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## Original Communications.

### THE PRESIDENTIAL ADDRESS TO THE ONTARIO MEDICAL ASSOCIATION.

BY DR. W. HENDERSON, KINGSTON, ONT.

Delivered June 5th, 1889.

GENTLEMEN,—When little less than a year ago I was chosen President of this Association, while attempting to express my appreciation of the distinguished place to which you had elevated me, I said that I felt no little diffidence in accepting such a responsible position. I have since experienced, what time has only served to impress more fully upon me, the responsibilities of this high office, and has rendered greater my gratitude for the support and confidence reposed in me by this Association.

The honor which you have conferred on me may well be sought by any member of our profession, and I am deeply sensible of the fact that no exclusive personal merit of my own could command a place so much beyond my most sanguine expectations, hence, I feel that my selection was suggested chiefly because it was the desire of this Association that a member from Eastern Ontario should occupy the Presidential chair.

I also take it as a sign of encouragement to the younger medical men of this Province, when one is chosen from their ranks to fill an office which has hitherto been so ably occupied by men who are justly looked upon as leaders of our profession, both on account of their long experience and valuable contributions to medical science. I wish, therefore, to offer you my most heartfelt thanks for the honor you have bestowed upon me. At the same time, I would bespeak your kind indulgence, and although I cannot hope to fulfil my duties as well as any of my predecessors in office, yet I can assure you that it has been my endea-

vor to emulate their zeal for your welfare, by always using my best exertions to promote the interests of this Association.

In welcoming you to our ninth annual meeting, I am pleased to note that the interest taken in this Association ever since its establishment has not abated, and the large attendance here to-day may surely be taken as an index of its popularity among the profession in Ontario. The arrangements made for this meeting are, as you will learn from the programme, complete in every respect, and I trust that in the discussions on the different topics, every member present will feel at perfect liberty to engage. It affords me no small degree of pleasure to join with you in extending a cordial welcome to several distinguished members of the profession from the neighboring Republic. These visitors are welcome as members of a brotherhood in practical pursuit of one grand object, and knowing no distinction of country, race, or creed. Our American friends have long since learned the value of such organizations as this, and in their county, state and national associations they have done much to advance the interests of the medical profession in the United States.

The brilliant men who have been honored members of the American medical profession have all been active in promoting the success of medical organizations for the discussion of scientific subjects, and have done much towards elevating the profession by such gatherings, to a higher plane of usefulness and honor.

We also gladly greet our *confrères* from the sister Province who are here to-day, not only because they come as representatives of a great university faculty, but also for the reason that we know them to be men of high professional standing and attainments.

During the past year several who have been active members of our profession have been called from labor to rest, and of many of these departed brethren it may be said, "Their good works do follow them." Some received the summons while in the prime of life, and while actively engaged in their chosen work. To enumerate at length their names and virtues is not necessary, but one has fallen from our ranks whose distinguished talents and successful career entitle him to special mention, and who will long be remembered. I refer to Dr. R. P. Howard, late Dean of McGill College,

whose death, a short time ago, caused feelings of general regret among medical men throughout the whole Dominion. By his numerous valuable contributions to medical literature, Dr. Howard was known to many who never came in contact with the man, nor knew the affable manner of the great Montreal physician. Those of us who had the pleasure of meeting Dr. Howard at the meeting of the Canada Medical Association in Ottawa last autumn will long recollect his geniality on that occasion. The interesting paper he then presented, on "Ophthalmoplegia Externa," was his last contribution to the programme of a Canadian Medical Association.

The subject of an address on an occasion like the present, has given me no small amount of anxiety, and in my perplexity I consulted our by-laws, where it is laid down, "That the President is required to deliver an address setting forth the condition of the profession in this Province, with such suggestions as he may deem it proper to make; and secondly, that he may give a dissertation on some subject kindred to the objects of this Association." With the exception of a few introductory observations I will confine my remarks to the present condition and needs of scientific medicine in Ontario.

The diffusion of knowledge is now so rapid and widespread, that no sooner does a new discovery appear in a medical journal than it is seized upon by the daily press and carried from one end of the world to the other. Indeed, the general public appear to have become so familiar with the work of bacteriologists, that I am informed on good authority that when a Northwest cowboy wishes to use a term of derision that will make his companion feel infinitely small, he calls him a "microbe." However, this public interest in "things medical" is not of recent date, but, on the contrary, it has existed ever since the art of healing emerged from the realms of mythology. Herodotus tells us that so great an interest was taken in disease by the Chaldeans and Babylonians that, when a person was taken ill, the sick one was carried into the market-place, and no one was allowed to pass by him without inquiring into the nature of his illness. The passage reads as follows: "Then those who passed by the sick person conferred with him about the disease, to discover whether they themselves had ever been afflicted with the same, or

had seen others so afflicted." Only those who had suffered were allowed to prescribe for the sick, and thus we see that in the early history of medicine the people were governed by the motto, "*Experientia docet.*" Ancient records teach us that the Grecians adopted a similar practice until the priests combined medicine with religion, and ascribed their powers to the god Æsculapius. The Grecian priests erected temples where they met, and not only treated the sick, but discoursed upon the medical topics of the day, and these temples of Æsculapius corresponded to our present hospitals and medical colleges. They subsequently established scholastic centres in various parts of the civilized world, and surrounded medical teaching with the same mystery and superstition that for so long a time enveloped the profession of theology. Gradually and mainly through the instrumentality of Hippocrates, medicine was placed upon a more rational and scientific basis, and he is justly considered one of the greatest benefactors of the human race.

I have made these few preliminary remarks in order to show that medicine, like law and religion, was instituted for the public benefit, and consequently the medical profession should have the public sympathy and support in everything that will aid it in carrying out its manifold duties. What, then, is the state of the medical profession in Ontario, to-day? and what are the needs of scientific medicine, in order that our professional duties may be more thoroughly performed?

I am of the opinion that at no time in the history of our country has the medical profession of Ontario been in a more favorable state, than at the present day, at no period of its existence has it been better organized, and consequently so well prepared for dealing with questions appertaining to our future work for the public welfare. We do not pretend to have accomplished work in the past that entitles the medical history of Canada to be brought into comparison with that of older countries, and indeed such could not be expected in a Dominion as young as ours. However, it is the proud boast of our profession that medicine knows neither country nor clime, which can alone claim to have produced all the illustrious medical men; hence we Canadians, in common with our fellow-workers in every land, share alike the glory that illumines names such as Hippocrates, Galen,

Harvey, Hunter, Jenner or Laennec. But we are answerable for the present state and standing of our profession, and without boasting I may say, that in Ontario to-day, we have as complete a system of medical education, and as strict an observance of medical ethics, as can be found anywhere else, and it is with the view of making these still more perfect, that I intend commenting upon them to-day.

Certainly a good educational system will not of itself guarantee first-class doctors, for time alone can bring us the large population that affords such ample material for clinical study existing in the hospitals of large European and American cities. Nevertheless efficient hospital accommodation may now be found in our larger cities and even smaller places, such as Brantford, Guelph, Stratford, Belleville and Brockville are possessed of well equipped institutions for the reception of the sick.

I would also venture to assert, that nowhere else is such a large amount of self-denying zeal shown by medical practitioners in order to properly prepare themselves for their duties towards their patients by keeping abreast with the latest advances and improved methods of treatment. Every spring witnesses a steady stream of young doctors, journeying eastward to England and the Continent, in order to enrich their store of medical knowledge by observing the methods adopted by the great master-minds in medicine. Another contingent wend their way towards the south, for the purpose of sharing the rich harvest awaiting them at the clinics in New York, and other large American cities. These young men have already spent four years in the pursuit of their medical studies and it redounds to their credit that they are willing to add another year or more to their collegiate life, before they begin actual practice in Ontario. Besides those mentioned, there is also another class, including older practitioners, who leave their homes in either town or country, and almost annually visit one of the great medical centres to refresh their memories, and to witness the actual technique of new and improved operations.

All honor, I say, to such men who are willing to sacrifice so much time and money for the public weal, and few other countries can produce an equal amount of self-enforced post-graduate education. Such being the case this question may naturally be asked: "Are the laws and regula-

tions relating to medical men, so constructed that they will encourage the retention of the best medical talent in Ontario, and at the same time tend to keep away an inferior class of medical men?"

This, I take it, should be the main object of medical legislation, in the interest alike of the public and the medical profession. Such, I believe, was the motive which actuated the promoters of the Ontario Medical Council, an institution which has done much towards elevating the standard of medical education in the past, and which I hope will be productive of still greater good in the future. It is because I have the greatest possible respect for the members of that Council and think them desirous of acting in an impartial manner, that I venture to say, that the first object mentioned was not kept in view, when they enforced the rule excluding men who possess British diplomas from practising in Ontario, and furthermore that the latter has not been fully attained, as long as advertising medical men are allowed to roam throughout the country, and grow rich upon proceeds procured from the purses of a credulous portion of the unsuspecting public. These are two questions which are worthy of your consideration upon an important occasion like the present, when our members are gathered together from all parts of the Province for the discussion of mutual interest.

1st. With regard to the non-registration of British Diplomas, I claim that a mistake was made when this legislation was brought into force, regardless of the scientific standing and severity of the examinations conducted in the institution granting the medical or surgical diploma. While I admit that we were formerly lax in allowing the indiscriminate registration of licentiates of the Apothecaries' Society, and other inferior qualifications, it does seem a grievance that an M. D. from London University or a Fellow or Member of the College of Physicians or Surgeons in Great Britain should be required to undergo a further test of his ability, at a very considerable expense, before he shall be allowed to practise in Ontario. This is not the only reason why I take exception to the legislation in question, but also because I learn from conversation with medical students that it will tend to lessen the number of young doctors who will take post-graduate courses abroad. The fact that a British diploma exempted men

from passing the Ontario Medical Council was formerly an incentive to Canadian students to visit the hospitals of Great Britain, and it was of particular value to those who could not well afford to pay for both diplomas. Now that this stimulus has been taken away, I opine that as a result fewer of our young men will visit the English hospitals or try to obtain British degrees, and as a consequence the standing of the medical profession in Ontario may be ultimately impaired. Surely this law can be so modified that at least the Canadian graduate who possesses an M. D. from one of the Ontario Universities may be permitted to practise after passing an examination in Great Britain, equal in severity to that required by the Ontario Medical Council. To those who would place obstacles in the paths of our students and who try to prevent them from pursuing their post-graduate studies abroad, I would answer in the words of Medea to the Corinthians:

“ There are wh<sup>o</sup> distant from their native soil,  
Still for their own and country's glory toil,  
While some fast rooted to their parent-spot ;  
In life are useless and in death forgot.”

