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THE  
Canadian Medical Review.

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EDITORIAL STAFF:

W. H. B. AIKINS, M.D.,  
*Physician to Toronto General Hospital.*

A. B. ATHERTON, M.D.,  
*Surgeon to General Hospital, Fredericton, N.B.*      J. H. BURNS, M.D.,  
*Surgeon to St. John's Hospital for Women*

J. FERGUSON, M.D.,  
*Physician to Western Dispensary.*

ALBERT A. MACDONALD, M.D.,  
*Gynaecologist to Toronto General Hospital.*      G. STERLING RYERSON, M.D.,  
*Oculist and Aurist to Toronto General Hospital.*

ALLEN BAINES, M.D.,  
*Physician to Hospital for Sick Children.*

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Original Communications.

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**Occipito-Posterior Positions.\***

BY ALBERT A. MACDONALD, M.D., TORONTO.

ON this side of the Atlantic so much has been written on this subject during the past few years, and so many different opinions have been expressed, that I have been impelled to add my experience and testimony as to the efficacy of a plan of treatment which, though by no means new, has not been carried out with sufficient accuracy in many of the recorded cases.

At the very outset there is a decided variance of opinion as to the frequency of the cases—some writers bringing statistics to their aid in the endeavor to show that the position is rare, whilst again others seem to prove the reverse. I believe there is a want of closeness of observation in at least some instances, for it seems that due credit is not given to nature for the cases in which turning takes place during descent of the head so that what started as an occipito-posterior position ends as an occipito-anterior. However this may be, the

\* Read before the Ontario Medical Association, at Windsor, June 5th, 1896.

position under consideration occurs with sufficient frequency to keep us always on our guard, and is of importance enough to warrant us in putting forth all our energies in its treatment.

With regard to the gravity of these cases, though in Sir James Y. Simpson's work, in 1856, he said: "Occipito-posterior positions seem on the whole to require somewhat greater time than occipito-anterior positions; the difference, however, is so inconsiderable as not to invalidate in even the slightest degree what I have already stated regarding the perfect safety and facility with which unaided nature is capable of finishing the labor in this common class of cases," there are many of the present day who think differently. It may be that our patients are not so strong, or so tolerant of pain, or it may be that as we become more familiar with the refinements of our art we are less able to wait calmly, and see our patients suffer, when we know that relief can be quickly and safely given.

In an article in the March, 1895, number of the *Buffalo Medical and Surgical Journal*, Penrose is quoted as saying: "If I were to be asked what one obstetric difficulty in my experience had caused most maternal and foetal deaths, what one had caused most maternal and foetal accidents, not necessarily fatal—accidents, however, making the rest of life worthless, or still worse than worthless, a tragedy—I think I would say occipito-posterior positions, where the occiput had rotated into the hollow of the sacrum, and which had been improperly treated." Strong words are these, and yet he is not alone in his opinion. Only quite recently (September, 1895)\* a case was reported by Dr. A. F. Currier where both mother and child died from this position, though this case indicates very well the mode of treatment as taught and practised by many men of the present day—namely, to endeavor to rectify the malposition by manual interference; this failing, apply the forceps and pull hard and long. Neither in the report itself nor in the discussion of it which is found in the Transactions of the New York Obstetrical Society, is there one word about anæsthetics. At this distance, though I am free to admit that it is more easy for us to criticise the acts of others than to be always right ourselves, still I feel that at least some mention should have been made of anæsthesia as a helping agent in these cases, as well as in many others of malposition or difficulty in delivery.

Herman, in his recent work on "Difficult Labor," divides occipito-posterior positions into easy and difficult ones. The former he terms bregmato-cotyloid, and in them the head is well flexed, so that the

\* *American Journal of Obstetrics and Diseases of Women and Children*, page 423-

bregma, or anterior fontanelle, lies opposite the acetabulum—"the occiput comes down, meets the resistance of the pelvic floor, and by this resistance is pushed forward, so that it turns opposite the sacro-iliac synchondrosis under the pubic arch. The abnormal position with the occiput behind is changed into a normal one with the occiput in front. When this rotation has taken place the labor ends just as if the occiput had been in front from the beginning, and no special assistance is called for. Fortunately the majority of cases of vertex presentation with the occiput behind end in this way."

In the other group of cases the head is not well flexed, and then, instead of the anterior fontanelle being opposite the acetabulum, the frontal eminence is opposed to it. These cases are called fronto-cotyloid.

It is not within the scope of this paper to take up the causes of imperfect flexion of the head in these cases. I may merely mention that the chief causes are the relations of the axis of the uterus and of the pelvic brim, and that the greatest transverse diameter of the head is behind the centre—that is to say, the bi-parietal diameter is behind the oblique diameter of the brim in a part where there is less room for it than would be the case in an occipito-anterior position. So if the child's head is of fair size it does not come down so readily, flexion is retarded, or even extension may be favored, and labor is rendered difficult.

There are other causes, such as a very large or very small head, excessive liquor amnii, or deformity of the pelvis, but those above mentioned are the most common in normal-shaped pelvises—and also they are the ones that we should fully understand in order the more readily to apply successfully the earliest and best means of giving relief.

Now, with regard to treatment of these cases. Let us first make an accurate diagnosis; and here permit me to say that I find it impossible in some cases to make an accurate diagnosis by the fingers alone, or even by the fingers on the head of the child aided by palpation with the other hand outside. I know that some obstetricians claim that diagnosis in these cases is easy, but for my part I prefer to be sure, and if there is any obscurity I give chloroform, and after having the parturient canal thoroughly cleared, the aseptic hand is anointed and passed gently into the vagina and even into the uterus if necessary, when not only the exact position is noted, but also the condition of the cervix and other parts of the parturient canal. If then the occiput is found towards the back, the malposition can be rectified by grasping the head and turning it toward the front, converting the position

into O.L.A. or O.R.A. as the case may be. The body of the child may be rotated also if necessary, but this may not be required in every case as the amount of rotation of the head is not great. This all sounds very easy, and indeed it is often as easy as it seems if due judgment is used as to the time of interference. If the malposition is suspected, and if the membranes are left intact until we are ready, the moment the patient is completely under the anæsthetic the hand is inserted, the membranes ruptured, the hand pushed on at once before the liquor amnii has had time to flow away, and the head may be grasped and turned. There are cases where the parts are dilated and the waters have escaped. Perhaps our assistance has not been sought until the head has become jammed into the pelvis by fierce pains or by ineffectual efforts at extraction with forceps in the hands of unskilled attendants, for we are forced to admit that such exist though fortunately they are rare. Even where such unfavorable conditions exist, if we take off all pressure from above by the full use of chloroform—which, of all anæsthetics, I prefer in obstetric cases—the head, and in fact the whole body, of the child may be pushed forward and rotated into a favorable position, and held there whilst the forceps are applied by pushing a blade along the palmar side of the hand—then the forceps are correctly applied and locked without undue haste or delay. By way of illustration, I may be allowed to quote from my note book short accounts of my O.L.P. cases in private practice since January 1st, 1896.

February 19th, 1896. Mrs. H——, aged 27; normal pelvis; second pregnancy. Had a considerable amount of mitral stenosis, and during the period of gestation her suffering from palpitation, cough, shortness of breath and congestion of the lungs gave her great distress and caused much anxiety to her medical attendant. I need say little of this case. The chloroform was administered by Doctor Allen Baines. It acted like a charm, steadying the heart's action and giving fulness and strength to the pulse. The presentation was occiput to the left posterior, with full flexion. As soon as anæsthesia was complete the difficulty was over and the head could be turned in any direction.

February 20th, 1896 Mrs. O——; multipara; healthy. Some years ago she had a ruptured perineum and rectocele, which I repaired, and the repair stood the test of this labor. I saw her during the early part of the night of the 19th, but at the time could not be sure of the presentation. Labor was tedious. At 8 a.m., the os being dilated, I found an O.L.P. presentation. I again called upon Doctor A. Baines to verify the position and to give the chloroform. Under

complete anæsthesia I passed my hand into the uterus, pushed the head above the brim, gave it a quarter turn into the O.L.A. position, producing flexion at the same time and passing the shoulder with one hand outside and one within, so that the shoulders would correspond to the new position of the head. Forceps being applied, delivery was easy and rapid. Puerperium normal.

