Technical and Bibliographic Notes / Notes techniques et bibliographiques

The Institute has attempted to obtain the best original copy available for scanning. Features of this copy which may be bibliographically unique, which may alter any of the images in the reproduction, or which may significantly change the usual method of scanning are checked below.

L'Institut a numérisé le meilleur exemplaire qu'il lui a été possible de se procurer. Les détails de cet exemplaire qui sont peut-être uniques du point de vue bibliographique, qui peuvent modifier une image reproduite, ou qui peuvent exiger une modification dans la méthode normale de numérisation sont indiqués ci-dessous.

- ☐ Coloured covers / Couverture de couleur
- ☐ Covers damaged / Couverture endommagée
- ☐ Covers restored and/or laminated / Couverture restaurée et/ou pelliculée
- ☐ Cover title missing / Le titre de couverture manque
- ☐ Coloured maps / Cartes géographiques en couleur
- ☐ Coloured ink (i.e. other than blue or black) / Encre de couleur (i.e. autre que bleue ou noire)
- ☐ Coloured plates and/or illustrations / Planches et/ou illustrations en couleur
- ☐ Bound with other material / Relié avec d'autres documents
- ☐ Only edition available / Seule édition disponible
- ☐ Tight binding may cause shadows or distortion along interior margin / La reliure serrée peut causer de l'ombre ou de la distorsion le long de la marge intérieure.

- ☐ Coloured pages / Pages de couleur
- ☐ Pages damaged / Pages endommagées
- ☐ Pages restored and/or laminated / Pages restaurées et/ou pelliculées
- ☑ Pages discoloured, stained or foxed/ Pages décolorées, tachetées ou piquées
- ☐ Pages detached / Pages détachées
- ☑ Showthrough / Transparence
- ☑ Quality of print varies / Qualité inégale de l'impression
- ☐ Includes supplementary materials / Comprend du matériel supplémentaire
- ☐ Blank leaves added during restorations may appear within the text. Whenever possible, these have been omitted from scanning / Il se peut que certaines pages blanches ajoutées lors d'une restauration apparaissent dans le texte, mais, lorsque cela était possible, ces pages n'ont pas été numérisées.

☑ Additional comments / Commentaires supplémentaires: Continuous pagination.

Ontario Medical Journal.

SENT FREE TO EVERY MEMBER OF THE PROFESSION IN ONTARIO AND BRITISH COLUMBIA.

R. B. ORR, - - - - - EDITOR.

☞ All Communications should be addressed to the editor, 147 Cowan Avenue, Toronto.

VOL. II.] TORONTO, JANUARY, 1894. [No. 6.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

Physicians who do not receive their Journal regularly, or who at any time change their address, will please notify the editor to that effect.

Editorials.

THE PROFESSIONAL TAX.

As an editorial acrobat who "attitudinizes on the trapeze," we must give thanks to Dr. Sangster for his approbation of our powers, but we feel sure that in the judgment of our readers we are a long way behind himself on the bar. As an editorial writer, who tries his best to do justice to all communications, we certainly claim the palm for courtesy from the Doctor. At a civil request from us, accompanied by reasons showing the policy for shortening his, he holds over our heads that terrible sword of Damocles—the public press. No doubt we did ask and did wish for his communications to be printed in the medical press, and we still wish it, but we did not count on having three pages occupied. We were taken up in decidedly the wrong spirit, as we had no intention of dictating as to their length, simply expressing a desire for shorter ones.

If we were the acrobat we are made out to be in this line, nothing would please us better than to have such paragraphs as the first two, but as it is the same fault that we have complained of before, it is not necessary to notice it. We would kindly ask to have noted that more than a column is taken up with matter entirely extraneous to the Council and the Council's actions. As a question of justice in connection with any tax, the three conditions laid down are very nicely given. The great trouble about them is not in the conditions themselves, but in the inferences deduced from them.

We certainly differ from him in the fact that the tax does not touch all benefited alike. In a former note on the subject, we showed conclusively that the great benefit of the Council was for the profession and the public. The latter being only directly interested, are the ones, of course, to suffer the tax. To assess the public and the schools would be quite as fair a proceeding as for the Toronto city council to levy an impost on Port Perry inhabitants for their own maintenance. As an expedient in its initiation, there is not the slightest doubt that it was necessary for the carrying on of the Council, which must be kept up, and the increase of expenditure by the increase of its work, required the levy to still go on.

The third condition is embodied in the first, as justice admits the necessity. That there was and still is this need, even our correspondent himself cannot deny if he cares to read the treasurer's statement. The great increase, legal and required, in the expenses to carry out the proper work of the Council, is never taken into consideration by any of the Medical Defence Association. One item

quoted will example the rest—the enlarged size and enlarged circulation of the annual announcement.

The second condition refers to the constitutional assessment and spending of the proceeds of the tax. That the tax was constitutional in its assessment till this year, when it was disallowed by the Legislature, is beyond question. This condition was not and is not affected by the action of the Legislature, as unconstitutionality, if we may use the word, was not the reason given for deferring it. Simply one clause was held in abeyance till the appointment of a new Council in order to get a definite view of the feelings of the medical electorate. If it were not constitutional, why did not the Committee repeal it altogether, and touch on as well all the other clauses in the Act referring to this tax which were left severely alone?

As to the expenditure of the tax by properly-appointed authorities, if that is necessary, the clause is certainly fulfilled. The representatives elected and appointed according to the law invariably handled the funds. Does our correspondent that there was or is any more properly constituted authority than this body itself?

All taxes like all comparisons are odious, whether inflicted on account of income or land or profession, and we entirely agree there with Dr. Sangster, but the odiousness does not at all take away from it the justice, the constitutionality or the necessity of the tax whatever it may be.

Dr. Sangster finally makes a mistake and a decided one when he says that the members of the Council used opprobrious epithets, etc., in speaking of the M.D.A. Surely he will remember the fact that the Council as a body offered their Association more changes and inducements than they got by their appeal to the Legislature.

CANADIAN MEDICAL ASSOCIATION.

A good many years ago it occurred to some of the members of the profession in the Dominion that there should be a way of forming a closer bond of union among the doctors in all the provinces. With that object in view a Medical Conference was called, with delegates from each of the provinces, to consider the matter. They met in the Hall of Laval University, Quebec, on Wednesday, October 9th, 1867. Dr. James Arthur Sewell, President of the Quebec Medical Society, was in the chair. Dr. Alfred Belleau acted as secretary.

After some preliminary business had been transacted, Dr. Wm. S. Harding, of St. John, N.B., moved, seconded by Dr. Wm. Marsden, of Quebec, "That it is expedient for the medical profession of the Dominion of Canada to form a medical association, to be named the Canadian Medical Association." Carried.

The first President of the Association was Hon. (now Sir) Charles Tupper, of Halifax, N.S.

Thus commenced an organization, the value of which cannot be over-estimated by the profession of this Dominion. Since then large and successful provincial societies have sprung up, and it has been thought that the work of the Canadian Medical Association had been completed. Fortunately for the profession generally, this opinion has been held by but a limited number, and up to the present all attempts to curtail its usefulness have failed. During the last few years there has been much enthusiasm over the meetings, and the attendance has been large. Next year the meeting will be held in St. John, N.B., some time in September, and if united effort can do anything the members of the profession in the Maritime Provinces intend to make this one of the most successful meetings the Association has ever known.

COSMETICS.

How often it is that upon recommending some application to the face we are met with the question, "But, doctor, are you sure that it will not injure the skin?" Tracing this back to find out why such an impression prevails, we too often find that the general practitioner, indulging in generalities, has advised against the use of *facial medication*, because it injures the complexion, or because it may drive in the eruption, if there be one, and cause some constitutional malady which, as yet, we have been unable to classify in our nomenclature. It is well that such impressions should exist concerning *quack nostrums*, for these used without knowledge of their action may do an immense amount of harm, even though in themselves they may be valuable remedies for certain cases.

Recently a paper was read on this subject by R. B. Morison, of Baltimore, before the American Dermatological Association, and it subsequently appeared in the *Journal of Cutaneous and Genito-*

Urinary Diseases. We thought that some of the points therein contained would be useful to our readers.

The importance of knowing how to make an application properly is emphasized. For example, for the removal of freckles he uses the following formula:

℞ Hydrarg. bichlor. ..... gr. vii.
Aquæ destill. ..... ʒvi.
Sp. camphoræ ..... ʒjs.
Aquæ rosæ ..... ʒv. M

Three or four thicknesses of linen cut to cover the seat of freckles, are moistened with the solution, and are placed upon the face at night until they dry, when they are taken off. Whatever remains on the skin is left there till morning and then washed off. When this application has been made for a few successive nights, the part becomes red and the epidermis begins to peel off in fine scales. Then he recommends the use of an ointment.

℞ Cetacii.
Ceræ alb., āā ..... ʒi ¼.
Ol. amygdalæ .... ʒi ½.
Hydrarg. ammon. chlor. ..... gr. 21.
Acid salicyl ..... gr. 15. M

This may be used night and morning—the application being made by gently rubbing the paste over the face with a clean finger for five minutes at a time. He tells us that, by the use of the lotion for four nights followed by a week's application of the salve, the freckles disappear. It may be necessary in particularly obstinate cases to repeat the treatment. The great thing, however, to be accomplished in these cases is to prevent a return. For this purpose he recommends Hebra's (princess) water to be used alternately every night with the salve mentioned above.

He advises that a weekly use of spiritus saponis kalinus (soft soap, 2 parts, S.V.R., 1 part) instead of other soaps, in those who have a poor complexion. To apply it, steep some absorbent cotton in warm water, the soap is then put on the cotton, with which the face is gently rubbed for five minutes. It should all be washed from the skin in warm water, after which a simple powder of equal parts talcum and carbonate of magnesia is dusted on and left there for the remainder of the night. In these cases, during the winter months, it may be necessary to resort to some application, and there is none better than the following:

℞ Ac. salicyl ..... ʒi.
Aq. rosæ ..... ʒvi.
Sodii. bibor., q. s. ut ft. sol.
Glycerine ..... ℥i.
Filter.

Linen cloths are moistened with it and applied to the skin upon which they are allowed to dry at night; while during the day the lotion is gently rubbed over the skin and allowed to dry there. He says that several cases of obstinate punctate red acne have yielded to this lotion, and that in some cases of urticaria where it was used, decided improvement took place.

Electrolysis has for a long time been used for the removal of superfluous hair, Dr. Morison has given it up, and in its stead uses equal parts of yellow sulphate of arsenic and quicklime, made into a paste with hot water. This is applied to the hairy skin and allowed to dry. It is said to remove the hair for ten to twenty days and sometimes permanently. Electrolysis is, however, of service in getting rid of strong hairs growing from moles, in the removal of moles themselves, of angiomata, etc.

For the removal of warts the following is recommended:

℞ Hydrarg. bichlor. ..... gr. v.
Acid salicyl. ..... ʒi.
Collodion ..... ʒi. M

This is applied every day, the upper crust of the previous application being removed before a fresh one is made. Usually after four applications the wart becomes so softened that gentle traction will remove it painlessly. If a further dressing is required, a 5 per cent. salicylic-lanolin ointment is all that is necessary.

In those unsightly cases in which there is a chronic indurated acne, the galvanic current is of great service. It should be used about three times weekly and in the intervals the solution of soda and salicylic acid may be applied. About six weeks are necessary to effect a cure.

For the benefit of those who are especially *cosmetically* inclined, we may mention that the galvanic current is a most excellent substitute for *rouge*, and will produce a natural blush that no amount of rubbing can remove.

EDITORIAL NOTES.

The primary and final examinations of the College of Physicians and Surgeons will commence on Tuesday, the 10th of April, in Toronto and Kingston. All information may be had on application to the Registrar, Dr. Pyne.

We have received a letter from Dr. J. M. Cotton, of Lambton Mills, criticizing the circular letter of Dr. J. H. Sangster, of Port Perry, issued to the profession of his district as election literature. It unfortunately arrived too late for this issue, but if the writer be satisfied it will get its due space next month.

In our last issue there was an editorial note referring to newspaper advertising by medical men with reference to a special case. We are pleased to learn that the article referred to was inserted without either the consent or the desire of the physicians whose names were mentioned, and that they were greatly annoyed at any such publicity.

Those who make the charge that the Homœopathic school and university representatives vote as a unit in the Council, might well examine the records of the Council and thus find that such is not the case. Indeed, in no vote or division that has ever taken place in the Council has such a thing occurred. In fact, the interests of the Homœopaths are the interests of the general profession, and they have always been found in the Council on the side of those who desired to elevate the standard of matriculation and graduation.

That the law never contemplated the Council becoming the holder of real estate for speculation purposes, is a true statement. The needs of the Council to secure ample accommodation for the examination of students, made the erection of a building such as we have at present absolutely necessary. The time may come when the profession of this province will be sufficiently wealthy to have a building solely devoted to the uses of the profession, but at present such is not the case. This we think is the one above all others that is absolutely wrong. In the next issue of the JOURNAL will be given a short history of the events that led up to the erection of the present edifice.

In the death of Dr. Rolph Lesslie, son of ex-Postmaster Lesslie, of this city, Canada loses a young man whose ability won him many honours abroad. Like many other Canadians, he was venturesome, and knew Africa and the East like a book. Kings decorated him for his services, and scientific men everywhere honoured him for the excellent work he did in many fields. Toronto University has reason to be proud of such a graduate, and his memory should be honoured by that school, the reputation of which he amply sustained wherever he went. The friend of Sir Richard Burton, one of the greatest among Englishmen, and the trusted confidant of the King of the Belgians, Dr. Lesslie was better known on the other side of the Atlantic than he was in his own home, yet he will long be remembered in Toronto as a man who promised much, but died in the zenith of a brilliant career.

British Columbia.

Under control of the Medical Council of the Province of British Columbia.

DR. McGUIGAN, Associate Editor for British Columbia.

Our attention has been directed to the "British Columbia Pharmacy Act, 1891," now in force, and more especially to Sec. 26, which is as follows: "Any person who presents a prescription to any qualified druggist to be filled, shall be entitled to have such prescription returned to him by such druggist."

The question as to the ownership of a prescription is not to be argued in this article. In our opinion it is exactly the same as any other business order, and is given the patient, both to save the time of the physician, and to have skilled or special services in dispensing. We hold that it is a single and definite order for a certain druggist to make up a certain quantity of medicine, in a certain manner, and for a certain person or persons, after which this order is to be filed, and a copy of it kept in a book for the convenience of reference. We believe that the question of giving a *copy* to the patient may possibly admit of argument, but having the *original* returned to the patient by the chemist we consider not only preposterous, but positively dangerous. In the event of a patient

dying suddenly whilst under treatment, what evi dence has the medical man to show that the death was due to such treatment. If, for example, by carelessness on the part of the druggist's copying clerk one *drachm* of liq. strychniæ as prescribed appears in his book as one *ounce* as dispensed, and the original prescription has been lost or mislaid, a physicians reputation may be ruined, and his practice destroyed, simply for lack of that evi dence which should never have left the custody of the druggist.

Our readers will readily see how in many other ways such a law is a constant danger to our profession and the public generally, and we trust that the Pharmacists' Council will lose no time in arranging to have this clause repealed at the next meeting of our Legislature.

Dr. McGuigan having returned to Vancouver, all communications, papers, etc., should after this issue be directed to him.

