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THE

Canadian Medical Review.

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Original Communications.

The Treatment of Tumors of the Bladder.*

BY DR. F. GRASETT, TORONTO.

THE treatment of tumors of the bladder by radical operation is an advance mainly of the last ten or twelve years. Our information as to their removal has been the result mainly of the experience of comparatively few surgeons, whose work lies largely in genito-urinary surgery. My own experience has been very limited and, as far as I know, I think my colleagues in the Toronto General Hospital are in much the same state. Such experience as I have had I bring in as brief a manner as possible before this Association, hoping that some of the members may have been more fortunate, and that they will give their experience of the difficulties they met with and add thereby to the sum total of our knowledge. Everyone concedes that our aim should be, early recognition of the tumor, a diagnosis of its kind, and its prompt and complete removal, if it is suitable for operation.

Early recognition: It is easy to recognize them early. I think that in the early stage of all tumors of the bladder by no symptoms do they

* Read at a meeting of Ontario Medical Association.

indicate their presence, and then when they reach a certain stage, perhaps of considerable size, hæmaturia or vesical irritability show themselves. In this period of latency the cystoscope is found most valuable, but as then the growth is likely so be small and therefore difficult to make out accurately, it is only those who have had some practice in its use that can really gain useful information.

Probably the first symptom is the presence of blood in the urine without pain or vesical irritability of any magnitude, then a period of good health, genital and vesical, with normal urine for a variable time according to the nature of the tumor—one, two and three years in a benign form, perhaps about as many months if epitheliomatous in nature.

In time, obstruction to outflow usually follows, caused either by clots of blood or by the position of the tumor as it enlarges, allowing it to act as a mechanical barrier, especially should it have a pedicle, inducing frequent desire to micturate and pain. Lastly, as time goes on, and especially if instruments are used to explore, by septic introduction or otherwise, cystitis is set up and matters assume a grave aspect. Let me give a couple of examples:

Mrs. W., age 48. Called to see in the country, under care of Dr. Brown. History was that she had been passing blood and had lithiasis for at least nine months—probably more. At first she took it to be an exaggeration or alteration of her menstrual flow; no pain; no other symptom except those consequent on the severe loss of blood. When I saw her in the evening late, she was very pale, became breathless on slight exertion; pulse weak and shaky. I was shown a number of vessels in which the urine of the previous twenty-four hours had been preserved, all of which were heavily charged with blood. I quickly made up my mind if something was not done my patient could not survive such a drain many days. Early next morning, under chloroform I, with Dr. Brown's assistance, opened the anterior vaginal wall; introduced my finger and found a small growth on the lower and back part of the bladder wall in the vicinity of the right ureter. With my finger-nail and forceps I removed it piecemeal, quite level with the surrounding mucous membrane. I put no suture in the bladder wall it closed up. She made an excellent recovery, no rise of temperature, and has, I believe, had no hæmorrhage since. (Microscopic section.) No cystoscope with me. No time for anything but prompt action. Results justified the measures used.

Case 2.—J. J——, aged sixty, farmer, living at Port Perry. Consulted me May 25th, 1895. Had always worked hard. Nine years ago made a journey in a buggy on a rough road in cold weather, and

having a great desire to make water, could not gratify it until the journey was ended. Suffered a great deal of pain, but made water with much relief. Returned home the same day. In the middle of the night suddenly required to make water. Felt no pain, but found on looking at it it was heavily mixed with blood. He repeated the same act and with a lessened quantity of blood, until by nine a.m. it had all ceased. There was no return of this blood for six years and ten months. For three months or more prior to its return patient had been to England and was in unusually good health, had a very similar attack to that mentioned. Three months after it again returned. In November, 1893, passed blood in large quantities for a short time. In March, 1894, doctor said there was blood, urine and pus, since which time he has lost flesh rapidly, and urination is accompanied with pain, both before and after the act.

May 25th, 1894.—Urine one quart in twenty-four hours; color, pale yellow; markedly hazy, acid reaction, albumen copious, pus cells and epithelial cells. Bladder sounded—no stone. Ten oz. urine in bladder, and yet he had voided ℥iv. one hour previously. Prostate enlarged and tender in the middle per rectus.

Advised treatment as for prostate enlargement and catarrh of bladder.

He came back in August and September to see me, with hæmorrhage twice; but in the latter part of September, hæmorrhage being very free he entered the hospital. I did a suprapubic cystotomy and removed a soft growth or portion about altogether as much as a small apple. The hæmorrhage was tremendous and I was obliged to desist before it had been completely removed. Progress for a time good, subsequently a perineal cystotomy.

A Case of Pseudo-Hypertrophic Muscular Paralysis.*

BY J. T. FOTHERINGHAM, M.D.

R. B——, æt. 27, an Englishman, about ten months out, presented himself as an out-patient at the Toronto General Hospital on May 25th, 1895. He is the seventh child of thirteen, two of whom are dead. Father was of very intemperate habits and was drowned at the age of fifty-four, ten years ago. Mother living, in fair health, æt. 58. Has two brothers suffering from the same affection, the eldest, who is much worse than he, aged 40; and a younger brother, aged about 20, but lightly affected in the same way, was permitted to enlist in the artillery, where

*Read at the meeting of the Ontario Medical Association.

he is still serving. His mother says that her father suffered most of his life in the same way, but a further history I cannot obtain.

At about fourteen years of age began to work as delivery-boy for telegrams. At about twenty was a grocer's porter, and since then has been at the fruit business till he became unable to climb stairs or get into a waggon. His case shows plainly the intermission in the progress of the disease which authorities mention, as he was worse till puberty, and then for eight or nine years was able to lead a fairly active life. Body in every respect apparently healthy, except with reference to the nervous system. Disorder is shown here only with reference to the muscles, power of motion being disturbed, but not sensation. The calves of the legs measure each an inch more than the thighs, the muscles in the latter region being somewhat atrophied. The gluteal muscles are apparently small and soft, contrary to the rule, the prominence of the lumbar muscles exaggerated, the curve of the lumbar vertebrae if anything a little too marked. The hypertrophy of the infraspinati and deltoids, atrophy of pectoralis, which are seen in more advanced cases, are wanting here. The mentality is unimpaired. Reaction of degeneration is not seen here, but the patellar tendon reflex is quite abolished on both sides. There is no ankle clonus. The point at which the break occurs in the reflex chain is either in the muscle itself, or at the anterior column of the cord, as will be mentioned again. He cannot rise from a chair without using his arms, and on sitting down so far, drops into the chair suddenly. The attempt to rise from the kneeling position is the characteristic one of "climbing up upon his legs."

Etiology.—Age: Usually early, as in this case; sometimes so early as to cause delay in learning to walk. Sex: Males, as here, about five to one female. Heredity: This case shows the usual transmission from male to male, by mother's side, females escaping.

Prognosis in this case favorable so far as course of disease is concerned. Recovery, of course, need not be sought for. But his age, twenty-seven, and the involvement, even at this late date, of only the lower extremities, indicate that the disease is making only very slow progress.

Treatment is of no avail, though electricity has been praised by some and condemned by others. Massage, oil rubs and hydrotherapy have their advocates; and some have claimed that arsenic will delay the progress of the ailment.

Pathology and classification are yet undetermined. Charcot, Hirt, Osler and others class the disorder in a primary myopathy, and do not believe in a chronic anterior poliomyelitis as its starting point. They call it a true atrophy, differing altogether in cause from progressive

muscular atrophy, and amyotrophic lateral sclerosis, and fibrillar paralysis, not in distribution only, but in not depending on spinal lesion. "The absence of fibrillar muscular twitchings, the distribution, the early onset and long duration, the fact that several members of the family, usually all males, are affected, serve to distinguish the myopathic from the spinal form." Osler gives to a group of diseases, of which this is one, the name Erb gave, primary muscular dystrophy, including under this name two types, (1) that with primary hypertrophy (sic), the pseudohypertrophic muscular paralysis, and (2) that with primary atrophy, of which five or six different types have been described by Erb, Landouzy, Charcot, Leyden and others, the classification being based mainly upon the order of invasion and the distribution of the affected muscles. When apparent hypertrophy exists, as here, it is due to two causes, increase in the amount of interstitial fat, and proliferation of the interstitial connective tissue and sarcolemma, the contractile elements of the muscle being reduced proportionately in amount, made thinner and rarer, frequently appearing fissured lengthwise, till the patient, with the limbs and torso of a Hercules, has not the strength to move about, finally becomes bedridden and dies of exhaustion, or of the development of phthisis, pneumonia, or other intercurrent disease.

Notes on the Medical Services of the British, French, German and American Armies.

BY DEPUTY SURGEON-GENERAL G. S. RYERSON, M.D.