It is with sincere regret that I have to admit that our noble profession is disgraced by the action of certain medical men who carry on their practice with unblushing quackery. By means of startling advertisements in newspapers, and printed circular they promise to cure consumption, cancer, and other fatal diseases, when any such cure is impossible, while they assure another class of patients that they are seriously ill when really their ailments are of a trivial nature. By means of misrepresentation they bring discredit on our calling, although the real sufferers are the general public, who, if they survive the treatment given by these professional parasites, usually return to their former medical advisers with depleted purses and injured health. But the fault does not all lie with the medical charlatan who is often directly encouraged to practise in an irregular manner by the caprices and credulity of people who seem bound to exercise their own judgment by resorting to quackery and patent medicines. Thus it is no uncommon thing for doctors to be called upon to treat patients who have ruined their health and wasted their money in this exercise of their private judgment. Some of these quacks term themselves British Surgeons, others are called American

Specialists, but all alike are only allowed to pursue their nefarious practice owing to the fact that they are registered in Ontario. Ours being a paternal form of government should protect the people by granting permission to the Ontario Medical Council to cancel the diploma of any persons acting in such an irregular manner. Then this question could be speedily disposed of by the Council, and while the public would be better protected, our profession would be freed from the few of whom we are ashamed and from whom we would be gladly separated. This part of the law, as at present constituted, tends to perplex and impoverish the unhappy medical student, and while the regular practitioner is taxed to support it, the supercilious and insolent imposter remains unmolested and left in the full and undisturbed exercise of his fraudulent and knavish tricks.

I would urge as one of the first means towards securing a more desirable scientific position for our profession, the establishment of a live medical society in every county of the Province of Ontario. No one will dispute the fact that such organizations would be a link binding the members of the profession more closely together and would do much towards causing the jealousies and intolerance of cliques to give place to liberality and good fellowship. I might even take a step further and urge that at the present meeting of this Association a committee be appointed to ascertain whether we cannot, during the coming year, have established in every county a medical society as a branch of this Provincial Association. Might we not take a leaf from the constitutions of the two great political parties, who, in every county, have an active organization working for the good of the cause they represent, and all acknowledging allegiance to a head or Provincial Association in whose wisdom, all are supposed to repose the sublimest confidence? Where county societies have been formed in Ontario, they have proven of advantage in developing a broader spirit among the members of the profession, who, by being thus brought together, become more tolerant, of the opinions of each other, and in the giving and receiving of knowledge all become gainers and none can possibly suffer loss.

Then again the tariff of fees and the proper charges for medical attendance of friendly societies can be better regulated through the agencies of

local societies than by any other means, and our consultants should be drawn from among those who have acquired distinction in a truly professional sense.

I am glad to know that we have some active county societies now doing good work in this Province, and those I have had the opportunity of visiting during the past year have convinced me that in every county there should be similar organizations. In Eastern Ontario we have the Rideau and Bathurst, and Cataraqui Societies both of which are in a flourishing condition. In the West we have the County of Huron Society, to which I believe is due the credit of being the oldest county society in the Province, and I am pleased to know that its regular quarterly meetings are well attended and highly appreciated. In other counties, as well as in most of our cities, regular medical societies are maintained and it only requires a little individual effort on the part of the local members to have established and maintained in every county an active medical society as a branch of the Ontario Medical Association. In this connection we must not forget that one of our objects is to form a connecting link between the various city and county societies and the Canada Medical Association.

My predecessors in office have alluded to the friendly relations which should exist between this Association and the parent body (The Canada Medical Association). I can only reiterate what they have said, and may add that I trust many members of the profession in this Province will attend the next meeting of the Dominion Association, to be held at Banff, on the 12th of August. The arrangements which have been made by the executive officers for this trip are very complete, and those who can, should avail themselves of the privilege of participating in what promises to be one of the most enjoyable events that has ever been decided upon for pleasure and information of Canadian medical men and their families.

The establishment of the Ontario Medical Library during the past year will, I trust, be appreciated by every medical man in Ontario, and I have pleasure in commending it to the beneficent support of the profession. The formation of a Museum should also be taken into consideration as a counterpart to the medical library. As Mr. Jonathan Hutchinson has said, "They are twin

institutions, having for their common aim the advance of knowledge. The library may be defined to be a collection of knowledge documents, in a literary form, for the most part printed; the museum a collection in concrete form of the materials out of which knowledge is built up and by which it is illustrated." The large and elegantly appointed building erected by the College of Physicians and Surgeons will furnish ample accommodation for what I believe would soon become the literary centre for the scientific activities of the profession in Ontario. In political circles we hear sometimes of the Eastern portion of the Province being envious of the rapid advancement of the Central and Western portion, but I can assure you that in *res medicales* no jealousy nor envy has arisen, and we would rejoice to see established in the capital of this fair Province the nucleus of what will develop in the future into a great "Exchange," where each may bring the results of his professional labors and there compare them with what his fellow-laborer may have accomplished towards the same end. I use the word "Exchange" advisedly, because I believe that with the future increased growth of our library it will be possible to send books by post to subscribers in different parts of the Province, while surplus specimens sent to the museum might be exchanged for others of a different character already existing in the museums of the medical schools throughout the country. Thus one of the needs of scientific medicine may be accomplished, and I trust that year by year we may note the growth and enlargement of such a spirit of devotion to a high scientific purpose as shall firmly establish a "Canadian Hunterian Museum and Library" for medical research and investigation, that will become the strongest power in this Province for the advancement of scientific medicine, and furnish a healthy stimulus to professional study in every part of Ontario.

Steps should also be taken towards furnishing greater facilities for post-graduate study, and for promoting pathological research. Now that public sentiment seems in favour of the Government establishing schools of practical science in different parts of the Province, could not we have a small portion of the surplus at present in the public treasury invested to good advantage by money grants to our Universities, on the condition that a

department shall be kept well equipped for pathological study. These are questions worthy of our consideration. History tells us that the greatest glory of ancient cities long since buried in ruins, was their universities and lyceums founded, reared and fostered by the patronage and intelligent generosity of wealth and power. While not advocating the expenditure of public money for medical education in the ordinary routine of college work, I am led to hope that in the near future our provincial authorities regarding, as they do, education as the corner-stone of our civilization, will decide to encourage the post-graduate study of medicine by liberally providing for our higher educational needs in that respect. The investment would certainly be a profitable one from every standpoint.

1. It would encourage a broader culture among medical men and would afford some who from their limited means are not able to go abroad, the opportunity of securing at home that preparation for their life work which would enable them to carry to the couch of suffering, better skill, greater devotion and a more comprehensive realization of the nobility of the work to which they have dedicated themselves. 2. It would be an incentive to the establishment of independent lectureships similar to the Gulstonian, Hunterian and others which are regarded with so much interest in England. 3. It would be the means of changing public medical opinion so that scientific attainments would become more honorable than mere professional success, which so often depends upon social rather than mental powers. 4. It would not only stimulate and develop a greater taste for study among medical men, but would also furnish as an outcome of the enthusiasm and intelligence of the Canadian scientific students who would be attracted to the halls of learning, such an amount of original work, as would have a great influence in unveiling the obscurities at present surrounding so many of the vital problems met with in every department of medicine.

During the past year there has been some discussion regarding the degree of preliminary education requisite before entering the study of medicine. At the last meeting of the American Academy of Medicine (an organization composed only of members of the profession who have graduated in arts), an interesting debate took place on this subject, and the hope was expressed that before long the

standard of matriculation would be so raised, that only those who had secured a University degree would be permitted to enter upon the study of medicine. Those who advocate this radical change in Ontario have, so far, not met with much encouragement, but nevertheless, the opinion is gaining ground that the standard must be raised, and the result of such action will, I believe, be most beneficial to the standing of the profession in our Province. In the meantime, I consider it would be advisable to place Theoretical Chemistry and Botany on the list of subjects for matriculation examination, and by so doing the student would have more time to devote to his purely professional studies.

I am pleased to notice that an honored member of the profession in this Province, whose reputation and ability in the field of literature is well known, has, during the past year, undertaken the task of writing a history of the Medical Profession in Canada. Such a work will no doubt be well received, and I trust the members of this Association will endeavour to do all in their power to encourage the author, Dr. Wm. Canniff, of this city, in the praiseworthy effort he has entered upon, and for which he has proved himself well qualified. The result of this latest effort of Dr. Canniff, will be eagerly looked for and will, I hope, find a welcome to the library of every physician in this Province.

It is a subject for congratulation that certain amendments to the Anatomy Act have been passed, and that in future our medical schools will be better supplied with anatomical material without violating the feelings of surviving relatives and friends. If surgery and medicine are to be practised with success, and in a scientific manner, the study of anatomy and physiology must be promoted and encouraged. That the dead must be dissected or that the living must be mutilated is quite certain, and it is satisfactory to know that at last the needs of our medical colleges will be supplied without any resort to the disgusting practice of body-snatching. Nothing can be more ridiculous than to suppose that the members of the medical profession generally uphold the practice of human dissections, either for their personal benefit or amusement; on the contrary, it is a process which we regard as revolting in its nature, and one which, to our sorrow, we know is often most

fatal in its consequences. Nothing but a laudable desire to acquire that knowledge which shall enable him to discharge his duty conscientiously and beneficially to his patients, could ever induce the anatomist to undertake it.

Medical science to-day embraces not only a knowledge of the living man, but also such facts, principles, and materials gathered from every department of human knowledge, as may increase our resources for preventing or alleviating his sufferings, prolonging his life, and thus adding to the pleasure of his existence. The time has gone by when medical studies embraced little else than the fanciful theories and arbitrary dogmas of a few leading minds, each of which became for the time the founder of a sect or so-called school of medicine, with his disciples more or less numerous and influential. The age of theoretical dogmas and of medical sects blindly following some plausible leader is rapidly passing away, and in the development of the several departments of natural science, in the success attending pathological research and in the adoption of inductive processes of reasoning, we have every year to congratulate ourselves on the advancement achieved in medical science. This progress we can readily see by casting our mental vision over the broad domain of medicine and beholding the activity displayed in every department. Some are searching for new facts, and new materials, others studying new applications and better uses of facts and materials already known. We find some in the dead-house with scalpel and microscope tracing out the most minute structure and smallest micro-organism, while others are searching the forests, the earth and the air, and all alike are striving for more knowledge concerning the causes of disease, and for additional remedial agents to combat the different morbid conditions with which humanity may be affected. We find some in laboratories with crucible, test-tube and microscope, analyzing every morbid product and remedial agent, while others are separating the active principles from the crude materials, and demonstrating their actions on living animals in order that they may be of use to keep the vital spark in man; and while these are pursuing their researches, a great multitude of medical practitioners are at the bedside of the sick and wounded, applying the knowledge gained by all the other workers to the relief of human suffering. Well might Homer exclaim:

The physician's skill the sick to heal,  
Is more than armies to a nation's weal."

Gradually, but with sure and steady progress, has the science of medicine advanced until it has become a vast aggregation of observed facts, many of them so related to each other as to permit of practical deductions of permanent value, while many others remain isolated through incompleteness of investigation and are still fruitful fields for study and research. To-day no more active, earnest, ceaseless and benificent field of labor is open to the world's vision than the one we ourselves occupy.