Mrs. T——; multipara; aged 33; pelvis narrow in front. Had always had difficult labors, but anterior presentations of the occiput until this time. Labor pains commenced April 24th, and lasted off and on until the 27th, when I found the os dilated, membranes ruptured, presentation O. L. P. above the brim and with no tendency to engage. Called Dr. J. Lesslie, who gave chloroform and also examined to verify my diagnosis of the presentation. Under complete anæsthesia I pushed the head up clear of the brim, turned it occiput to the left front, flexed the head, and rotated the body of the child on its axis so as to correspond to the new position of the head. Without withdrawing the hand I passed the forceps along its palmar surface, in this way being sure that the head did not rotate back to its old position. Delivery was easy and rapid. Recovery uneventful.

May 12th, 1896. Mrs. O——; primipara; attended by Dr. J. Russell, who had been with her about twelve or fourteen hours. On being called I found the os dilated, membranes intact—presentation bregmato cotyloid. In this case it is possible that the head might have turned itself if the woman could have borne the pains long enough; but as the parturient canal was large enough, and the strength of the patient was nearly exhausted, I advised immediate delivery. On complete anæsthesia being produced, I ruptured the membranes, pushing the hand at once up, giving a quarter turn to the head, and producing flexion. The body of the child did not rotate completely. When pulling with the forceps I found that the head would not come down readily; it had rotated back to its faulty position. I removed the forceps, introduced the hand, turned the head again to the O. L. A. position, made sure that the body followed completely to the new position, reapplied the forceps, and delivered without any undue force. This case illustrates very well the facility of delivery in the O. L. A. position and the difficulty of the O. L. P.

The cases above cited are enough to illustrate the method of manipulation which I consider to be the best. And again, whilst thanking you for listening to my remarks, I remind you that nothing new is claimed. You will find everything I have said in the various recent journals, and indeed very much of it in some of the old and discarded obstetrical works. The chief point which I wish to bring

clearly forward is that where everything is aseptic there is no danger in introducing the hand and in pushing up and turning the head of the child to a new position and rotating the body of the child upon its axis—provided that complete relaxation has been produced by anæsthesia.

By early diagnosis and by treating our cases on this plan with care and intelligence, not only will much time and suffering be saved, but occipito-posterior positions in labor will be robbed of much of their terror.—*Medical Age*.

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## Mammary Carcinoma.\*

BY DR. A. B. WELFORD, WOODSTOCK.

It is always a great privilege, and equally a pleasure, to be permitted to take part in the proceedings of a medical association like this. We younger men do not object to be set up as a target for the unerring aim of the more skilled marksmen; and we take this consolation out of the situation, that the hotter and better directed are the shots, so in proportion do we benefit by the indelible effects upon our memories, to be stored away and brought forth in time of need, when calm shall have once more reigned, after our return to our quiet country villas.

In preparing a paper on such an important subject as Mammary Carcinoma, I recognize the gravity of the situation—my own weakness to do anything like justice to it, and an honest desire to understand more thoroughly how to handle our cohorts against such a persistent and insinuating enemy. I hope that the discussion on the admirable paper we have just heard will be full and general, so that as much new light as possible may be thrown upon this subject.

The mortality, as compiled from the Registrars' reports of Middlesex, St. Bartholomews, University College and St. Thomas' Hospitals in pre-antiseptic amputation of mammæ, was 17 per cent.—nearly as high as major amputations of the limbs—being reduced to 6 per cent., and by one operator to 2.5 per cent. during the antiseptic period. Referring to these progressively favorable results, Billroth says, "I should not be surprised if an experienced operator were to succeed in doing one hundred consecutive extirpations with but a single death." The mortality, where the entire gland and axillary contents are removed, is 10.8 per cent., compared with 6.3 per cent. when the diseased breast is alone removed.

\*Read at meeting of Ontario Medical Association.

Mr. Watson Cheyne says that, allowing for accidents, intercurrent diseases, etc., he does not think that the mortality in complete removal should be more than from 2 to 4 per cent. The highest per cent. of cures—calling those cases cured in which there has been no recurrence up to three years after operation, is twenty to twenty-five. This is the result of American statistics, collected by Dr. Wm. T. Bull, of New York. The same author says, "That in comparison with this per cent. of cures may be placed in striking contrast with the fact that in his ten cases, where the operation had only been partial, all died of recurrence at an average period of thirty-four and a half months."

The above facts show us at a glance that there is a great disproportion in the reduction of the mortalities between operative procedure and that resulting from recurrence of the disease. In the former, the reduced mortality is easily accounted for through antisepticism, asepticism, and greater perfection in the surgical art. But what is the cause of the high mortality from recurrences? Is it because the disease is so insidious in its nature? That it is so hard to recognize early? Is it because we delay too long in advising removal, even after diagnosis has been established? Do we not too often leave it to the will of our patients to decide, who cannot understand the dangers as well as professional men? Or, is it due to a faulty operation? Perhaps it is a combination of these. When we consider that nearly 90 per cent. of all mammary tumors are carcinomatous, the benefit of the doubt should be given to the procedure of early removal.

If the theory of Jonathan Hutchinson be accepted, that cancer is not due to any special material introduced from without, but that it is simply a modification of the tissues which occurs in chronic inflammatory action; then may it not reasonably be possible that in tissues which are in a favorable condition of degeneracy, the ordinary process of healing and its necessary irritation should be productive of the same state of affairs as that for which the operation was performed? May this not be a cause of recurrence in the wound scar, as well as a piece of gland or affected tissue that had been overlooked in removal?

It is true that in former days, when the growth was near the axillary border, and it was not the custom to remove the axillary glands or the entire breast gland, that the greater number of recurrences were in the axillary glands, and not in the breast tissue; but in those cases where the disease was situated towards the sternal margin of the gland the recurrences were generally in the residuary breast gland,



and subsequently in the axilla. This is what we would naturally expect, if we consider the manner of the circulation in the lymphatics, which is from the sternal to the axillary part, from the deeper gland lymphatics to the subcutaneous area surrounding the nipple, and then outward to join the other axillary ones, and also outward through the subglandular lymph canals in the pectoral fasciæ. This fact is a strong argument why all breast tissue, pectoral fasciæ (muscles, if necessary) and axillary contents should be removed freely. In the present age of asepticism and clean surgeons, are we making a desirable progress in our attempt to get primary union in breast amputations? Is there not too great a tendency towards cosmetic effects and too much conservatism in removing skin and other structures which are diseased?

There can be no doubt that where recurrences have taken place they have appeared at a much earlier date after primary union than where healing has been done by open wound granulation. I have never had a better result in any of my cases than my first breast amputation, which was a large ulcerating scirrhus of the left breast. The skin was brawny and adherent, the tumor was also adherent to the muscles beneath, and extended to the extreme sternal end of the gland; the axillary glands were as large as walnuts, and the case was apparently a very unfavorable one. The entire gland was removed along with the two pectoral muscles and superficial layer of the external intercostals, the fasciæ covering the serratus magnus, the axillary glands and fat, and the whole surface of the skin, excepting the anterior axillary fold, leaving a large gaping wound more than eight inches in the vertical diameter. No attempt was made to unite the edges, excepting by adhesive strips. The wound took thirteen weeks to heal, assisted by skin grafts. The patient, when last seen two weeks ago, was in good health, being sixteen years since the operation, and capable of doing all the work that devolves upon her as a farmer's wife. A conservative could not stand up against a liberal in this case.

When we consider the anatomical distribution of the mammary lymphatics, being sub-areolar and sub-glandular, and also the direction in which the lymph flows, we can well afford, in the interests of our patients, to sacrifice a large area of skin, the entire gland, which is much more extensive than is generally believed, the pectoral fascia, that also covering the serratus magnus, the axillary glands, with their bed of fat and the fascia and fat lying between the pectoral muscles.