Honorary Associate of the Order of the Hospital of St. John of Jerusalem in England; Honorary Member of the Association of Military Surgeons of the United States.

(CONTINUED FROM THE JULY NUMBER.)

III. THE MEDICAL AND SANITARY SERVICES OF THE FRENCH ARMY.

THE French are a people above all others in Europe who have been almost continuously at war from a very early period in their history until modern and recent times. When not at war with foreign powers their internecine struggles have caused so much bloodshed that necessity of a proper and efficient medical service for the army was felt at an early date, and in consequence they organized this branch when neighboring powers, not so much engaged in war, had not felt the necessity of it. It is due to the French to say that nowhere, unless it

be in the United States of America, does the medical officer hold higher power, or is held in higher estimation, than in France. The people are not tramelled by the customs and thraldom of past times, and are not accustomed to regard a medical man as a person whom convenience compels to be regarded as admissible to decent society. This, to my mind, is the basal cause of the difficulties our English confreres have had and are fighting against. To put it colloquially, "One can't expect a man to be a gentleman who will explore one's rectum for a guinea." In military matters there is a disposition to apply Old World standards to Canadian affairs and medical officers' status, to which I enter my most emphatic protest. To "return to our mutton," in 1591 field hospitals were established, at the siege of Rouen. In 1659 the Hotel des Invalides was founded at Paris to shelter worn-out and disabled soldiers. In 1630 medical officers were first given a distinctive military title. In 1708 a royal edict created a permanent service of medical and surgical inspectors to accompany the army. This corps numbered two hundred officers and remains to this day. In 1718 medical schools for the army and navy medical officers were established, the first in the world. In 1747 a code of sanitary regulations was promulgated, the first of their kind, and sanitary councils were established. In 1761 competitive examinations were inaugurated for appointment as medical officer. In 1780 the *Journal of Military Medicine and Surgery* was established and is in existence still.

The Revolution, the Consulate, and the Empire were periods of ceaseless military activity, and the medical service developed correspondingly. The knowledge, foresight, activity and genius of Percy, Larrey and Desguenettes brought order out of chaos and relief to the sick and suffering of the armies. Larrey perfected the field hospital; Percy the ambulance wagon; Larrey invented the "cacolet" that the wounded might be carried on mules' backs where wheeled transport was unavailable; Desguenettes organized the sanitary service. Great as was the genius of Napoleon, it is doubtful if he would have accomplished as much as he did had he not been aided by these three men by their sanitary organization.

In 1841 the medical officers were given army rank, but without executive authority. In 1846 the medical staff obtained autonomy, but in 1852 this was declared revolutionary. The lessons of the Crimea and the Italian war caused this to be reversed, and by decree of June 18th, 1860, the medical service was freed. The battle of autonomy is being fought in England and will have to be fought here. In the "piping times of peace" we do not feel the yoke, but were we

to be called out on active service for any length of time we would soon resent the gall.

The present strength of the French Medical Corps is 1,400, distributed as follows: Medical Director General, 1; Medical Inspectors, 9; Principal Medical Officers—40 first class, 45 second class; Surgeons Major—296 first class, 456 second class; Assistant Surgeons Major—393 first class, 17 second class; Inspecting Apothecary, 1; Principal and Assistant Apothecaries, first and second classes, 142.

A regiment of infantry has one first-class Surgeon Major and one second class, and one Assistant Surgeon Major. It will be seen that the system is regimental. The sick are treated in regimental hospitals and quarters. There are in France 35 military hospitals divided into classes. Where insufficient accommodation exists civil hospitals are used, and both hospitals and surgeons are paid by the Government by a special appropriation. Under the medical officers in chief are the officers of the administration whose name tells of their duties. Then there are 6,000 hospital orderlies, 77 chaplains, and 292 hospital sisters. The medical service in time of war is divided into the service of the front and the service of the rear. The arrangements for transport of wounded and stores are very complete. The bearers are chiefly regimental and are supplemented by the bearers of the reserve During actions the dressing station is established by the battalion medical officers aided by the regimental medical staff. It is connected with the firing line by the regimental bearers, who are the only persons entrusted with the duty of moving the wounded back from the fighting line. The bandsmen form a relay between the dressing station and the ambulance relays, that is, further to the rear.

(To be continued.)

DEFENCE OF THE DUDE.—We are now prepared to defend the dude. One thing can surely be said of him; he looks clean. Not one little part of him, simply, but the whole individual. His collar is not melted with the heat of many summers; neither are his shoes covered with the sands of time. His linen is not stained with the drippings of a tobacco press; neither are his teeth covered with the green algæ of antiquity. His face is not the sign of a poor barber; neither are his fingers plowed with the deep fissures of the bichloride. The dude is surgically clean. Tubercle bacilli slip from his polished foot-wear; and the Klebs-Loeffler cannot find a nesting-place beneath his nails. He is the latest teacher, and wise are those who profit by his lessons.—*National Medical Review.*

Progress of Medical Science.

THE INFLUENCE OF SYPHILIS ON LOCOMOTOR ATAXIA.—Cardarelli (*Gazz. d. Osped.*, May 18th, 1895) says that possibly a third of the cases of locomotor ataxia may be of syphilitic origin. Ataxia coming on twenty or thirty years after primary syphilis, and not preceded by any decided syphilitic manifestation during this time, is probably not syphilitic. So-called syphilitic ataxia has no definite characteristics of its own, such as belong to cerebral syphilis. Antisyphilitic treatment, as a rule, does more harm than good in tabes, and in any case in which this form of treatment did no good in fifteen to twenty days, the author thinks it useless to persevere with it. On the whole, Cardarelli thinks that the importance of syphilis as a cause of tabes has been greatly exaggerated.—*British Medical Journal.*

EXCISION OF THE VAS DEFERENS FOR PROSTATIC HYPERTROPHY.—Pavone (*Il Policlinico*, June 1st, 1895) has made a series of experiments on dogs with regard to the effects of removing the testes or the vas deferens alone. He finds that bilateral excision of the vas deferens in dogs brings about the same atrophy of the prostate as castration. Drawings of the microscopic appearance of prostates after castration and excision of the vas deferens respectively show that practically the same changes occur after both operations. The author therefore recommends excision of the vas deferens for prostatic hypertrophy in preference to castration, as being a simpler operation, causing less mutilation and less mental shock to the patient, and giving equally good therapeutic results.—*British Medical Journal.*

MODE OF DEATH IN CEREBRAL COMPRESSION.—Mr. Victor Horsley advances the opinion that cases of cerebral tumor, depressed fracture and sudden and violent concussion, especially when applied in the occipital region, die from failure of respiration and not, as is often surmised, from failure of the heart. He says that of all the lower nerve-centres which are necessary to the functions of so-called organic life, the respiratory centre is the most sensitive to mechanical pressure and shocks. In cases of apparent death from intracranial pressure, artificial respiration should be immediately performed, and the skull opened freely at once; in cases of sudden shock, artificial respiration should be directly instituted, and in every case heat should be applied to the head, preferably by irrigation.—*Alienist and Neurologist.*

ZINC SUBGALLATE, AN ANTISEPTIC ASTRINGENT.—Zinc subgallate is described as an odorless, non-hygroscopic, non-toxic, non-irritant, greenish-grey, neutral powder, insoluble in all ordinary solvents, unaffected by light and containing 44 per cent. of zinc oxide and 56 per cent. of gallic acid. This new remedy is used both internally and externally. Internally it has been recommended in doses of ½ to 4 grains (3 to 25 centigrammes) in fermentative disorders of the intestines and in night-sweats. Externally it has been used in eczema, fresh and septic wounds, otorrhœa, gonorrhœa and hæmorrhoids. It is applied pure or diluted with indifferent powders or ointments. As an injection in gonorrhœa it is suspended in water and mucilage, in the proportion of 1 to 16.—*Medical Bulletin.*

SEVERE POST-PARTUM HÆMORRHAGE.—Two cases of severe post-partum hæmorrhage are reported in the New York *Medical Journal*, which illustrate the successful method of saline arterial injections. In each case it was quite evident that death was near, and that nothing but the most heroic measures would restore consciousness. The method employed is briefly as follows: A hypodermic needle is passed into the femoral artery, and held there firmly by an assistant, or fastened there by plasters, etc. A fountain syringe, previously filled with a hot saline solution, is placed above the bed. The end of the rubber tubing is passed over the hypodermic needle, and the syringe or fountain is raised six or seven feet above the level of the bed. When the pulse returned at the wrist the needle was withdrawn. Were it not for this method, the writer says his two patients would certainly have died.—*Med. and Surg. Reporter.*

IN THE TREATMENT OF PLEURAL EFFUSION.—Segalea (*La Medecine Moderne*) has employed with success topical applications of guaiacol in the following formula:

Guaiacol	♏xxxvi.
Glycerine	āā ʒss.
Tincture of iodine	

The applications are made by means of a brush to the entire posterior aspect of the chest, which is then covered with cotton and an impermeable dressing and a bandage. In a case of anasarca, with anuria, in the sequence of scarlatina, in which other measures had failed, applications of the following combination were soon followed by relief:

Guaiacol	♏xvi.
Glycerine	fʒss.