How important, then, that we each strive to contribute to the storehouse of knowledge some nuggets of truth from the fields of our observation and study. From such organizations as this, we have surely a right to expect such a fresh impetus to be given to the progress of medical science as shall add to the pride of our Province, for nothing has done so much to develop and diffuse medical knowledge, to stimulate its practical and successful application both in sanitary measures for preventing disease, and in the direct alleviation of suffering at the bedside, and in unifying and ennobling the profession itself, as has been accomplished by the aggregate medical society organizations of the world.

#### THE RADICAL CURE OF HERNIA.\*

BY ROSWELL PARK, A.M., M.D.

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Ever since the early days of surgery efforts have been made to devise ways and means of retaining, more or less permanently, hernial protrusions from the abdomen. Trusses and the operations for strangulated hernia were known to the ancients and to the surgeons of the middle ages. As the anatomy of the parts concerned became better known, and as the general principles of operative surgery were more strictly laid down, operative measures began to be described by which the desired result might be gained. To treat of these in detail would be to weary you; it is enough to say that their general purpose was the occlusion or the plugging of the hernial outlet.

Of course when we deal with hernia, we deal with an open canal and open rings, and the end to be gained is the closure or the stopping up of these, so that the abdominal contents can no longer escape through them; whether this be done by causing adhesive inflammation by the injection of irritants, or by obliterating them with plugs of

\* Read before the Ontario Medical Association, June 5th, 1889.

tissue from neighboring parts, or by sewing up the openings, has been in the past to a large degree a matter of choice with the surgeon who operated. Each method has had at times its advocates and its enemies, and each has been modified in some way by him whose name it bears. In former days the testicles were often removed along with the hernial sac, and this practice was so frequent during the seventeenth century that Dionis relates that an itinerant operator was in the habit of feeding his dogs with these organs which he had thus removed. Not less cruel were some of the other and more modern devices resorted to for a cure of rupture. Gerdy, whose method was at one time in considerable vogue, practised invagination of the integument into the inguinal canal and its retention there by two sutures. The pouch of inverted skin was then denuded of its epithelium by strong ammonia, after which the raw surfaces were expected to unite under pressure. This operation was, in the light of our present knowledge, equally unscientific and unsuccessful, and it has often proved fatal. Velpeau, Pancoast and others have injected tincture of iodine into the sac, after total reduction of its contents with a portion of its neck. This method of course is now mentioned only to be condemned. Wutzer, of Bonn, introduced in 1838 an improvement of Gerdy's method, having devised an instrument especially for this purpose. A wooden cylinder was used instead of the finger to invaginate the skin of the scrotum into the inguinal canal. Through the end of this plug a curved needle was forced up through the layers of integument, and over it a wooden shield or cover was secured by a clamp and allowed to remain until the desired adhesive inflammation was obtained. I am able to show you here one of the original Wutzer instruments, which has in times past done as good work as this method will allow.

Passing over the various modifications of this operation, we come to the method of Dr. John Wood, of London, which consisted of a subcutaneous approximation, by a wire suture, of the tendinous structures around the inguinal canal and the consequent obliteration of that passageway. Prof. Wood has of late years modified his earlier operation in some of its details, though its general plan is about the same. History repeats itself constantly, and this operation which was

successful in Prof. Wood's hands has signally failed in those of most others. A most ingenious modification of this method was suggested by the late Prof. Dowell, of Galveston. He closed the external inguinal ring by three subcutaneous interrupted sutures introduced with a peculiar needle. When I first saw this method demonstrated it seemed to me to be the coming operation, but almost every one who has tried it has been disappointed, because the cicatricial tissue intended to occlude the ring gradually stretches and the old condition once more returns.

These suture methods have much about them to remind one of the mediæval *punctum aureum* and the *royal stitch*, both of which were well described by Percival Pott, a century ago.

Next we must mention the method known as the Heatonian. This consists in the injection of an irritating decoction of white oak bark into the cellular tissue around the hernial sac, with the intention of deliberately provoking a reactionary inflammation and causing its plastic products to occlude the canal and sac by compression. It is applicable only to cases of reduceable hernia, and in execution is the simplest method of all. It is not without its dangers, and death has been in a few cases the result of the inflammation thus set up. Having never been devoted to it myself, I prefer to let those more familiar with it speak of such merits as it possesses. For my own part, while recognizing those merits, I must say that I vastly prefer the operation which I shall subsequently detail, and for reasons which I will try to make plain.

In 1861 the late Professor Gross operated by closing the external ring with interrupted wire sutures, but so far as I can learn contented himself with this and did not attack the hernial sac. In the edition of his "Surgery" of 1872, he speaks of what he had done as being the most direct and rational way of operating for radical cure. But long before he did this the sac had been extirpated and its neck ligated, both by Schumacker and by the elder Langenbeck. However, to Czerny, of Heidelberg, belongs the credit of formulating and recommending an effective and radical measure for the cure of this infirmity. This he did in 1877, and while his procedures have been somewhat modified by other operators, the general idea upon which his method is based has not been improved upon.

His procedure includes two different features; first, the isolation and extirpation of the hernial sac, and second, the effective and permanent closure of the hernial rings or outlets. If the sac contain adherent omentum or intestine, adhesions must be separated and intestine returned; omentum may be either returned or ligated and removed. If there be no adhesions complete reduction of the hernia is of course made before the extirpation of the sac is carried out. In cases of congenital inguinal hernia the sac must not be extirpated, because to do that would be to extirpate the tunica vaginalis. In such a case the sac should be separated from the spermatic cord, ligated near the testis and near its neck, and the intervening portion divided or, if long, extirpated.

Before describing at length the procedure which I now almost invariably follow, I desire to give very briefly a few of the other operations that are practised by surgeons, domestic and foreign, with more or less benefit to the patient.

In the *British Medical Journal* of December 10, 1877, Dr. C. B. Ball has described a method of obliterating the sac by giving it a number of twists after it has been isolated from its surroundings. This method of torsion is quite similar to that employed upon arteries and is practised with virtually the same intent. After the twisting the sac lies coiled up in the neighborhood of the internal ring and is supposed to act as a plug by which that opening may be occluded. It has been found that, when this torsion is practised, a ligature is unnecessary, though for my part I should prefer to ligate the neck of the sac, no matter whatever else is done to it. In the journal above quoted, Ball reports twenty-two personal cases with three partial failures.

Prof. Macewen has described at length, in the *Annals of Surgery* for August, 1886, a method of operating peculiar to himself. He separates the sac well up to the internal ring, then doubles it into folds, thus making a sort of plicated cushion through which a catgut suture is passed, by means of which the folds are held together. He then separates the peritoneum a little way around the internal ring and sews this folded-up sac into or about the opening. After this he closes the inguinal canal with sutures. He does not allow patients to leave their beds until six or eight weeks have elapsed, and not even then does he permit

them to engage in severe labor. He has reported eighty-one cases with one death, and aside from this no failure. The minute details of his operation can only be understood by reference to his diagrams in the paper just alluded to.

Dr. McBurney, of New York, is in the habit of practising what we may call an open method of treating these cases. He first extirpates the sac and then leaves open the wound, including the external abdominal ring, and awaits closure by granulation with its ensuing cicatrization. It will be seen that this method requires in a marked degree confinement to bed and slow healing.

Dr. Banks, of Liverpool, has practised a method in most of its details like that which I shall describe to you, and has reported fifty-two cases of medium-sized non-strangulated hernias with two deaths, sixteen large non-strangulated hernias with four deaths, and thirty-eight cases of strangulated hernia in which the operation for radical cure was combined with that for the relief of strangulation, with three deaths. It will be seen that in sixty-eight non-strangulated cases he has had six deaths, a proportion unusually large, which seems almost inexcusable. Out of sixty-six reported cases he has had fourteen failures.

(To be Continued.)

## HOT WATER IN THE MANAGEMENT OF EYE DISEASES.\*

BY LEARTUS CONNOR, A.M., M.D.

Ophthalmic and Aural Surgeon to "Harper Hospital" and "Detroit Free Children's Hospital."

My second proposition is: *Hot water will wash away or destroy or render less harmful morbid agents in and about the eye during the progress of many diseases.*

Concerning the first part of this statement there can be no difference of opinion. All will grant that hot water will wash out of the conjunctival cul-de-sacs, secretions, excretions, products of inflammation, foreign substances, etc., as readily as any other liquid. Few will doubt that it will do it better even than cool or cold water. As a mechanical detergent for the eye, hot water stands first.

2. Water at a temperature of from one hundred

\* Read before the Ophthalmological Section of the Ninth International Medical Congress.

and ten to one hundred and forty will certainly check some forms of putrefaction. It matters little whether it does this by rendering less active the germ agent which produces the mischief or by repairing its damages, or by rendering the tissues less susceptible to its ravages. The practical end is the same. I have so frequently observed the changes in the secretions of the eye under the influence of hot water that I am positive as to the result. Concerning the exact *modus operandi*, I am not in a position to express a positive opinion.

Dr. Heyl (*Archives of Ophthalmology*, September, 1886) gives reasons for believing that hot water acts beneficially in purulent ophthalmia, by placing the tissues in a condition unfavorable to the growth of *Gonococcus* of Neisar. The same thing is done by the application of nitrate of silver. Hence he commends in this form of disease applications every three hours of a weak solution of nitrate of silver, carefully neutralized with constant applications of hot water.

Dr. Geo. Sternberg (*American Jour. of Medical Sciences*, July, 1887) gives some experiments made to determine the degree of heat necessary to destroy different micro-organisms. He found that a temperature of 132° Fahr., was fatal to the bacillus of anthrax, the bacillus of typhoid fever, the bacillus of glanders, the spirillum of Asiatic cholera, the erysipelas coccus; the virus of vaccinia, of rinderpest, of sheep pox, and probably of several other infectious diseases. As the eye will endure a much higher temperature without injury, as we have demonstrated, it is clear that at least some micro-organisms may be destroyed by the use of water of such a temperature as may safely be applied to the eye. The principle being established, farther observation will determine the limits of its application, and it will become a recognized factor in the management of such diseases of the external portion of the eye as are caused or maintained by micro-organisms.

My third proposition is, that *the local application of hot water to the eyes, in the manner described, promotes the healthful activity of the living protoplasm or living matter.*

One function of living matter is to separate from the blood currents such elements as are required for the repair of worn-out tissues, and elaborate them into tissue proper. Another scarcely less

important function is to remove the broken down or effete materials. Upon the proper performance of these two functions the integrity of any portion of the body depends. That the regulation of the blood currents is essential to such performance is self-evident. Perhaps this may explain the quickening of reparative processes, observable when the eye is suffering from conjunctival or corneal inflammation. Still I think we must look farther for an adequate cause. Other remedies, notably cocaine, are capable of contracting blood-vessels, but they also, in some manner, interfere with the nutrition of the parts, so that they are harmful in purulent corneal troubles, and of doubtful utility in other conditions.