It is most gratifying to have our New Year open with such a generous response to the request for original communications in our last issue. We trust that the example set by Doctors Hasell, Richardson and Watson, will be followed by all the medical practitioners in this province, and that from this time forward our columns will be filled with papers as interesting as the present ones

We are especially glad that the initial papers are from practitioners who have many demands upon their time outside their regular practice. The author of the first paper, besides his coronership duties, has a vast amount of clerical work in attending to the transactions of the Branch of the British Medical Society, the founding of which is largely due to his efforts.

The duties of house surgeon of the Victoria Jubilee Hospital are multifarious and almost incessant, which makes us more fully appreciate the *esprit de corps*, the result of which appears in Dr. Richardson's report of an unusual cause of death. The promise of further papers from the same pen is a cause of congratulation, and distant readers will possibly be surprised at learning that we have as good hospitals and as good hospital work in this province as in any other part of Canada.

Dr. Watson's communication proves what we implied in our last issue, that even a busy country practitioner in British Columbia finds time to keep notes of interesting cases, and is ready to have them criticised by his brethren.

To all our readers we wish a "Happy New Year," and to our confreres especially we say with all our heart, "Let brotherly love continue."

PHLEBITIS FOLLOWING APPENDICITIS AND PLEURO-PNEUMONIA.

To the Associate Editor for British Columbia.

SIR, The following case of phlebitis following appendicitis and pleuro-pneumonia, may possibly prove of interest to some of your readers:

C. D., aged 19, a pale, anæmic lad, was taken ill suddenly one evening with acute pain in the inguinal region. He vomited, and had a rigour. I found him in bed, with a temperature of 100° F., and pulse of 108, wiry and incompressible; he was in great pain, and was lying on his back with his knees drawn up. The abdomen was rigid and tender, the most tender spot being over a point midway between the anterior superior spine and the umbilicus on the right side. I gave him ¼ gr. of morphine by the mouth, and ordered hot stupes to be applied over the lower part of the belly. The next morning the pain was gone, but there was still tenderness over the same spot. He had had another ¼ gr. of morphine during the night, but had not vomited again, and the temperature was 99° F. In the afternoon of the same day the temperature had fallen to normal, there was still tenderness on deep pressure; there had never been any dulness in the flank. I elicited from the mother that the boy had had a very full dinner the night of the seizure, and had been troubled with constipation for a couple of days previously, for which he had taken a dose of Gregory powder. There was a history of a similar attack three years previously.

The symptoms gradually subsided, and the tenderness disappeared entirely, and the bowels were opened naturally two days after the first attack of pain. The boy was kept in bed for ten days, at the end of which time he was allowed up, and the next day was allowed out for about half an

hour, well wrapped up, in the sun. Two days after his going out, I was again sent for in the evening to see him, and found him again in bed, complaining of acute pain in the right axilla, extending round to the back under the angle of the scapula. On auscultation, there was a distinct rub to be heard, with diminished breath sounds over the right base. The temperature taken in the mouth was 102° F., pulse 95. Next day there was an increase of dulness over the whole of the right base up nearly to the level of the spine of the scapula on the right side with some moist sounds. He had a dry hacking cough. His side and back were well blistered with Churchill's iodine and hot fomentations, which relieved the pain. His temperature varied from 101° F. at night to 99° in the morning for eight days; on the ninth day the temperature came down to normal, the pain was gone, and air was entering freely into the lung. The temperature remained flat for three days, and on the fourth day he was allowed to sit up on the sofa while his bed was being made. On the fifth day, after his temperature had fallen and been normal, he was seized with sudden pain in the left thigh and leg, which began to swell and become excessively tender; the pain was along the course of the saphena vein, which had evidently become inflamed. His temperature rose again to 101°, and is still above normal, though the pain and swelling have much subsided.

The question naturally arises, did the pneumonia and pleurisy follow the inflammation round the appendix by a species of septic absorption? for I imagine there can be but little doubt the phlebitis has arisen consequent on the pneumonia. There has been no other case of sickness in the house. When the patient went out after recovery from the attack of appendicitis, he only went into the garden and walked up and down a boarded sidewalk for half an hour, well wrapped up. The drainage and sanitary arrangements are as good as any in the town. I do not think there is any chance of having absorbed any outside poison. I have heard of a similar case of phlebitis occurring after pneumonia following influenza this winter, but have not seen such a case before this.

Yours faithfully,

EDWARD HASLAM, M.R.C.S. Eng.

Victoria, B.C.

DEATH FROM ANÆMIC NECROSIS.

To the Associate Editor for British Columbia.

DEAR SIR,—Thinking that the following brief notes of a death from a rather infrequent cause would be of interest to your readers, I send them for publication:

In November I was called to see a gentleman who had died suddenly while out riding. According to the only eye-witness of his death and fall, he was riding at a quiet walk, and was seen to fall forward in his saddle and tumble to the ground. His horse stopped instantly, and he lay absolutely motionless, and on examination was found to be dead. No bruising or other injury of the body could be seen, and death had apparently occurred at the moment he fell forward in his saddle.

I made a *post mortem* examination of the body about five hours after death, and found the following rather unusual cause of death. The abdominal and thoracic viscera were in a normal condition with the exception of the pericardial cavity and the heart. The pericardial cavity was greatly distended, and upon opening it a large quantity of serum and liquid blood escaped, beneath which, and surrounding the heart was a large clot of blood. This was removed, and search made for the source of the hæmorrhage.

Everything was intact, with the exception of a small laceration on the outer surface of the left ventricular wall, near the interventricular groove.

One arm of the laceration was about half an inch, and the other three-quarters of an inch in length, and about an eighth of an inch in depth. These included a branch of the left coronary artery from which the hæmorrhage had taken place. The laceration was positively shown not to communicate with the cavity of the ventricle, the wall of which was about half an inch in thickness, and of firm consistence. The lumen of these smaller branches of the artery appeared to be diminished in size, and contained thrombi. No other disease of the heart or blood vessels could be found, excepting a slight degree of dilitation of the ascending aorta. The cavities of the heart were empty, and the ventricles contracted.

The deceased had been complaining for a couple of days of not feeling as well as usual, and had spoken of an occasional pain in the cardiac region

(Angina?), which he attributed to indigestion, and for which he prescribed his usual remedy, a ride on horseback.

He was about 72 years of age, and had always enjoyed excellent health. His physician assured me that he was free from specific taint.

How long this hæmorrhage had been going on before causing death can only be conjectured from the semi-clotted condition of the blood, the quantity of which, unfortunately, could not be measured on account of its sudden escape.

I find very little said about this peculiar cause of death. Considering the previous condition of health and absence of any symptoms of disease of the heart until a few days before death, I am inclined to ascribe the rupture to the condition described by Osler as *Anæmic necrosis*, due to thrombus of the branches of the coronary artery. The muscles, to the naked eye, presented at that point a pale appearance, microscopic examination of the muscles has not yet been made. Fatty degeneration of the heart muscles, and atheromatous degeneration of the arteries were the only other possible causes of the rupture, and these were shown to be absent.

I am, yours truly,

W. O. RICHARDSON, M.B. TOR.

January 4th, 1894.

Prince Edward Island.

DR. R. MACNEILL, Associate Editor for Prince Edward Island.

MEDICAL COUNCIL.

The Medical Council of Prince Edward Island held a meeting in Charlottetown on the 11th inst. They adopted the *Maritime Medical News* published monthly at Halifax as their organ. A movement is under consideration for Maritime reciprocity. A basis was agreed upon and steps are being put forth to invite the profession in the other provinces and the colleges to send representatives to the next meeting of the Canadian Medical Association to be held at St. John, for the purpose of removing all obstacles. There can be no legislation by the Dominion Parliament on the subject unless the B. N. A. Act is amended, and the profession can only work up the provinces to a uniform standard with examination for a professional license to legalize practice.

The colleges and their professors must not obstruct. New Brunswick, Nova Scotia and Prince Edward Island will likely agree to reciprocity of registration. We would like, also, in connection with reciprocal registration that stricter ethics would be recognized by all applicants for registration as an evidence of the good intentions and willingness of all parties to avoid overcrowding and underbidding in the routine of daily practice. If a profession does not respect itself, how can they expect the public to respect them?

MEDICAL MEN—THEIR FEES AND REMEDIES AT LAW.

The profession are often accused of being poor financiers and poor book-keepers. Often a suit for professional services, visits, advice and medicine is turned against the doctor by the court, owing to his mode of original entry. It is a common idea, existing in the minds of many people, that a medical man is bound to obey a call to see a patient at any hour, night or day, and it is just as common that such people should doubt his account for services thus rendered when he asks for his pay. The profession should remember that they are not slaves, and that in this country there is no law to compel one man to serve another. It should also be understood that every man is the valuator of his own services, be the fee great or small, and courts will not interfere, excepting where the defendant pleads that at the time of employment he was unaware of the charge made, and disputes it as an overcharge. The onus of proof then is thrown upon the physician to prove *quantum meruit* by his confrères. A little care in making charges and entering the original charge will carry much weight with the court. A physician should charge full and regular prices for his services, even if at settlement he allowed a discount. The services of lawyers and physicians were formerly considered to be in their nature gratuitous, a doctrine derived from the civil law, where the relation subsisting between the parties being founded upon the principle of a mandate, no compensation as such was in contemplation to the mandatory.

Blackstone has stated it to be the established law of England that a counsellor cannot sustain a suit for his fees, and it has also been frequently decided that a physician cannot recover any compensation for his services, and was generally expected to take whatever was voluntarily given to him. These theoretical dogmas were deduced from an age that permitted their adoption, and although the principle of an honorarium finds support in England, it finds no support in American or Canadian law. It is now pretty well conceded that men devote their time and energies for the emolument and gain attached to the practice, or, in other words, that it is unreasonable and unjust to expect men to devote a long course in preparation and study, and then the persistent trials and daily fatigues of professional practice, without being rewarded therefor. Since the lawyers manage to get their fees, it would be exceedingly unjust to argue that a physician had no right to his.

Every registered practitioner, at least, can now maintain an action for his fees. It will be his own fault if he cannot recover his own valuation of his services. All he has to do is to acquaint and make known to his patient or employer in advance what his charge is before the services are rendered, and no court, presided over by a judge possessing honour and justice, will refuse the physician or surgeon a verdict. Medical men in their eagerness to get work, allow the services to be performed first and then send their bill years afterwards. Disputes then arise—perhaps encouraged by a neighbouring practitioner in order to aid his own grist—but chickens very often come home to roost to such an individual. If medical men as a rule are poor and their families suffering for want, it is because the profession as a whole are not united in their views and practice. There should be no underbidding, it is mean, disgraceful and dishonourable, there should be no resort or appeal to prejudices even for the sake of spreading one's fame. Strict business principles and habits are required to make the practice of medicine a success financially. Of course it is understood or supposed that he also possesses the ability to practise and do it on honourable lines. As a diversity of talent exists among masters, the law will uphold a talented and eminent practitioner's claims to larger fees and assert his right thereto whenever disputed. Eminent authorities in law uphold this view. While everyone may not attain to great eminence, still ordinary skill is required of all, and the principles of law governing medical practice and its rights should be well understood by everyone engaged in the practice of medicine. Every account should be specific, and not general, in its charges. The right of medical men to professional fees in the County Courts of this Province is not recognized. This is wrong; and members of our profession when called to give evidence on any matter involving an opinion, should refuse on the witness stand to give their evidence until the court or parties calling them agrees first to reward them. A determined and united stand would soon cause the Legislature to enact a law recognizing a different fee than thirty cents per diem for a professional man. We solicit the views and opinions of our professional brethren in this Province on the subject.

Original Communications.

A BLOODLESS OPERATION FOR HÆMORRHOIDS.*

BY THOMAS H. MANLEY, M.D.,
Visiting Surgeon to Harlem Hospital, New York.

As hæmorrhoidal diseases of the rectum and anus are very common, and often lead to grave disturbances of the whole system, any line of treatment which will relieve or wholly subdue them, without any serious inconvenience or danger to life, will be welcomed by the profession.

At the beginning, it may be well to consider for a moment what we understand by the term hæmorrhoids. From the etymology of the word, we expect to find blood tumours: but, in strict truth, in very many cases of so-called hæmorrhoids or piles, the vascular system is totally devoid of any implication whatever, the small neoplastic formations which present themselves along the base, annular rim or roof of the anus and rectum being, histologically, purely adenoid, papillomatous, or vegetative. It is important that the anatomical distinction be made clear in this instance, for the treatment about to be commended applies espe-

*Written for ONTARIO MEDICAL JOURNAL.

cially, and almost solely, to those anal tumours which are, or were, entirely dependent on a diseased condition of the hæmorrhoidal veins; in other words, those which are of a veinous origin only.

Another important question arises with respect to the relative frequency of these anal varices, designated piles.

Are anal varices, dilatation of the veins, or those tumour-like formations, either internal or external to the external sphincter, essentially a pathological condition, and as such, in all cases, does it require active, radical measures, for its abolition?

Very naturally our course will be determined largely in those cases by a definite answer to this question.

If piles are all superfluous, neoplastic excrescences, then there can be no question as to our course in all cases.

During the past five years I have made an examination of a very considerable number of supposed healthy recta on the living, and in the dead house have carefully inspected, under good lights, a large number on the cadaver. It was found that both, more than fifty per cent., had veinous varices of the rectum. In many of the living, in whom varices of large calibre were numerous and extremely turgid, they never in their lives suffered from piles in any form that they were aware of.

Therefore, it seems to me that the hæmorrhoidal is rather a physiologically degenerative condition in man, which, in very early and late life, is a source of no inconvenience, but which, at middle age, is often attended by, or associated with, such complications as to render it a distinct pathological lesion.

This view is further supported by the fact that cutting out, injecting or ligating off sundry hæmorrhoidal masses will not, in all cases, cure hæmorrhoidal diseases. The varicose state of the upper rectal vessels remains, and nothing is wanted to promote their return, but the exciting circumstances which caused their irritation in the beginning.

COMPLICATED HÆMORRHOIDS.

Diseased hæmorrhoids may be divided into three principal classes:

1. Inflamed hæmorrhoids.
2. Ulcerating hæmorrhoids.
3. Bleeding hæmorrhoids.

Besides, we say, internal or external, according to whether they are without, or outside the external sphincter or internal to it.

When internal medication has not succeeded, and when palliative, topical applications have failed to afford permanent relief; in chronic hæmorrhoids, in their radical treatment by the *bloodless* operation, the same fundamental principles, with slight modifications, apply to all three classes.

THE ADVANTAGES OF THE BLOODLESS OVER OTHER SURGICAL MEASURES IN TREATMENT.

1. The operation may be performed with a less number of assistants, and is very simple in its technique.

2. As there is no division of the tissues, the dangers of infection, of abscess, ulceration and fistula are eliminated.

3. There is no danger from the immediate loss of blood during operation or of serious secondary hæmorrhage.

In all cases, the evening before operation the patient should have the colon well cleared of all fæcal matter by a brisk purgative.

In the morning, when everything is in readiness, the patient should be given from two to four ounces of whiskey, the quantity to be gauged according to previous habits, its effects, etc.

After having cleansed, shaved and scrubbed the integuments over the ischio-rectal fossa, we are prepared for the first step in the operation, which is, effective.

Cocainization, hypodermically applied. Local analgesia, when practicable, is much preferable to pulmonary anæsthetics. Our patient is more manageable, and there is no spurting of the fæces over the operative field during manipulation.

