicated by the fact that here, in a laboratory purely clinical, there is to be included a collection of physical instruments. We suppose that this laboratory will be established in Montreal or Quebec. But already in the Montreal and Quebec universities and hospitals there are clinical laboratories, and, what is worthy of note, these laboratories are under the charge, not of some unknown foreigner, but of specialists of known attainments, and these laboratories can always be used by the practitioners. Why, therefore, expend the funds of the College in running a laboratory which will be scarcely of any use to others than those who already have laboratories which they can employ.

4. *The "Precious Beginning of a Library."* Whoever it was who drew up the sentences in the circular concerning the Provincial Medical Library must either be a "farceur" of high standing or one perfectly ignorant of medical literature. To judge from the statement therein made, a collection of a few hundred theses or papers written by students on the eve of graduation, forms an ideal nucleus for a circulating library. It is interesting to learn that these Paris theses form the "precious beginning" of the circulating library, which is to be available for the entertainment of the country practitioner. That library you will note was promised three years ago, and now, in 1898, it still consists of this donation of about 1,800 unassorted pamphlets. We are told that it is intended to order the leading text-books in medicine, surgery, gynæcology, etc., but the most that has been done so far has been to authorise the Library Committee "to purchase a copy of the best modern works" on these subjects; beyond this the Board has not gone; none of these works are in circulation, and the circulating library also exists only on paper.

Would it not be better, it may be asked, when the College is in its present poor financial condition, to use whatever funds there may be to spare so as to encourage the creation of district societies and to help them to acquire the leading medical journals.

Next the circular passes on to point out that from a purely administrative standpoint, the Board has done its duty "even better" than during the preceding term. We are told also that bulletins of its meetings are published and

distributed ; these bulletins are almost worthless, and are not distributed to the medical press until they are out of date. We are told that it has sent copies of the *Medical Register* to every licensed practitioner of this province. Now one virtue of a *Register* is that it should be correct and up to date, and this is neither. A large sum of money has been expended in bringing out a badly edited work of no value. It is full of errors.

We are told that it has ordered the collection of the arrears and annual dues, and, while the recent bulletins admit that these arrears are very considerable, we fail to find as yet anyone who has been of late applied to for his arrears, and we know that those who have written directly for information upon this point many weeks ago are still without any answer ; this indicates the activity with which the officials of the Board are attempting to collect these arrears. We are told again that the Board has established a scientific relationship with the University of Paris, which has decided to honour our brevet by a certificate of equivalence. But the Board deserves no credit for having obtained this, for such certificate of equivalence has been for long years accorded to Canadian students and medical men who are admitted into France to attend courses at the University and to take their degrees just as though they were French students or French medical men. As examples, we may name Dr. A. Brodeur, 1874, Dr. Lesperance, 1889, and Dr. DeMartigny, 1891. There have been several others also who have obtained this favour long before Dr. Beausoleil made his visit to Paris last year. Of these mentioned, Dr. Brodeur left Montreal in his third year of medical study, and had simply to pass the examinations of the second year, while the diploma he eventually obtained gave him the right to practice in France and in the French colonies.

*Inter-provincial Licensing and Registration.* This is a matter which has not been brought about by the Board of the Province of Quebec alone, but by the inter-action of all the provinces, and even, while we acknowledge that Dr. Beausoleil and those with him have borne their share, the majority of our provinces now favour inter-provincial registration ; it would be false in any way to suggest that Dr. Beausoleil originated the movement, while the non-election of himself and his clique would not disturb the negotiations which are still in progress.

A second part of the manifesto in question put forward, we suppose by Dr. Beausoleil (for as we say, the circular is unsigned and therefore unauthorative), is that we are promised the following :

1. *Abolition of the vote by proxy.*
2. *Representation by district* (this for the 4th time in 9 years).
3. *The establishment in each district of an agent to wage war upon quacks.*
4. *The appointment of assessors from each district.*

These promises, we would note, are made before the election. From our previous experience we would ask whether these have the least value. That experience tells us that, once the elections are over, the promises made are not merely forgotten, but any endeavour to exert their fulfilment is vigorously opposed by the officials of the Board, and we would ask if after these experiences the writers of the circular seriously expect the profession to continue indefinitely to be fooled by promises.