It is well known that each portion of the body thrives best when kept at a given temperature. When it is enfeebled by disease, a different, and generally a warmer, temperature is called for. In other cases a lower temperature is demanded lest the parts be destroyed by the excessive heat. The temperature must be elevated or lowered, as called for under such varying conditions. It would seem from this statement of the case that the natural application to an eye, when its temperature was elevated by an acute purulent inflammation, would be cold. But I have often seen the temperature lowered nearly to the normal by the local application of hot water. When this can be done it is a safer line of practice. That it can be done in every case I cannot affirm, as my observation is limited to a few cases, but in none of these was an exception found. I have explained this effect by assuming that a better circulation through the diseased parts was effected, some of the morbid materials were removed, and the living tissue placed in such conditions that it could act more effectively in resisting the encroachments of morbid agents, and better repair damages. This is not singular as applied to eye diseases, as it has been observed in many other organs, and, to the study of general medicine, may seem trite.

My fourth proposition is: *Hot water has great power in relieving muscular fatigue and spasm.*

Like all other muscles, those of the eye often weary after excessive use. When ocular defects exist fatigue is earlier and more marked. For the relief of this distressing condition I know nothing so efficient as hot water. In the researches of Dr Murray, already referred to, he gives some exact

studies of the uterine muscle, as acted upon by hot water. He found that the application of water at a temperature of from one hundred and ten to one hundred and twenty degrees Fahr., caused the muscle to contract almost instantly. The relaxation was from twelve to twenty times the duration of the contraction. Successive applications were followed at once by a response. The efficiency of the contraction was greatly increased. The periods of relaxation and maximal contraction were much increased. In four experiments there was a gain of four times the initial efficiency. Continuous application induces a high degree of contraction, broken by secondary waves of partial relaxation and contraction. Thus the applications of hot water actually increase the contractile power of the muscles.

On the other hand, he found that water at a temperature of from thirty-two to sixty degrees Fahr., caused the muscle to contract slowly, produced a relaxation three times the duration of contraction, and destroyed the power of contractility except after a period of rest. Continuous application of the cold water produced rapid exhaustion of the muscle, so that it soon failed to respond, being completely relaxed.

From these data it would seem evident that in cases where it is desired to increase the efficiency of the muscles of the eye, the use of hot water is clearly indicated, and that of cold contra-indicated. It matters not how the exhaustion be induced, hot water is a most efficient agent in relieving it. Frequently in cases of insufficiency, moderate in extent, of one or more of the recti muscles, we have seen it cease to trouble the patient after a continued use of hot water locally applied. In most cases, however, it is necessary to correct existing defects by the use of prisms, changing the insertion of the muscles, etc., the hot water affording only temporary relief. After operations for squint I always order the local application of hot water for a considerable time, in order to bring the muscles most quickly to their greatest vigor and so enable me to ascertain the full effect of the operation. The liability to over-correction is thus materially diminished, because the full effect of the first operation is more accurately determined before the last is performed. No doubt hot water induces these effects by other means than by its direct action upon the muscles of the eyes, but it is to the latter that we now direct attention.

Admitting the propositions advanced to be substantially correct, what is their practical application to the management of eye diseases? It seems to us that every thoughtful student of such cases will at once be able to designate numerous conditions in which the patient would receive great benefit from the local use of hot water.

Active and passive congestions and inflammations, both without and within the eyeball, would all be benefited by so regulating the current of blood through the eye so as to enable it to approach the normal standard. It is not claimed that hot water will do this in every case, but it will materially assist such other remedies as may be employed for this purpose. In the external diseases there is always some morbid agent, which this use of hot water will remove. And finally, in every case the diseased tissues need all the assistance afforded by hot water to enable them to return to a normal condition. The list of extra and intra-ocular inflammations is a long one, and need not be enumerated here. All will be more or less benefited by the common-sense use of hot water, to the extent of obtaining its physiological and therapeutic effects.

Another class of cases in which the effects of hot water are very desirable are those in which muscular strains, weaknesses and pains form a part. Of course, the cause of these muscular derangements must be ascertained and, if possible, removed. This being done, most cases require no farther attention, but, meantime, the hot water adds materially to the patient's comfort and expedites the recovery. Sometimes this can be but imperfectly accomplished, or not at all. Here the regular use of hot water two or three times a day, for from ten to twenty minutes at a time, more or less, according to the nature of the case, will greatly add to the patient's comfort, and materially enlarge the working capacity of his eyes.

Another class of cases benefited by the local application of hot water are injuries to the eye. In such cases as admit of its use, hot water renders the patient more comfortable and materially hastens the reparative process.

Doubtless an occasional idiosyncrasy may interfere with the use of hot water in a special case, but I have seen few such cases. Almost invariably, aside from the trouble, the patients are so materially relieved by the applications that

that they are greatly pleased. Hence they are the more ready to endure the trouble called for by the treatment.

I desired to detail typical cases, with the actual treatment in each, as illustrative of the use of hot water in the manner described. But time forbids. In conclusion, I present the following summary of the points I have endeavored to make plain :

1. The best effects of hot water in eye diseases can only be obtained when the water is so used that it comes into direct contact with the eye. In practice, this is best done by means of a common tumbler filled to the brim with water at the appropriate temperature, and so adjusted to the face that the eye is immersed in the water.

2. By hot water, in this connection, is understood water at the highest temperature the patient can endure, viz., from 105° F. to 140° F. Lower temperatures produce quite other effects than those desired.

3. The hot water must be applied long and often enough to accomplish its peculiar effects.

4. The peculiar effects of hot water are : (a) The contraction of blood-vessels both within and without the eyeball, reducing them to a size approaching, if not equal to, the normal. (b) The removal of some of the causes of disease, if such exist, on the conjunctiva or other external portions of the eye and the rendering of other causes less harmful. (c) The promotion of a greater reparative activity of the normal living matter about the morbid material. (d) The removal of muscular irritation or spasm and the promoting of the normal vigor of the muscular tissue.

5. Finally, hot water does its work without any shock to the nervous system, or without any loss to the actual energy existing in the eye, and without any possible harm to the eye.

6. It is the one application that has no disadvantages or drawbacks aside from the trouble that it involves.

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### Correspondence.

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To the Editor of the CANADA LANCET.

SIR,—At the last meeting of the Pathological Society of London, at which I was present, Mr. Shattoch, of St. Thomas' Hospital, read a paper on the case of a young woman who was suffering for six years from a lump in the breast, which, on

removal, presented all the characteristics of tubercular disease.

The author of the paper pointed out that this disease had been almost overlooked by most observers, and he ventured to advance the theory that many cases of chronic or cold abscess of the breast, and of chronic mastitis ending in suppuration, were of tubercular nature. He further stated, that in the cow, tubercular disease of the udder had been extensively investigated, and bacilli had been found in the milk. The question then arises, if tubercular disease of the mamma be so common as Mr. Shattoch leads us to suppose it necessarily is, viewing, as he does, all or nearly all chronic abscesses of the breast as tubercular, whether mothers so affected will infect their children with general tuberculosis? To illustrate this he cites a case in which a woman whose milk contained bacilli infected a child, born of perfectly healthy parents, with general tuberculosis.

In the discussion which followed the opinion seemed to be that a mother would not so infect her offspring, although a nurse might infect the child she was suckling. For myself, I cannot quite see why a nurse may infect a child which the mother does not. The further question was also discussed, as to whether a child may receive infection through the milk of a person suffering from tubercular disease other than that of the mammary gland. Mr. Shattoch thought it extremely doubtful that infection ever arose from milk unless the seat of the disease was the mammary gland itself.

The point in question is of extreme interest, as if we look upon every chronic mammary abscess as tuberculous, and the milk in consequence infective, it would be the duty of all practitioners to prevent mothers so affected suckling their children, and thus would children already possessing, and having in all probability a weakly constitution, be cut off from that best of all food for the infant, the mother's milk.

R. EDEN WALKER.

Toronto, June, 1889.

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To the Editor of the CANADA LANCET.

SIR,—I notice in the June number of the LANCET two prescriptions by Dr. J. B. Johnson, which he presents as valuable discoveries of his own, and which he states he has given for croup for many

years. Both formulæ contain chlorate and iodide of potassium mixed in solution. The latter and much the shorter of the two prescriptions stands thus:—R—"Potassii iodidi, ʒj. Potassii chlorati, ʒj. Aquæ destil, ʒ vi.—M. Sig.—Shake well and give a tablespoonful every quarter of an hour, or half-hour until relief is attained."

This dose appears to be for young children any thing over "six or eight months."

Now the United States Dispensatory for 1883, states that "M. Melsens has ascertained by experiments upon dogs that if iodide and chlorate of potassium are given together, so as to be in the system at the same time, they act as a poison, and may cause death in a few days. 108 grains of a mixture of iodide of potassium in equi-valent proportions, given daily to a dog of medium size, often proved fatal as early as the fifth day. He ascribed this result to the production of iodate of potassium, which he has shown to be a poisonous salt." This very important fact must render the above discovery somewhat risky.

M. A. B. SMITH.

Dartmouth, June, 1889.

## OUR NEW YORK REPORT.

*From our own Correspondent*

NEW YORK, June 20th.

### MEETING OF THE NEW YORK ACADEMY OF MEDICINE, MAY 1st.

The subject of pulmonary phthisis and its relationship to the tubercle bacillus was thoroughly discussed. It is to be regretted that nothing new was advanced, but it may be of interest to your readers to show the stand taken by the profession here, and what now seems to be the final settling of this much debated question.

The first paper, "The relationship of the tubercle bacillus to the etiology of pulmonary phthisis," was read by W. R. James, M.D.

He began by stating that the primary meaning of tubercle was confined to a nodular mass; subsequently these were classified, but even this classification is now obsolete. In 1865, Vellemin proved by experiment that tuberculosis was infectious, by inoculating animals with tuberculous material. In 1882, Koch discovered the tubercle bacillus and advanced the view that all tubercles were due to the tubercle bacillus. The subsequent

seven years have confirmed his views, so that now it is regarded as essential that the tubercle bacillus must be present in every tuberculous nodule. Phthisis is nothing more or less than pulmonary tuberculosis, and he thinks that all phthisis is due to tubercle bacillus. Dr. James' views might be summed up by stating that the only cause of pulmonary phthisis is the tubercle bacillus or its spores.

*Discussion.*—Dr. Tyson, of Philadelphia, firmly believed in the tubercular theory. His reasons for so doing were founded on the well known methods of proving in bacteriology; they might be briefly related as follows:

(1) The organism must be found in the blood and tissues; (2) it must be capable of being removed in absolute purity; (3) it must be introduced into the animal in a state of purity and give rise to the disease; (4) it must be found in the animal diseased.

All these conditions had been fulfilled by the tubercle bacillus so that it must be considered that it is contagious; but in reality it is only slightly so, for the reason that the sputum has to be inspissated and inhaled into the lungs before it can give rise to phthisis. He then gave some account of the communicability of tuberculosis by the alimentary canal. The first cases were reported by Gerlach, of children contracting tuberculosis of the canal and mesentery glands, by drinking tuberculous milk. Canil, in 1888, introduced cultures of the tubercle bacillus into the alimentary canal, and in four days found them in the mesenteric glands. Mater, relates the case of a patient who swallowed his tubercular sputum and in ten days had diarrhoea from a tuberculous ulcer of his intestine. Another incident is related where chickens swallowed their master's tubercular sputum as he expectorated in the yard, and after death they were all found to have tuberculosis of the liver. He concluded by stating that the tenacity of the life of the bacillus was from thirty days to six months.