Cocainization complete, the next and most vital step is complete and thorough *anal-dilatation*.

Without this being efficiently carried out, all else is a failure. But, to be painless and safe, it must be gradual and steady, or we will rupture the muscle and leave our patient incontinent. In chronic, old cases wherein, owing to mal-nutrition and interstitial changes in the sphincter, it has so parted with its elasticity that laceration is very easy if we do not exercise caution. Thorough anal-dilatation accomplishes two purposes of great importance:

First, it opens widely the anal portal, and so

paralyzes the levator ani that the lower fourth of the rectum that part always implicated in hæmorrhoids—prolapses through the open vent, when it can be most minutely inspected and radically treated. This, however, is of minor importance compared with the profound effects which dilatation produces on the rectal disease. It is not material whether the hæmorrhoids belong to the inflamed, intensely itchy or irritable type: this stretching exercises a most salutary influence on them.

The third step in simple hæmorrhoids will be the separate treatment of each tumour by forcible pressure-massage.

Before this is commenced, the entire cluster should be wiped clean and dry, and be then freely mopped with the cocaine solution.

Now, each hæmorrhoid is separately seized close to its base, firmly between the tip of the thumb, index and middle fingers. First, put on a moderate but full stretch, then twisted, and, finally, so completely crushed that it is reduced to a pulp, and none of the investing tunics remain, except the mucous membrane and its under stratum of fibrous tissue. When this has been completed, the entire mass is again pressed up inside the sphincter, a suppository of opium introduced, a pad and bandage applied, when the patient is returned to bed. An active but painless inflammation follows, and, as a rule, within two or three weeks resorption and atrophy have so reduced the vascular masses that nothing now remains be their shrunken, diminutive stems.

The ulcerative and hæmorrhagic varieties, along with cocainization and dilatation, must have superadded a special therapy appropriate to each.

Since January of this year, thirty-two cases of hæmorrhoidal diseases have come under my care in the hospital and outside.

Many have come to me who feared anæsthetics, and others who were averse to having any cutting operation performed. In all, the permanent results have been eminently satisfactory, and from what previous experience which I have had with this procedure, there is no reason that the cures will not be as durable as those effected by other more sanguinary measures, which are not without danger in themselves, and are sometimes followed by the most lamentable consequences.

Of my latest series of cases, twenty seven were men, and but fifteen women. Fourteen were cases of simple, chronically inflamed hæmorrhoids, nine ulcerating and itchy, and nine bleeding. Four of the female cases were of the bleeding variety. Of the ulcerating type, in six of them there was a well-marked tubercular cachexia.

FLOATING KIDNEY NEPHROPEXY.*

BY W. J. HUNTER EMORY, M.D.
Surgeon to Grace Hospital, Toronto.

Miss A. B., aged 34, came under my care in Grace Hospital, on April 30th, 1893, suffering from general prostration, with great emaciation and frequent severe abdominal pain, with a history of two years' semi-invalidism.

Examination as patient lay in dorsal position showed plainly the outlines of a tumour lying just above and to the left of the umbilicus. The tumour was freely movable, and could be grasped in the hand, when its shape and size at once suggested the idea of a kidney. Percussion over the renal region now showed by its resonant note the absence of the right kidney from its normal habitat, and slight pressure exerted upon the tumour in the proper direction caused it to slip back into its place.

So movable was the organ that upon the patient assuming the upright position it would immediately travel in the direction gravity indicated, at times presenting below and to the left of the umbilicus, and thus giving rise to so much pain that the patient was obliged to spend most of her time in bed.

Urinary analysis gave nothing abnormal. An operation for the fixation of the organ was advised, and readily consented to. Accordingly, on May 4th, assisted by Dr. E. Hartly Robinson, in the presence of Drs. Logan, of Ottawa, and Evans, Adams, Hearn, Jones, Macdonald, Baldwin and Chambers, of Toronto, the following operation was performed:

The distance between the lower margin of the last rib and the crest of the ilium being too short for the adoption of the ordinary longitudinal lumbar incision, an oblique one was made three inches in length from the usual starting point in

* Written for ONTARIO MEDICAL JOURNAL.

the direction of the anterior sup. spinous process. The various structures were divided on the grooved director until the fatty capsule was reached, and divided after all bleeding had been stopped. During the previous steps of the operation the kidney had been held in place by pressure from a pad in the hand of an assistant, and could now be seen moving up and down with each respiration, and fortunately was not enclosed in a mesonephron. The kidney was now secured by a tenaculum forceps, the fibrous capsule divided, and a flap an inch and a half long, and half an inch in width, reflected on each side. Each flap of fibrous capsule was then secured by three interrupted silk sutures to the corresponding portion of the transversalis fascia. The wound was then dried, a drainage tube carried to its bottom, and closed by interrupted silk-worm gut sutures, the two centre ones including a considerable portion of cortical kidney tissue. Dry antiseptic dressings, and a roller bandage completed the toilet, and patient was put to bed. There was comparatively little shock, urine was passed normally within a few hours, and during the convalescence which was uneventful and uninterrupted, showed no abnormal constituents. The temperature never rose above 100°. The drainage tube was removed on the third day, nothing coming through it. The sutures were removed on the eighth day, and union by first intention had obtained throughout. At time of writing, eight months after the operation, the patient is greatly improved in general health, filling a position as housemaid, and the kidney remains *in situ*.

DISEASES OF THE STOMACH.

At the recent meeting of the Canadian Medical Association Dr. A. McPhedran, of Toronto, delivered the "Address on Medicine," taking for his subject "Diseases of the Stomach: the most recent methods devised for their diagnosis and treatment."

The paper appeared in full in the *Canadian Practitioner*, and we thought a resume of some of its chief points would be interesting to our readers, for, until quite recently, the literature upon this subject has been somewhat limited:

Beginning at the mouth, the process of digestion is carried on during the passage of the food through the stomach and the greater portion of the intestinal tract. Defect in any part of the course may disturb the process in the whole, thereby furnishing products to the circulation, which may evolve a train of symptoms most distressing and complicated.

Formerly, the major part of the function of digestion was assigned to the stomach, and it was considered that little could go wrong so long as *its* work was effectively done. While the latter is to a great extent true, yet later investigations have shown that nature, in view of the importance of the proper digestion of the food, has been very liberal in her provision for effecting this purpose. A double provision is made for the proper solution of each of the three great classes of food, viz., the farinaceous food by the saliva and the pancreatic juices; the albuminous by the gastric and pancreatic juices; and the fats by the pancreatic juice and the bile. In view of these facts, and for the further reason that after the removal of the stomach some of the lower animals continue to have a comfortable existence, some have come to regard the pancreas as the most important organ of digestion, and to view the stomach as little more than a receptacle and "warming pan" for the food. This is the swing of the pendulum to the opposite extreme. We have abundance of clinical evidence to prove that the importance of the stomach cannot be overestimated: that an active performance of its function is essential to perfect digestion and our well-being.

The stomach may be said to have a threefold function to fulfil:

(1) To receive the food and lead partly to the conversion of the amylaceous and albuminous portions into absorbable bodies; the amylaceous change being effected by the saliva, and the albuminous by the gastric juice—the process being completed in the intestine.

(2) By its acidity to protect the food from fermentation and decomposition.

(3) To discharge its contents, partly by absorption into the blood, but mostly through the pylorus into the duodenum after its own share of the digestion has been completed; the discharge occurring gradually, so as not to overload the duodenum.

In health, for the first three-quarters of an hour after food is received into the stomach, the hydrochloric acid of the gastric juice enters into combination with the albuminates of the food, so that no free acid is present. During this time the digestion of the starchy food is actively progressing, and is only arrested by the presence of free hydrochloric acid, nearly an hour after the meal is taken. In hyperacidity, or a hypersecretion of the gastric juice, free hydrochloric acid is present sooner than normal and arrests the digestion of the starches prematurely, and thus increases their liability to fermentation. In such circumstances the filtrate of the stomach's contents will give a reaction with Lugol's solution, proving that the digestion of starch has been interfered with; normally, no such reaction is obtained. The imperfect change in the starch might be due either to a deficiency of ptyalin, or an excess of acid; and as the former is probably never defective, the occurrence of the reaction practically demonstrates excess of hydrochloric acid in the stomach.

The second function of the stomach, viz., the prevention of fermentation and decomposition, is one of the most important. While the digestion may be effected by the pancreatic and other fluids, none of them have the anti-fermentative powers of the gastric juice. With our food we swallow innumerable micro-organisms, especially those that cause fermentation and decomposition, but also pathogenic germs as well. Some of these are destroyed in the acid medium in the stomach, others are inhibited; this is true especially of the fermentation germs. Many, however, especially the pathogenic organisms or their spores, unfortunately pass through unaffected.

Persons are occasionally met with in whom no hydrochloric acid is found in the gastric juice, and who, nevertheless, have fair digestion; in such the motor function of the stomach seems to be abnormally vigorous, causing the food to be discharged into the duodenum before decomposition can take place.

The amount of hydrochloric acid secreted increases in proportion to the amount of albuminous constituents in the meal, the maximum amount being reached about an hour after a light meal and four or five hours after a heavy one.

In health the duration of digestion varies with the quantity and quality of the food taken. In about six hours after a medium meal of mixed character the stomach will be found empty, or to contain only some shreds of food; even after a full meal the stomach should be quite empty in seven hours. In infants the duration in health is probably not longer than one or two hours.

In the intervals between digestion, the stomach contains a small amount of clear neutral fluid, without hydrochloric acid or pepsin.

Derangements of any function of the stomach are characterized in some by few symptoms, while in others disturbances of the greatest diversity are produced; such as neurasthenia, vertigo, insomnia, epileptiform convulsions, headache, catarrhal affections of the respiratory tract, pseudo-angina, joint affections of a rheumatic nature, rigors, etc It doubtless occurs in the experience of all to meet with cases of these various kinds caused by defective digestion, the true cause often eluding our search.

In many persons with grave derangement of the gastric functions, complaint is made only of slight disturbance of general health, while they assure us that their digestion is quite good. This variety of symptoms is to be accounted for partly by the variation in the sensitiveness of the stomach, partly by the greater susceptibility of other organs to reflex disturbances, and partly by the almost infinite variety in the character of the poisons that result from the decomposition of the food. That many different poisons may be formed in the digestive tract and excreted by the kidneys has been well shown by Bouchard. He found that the urine of a perfectly healthy peasant, employed in the open air, produced no symptoms when subcutaneously injected into a mouse; but if the patient's digestion were slightly deranged, so that the tongue became furred, the taste a little foul, and the bowels constipated, the subcutaneous injection of the urine then resulted in convulsions in some instances, while at other times coma was produced Entirely different poisons must have been elaborated in the stomach and intestines to produce such a variety of effects. And of what a variety of symptoms in dyspepsia patients may be relieved by an effective purge—mental depression, headache, insomnia, fugitive pains, nervousness, ill-temper, etc.

A very large proportion of disease and suffering is due to imperfect assimilation and to absorption of toxic substances, on the one hand, and to defective elimination of waste of tissue and of imperfectly elaborated food products, on the other. While it is far from true that all our ailments are connected with, much less due to, derangement of these two functions, yet he is a wise physician who never loses sight of the importance, in every case, of carefully examining the avenues of supply and waste. Besides the diseases due to derangement of these functions, there are many, primarily not in any way dependent on them, through which he can hope to pilot his patient to the haven of health and comfort only by maintaining these functions in the best possible condition. Then, again, there is no disease to which they do not bear, at least secondarily, a close relationship.

It has been said, and with much truth, that "our feelings are the greatest liars in the world." With almost equal truth can this same charge be laid against the general symptoms of nearly all diseases. Of no diseases is this more true than of those of the digestive system.

Until the last decade or two the knowledge of digestion and its derangements was drawn from experiments, from symptoms, and from occasional accidental conditions that exposed the stomach to view, as in the celebrated case of St. Martin, so well studied by our distinguished countryman, Beaumont. The introduction of the stomach tube for purposes of diagnosis by Leube, in 1871, began a new era in the pathology of diseases of the stomach. By its use we place ourselves in direct communication with the stomach. By removing its contents from time to time and examining them, we may satisfy ourselves of the condition of the stomach and its functions with almost as much certainty as of that of the mouth or other visible part. We only need the knowledge to make use of the material at hand. The stomach tube is not a recent invention. John Hunter, more than a century ago, used it to inject irritating substances into the stomach; later, it was used to empty the stomach in opium poisoning. However, it is only in recent years that it has been used for purposes of diagnosis and treatment in ordinary diseases, and even yet its use is much too restricted. A decided step in advance was made when Ewald,* in an emergency, first used a soft rubber tube. A man was brought to his clinic who had poisoned himself with hydrocyanic acid. None of the standard hard tubes were at hand, and, as immediate emptying of the stomach was imperative, a piece of ordinary gas tubing was taken, the end rounded, two eyelets cut in it, and then passed into the stomach. He found no difficulty in passing this soft tubing. Since then the use of the soft rubber tubes has become very general. They vary in size, the larger being about one and one-half inch in circumference, open at the lower end, having one or two large fenestra low down; several small openings also add to its efficiency, as they allow the stomach's contents to filter into the tube from all sides. In the majority of patients these tubes are passed without difficulty; but in some, from spasm of the œsophagus, or other cause, it is necessary to resort to a firmer tube, such as a varnished silk web one. In a case recently even this could not be passed through the cardiac end of the œsophagus on account of the spasm; yet a second trial two days later was quite successful with a soft rubber tube. Such tubes possess the additional advantage of being practically safe, there being little, if any, liability of injuring the stomach or any other soft part, even if in an unhealthy condition. Even aortic aneurisms pressing on the œsophagus should be safe from rupture, as little impediment will arrest the progress of the tube. It is a matter of no little importance that the use of the soft tube is less objectionable than of the hard one, as it is not necessary in using it to pass the fingers into the mouth, the end of the tube being simply passed back into the pharynx, when, on swallowing, it is grasped by the faucial muscles, when it should be pushed onwards rapidly into the stomach. It usually passes on into the stomach easily, but a choking sensation may be produced. Waiting while a long breath or two are taken usually suffices to overcome this strangling feeling, but not always, and the tube may have to be withdrawn. I do not wish to minimize the difficulties, which are sometimes insurmountable, but we need rarely have any fears once the consent of the patient is obtained; that is oftenest the insurmountable difficulty. Quiet confidence on our part usually suffices to overcome all difficulties. In the nervous a cocaine spray to the pharynx may overcome uncontrollable irritability.

* Diseases of the Stomach.

Having passed the tube into the stomach the contents can usually be obtained by expression, but sometimes patients lose control of the abdominal muscles, and cannot compress the stomach so as to force the contents through the tube. In such, some form of aspirator should be used an ordinary family syringe may suffice. Sometimes the failure is due to introducing the tube too far, and withdrawing it a few inches slowly is often successful.

It has been objected that the use of the stomach tube is disgusting, offending the refined tastes of the better class of patients. But viewed in that light, how much more disgusting is a rectal, or even a vaginal, examination! Fear, not disgust, is the prevailing feeling against its use; at least, so far as my experience goes. It is a matter of education. Were we to regard, as we should do, the examination of the stomach, in diseases of the digestive organs, as essential as does the gynæcologist the examination of the uterus, the idea of its being offensive would never occur to either patient or physician. This is more than can be said of the work of either the rectal surgeon or the gynæcologist.