—*Medical News.*

SHOCK IN CASTRATION.—W. Oakley Hermance, M.D., states that severing the cord in excision of the testicle produces any shock to the system has been denied by prominent surgeons. To the literature upon this question I would like to add an account of a recent observation made while administering ether to a patient undergoing an operation for double castration in the clinic of Professor Steinbach in the Polyclinic Hospital. The left cord was first clamped, then severed; at the placing of the clamp nothing was noticed, but at the moment the cord was cut the radial pulse, which up to that time had been regular, stopped, missed two beats and then proceeded as before. A little later the cord upon the right side was clamped and a well-marked convulsive movement of the right arm and side was noticed. At the moment the right cord was severed the radial pulse stopped, missed five beats, fluttered for a few seconds and then became regular as before.—*Polyclinic.*

URÆMIC PERICARDITIS.—Dissy (*Rif. Med.*, May 1st, 1895) reports the case of a man, aged 68, who died of uræmia. At the necropsy there was found a slight increase in the pericardial fluid, which was opaque from contained cells and small fibrinous floccules. Both layers of the pericardium had lost their smooth glistening appearance and presented small reddish points covered here and there with a layer of fibrinous material. The heart was hypertrophied, especially the left ventricle. No valvular lesion but the aorta and coronary arteries were atheromatous. Small white granular kidney with signs of extensive arterio-sclerosis. Bacteriological examination of the pericardial fluid was negative. No micro-organism was found by any of the various methods employed. Banti calls these non-bacterial cases of pericarditis uræmic; he has collected five other similar cases, and supposes that they arise from the effect of some one of the poisons circulating in the blood in the uræmic condition.—*Brit. Med. Jour.*

CAUSES OF STERILITY.—Bell (*International Medical Magazine*). The more extensive my experience, the firmer becomes my conviction that endometritis is the one great cause of sterility, and not only of sterility but of flexions and oophoritis also. This being the case, the treatment of these affections is not difficult to conduct, and leads to a happy termination of the disease. To carry this out successfully, it is necessary to insist that during the process the sexual organs should be kept quiescent. Recovery will be very much accentuated if the treatment be inaugurated by curretting the endometrium before the weekly

or bi-weekly applications of iodized phenol to the canal are commenced, which should be supplemented by the introduction of a tampon saturated in the glycerin of alum and boracic acid solution. If this treatment be carried out thoroughly, I have no hesitation in predicting that the time occupied in procuring a satisfactory result will be very materially diminished.—*Brooklyn Med. Jour.*

SALOPHEN.—P. Marie (*Soc. Med. des Hop.*, May 31st) has studied the therapeutic action of salophen in a variety of cases—rheumatism (acute and subacute), saturnine gout, chorea, orchitis or mumps, and phthisis. In several of these cases salicylate of soda had either not been well tolerated, or had seemed to have little or no effect. He concludes that salophen has all the therapeutic virtues of the salicylate in acute and subacute rheumatism and in gout without its drawbacks. In the phthisical cases a single dose was followed by a fall of temperature. In all the cases salophen seemed to have a marked influence in restoring the digestive functions. In cases of chronic rheumatism it did no good. As regards dosage, the author looks upon 3 to 4 grammes (45 to 60 grains) as an average daily dose; 5 and 6 grammes (75 and 90 grains) should be given only exceptionally, and Marie is not satisfied that these large doses are more effectual than smaller ones. The 4 grammes (60 grains) should be given in six doses, either in cachets or simply suspended in water.—*British Medical Journal.*

TYPHOID ANTITOXIN.—Peiper and Beumer (*Weiner klin. Rundschau*, May 12th, 1895), at the Congress for Internal Medicine, at Munich, referred to their earlier experiments, which showed that the toxin of typhoid cultivations is contained chiefly in the bacilli themselves, for after passing a cultivation through a Chamberland filter the filtrate was less virulent than before. The bacilli are killed, without damage to the virulence of the cultivation, by warming for an hour at 55 to 60° C. Their recent experiments show that by repeatedly injecting small quantities of virulent cultivations into sheep, antitoxic substances are formed in the organism which prevent the poisonous action from showing itself. The action of this antitoxic serum depends on its power of destroying, not the bacteria but the poison. By injecting previously or at the same time antitoxic serum, mice and guinea-pigs were protected with certainty against double or treble the fatal dose of a virulent cultivation, and even if injected with the antitoxin one to four hours after the fatal dose was given, they could be cured.—*Brit. Med. Jour.*

THE ACTIVE TREATMENT OF SHOCK should be directed to the stimulation of the heart, until reaction shall occur. Hypodermic injections of the one-twentieth of a grain of strychnia, repeated at short intervals, are perhaps the most efficacious remedy. In addition, hypodermic injections of digitalin, sulphate of atrophia, nitroglycerine, and citrate of caffeine should be administered as required. Morphine is dangerous and should not be given, as it has been the cause of death in not a few instances. The pain in these cases can be more quickly and safely relieved by the induction of anæsthesia. As soon as the stomach is retentive, peptones, peptonized milk and beef extracts should be given in small quantities and at frequent intervals. In cases where shock is prolonged for several days, the only hope of the patient should be in a careful attention to diet, and the intelligent use of stimulants.—*Dr. G. King in International Journal of Surgery.*

FIBROID TUMOR AND CONCEPTION.—Hofmeier (*Zeitschr. f. Geburts. u. Gynak*) denies that fibroid disease of the uterus has any direct influence in causing sterility. Subserous myomata do not predispose very strongly to sterility, as proven by statistics, while polypi and cervical myomata have little influence in that direction. These tumors seldom appear till late in sexual life, so that if the patient is barren, or a multipara, the causes of her sterility or fecundity must have influenced her long before the development of her tumor. He claims that the alleged frequency of this disease in elderly virgins is based on a fallacy. It is the local affection which drives most readily a spinster to the gynæcologist, while middle-aged married women trouble less about small and slowly growing abdominal tumors. Women with fibroids, who marry late in sexual life, are fairly fertile. Fibroids, he says, do not strongly predispose to abortion, nor do the tumors greatly interfere with the uterine contractions during labor. The best time for hysterectomy is a few weeks or months after delivery.—*Philadelphia Polyclinic.*

CLEANSE THE PRIMÆ VIÆ.—We again take occasion to urge the necessity of emptying the alimentary canal before attempting to check diarrhœa, by the use of opiates and astringents. Within the last few weeks we have seen several cases in adults and children in which the attempted locking up of irritating and decomposing material in the intestines has only done harm, as it can readily be seen on reflection must be the case. The bowels, unless paralyzed, continue to move frequently but ineffectively, and toxines are absorbed. With children there may be convulsions. Calomel or castor oil and spiced sirup of

rhubarb should be given to secure efficient purgation, or the intestine should be irrigated with warm saline solution. After this we have found benzonaphthol the most efficient antiseptic. It may be given in doses of from 1 to 5 grains to children, and from 5 to 15 grains to adults, every second hour, or less frequently as necessary. When desired, bismuth salicylate may be added as an auxiliary astringent, and if an opiate is additionally needed, Dover's powder may be employed. Diet, of course, must be properly regulated.—*Philadelphia Polyclinic.*

RESULTS FROM ALEXANDER'S OPERATION.—Kummer (*Centralbl. f. Gynak.*) publishes statistics of fourteen cases in which he operated, recording no results where the after-history is less than a year long. Four of the operations were for prolapse, and ten for retroflexion. In all the four cases of prolapse plastic operations on the vagina were also undertaken, so that whether the result was due to the shortening of the round ligaments or to colporrhaphy could not be decided. In one case the prolapse, notwithstanding the combined operations, recurred; in three, observed respectively three years, one year and a half, and one year, cure was complete. Of the ten retroflexion cases, in five complete cure followed Alexander's operation; three seem cured, but are excluded as the after-history was under a year, whilst in two the displacement recurred. In both these failures there were adhesions affecting the mobility of the uterus, it seemed so easy to draw the organ forward that Alexander's operation was preferred to hysteropexy. The latter is always safest when any adhesion exists. In the five completely cured cases, as well as in the three recently performed, all the uncomfortable symptoms, so prominent in many cases of retroflexion, disappeared; the uterus remained in its normal condition of anteflexion. One patient had been married for three years, but had never conceived. After the operation she became pregnant, and was delivered at term. The uterus remained anteflexed after involution. Kummer modifies some of the details of Alexander's operation according to circumstances.—*Medical and Surgical Reporter.*

A TYPOGRAPHICAL ERROR.—In the report of Dr. Campbell's case of Phlegmasia Dolens, line 16, page 25, of the July number, the word "hyperinotic" and not "hypnotic" should appear.