Dr. H. N. Biggs stated that the experiments are conclusive, the only direct factor in the etiology of phthisis is the tubercle bacillus, all other factors, such as hereditary tendency, exposure, unhealthy surroundings, etc., only act by reducing the resistance of the tissue to such a state that a slight dose of the bacillus will give rise to tuberculosis. He believes, 1st. That phthisis is con-

tagious. 2nd. That it is preventable, and that the great problem in the future is the prevention of phthisis.

Dr. H. P. Loomis thought that Dr. James had given the question as it stands at the present day. He believed that phthisis was not such a fatal disease as the general profession considered, as in over 60% of his autopsies in Bellevue he had found evidence of a previous phthisis which had gone on to complete recovery; but that these cases were very liable to a secondary eruption of tubercles, as the autopsies had proved.

Dr. Trudo presented specimens (1) tubercle bacillus growing on a potato: (2) miliary tuberculosis produced by the injection of tubercle bacillus in the ear, in twenty-five days, the animal being kept in unhygienic surroundings: (3) a specimen where tubercle bacillus had been injected into the apex of the lungs, but the animal being kept in hygienic environments, only pulmonary phthisis and fibroid tissue had developed.

The next paper was "The Relationship of the Tubercle Bacillus to the early Diagnosis and Prognosis of Pulmonary Phthisis," by J. W. Roosevelt, M.D. He intimated that he had nothing new to add to the already accepted views; he considered that if the tubercle bacillus was found in the patient's sputum, we were justified in stating positively that the patient had phthisis. In the early diagnosis it is of great value. Take for example the case of a boy with phthisical history: has slight cough, etc., of some duration; the question is, has he phthisis? Physical examination is negative; if the bacillus is found in the sputum we can say positively that he has phthisis, if no tubercle bacillus can be discovered we are not justified in stating that he has phthisis. Many cases of tuberculosis give none or only unsatisfactory physical signs, for the reason that the tubercles are scattered and disseminated through the lungs. In these cases some of the tuberculous matter may be emptied into the bronchi, and thus we are able to find the bacillus and diagnose phthisis. As to prognostic value, he considered it had none, as a rapidly failing patient may have only a few bacilli in the sputum and a comparatively healthy case of phthisis may have myriads; it only shows the amount of cheesy tubercular matter that is emptied into the bronchi. He then commented on the utter absurdity of the present antiseptic treatment, as

the amount of any of the present germicides that can with safety be introduced into the blood is so small in comparison with the bulk of the blood, that it has no antiseptic power whatever. He concluded by stating that the discovery of the tubercle bacillus in the sputum was of great positive but no negative value in reaching a diagnosis. As to prognostic value, it had none.

Dr. Waldstein discussed this paper and entirely concurred with the views expressed by Dr. Roosevelt. Dr. Wm. H. Thomson then read a paper entitled "The Influence of the Tubercle Bacillus on the Treatment of Pulmonary Phthisis."

The first attempt at antiseptic treatment was made by Rokitansky, in 1878, who used inhalations of sodium benzoate, and reported good results. In 1882, Koch announced his discovery of the tubercle bacillus, and this at once gave an impetus to the antiseptic treatment. Johnson, the same year, used salol and iodoform, 3 to 8 grains, either internally or by inhalation, under this it was claimed that night sweats, cough and expectoration diminished. Dr. Thomson stated that he had used iodoform in 86 cases in Bellevue and Roosevelt hospitals, but has never been able to see any good results from it. Bergeon's method by hydrogen sulphide is an utter failure. Bichloride of mercury, tannin, acetate of lead, menthol, creolin, creasote and hydrofluoric acid, inhalations have been used, but no very favorable results have been obtained from any of them. Cornet of Berlin, first inoculated animals and then tried all the known germicides upon them, and the conclusion that he reached was that not one case was benefited, although several animals died from the effects of the drugs. He believed that the main danger of phthisis is suppuration due to the entrance of the streptococcus pyogenus which are found in abundance in all phthisical cavities, and it is against this suppuration that we should direct our treatment. He had found creasote in the form of a pill composed of creasote 1 gr., bismuth 2 grs., three times a day, the most efficacious of the antiseptic remedies and instanced several cases with well marked cavities, who, under this treatment, had entirely recovered. As a general practice, however, better results were obtained by climate and restoration of the general system by cod liver oil, etc.

Dr. Westbrook, in the discussion, thought that the discovery of the bacillus has been pernicious in that it had caused the introduction of many antiseptics which were not only useless, but deleterious to the patient.

Dr. Kinnicutt considered the antiseptic treatment of no value; he had however, found creasote of some service, but thought it was due to the stimulating action of the drug and the nutrition of the general system.

**Selected Articles.**

**CLINICAL LECTURE ON HYSTERIA,  
NEURASTHENIA, AND ANOREXIA  
NERVOSA.**

BY J. MATTHEWS DUNCAN, M.D.

*Delivered at St. Bartholomew's Hospital on March  
7th, 1889.*

GENTLEMEN,—I feel self-convicted of audacity and almost of folly in encountering in a single clinical lecture a subject so vast, so difficult and so little known. In your practice in this department scientific attainments will not be of so much avail as in others. It is kindness of heart, wisdom and firmness that are the specially useful talents. No doubt these qualities are in all circumstances valuable in practice as well as for their own sakes, but their application is at least less direct in the treatment of a uterine catarrh or in an ovariectomy than in the management of a hysterical or of a neurasthenic patient. They are not to be taught or learned in a lecture room, but it is my duty to point out their supreme importance in this great department of practice. If your patient thinks you are not sympathetic, she soon becomes alienated from you; if you are not wise in your proceedings and resolute in adhering to them, you will probably do harm rather than good.

Hysteria has alliance with insanity: it perverts the patient's judgment. It is ill-defined, and for this and other reasons patients dislike such affections in a sense in which they do not dislike many other tangible, easily intelligible diseases. If a patient is hysterical, and is told that she is hysterical by one physician, while another does not tell her this, but that she has some slight displacement of the womb, be sure she will prefer the latter. Yet the one is wise, the other perhaps more than foolish. In practice you have firmly, yet without the appearance of sternness, to do your duty with simplicity, and at the same time maintain the confidence of your patient. Firmness and simplicity are the surest means of preserving your patient's confidence; but know and remember this, that in the class of cases now under consideration you will certainly lose your patient occasionally if you do your duty, and such loss is to be met quietly and even with joy. It is easy, and unfortunately common, to educate a patient into hysterical disease with its attendant misery to herself and family, and very difficult to educate out of it; and the process of cure is to a great extent one of education. Consider the wisdom and tact required in a new and untried physician to successfully educate a patient out of injurious notions instilled by an old and respected friend and physician. Some vaunted and successful modes of so-called cure are

in themselves of no power directly, but are efficient by eradicating from the patient's mind former bad medical education. A patient with an endless string of complaints may be quickly cured by a pessary for a displacement which does not exist, or by a dose of electricity, or by the last new fad, or by being forced or shamed into good habits. Do not condescend to cure patients in such ways. Be kind, wise and firm; be direct and simple. This is the best because the most successful plan. It involves no untruth, no feint; it prevents and cures tens for the units cured by roundabout proceedings.

A story may impress this lesson. More than a year ago a patient came to me with aphonia. She had had it more than once previously, she said, and it had been hard to cure. Electrical shocks had been used. I said it would soon go away and refused any kind of treatment. More than once I had letters of lamentation at the persisting aphonia. Then she went to Brighton to reside with her relatives, who compelled her to press for treatment, which I again declined. Then a consultation was insisted on with a specialist. To this I yielded. The specialist found no disease, and suggested electrical treatment after a fortnight of further waiting. At the end of a fortnight I was again appealed to, and adhered to my original plan—no treatment, electrical or other. She went back to Brighton not well pleased. In a day or two she wrote to me that her voice was now as good as ever, and it remains so. She will not again have aphonia—as long, at least, as she continues to be under my care.

The name "hysteria" is much and often objected to, because the Greek root of it is "the womb." But it is not in anyone's power to make the profession give up its use or adopt another. Nor is it desirable that change should be made, otherwise than as the result of scientific progress. Many terms remain, not cavilled at, whose original meaning is lost or forgotten. Time has clothed them with a new meaning; and it so is with hysteria. I shall not even attempt to define hysteria. Old authors defined it and described it, and they made a horrid and amusing mess of it. The womb was represented as almost a distinct being, having *imperium in imperio*, travelling through the body or sending out spirits to various parts, creating disturbance wherever it or they went. Now it is well known that hysteria is essentially not a womb disease—not truly hysteria. It may occur before the womb is potent, and after its potency is past; and it occurs in men. But it may be said to have alliance with the womb, or with the generative organs generally, because it is far more common and more severe in women than in men, and it prevails chiefly during the period of activity of the genital system of organs. It is a gynecological disease in this sense, and it especially attaches it-

self to the generative system, because the genital system, more than any other, exerts emotional power over the individual, power also in morals, power in social questions. In these respects the stomach, or even the heart, have comparatively little influence. Though the womb cannot travel through the body and produce diseases, yet in the hysterical state any part of the body may be affected, and many diseases may be mimicked more or less imperfectly; or novel combinations of symptoms may arise. When the word "mimic" is used, it does not always imply conscious imitation by the patient, nor does it always imply close resemblance to the disease imitated. Sometimes the so-called mimicry is very imperfect; sometimes so complete as to mislead, for a time, the most experienced and careful observer.

There is, as I have said, alliance between hysteria and insanity; and in most cases you can find a morbid desire of attention and sympathy—a kind of selfishness. Many cases are indeed fully explained by this, but there are also many where it is difficult to trace it. On the one hand, you have women whose hysterics are never seen except in a suitable presence and on suitable occasions; on the other, you have many cases where the women do not doubt the reality, as it is called, of their complaints. Before the days of anæsthetics, cases occurred where women attested the sincerity of their convictions by enduring the agony of a great amputation for mere hysterical disease. Cases of the former kind are often classed, and often unjustly, as "humbug." Cases of the latter kind are often classed, and often erroneously, as "real." The former class is often cured by wholesome neglect—always aggravated by indiscreet attention or sympathy. It is this class which has brought the name "hysteria" into disrepute, so that it is extensively regarded as a sneer or an insult to label a woman with it. But the name is still very useful, and I think its use may be with advantage rehabilitated. Much evil has, indeed, arisen from giving it up, the result being to conceal an important character of disease, invaluable in guiding the practitioner. For example, the common hysterical retention of urine has been often treated as if it were "real," not "hysterical"; and, unfortunately, this is now done under the ægis of a great author.