For accurate scientific examination of the stomach secretions, considerable time and fairly extensive laboratory appliances are requisite, so that, for most physicians in active practice, easy and approximate results will have to suffice, and for the treatment of most cases, such results will meet our needs on the whole satisfactorily. If it be objected that to be useful and reliable our results should be accurate, I would remind you that few of us insist upon such accuracy in urinary examinations. How few ascertain the amount of albumin by weight, or estimate precisely the amount of urea in the urine. Yet we find it necessary to know approximately the state of the urine in most diseases; we find such estimates usually all serve practical purposes. So in time I have no doubt that we will not be satisfied without a general estimate of the stomach secretions in diseases affecting the digestive tract, leaving exact analysis for the well equipped laboratories.

In any given case, or in comparing different cases, in order to obtain results from which useful conclusions can be deducted, it is self evident that examinations must be made under similar circumstances as to food, time after eating, etc. An abundance of albuminous food calls far an abundance of gastric juice to saturate it—much more so than a light meal of farinaceous material. An examination, therefore, after a mixed meal will give much more complicated results than after one of a lighter nature, and the results would probably be more useful. To obtain uniform conditions, Ewald advised examination after a "test breakfast," consisting of a dry roll, or a round of toast, a cup of water, or of weak tea or coffee without milk or sugar. This furnishes nothing to become offensive should decomposition take place, yet it contains all those classes of food, and what remains to be aspirated after an hour's digestion is of such a liquid nature as to pass through the tube easily. It is, however, often desirable to withdraw the contents of the stomach after ordinary meals to ascertain the time required to complete the digestion of a meal, so far as the stomach is concerned, or whether the stomach disposes of one meal before another is taken. It is not unusual in some persons to find in the stomach the remains, often copious, of the food taken during twenty-four or even forty eight hours, and that, too, without producing much conscious disturbance.

The contents of the stomach, if withdrawn during the first thirty or forty minutes of digestion, should owe its acidity to lactic acid, as can be easily demonstrated by Uffelman's test with a solution of carbolic acid and chloride of iron, after an hour's digestion the lactic should be replaced by hydrochloric acid, with more or less acid salts. The total acidity should be within certain defined limits, either above or below which indicates an abnormal condition. The presence of free hydrochloric acid is readily demonstrated by Gunzberg's test with phloroglucin-vanillin solution. Experience with it enables one to judge fairly well, by the depth of colour obtained by the test, as to the amount of hydrochloric acid present. To be more accurate, we can, by successively diluting the stomach contents until the reaction to Gunzberg's reagent fails, obtain a fairly approximate estimate of the quantity of free hydrochloric acid present, since we know that this reagent will act until the dilution reaches one to twenty thousand.

Now, while it is of the utmost importance to be

able to make ourselves acquainted with the constituents of the gastric juice at various periods after a meal, especially as to the presence of hydrochloric acid in normal amount, or its absence, we must not forget that failure of secretion of hydrochloric acid, on the one hand, and its excessive secretion, on the other, are alike only symptoms of disease -symptoms whose import, to be rightly estimated, must be weighed in conjunction with the other circumstances of the particular case. But a short time ago it was considered that the persistent absence of hydrochloric acid was particularly pathognomonic of carcinoma. Further investigation has demonstrated that hydrochloric acid is not infrequently absent in gastric catarrh, in degenerations of the gastric mucosa, and in certain gastric neuroses. On the other hand, cases of gastric carcinoma are met with in which free hydrochloric acid is found after food, and in a few it is present in excessive quantity. In these latter, it is supposed that the cancer is secondary to, and develops on, the cicatrix of a gastric ulcer, in which latter disease we know that the gastric secretion is usually highly acid. The reason for this difference in these two classes of cancers is probably due to a widely disturbed degeneration and inflammation of the gastric mucosa in the former class, while in the latter changes in the mucous membrane are limited to the immediate vicinity of the neoplasm.

We are, nevertheless, fairly safe in laying down as a rule that while the absence of hydrochloric acid is not pathognomonic of cancer, its persistent presence is strong evidence that cancer does not exist.

Then, it will probably be found that in cases of doubtful diagnosis between cancer and chronic gastric catarrh, the effect of treatment with the stomach tube will be of material aid. In such cases the regular daily washing out of the stomach will be followed by general improvement in cases of simple chronic gastritis, while in cancer the improvement is usually confined largely to some relief of the stomach symptoms, without much gain in general health.

In such a case under my care in Toronto General Hospital a year ago, in a man who was much addicted to beer drinking, and whose symptoms were those of aggravated chronic gastric catarrh, no improvement resulted from lavage. There was no pain, tumour, or cachexia to indicate cancer, but his condition grew worse steadily. He left the hospital, and a month or so later died at his home. The autopsy showed a diffuse colloid cancer infiltrating nearly the whole wall of the stomach, and the general cavity was much contracted, a contraction that must have resulted chiefly after he left the hospital, as shortly before that time the capacity of the stomach was apparently normal.

The tube will, however, find its most frequent application both in diagnosis and treatment in that most common of "ills that flesh is heir to"—dyspepsia. By its use we are able to differentiate those characterized by hyperacidity from those more frequent ones in which there is a deficiency of hydrochloric acid secretion, and thus be guided to the treatment appropriate for each.

In the former we need to reduce the amount of sodium chloride in the food to a minimum, to neutralize the acidity of the stomach by use of such alkalies as magnesia and the alkaline carbonates, which contain none of the elements of hydrochloric acid, and to diet mainly on nitrogenous food, so as to appropriate the greatest possible amount of hydrochloric acid in its digestion.

In those suffering from inacidity, on the other hand, we must supply the deficiency in hydrochloric acid by giving it after food as freely as each individual demands, usually in frequent, divided doses, and, it may be, peptonizing the food before it is partaken of—appropriate general treatment, of course, being carried out at the same time.

Of the dyspepsias, the most frequent are those associated with and dependent upon chronic gastritis. Here, too, no means of treatment avail as does thorough and regular cleansing of the stomach by means of the tube. Usually the appetite is poor, but it may be at times good, even ravenous, at others the first morsels or even the sight of food satisfies, or may beget nausea. "Soon after eating, such patients feel oppressed and bloated, they do not complain of true pain in the epigastrium; it is more of a choking, a vague sensation, which only becomes slight pain on pressure over the stomach." If decided pain occurs, we should suspect other lesions. These conditions are frequently combined with atony of

the stomach wall; this leads to an undue stay of the food in the stomach. Decomposition results, the starches fermenting and the nitrogenous substances putrefying. Distension of the stomach results, with eructation of offensive gases, and regurgitation of sour and acrid liquid and masses of food. We cannot well conceive of a condition more suitable for the use of the tube than this. By its use we remove the decomposing remains of food that may have lain in the stomach for days; also the mucus lying in and adhering to the walls of the stomach, and the acrid fluid bathing alike stomach and contents. The relief that such cleansing gives to the sufferer none know but those who have experienced it.

Alkaline and antiseptic solutions have been advised, but plain water suffices for every purpose. The douching is continued, alternately pouring water into the funnel and allowing it to run off until the water comes away clear. Once daily is sufficient.

With proper diet this will suffice to cure many cases, but it is best to aid it with general treatment, stimulating aromatics, massage, electricity, change of scene, etc.

I am decidedly of the opinion that no single plan of treatment will give as good results as this in alcoholics, in all of whom chronic gastritis exists, usually in a marked degree. The douching improves the state of the stomach, begetting better digestion and assimilation; as a result, nutrition and excretion are better, and the nerve centres become more able to resist the demand for alcohol, which, as a result of the better nutrition, grows less and less with time. In such a case, a grave one, lately under my care, the use of the tube every second day for four weeks was attended by the most gratifying results.

In the digestive disturbances of infancy, especially in the summer diarrhœas, medical literature furnishes us with a most convincing mass of evidence in favour of cleansing the stomach with the tube, and thus cutting off the supply of irritant matter to the intestinal tract. The removal of such irritants from the stomach by whatever means, at the same time that the bowel is emptied of its decomposing contents, should suffice to cure most cases if done sufficiently early.

If with the chronic catarrh there be also dilatation of the stomach, lavage is the only course that avails. It is the sovereign remedy. In chronic cases with much dilatation, even it will fail to restore the stomach to its normal capacity, but, in any case, it will, if effectively carried out, relieve the inflammation of the mucous membrane, prevent decomposition, and improve digestion. Combined with massage and electricity we may, even in severe cases, if not too chronic, obtain a complete cure. While the douching is being done, massage of the abdomen should be used so as to empty any sacculations of the stomach and assist in dislodging masses of adherent mucus and food, the douching to be continued until the water comes away clear. It is best done before breakfast, once a day being sufficient, or six or seven hours after a meal, so as to give time for digestion. Effective washing relieves or improves the nausea, the depression, the headache, the disgusting vomiting of fermented food and mucus, etc., that give so much distress. In these cases constipation is usually troublesome. One of the benefits of the use of the tube is relief of this constipation especially early in the treatment. So constantly does the relief occur that Kussmaul considers its absence an ominous sign of advanced degeneration of the stomach wall, or of stenosis of the pylorus.

Excellent results have been reported from the use of the tube in gastric neuroses. The alternate douching and emptying acts as massage on the stomach wall, and has a soothing effect on the hypersensitive nerves, just as massage of an external part often relieves pain. At the same time any remnants of food and mucus which may act as irritants are removed; the warm water acts as a soothing bath; and the impact of the water stimulates peristalsis, and this always improves both circulation and secretion.

Its use is said to be sometimes equally gratifying in reflex vomiting, especially in pregnancy, the patient being fed through the tube.

Recently considerable use has been made of the electric currents, both galvanic and Faradic, in diseases of the stomach. There is good evidence that even the application of both poles to the abdominal walls stimulates the action of the stomach, but the more direct application of the current, by having one pole in the cavity of the stomach, is much more effective. By moderately

distending it with water, plain or saline, and introducing one electrode into the stomach, while the other, a large one, is placed on the epigastrium, its walls can be brought into the direct circuit of the current. By means of the sedative effect of the constant current, some cases of gastralgia may be relieved. The interrupted current is, however, of greater use and wider application. With one electrode in the stomach, peristaltic action is stimulated, and it is thus of much use in atony and dilatation. In many cases the appetite and digestion are improved by its use; there seems to be a freer flow of gastric juice, and more vigorous contraction of the stomach walls. Of course the good results may be partly due to the general effect, both physical and mental, on the patient. I have, at all events, found considerable good result from the Faradic current as used in atony of the stomach.

It has been said that four-fifths of all the ailments for which treatment is sought are due to functionable disturbances, the remaining one-fifth to organic disease. Of these four-fifths, such a large proportion is due to derangements of the digestive process that the subject becomes one of surpassing importance. Without careful examination of the functions in health and disease, we cannot hope to thoroughly comprehend it, and it is only by the more minute investigation of the stomach contents that any advance in our knowledge of these diseases can be looked for.

Meetings of Medical Societies.

BRANT COUNTY MEDICAL ASSOCIATION.

The usual Quarterly Meeting of the Brant County Medical Association was held on December 6th, in the Board room of the John H. Stratford Hospital, Brantford. There was an unusually large number of members present, both from the county and city. Dr. Griffin, president, in the chair, and Dr. Keane, secretary.

The subject of the advisability of nominating a candidate as representative in the Ontario Medical Council for Division No. 8, which includes the Counties of Haldimand, Brant, Lincoln and Welland, at the next election, was very fully discussed, and the following resolution was moved by Dr. Addison, of St. George, seconded by Dr. Dunton, Paris:

"That we, the members of the Brant County Medical Association, in convention assembled, desire to express our appreciation of the valuable services rendered by our representative, Dr. D. L. Philip, in the Ontario Medical Council, during the past two terms; that we desire to express our hearty approval of the general policy pursued by the Medical Council in legislating for the benefit of the public and the profession, and in which our representative has taken a prominent and useful part; and, also, as important questions are likely to arise in the near future affecting the welfare of the profession, and in which his knowledge and experience in the Council would be of benefit to the profession, that it would not be desirable to change the representative at the present time, and that we, therefore, respectfully request Dr. Philip, to allow himself to be nominated as a candidate in the election of 1894." Carried unanimously.

Dr. Philip, in accepting the nomination to become a candidate for another term, thanked the members for the hearty support which he had received from the profession in Division No. 8, while acting as their representative in the Medical Council. In the event of his election he would endeavour to serve them faithfully, and to the best of his ability, and he would ever entertain a grateful remembrance of their kindness, whether elected or not, in the support which he had received at their hands. Dr. W. M. Stanly, Brantford; Dr. Burt, Paris; Dr. Harris, Brantford, and others spoke in the most commendatory terms of the course pursued by their representative, and trusted under present circumstances that he would be elected without a contest.

Dr. Bremner, Toronto, gave an address on orthopædic surgery, more especially the treatment of spinal curvatures, showing some ingenious mechanical contrivances in their treatment. On motion, a cordial vote of thanks was tendered to him for his interesting and instructive address. A paper by Dr. Bishop had to be postponed until the next meeting owing to want of time. Several

routine matters were disposed of, and the Association adjourned until the first Wednesday in March.

M. J. KEANE, *Secretary.*

ANNUAL MEETING OF THE BRITISH LARYNGOLOGICAL AND RHINOLOGICAL ASSOCIATION, FRIDAY, DECEMBER 8, 1893.

PROGRAMME.

BUSINESS.

2.30.—Minutes of last Meeting.

Election of Fellows and Correspondence.

3.00. Exhibition of Patients and Presentation of Clinical Reports:

Dr. W. McNeill Whistler exhibited a case of swelling of the ary epiglottidean fold and left ventricular band. The personal and family history pointed to a diagnosis of a rheumatic affection of the laryngeal cartilages. Treatment of pot. iodide and sodæ salicyl, supported this by its quick palliation and almost absolute cure.

Dr. Ed. Woakes showed a case of dead bone in the ethmoid cells.

Mr. Mayo Collier presented a clinical report and result of the *post mortem* in a case of stricture of œsophagus. The *post mortem* showed a perfectly healthy œsophagus and malignant disease of the liver. The cause assigned to the stricture was a reflex one from pneumogastric ganglia.

Mr. Lennox Browne exhibited a case of uncontrollable paroxysmal sneezing which on examination was found to be due to an enlarged middle turbinal and a spur on right side of the septum. Cured by operation.

Mr. Frank Marsh reported a case of a foreign body in the larynx removed by operation by a direct opening into the larynx through the thyroid cartilage without preliminary tracheotomy. Recovery. The foreign body in the case was a large piece of bone.

Exhibition of microscopical preparations by Mr. Wyatt Wingrave.

4.00.—Interval for tea.

4.15.—The President's inaugural address.

PRESIDENT'S ADDRESS.

Mr. Macintyre, at the outset, thanked the members for placing him in this position, at the same time eulogizing the work of the late President, Dr. Sandford, and the Secretary, Mr. Wyatt Wingrave. He then went on to his paper, entitled "Past and Present Study of Ætiology." He first showed the necessary inference from the presence of disease as to a cause, and a soil for the cause to work on, thus:

1. Existence of a cause or causes.
2. Contact with patient.
3. Incapability of tissues to resist invasion.
4. Conditions present favourable to existence.

He then divided his lecture into headings in connection with this outline:

(*a*) Consideration of causes—multitude overwhelming usually—age, sex and occupation—predisposed to cold—weak constitutions and heredity. Greatest aid is from bacteriological researches in hunting up the reason of some ailment.