A very reliable and simple means is suggested by Mr. Stiles, of Edinburgh, for testing, during the removal of a carcinomatous breast,

whether you have entirely removed all gland and diseased tissue. Thoroughly wash away all the blood from the removed parts, immerse in a 5 per cent. solution of nitric acid for five minutes, and then wash in clean water for five minutes. If there be any gland tissue or epithelial masses at the cut surfaces, they will appear as dull white patches or spots, whereas the fat becomes quite yellow in comparison, and the connective tissue a semi-transparent, waxy appearance. By this means you will see at once if you have left any diseased or normal gland structures behind. I have tried this method several times, and found it most useful and satisfactory. Nevertheless, with all the improvements in surgical technique, a better understanding of the pathological conditions and physical features of this dread disease, a greater willingness on the part of patients to submit to operation, I am sorry to say I am not able to show a better result than 50 per cent. of fatal recurrences in the twelve cases upon which I have operated: Cases, twelve; six recoveries, six deaths. Out of twelve operations, six died from recurrence of the disease. Of the six who died, the shortest interval between operation and death was one month; the longest, five years. The average lease of life in these cases was one year six and a half months. Of the remaining six, who are still alive, the shortest time since operation is three years, the longest is sixteen years, with no signs of recurrence in any one of them.

It is, perhaps, too tedious to refer to individual cases at length, but the rarity of the following is my excuse for the digression: In speaking of the possibility of secondary deposits in the brain from primary breast carcinoma, a patient of mine, and the last one operated upon, presented very interesting and rare symptoms, and in all probability adds another proof to the series in the production of diabetes insipidus by pressure or irritation of a definite course lesion in the floor of the fourth ventricle.

Miss B., age 81, had a small scirrhous nodule a little above and to the right of the left nipple, of two and a-half years' duration, which was giving her great pain. The axillary glands did not seem to be affected. There was great thirst, and large quantities of urine being passed, from seventeen to twenty pints daily; temperature, normal; and other symptoms generally found with polyuria. The tumor, breast and axillary glands were removed, the latter being distinctly infiltrated. The wound healed nicely after operation, the urine gradually began to diminish, until before death took place it was down to four pints in twenty-four hours. Considerable nausea and some vomiting continued every day, and at the end of two

weeks increased. She gradually became drowsy; temperature, sub-normal, respiration slowed; pulse, feeble and varied between 109 and 140; she could be roused, and talked rationally at times; pupils equal. Three days later the drowsiness deepened into coma; pupils became unequal, left much dilated, when death ensued. No post mortem could be obtained; but the case was so identical with one reported in the London *Lancet*, October 11th, 1890, page 767, under the care of Mr. Walsham, that I feel fairly convinced that we had a case of secondary deposit in or near the floor of the fourth ventricle, as in Mr. Walsham's case it was verified by post mortem, which pathological change took place as the result of the operation, whereby the urine was so much reduced in daily quantity, or was it only a coincidence? The same fact was noted in the case referred to.

And now, in conclusion, I would say that if in the near future any reasonable hopes can be held out through the perfecting of our present knowledge or physical means of determining the nature of the neoplasms in their beginning departure, so that radical means, either by the surgeon's cut or by seropathy, can be put into action at a much earlier date than at present we are able to do, then a great service to suffering humanity will have been rendered through the instrumentality of a noble calling.

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THE PRESERVATION OF GROSS MORBID SPECIMENS.—Melinkow-Raswedenkow (*Centralblatt für allgemeine Pathologie*) says that in the ordinary methods employed for the preservation of gross morbid specimens the tissues are so discolored or decolorized and shrunken that the natural picture of diseased alterations is changed to an artificial dissimilar one. In order to prevent such undesirable changes in specimens for permanent preservation, it is suggested: (1) To preserve the fresh tissue in pure formalin. In the formalin it is true that the tissue is decolorized a little, but the histological elements are fixed. (2) After removal of the formalin the tissue is placed in 95 per cent. alcohol, which brings back the color again in part. (3) The permanent preservation and final recall of the color and normal appearance is secured by a solution of acetate of potassium 30, glycerin 60, and distilled water 100. The method is not so well adapted for the preservation of the large organs as for the smaller ones, such as the kidneys and spleen. When the liver or other massive tissues are to be preserved, it is suggested to cut them into disks.—*University Medical Magazine*.

## Society Reports.

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### Canadian Medical Association.

THE regular annual meeting of the above Association was held in Montreal, August 26th, 27th and 28th.

Dr. JAMES THORBURN, of Toronto, filled the chair in a most able manner.

Dr. THOMAS RODDICK, in a short speech, welcomed the visitors.

The Committee on Inter-Provincial Registration, after a preliminary discussion of the question, selected a sub-committee, made up of representatives of all the councils of the Dominion except the North-West Territories and British Columbia, to draft a scheme whereby this much-discussed matter might be settled.

Dr. C. F. MARTIN, of Montreal, read a paper entitled "Certain Observations on the Relation between Leuchæmia and Pseudo-Leuchæmia."

The Association then adjourned to the General Hospital, where several clinics were given.

Dr. F. J. SHEPHERD presented a young woman upon whom he had operated for gastric ulcer, relating the history of the case and the technique of the operation. The second patient was a man who had received a fracture of the skull, accompanied by depression of the fractured portion and immense hæmorrhage. Besides trephining a large area, he was obliged to ligature the common carotid artery; for he discovered a rupture of the meningeal artery at the foramen spinosum. A boy was then shown who had received an injury about the middle of the forehead from a bursting emery stone, the inner table being more damaged than the outer. The fractured portion was removed. A thirteen year-old girl was shown, in which he had done excision of the ankle for tuberculous disease. The result was good. The next patient had undergone operation for cancer of the bulbous portion of the urethra, everything being removed down to the prostate gland. Patient was doing well.

Dr. BLACKADDER gave a clinic on progressive muscular atrophy, disseminated sclerosis, multiple neuritis and lead palsy.

Dr. HUTCHINSON showed a case of compound comminuted fracture of the femur and a case of amputation for gangrene.

Dr. F. J. SHEPHERD presented a young woman with a cervical rib, and also an interesting case of urticaria, the condition being easily

induced by drawing the finger across the skin of the patient. The doctor also presented a case of psoriasis.

Dr. C. W. WILSON gave a clinic on flat-foot. He described the method of making Whiteman's plates, and explained the *rationale* of their action. A child was then presented, a sufferer from tubercular disease of the cervical vertebræ. Before the present treatment of splint and jury mast she had suffered from meningitis and pachymeningitis. A case of fracture of the neck of the femur was also given.

Dr. GEO. C. CAMPBELL presented a patient who was convalescing from scurvy.

A light luncheon was kindly provided for the members. A street car excursion about the city, lasting an hour, was then taken.

On re-assembling in St. George's church school-house, which was generously placed at the disposal of the Association, Dr. H. H. MEEK, of London, read a report of "Three Cases of Abdominal Section for Conditions Comparatively Rare." The first was for fibro-cystic tumor of the uterus, removed with appendages, after having been observed a year, the stump being fixed with a *serre-nœud* wire and pins. A good recovery. The second case was one of solid sarcomatous tumor of the ovary. A smooth recovery was checked at the end of five days for a few days by trouble from a stitch abscess. The third case was one of volvulus of the splenic flexure of the transverse colon, due, as was discovered, to a half twist of the bowel upon itself, apparently caused by old inflammatory adhesion bands in its mesentery. After a good recovery, unaccountably the patient succumbed from an attack of acute mania.

Dr. PROUDFOOT showed a baby two months old with an imperforate external meatus. He purposes relieving the condition.

Dr. R. FERGUSON, of London, read a paper on "Ophthalmia Neonatorum." The paper referred first to the wide-spread prevalence of the disease. The main element in its causation was the gonococcus. The important point in the treatment was prophylactic; and this consisted in disinfection of the vagina, where a discharge was present. The second point was to follow the plan of *Crédé*—to cleanse the infant's eyelids and then instil two or three drops of a one or two per cent. solution of silver nitrate. If the disease be established, thorough cleansing by frequent flushing with a mild antiseptic solution and the application of cold in the early stages was recommended. After discussing the complications the reader discussed the question of preventive legislation, and moved in closing, a resolution that this Association should call the attention of the various Provincial Boards of Health to

this matter, and recommend that *Ophthalmia Neonatorum* be placed on the list of contagious diseases, and be subjected to the same restrictions. This carried.