The third part of the manifesto deals exclusively with the relationship between the universities and the mass of practitioners, and it is urged that the opposition to the present method of conducting the College affairs is an attempt upon the part of the universities to control the whole College. This is a most impudent attempt to hoodwink the electors. The French and the English reform committees are both pledged to bring about representation by districts, and we would ask how any one can suppose that such an effort to bring about district representation is, at the same time, an effort to increase the influence of the universities upon the Board. A moment's consideration must show that district representation will inevitably increase the strength of what we might term the "country party" in the College as opposed to the university representation of Montreal and Quebec; and if this be the case it is evident that those members of the reform committees who are members of university staffs have higher aims than merely to satisfy personal spite or to revenge themselves for certain enactments of the Board of Governors, which might by some be conceived as being inimical to the welfare of the universities. And we would point out that it is not merely Laval University, but McGill and Bishops', whose professors are to be found in large numbers upon the Committees seeking for reform. The additional names of those who have requested to be included among the signers of our previous circular show how widespread is the desire for reform.

No one can read what is contained in this circular without seeing that what is there written is a matter of mean and personal spite against one university. Add to this, that we at the present time know of no single professor of a university who is a candidate for other than the University Seats

upon the Board, and of 42 Governors only 8 are elected by the universities. Altogether, what is the truth is that the universities and the ordinary practitioner are at one in this matter.

The following physicians requested that their names be added as members of the Election Committee of the Medico-Chirurgical Society :

Drs. H. Leroy Fuller, Sweetsburg ; Jas. Pritchard, North Wakefield ; F. Montizambert, Grosse Ile ; C. N. Stevenson, Coaticook ; W. Sutherland, Valleyfield ; D. K. Cowley, Granby ; J. O. Stuart, St. Anicet ; W. W. Alexander, Lachute ; W. H. Rowat, Athelstane ; R. A. D. King, Compton ; G. H. Christie, Lachute ; L. F. Mackenzie, Bishop's Crossing ; H. J. Metcalf, Thurso ; J. R. Clouston, Huntingdon ; H. E. Mitchell, Bedford ; A. Dewar, Ottawa ; F. A. Cutter, Cowansville ; J. C. Phelan, Waterloo ; C. Marshall, Huntingdon ; D. F. Walker, Huntingdon ; A. F. Foss, Lennoxville ; A. D. Stewart, Richmond ; H. Stevenson, Wakefield ; T. McCurdy, Sawyerville ; M. H. Brophy, Quebec ; G. F. Shaw, St. Andrews, P. Q. ; J. L. Hargrave, Danville ; Geo. Fisk, Montreal ; W. S. Morrow, Montreal ; John McBain, Montreal ; A. G. Nicholls, Montreal ; A. A. Robertson, Montreal ; J. P. Hanington, Montreal ; H. L. Reddy, Montreal ; H. D. Hamilton, Montreal ; E. A. Robertson, Montreal ; H. M. Church, Montreal ; J. C. Cameron, Montreal ; A. Schmidt, Montreal ; A. McPhail, Montreal ; W. H. Jamieson, Montreal ; Mary Fyfe, Montreal ; A. D. Patton, Caughnawaga ; A. E. Vipond, Montreal ; J. H. Laidley, Montreal ; G. A. Berwick, Montreal ; S. Ridley McKenzie, Montreal ; H. B. Yates, Montreal.

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THE AMERICAN Electro therapeutic Association will hold its seventh annual meeting at Buffalo, September 13, 14 and 15, 1898, under the presidency of Dr. Charles R. Dickson, of Toronto. The titles of papers to be read at the meeting should be furnished to Dr. John Gerin, secretary, 68 North street, Auburn.

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## Book Reviews.

**The Practice of Surgery.**—A Treatise on Surgery for the use of Practitioners and students. By Henry R. Wharton, M. D., Demonstrator of Surgery in the University of Pennsylvania ; Surgeon to the Presbyterian and the Children's Hospitals ; Assistant-Surgeon to the Hospital of the University of Pennsylvania ; Consulting Surgeon to the Bryn Maur Hospital ; Fellow of the American Surgical Association and B. Farqu-

har Curtis, M. D., Professor of Clinical Surgery in the New York Post-Graduate Medical School and the Women's Medical School of the New York Infirmary; Surgeon to St. Luke's Hospital and the New York Cancer Hospital; Fellow of the American Surgical Association. Profusely illustrated. J. B. Lippincott Company, Philadelphia, 6 Henrietta street, Covent Garden, London, 1898. Dominion agent, Charles Roberts, 593A Cadieux st., Montreal.