(*b*) Means of bringing in contact—cause may already exist, hereditary or acquired, in patient, but in other cases the outside must be scanned for it.

(*c*) Overcoming of resistance of the tissues—in some instances easily explained—injuries—administration of drugs—pressure on nerves—absence of certain elements in food, etc. Then germs attacking, but in many cases reason of want of resistance is obscure.

(*d*) How causes act—many of the organic forms act by mechanical irritation, but they are most injurious from the products they produce.

(*e*) Classification of disease—poor on account of either deficiency or repetition—ætiology will in future give us a much better basis to work on.

(*f*) Effect of study of ætiology on treatment—emphasized hygiene and prophylactic measures—showed us the best antiseptics to use in certain cases. (Here Mr. Macintyre gave his opinion on the various antiseptics, placing them in this order: corrosive sublimate, carbolic acid, boracic acid, especially where any fear of absorption, listerine, thymol.) Especially in operations must care be taken.

5.00. Discussion on the Pathological and Clinical Features of Atrophic Rhinitis, introduced by Mr. Wyatt Wingrave.

8.00.—Annual dinner at the Langham Hotel.

Correspondence.

☞ The Editors do not hold themselves in any way responsible for the views expressed by correspondents.

DR. SANGSTER CONTINUED.

To the Editor of ONTARIO MEDICAL JOURNAL.

SIR,—I am sorry that you found my last letter too breezy to suit you, and that even your unusual powers of penetration could detect in it anything resembling personal revilement. Like yourself, I always honestly try to keep my lucubrations scrupulously free from everything savoring of personalities, private detraction, and cowardly inuendoes, and if, in my correspondence in your journal, I have fallen short of my ideal in this respect, I regret it greatly. You appear, however, to be laboring under some misapprehension. I may remind you that I stipulated, at the outset, for fair and courteous treatment, and for only such lawful editorial comments on my letters, and confutation of my arguments and disproval of my statements, as honorable men might make, or submit to. As long as you keep within the precincts of reputable journalism, by limiting your articles to just criticism, and to efforts of honest refutation and correction —clever or the reverse—I am able easily to hold myself well within the region of sober and polite discussion. It is only when you transcend these prescribed bounds, and begin to attitudinize in the editorial trapeze, or to sit on the "organ" keys while the bellows is in full blast, that I become lost in admiration, and, almost unconsciously, lapse into that respectfully complimentary strain, which you have unfortunately mistaken for sarcasm. To dignify the guileless banter, or playful badinage, I have now and then used in these letters, with the awful name of sarcasm, is like confounding a child's pop-gun or pea-shooter with the heavy rifled ordnance of an iron-clad.

Allow me further to say that I recognize your undoubted right to close your journal altogether against my letters, should you see fit to do so, after all your monthly diatribes against the iniquity of what you were pleased to term "washing the Council's dirty linen in the public press," and your repeatedly flaunted challenge to discuss the matters in dispute in your periodical. Probably that invitation was given in the confident expectation that it would never be accepted; possibly another explanation of the sudden restiveness now displayed might easily be found. Since, however, my "epistles" are not unreasonably long, and will only probably extend to three or four more in number, I cannot permit you to dictate to me as to either their length or their tenor. You may force me to reach the profession and, possibly, the public also, through some less restricted channel of communication, by refusing to allot me the moderate space required; and you may ascribe your refusal to the length of my letters, or to their flatness, or to their breeziness, or to the use of personal revilement, not discoverable in them by anyone save yourself, or to the faultiness of my orthography, or to your very kind anxiety that they shall be read by all, or to any other equally sufficient and tangible cause, but, you may rest assured, that very few of your readers will fail to thoroughly understand the true inwardness of your action.

A professional tax, levied by a body having, like the Medical Council, dual relations, to be righteously and acceptably assessed, so as to become a debt of conscience to the individual members of the profession, is subject to three conditions:

1. It must be assessed strictly in accordance with the dictates of justice, *i.e.*, it must be fairly and impartially levied on all the several interests protected by the Central Executive, to whose use it is appropriated.

2. It must be assessed and spent constitutionally, *i.e.*, solely by the representatives of those who are required to pay the money.

3. It must be actually necessary, *i.e.*, it must be assessed only when the ordinary income of the Executive, thriftily and economically applied, proves insufficient to cover its lawful and judicious expenditure.

My last letter was devoted to the discussion of the first of these propositions, and to an exposure of the flagrant injustice involved in the authorization and the assessment of the tax as heretofore levied on the medical electorate. It was pointed out that, in devising its scheme of taxation, instead of fairly apportioning the impost on both constituencies, the Council was induced to let the most vitally interested and stringently protected of the

two go absolutely scot free, and that, in neglecting to secure, as a preliminary to this step, the explicit and unanimous consent of the members of the College, it failed to cover its proceedings with even the semblance of right To the few medical men who were consulted on the matter, by letters in 1874—as also to the government and the legislature of that day—the scheme was artfully represented as being a purely temporary expedient, designed to meet financial difficulties, untruthfully alleged then to exist. No adequate or honest effort was ever made to reach the bulk of the electorate. There are scores of our confreres still living, who were practising in Ontario in 1874, and who, if necessary, could testify that the first intimation given them that there was, or had been, any project on foot to tax them, was the receipt of an official notification that their annual dues had not been paid. The tax was, from the beginning, unpopular, because it was unjust, because it was levied partially and unfairly, but it became, to many of us, utterly odious as soon as we learned for what purpose it had been initiated, and by whom.

My second proposition is that, if the tax is to meet with no resistance from members of the College, it must be assessed and spent constitutionally. This point can scarcely, any longer, be regarded as debatable. It is a fundamental principle of all liberal and responsible government that a free people shall only be taxed by their lawfully elected representatives, and that these alone shall have a voice and a vote in the expenditure of public funds. The unconstitutionality of the professional tax, after being fully discussed in the public press, was argued last spring, *pro* and *con*, before a large and intelligent committee of the legislature, whose sentiments on the subject were crystallized in the amendment to the Ontario Medical Act prepared by Sir Oliver Mowat. This amendment suspends both the assessment clause and Section 41A, declares that they are and shall remain a dead letter, unless restored by the elected members of the new Council, who alone shall have a right to vote on any question affecting an assessment on the profession, and the mode of its collection. In rendering this verdict, the legislature, which is, in these matters, our highest court of appeal, concedes the point that the tax, as heretofore assessed, was unconstitutional, and, consequently, that the objections urged against it, on that ground, by the Medical Defence Association, were just, and correctly taken. Things are now in a much better shape. In giving to the elective element in the Council, the exclusive power of determining the conditions on which an assessment may be made, and the mode of its collection, the legislature has taken from the profession all ground of complaint under this head. The matter is left, as it should be, strictly in the hands of the profession itself. If it sees fit to return, at the approaching elections, all or any of the territorial representatives belonging to the present Council—every one of whom was concerned in securing the offensive legislation of 1891—every one of whom still insists that the tax, as heretofore assessed, was a just tax, and constitutionally levied—every one of whom is bound, in justification of his past course of action, to vote for an unconditional assessment on the electorate and the restoration of Section 41A, then, by all means, let its sovereign will be, for the next four years, respected, and during that time, let the tax be paid without demur. Heretofore our complaint has been that our representatives were not loyal to us. It now remains to be seen whether we can be true to ourselves.

The second part of the proposition laid down—that the money accruing from an assessment on the profession must be expended solely by its representatives—has not as yet been explicitly dealt with by the legislature. It is understood, however, that legislation securing this end can be obtained when asked for. It would be an anomaly, indeed, to restrain the appointees in the Council from having a voice or a vote in the assessment of a professional tax, and yet leave to them the unrestricted right of dictation or interference in its expenditure.

In my last letter I showed that the tax was unjust, and, therefore, odious. In this I have shown that it was unconstitutional, and, therefore, doubly odious. In my next letter I shall endeavor to satisfy even you that it was never necessary to meet the legitimate requirements of the Council, and that it was, therefore, thrice odious. Can you any longer wonder that it was angrily resisted by thoughtful and self-respecting men—that no fewer than 1,184 members of the College had to be sued in the Division Court because they manfully refused

to pay it except upon compulsion, and under protest? In view of the facts now adduced, do you not see the folly, and worse than folly, of the course pursued by the Council and its friends, when, in the spring of 1892, a number of us felt compelled to approach the legislature, seeking protection from a body which should itself have been the first to stand between us and all assailants? Not only did it, from the outset, asperse our honesty, and belittle our motives, and treat our claims with official insolence, but it spent several hundred dollars in lobbying against a Bill introduced to relieve the profession from a position that had become simply intolerable—not to mention the work gratuitously done, in the same direction, by the school appointees resident in Toronto, one of whom says he expended a whole week to this labor of love, while another, Dr. Thorburn, the representative of a defunct institution, and who has, consequently, no more real right or title to a seat in the Council than to a seat in the House of Assembly, has the good taste to tell us (Announcement, 1892-93, p. 152), that he devoted a whole month, night and day, to the delectable work of thus thwarting the profession in its effort to obtain control of its own affairs. It is claimed that eels have, in the course of time, become used to being skinned and now rather enjoy the operation: why should not indignities, long tolerated, and frequently repeated, at length, cease to make any more record on seared human susceptibilities, than water on a duck's back? What with the almost criminal apathy of many practitioners, and the unthinking or the interested partizanship of others, the profession, unlike the proverbial worm, may not turn even when trod on. It is on the cards, therefore, that neither such insolent interference, on the part of school appointees, as instanced above, nor treacherous betrayal of its interests, by its elected representatives, will arouse the electorate to a righteous and an honorable self-assertion. It is just possible that it may be so recreant to its clear and imperative duty to itself, as to re-elect some of the members of the present Council. If so, we shall be disappointed, but, by no means, less confident of our ultimate success. It may require time to disperse the mists and prejudices, with which the whole subject of professional autonomy has been artfully invested, but, though circumstances mould enlightened public opinion, only slowly, when acting alone, it can be forced by free and fair discussion, when this is pointed by the resistless logic of events. The last two years have done much towards evolving, from the serfdom of the past, a healthier and a more manly professional sentiment. Four years hence clearer views may be expected to more generally prevail, and the final triumph of Right is assured

> "Ever does Truth come uppermost,
> Ever is Justice done."

And what, may I ask, have you to say now, Sir, in favor of this tax? It would be childish to claim, that being a statutory debt, it must, therefore, be a just debt. You have read history to but little effect if you have not learned that many of the most iniquitous and galling imposts ever levied on free communities, were covered by the sanction of statutory enactments, and that it has ever been the part of stalwart good citizenship to resist them, and to seek their repeal by constitutional means, and, failing this, to sweep them away even at the expense of civil rebellion and revolution. To tamely submit to injustice, indignity, and wrong, is the attribute, not of free men, but of slaves. Nor will you, I hope, besmirch your manhood by suggesting, as some have done, that the paltry amount of the annual fee is a reason why we should be weakly compliant, and pay it. Principles must be vindicated altogether irrespective of dollars and cents, and robbery, highway or official, is robbery, whether the sum taken be great or small. Finally, I think, you will agree with me that the opprobrious epithets and offensive comparisons, so freely hurled at us by members of the Council and their friends, were quite out of place, and may be held as not only provocative of, but as in some degree excusing, the little bitterness which at one time crept into this discussion.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, Jan. 8th, 1894.

DR. LOVETT.

To the Editor of ONTARIO MEDICAL JOURNAL.

In the last number of the ONTARIO MEDICAL JOURNAL, Dr. Burrows makes an effort to give me a cut for a letter in the previous number. A

few men organize an association calling themselves (a misnomer) "The Medical Defence Association," whose only object is to get themselves into office, or some of their friends who will in return, install them. But, instead of a defence, there has been a constant attack upon men whose character and standing has never been doubted. When their attacks have been resisted, it must needs be simply inexcusable. Dr. Burrows is glad that an election will soon be on. He knows well that his "mushroom organization" will not stand the light of day. Therefore, to accommodate his little company, the election must be brought on at once. Being a candidate for the next election, he would fain pass as a moderate man. He acknowledges that one side may have been severe, but anything said against the other is simply inexcusable. Losing faith in the new organization, he would accept assistance from the party who have been written against too severely.

In Dr. Sangster's debate, by himself, in the same number, as to whether the medical men, the public or the schools derive the most benefit from the Medical Council, the most significant remark is the proposal to check the out put of medical men, by requiring a degree in arts for matriculation in medicine. Dr. Sangster himself holds a degree in arts. He wishes all others to have the same. If the boys could get a degree in arts as easily as the Doctor did, no doubt many would accept the change. But the majority would prefer the more independent course of writing.

Yours, etc.,

WILLIAM LOVETT.

Ayr, Ont., Dec. 22nd, 1893.

Book Notices.

The Alienist and Neurologist (January) contains: "The Successful Management of Inebriety Without Secrecy in Therapeutics," by C. H. Hughes, M.D., St. Louis; "Treatment of Nervous Diseases in Sanitariums," by James K. King, M.D., Ph.D., Watkins, N.Y.; "Insanity in Children," by Harriet C. B. Alexander, A.B., M.D., Chicago, Ill.; "The Treatment and Prophylaxis of Insanity," by John Punton, M.D., Kansas City, Mo.; "Study of the Causes, Symptoms and Treatment of Partial Epilepsy," by Roque Macouzet, M.D., Mexico; "Muscular Atrophy Considered as a Symptom," by William C. Krauss, M.D., Buffalo, N.Y.; "Transitory Frenzy," by Theodore Diller, M.D., Pittsburg, Pa.; Editorial on the Code, Other Editorials, Selections, Hospital Notes, Reviews, etc.

Chekan. A brochure containing information compiled from various sources of botanical and pharmaceutical knowledge, clinical reports, physiological researches, etc., reprinted from the "Pharmacology of the Newer Materia Medica."

This small work gives a very thorough résumé of the manner of growth, the habitat and the parts used of the plant. Its principal ingredients are tannin and an ethereal oil, and its principal use is in bronchitic and tracheatic inflammatory conditions.

A Guide to the Public Medical Service. Containing information of appointments in the Home, Naval, Army, West Coast of Africa, Indian and Colonial Medical Services. Compiled from efficient sources by Alexander S. Faulkner, Surgeon-Major Indian Medical Service. London: H. K. Lewis, 136 Gower St. Price, 2s.

This little work of reference contains a large amount of information respecting the several government medical services of Great Britain and the colonies, and will be of great value to any of our young practitioners who propose entering one or other of the public services. Extracts are made from the official publications.

Syllabus of Lectures on the Practice of Surgery. Arranged in Conformity with the American Text-Book of Surgery. By N. SENN, M.D., Ph.D., LL.D., Chicago, Professor of the Practice of Surgery and Clinical Surgery in Rush Medical College, Surgeon-in Chief St. Joseph's Hospital, etc.; President Association of Military Surgeons of the United States; ex-President American Surgical Association; Honorary Fellow College of Physicians, in Philadelphia, etc. Philadelphia: W. B. Saunders. Price, $2.00.

Every teacher of surgery must have felt the need of some short guide to aid him in the lecture-room in presenting the various subjects in a systematic, clear, succinct and practical manner. This little work will fully meet these requirements and will also present in concise form to the student of surgery all the facts which he is expected to retain and apply at the bedside. It forms a very complete syllabus of surgery.