Dr. T. T. S. HARRISON, of Selkirk, read a paper on some observations on the "Heredity of Cancer." In this paper the reader referred to many cases of cancer which had come under his notice during his long experience. Its occurrence in members of a family in one generation after another seemed to impress him that either cancer was hereditary, or, more possibly, that the tendency to this form of disease was transmitted.

Prof. WESLEY MILLS complimented the reader on his paper, and pointed out the importance of the study of heredity, a most interesting subject. He advised that practitioners should take notes of cases where heredity was suspected.

#### EVENING SESSION.

Dr. THORBURN, President, then delivered his annual address, commencing his remarks by expressing his thanks for the honor that had been conferred upon him in electing him President of the Association, the highest honor in the gift of the profession in Canada. Speaking of the death of Pasteur and the loss to medical science, he said that the great advance in the practice of surgery was due largely to the discoveries of the great scientists, alluding incidentally to Pasteur's successful treatment of hydrophobia, rabies, septicæmia, etc. After referring to the discovery of vaccination by Jenner, and the celebration of his centenary, he said that during the past year medical science had lost a valued son in Pasteur, who might fairly be credited with having put the germ theory of disease beyond all doubt. His success in the handling of patients who were presumably inoculated with rabies, was well known, and the knowledge that they had recently obtained respecting both the diagnosis and treatment of such diseases as hydrophobia, anthrax, tetanus, diphtheria, tuberculosis, Asiatic cholera, typhoid fever and septicæmia had already been productive of good results, and was likely to do much more in the future. After a passing reference to vaccination and its discoverer, Jenner, the President alluded to the deaths of Drs. Fenwick and Saunders, of Kingston, and Dr. Macfarlane, of Toronto, three honored members of the Association, who had all died from septic poison, received in the discharge of their duties. The important subjects of a common registration for the Dominion, or inter-provincial reciprocity, was next dwelt upon, and the opinion expressed that the time had arrived when the

obstacles in the way might be overcome by mutual concessions on the part of the different provincial medical authorities. On the question of a curriculum suited to the whole Dominion, the President suggested a four years' course of eight or nine months, instead of five years of six months and a summer session, and hoped that the committee assembled at the last annual meeting would be able to report favorably for the eight months' session. The subject of the relationship of medical men to life insurance, and the question of professional secrecy were also touched upon, as well as the wonderful discoveries of modern days, especially in reference to mechanical appliances. The uses of electricity and the discovery of the Roentgen rays were mentioned as likely to prove of great assistance in the diagnosing of many diseases hitherto obscure, and there was no doubt that the use of this instrument would become most frequent as improvements were made on it. In closing his remarks, the President alluded to the honor conferred on Montreal by the unanimous decision of the Council of the British Medical Association to hold its annual meeting in that city next year, and he tendered his congratulations to Dr. Thomas G. Roddick, the President-elect, winding up by expressing the hope that the Association would continue to extend its usefulness and maintain its high reputation, and that ere long they would have a common standard of medical education in Canada, with reciprocity between the different provinces, and also between the Dominion and the Mother Country.

Dr. WYATT JOHNSON then gave an interesting talk on Some Applications of Entomology in Legal Medicine.

#### THURSDAY MORNING.

The Association met in McGill medical building.

Prof. G. P. GIRDWOOD gave a demonstration of the X rays.

"Clergyman's Sore Throat," was the subject of a paper by Dr. PRICE-BROWN, of Toronto. This name was an improper one, because it gave no idea of any definite pathological condition. By old writers it was confined to a chronic follicular pharyngitis. The tendency now was to discard the term. Most chronic throat diseases to which clergymen were subject were dependent on nasal or nasopharyngeal disease. When this was treated, generally the throat would get better. The doctor cited the history of a series of cases, which fully bore out his statement.

Dr. GEORGE WILKINS, of Montreal, read the address in medicine, his subject being, "The Modern Treatment of Some Diseases as the Result of Experimental Investigation." The essayist first dealt with the work of Jenner and Sir Joseph Lister in stimulating original

research in the fields of medicine and surgery. Pasteur's work was also a wonderful example of development as a result of close observation. The relation between vaccination and modern serum therapy was then discussed. The principle depended upon the fact that the blood serum of animals, highly immunized by artificial means to any bacterial disease, possesses the property of protecting other animals against the same disease, and that this protection is afforded whether the serum is administered before, simultaneously or after the injection, provided in the latter case that the disease has not advanced too far before the protective injection is made. The treatment of diphtheria, tuberculosis, typhoid fever, pneumonia, pyæmia, septicæmia and tetanus was then discussed in the light of the most recent experiments. The influence of the discovery of the function of various blood-elaborating glands in the treatment of diseases by various extracts was then treated in an exhaustive way.

"Etiology and Treatment of Acne Vulgaris." This was the title of a paper by A. R. ROBINSON, of New York. This paper dealt with the causes of the disease, maintaining that they were mainly local, and not due to constitutional disturbances of the stomach, uterus, etc. So, in treating the condition, the local treatment was of greatest importance. The keratosis and the comedones should be removed, the skin and follicles should be disinfected, the frequent accompanying seborrhæal condition should receive attention, the physiological function of the expulsion of the sebum should be assisted by adding tonicity to the glands. In addition, any disorders of the general system should be looked after and prophylactic measures should be attended to, especially during puberty.

A telegram was received from Dr. John Coventry, President of the Ontario Medical Association, expressing his inability to be present, and conveying a fraternal greeting of the Provincial Association.

Prof. WESLEY MILLS presented a pigeon from which the whole brain had been removed; a rabbit, from which the motor centre for the limbs on both sides had been removed; a cat, from which the right motor area had been removed; a second cat, from which both sides, at different dates, had been removed; and a puppy, from which the right motor area had been removed. From these experiments he deduced the idea of the greater importance of the motor centres in the higher animals. He discussed the localization theory at some length.

Dr. WM. OSLER drew attention to the wonderful precision with which surgeons could now cut down upon brain lesions. He reported some cases.



Dr. W. B. THISTLE then read a paper on "The Antiseptic and Eliminative Treatment of Typhoid Fever," in which he still upheld the theory he has advocated. He drew attention to the *rationale* of the treatment, basing it upon physiological and pathological grounds. The results in Toronto General Hospital, where the method had been but indifferently carried out, and in his own practice, proved it to be the most satisfactory form of treatment. He said that many men had misconceptions of what he had meant to convey by the term eliminative, and one author had stated that the treatment was not based on correct views of the pathology of the disease. Dr. Thistle vindicated his position by referring to the most recent researches which have been made.

Dr. W. M. OSLER claimed that the theory was a very good one, but the practice was fraught with danger. His preference was for the cold bath treatment, through the influence of which the toxins were eliminated by the skin and kidneys.

The Association then adjourned to Hotel Dieu, where Sir William Hingston is high priest. Sir William, in his gracious manner, welcomed the members, gave a resumé of the progress of surgery since he first began practice nearly forty years ago, impressing some very valuable hints for the young practitioners, and presented some of his surgical cases. A substantial luncheon was then provided for the guests.

Dr. D. CAMPBELL MEYERS, of Toronto, presented a patient with hereditary cerebellar ataxia, and read the history of the case.

Dr. STEWART, of Halifax, read a paper reviewing the work of Lister, his old teacher, particularly his work in the experimental pathology of inflammation.

Dr. F. LEM. GRASETT, an old house surgeon of Lister's, followed by a few appreciative remarks on his labors in the advancement of medical science, and commendatory of the spirit in which the great master worked.

Dr. D. MARCHI, of St. Eustace, Que., read a paper in French on "Thyroidectomy."

A paper on "Oral Surgery" was presented by G. LENOX CURTIS, of New York, which advocated the teaching of this branch of study in medical colleges.

Dr. F. BULLER, of Montreal, reported some cases of foreign bodies in the eye, in which the electro-magnet was used successfully. This was discussed by R. A. Reeve, of Toronto; G. L. Curtis, of New York; and R. Philp, of Hamilton.

In the evening a splendid banquet was held at the Windsor Hotel. The menu was par excellence. The usual toasts were drunk.