The authors of this new work of Surgery have recognized the difficulties which present themselves in endeavoring to place in one compact volume, a fair presentation of the vast field covered by this subject. Nevertheless, the whole subject has been touched upon and the surgery of every portion of the body described in regard to symptoms of, pathology, and the different affections to which it is liable, and their diagnosis with a description of the various operations and other methods of treatment. This is all done in a little over twelve hundred pages of space, in clear, open print, and has freely interspersed in the text heavy-lettered headings, indicating the important sub-divisions of the subject under consideration. An important and useful feature of the work is the freedom with which the subjects treated of in the text are illustrated. There are nine hundred and twenty-three wood cuts and photogravures and a number of colored plates. For the student and practitioner this is a commendable addition and while it would appear to defeat the object of contracting the subject into a limited space, it rather economizes it, for a small illustrative cut will sometimes make plain what text occupying a much larger space would fail to do as well. A book issued in 1898, should represent fully all the most recent elements of progress; this is largely the character of this work, but here and there it is noticeable that to brevity is sacrificed sufficient detail to make the reader conversant with a full and lucid presentation of the subject. Thus in the surgery of the lymphatic system no mention is made of the varieties of lymphangitis indicated by the terms reticular and tubular, constituting two distinct affections and to the uninitiated the former variety would scarcely be diagnosed from the meagre description given here. Diagnosis and treatment are, however, fairly given, and in many places we notice points in treatment and methods which have quite recently been seen only in the periodicals such as the treatment of sprain, by a special form of early strapping as recommended by Gibney & Cotterell, a cut of the dressing applied also serves to make clear the method which some of the journal descriptions have failed to do.

Skiagraphs are inserted here and there illustrating important points; the aid given by the Roentgen ray and Fluoroscope in the diagnosis of fractures, the discovery of bullets, etc. is dwelt upon. The portion on minor surgery is very explicit and so fully illustrated that all the methods of bandaging, suturing and the application of ligatures, etc., can be readily acquired from the lucid descriptions and excellent cuts. Surgical bacteriology is treated of in a full and interesting chapter, giving the latest views on toxin infection, resistance offered by lesions, immunity, etc. There are altogether thirty-eight chapters which include not only such general

subjects as inflammation, septicaemia, anæsthetics, plastic surgery, amputation, and the special surgery of various portions of the frame and organs, but giving also a good representation of that of such organs as the eye and ear, the air passages, venereal diseases, the urinary organs and the female genital organs. As a ready reference work for the general practitioner and a students' text-book, this up-to-date work is to be highly recommended.

**The Year Book of Treatment for 1898.**—A Critical Review for Practitioners of Medicine and Surgery. Crown octavo 488 pages. Cloth, \$1.50. Philadelphia and New York. Lea Brothers & Co., 1898.

This compact and inexpensive résumé of the progress of therapeutics during the year, is now in the fourteenth year of its publication and has deservedly taken a strong hold on the attention of the members of the profession. The collaborators are all eminent physicians and specialists in Great Britain, and the book gives evidence of a very careful selection from journals and recent books of the chief progress made during the year in the various departments of medicine in regard to therapeutic measures. We notice that most of the excerpts and condensations are from publications during 1897, unlike some of the more pretentious annuals which we have noticed which draw largely from 1896. A year book should so arrange matters as to represent only the year previous to its issue. This convenient volume gives a full résumé of all real advances in therapeutic measures, as well as reference to recent light in etiology, pathology, etc. Even when a large annual is subscribed for, this is invaluable for reference, and no physician should be without an annual while this inexpensive and comprehensive retrospect is available.

**Transactions of the College of Physicians and Surgeons of Philadelphia.**—Third Series, Volume Nineteenth. Edited by Thompson S. Wescott, M.D., Philadelphia.

This volume is neatly bound in cloth with gilt top and contains two hundred and fifty-one pages of matter. There are twenty-two papers published together with several biographical sketches, the annual address of the President, lists of officers and members, etc. Among the interesting papers are the following:—Rapidly occurring semphlygia or acute lead poisoning, by J. M. Dacosta, M.D., LL.D. Some important facts about chloroform, by H. A. Hare, M. D. The value of auscultatory Percussion in Diagnosis, by Alfred Stengel, M. D. A contribution to the study of the action of the venom of the *Crotalus Adamanteus* upon the blood, by S. Weir Mitchell, M.D., and Alonzo H. Stewart, M. D. The Hysterical Newroses of the Skin, by Arthur van Harlingen, M.D.