DR. J. MCBRIDE has removed from Heathcote to Cataraqui.

Editorials.

A New Method of Cure of Insanity.

At a recent meeting of the Society of Physicians of Vienna, Prof. Wegner von Jauregg, in charge of the department of mental diseases in the General Hospital, announced that observing the remarkable improvement in the mental state of the insane while suffering or convalescing from acute diseases, especially those attended by high temperatures, he had produced acute disease artificially by way of experiment. He had injected a limited number of lunatics with Koch's lymph, and had observed that there had been a marked improvement in their mental state, which, however, declined as the temperature lowered. Sufficient data were obtained to warrant experimentation on a larger scale. Dr. Albert stated that he had seen marked improvement in patients in which transfusion of blood had been performed, attended by febrile reaction. The whole subject is one of the greatest interest, and the results will be watched for by all interested in mental diseases.

The Medical Service and the Victoria Cross.

The awarding of that much coveted distinction, the Victoria Cross, to Surgeon-Captain Whitchurch, adds another to the long list of names of medical officers who have deservedly received honor at the hands of the Sovereign. Captain Whitchurch, during the late siege of Chitral, went out under a heavy fire and brought in a brother officer who had been wounded in a sortie, and who would undoubtedly have been cut to pieces by the savage enemy had he not been rescued. It is remarkable that of the 162 Victoria crosses now held by living men, sixteen, or twelve per cent., were won by medical officers of the army or navy. No other branch of the service can show anything like this proportion. It is all the more remarkable when we remember that the list includes many non-commissioned officers and men, which fact largely increases the percentage in favor of medical men. There are only ninety-one officers of other branches against sixteen medical officers; in other words, one-seventh of all crosses for distinguished valor awarded to commissioned officers are won by medical officers. And yet there are to be found men who would disparage the service and who persistently fight against executive powers being given to medical officers. The engineers or artillery are no more scientific, and in the matter of the winning of the Cross, they are simply not in it with the army and navy medical staff.

Bicycling for Women.

In the majority of instances women are rendered more healthy by the judicious use of the wheel as a means of gaining fresh air and exercise. There is much to be desired in the way of a suitable saddle. With the saddles at present in use, if the handle bars are low, pressure of the front part of the saddle may come where it will produce irritation, local excitement or pain in the parts pressed upon. This may be avoided by riding in the erect posture with the handles high, but a broader seat without the front projection as found in the saddle of to-day would over-come a great deal of the difficulty. From the reports of a large number of American physicians we note that there are very few uterine or ovarian disorders which are aggravated by a moderate use of the popular "cycle."

We would be pleased to have short reports of any cases in which cycling has proved injurious.

The Case of Dr. Fred. C. Stevenson.

It has happened before, and history is sure to repeat itself, that medical men in the discharge of their professional duties will meet with most uncalled for criticism and violent attacks. Suits for malpractice have been taken against medical men on the most unjust grounds. We have had instances where doctors have been put to great expense and prolonged effort in defending themselves against a charge that had no other foundation to rest upon than malice.

Every medical man knows that cases will arise where, in his judgment, it becomes necessary to perform an important or major operation. These operations are undertaken with the motive of relieving the patient of suffering on the one hand, and of prolonging life on the other. One of the most important of all the operations that any physician may be called upon to perform is that of the induction of premature labor. It is no longer necessary to contest the ground that this operation is thoroughly justifiable under certain conditions. This ground has been fought and won from credulity and ignorance long ago. This operation is a very serious one because it means in most cases the destruction of the fœtus. This, however, has been recognized as a perfectly proper thing to do when there is no other course open to the attending physician to save the life of the pregnant woman.

This operation Dr. Stevenson thought it his duty to perform. He

called in another physician, who concurred in this view. The husband of the pregnant woman was informed of the condition of the patient and the nature of the operation. There was, in all this, none of the secret movements of parties who were guided by wrong motives. The patient died. Busy rumor had it circulated that the woman had been operated upon criminally. This led the Crown very properly to take action in the matter. The body was exhumed. The *post mortem* revealed a condition of severe disease of the kidneys. Dr. Stevenson and his colleague, Dr. Foxton, both testified to the serious illness of the patient, and the condition of uncontrollable vomiting. The verdict of the jury was that Dr. Stevenson was entirely free from blame of any kind.

The finding of the jury was undoubtedly correct. We congratulate Dr. Stevenson on the result of the inquest, as it is of much interest to the whole medical profession. Dr. Foxton deserves a word of praise, for he did not desert his professional brother at the moment when his responsibility in endorsing the operation was called into question. Once the rumor got afoot, we are of the opinion that it was a good thing for both doctors and friends that the Crown took the course it did.

The American Electro-Therapeutic Association.

In view of the ever-increasing interest in whatever pertains to the employment of electricity in the treatment of disease, it is a matter for congratulation that Toronto is to welcome the American Electro-Therapeutic Association. The fifth annual meeting is to be held in the Council Chamber of the College of Physicians and Surgeons of Ontario, corner of Richmond and Bay streets, on Tuesday, Wednesday and Thursday, Sept. 3rd, 4th and 5th. The date was selected to suit the convenience of those who desired to attend also the meeting of the Canadian Medical Association in Kingston the preceding week, and arrangements have been made accordingly with the G.T.R. and C.P.R. whereby the privilege of stopping over at Kingston will be allowed. A first-class, full rate one way ticket to Toronto must be purchased and a standard certificate to that effect be procured from the ticket agent at starting point at time of purchasing ticket, and this must be signed by the secretary of the Association in order to secure reduced rates on returning. Holders of such are entitled to stop off at Kingston. This applies more particularly to those residing east of Kingston, but information as to tickets from other localities may be obtained from the Chairman of the Committee of Arrangements, Dr. Charles

R. Dickson, 159 Bloor St. East, Toronto. These priviieges apply to all who attend, whether members or not.

A most cordial invitation is extended to practitioners. All sessions are open to members of the profession, and the indications for a successful meeting are most encouraging.

A feature will be an exhibit of modern electrical appliances, which will prove most interesting.

The medical profession of Toronto will tender a reception to the visitors and other entertainments are being provided for.

The Association has enjoyed the hospitality of Philadelphia, New York and Chicago, but judging from the hearty reception of the Chairman's plans by the profession generally, the Queen City" will uphold her reputation.

Canadian Medical Association, Provisional Programme.

THE first session will begin at 9.30 a.m., on August 28th. The President's address will be delivered by Dr. Bayard, at 2.30 p.m., on the first day (Wednesday).

The address in medicine will be given by Dr. E. Farrell, Halifax.

The address in surgery, by Dr. I. H. Cameron, Toronto.

The skin clinic, in which Drs. J. E. Graham, Toronto, F. J. Shepherd, Montreal, and J. Duncan Buckley, New York, will take part, is leading feature of the programme.

The following papers have been promised :—

"Operative Treatment in Clubfoot," by Dr. B. E. McKenzie, Toronto. "What is the Best Treatment for Retroversion of the Uterus?" by Dr. A. Lapthorn Smith, Montreal. "A Tumor of the Medulla Oblongata," by Dr. J. E. Graham, Toronto. "Report of a Case of Acromegaly," by Dr. F. Buller, Montreal. "Notes on Typhoid Fever in Private Practice," by Dr. A. S. Muir, Truro, N.S. "Objective Noises in the Head," by Dr. G. Sterling Ryerson, Toronto. "Some Practical Notes on Mental Depression," by Dr. J. V. Anglin, Montreal. "The Operative Treatment of Injuries of the Head," by Dr. A. J. McCosh, New York. "Final Results of Gastro-Enterostomy," by Dr. Robt. C. Kirkpatrick, Montreal. "Dysmenorrhœa—Report of a Case," by Dr. J. Campbell, Seaforth. "The Importance of Early Treatment in Cutaneous Cancer," by Dr. L. Duncan Buckley, New York. "The Anomalies of Albuminuria," by Dr. John R. Hamilton, Port Dover. "Double Orchidectomy in Enlarged Prostate," by Dr. E. E. King, Toronto. "Experimental Cachexia, Strumipriva," by Dr. Wesley Mills, Montreal. "Notes on Some of the

Newer Remedies used in Skin Diseases," by Dr. L. Duncan Buckley, New York. "Acute Uræmia, followed by Gangrenous Abscess of the Lung," by Dr. A. McPhedran, Toronto. "Report of a Case of Spina Bifida," by Dr. John L. Bray, Chatham. "Thyroid Feeding in Cases of Stupor," by Dr. C. K. Clarke, Kingston. "Syphilitic Manifestations in the Eye," by Dr. Alfred J. Horsey, Ottawa. "The Ophthalmometer," by Dr. R. A. Reeve, Toronto. "Notes in a Case of Brain Tumor, with an Account of its Removal," by Dr. I Webster, Kingston.