## FRIDAY MORNING.

Dr. J. F. W. ROSS, of Toronto, gave the address on "Midwifery." It dealt with abdominal and pelvic operations for the relief of conditions incident to the puerperal state. The report of a case of rupture of the uterus, upon which he had operated successfully, was listened to with much interest.

Dr. J. C. WEBSTER, of Edinburgh, read a paper on "Place of Pessaires in Gynæcological Treatment." The paper drew attention to the fast disappearance of the use of these instruments as a better knowledge of accompanying pathological conditions was being acquired, which conditions, when treated, did away with the necessity for supports. Those cases in which supports were of use were described.

Dr. LAPHORN SMITH, of Montreal, read a report of one hundred and ten operations for retro-displacement of the uterus, of which forty-two were Alexander's operations of shortening the round ligaments, and sixty-eight ventrofixations or suspensio-uteri operations. The results of both operations had, on the whole, been very satisfactory, with the exception of two cases, in which the ligaments broke, being very fatty, and also partly owing to the method of operation, which he has since improved; in one of these cases he immediately performed ventrofixation with good results; the other was a complete failure, having declined further operation. Also in one of the Alexander cases the uterus remained in good position for six months, when it began to fall a little. The failures all occurred among his earlier cases, none having occurred among those operated upon during the last two years. So far no case of hernia had resulted from the operation. The ventrofixations gave even better results than the Alexander's. They were performed for the most part upon women who not only had contorsion within but the ovaries and tubes were at the same time prolapsed and bound down by more or less dense adhesions. In many of these also there was laceration of the cervix and perineum, with cystocele and rectocele.

Dr. PLAYTER prepared a paper on "Cold Air in the Treatment of Consumption," which was read by title. Doctor Playter first referred to the two principal causes of phthisis, the seed and the body soil. By nearly all physicians the bacillus was recognized as a cause, but a number of them believed it to be but a consequence. The truth lay between the two views. The bacillus would not grow and multiply in the body unless the tissues were in a defective, practically diseased, state, but it is indispensable to the formation of tubercle. The diseased state, Dr. Playter claims to have

clearly shown in his recently published book, is caused by toxins produced by accumulations of the waste products of combustion, due to defective respiration. Hence, more out-door air is the universal first remedy. The bacillus is probably, originally, a benign organism, and like some other microbes, is rendered virulent and pathogenic by its environment. In some phase it may grow in the open air, like the bacillus anthrax, completing its "developmental cycle" outside the animal body, although, as a bacillus, flourishing best at a temperature above 100° F., as in bovine animals or a "feverish" lung. In treatment, the Doctor depends on a "trinity of remedies;"—pure cold air, nourishment in accordance with the digestive and assimilative powers, and attention to the skin to aid the respiratory function. Pure, dry, cold, sparkling, sunny atmospheric air, with its highly "vitalized" oxygen, is best of all remedies, and nearly all cases improve under it. At the Falkenstein Institute (Germany), the cold winter air allowed to flow through the bedrooms of the patients all night "quiets the cough, lowers the fever, arrests the night-sweats, restores the appetite, and retards the course of the disease." The colder the air, the better; the more oxygen it contains, bulk for bulk; the more it acts as an antiseptic; the more it expands when it has been inspired and in expanding dilates the air cells or chambers of the lungs; and the more it must tend to cool the over-heated lung tissues, rendering them less favorable for the multiplication of bacilli. Dr. Playter is making preparations for rendering pure, filtered air cold, by means of a freezing mixture, to be inhaled by patients at his Sanatorium.

The report of the Committee on Inter-Provincial Registration was presented and adopted, as follows:

"Your committee beg leave to report that, having examined the present requirements of the licensing boards of the several provinces, with a view to obtaining by mutual concession a uniform standard of matriculation, education and examination, would recommend the following:

"I. *Matriculation.*—The schedule of subjects shall comprise (1) English language and writing from dictation; (2) arithmetic, including vulgar and decimal fractions and the extraction of the square root; (3) algebra, to the end of the simple equations; (4) geometry, Euclid, books 1, 2 and 3, with easy deductions; (5) Latin, grammar, translation from specified authors, or of easy passages; (6) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, hydrostatics and elementary chemistry; (7) history, England and Canada, with questions in modern geography; (8) and any one of the three following subjects: French, Greek and German—the requirements being the same as in Latin.

" Fifty per cent. of the marks in every subject shall be necessary for a pass, and 75 per cent. for honors.

" In lieu of the above will be accepted a degree in arts of any university in Her Majesty's dominions, or from any college or university that may hereafter be recognized, but no matriculation in arts in any university will be recognized.

" II. *Professional Education*.—The curriculum of professional studies shall begin after the passing of the matriculation examination, and shall comprise a graded course in the regular branches of four yearly sessions of not less than eight months of actual attendance on lectures in each year, the subjects to be anatomy, physiology, chemistry, materia medica, therapeutics, practical anatomy, histology, practical chemistry, pharmacy, surgery and clinical surgery, medicine and clinical medicine, including diseases of the eye, ear, throat and nose, mental diseases, diseases of women and children, medical jurisprudence, toxicology, hygiene, pathology, including bacteriology.

" That at least twenty-four months out of the graded four years, of eight months each, be required for attending on hospital practice, to begin with the second year of study. That proof of attendance on not less than six cases of obstetrics be required.

" III. *Examination*.—(a) All candidates for registration in the various provinces, in addition to having fulfilled the foregoing requirements, shall be required to undergo examination before examiners to be appointed in each of the provinces by their respective councils, or by means of assessors, as in the Province of Quebec, or by delegating their authority to one central body, as has been done in Manitoba. Each examination shall comprise all the subjects of professional study shall be both written and oral, and 50 per cent. of the marks shall be required in every subject for a pass. (b) The committee make these resolutions merely as suggestions for the consideration of the councils of the several provinces as a mutual basis of agreement, and that each be requested to report thereon to the next annual meeting of the Association, and also to send one or more delegates to represent them at that meeting.

" In order that the councils may be enabled to consider the question with a full knowledge of the facts, it is decided that each registrar should send to every member of every council in Canada a copy of the statutes and of the regulations in connection with the council that he represents."

The following nominations were reported: President, Dr. V. H. Moore, of Brockville, Ont.; Vice-Presidents, Dr. James Conroy, Prince Edward Island; Dr. J. F. Black, Nova Scotia; Dr. T. Walker, New Brunswick; Dr. Beausoleil, Quebec; Dr. W. W. Dickson, Ontario;

Dr. R. S. Thornton, Manitoba ; Dr. E. H. C. Rouleau, North-West Territories, and Dr. Hannington, British Columbia. Local secretaries, Dr. H. D. Johnston, Prince Edward Island ; Dr. A. J. Maden, Nova Scotia ; Dr. G. A. Addy, New Brunswick ; Dr. J. G. McCarthy, Quebec ; Dr. W. G. Anglin, Ontario ; Dr. W. H. Smith, Manitoba ; Dr. George Macdonald, North-West Territories, and Dr. A. W. Reed, British Columbia ; Drs. F. N. G. Starr, of Toronto, and H. B. Small, of Ottawa, to be re-elected general secretary and general treasurer respectively.

At 12.30 the members repaired to the Royal Victoria Hospital, where clinical demonstrations were held. The visitors were afterwards entertained to luncheon.

#### FRIDAY AFTERNOON.

The first paper presented was by Dr. J. E. GRAHAM, of Toronto, entitled, "The Influence of Mitral Lesions on the Existence of Pulmonary Tuberculosis." The essayist pointed out the beneficial action of the mitral lesions in patients with tuberculosis of the lungs. This was due to the passive congestion induced not so much, perhaps, to the germicidal action of the serum and the increased phagocytic action of the white blood cells, as to the increased work placed on the apices of the lungs, having additional function by reason of the congested condition of the bases. From this the doctor argued that if a condition somewhat similar could be induced in the lungs of phthisical patients who had no mitral lesions, a valuable remedy would be gained. He knew of no way by which a passive congestion could be produced ; but would not an active congestion answer the purpose? He believed so ; and advocated the use of lung gymnastics.

Drs. W. OSLER and BLACKADDER discussed the paper.

Dr. W. TOBIN, Halifax, read a paper on "Militia Medical Reorganization."