A Text-Book of the Diseases of the Ear. By DR. JOSEF GRUBER, Professor of Otology in the University of Vienna, etc. Translated from second German Edition, and edited with additions by Edward Law, M.D., C.M. Edin., M.R.C.S. Eng., Surgeon to the London Throat Hospital for Diseases of the Throat, Nose and Ear; and Coleman Jewell, M.B. Lond., M.R.C.S. Eng., Late Surgeon and Pathologist to the London Throat Hospital. Second English Edition. London: H. K. Lewis, Publisher. Price, 28*s*.

How often have we heard that "Diseases of the Ear" is an exhausted subject, hence why pay any attention to it? To all who think thus, we would strongly recommend a perusal of the last edition of Gruber, for it is there that he will learn of the progress made in otology during recent times. He will find, too, that this has been largely due to a thorough study of the anatomy of the ear in health and in disease. A better understanding of the minute structure of the ear has given us a greater grasp of the nature of cases that would otherwise have been entirely beyond our reach.

The section dealing with the anatomy and physiology of the auditory organ commences with an accurate and exhaustive description of the "bony habitation of the ear"—the temporal bone.

In that part of the book dealing with the examination of patients, the fact is pointed out that it is well, first of all, to direct attention to the general condition, and afterwards to the ear. If this general principle could be impressed upon specialists in the various departments, they would not demonstrate *typical* tubercular lesions in the throat of a person upon whose face there is, at the same time, a characteristic syphilide. An interesting account of the various methods of examination is given; the description of the apparatus necessary for the thorough investigation of a case is very complete, and the illustrations are especially well done.

There is not much change in the classification of the diseases, but considerable new matter has been added to the text.

The book concludes with a most interesting chapter on deaf-mutism; too much attention cannot be given to this condition which, in so many countries, is on the increase.

In the front of the book there are two pages of chromo lithographic plates, illustrating the various appearances exhibited by the drum-membrane. These, because of their excellence and clearness, will materially assist the practitioner in arriving at a diagnosis.

One cannot say too much in praise of a volume like the one before us. As the work of a self-taught man, it will prove particularly useful to those contemplating a specialty, both as an instructor in the technique of this branch, and as a demonstrator of the fact that a six weeks' post-graduate course is a rather short period to devote to the mastery of a subject like otology. To the general practitioner, the work will be valuable as a book of reference.

H. K. Lewis is a well-known publisher, and his name has but to be mentioned in connection with a work to guarantee that the book-making will be efficiently done.

Essentials of Practice of Medicine. Arranged in form of questions and answers. Prepared especially for Students of Medicine. By HENRY MORRIS, M.D., Late Demonstrator Jefferson Medical College, Philadelphia, Visiting Physician to St. Joseph's Hospital, Fellow College of Physicians, Philadelphia, etc. With a complete appendix on Examination of the Urine, by LAWRENCE WOLFF, M.D., Demonstrator of Chemistry, Jefferson Medical College. Coloured urine scale and many illustrations. Third Edition, 1894. Corrected and arranged by WM. M. POWELL, M.D. Price, $2.00. Philadelphia: W. B. Saunders, 925 Walnut St.

Brief compends are the order of the day among medical students, and we have seen none more complete or of more use than this one before us. The work, for its kind, is exhaustive, embracing all known diseases, the questions being knowledgeable, and the answers to the point. This part should be useful to a man reviewing his work on medicine before examination. Combined with this, as the heading shows, is a list of some 300 formulæ, and a short treatise on the urine. The latter is good, the tests being formulated nicely, and the proper ones given, but as far as these prescriptions are concerned, good and all as they may be, we could never see any use for them. If a medical man takes to using or reading this or any other list with an idea of copying them, he soon

loses any originality he may have had in the realm of therapeutics.

The work is well printed, the head-lines being clear, and the paper of an extra quality. Students, if advised by us, will certainly have the book, and find that it is a particularly good one. We must congratulate the publishers on the general get-up of it.

PAMPHLETS RECEIVED.

On the Microbic Origin of Cholera. Report of Case with Autopsy. By CHAS. L. DANA, A.M., M.D., Professor of Nervous and Mental Diseases New York Post-Graduate Medical School.

The Use of Antiseptics in Midwifery, their Value and Practical Application. By ROBERT BOXALL, M.D. Cantab., M.R.C.P. Lond., Assistant Obstetric Physician to, and Lecturer on Practical Midwifery at, the Middlesex Hospital; Formerly Physician to the General Lying-in and Samaritan Free Hospitals, etc. London: H. K. Lewis, 136 Gower Street, W.C. 1894. Price 1s.

AN EPITOME
OF
CURRENT MEDICAL LITERATURE.

MEDICINE.

Diphtheria.—Kossel (*Deut. med. Woch.*) summarizes some recent researches. It is now mostly thought that the pseudo-diphtheria bacillus is only an attenuated form of Loeffler's bacillus. It may regain its virulence. The virulence of the diphtheria bacillus depends on the alkaline reaction of the bouillon, on the age of the culture, on the size of the animal, and on the site of injection. The production of the diphtheria poison is only at first dependent on the original virulence of the culture and on the alkalinity. Oertel differentiates two kinds of membrane: (1) Small grevish white or yellow points of deposit, which later become confluent, and spread to adjacent parts: and (2) besides these, an œdematous swelling of the tissues about which become dull in appearance, but still have a smooth surface. This dulling extends into the deeper parts, and the epithelium also assumes an opaque colour. When this is detached it bleeds. This is malignant diphtheria. Leucocytes may accumulate in the deeper tissues, and produce necrotic areas, which may ultimately rupture on the surface. Antiseptics are applied in the first case in the form of spray (two to six per cent. carbolic acid) every two hours. In the latter case caustics should be avoided. Decomposition of the membrane should be guarded against. The surface is swabbed with carbolic solution after removal of the membrane. The internal use of potassic chlorate is not recommended, but mercurial salts may be tried. Klebs has sought for a specific treatment (see *British Medical Journal*, November 11th, 1893, p. 1070). In the absence of bacteriological proof, the author thinks that some of the cases may not have been diphtheria. Klebs replies (*Deut. med. Woch.*, No. 48), giving details of the cases to show that they were genuine diphtheria. He adds that he has treated forty new cases in the same way, with only four deaths.—*British Medical Journal.*

The Treatment of Tic-Douloureux.—Dr. Jarre read a paper before the Académie de Médecine de Paris on September 5th on the subject of tic douloureux, in which he attempted to establish on a definite basis not only the pathology and mechanism of production of this painful affection, but also the treatment, and he detailed the lines which he had adopted. He maintained that cicatricial lesions of the nerve were the cause of a large majority of the cases, and that the treatment consisted in attempting to remove the cicatrices. As a rule these lesions were situated in the alveolar region at the terminal extremities of the nerves. The most common causes of the cicatrices were chronic alveolar-dental inflammation and conditions brought about by the faulty development of the lower wisdom teeth. The treatment indicated in such cases is to remove a portion of the alveolus, together with the cicatrix which it encloses. The operation is best performed in three stages: firstly, the mucous membrane and periosteum covering the portion of the alveolus which is to be resected are turned aside; secondly, the piece of bone is removed; thirdly, the surface of bone exposed is well scraped. The wound is then washed out and dressed with a pad of cotton-wool

soaked in an antiseptic solution. The immediate results of the operation in Dr. Jarre's patients were at first a diminution in the number of attacks of pain, and finally, in four or five days, a total cessation of the symptoms. Ten cases, in which all other methods of treatment had been previously tried without success, completely recovered after this operation.—*Med. Record.*

To Keep Baby's Milk.—"After having been boiled, the milk destined for the use of a baby during the day ought to be kept in clean bottles containing from three to six ounces, up to the cork, and the bottles turned upside down and preserved in a cold place. Such a bottle will keep longer than milk preserved in the usual way. Before being used, it ought to be heated in a water-bath. By repeating this heating of the whole amount of the day's milk, several times during the twenty-four hours, fermentation will be retarded, and digestibility improved."—A. JACOBI, M.D., *Intestinal Diseases of Infancy and Childhood* (Davis)—*Archives of Pediatrics.*

Gastro-Intestinal Exhaustion.—Among the many cases of gastro-intestinal disturbances which occur in warm weather, a certain number may be fairly considered as a class by themselves, due not to poisoning or errors in diet, but best described as cases of gastro-intestinal prostration. The clinical picture is fairly definite. The onset is slow, as a rule; indeed the patient is often unable to give a more accurate date of the beginning of his trouble than "the first of warm weather." There is no history of errors in diet or exposure to cold—as there is no sudden onset of acute symptoms. A general mild anorexia for a day or two, slight irregularity in the action of the bowels, and a little distress after taking of food, have hardly attracted any attention; but the continuance and gradual increase of a mild diarrhœal tendency are the first symptoms heeded. The diarrhœa is unaccompanied by pain, though often attended with flatus. Diet when at all rational has but slight connection with the diarrhœa. The whole picture of the case when carefully noted is quite distinct from that of acute or sub-acute gastritis, due to irritant ingesta. There is no fever or vomiting, though there may be slight nausea. The chief complaints of the patient are of the annoyance of the diarrhœa, and of a sense of weakness. The ordinary treatment of a gastro-intestinal catarrh is usually given with a gradual improvement of the patient toward fall. The noticeably good effect of a few cool days on the patient points to the rational explanation of the condition, the greater or less exhaustion of the nervous centres controlling the alimentary tract. The effect of heat upon the human system varies so much in different persons that it is not easy to trace the exact course of its workings. Some people are always "better" in summer; they like hot days, and with such people cases of gastro-intestinal exhaustion are not found. It is the person whose nervous system is below par, or easily exhausted by heat, who is troubled by this atony of all alimentary processes. Indeed, the digestion suffers only as a result of marked nervous exhaustion, affecting chiefly the great ganglionic centres of the sympathetic system. With this theory of the cause of the patient's trouble, the indications for treatment are seen to be quite different from those of an enteritis. The diet should, of course, be light and simple, but it should be abundant. The patient should be kept quiet, fed often and regularly, with varied but easily digested foods. Removal from a heated, noisy city to cool localities is of the greatest importance, and care should be taken to avoid overheating or exposure to the sun. The nervous system should be given all the rest possible, as in cases of general nervous exhaustion. Medicinal treatment should be not by cathartics and antiseptics for supposed ptomaines, but by thorough administration of nervous tonics and stimulants.—*Boston Medical and Surgical Journal.*

Nitrate of Strychnine in Alcoholism.—McConnell (*N. Y. Medical Journal*, June 3, 1893,) has used hypodermatic injections of $\frac{1}{30}$ grain of the above drug in twenty-five cases of alcoholism. He concludes:. Simultaneously with the use of the remedy the craving for alcohol in inebriates diminishes, and in a few days is completely gone. There is a gradual restoration to physical and mental health, but as most of the cases treated relapsed in from one to eleven months the inhibiting power of the remedy is not permanent. While we have in strychnine a true antagonist to the

action of alcohol, and one that will counteract its effects, the inebriate still requires aid which can scarcely be expected of drugs.—*The University Medical Magazine*, August, 1893.

On the Treatment of Seminal Incontinence.—The cure of few troubles affords more complete satisfaction to both patient and physician than that of seminal incontinence. A persistent effort is demanded of the latter, and a sincere desire for relief is necessary in the former. A man's virility is usually of such transcending importance to himself, and the imaginations of most men are so wrought upon by the disastrous results of spermatorrhœa portrayed in the clap-trap literature of special nostrum vendors, that one's depth of despair is only equalled by the intense gratitude for the relief obtained. Seminal incontinence is too often injudiciously or indifferently treated. In the first place, it should never be forgotten that the seminal loss is not a disease, but a symptom of a number of possible defects having other symptoms as well. In the second place, as a kind of corollary to the former statement, it should be remembered that no two cases can ever be treated exactly alike. The variety of its causes, the differences in its character, and the peculiarities of the patients afflicted, presuppose for it a varied therapy.

No one will deny that seminal incontinence is essentially a motor neurosis. Ah! that happy word neurosis. What a poverty of knowledge it conceals! what a wealth of ignorance it reveals! When at last we are driven to cover, how safe one feels to call an unknown and unexplained disease a neurosis. What is a neurosis? So far as I can comprehend, it seems to signify an abnormal expression of nerve-force, an unaccountable activity in the function of nerve centres. Apparently this activity may be more or less than what obtains in health, but it seems always to be in the line of the normal function. But why are not all nervous affections, organic as well as functional, neuroses? A diseased sensory centre, for instance, never reveals motor symptoms, though every kind of organic lesion may disturb more or less the normal function of that same centre. To call a disease a neurosis is to confess that it has an organic cause of which we are still ignorant. The origin of the neuroses is usually reflex, and insanity from a mental shock is as much a neurosis as headache from an eye strain. As our knowledge of pathology increases, the list of so-called neuroses will proportionately diminish. It would be fortunate for medicine if our knowledge of the physical bases of all troubles were sufficiently exact to enable us to abolish entirely so vague and inconsistent an expression as a "functional disease."

The causes of seminal incontinence are readily discovered if the patient is candid in his admissions and the physician searching in his examination. Patients most frequently exaggerate their trouble. It is physiological for an adult to lose a certain amount of semen three or four times a month. Usually this happens at night, as the result of an erotic dream, and is accompanied with an erection. We have all seen cases unnecessarily alarmed at this, and it is always a pleasant duty to allay the fears of such individuals. With men of robust constitutions the loss of semen every few days is physiological rather than otherwise. The same is true of those who lead continent lives, or suddenly cease a course of excessive sexual indulgence.

Of all the causes of seminal incontinence, over stimulation is the most common. Masturbation, excessive sexual intercourse, reading of lewd literature, filling the mind with sensual images, are some of the more ordinary means of over-stimulation. One of my patients was a young Englishman who had been taking a cold spinal douche every morning. The cessation of this habit put an end to the spermatorrhœa. Masturbation is a cause often overlooked, for the reason that the patient denies the practice. It is not unwise to suspect this cause before all others, as it is by far the most common. A young man was recently brought to me by his mother because he was not seemingly improving under the care of his former physician. He was a bright and intelligent college lad, about eighteen years of age. He was sallow in appearance and extremely irritable in disposition. His pulse beat regularly, 130 to the minute, as I found after keeping him quiet a long time in my office. Having several weeks before undergone tonsillotomy, he said his physician attributed his condition to general debility, and prescribed a tonic and throat anodyne. Asking the mother to step out of the room, I charged the young man with masturbation. After a moment's surprise and

hesitation, he freely admitted the fact, and declared he was so ashamed of the habit that he had never told anybody of it before. His further confession showed that he had been a confirmed masturbator for a number of years, and that he had nocturnal emissions without erections. In such cases I find that the only way to secure a confession is to charge the patient with the fact, as though it were self-evident and concealment quite impossible. I have noticed that a frequent cause of seminal incontinence is the ingestion of large draughts of fluid just before retiring, together with the habit of sleeping upon the back beneath warm covers. I recall one of many instances of this that came to me in great alarm. The discharge was slight, and a mild tonic with the regulation of the patient's sleeping habits resulted in a cure. I have seen an enlarged prostrate, a stricture, an elongated prepuce, hæmorrhoids and constipation, all give rise to seminal incontinence. When advanced in years, many men attribute the discharge to their age, with its attendant weakness and the diminution of sexual intercourse. In these cases an opinion ought never to be given without an examination of the prostrate gland. Prostatorrhœa is not infrequently associated with seminal incontinence, especially as the posterior urethra is more or less inflamed and irritated near the openings of the ejaculatory ducts. Vesical calculi, fissure of the anus, and ascarides should always be remembered as possible causes. Any lesion that awakens an undue excitability of the genito-urinary centre in the lumbar cord, such as trauma, incipient ataxia, local meningitis, or hæmorrhage, may be the origin of the trouble. Cerebral weakness and psychic influences that remove the inhibitory control of the mind, such as senile dementia and insanity of various forms, may produce it. Many instances of psychopathia sexualis, cited by Krafft-Ebing, were troubled with unnatural seminal losses, and the possibility of some similar cause should always be remembered in every case not otherwise explainable. In these as well as in other weakened states of the system, the mere presence of the opposite sex, amatory conversation, shampooing of the head and the exhibition of a female fetich, are all capable of producing an involuntary emission. It requires much shrewdness to discover the neuropathic trouble underlying these simple exciting causes, for the patient is ofttimes ashamed of his unusual sensibility, and strives hard to conceal it. It is these neuropathic cases that become so hypochondriacal and need the most encouragement. With them the disease is the result of the nervous disturbance rather than *vice versa*.