Papers have also been promised by Drs. T. G. Roddick, James Bell and F. J. Shepherd, Montreal; J. J. McKenzie, Toronto; S. L. Currie, Cambridge, Mass.; W. W. White, St. John.

An excursion on the palace steamer *America*, through the "Thousand Islands," will be given to members of the Association.

The President, Dr. Bayard, has worked energetically for the success of this meeting, and the profession of Kingston are putting forth every effort, that the arrangements may be perfect and the meeting pleasurable as well as profitable.

THE total number of students in the Medical Faculty of the University of Sydney during 1894 was 119.

WE would direct the attention of the members of the Executive of the Medical Council to a letter which appears in this issue dealing with the "fitters of glasses without charge." If there is a violation of the Medical Act, decisive steps should be taken at once to bring the culprits to justice.

IN REGARD TO CHLOROFORM ADMINISTRATION, Sir B. W. Richardson says the vapor should be properly diluted, and that pushing the vapor so as to get a rapid anæsthesia is as dangerous a plan as could possibly be devised. He considers the excessive mortality following administration due to what must be considered a practice rough, ready and venturesome.

MEDICAL PHONOGRAPHERS.—A society of Medical Phonographers was established a little over a year ago in England, Dr. Gowers being its most prominent moving spirit. Its membership now numbers over one hundred and fifty, and is open to all medicos of the shorthand ilk. The fee is five shillings per annum, which may be sent to Dr. James Neil, Warneford Asylum, Oxford. The society prints a journal, *Phonographic Record of Clinical Teaching and Medical Science.*

REMOVAL OF INTUBATION TUBES.—Dr. Dillon Brown showed, on May 27th, 1895, at the meeting of the American Pediatric Society, at Hot Springs, Va., an invention of his own for the removal of intubation tubes. It is simple and works easily even in the hand of one who is not a specialist. It consists of a hook on a ring which fits the index finger. The tube is provided with a wire handle or bail on which the hook catches, when by raising the finger the tube is removed. The device is so simple that it seems likely to be of universal service.

INTESTINAL DISEASES OF CHILDREN.—In a paper on "Gastro-Intestinal Diseases of Children," in the *Medical Record*, Dr. Phenix emphasizes the necessity of refraining from administering starchy or saccharine foods to young children. Regulation of the hygiene and diet should be strenuously enforced. The mother's milk should always, if possible, be given. If observance of the above rules is not sufficient in ordinary infantile diarrhœa, he suggests remedies to combat fermentation and putrefaction—hydrochloric acid with pepsin, sulphite of soda and small doses of calomel.

RHUS TOXICODENDRON.—Poison ivy, found on this continent in many places, from Canada to Georgia, all parts of the plant, especially the leaves, when brought in contact with the human skin, produce in most persons a redness, itching, swelling and vesication, erysipelatoid in character. Amongst the numerous remedies which have been employed for the relief of the distressing symptoms, the most efficient are: Lotio plumbi and spts. æth. nitrosi, equal parts, applied locally; Lotio plumbi lactatis. Pulv. ipecac, one drachm to the pint of water; Fresh leaves from the bean bruised; internally, salines and diuretics.

HOW LONG SHALL THE PUERPERANT MAINTAIN THE RECUMBENT POSITION?—Dr. T. R. Barker (*New York Medical Journal*, July 6th), in a short article gives his reasons for differing somewhat from the teachings that generally prevail that the puerperant should keep the recumbent position for at least eight or ten days. He strongly advocates proper physical and mental rest, but thinks that if the patient is doing well she need not keep the recumbent position rigidly after the fourth day. When this liberty is accorded her she will not be so restless, and the bed is not so irksome. Sleep at night will be better, and the bowels and bladder act more freely. The lochia escapes more freely, which is a great boon to the patient. With regard to getting out of bed he differs again from the usual custom. He advises primiparæ to remain in bed three weeks, and multiparæ, two weeks.

ANTITOXIN.—European reports of the use of antitoxin are favorable to the new remedy. In the provincial reports from Croatia and Slavonia, appearing in the *Wiener Klin. Woch.*, it is stated that in the rural districts in all 255 cases of diphtheria were treated with the antitoxic serum; 181 of which were serious, 74 moderately serious. If these 226 recovered, that is a mortality of 11.4 per cent. In the towns of 173 cases (101 serious, and 73 less so) 156 recovered, giving a mortality of only 9.7 per cent., or 1.7 per cent. less than in the country. The difference is to be explained by the country cases coming, as a rule, later under treatment.

SOME POINTS IN NERVOUS DISEASES.—Dr. Philip Coombs Knoff in his able address as President of the Neurological Society, directs attention to some points of much importance. He contends the term functional must be banished, by showing the pathology of the so-called functional diseases. Some order must be brought out of the chaos now labelled neurasthenia. It is too much to hope than we can remove sclerosed tissue. Our hope must lie in prevention. Many diseases of the nervous system are due to infection. Along this line lies the hope of the future. Much can be done for those who have unstable nervous systems and brains. The world cannot be altered to suit them; but they can be regulated, so as to guard them against what is likely to specially injure their defective nervous organization. Then steps should be taken to guard the public against the fanatical influences of the neurotic in the fields of sociology, politics, morals, religion, art and literature. The diminution of infectious diseases, more rational standards of living, and greater security for life tend to lessen the amount of nervous diseases. There is much that is distinctly preventable.

MODE OF DILATING THE CERVIX UTERI.—Dr. James Braithwaite (*Brit. Med. Jour.*, June 29th) contends that when Hegar's, Duncan's or Galabin's dilators are employed, as they usually are, the cervix is stretched rather than dilated, and that there is often a good deal of laceration. When the dilation is performed in the intermenstrual period the tissue is very rigid, especially the internal os. There is great difficulty in getting the dilator to pass into the uterine cavity. The writer has overcome this difficulty by making the dilation just when the menstrual flow ceases. At this period the cervix is soft and elastic; and Hegar's dilators, from one to seventeen, can be readily introduced. This admits the index finger. In this way there

is no laceration, nor forcing of the tissues, and almost no risk of septic or inflammatory troubles. For the therapeutic purposes this dilation is much better than when performed in the interval. In the case of sterile women over forty it is almost impossible to dilate in the internal os unless the above method be adopted; but on the last day of the flow it is easily performed. Stress was laid upon the above-mentioned point in a paper read by Dr. Albert A. Macdonald, and published in the April number of the CANADIAN MEDICAL REVIEW, page 123. It is worth remembering.

A NEW METHOD OF ANCHORING THE KIDNEY.—Dr. Reed reports a method in the *Therapeutic Gazette* which is simple and almost bloodless. A perpendicular abdominal incision is made over the middle of the kidney; as a rule it is two and a half to three inches long. The kidney being exposed, is brought into place, two long thin needles, threaded one on either end of a piece of aseptic silk or silk worm gut, are used. The first needle is inserted through the upper and inner part of the cortical substance of the kidney directly through the muscles of the back, coming out between the eleventh and twelfth ribs. The second needle on the other end of the ligature is also passed through in a similar manner, about an inch from its fellow, through the upper and outer cortical substance of the kidney. The ends of this ligature are tied on the integument. Another suture may be inserted through the outer margin of the kidney, the first needle being placed an inch below the last needle of the first suture; the second needle of the second suture being placed an inch below its fellow, passes also through the outer portion of the cortical substance of the kidney and is tied on the integument. Care should be taken not to draw the sutures too tightly, but only enough to hold the kidney in place and set up a little irritation. The abdomen is closed in the ordinary way. Adhesions form in from one to two weeks, when the sutures may be withdrawn. Results so far are satisfactory.—*A. A. M.*