Dr. THOS. RODDICK commended the scheme. In his experience at the time of the Riel rebellion, militia medical affairs were in a very poor state ; some arrangement was badly needed.

Short papers were also read by Dr. J. B. MCCONNELL, Montreal, on "Tetany following Scarlatina ;" Dr. F. J. SHEPHERD on "Excision of the Scapula ;" Dr. H. L. REDDY on "Streptococcic Infection—Injection of Anti-Streptococcic Serum—Recovery." Dr. MARTIGNY on "Electric Baths in Dyspepsia ;" Dr. H. D. HAMILTON, of Montreal, on "Non-Malignant Tumors of the Tonsil," with report of a case.

Montreal was chosen as the place of the next meeting.

## Editorials.

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### Tendencies in Medical Practice.

WHEN one casts his eyes around and takes a survey of practice now and twenty years ago, several questions force themselves upon his attention.

Among the first of these is that there is a rapid increase in the size and numbers of the hospital staffs all over the world. A doctor takes up a specialty and opens a private hospital. This gives him considerable local standing, and draws patients from a distance from other medical men. This tendency to gather a large volume of work under one roof is growing. This increases the reputation and gain of a few and lessens both to the many.

Then again the prevention of diseases occupies a prominent place in the public thought. Cities, towns, townships, counties, countries are active in their efforts to prevent the spread of disease. This enlightened action, however, has the effect of decreasing the amount of practice. Further, it must be noticed with much satisfaction that the condition of workshops and factories is now in a much more sanitary condition than they formerly were in.

The search for specific methods of treatment is claiming much attention. Great advances have been made in the case of diphtheria. It must be now admitted that a thorough series of tests have yielded an affirmative answer as to the value of antitoxin. In the case of tuberculosis much is being done, both in the line of prevention and cure. Twenty years ago but little was heard of contagium vivum; now it is taking first place in medical thought, and leading to some all-important discoveries, as witness the comparative ease with which the onward march of epidemic cholera can be arrested.

On the other hand, new occupations and new methods of transit must bring in their wake new diseases and injuries. This is readily seen in the enormous numbers employed in electrical works and riding on wheels. It is too soon yet to form any definite opinions as to the effects which will result from so much bicycle riding placed in the possession of young boys and girls whose habits are not yet formed, and whose bodies are plastic. Bad habits and shapes may very easily be acquired.

The high pressure under which so many are living, especially in the large cities, is producing a very large number of cases of nervous

diseases of the neurasthenic type. Not long ago the writer was in a large American city, and was forcibly impressed with the careworn look of a very large percentage of the people. They seemed to be prematurely old. We are rushing through life, as the late O. W. Holmes said, like so many projectiles shot from some cannon's mouth.

Dr. L. D. Bulkley pointed out once that it was now becoming the exception to find a young woman of twenty in the United States who was not securing her third set of teeth. This, he thought, was an indication of depraved health from anxieties, sedentary habits, high social life, indigestible food and resultant dyspepsia. We can all look around and see the marked increase of myopia and weak eyes from over-study when young, with poor light, and on poor type.

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## The Trials and Dangers of a Doctor's Life.

THE doctor's calling is not an El Dorado. Neither is it an Elysium. Few make money at it ; and many fall by the way, whose thread of life is cut short by the many hardships the physician must encounter.

His life is truly one of great irregularities. No matter what the weather or the hour, he must obey the summons to attend his patient. His family life is broken in upon in the most ruthless manner. He may have time enough, and to spare, on his hands, but he can make no disposal of it in any regular order ; for he never knows when he may be hurriedly called to duty.

No one can doubt that the doctor's life is one of great anxieties. He is not dealing with mere material affairs. He is holding in his hands the questions of life and death. In a far-off place at midnight, with none to hold counsel with, he meets face to face disease and accident in their severest forms. He must act, and that, too, at once.

His action, if well timed and wise, may save a life. If, however, he blunders, death may follow in the footsteps of his action. These are no light matters.

Perhaps no members of the community are so liable to blame, when praise should be meted out. The public are not able to discern the nature of the doctor's work, and consequently indulge in the most annoying, and often galling, of comments. Because he does not seem to share in every sorrow of the people he attends, he is regarded as cold and unfeeling. He becomes worried and wearied, and often irritable.

He is in the midst of disease. He is constantly in an atmosphere of germs, and contagion and filth. In the regular discharge of his duties he is exposed to the most malignant of poisons. These may take possession of him in many ways. It is but too frequently the case that we hear of physicians losing health, or life, through these means. Many a bright life has been extinguished by a few germs gotten at the bedside, or by a drop of deadly pus from the post mortem room.

To compensate for such a life, the doctor should have some large rewards. Truly he has, though not generally of the financial kind. He has the keen satisfaction of much good done to others. He feels that his calling makes him courageous and self-reliant. His efforts to do good to others often end in making himself a higher type of man than perhaps any other avocation would have made him. In time, when he has lived down the many petty criticisms to which he was once subjected, he comes to have a great deal of influence among the people with whom he has spent his life.

The monetary reward is not overly brilliant, and we candidly confess is likely to grow less and less. On the one hand, prevention is holding a larger place in public attention. There is no doubt that the numbers entering the medical profession far exceed the proportion required to meet the demands caused by normal increase of population. Thus the work for each must grow less.

We would counsel the young man, ere he enters the medical profession, to weigh well the advantages and disadvantages. If he does so, in many instances, the latter will prove the heavier column.

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ANTITOXIN IN DIPHTHERIA.—Dr. John H. McCollam, of the Boston City Hospital, in *Boston Medical and Surgical Journal*, remarks that in 1,359 cases of severe diphtheria treated with the antitoxin, the death rate was 12.5 per cent. In 1,062 similar cases treated just before the antitoxin was introduced, the death rate was 46 per cent. Albuminuria was not increased to any appreciable extent. The number of cases of paralysis were fewer than before the antitoxin was used. There were a few instances of abscesses. These abscesses yielded streptococci. Urticaria occurred in some cases. Cases of sudden death during convalescence did not occur. Altogether, the treatment appears to have been very satisfactory in these hospital cases.



WE desire to call the attention of the profession to Dr. Sprague's letter, which appears in this issue. Very many physicians have read with touched feelings MacLaren's book in which he so successfully immortalizes the old-time doctor.

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THE CANADIAN MEDICAL ASSOCIATION.—The Canadian Medical Association was a pronounced success. The papers, clinics and demonstrations were up to date and full of the scientific spirit. The question of inter-provincial reciprocity was advanced more at this meeting than in twenty years before, and seems now to be in a fair way of being settled shortly. The hospitality of our Montreal confreres was unbounded. Dr. James Thorburn, one of the veterans of the Association, presided with much acceptance. Secretary F. N. G. Starr was very deservedly re-elected.

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THE TREATMENT OF TIC DOULOUREUX.—Dr. C. L. Dana, in the *Post Graduate* for July, gives the following treatment for this very severe and troublesome affliction: First, strychnine is given in single daily doses hypodermically, beginning with gr.  $\frac{1}{30}$ , and increasing to gr.  $\frac{1}{2}$  or  $\frac{1}{4}$  by the fifteenth or twentieth day. Few persons can stand more than gr.  $\frac{1}{2}$ , the excess dosage causing stiffness in the jaws and legs, with trembling and nervousness. The maximum dose should be kept up for a week or ten days, and then gradually reduced to the dose used at starting. This treatment takes about six weeks. The drug is then replaced by others. Secondly, iodides and tonics are ordered. Pot. iodide in doses of gr. v., three times a day, increasing to gr. xxx. three times a day; and tincture of iron m. v., increased to m. xxx., if possible. These are well diluted. Sometimes salicylate of potash takes the place of the pot. iodide, and nitro-glycerine is added to the iron. Thirdly, rest in bed in an even and comfortable temperature, with light, nutritious and digestible food. The results of the above treatment are spoken of as very gratifying.