Here let me refer to recent observation and operative experiments which may seem to you to traverse the views I have been inculcating. Certainly they are founded on the belief that the genital system, especially the ovaries, are sometimes the seat or origin of epilepsy and some of its hysterical modifications. Oöphorectomy has been often performed for the cure of so-called ovarian epilepsy—epilepsy connected with the menstrual function. Some forms of epilepsy and hysterical convulsions and hystero-epilepsy are not pathologically remote from one another. Now, that epilepsy

may own an ovarian origin no one will deny. But the cases operated on do as yet offer no support to the view. The epilepsy has not been subdued as was expected; and I believe this kind of operative treatment is given up. Only two days ago we had in "Martha" a case in which oöphorectomy for epilepsy had been performed in vain. The operation was by a surgeon eminent in the department, yet it is not a good test, for menstruation is regular now, years after the ovaries were, as it is believed, taken out. Again, curious hysterical convulsions or tetanic phenomena—hystero-epilepsy—have been declared to be governed by pressure on the ovary by the practitioner's hand applied over it, the phenomena disappearing when the pressure is exerted vigorously, and recurring when it is taken off, much as water from the tap is stopped or flows as you turn the cock this way or that. These observations I merely mention. They are so unsatisfactory and so badly controlled as to be worthless. Directions are given to find the ovary by the intersection of lines on the abdomen; they also are worthless. Pressure over the supposed position of the ovary is made while the abdominal muscles are in tetanus, and such pressure is worthless. The observations are, indeed, poor exhibitions of the power of a clever doctor to educate a woman into a hysterical "humbug."

But though the particular observations and experiments, of which I have been speaking, have given us little instruction, the restless work of many neurologists has not been without result. The observed grouping of symptoms and consequent ranging of affections into categories is a sure step to farther progress. Already we seem to have reached a great clinical distinction between hysteria and neurasthenia; and we have also made out the anorexia nervosa of Gull—an interesting malady, and rare, at least in its highest degree. The meaning of this recently introduced term, neurasthenia, lies on the surface: its exact definition is a difficult matter. It is a common and therefore an important disease, and it is of great practical or clinical interest to distinguish it from hysteria. I have said that its definition is a difficult matter, and this arises greatly from the fact that it is used indiscriminately, or has been so used that it is only gradually crystallising into any kind of definition. It has been and is much used as an alternative word for hysteria, to avoid using that often offensive term. But hysteria maintains its place, and neurasthenia has to find—or has found—its own. Confusion often arises from the two conditions being combined. A woman may exhibit no hysterical symptoms until she has become neurasthenic. Her neurasthenia cured, the hysteria disappears. To see clearly the distinction between the two diseases, you must take characteristic uncomplicated examples of each. Hysteria may affect strong, robust, vigorous women,

with no other functional disorder. It would be a contradiction in terms to say this of neurasthenia. A neuaasthenic may be fat and healthy-looking, and have no other functional disorder; but generally such patients lose flesh, are sallow, and look unhealthy, and they often suffer from distinct forms of indigestion and from constipation. A hysterical woman often shows great power and capacity of both mind and body. A neurasthenic has lost elasticity and power, or endurance both of mind and body; the nerves are weak. Above all, a hysterical woman is selfish—she wants attention and sympathy; while in a neurasthenic no such special demand for sympathy is made. The hysterical are found chiefly, though not exclusively, among the pampered, the lazy, the unemployed. The neurasthenic are found chiefly among the intellectually overworked, and the worried or morally overworked.

Considering these differences between hysteria and neurasthenia, you need not be told the great difference of treatment. In hysteria drugs are of little avail directly; often injurious, misleading the patient as to the nature and management of her case. Valerian, assafœtida, musk, castor, and other stinking things may have some mysterious potency, and so may the so-called nervine tonics. But your reliance is to be placed mainly and often exclusively, on maintenance by regimen of health of mind and body. It is chiefly by moral influence that hysteria is to be cured; and the first place in moral management is held by the discreet use or disuse of attention and sympathy. Neurasthenia is to be managed in a different way, and among remedies the first place is held by rest, especially rest of mind; then come change of air and scene, and the remedies demanded by any special disorder of health.

Before concluding, let us return to consider for a few minutes the anorexia nervosa which I have already mentioned. What is it? To answer this question, let us take bad or characteristic cases; for less marked examples, though more common, are not suited for helping to form a picture of it. A good example is one of the most ghastly spectacle you will meet with in practice, but the sadness of the picture is relieved by the fact that they all recover, and recover completely. I daresay the disease occurs in men, but I am not aware of a case. The patient loses appetite and becomes emaciated. The catamenia cease, and, if the woman is married, fecundity is arrested. The bowels are very constipated, the stools dry and hard. There is no increase of desire for attention and sympathy; on the contrary, the patient is inclined to reserve and seclusion. The patient makes little or no complaint; it is her friends that complain for her. There is no noticed weakening of the mind. There is great desire for exercise, especially walking exercise; the patient has a degree of *festinatio*,

and does not get tired, does not want to rest. Here you recognize a disease quite different from hysteria and neurasthenia.

The best example which I know of occurred in the granddaughter of a great physician, whose perplexity was heightened by sympathy and the utter novelty of the case. The patient was generally healthy, even robust. She had been for some years married, and had borne a child. The date of the commencement and of the termination of her illness cannot be given; both were so gradual. The disease lasted for about three years. During all the time there was amenorrhœa and very obstinate constipation. The patient looked like the corpse of one dead from starvation. The skin was cold, sallow, and without lustre; the eyes healthy, sunken, and with a dark surrounding areola; the tongue clean; the pulse very slow, and only perceptible at the wrist; the breathing slow and very shallow; the urine healthy. The emaciation was not removal of adipose tissue merely, but also of muscle; for example, it is scarcely an exaggeration to say there was no gastrocnemius. She forced herself to take a fair amount of nourishing food, but always would prefer to abstain. She had a great desire for walking and great sustained power of doing it, and she walked very quickly, not at her usual pace. She preferred greatly walking to driving with her grandfather, who naturally had difficulty in consenting to allow her to walk so much as she did, seeing the shrunken atrophied state of the thighs and legs. Drugs were used in vain. She was urged to eat and drink. She was anointed and rubbed with oil. She was pressed to lead an inactive life. In course of time her health was in all respects restored—gradually. She began again to bear children, and is now a healthy, plump woman.—*Lancet*.

## NOTES AND COMMENTS.

### USEFUL FORMULÆ IN SKIN DISEASES.

Dr. M. Epstein gives the following formulæ as in use in the service of Dr. W. A. Hardy, at the skin clinic of the St. Louis Post-Graduate School of Medicine:

R.—Unguenti vaselini plumbici, . ʒ iv.  
S.—Spread on cotton cloth.

One of the most universally applicable and valuable ointments in eczema is the diachylon ointment of Hebra; but owing to the difficulty of preparing it after the original formula, it is now generally made by melting together equal parts of vaseline and lead plaster. It should be neatly and evenly spread on strips of cotton cloth, and fastened to the parts with a roller bandage.

R.—Ung. picis liquidæ, . . . . . ʒ ss.  
 Ung. aquæ rosæ, . . . . . ʒ jss.  
 Zinci oxidi, . . . . . ʒ j.—M.

S.—Spread on lint.

This is of special value in the eczema (chronic ?) of children.

R.—Ol. rusci, . . . . . f ʒ j-ij.  
 Ung. aquæ rosæ, . . . . . ʒ j.—M

S.—Rub in thoroughly.

Useful in squamous eczema and also sometimes in psoriasis.

R.—Hydrargyri ammoniati, . . . . . ʒ ss.  
 Liq. picis alkalini, . . . . . f ʒ j.  
 Ung. aq. rosæ, . . . . . ʒ j.—M.

S.—Local use.

Employed in infiltrated eczema and in psoriasis of the scalp. It must not be used over too large a surface.

R.—Acidi salicylici, . . . . . ʒ j.  
 Sulphuris præcipitati, . . . . . ʒ j.  
 Vaselini, . . . . . ʒ j.  
 Ol. rosæ, . . . . . q. s.—M.

S.—Rub in thoroughly.

The range of application of this preparation is very wide, viz.: seborrhœa and scaly eczema of scalp, tinea versicolor, keratosis senilis, and lupus erythematosus.

R.—Emplastrum plumbi, . . . . . ʒ xxv.  
 Pulv. saponis, . . . . . ʒ jv.  
 Aquæ, . . . . . q. s.  
 Vaselini, . . . . . ʒ v.  
 Camphoræ, . . . . . gr. xx.  
 Acidi salicylici, . . . . . ʒ v.—M.

S.—Spread on lint.

This is a modification of Pick's compound salicylate soap plaster. It is much prescribed in the clinic for infiltrated eczema, especially of the hands and feet, and is now largely used in place of the more expensive Hamburg plasters of a certain kind. The amount of salicylic acid may be varied to suit the case.

R.—Chrysarobini, . . . . . gr. xl.  
 Acidi salicylici, . . . . . gr. xl.  
 Traumaticini, . . . . . f ʒ j.—M.

S.—Apply with a camel's hair pencil.

This combination affords the best results in psoriasis. After thorough removal of the scales, it should be painted directly on the patches, being careful not to put on the face, or about the genitals. As is well known, chrysarobin occasions considerable dermatitis, and its effects must be watched.

R.—Quininae sulphatis, . . . . . gr. x.  
 Spir. myricinæ, . . . . . f ʒ iij.  
 Glycerinæ, . . . . . f ʒ j.  
 Sodii clozidi, . . . . . ʒ ij.  
 Aquæ, . . . . . q. s. ad f ʒ viij.—M.

S.—Local use.

There are hundreds of so-called hair tonics, containing more or less of these ingredients, but the one here given is one of the most satisfactory of its kind.

R.—Acidi salicylici, . . . . . ʒ ss.  
 Zinci oxidi,  
 Amyli, . . . . . āā ʒ ij.  
 Vaselini, . . . . . ʒ ij.—M.

The formula above constitutes the well-known Lassar's paste. It may be applied on strips of cloth, or in chronic scaly patches directly rubbed in with the finger. It is of value in many varieties of eczema and intertrigo.

R.—Zinci oxidi, . . . . . ʒ j.  
 Glycerini,  
 Mucilag. acaciæ, . . . . . āā f ʒ ij.—M

S.—Apply with a brush.

In extensive patches of eczema this paste is very agreeable. If itching is severe, one per. cent. of carbolic acid may be added.—*St. Louis Polyclinic.*

#### ETIOLOGY OF DIPHTHERIA.

From a recent correspondence of the *Medical Register*, we clip the following:

The Etiology of Diphtheria was the subject of a paper read before the Cincinnati Academy of Medicine recently, by Dr. B. K. Ratchford, bacteriologist to the Medical College of Ohio. He stated as the object of his paper the discovery of the truth or falsity of the opinion that diphtheria is a local disease, and that the constitutional symptoms are produced by poisonous materials absorbed from the local lesion, and to study certain other points relating to the etiology of this disease. After a thorough discussion, he arrives at the conclusion that the constitutional symptoms of diphtheria, including the after paralysis, are produced either directly or indirectly by ptomaines.