It seems to me quite needless to subdivide seminal incontinence into different varieties, as some writers have done. These subdivisions represent merely different degrees of the same trouble. The nocturnal is not essentially different from the diurnal variety, though it is apt to be more severe. The momentary environment of the patient obviously modifies the severity of the discharge, but that is no direct evidence of the severity of the disease. Each case must be studied it its entirety, and its symptoms taken *en masse*, before a candid opinion can be given in regard to its prognosis. The only practical subdivision is into seminal incontinence, spermatorrhœa and impotence, since one or all may be present in the same case. The semen consists of the products of several glands, and its loss is not indicative of so profound a disturbance as spermatorrhœa, though spermatozoids are always found more or less in it. Spermatorrhœa is a serious affection, and consists of the frequent discharge of the products of the testicles along with the semen. Sometimes the spermatic fluid is voided several times a day, especially with the acts of micturition and defecation. Impotence, or the absence of the power of erection, may be the result or mere accompaniment of seminal incontinence It is usually associated with a profound degree of functional disturbance of the genital apparatus, and the fear of becoming impotent is the most frequent source of alarm among those affected with spermatorrhœa. Aspermatism, however, is sometimes present when the power of erection is altogether perfect. Certain general symptoms point to spermatorrhœa. It may be surmised when the patient complains of great weakness, headache, dizziness, troublesome dreams, occasional chilliness, extreme restlessness, general irritability, inaptitude for business, difficulty of concentrating the attention, palpitation of the heart, heavy breathing, an unnatural distaste for society, and a marked depression of spirits; in a word, all the subjective symptoms of a severe neurasthenia. In addition to his feelings, the patient will show an

outward irritability and restlessness, his physique is wan and wasted, his skin is not clear, but tawny and dark, his gaze is unsteady and "sheepish," he is easily startled by a sudden noise, the pulsations of his heart are excessively rapid, and his countenance portrays distress and anxiety. He is subject to continuous slight tremors, he is irregular in his gait: and he assumes the manner and attitude of a hypochondriac. Such a picture would at once justify a suspicion of spermatorrhœa. Should the patient now admit the fact, his attendant may tell him that, as his trouble progresses, his mind will become enfeebled, his memory for names and places will weaken, his physical strength will continue to diminish, his muscular tissues will grow flabby, his appetite will become capricious, his eyesight dull, and his hearing annoyed with constant tinnitus, his headaches will be more severe, his nerves will lose their steadiness, his nights will be wakeful, and his whole being, both physical and mental, will become a complete wreck. As the moral treatment is so important in this trouble, we are justified in painting the ultimate result of the disease as black as possible. We should tell the patient that he runs the chance of losing his virility, that the spermatozoa will finally disappear entirely from his semen, while the latter will flow continuously from him that he may become completely impotent, and that the consummation of marriage will be for him a thing totally impossible. If he be a masturbator, the lesson may be still further impressed by referring to the large number of cases of epilepsy and insanity attributed to this vile practice.

In marked contrast to this dark outlook, we may assure the patient that with persistent, well-directed effort, no case of spermatorrhœa can fail to recover to a large extent, and that nearly all can be restored to a condition of almost perfect health. Having thus plainly addressed the patient, especially if he be a young man, upon the fearful results of the disease if permitted to go unchecked, and at the same time encouraged him with the hope of a complete cure, we have already accomplished more than half of that hopeful result. I know there are medical men who say these cases are beyond redemption, and that they have not the will-power to persist in the treatment or to resist the baleful practices that originally brought them to their present state. I am persuaded that this is not true of the majority, for I find that most of them are sincere and determined in their desire to get well, and need only the proper assistance to enable them to do so.

First and foremost in the treatment of seminal incontinence, I place moral and hygienic means. Masturbators who cannot be wholesomely frightened with the ultimate results of their evil practices, are indeed hopeless cases. In every instance the cause must be discovered before any satisfactory progress can be anticipated. It will be absolutely useless to attempt moral or hygienic measures if the trouble were dependent upon an incipient ataxia, dementia paralytica, enlarged prostate, or stricture. A most exhaustive examination must be made for every possible reflex cause, and it must be removed before everything. Where these reflex causes are absent or have been entirely overcome, my chief reliance is upon the use of the bath, proper rest and exercise, the passage of the sound and the administration of atropia and the bromides. I know of nothing so effective as these measures to conquer an obstinate seminal incontinence.

The patient should be instructed to avoid every kind of stimulus and over-fatigue. Anything that is likely to irritate the genital organs, such as tight clothing, bicycle and horseback riding, should be refrained from. His food should be of the blandest and most nutritious sort. Tea, coffee, alcohol and tobacco must be abandoned for a time. He must take a light, dry diet, and abstain from drinking large quantities of fluid before retiring at night. It would be a good plan for him to set the alarm-clock to awaken him a couple of times in the night to empty his bladder. He must sleep in a cool, well-ventilated room, with as little bed-clothing on him as possible. He should always occupy a bed alone, and cultivate the habit of lying upon his right side. It might be well to have the head of his bed turned toward the north, for there may be something in the notion that one sleeps better when the electric currents of the body and earth are parallel. A warm bath before retiring is soothing and tonic, while a rapid sponging of the whole person with cold water in the morning lends vigour for the day. Of course, all literature and pictures of a sensual nature must be rigidly eschewed; and, to keep the thoughts pure and healthful, it would be well for the patient to acquire a hobby to which.

he could turn for amusement in his leisure moments.

In all cases of seminal incontinence there is more or less inflammation of the prostatic urethra and irritability of the whole canal. If this be severe the patient will describe a kind of burning, sore sensation at the end of the penis, and he will complain of the frequency with which he has to pass his water on account of the uncomfortable sensation of an over distended bladder. If these inflammatory symptoms are at all pronounced, hot sitz baths, soothing oleaginous injections, and the free use of cathartics would be advisable. Leeches or blisters to the perineum are necessary at times. I am convinced there is no better treatment for the irritability of the posterior urethra, after the more acute symptoms have subsided, than the frequent passage of the sound. At first this should be done at intervals only of two or three days, the instrument being retained for two or three minutes. Later on it should be introduced daily, and held in the urethra for fifteen minutes. In inexperienced hands a small soft sound or catheter should be first employed, and larger ones used as the mucous membrane becomes more tolerant. Better, however, than the soft instruments are the steel sounds, when carefully introduced, since they are less painful to pass and are more vigorous in their therapeutic action. The resisting contact of a solid body against the mucous membrane of the urethra greatly lessens its sensibility, while the gradual increase of the size of the instrument as the treatment proceeds, helps to relieve the congested blood vessels. If there be any strictures present, as there are apt to be in all odd cases, these, as well as the exudative thickening of the urethral membrane, are more or less reduced. I wish to recommend most emphatically the use of the bougie in the treatment of seminal incontinence. If there be any pronounced impotence of a neurotic origin, the passage of the feeblest possible electric current through the steel sound while it is *in situ* will in some cases prove beneficial, but only the mildest currents should be employed. This, however, as well as Trousseau's rectal pessary, at one time as popular, will rarely if ever be needed, since other means are quite as effective.

Without the measures already recommended, the use of drugs alone will surely end in failure. It is astonishing how few of the many medicaments suggested for this trouble are really efficacious. Lupuline, cimicifuga, ergot, camphor, conium and similiar remedies have seemed to me to afford only a temporary relief, if any at all. Atropia, the bromides, and strychnia are the medicines I place most confidence in. Of these, atropia stands by all odds at the head. By checking the activity of the seminal glands the alkaloid of belladonna enables them to recover their wonted tone and function. A pill containing gr. $\frac{1}{80}$ or gr. $\frac{1}{60}$ of atropia should be administered every night at bedtime, so that the patient may sleep through the unpleasant sensations which this drug sometimes gives rise to. So satisfactory have I found the use of atropia in this way that I would rather discard every other medicine than it. Sometimes it is well to exhibit, together with the night pill, another in the morning containing a smaller quantity of the drug, say gr. $\frac{1}{200}$ to gr. $\frac{1}{100}$. While employing this remedy the attendant must, of course, closely watch the state of the pupils as a guide to the quantity being ingested. The bromides are frequently effective, but they must be given in massive doses. The potassium bromide may be administered in drachm or drachm and a half doses at bedtime, and diminished upon the first indications of bromism. This salt alkalinizes the urine and blunts the reflex irritability of the spinal cord. At times the other bromides are admirably borne. Some patients, especially the neurasthenic ones, tolerate the mono-bromide of camphor in five or ten-grain doses. I have no experience to confirm the high recommendation by Hecquet of ferric bromide in three and five-grain doses. In anæmic cases this would doubtless be a most eligible form in which to administer the bromide. Antipyrin, cocaine, tincture of hops and dulcamara are all anaphrodisiacs, more or less valuable in neurotic cases. Ergot has been highly lauded in the relaxed condition of the genital organs associated with a continuous discharge. I have not seen the permanent good results, however, that have been claimed for it. Where there is a deficiency in the nervous tone I find the strychnia meets the demand most completely. This powerful spinal cord stimulant should not be considered until all the signs of inflammation and irritability have been removed, and the patient's general physique indicates a return to its former vigour. In

doses of gr. $\frac{1}{60}$ to gr. $\frac{1}{30}$ it then acts most happily in restoring the normal functions of the genital glands. Of course the use of iron, especially the tincture of the chloride, arsenic, cod liver oil and corresponding systemic tonics, will commend themselves in properly selected cases. The patient's general health must be built up in every way so that a strong constitutional background may be afforded for the improvement of the genital functions. Electricity is a valuable agent in this connection, especially when applied in the manner of general faradization and central galvanization with mild currents.

I have never found it necessary to use other local means of treatment than the bougie, hence I will say nothing of the various injections proposed containing nitrate of silver, tannin, hydrastis, etc. Such injections ought always to be used with the greatest caution, as strictures, impotence, and even death have been caused by them when too strong. They are not only troublesome to carry out perfectly, but I believe are less effective than the earnest, persistent use of the sound. I am assured that with patience and perseverance few cases of seminal incontinence can resist the combination of moral, hygienic, instrumental and medicinal measures outlined above. L. HARRISON METTLER, A.M., M.D., Chicago, Ill., in *Medical Record*.

SURGERY.

How to Give a Fomentation Doubtless every physician knows how to apply a fomentation, yet the following suggestions may be of interest to some one (*Jour. Bact.*): A flannel cloth may be folded, wrung out of hot water and applied directly to the skin; nevertheless, it is much better, after wringing out the flannel as dry as desired, to fold it in a dry flannel cloth of one or two thicknesses before applying it to the patient. A little time is required for the heat of the fomentation to penetrate the dry flannel, and thus the skin is allowed an opportunity to acquire tolerance for the heat, and a greater degree of temperature can be borne than if the moist cloth is brought directly in contact with the surface. The outer fold of dry flannel will also serve to keep the cloth warm by preventing evaporation.

A fomentation is sometimes needed when no hot water is at hand. It is not necessary to wait for water to be heated in the usual way. Soak the flannel in cold water, wring as dry as desired, fold in a newspaper, and lay upon the stove or wrap it about the stovepipe. In a few minutes it will be as warm as the patient can bear. The paper keeps the pipe from becoming moistened by the wet flannel, and at the same time prevents the flannel from being soiled by contact with the pipe.

Fomentations thoroughly applied will relieve most of the local pains for which liniments, lotions and poultices are generally applied, and are greatly to be preferred to these remedies, since they are cleaner and aid nature more effectually in restoring the injured parts to a sound condition.—*North American Practitioner*.

Syphilitic Spinal Paralysis.—Oppenheim (*Berl. Klin. Woch.*, August 28th, 1893) refers to the syphilitic spinal paralysis recently described by Erb. The gait is stiff-legged, although there is relatively little muscular rigidity, the tendon reflexes are increased, but the motor loss is not so great as the gait would lead one to expect. Unlike ordinary spastic paralysis, there is almost constant weakness of the bladder, diminished sexual power, and slightly marked sensation troubles. The condition develops in the course of months or years, or sometimes more rapidly. Sometimes there is great variation in the symptoms. Improvement may occur after inunction. The patients mostly do not become paraplegic, as in transverse myelitis, or, if they do, the paralysis improves. Erb thinks it due to a partial horizontal lesion in the dorsal cord. The author says that myelitis plays an important part in the clinical history of spinal syphilis. It has a tendency to improve, to get well, or it may remain stationary. Recent researches in spinal syphilis have shown that the chief form consists in a meningo myelitis, the lesion starting in the membranes. Erb thinks that the disease described by him has nothing to do with meningitis, but the author would look upon it as a relatively favourable form of this meningo-myelitis, more or less localized in the dorsal region. The meningeal affection as well as the changes in the cord, so far as they are syphilitic, may clear up, and only the after-results

remain, namely, the myelitis, and especially, secondary degenerations. Pathological anatomy has demonstrated the lesion limited to the dorsal cord. Thus the author would look upon this syphilitic spinal paralysis as a stage or a special localization in this meningo-myelitis. Only a few cases correspond to Erb's description, for they mostly show more extensive symptoms. The author hardly regards the prognosis as very favourable. The symptoms are not absolutely characteristic, but the fluctuating course of the disease, the effect of treatment, and the existence of (1) present or past cerebral symptoms, (2) meningeal irritation symptoms, (3) manifestations pointing to several foci of disease, or (4) the undeveloped symptom complex of Brown-Sequard's paralysis, are more definite guides to the differential diagnosis.—*Brit. Med. Jour.*

Hæmatoma of the Liver. — This child (about five years old) was brought here two weeks ago with the history that she had been perfectly well until a short time ago. We found a prominence just over the liver, quite circumscribed, like what we see in cases of sanguineous tumours of the head, the so-called cephalhæmatoma of the newly-born. The outlines were quite steep, the size of the tumour being about half that of the hand. There was a sensation of fluctuation which tempted me later to run an aspirating needle into it. There had been no fever, no history of a fall, all the functions seemed normal, the bowels moved, the appetite was fair. The swelling over the liver was but little painful. I inserted an aspirating needle, and what do you think was obtained? "Fluid from a cyst." No. The tumour had developed quite suddenly, without temperature, without much pain. What could you expect? "Blood." Yes, blood, and nothing else. Undoubtedly the hæmorrhage had been beneath the peritoneal covering of the liver, for it appeared to move a little with respiration which it certainly would not do if it were in the subcutaneous tissue. Since that time the child has been kept quiet, and the tumour does not seem to be quite so circumscribed. It might have torn the peritoneal covering of the liver and extravasated along the intestine. But in that event the hæmorrhage would probably have been very copious, and the child would have become very anæmic, exsanguinated. I have seen that happen, particularly in the newly born. Now and then hæmorrhage from the liver is seen, which results in speedy death, usually because simply there is no end to the hæmorrhage. The blood of the newly born does not coagulate so easily, and therefore when in them hæmorrhage takes place, for instance, into the brain, it is very copious, and may be seen on the surface or in the interior, and it may extend down into the spinal canal.