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TREATMENT OF CHRONIC INTERSTITIAL NEPHRITIS.—Dr. G. E. Davis, in *American Practitioner and News* for August, contends that mercury and the iodides exercise the most favorable influence over renal sclerosis. Digitalis only acts on the secretion of urine by toning the heart and increasing the arterial tension. It should be given in large doses, once a day, and preferably at bedtime. Strophanthus

should be repeated every eight hours. Of all diuretics, none are so good as abundance of water. The copious and prolonged use of the natural mineral waters does much good. They correct the digestive troubles so often met with in these cases, as well as acting on the renal flow. The alkalies in these waters seem to neutralize the uric acid and lessen arterial tension and the tendency towards sclerosis. On a full milk diet the amount of urine increases, the specific gravity decreases and the albumin increases. On a diet of meat, fish, eggs and bread stuffs, these three conditions are reversed, and the nutrition of the patient better conserved. To combat the anæmia, combinations of bromide of gold and arsenic, bromides of gold, arsenic and strontium, or bromides of gold, arsenic and mercury, are very efficient. To procure sleep the bromide of soda in full doses at bedtime, or an enema of chloral answer best. Rest, mental and physical, are of the utmost importance. A quiet life in a warm climate holds out many advantages. Life will be greatly prolonged and rendered more comfortable.

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THE TREATMENT OF LARGE WHITE KIDNEY.—Dr. E. S. Smith, in *American Practitioner* for August, enumerates the points of treatment under three heads. First, prevent further extension by instructions against excessive use of alcoholics and exposure to wet and cold. The patient should live in a smooth, quiet, temperate manner. A mild, warm climate is of great value, as it permits of much out-door life. Light, digestible and nutritious diet is requisite. All heavy and stimulating foods should be discarded. Second, aim at curing the mischief already done to the kidneys. Some physicians think very highly of bichloride of mercury, in doses ranging from one-thirtieth to one-eightieth. It is claimed that thirty per cent. of the cases as treated recover. Some urge the claims of pilocarpine. But the evidences in its favor are not strong. The Italian physicians speak well of fuschin. The third point is to correct other conditions of ill-health. Digestion is often bad, and demands attention. Diet and laxatives play an important part. Such drugs as oxalate of cerium, bismuth and creasote, are useful. For the dropsical effusions into the cavities and tissues, citrate or acetate of potash in infusion of digitalis gives the most satisfactory results. Warm baths in the form of hot air, steam, or blanket baths, are the best means of procuring diaphoresis. In extreme cases of dropsy the skin may be punctured or Southey's tubes used. Cavities may also be tapped. Hydrogogue cathartics lessen arterial tension and remove much fluid. The best are calomel and jalap in combination.

## Correspondence.

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

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*To the Editor of the CANADIAN MEDICAL REVIEW.*

SIR,—As the entire government of the profession is confided to the Executive Committee for fifty-one out of the fifty-two weeks of the year, it will, I think, be generally conceded that this is the most important committee appointed by the Medical Council, and that every practitioner in the Province should be thoroughly well informed of its *personnel*, its powers and its actions. Legally, it consists of three appointed and two *ex-officio* members. In defiance, however, of its own by-law to that effect, the Council, by usage, has limited the membership to three, viz., the President and Vice-President of the Council, who belong to it *ex-officio*, and the Head Centre of the homœopathic wing of the Inner Circle, who, whether otherwise in office or not, has for a number of years past enjoyed the unique privilege of forming one of this peculiarly constituted and practically irresponsible triarchy. To understand the true inwardness of this arrangement, it must be remembered that, by the operation of the "Machine," no territorial representative who is open to even the suspicion of being troubled with any special sense of loyalty to the profession can, by any possibility, win access to either the president's or vice-president's chair. It is, as I have already explained, settled in conclave who shall fill these offices, and their so-called election in Council is merely an empty farce.

In fact, the Council's system, or rather the Inner Circle's system, of rotating the presidency among its different sections, and of giving it, in turn, to each individual of his section, provided he is a member of the Inner Circle, may be regarded as the very front and origin of all the Council mismanagement of which we have to complain. At the opening of last session (*Vide* Report of Proceedings, 1896-97) I tried to express my strong sense of the viciousness and impolicy of that system. It is worked so as to offer a premium—or rather, what some are weak enough to regard as a premium—to territorial representatives for disloyalty to the interests they have been elected to serve. True, the position of President, as thus conferred, is void of honor or repute in the esteem of all right-minded men, yet it has a certain money or commercial value, since it carries with it a possible free lithograph in one or other of the medical journals or public prints, and also a per-

petual free advertisement in the Register and in the Annual Announcements, that once upon a time John Doe or Richard Roe was for one year President of the Ontario Medical Council. Probably most men, under these circumstances, would eschew the doubtful honor; but, unhappily, there are some so constituted as to be emulous of securing it, and who are ever ready to play Man Friday to any combination which holds the power of conferring it. Thus it happens that both the President and Vice-President of the Medical Council, as at present constituted, are bound to be men who neither owe nor profess to owe any fealty to the medical electorate, or who, owing such fealty, have obtained these positions by proving recreant to it. From a professional point of view the result is, in several important respects, most unfortunate. The recreancy of a few elected men deprives the electorate of that substantive and controlling voice in the management of its own affairs which, it was fondly supposed, the Act of 1893 had secured to it. By making the presidency the reward of subserviency, as far as the territorial men are concerned, a fatal blow is aimed at all freedom and independence of debate. And by making the President, though nominally an officer of the Council, in reality the creature of a clique, his rulings and decisions as presiding officer are so colored as to make them in many cases less than worthless, since, however preposterous and unparliamentary they may be, they are sure of being sustained by the Solid Phalanx by whom he was appointed and in whose interests he officially exists. Some very notable examples of this may hereafter come up for review.

But the disastrous effects of the system become far more highly accentuated when it is remembered that the President and Vice-President are *ex-officio* members of every Council committee except that on Discipline, and that they and the Head Centre of the homœopathic wing of the Inner Circle constitute, not by law, but by usage, the entire Executive Committee, and that consequently the profession is, in effect, barred from having a voice in that ruling triad. If the school-men and the homœopaths are naturally anxious to put only men imbued with their own views, or men of approved pliability, into these positions, surely the profession, as it becomes more keenly alive to its vital interests, will see to it that its representatives shall, as far as their power goes, insist upon higher qualifications, on the part of their presiding officer, than even the most exalted capacity for subordinating the interests of the public and of the medical electorate to those of the medical schools.

But does this Executive Committee, in which the profession, as I have shown, has no substantive or loyal voice, thus misuse its privi-

leges, and in any essential respect sacrifice the well-being of the College to the behests of the schools? I aver that it does; and although I cannot within the limits of a journal correspondence enter into the exposition of this as fully as I would like to, I will in my next letter, by one or two illustrative instances selected from many, satisfy all unbiassed persons of the truth of my averment. I must also defer till a future occasion my review of my friend Dr. Williams' very funny mode of explaining our want of success in carrying our motions in Council.

Very truly yours,

JOHN H. SANGSTER.

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## Proposal of Testimonial to "Ian MacLaren."

*To the Editor of the CANADIAN MEDICAL REVIEW.*

DEAR SIR,—Robert Louis Stevenson, Carlyle and Dickens, especially, among the writers of this century, have most noticeably lauded our profession, but their laudations have scarcely been of such merit as MacLaren, in "Beside the Bonnie Brier Bush," has given us in his description of the venerable Dr. William MacLure, and his services among his people.

Without wishing to eulogize the work to which the best literary talent of the day has liberally contributed the greatest praise, I fully agree with Gladstone, that the charming and pathetic sketch, "The Old-Time Doctor," will ever be venerated.

That my views of this estimable work are such as are entertained by my fellow-practitioners I feel well assured, and I, too, feel satisfied that they, of this Province, will agree with me that our Medical Council of our College of Physicians and Surgeons should, when the Rev. Mr. Watson, M.A. (Ian MacLaren), visits Canada, give him in the name of the medical profession of our Province an appropriate acknowledgment of the honor he has given our honorable profession in his sketch of Dr. MacLure.

If others will assist in attracting the attention of our Council to the necessity of thus presenting a testimonial as stated, it will reflect honor to the profession of which we are members.

JAMES S. SPRAGUE, M.D.

Stirling, Ont., Aug. 12th, 1896.