In conclusion, the doctor summarized the following conclusions:

1. Diphtheria is a purely local disease.
2. It is caused by an external parasite.
3. This parasite is practically, if not strictly, a *aërobic*.
4. The constitutional symptoms are due to the absorption of poisonous materials, viz.: ptomaines from the local lesion.
5. The changes occurring in the blood and tissues, including the nerve lesions, are caused by direct or indirect action of ptomaines.
6. The disease has no latent stages, and second and third attacks are due to re-infection.
7. One attack, as a rule, gives at least temporary immunity.
8. After the limited period of immunity has expired, the previous attack may act as a predisposing cause to other attacks, if it has left the mucous membrane of the throat in an irritated

and inflamed condition. This is more likely to occur in scrofulous subjects. 9. Complications may occur from the entrance into the body of septic germs.

Upon these points he lays down the following rules of treatment :

1. Dissolve away the membrane, if possible, and irrigate thoroughly and frequently with an antiseptic solution, the local lesion, for the double purpose of washing away the poisonous alkaloids and retarding the growth of parasites. 2. In diphtheria of wounds, and in other parts where it is practicable, the thorough irrigation should be followed by a dressing which would exclude atmospheric air. This on account of the aerobic nature of the germ. 3. We should try to rid the system of the poisonous alkaloids by mild catharsis, free diuresis and diaphoresis, with remedies which do not have a depressing action on the heart. 4. We should seek to counteract the depressing effects of this poison on the heart and other tissues by abundant stimulation. 5. We should also seek to counteract its deteriorating influence on the blood by free exhibition of the great blood restorer—iron. 6. We should render the air of the sick room as nearly aseptic as possible, to prevent the entrance of adventitious germs. 7. Chronic granular enlargement, and other disease remaining about the throat, should be cured before dismissal, else the patient warned against the future exposure to diphtheritic poison. 8. The patient should not be entirely dismissed from observation for two months, during which time he should receive tonics and good food. 9. A serious exacerbation of symptoms in any form of ulceration or catarrh of the stomach or intestines, occurring in a patient exposed to diphtheria, should lead us to suspect the disease in these parts and we should treat accordingly.—*Am. Med. Digest.*

**THE USE OF PESSARIES.**—Dr. Wylie, Professor of Gynæcology, in the New York *Polyclinic*, gave a lecture and clinic on displacements of the uterus, on February 14. He considers anterior displacements of little importance; it is usually only in posterior malpositions that treatment is called for. This treatment, in his opinion, should never be by pessaries. In his hospital, for the past several years, he has known only one to be used. They simply support the uterus without reaching the cause of the displacement. Furthermore, they are dangerous, because of their liability to infect the patient. They abrade the mucous lining of the vagina, and, opening up the canal, allow free entrance of the air to the abrasion. He has often found women wearing the instruments for months and years without relief, whereas they have been quickly cured by curetting and the use of boroglyceride tampons. The tampons are a favorite method of treatment of many diseased conditions

of the vagina and uterus with Professor Wylie, and he uses them continually to support the uterus in displacements. The tampons are made by cutting sheet boric cotton into strips, an inch and a half or two inches wide, rolling them up, with medium firmness, until they are of a desired diameter, preferably about half an inch or a little more. They are then wet with the following: R. Boroglyceride, f ʒ j; glycerine, f ʒ xiv. Mix and add a saturated solution of alum, containing ʒ iss of the salt.

Professor Wylie also thinks Alexander's operation of shortening the round ligaments rarely necessary, for, if the cause of the displacement is treated, the malposition can, in most cases, be cured.—*Med. and Surg. Rep.*

**ON EHRlich's DIAGNOSTIC SIGN OF ENTERIC FEVER.**—Dr. Howard Taylor, House Physician to the London Hospital, says that the attention of Dr. Sansom, of London, was drawn to the subject of Ehrlich's test for enteric fever, whilst attending the Congress of American Physicians and Surgeons, at Washington last year. On his return to England he requested Dr. Taylor to investigate the test, which is as follows :

Ehrlich states that the urine of patients suffering from typhoid fever gives a reaction—with one of the aniline derivatives—different from that of normal urine, or of the urine of patients suffering from other diseases. Ehrlich's tests are as follows: *A*, a saturated solution of sulphanilic acid in dilute (1 in 20) hydrochloric acid; *B*, a five per cent. solution of sodic nitrate in distilled water. (Both of these solutions must be fresh, especially the latter, which cannot be depended on for more than a week at the longest. When mixed, of course, a solution of sulphanilic acid containing free nitrous acid is produced, which is the actual test solution; but on account of the extreme instability of the latter the two solutions must be mixed fresh at each testing.) In using the test, about twenty-five parts of *A* are added to one part of *B*. Mix with this an equal bulk of urine to be examined, and render alkaline with strong ammonia.

With normal urine the change will only be a deepening of color into a sherry or vinegar-brown. In conditions of pyrexia other than typhoid fever the color also deepens, but when the test is applied to the urine of a patient suffering from enteric fever the color rapidly becomes red, the tint varying from ruby-red to that of a deep port-wine color. On shaking the test tube a froth is produced which has a delicate pink color which is very characteristic.

From the result of Dr. Taylor's experiments with this test, which are given at length in the *Lancet* of May 4th, 1889, he concludes that the absence of the reaction is practically a proof posi-

tive that the case is not one of enterica (provided that the disease has lasted for six days or more). Its presence suggests—but does not prove—that the case is one of typhoid; the probability being greater the deeper the tint produced. And as the other diseases in which it occurs least rarely are not those which most closely resemble typhoid fever, but the reverse, the significance of these exceptions is very greatly diminished.—*Med. Prog.*

FOR CHRONIC CHILLS.—*Daniel's Texas Medical Journal* says that chronic chills, and that peculiar but very common condition of chronic malarial blood poisoning seen in swampy and other malarial sections, in which there is a "fever cake" or enlarged spleen, and a general dropsical tendency, there is no remedy, or combination of remedies, which has a better effect than that known throughout the South as Gadberry's Spleen Mixture. It is a solution of the oxy-sulphate of iron and potassa, and is made as follows:

R.—Pulv. ferri sulph. - - - - - ʒ j.  
Acidi nitrici, - - - - - f ʒ j.

Mix, and when reaction has ceased, add one ounce of some aromatic water, mint, or cinnamon; to this add quinine ʒ j, little by little, stirring constantly.

R.—Potas. citratis vel nitratis, - - ʒ j.  
Aquæ menth, pip. vel cinnam., ʒ vij.

Mix and dissolve and add slowly to the above, stirring constantly. Filter and wrap in blue or other dark paper, to exclude the light.

When properly made the mixture should be a perfectly clear, green fluid. The dose for an adult is a tablespoonful, three times a day, and in cases of long standing, it should be given every day for a month. On the days on which a chill is expected, the medicine should be given in anticipation, the same as quinine is given, and for children the dose should be proportioned to the age.

If old, dried sulphate of iron is used, the mixture is apt to be brown, and to deposit a sediment. If the sulphate is used in the natural state as found in the shops, and it is preferable, the mixture will be a bright green, and clear.

Care is necessary in adding the quinine to the acid solution of iron, to prevent its lumping; if added gradually and stirred with a grass rod it will dissolve like snow.

THE TREATMENT OF SEMINAL EMISSIONS.—The treatment of cases of nervousness from masturbation, or more properly nervousness about former masturbation, is commonly not satisfactory, but there is one measure which has proved so useful in several cases under my care, that I think it worth while to note it that it may be tried by others. It was, so far as I know, originally suggested by Professor John H. Brinton some years since, and I

believe has proved of value in his hands. It consists in the application of a blister over the sacrum.

The measure is a somewhat severe one, but the patients are apt to have suffered many things of doctors, from advertising quacks up, and various treatments, mostly of a depressing or a merely palliative sort, with small results, and I find they offer little objection. What is more, the improvement is usually lasting. Of course, the use of the blister need not preclude other and additional treatment, hygienic and medicinal.

The cases are, roughly speaking, divisible into two classes. One has emissions, usually during sleep, without erection or with only an attempt at erection; in the other the semen is only voided during erection or upon some irritation, mental or physical. In the former sort, the treatment should be tonic. I like a mixture of dilute phosphoric acid and strychnia, which I generally give by the following formula:

R.—Strychniæ, - - - - - gr. j.  
Acidi phosphorici, - - dil. f ʒ ij.—M.  
Sig.—25 drops in water after each meal.

In the latter kind, bromides, or, better, a mixture of hydrobromic acid and bromide of soda or of lithium, have done me good service.

Of course, the usual precautions must be taken that no old stricture be left to keep up an irritation, and hygienic directions given—a hard bed, not too heavy coverings, light suppers, little meat, a sponge bath in the mornings, the bowels kept free, and all causes of sexual excitement avoided.—*J. K. Mitchell, in Univ. Med. Mag., May, 1889.*

A USEFUL FORMULA IN SKIN DISEASE.—I have been so successful in treating certain cases of skin diseases, that I thought I would write a communication on the subject. One case, that of a printer who was affected with a very bad eczema of a chronic nature, on both hands (dorsal aspect), presented himself. His hands were so sore and inflamed that he could not work at his trade for weeks at a stretch. Hypertrophy of the skin, large scabs with cracks between, from which issued pus and other discharges, were the conditions as near as I can describe. I prescribed the following mixture with instructions for him to apply three times a day, very thoroughly at night, at the same time keeping the parts protected by cloth gloves:

R.—Ac. salicylic, - - - - - ʒ ij.  
Ac. boracic, - - - - - ʒ iss.  
Biborate soda, - - - - - ʒ ij.  
Alcohol,  
Glycerin, - - - - - āā q. s. ad ʒ ij.  
—M. et ft. lotion.

There was immediate improvement, and by sticking to the above treatment for three months,

his hands are now comparatively well. I was myself affected with a very troublesome hyperidrosis, or hypertrophy of the sweat glands of the palms of both hands, and bromodrosis of both feet. I used the same remedy in a similar manner and I was surprised to see what good results followed. It is an excellent remedy in many skin affections, as acne, etc. It will pay any man, who has an obstinate case of skin disease of a non-specific nature to give it a trial. I generally incorporate about 10 drops of ol. bergamot with the formula to give it an agreeable smell.—F. M. Scott, in the *Med. Age*.

#### THE ETHER SPRAY IN STRANGULATED HERNIA.

—In your last issue, Dr. Marett Tims describes a case in which he effected reduction of a strangulated hernia by aid of the ether spray. As he expresses uncertainty as to whether such application of the spray be novel and original, and invites correspondence upon the subject, I am led to communicate my little experience of the matter.

I first used the ether spray, as an adjunct to the taxis, seven months ago. The patient was an intractable old chronic maniac, on whom I had performed herniotomy twelve months previously. When the hernia returned and became strangulated, it occurred to me that the ether spray would effect all the good obtainable by the use of ice, and would be free from the disadvantages associated with the latter. The hernia was femoral and extremely tense; but after the spray had been applied to it a few minutes tenseness markedly diminished and reduction was soon accomplished. Twice within this month strangulation of the same rupture has occurred: the patient has been collapsed; vomiting, pain and distress have been urgent; and the tumor has been completely hard and irreducible. Each time, however, the spray has quickly brought the tumor into the reducible condition. In the few other cases of strangulated hernia in which I have used it I have found it equally effective. If the hernia be large, it is often necessary to reapply the spray several times during reduction—a fact probably due to the return of heat in the parts, with consequent expansion of the intestinal gases. It is to the rapid great contraction in volume of the gasses contained in the enterocele, caused by the deprivation of heat, that I attribute the main action of the spray. This result is produced without any of that pernicious pressure upon the extruded viscus which is inseparable from the use of ice-bag. My cases have not included any in which much omentum or any solid organ formed the hernial contents.—Ernest Birt, in *Lancet*.