WESTMARK'S OPERATION FOR UTERINE PROLAPSE.—This consists in first amputating the cervix if it is too large. If cystocele exists, an elliptical piece of the vaginal wall extending from the anterior lip of the *portio vaginalis* to within one centimetre of the urethral opening, is dissected up, and the wound closed by deep and superficial sutures. The uterus is drawn to the right side and an incision is made from the anterior part of the cervix down the side of the vagina to within three centimetres of the vaginal opening; parallel to this and from one to

one and a half centimetres behind it another similar incision is made which meets the former one at an acute angle below. The intervening piece of vaginal wall is dissected up so that the subjacent connective tissue lies exposed. The bleeding stopped, the sutures are applied but not tied until after a similar denudation has been effected upon the other side, when the uterus is pushed up and the sutures tied. The perinæum is repaired by the method of Tait. The novelty of this method is that the colporrhaphy is lateral, and greater strength is claimed for it on that account.. Dr. O. Holst reports (*Lancet*, June 15th, 1895) twenty-two cases of perfect and permanent success where other methods had failed. Such extensive plastic work would not be well tolerated by old women, though the young and vigorous might be benefited to a great extent.—*A. A. M.*

ARTIFICIAL INFANT FEEDING.—Dr. A. Seibert (*New York Polyclinic*, July 15th) lays great stress upon the following points: (1) Infants should be fed according to their weight, and not their age. He has devised a set of glass nursing bottles, six in number, to suit different infant weights. He claims that this method of apportioning the child-s food has been very satisfactory in several hospitals, and in a number of medical men's own homes. (2) The next point of importance is to see that the milk is free from pathological germs. The best authorities now hold that cholera infantum, gastro-enteritis, or summer complaint are due to bacterial milk infection, and not to catching cold. Spoons, cups, sponges, nipples, sugar, milk, water and linen cloths for washing the mouth should be all perfectly clean and sterile. Sopo viridis and warm water are the best agents for cleansing the nursing bottles. Nipples must be sterilized before each use by placing them in steam for a short time. (3) The pasteurizing of milk has been much resorted to for some years. There is an opinion held by many that milk so prepared is not so nourishing, and that the heating up to 212° F. made it doubtful food. When an infant does not thrive on pasteurized milk the fault is not with the pasteurizing, but with the milk itself, and this ought to be changed. Filtering the milk, or sugar water used for diluting it through a thin layer of sterilized absorbent cotton wool will practically answer every purpose in the household preparation of infant food. Water from wells, ponds, rivers, etc., can be drank with impunity by filtering through absorbent cotton placed in a tin funnel. (4) All milk, water or other food that is suspected can be rendered harmless by bringing it once to the boiling point. The notion that raw milk is healthy and better as a nutriment than milk that has been boiled is absurd, contrary to modern hygienic knowledge, and must be eradicated from the public mind.

THE EFFECTS OF INHALATIONS OF COAL-TAR CREASOTE.—Dr. Arnold Chaplin (*British Medical Journal*, June 22nd) states that he visited the creasote and timber works of Messrs. Bent, Boulton and Haywood. He noticed that when the coal-tar creasote was heated, dense fumes were given off, and that those employed in these fumes were remarkably free from pulmonary diseases; and that some who had cough had become cured. The fumes were tried upon several patients at the London Hospital for chest diseases. The method of administration was to select a close room about seven feet square, and in the centre place a spirit lamp, over which the coal-tar creasote was heated in a shallow dish. The patient is placed in the fumes for half an hour at first, but can remain longer after a few days. The nostrils may be filled with a little cotton wool, and the eyes and hair protected. The fumes greatly stimulate the cough and increase the expectoration. In this way the tubes are emptied. Afterwards the secretion of phlegm is lessened and the cough lessened as well. The fœtid condition of the expectoration is relieved. Marked benefit has resulted from the treatment in cases of chronic bronchitis and bronchiactosis.

DETECTION OF SUGAR IN THE URINE.—Dr. A. R. Elliott (*N. Y. Med. Jour.*, July 27th) gives the following formulæ devised by himself for the testing of sugar in the urine:

Solution 1.—

Cupric sulphate	gr. xxvii.
Glycerine (pure)	℥iii.
Distilled water	℥iiss.
Liq. potassæ	ad ℥iv.

Dissolve the cupric sulphate in the glycerine and water and gently heat. When cold add the liquor potassæ.

Solution 2.—A saturated solution of chemically pure tartaric acid.

These solutions are quite stable and keep indefinitely.

Into a test tube pour a drachm of the cupric oxide solution. Boil gently over a spirit lamp. Then add two or three drops of the tartaric acid solution and boil again. The urine is now added slowly drop by drop until eight drops are added. If no reaction takes place by this time, there is no sugar. The reaction is a yellowish, or reddish, or greenish-grey deposit of suboxide, which is marked and unmistakable. In a few minutes the reaction deepens.

Personals.

DR. BROWN, Trinity '95, has opened an office on Queen street east.

Dr. KERR, of Dovercourt, has removed to Cayuga, where he has commenced practice.

Dr. WYATT JOHNSTON has been appointed Lecturer in Medico-Legal Pathology in McGill University.

DR. BIRKETT has been appointed Professor of Laryngology in McGill University, in succession to Dr. Major who has left Montreal.

DR. CHAS. TAYLOR has commenced practice on Spadina Avenue, in the office vacated by Dr. Chas. Temple, who has moved down the Avenue.

DR. JOHN FERGUSON (M.A., '80), having been requested by a large number of graduates in Arts to present himself as a candidate for the Senate of Toronto. University, has decided to contest the honor in the Arts Department.

SIMCOE MEDICAL ASSOCIATION.—The following officers were elected at the thirteenth regular meeting held in Barrie: President, Dr. McCarthy, of Barrie; 1st Vice President, Dr. A. R. Harvie, Orillia; 2nd Vice-President, Dr. Little, Churchill; 3rd Vice-President, Dr. W. Lehmann, Elmvale; 4th Vice-President, Dr. J. W. S. McCullough, Alliston; Treasurer, Dr. E. D. Morton, Barrie; Secretary, Dr. Raikes, Midland.

Book Notices.

The Care of the Baby. A Manual for Mothers and Nurses. Containing practical directions for the management of infancy and childhood in health and disease. By J. P. CROZER GRIFFITH, M.D., Clinical Professor of Diseases of Children in the University of Pennsylvania, etc. Philadelphia: W. B. Saunders, 925 Walnut St. 1895.

This is an excellent little book, and will well repay careful study. It covers the ground of the care of the baby in health and sickness. The advice contained in the book goes beyond what is suggested by the title. It is a manual that would prove useful in the hands of many physicians, especially those who have graduated recently and have not had much experience with children and their troubles. The book is well printed and bound. It certainly merits a large circulation.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

"Specialism Run Mad."

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—Reading your articles in late issues of the REVIEW from "Ophthalmologist" on the above subject, I desire not only to endorse what has been said, but to emphasize it.

As the practice of "fitting glasses without charge" has become a common "bait" for the unwary, we cannot but recognize it as a fraud upon a credulous public, an evil of no small magnitude, an infringement upon the rights of the profession and a violation of the Medical Act.

I have personal knowledge of cases where they have professed to "fit glasses without charge," but charged $15 for a pair of specs worth not more than $5. This fraud becomes more apparent when we find the adjustment is incorrect and unscientific, seriously injuring the patient and destroying their confidence even in honest practice.

The errors of refraction, accompanied, as they so often are, with ciliary spasm, loss of muscular equilibrium, and eye-strain, have engaged the attention of the ablest and most scientific minds in the profession.

The labors in the studios of such men as Donders and Helmholtz and others have produced and developed this special knowledge of ophthalmic surgery for the relief of their suffering patients. Following their example, some of the best of our ophthalmic work is in this line, such as correcting faulty vision, relieving those distressed with headaches, loss of memory and power of attention, irritability, hypochondria, epilepsy, and many forms of neurasthenia.

These are the critical and troublesome cases with which we have daily to deal, and these are they who fall, innocent victims, into the hands of these fakirs—men with little knowledge and less principle, professing to do the legitimate work of the ophthalmic surgeon.

The rights of the profession are here infringed upon, the patients in many cases seriously injured, in most cases defrauded, in all cases treated for a surgical ailment by incompetent, unskilled, and unlicensed hands.

It is as important and legitimate a part of the ophthalmic surgeon's work as the operation for cataract, equally scientific and requires as much research and skill.

Should not the Medical Council correct this evil?