My impression is that in the present case there was a hæmorrhage under the peritoneal covering of the liver, that this caused a local peritonitis just as you have a periostitis when hæmorrhage takes place between the bone and periosteum; this peritonitis gradually extended downward to the point where we now feel a local hardness below where previously the tumour ended abruptly. The peritonitis, causing exudation and thickening, and also adhesions, left a still larger tumour.

But we notice something more in the case—there is an effusion into the abdominal cavity. Why should that be? There are two possible reasons. "Compression of the portal vein." That might be a cause, and I think it probably is the chief cause, and it will cease to act only when the pressure shall be removed. The other cause is the peritonitis itself. If we had to deal with a compression of the portal vein, the absence of enlarged veins around the umbilicus shows that in her case the umbilical vein with its small branches was quite obliterated immediately after birth.

I think we had better let the child alone. She should be kept very quiet. The bowels ought to be kept open—not by purgatives, but by injections. Why not by purgatives? "In order not to excite peristalsis." Yes, for peristalsis might easily rupture the adhesions and newly formed blood-vessels and cause hæmorrhage into the free abdominal cavity and general peritonitis. A few doses of opium during the day would keep her quiet, while a larger dose should be administered at night. As to the absence of pain, we know that a good many cases of peritonitis are unattended with pain, just as some are unattended with fever.—A. JACOBI, M.D., in *Archives of Pediatrics.*

GYNÆCOLOGY.

Hydrastinine in Uterine Hæmorrhage.

Gottschalk, *Brooklyn Medical Journal*, says hydrastinine may be employed.

1. First of all, in those uterine hæmorrhages which are traceable to a pronounced congestion of the uterus. To these belong, above all, the often very profuse menorrhagias of spinsters, in whom there is no pathological change in the condition of the genitals. In some of these cases it is possible to obtain a permanent result, so that even after discontinuing the remedy the menstrual flow remains smaller.

2. Also in hæmorrhages which have their pathological and anatomical cause in endometritis, hydrastinine will lessen the quantity of blood, but here, according to Gottschalk's experience, the action is only palliative, not being sufficient alone to cure the local cause of the trouble.

3. For prophylactic or intermenstrual use, hydrastinine is useful before or during the first returning profuse menstruation after an abrasion of the uterine mucosa. It is well known that this menstruation, usually occurring after six weeks, is often very profuse. In the very cases where there was a great loss of blood before the operation, it is of great importance to prevent further profuse hæmorrhage. This is possible if the treatment with hydrastinine is begun several days before the expected menstruation, and, if necessary, continued during the duration of the menstruation.

4. Menorrhagias caused by retroflexio uteri are best treated by correction of the malposition, but for cases of fixed retroflexion, where the reposition is not yet possible, hydrastinine is a commendable remedy.

5. Secondly, uterine hæmorrhages—*i. e.*, those caused by a change of the adnexa and their surroundings—offer a large field for the successful use of hydrastinine. To these belong the menorrhagia and metrorrhagia with pyosalpinx, oöphoritis, ovarian tumours and exudations. Of course the cause of the trouble is not influenced by the remedy.

6. Climacteric menorrhagias are much diminished by a faithfully carried out hydrastinine treatment.

—*Atlanta Medical and Surgical Journal.*

[OVER.

Personals.

Dr. J. McBride, of Heathcote, is attending the Polyclinic in New York.

Dr. Sylvester has left Galt, and taken up his residence on Bloor Street, Toronto.

Geo. Acheson, M.A., M.B., has removed from Trenton, and taken up practice at Galt.

Dr. E. H. Boulter, ex-M.P.P., of Sterling, Ont., died on January 11th of congestion of the lungs.

Dr. J. Orlando Orr has been elected a Fellow of the Laryngological and Rhinological Association of Great Britian.

Dr. Harrison, of Selkirk, President of the Canadian Medical Association, is on a fair way to recovery from an attack of acute influenza.

Obituary.

DR. ROLPH LESSLIE.

Dr. Rolph Lesslie, son of ex-Postmaster Joseph Lesslie, and brother of Joseph W. Lesslie, M.D., died on the island of Dominica on Dec. 20, 1893.

Rolph Lesslie, M.A., M.D., was a graduate of the University of Toronto, Canada; L.R.C.P. England; fellow of the Royal Geographical Society, London; chevalier of the Order of Leopold, chevalier of the Order of the Congo Star, instituted for the reward of distinguished service in Africa, Order of the Medjidie 4th class, Turco-Servian, Turco-Russian and Zulu war medals, educated at University of Toronto, St. Thomas Hospital, London, Vienna and Berlin; served as Surgeon Major with the Turkish army during the Servian war, and was present at the siege and capture of Alexinatz; accompanied the victorious army on its march from Alexinatz to the Danube across the Balkan mountains.

During the Russo-Turkish war, served with the Red Cross ambulance, attached to Dervish Pasha's army covering Batoum, where he saw some hard fighting, and with his colleague, Surgeon Hope, accompanied the attacking column on one occasion, attending the wounded under heavy rifle fire. For the services they rendered in this battle, they were publicly thanked by Field Marshal Dervish Pasha, and recommended for the Order of the Medjidie, which they afterwards received

[OVER.

After two months' service in the Georgian mountains, and witnessing various unimportant skirmishes, Dr. Lesslie was ordered to Kars, and rode from Trebizond to Erzeroum over the road by which the 10,000 Greeks retreated. At Erzeroum he received orders to return to Constantinople, whence he was again ordered to the front to join the army of the Shipka pass, where he again saw hard fighting and rendered good service. Thence he was sent to join the army for the relief of Plevna, and was present at the battles of the Kamarli pass and Taskeshan, where Baker Pasha, with a small force, kept Gourko's army at bay until the retreat of the Turkish army was secured.

From Taskeshan, he accompanied Suliman's army on its memorable retreat, in the depth of winter, across the Rhodope Balkans to the Ægean Sea, and finding the medical service of the army disorganized, attached himself to the rear guard and attended the wounded under fire during three of the actions in which the rear guard was engaged.

At the close of the war, Dr. Lesslie was appointed medical officer to the Turkish Compassionate Fund (organized by the Baroness Burdett-Coutts), and for three months was in medical charge of 7,000 refugees in the mosques of St. Sophia and Sultan Achmet. He afterwards served with the English army during the Zulu war, but was not present at any of the engagements. He accompanied Clarke's column on its march to Ulundi and return to the coast, and was attached to Major Martyr's party of Dragoons during the first portion of their chase after Cetewayo.

For the next two years he held resident hospital appointments in London and Trinidad, and after a visit to India, China and Australia, went to the Congo with Major-General Sir F. Goldsmid on a special mission for the King of the Belgians. On his return to Europe he was thanked by the King for his services, and was sent out to Africa again with Sir F. de Winton as principal medical officer of the Congo Free State.

After two years' travelling and hard work in the heart of cannibal Africa, varied by occasional fighting with hostile natives on the Upper Congo and its tributary, the Kasai, Dr. Lesslie was again thanked by the King for his services and personally decorated by His Majesty with the Order of

[OVER.

Leopold. A year later he received the Congo Star, an order instituted by the King to reward special service in Africa.

After five months' study in Berlin, and seven months' travel in Italy and Austria in medical charge of Sir R. Burton, the great traveller and orientalist, he went for a tour around the world, visiting India, Siam, China and Japan en route. He afterwards visited Chili, in South America, and made a voyage up the Amazon.

Miscellaneous.

UNDEVELOPED MAMMÆ AND IRREGULAR MENSTRUATION WITH GENERAL DEBILITY.—W. B. Mask, M.D., writes:—"I prescribed Sanmetto to my daughter in teaspoonful doses three times a day, who had been in a debilitated condition for two years. The history of her case is as follows: Age, 17 years; menstruated at the age of 14 years; her general health good up to that time, but two and one-half years ago I noticed a decline in her health. I also learned there was some irregularity in menstruating, and while in this debilitated condition she received quite a nervous shock, owing to the death of her little brother. Since that time I have used various remedies to build her up, but her menstrual flow, as a rule, was scant, and the mammaries had not developed as my other daughters' did. She was troubled with a torpid liver, together with obstinate constipation. She complained of pain in right hypochondriac and left iliac regions. I could not discover any benefit from the use of the first bottle of Sanmetto, but hoping that it might prove beneficial, I continued its use. It affords me much pleasure now to report the result obtained from Sanmetto in the case. Since using the last bottle she has mended wonderfully, indeed, and is to-day in better health than she has been for three or four years; has gained several pounds, ovarian neuralgia almost entirely gone, and mammaries developing nicely."

RECENT CORYZA:

℞ Morph. hydrochlor. ..... 2 gr.
Bism. subnit ..... ʒvi.
Pulv. acacia ..... ʒij.

Sig. Use as snuff.

—*Maryland Med. Jour.*

OVER.

TONIC FOLLOWING LA GRIPPE:

℞ Elixir quinæ ferri et strychniæ.
Syr. hypophos co ..... āā ℥iv.
Liq. pot arsenitis ..... ℥i.
Extr. malt ..... ad ℥xvi.

M. Sig. Quart. drachm ante cibos in aqua.

—A. V. BURNS, M.D., in *Medical Summary*.

ANTISEPTIC VARNISH.—Berlioz (*Jour. de Med. et Chir. Pratiques*) prepares an antiseptic varnish which he terms Steresol, by mixing the following ingredients:

Purified shellac	279	gram.
" benzoin	10	"
Balsam of Tolu	10	"
Crystallized carbolic acid	100	"
Chinese essence of canella	6	"
Saccharine	6	"
Alcohol	to make 1	litre.

This dressing is employed in regions which can not be bandaged in the ordinary fashion.

—*Med. and Surg. Reporter.*

FOR ORDINARY WINTER COUGH:—

℞ Ext. Chekan ..... fl ℥iss.
Ext. Collinsonia ..... fl ℥j.
Syr. Simplicis ..... ad ℥iv.

Sig.: Take a teaspoonful every four to six hours

—Dr. W. A. JOHNSON, in *Therapeutic Gazette*.

DANGERS OF SUBCUTANEOUS INJECTIONS OF PILOCARPIN.—Rémy (*Rec. d'Ophthal.*, October 1893) relates a case of white atrophy of the optic nerves in which pilocarpin had been ordered for subcutaneous injection. The effect of the injection was most alarming to the patient, but treatment was continued, and the number of injections was increased. Finally, shortly after one injection, the patient fell back dead. In another case pilocarpin was given subcutaneously to hasten recovery from a cerebral embolism; after its use the patient was seized with a series of epileptic attacks, which passed off when the drug was discontinued. The author relates other cases which have come to his knowledge of dangerous symptoms following the subcutaneous use of pilocarpin.—*Brit. Med. Jour.*

[OVER.

BRONCHIAL AFFECTIONS:

℞ Phenol salicyl. or cinchonid salicyl. ā 5 gr.
Terpen hydrate ..... 3-5 "
Cocainæ sulphatis..... $\frac{1}{12}$-$\frac{1}{8}$ "

Misce et ft. one capsule.

Sig. One capsule in water every two to four hours.

—DR. S. SOHO-COHEN, in *Maryland Med. Jour.*

NAPOLEON THE FIRST'S MEDICAL ADVISERS.

From a curious work by M. Maze-Sencier, entitled "Les Fournisseurs de Napoléon Ier," we glean a few details concerning the *petit caporal's* physicians, surgeons, chemists, dentists, corn-cutters, etc., who cost him annually the sum of 201,700 francs. His chief physician (Corvisart) received 30,000 francs, *plus* 4,500 francs for office expenses: Hallé, his physician-in-ordinary, received 15 000 francs; Lanfrancque, Guillouneau, Lerminier and Bayse, who took duty in turns at the *Infirmerie Impériale, were each paid 8,000 francs;* four other practitioners, who acted as consulting physicians (Malet, La Pieux, Pinel and Aubry), received each a salary of 3,000 francs; the chief surgeon (Boyer) was paid 15,000 francs, and the surgeon-in-ordinary (Yvan) 12,000 francs. It was Yvan who dressed Napoleon's wound at Ratisbon in the year 1809, and his portrait appears in Gautherot's picture—now at Versailles—of the incident. The four surgeons of the Imperial Infirmary were Horeau, Vareillage, Lacouenère, and Ribes, and the pay attached to their office was 6,000 francs. Napoleon's surgeon at Saint-Cloud, which he frequently inhabited, was Lassoujade, who received 4,500 francs. Each of his consulting surgeons received 3,000 francs; they were Pelletan, Percy, Sabatier, and Dubois. It was Dubois who was in attendance on the Empress, Marie-Louise, in her confinement. The process being long and laborious, he communicated his anxiety on the subject to the Emperor, whose reply was, "Faites comme si vous aviez affaire à

[OVER.

une bourgeoise de la rue Saint-Denis; surtout, Dubois, sauvez la mère." The case did well, and the Emperor, delighted, told Corvisart to ask Dubois what reward he desired for his services. The latter, who was evidently a man of a practical turn of mind, gave the following modest reply: "Dis à l'empereur que je desire beaucoup d'honneurs et beaucoup d'argent." Let us hope that a *douceur* of 100,000 francs and his elevation to the rank of baron satisfied the cravings of the ambitious accoucheur for advancement. Napoleon had also his *chirurgien pédicure*, whose salaries were respectively 6,000 francs and 2,000 francs. Seven *pharmaciens* one being at Saint-Cloud—received an aggregate sum of 23,000 francs per annum. The Emperor professed a disbelief in medicine, and frequent discussions on the subject took place between him and Corvisart, who, true to his courtier instincts, alway allowed himself to be convinced by his Imperial master's arguments. Corvisart, however, had his revenge when he cured him of scabies caught at the siege of Toulon. The playful sarcoptes is evidently no respecter of persons.—*Med. Record.*

NOSE SALVE IN ATROPHIC RHINITIS:

℞ Anise oil ..... *mxx.*
Beechwood creasote ..... *mxx.*
Vaseline ..... ℥i.

Misce et ft. unguentum.

Sig. Place small piece in one nostril; close the other and take a deep inspiration.

JOHN DUNN, M.D., in *N. Y. Medical Jour.*

Dr. Thomas Speers, 183 Queen Street West, wishes to dispose of a full set of obstetrical, surgical and microscopical instruments. These are all in excellent repair, having been kept with the greatest care. Physicians and students requiring any would find it of advantage to themselves to inspect them.

Births, Marriages, Deaths.

DEATH.

LESSLIE. At the island of Dominica, West Indies, on December 20, 1893, of fever, Dr. Rolph Lesslie, in his 42nd year.

[OVER.