## Selections.

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WHAT IS A "NEW WOMAN"?—*The Gentlewoman* offered a prize for the best epigrammatic definition of the new woman, and among the many replies received were :

The old maid trying to be a young man.

Six of one and half a dozen of the other.

A creature of opinions decided, and skirts divided.

One who has ceased to be a lady, and has not yet attained to be a gentleman.

Man's newest and best reason for remaining single.

Madam became Adam.

Mannishness minus manliness.

The palm, however, was awarded to the following: "A fresh darn on the original blue stocking."—*Medical Age*.

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DR. DE SCHWEINITZ considers *spontaneous hæmorrhages beneath the conjunctiva*, as well as those that occur in the anterior layers of the vitreous, in patients past middle life, to be frequently significant, especially if they are recurring, of *nephritis*, and in not a few instances has found them to be the first changes which have called attention to disease of the kidneys. He therefore recommends that in every spontaneous conjunctival hæmorrhage a careful urinary analysis shall be made. In *vitreous hæmorrhage*, if not otherwise contraindicated, the internal administration of frequently repeated small doses of sodium iodid materially aids in the absorption of the effused blood. This is particularly true of myopic eyes which are predisposed to hæmorrhages of this character by reason of changes in the choroidal and ciliary vessels. In place of the sodium iodid, or sometimes alternating with it, he is accustomed to give the fluid extract of jaborandi in doses just short of its diaphoretic action; or small doses, for example, a tenth of a grain, of pilocarpin hydrochlorate.—*The Philadelphia Polyclinic*.

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THE PASSING OF ANTITOXIN.—A Paris correspondent of the *Cincinnati Lancet-Clinic* writes under the above caption that it seems that the enthusiasm manifested last year for Behring's antitoxin serum has commenced to diminish. Official statistics published by Bertillon give thirty-three deaths as the enormous weekly mortality from

diphtheria, figures that have never been attained during any preceding year before the discovery of this celebrated so-called specific. Like the rest of serious maladies to-day treated by serum therapy, it is necessary to recognize the fact that such medication no longer keeps the promises made in its name. Besides, Drs. Sevestra, Gaucher and Legendre have been courageous enough to make known to the Société Médicale des Hôpitaux the serious and frequent accidents to which the antidiphtheretic serum gives rise even when applied to very simple cases of angina. But all this does not discourage the Pasteur Institute and its purblind disciples.—*New York Medical Record*.

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ALBUMINURIA AND ACUTE UREMIA DUE TO A BLISTER.—(*La Progres Medical*.) At a meeting of the Therapeutical Society, M. Huchard said that in his opinion fly-blisters should be banished from therapeutics on account of the grave accidents which they may produce. He had recently observed the case of a young girl, 18 years of age, who came into his service on account of gastric difficulty. Examination of the urine was negative. In order to allay the severe gastric pain, a blister of six centimetres (about 2 1-3 inches) was applied to the pit of the stomach and left in place for 12 hours. Three days later, without vesical trouble, there supervened swelling of the face, lumbar pain, dyspnoea, nausea, headache, spasmodic attacks of amaurosis, an almost complete anuria, with intense albuminuria, in brief, all the manifestations of acute uremia. Energetic treatment (purgatives, bleeding, wet cups, theobromine, enteroclysis, cold applications), restored the patient.—*The Medical Bulletin*.

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THE EFFECT OF ETHER AND CHLOROFORM ON THE KIDNEYS.—Eisendrath (*Deutsche Zeitschrift für Chirurgie*, Band XL, 1896) has examined the urine in 130 cases of anæsthesia,—sixty from ether and seventy from chloroform. No cases were included in which there was fever, or in which the urine contained an excess of urates. Albumen was detected by heat, nitric acid, acetic acid, potassium ferrocyanide, and Spigler's test. Sediments were precipitated by the centrifuge. In eight cases out of thirteen in which there was albumen in the urine before the anæsthesia there was an increase of the albuminuria, four times after ether and four times after chloroform. Of the patients whose urine was free from albumen before anæsthesia, 25 per cent. had albuminuria after the inhalation of ether, and 32 per

cent. after the inhalation of chloroform. Often where no albuminuria was detected, the urine contained renal epithelium and tube-casts. Tube-casts were found as frequently after the use of chloroform as of ether, being present in 28.3 per cent. of the cases; but they disappeared from the urine more quickly after ether anæsthesia.—*University Medical Magazine*.

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BICYCLE ACCIDENTS.—Fatal fractures of the skull have been reported several times as a result of the meeting of a pair of "scorchers" riding full tilt, with their heads low and eyes upon their front wheel instead of upon the road ahead of them. It might seem almost impossible to fracture a skull thick enough to permit indulgence in such practices, but the bicycle fool at full speed has been able to accomplish it. Accidents while coasting also occur at high speed, and are proportionately serious. In coasting a certain amount of control of the wheel is lost, and the accomplishment of sharp turns to avoid obstacles at the foot of a hill becomes impossible. No rider who is unwilling to risk the loss of his life, or serious interference with the regularity of his features, will coast except on good roads, with straight easy hills, and no crossings. Although the worst casualties usually occur to riders going at high speed, there are certain conditions which render falls even when going at a low rate of speed serious and disfiguring. Of these the principal is that in a large number of cases, particularly those which are due to suddenly running into an obstacle, the weight of the head and body being carried high, and the legs arrested by the handle-bars, the head, and particularly the face, is the first to reach the ground. A man taking a "header" from a horse starts from such a height that he may turn a complete somersault and land in a sitting posture, but the bicycle is so low that the victim strikes the ground face first, and when he has ploughed over a few yards of gravel or pavement, his physiognomy is naturally somewhat altered. A particularly dangerous accident is the breaking of the front fork of the wheel. Here the victim never has time to get his hands before his face, and fracture of the nose and jaw with serious laceration of the soft parts almost invariably results. These falls are so quick that before a man has time to let go of the handle-bars, his face strikes the ground. In fact in headers from the bicycle generally, there is no time to let go of the handle-bars in order to protect the face. Sprained wrists and broken arms are therefore comparatively rare, while broken noses and serious lacerations of the face, mouth, and eyelids are common. Bruises, sprains, and abrasions of the shoulders occur if the face escapes. The danger from the breaking of



the front fork is, of course, especially great in the case of the tandem wheel, where the fork has to bear the weight of two instead of one, and the danger from any flaw in the steel of which it is constructed is consequently greater. The writer has recently seen two young women who were seriously disfigured by falls due to the breaking of the front forks of second-grade tandem bicycles. The moral for young men who wish to give their sweethearts a taste of the joys of riding tandem, would seem to be, buy none but a first-grade wheel, and take the front seat yourself. Although accidents to the face, head and shoulders are the more common, fracture of the legs and bruises and sprains of the knee occasionally result from bicycle accidents, and internal injuries are by no means unheard of. A case of rupture of the pancreas due to a blow in the epigastrium by the handle-bar has recently been reported. The bicycle is proving itself so important a means of providing fresh air and healthful exercise to a vast number of people, that the good done by it greatly overbalances the harm resulting from occasional accidents, most of which can be avoided by careful riding and by the selection of a well-constructed standard wheel.—*Editorial Boston Medical and Surgical Journal.*

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THE SUBCUTANEOUS USE OF IODINE AND IRON IN GRAVE ANÆMIA.  
—According to the *Wiener medicinische Presse* (quoted in the *Deutsche Medicinal-Zeitung* for March 30th), Dr Meuella, of Rome, uses the following formulas :

- ℞ Pure iodine . . . . . 3 grains ;  
Potassium iodide, enough to make it  
dissolve in distilled water . . . . . 300 grains.  
Sig. : For subcutaneous injection.
- ℞ Iron and ammonium citrate . . . . . 15 grains ;  
Distilled water . . . . . 300 grains.  
Sig. : For subcutaneous injection.

A Pravaz-syringeful of the first solution is injected into one buttock, and at the same sitting a like quantity of the second solution is injected into the other buttock. The injections may be given daily or twice a day. The remedial effect is said to be very prompt.

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How dear to our heart is  
Cash on subscription,  
When the generous subscriber  
Presents it to view :  
But the man who don't pay—  
We refrain from description,  
For, perhaps, gentle reader,  
That man might be you.—*Ex.*