**Diseases of Women.**—A text book for students and practitioners by T. O. Webster, B.A., M.D., Edin., F.R.C.P., Edin.; Demonstrator of Gynæcology McGill University; Assistant Gynæcologist Royal Victoria Hospital, Montreal; Fellow of

the Royal Society of Edinburg; Corresponding Member of the Royal Academy of Medicine of Palermo, Italy, and of the Italian Obstetrical and Gnæcological Society; late senior assistant to the Professor of Midwifery and Diseases of Women in the University of Edinburg. Illustrated with 241 Figures. Edinburg and London. Young J. Pentland, Montreal; Wm. Drysdale & Co., 1898. Price \$3.50.

The author has endeavored to give prominence to the scientific basis of each subject under consideration and has included the chief facts gathered from modern researches in anatomy, histology, comparative anatomy and pathology. He has avoided the fault sometimes made of regarding woman as a gynæcological being, but on the contrary has studied clinical features in their widest relationships. Neither has he advocated any therapeutic measures which have not been thoroughly tested. Taken altogether the style of the work is so clear and the treatment of the various subjects so terse and yet so thorough that the duty of reviewing it has been made a pleasure. Canadian authors of text books have so far been very few; but Canada may well be proud of the one sent forth by this talented son of hers. We cannot, of course, refer to the many points of excellence, where the whole work is excellent, but we can safely say that no work that has been published either in Europe or America is better suited to the wants of the Canadian medical student than this one. We, therefore, bespeak for it a ready sale feeling quite sure that it will be heartily welcomed by all who read it as one of the best works of its size and class that has ever appeared.

**Elements of Latin for Students of Medicine and Pharmacy.** By GEORGE D. CROTHERS, A.M., M.D., Teacher of Latin and Greek in the St. Joseph (Mo.) High School; formerly Professor of Latin and Greek in the University of Omaha; and HIRAM H. BICE, A.M., Instructor in Latin and Greek in the Boys' High School of New York City.  $5\frac{1}{4} \times 7\frac{1}{2}$  inches. Pages xii-242. Flexible Cloth, \$1.25 net. The F. A. Davis Co., publishers, 1914-16 Cherry St., Philadelphia; 117 W. Forty-Second St., New York City; 9 Lakeside Building, 218-220 S. Clark St., Chicago, Ill.

This book is not intended for those who wish to begin the study of the Latin language, but for those who wish to apply their knowledge of it however slight it may be towards the application of it in medicine and pharmacy. It has, however, the declensions and conjugations as in an ordinary Latin text book, only substituting almost exclusively those words which are of use to students of medicine and pharmacy, such as names of drugs, diseases and the parts of the body.

It is designed to present within the briefest possible compass those principles of Latin etymology and construction which are essential to an intelligent use of the terminology of pharmacy and medicine.

There is a very good chapter on prescription writing which also contains a list of abbreviations which ought to be avoided, and another on suggestive tables on the Greek element in medicine.

It ends up with a comprehensive alphabetical list of anatomical proper names, giving their origin.

It would be an excellent thing if those intending to follow up either of these branches could have such a book as this in the curriculum of their school or college course.

**Accident and Injury : Their Relation to Diseases of the Nervous System.**—By Pearce Bailey, M. D., New York. D. Appleton & Co., 1898, pp. 430. The object of the author has been to write in one volume information at present only existing in scattered monographs, most of which are in foreign languages. The traumatic neuroses are very fully dealt with, and all relating to the part played by injury in causing chronic degenerative nervous disorders is very fully discussed. The book is well illustrated by original diagrams and photographs, and seems worthy of a permanent place in medical literature. It will prove of special value to those needing information upon the medico-legal aspects of injury to the nervous system.

**Saunders Medical Hand Atlases.**—Methods of Clinical Diagnosis. By Christfield Jakob. Edited by A. A. Eshner. Phila., 1898. W. B. Saunders. The popularity of the well-known series of Lehmann's Hand-Atlantes has led Mr. Saunders to publish an authorized American Edition, in which we notice that the shod plates bear the stamp of F. Reichbold, Munich. The translating is well done, and the excellence of both text and illustrations should ensure a well-earned popularity on this side of the Atlantic. Suggestions might be made in case of subsequent editions. For instance, it would be well to indicate the magnification in drawings of microscopic objects.—In plate 14 we notice that crystals of calcium oxalate are made to appear fully as large as those of triple phosphates. A colored plate, blue, depicting the action of an acid upon red litmus paper, is perhaps not very urgently called for. The only method suggested for performing the serum test for typhoid is to "introduce the serum from about 2 c.c. of blood obtained from the finger, under antiseptic precautions, into a narrow test tube, containing sterilized bouillon, which is then inoculated with living typhoid bacilli, and kept at the temperature of the body." We doubt if any human being now follows this technique. The type and get up of the book are both excellent.

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