L. L. PALMER.

40 College Street.

False Medical Lights.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—Recently a fellow-practitioner, whom we will style Dr. A, overlooked statement of claim for $20 for ten visits and use of catheter at each visit made by Dr. B, of a neighboring village, with the result that Dr. B's claims were reduced to $5. Dr. A, in thus reducing the fees of Dr. B, was solely prompted so to do to please the whims of B's patient. I mention this instance to illustrate the fact that the greatest enemies we have are those of our own profession, that is, where a uniform system or tariff of fees is under consideration. But when we consider that Dr. A is but an illustration of one of a class of M.D.'s of which nearly every village and small town is the unfortunate possessor, and that he has several occupations, from the meanest of which he draws an income greater than from the practice. We can readily understand how slowly and unsympathetically his pulse responds to the interests of his fellow-practitioner whose existence depends alone on his practice; whose best energies are in his profession; whose skill and value to his community as a physician are only equalled by the glory he gives to the medical profession in all of its best interests. That such as Dr. A, or those who to increase their number of shekels resort to other occupations foreign to the practice, should be allowed to practice when so much depends on the mind's clearest efforts, enriched by experience and constant study, is certainly in opposition to the best interests of patients, to medical progress, and hurtful to the profession, inasmuch as such men are always opposed to big fees, or even moderate fees. Yes, such men are actually dangerous, misdirecting in their counsels, and should be classed with those M.D.'s who dishonor their exalted titles by the recommendation of a patent medicine, or classed with the lowest of mortals—the doctors of divinity who allow their names to appear as endorsers of such worthless compounds whose names disgrace our public prints.

We have provincial inspectors for various professions or callings and our Council, and it would appear as if it would be in the interests of the people that said Council should make inquiries in regard to the licentiates in this Province, that is, ascertain how many are actually living by and devoting their best energies to the practice. While writing this I hear that a fellow-practitioner in a neighboring village lost in one week two cases as the result of puerperal septicæmia. When we reflect that the said M.D. is engaged in farm work, has an

interest in a cheese factory, is fattening hogs, in fact is engaged in several such vocations, and that his office, his clothes and medical chest are dirty, we know full well that his late two patients did not die *secundem artem*—they were sacrifices. *Quis inter nos dubitas?*

JUNIUS.

July 11th, 1895.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—From the proceedings in the new Medical Council, it appears that the allies of the old Council have again introduced the old tyranny, which has so long disturbed the harmony of the profession. Anybody can see that the Defence men were met at the opening of the Council in a bitter spirit of preconcerted hostility.

The allies of the old Council, we venture to say, did not meet to work in the best interests of the profession. They met as the Indian meets at the "sun dance," with war-paint and tomahawk, ready for the fray. In looking over the proceedings of the new Council, no one can fail to see that the Defence men had the brains and the debating power, as well as equity on their side; their opponents had simply brute force—the voting power—which they used without stint to accomplish their purpose.

The *Ontario Medical Journal* is out once more on its usual mission of calumniation and slander against the Defence Association. The editorial in the June number of that journal speaks for itself. And here, I think, one might venture to assert that every decent man in the profession will regret the descent in that editorial to gross personalities, and the necessity to reply to such coarse and untimely defamation of character. Bad indeed and hopeless must be the cause that has to be sustained by retailing vile garbage from the charnel house of the heartless gossip-monger, and by vilifying the character of men who, in honor, in learning and in social position, occupy a well-deserved eminence in the medical profession.

It will be remembered that previous to the election last fall, when it seemed probable that the Defence men might be in the majority, the versatile editor hastened to make his peace with the new Council. And with that laudable object in view, his tone was moderate, conciliatory, and almost gentlemanly. But as soon as the danger was past the mask fell off, the black flag was hoisted, and once more the editor repaired to the charnel house for his favorite weapons. No matter how impartially that assault upon private character may be viewed, we think it is hardly too severe to say that many a man who could lay

claim to a chequered career, and to many aliases, would be ashamed to be its author. But there is another view of this matter which deserves consideration. The *Ontario Medical Journal* poses as the organ of an honorable profession, and surely the profession has a right to ask that the *Journal* should be disinfected, and in future be kept uncontaminated by gross personalities which, if uttered in good company, or in any decent man's parlor, would secure for the author a summary exit at the front gate. It is a most disagreeable task to be obliged to refer to this matter. We would greatly prefer to see the amenities of civilized life strictly observed. And we think it is due to the medical profession that those members of the Council who gave the editor his appointment, should advise and, if need be, constrain him to lift the *Journal* from the slums of calumny. By adopting this course, they would avoid the suspicion of being accomplices, and would thereby make the *Journal* clean, so that the profession would not, at least, be ashamed of it.

J. BINGHAM.

Peterboro', July 19th, 1895.

To the Editor CANADIAN MEDICAL REVIEW.

DEAR SIR,—The Council has just finished its long session, and it is about time to inquire what is gained by the opposition arraigned to the old members by the "new blood," so we propose to discuss briefly what they have done and what they have not done.

The Legislature, in its latest change of the bill, increased the number of territorial representatives. It would have been more beneficial to have reduced the number one-half, and much less expensive. But how about the ornamental members of the Council, who have but a fictitious status, such as the representatives of Victoria College Medical School and Toronto Medical School? These two bodies have ceased to exist, therefore representation should also cease. Where were our belligerent Defence men that they did not thresh out this question in Council? Sir James Grant had the good sense not to appear for his paper college this year. It would have been in as good taste and more legal if the so-called representatives of defunct teaching institutions had remained at home.

The annual tax. This question should be handled without gloves. The statute allows the imposition of not less than one nor more than two dollars. If men object to paying two dollars for all the advantages of protection which they certainly receive, there should be some

means to force them to pay their dues, and arrears should, in justice to those who have paid and do pay every year, be collected by law.

Since the above was penned, we received an invitation from the registrar to pay up, or be drawn upon at thirty days. This looks hopeful.

The matriculation examination must needs be tinkered with, and the reason assigned for so doing is that the profession is too full.

For many years the matriculation examination has been an object of attack. Each new Council thinks its first duty lies in assailing the preliminaries, and many of the members contend that nothing short of arts graduation will satisfy the requirements of medical matriculation. What are the schools educating men for? Are they looking forward to turning out professional prigs as the aim of their existence, or do they lose sight of what should be their main object in a new country, to give the people a supply of qualified practitioners to attend to the wants of the community?

The old matriculation examination was quite good enough and rigid enough. If the ranks are too crowded, stiffen the professional barriers and raise the fees, if necessary, but for goodness' sake leave the matriculation standard in peace. . . . . .

We, of the outside, thought the long session was intended to copy the Ottawa House. If so, we hope the general practitioners throughout Ontario like the cost of it. . . . . .

The building is not yet sold, and a "snap" is denied to some one of the capitalists waiting for an opportunity. Of all the half-mad things to enter into the mind of a Defence man, this caps the climax.

We do not for a moment defend the extravagance of the old Council, but the sale of the building at this particular juncture would not help matters. The Council should remember that it did not come into existence yesterday, and it will not die to-morrow. The possession of its building is its most promising asset.

We cannot fail to observe the healthy advent of new blood into the Council. If Messrs. McLaughlin, Sangster & Co. keep in line and adhere to the policy of questioning everything that has a suspicious look about it, they will do good service, and form an able though numerically small opposition. ALIQUIS.

July 25th.

JAGGLES—The man was lying in the street where he had tried to kill himself. I began to question him and it seemed to make him angry. Waggles—No wonder. When a man has gone to the trouble to poison himself he doesn't like to be pumped.—*Judge.*

Obituary.

Dr. John McConnell.

DR. JOHN MCCONNELL, of this city, died suddenly, August 1st, of pulmonary apoplexy, in London, England, while attending the Supreme Court of the Independent Order of Foresters.

Dr. McConnell was born at Markham in 1844. He was educated at the Richmond Hill grammar school, and graduated in medicine at Toronto University. He began practice at Thornhill, where he remained for thirteen years. Selling out at the expiration of that time, he came to Toronto, and established his office at the corner of Brock avenue and Dundas street. There he remained for eight years, and then removed to 625 Dundas street, where he had been located for the last seven years. The late Dr. McConnell was married to Miss Elizabeth Powell, of Eglinton, and leaves a widow and a grown-up family of one son and three daughters. The son is in his final year in medicine.

Miscellaneous.

No up-to-date physician will allow one of his good-paying patients to die from the effects of an old-fashioned disease.

MR. H. P. TEMPLE has established himself at 52 Adelaide street west, where electro-medical apparatus of all kinds can be procured.

THE Employers' Liability Assurance Corporation issue a special accident assurance policy covering physicians and surgeons against blood-poisoning. Mr. Woodland, of 23 Toronto street, chief agent for Ontario, will furnish full particulars on application.

A SERVICEABLE RULE.—Dr. Goodell never passes a sound into the uterus without first demanding a full history of menstruations. Attention to this rule will often prevent your tendering the designing patient a cheap abortion. Even with a clear history, he repeats the rule of the elder Dr. Goodell: "Cervix hard as the tip of your nose, no pregnancy exists; cervix soft as your lips, pregnancy almost certain to exist."—*Medical World.*

CYCLING IN PARIS.—A Paris correspondent of the *Medical Record* writes that there are over one hundred thousand cyclists in that city. and that nearly all the leading physicians ride, next come the lawyers, then the deputies, officers and even the Institute; the family physician prescribes the exercise as the most health-giving ever devised.

GIVE THE PATIENT A CANDID OPINION.—A lay correspondent in a late number of the *Brit. Med. Jour.* wrote a letter taking medical men to task who do not give a truthful opinion in stating their prognoses. In an editorial comment in a subsequent issue, the same journal wisely says: "When a person having already some forebodings of evil asks the physician to tell him the truth, it is the custom of all experienced medical men to tell the truth gently but clearly, tempering the communication with such allusions to any aspects of doubt and the fallibility of human prediction as may alleviate the hardness of the sentence."

BISMARCK'S HEAD.—The head of this "Old Man of Iron" seems still to be, as it has long been, a puzzle to scientists, to civilians, to crowned heads and to the French nation in particular. Herr Ammon has measured him, from a bust taken by Professor Schafer, and measuring over his hair, of which he has a respectable remnant, pronounces him "long headed." On the other hand Virchow measuring the skull below his hair, pronounces him "mesocephalus." Kaiser William in his life-time, and later, William his successor, and in fact, most of the crowned heads of Europe have had occasions to measure the *inside* of his head a good many times, and they all agree in pronouncing him Bismarck.—*North American Practitioner.*

DISPENSING.—Dispensing by country practitioners has always been a matter of necessity rather than that of convenience. For a similar reason it has been the custom for physicians in small towns to lay claim to the proprietorship of the local drug store. The personal handling of drugs and medicines has thus proved a valuable, as well as useful, educator for those who have spent the whole of their professional lives practising in the country or small towns. The physical knowledge of the tools they have worked with could not possibly have been obtained in any other way. Often the creation of a little laboratory with these tools in hand has proved a stimulus to make the best and most practical physicians.—*The West Virginian Journal of Medicine and Surgery*

TER DIE.—It is not always good to be too curious, especially if you happen to be a hospital patient. One such was greatly concerned about what the physician wrote on the card which hung at the top of his bed. While the nurse was not watching he took down the card, and immediately set up a great hullabaloo, groaning and sobbing in a dreadful manner. The nurse came to him asking what was the matter. "Oh dear, oh dear!" was the response, "I've got to die?" "What is it? Do you feel worse?" asked the nurse, in tender tones. "Not particularly, mum, but I've got to die. The doctor has wrote it on my ticket." The poor fellow had so interpreted "ter die," and it was difficult to calm his fears.—*North American Medical Review.*

THE BICYCLE AND MEDICAL PRACTICE.—The use of the bicycle has expanded and developed from a salutary athletic exercise into a great social obsession. It has seized upon every class of society, both sexes, all ages, and every condition of life. It is taken up by the well because it makes them feel better, by the invalid because it makes them feel well, by tired people because it rests them, and by the rested because it makes them feel tired. The fat ride to get thin and the thin to get fat. It has displaced the horse, and in women has, in a measure, replaced the uterus. It has made the simple and ancient custom of walking most unpopular; it has cut down the function of the steam-car, and competes successfully with the suburban trolley. The doctors have taken it up and expressed their approval of it, and we are far from saying a word in opposition. The bicycle has come to stay, though not with quite the omnipresent activity which it now enjoys. Already we notice grave and reverend seigniors in our profession riding along the cobble-stones in their golf suits instead of lying comfortably back in their victorias. Time that used to be spent in serious scientific pursuits at the hospital, in the laboratory, and at the desk is now shortened in order to enjoy a ride up the Boulevard. The bicycle has cut down the scientific activity of the New York profession at least 50 per cent. already.—*The Post-Graduate.*

WHERE'S THE "TUPPENCE."—Dr. B. Jones (Leigh) writes: "Many years ago a certain man went from Jerusalem to Jericho, and happened with disasters that are, I hope, well known to all of us, and certain religious professors who found him half dead on the road passed by on the other side. But one good Samaritan took him to an inn and paid the charges of the landlord for looking after him—in advance. Nowadays the priest and the Levite would have run, if convenient, to the nearest doctor and requested him to be the Good Samaritan, and would

probably vilify him, either publicly or privately, or both, if he did not at once drive off to the accident, whatever other claims he might have upon him at the time. The greater the profession of benevolence the greater the horror at the request of the doctor for that 'tuppence.' I doubt not that most members of our profession, indeed all, do their neighborly duty as well and as frequently as any other member of the community. The rub comes in where we are expected to act vicariously for anyone who chooses to call upon us for this purpose. To such we may very well say, 'Where is your twopence?' I make it a rule never to pay any attention to casual messages or urgency calls unless to my own patients, or when given by someone who is prepared to pay my fee. If we would only assert ourselves a little more, and let people understand that we must be paid for our services the same as any other profession, the less difficulty there would be in obtaining our rights. We have done so much gratuitously in the past that people forget we have our bills, rent, rates and taxes to meet the same as others. In cases of emergency, calls by police or anyone else, a good working policy is to ask, 'Where is the tuppence?' "—*British Medical Journal.*

PRESENCE OF MIND.—If we were asked what single quality more than any other conduces to success in medical practice, we should be disposed to say presence of mind. The doctor must be master of himself, not only "though china fall," but though he discovers that he has been studying the pathological changes in a glass-eye, or feeling his own pulse, like the intoxicated physician of the legend. Swift, in his *Diary to Stella,* speaks of the frequency with which people "reason wrongly at first thinking." Medical men are no more exempt from this infirmity than the rest of mankind; but the carefully cultivated presence of mind, which is the first law of professional self-preservation, generally makes them more successful in concealing it. The young practitioner often gives himself away by offering the first muddy stirrings of his thought as an opinion instead of waiting for it to settle. Everyone remembers the young doctor in one of Wendell Holmes' books, who tells his first patient that he has discovered various complicated murmurs in his heart, which turn out to be caused by the buzzing of a fly in the stethoscope. An older hand might have heard the "murmurs"—perhaps with his ear at the wrong end of the stethoscope—but he certainly would not so artlessly have taken the patient into his confidence. We have known a "colored person" diagnosed offhand to be suffering from Addison's disease; and a dark spot, which subsequently proved to be amenable to simple treatment by soap and water, pronounced "at first thinking" to be a melanotic sarcoma. Absurd mistakes are often due to nervousness rather than precipitancy.

Students attending their first midwifery case sometimes go astray in making the necessary examination. Shyness has made a young practitioner mistake an indiarubber bag for an ovarian cyst. Perhaps the most appalling misadventure of this kind befell the physician of the Emperor Rudolph the Second, who, in trying to feel his illustrious patient's pulse under the bedclothes, grasped a different part of the Imperial anatomy, and was informed of his mistake by His Majesty in the following dignified words: *Erras, amice, hoc est nostrum imperiale membrum.* How the doctor got out of his embarrassing position is not recorded, but presence of mind will often save an apparently hopeless situation. If a student who finds himself exploring the rectum instead of the vagina will calmly rebuke the patient for not paying more attention to the condition of her bowels he will change an imminent defeat into a victory. Coolness will extricate a man from almost any difficulty.—*Brit. Med. Jour.*

SIMULATION OF DEATH BY FAKIRS IN INDIA.—"Herr Kuhn not long ago presented a communication on this subject to the Anthropological Society of Munich," says *The British Medical Journal*, May 4. "He had the opportunity of personally observing two cases, as to the genuineness of which he had no doubt whatever. One of the fakirs referred to had been buried alive for six weeks, the other for ten days. The condition which the fakir has the power of producing artificially is in all respects identical with the cataleptic trance. The fakirs, who are all hysterical subjects of a very pronounced type, put themselves through a regular course of training before the performance, weakening themselves by semi-starvation, taking internally various vegetable substances known only to them, keeping their bodies motionless in the same position for several hours at a time, etc. The details of this preparation are given in the *Hathayoga Pradîpikâ Strâtmârâmas*, which has been translated by Walter. When the fakir has by these means got himself into the proper condition, he has only to lie down in one of the positions enjoined by the sacred books, and fix his eyes on the end of his nose, to fall into a state of trance. The fakirs are also believed to use hashish for the purpose of lessening the force of respiration; that hypnotic agent associated with other vegetable substances and used in a special manner is believed by them to supply the want both of air and nourishment. At the beginning of the trance the fakir has hallucinations, hearing heavenly voices, seeing visions, etc. Gradually, however, consciousness becomes annulled, the body becomes rigid, and, as the fakirs themselves say, 'the spirit rejoins the soul of the world.' In short, the condition is one of auto-hypnosis in hysterical subjects specially prepared for the experiment."