**THE TREATMENT OF OXALURIA.**—Dr. Picard advises that to combat the formation of oxalate of lime, and to prevent the consequent loss of lime-

salts and the formation of urinary calculi, it is necessary to avoid those foods which contain or may give rise to the formation of oxalates, such as sorrel, cresses, tomatoes, rhubarb, and the fruits rich in citric, tartaric and malic acids, especially apples and currants. Champagne and Moselle wine, and strong beer, are to be strictly abstained from. In their stead, cognac, whiskey and gin are to be preferred. Hard waters are to be avoided, but if used of necessity, should be boiled. The medicinal treatment should consist in the administration of potassium, sodium, alkaline phosphates, and food rich in phosphates, such as fish-roe, calf and mutton-brains. If there is acidity of the alimentary canal, carbonate of magnesia should be prescribed. In this case, also, may be advised nitrate of potash, chlorhydric acid, in doses of 20 drops two or three times a day, or a mixture of chlorhydric and nitric acids.

R. Acid hydrochloric,  
 Acid nitric, - - - - - ā ā ʒ iv.  
 Water, - - - - - ʒ iss.  
 Orange syrup, - - - - - ʒ iv. M.

S. One tablespoonful in a glass of water before each meal.

Patient should eat moderately, avoid damp air and depressing influences. He should take active exercise in the open air, and such gymnastic exercises as will increase respiration and muscular development. He should take salt baths and sea voyages. All these tend to change oxalic into carbonic acid through the absorption of a greater quantity of oxygen. He should drink freely of warm aromatic drinks and of milk and avoid sugar. Infusions of calumba and hops are good, as are also Vals and Vichy waters. Patients should retire and rise early.—*Le Practicien*

THE CANADA LANCET argues that a six-months' session for the Medical College is long enough, and we heartily agree with our contemporary. There is a limit to all things human; and despite the advances of the age, the human mind has a limit to its receptivity. A season of activity must be followed by one of repose, as the night follows the day. The muscles of the prize fighter cannot be kept in condition very long, or the state known as "over-trained," supervenes. Even the base-ball or cricket player becomes stale after a long season, and his cunning fails him; the ball eludes his weakened grasp. After six months imbibition of knowledge from a dozen different sources, the medical student reaches a pitiable state of super-saturation; and it is more than likely that further effort would result in his forgetting what he had already learned. Better add another year to the course and grade the studies, and keep the term at six months.—*Times and Reg.*

"TAKE YOUR MEDICINE."—As is only too well known, children and infants frequently refuse to take medicines, however palatable they may have been made. A great deal of trouble may be saved, I find, by fixing the cheeks firmly with the finger and thumb of the left hand, whilst the spoon is inserted with the right. By this method, which I first observed practised by a young married lady recently, the first essential in the act of deglutition is provided for, namely, a fixed point for the pharyngeal muscles. Ordinarily this provision is effected by closing the mouth, and there cannot, I think, be any doubt that the prevention of the natural process by the presence of the spoon leads in great part to the struggle to avoid taking medicine. When the approximation of the lips is prevented by the firm forward pressure of the finger and thumb, medicine may be poured into the pharynx without fear of it being spat out, and the most refractory child will, as a rule, discreetly swallow it. The practice of nipping the nose, should, I am sure, be strongly condemned, because of the risk incurred of forcing the medicine along the Eustachian tube.—Dr. Illingworth in *Br. Med. Jour.*

NAPIER (A.) ON THE TREATMENT OF ALOPECIA AREATA.—The patient, a young woman of twenty-six years, had suffered from the disease for sixteen years. For four years there was not a single hair on the head, and the eyelashes and eyebrows had been absent for ten years. The treatment consisted of tonics (chiefly iron and strychnine) internally, while locally a stimulating lotion, consisting of equal parts of carbolic acid, rectified spirit, glycerine and water, was rubbed in twice daily. Within the last few months nitrate of pilocarpine ( $\frac{1}{4}$  grain in pill at bedtime) has been given, with good effect. The hair is now growing fairly well over nearly the whole head; it is glossy, strong, and deeply pigmented, and remains in when it does grow. The eyebrows and eyelashes have re-appeared.—*Glasgow Med. Jour.*, April, 1889.

AN Exchange gives the following:—The Doctor's daughter: "I declare you're a dreadful fanatic, Mrs. McCizzom. I do believe you think nobody will be saved but you and your minister."

Old lady: "Aweel, my dear; ah whiles hae my doots about the meenister!"

It is said that (*Ex.*) persons rendered insensible by the inhalation of illuminating gas, may be quickly restored by the administration of a few drops of acetic ether on a lump of sugar.

DEATH FROM ETHER.—A patient named Fero died (*Times and Reg.*), on the operating table at Philadelphia City Hospital, from the effects of ether. The operation was for hip-joint disease.

## Reports of Societies.

### THE ONTARIO MEDICAL ASSOCIATION.

The Ninth Annual Meeting of this body was held, June 5th and 6th, in the theatre of the Normal School, Toronto, the President, Dr. Henderson, of Kingston, in the chair; Dr. D. J. Gibb Wishart, Secretary. The attendance was the largest of any previous meeting, quite a number of American delegates and representatives being present, as also gentlemen from the sister province of Quebec.

The routine business being finished, Drs. Gibson, of Belleville, and Campbell, of Seaforth, read reports of some interesting cases, which was followed by the usual amount of discussion. In the afternoon, the President's address was the first on the programme. It was listened to with marked attention and interest. It appears in another place of this issue.

The discussion in Surgery was opened by Dr. W. T. Aikins, of Toronto, who took as a subject the "General Management of the Patient and Sick Room in Surgical Cases."

The Dr. dealt with the question of pure air in the sick room, and maintained that this branch of treatment was frequently neglected. He believed that the men and women of Ontario were not possessed of the same quality of bone and sinew, or for that part of height, as their forefathers of the old lands. The speaker laid a great deal of stress upon the filtration of air for the sick room especially in cities. He recommended the placing in the window of the sick room of two sheets of mosquito netting with cotton batting between. In cases of consumption he had seen great benefits result from the use of filtered air. Pure air as the greatest single remedy for consumption he thoroughly believed in.

The discussion was continued by Drs. Cameron and Britton, of Toronto, and Ruttan, of Napanee.

Dr. Roswell Park, of Buffalo then read a paper on the "Radical Cure of Hernia," which also appears in this number. The paper was well received and induced much profitable discussion. At four p.m. the Association divided into sections when Dr. Holmes, of Chatham took the chair in the

#### MEDICAL SECTION.

Here Dr. Smith, of Seaforth, read a very interesting and thoughtful paper on "Reflex Nervous Phenomena due to Preputial Contractions." The Dr. related the history of three cases, bearing out his ideas on this subject, which must be looked upon as orthodox and worthy of most careful attention, at the hands of the profession. He referred to Mr. Owen's teaching, that a small preputial or urethral orifice are perhaps the most common causes of hernia in children.

Dr. McKinnon's paper on "Venesection in Puer-

peral Eclampsia," followed. His views are pronounced on this question. He does not put much faith in nervine sedatives, or morphine, but thinks the inhalation of chloroform of value. He places venesection in the first place, to be aided by chloroform, purgatives, and morphia. The Dr. has had seven cases in his own practice, none fatal. Venesection was employed in six of them. Dr. Richardson, of Toronto, was fully in accord with the reader. Dr. Holmes, of Chatham, did not resort to venesection in anæmic subjects; he believed in the use of diaphoretics in addition to the remedies referred to by the other speakers.

Dr. H. H. Wright, of Toronto, read an excellent paper on "The Prevention of Puerperal Septicæmia." He holds that, with a proper understanding of the subject, sepsis in the lying-in chamber should be a rare event. He believes that the avenue to complete prevention of septicæmia is in absolute cleanliness on the part of the accoucheur. He does not hold to the necessity of antiseptics as such, believing that hot water, soap, plenty of washing, etc., will completely sterilize the hands. The patient should be thoroughly cleansed as to bleeding surfaces, proper dressings applied and much attention paid to the hygiene of the surroundings, as drainage, plumbing, etc. He objects to vaginal and intra-uterine douches, "because they are unpleasant for the patients, because they interfere with the physiological rest which the torn and bruised parts should have, because septic matter or air may be introduced and brought in contact with rents in the cervix, vagina, or vulva, and finally because they are unnecessary."

He believes that the introduction of the fingers into the vagina after labor is entirely uncalled for in the vast majority of cases, the placenta being easily expressed by external manipulation. At this stage septic matter is most readily up-taken by the open vessels and the abraded surfaces.

Dr. Temple considers that there would be very few cases of puerperal septicæmia if the accoucheur took all necessary precautions. He also objects to the routine use of douches. In his own practice he never used an antiseptic pad, but simply a clean diaper. In his opinion the majority of septicæmic cases are due to absorption of septic matter by rents in the passages.

Dr. Gunn, of Clinton, followed with the paper entitled, "Case of Schleroderma." The patient was exhibited.

#### SURGICAL SECTION.

Dr. Howitt, of Guelph, took the chair, and Dr. Mitchell, of Enniskillen, read a paper on "Early Operation in Cases of Obscure Abdominal Disease." The paper was discussed by Drs. Mann, of Buffalo; Oldright, of Toronto, and Groves, of Fergus.

Dr. Moore, of Brockville, opened the discussion on ophthalmology by a paper on "Glaucoma," which

we hope to give our readers in a subsequent issue. In the discussion, Drs. Burnham, Palmer and Reeve, of Toronto, took part.

#### EVENING SESSION.

Dr. Skene, Brooklyn, N.Y., read a paper on "Intraligamentous Ovarian Cystoma."

The Hon. G. W. Ross, Minister of Education, entered the hall after the reading of the paper. He was welcomed by the President. In a short address he referred to some matters of general interest to the profession.

In the discussion on Dr. Skene's paper, Drs. Temple, of Toronto, and Mann, of Buffalo, took part.

In Medicine, the discussion was opened by Dr. Sheard, of Toronto, by a paper on "The Prognostic Significance of Moderate Cardiac Hypertrophy and Dilatation." His paper created quite a discussion, those taking part being Dr. McPhedran, Toronto, and Dr. Bruce Smith, Seaforth.

Thursday, June 7th, Morning Session.

#### MEDICAL SECTION.

Dr. Holmes in the chair.

Dr. Price Brown, of Toronto, read a paper on "The Treatment of Phthisis Pulmonalis." He believes that much may be done to ameliorate the condition of the patient in all cases by inhalations of compressed air, and of air laden with various resinous substances in vapor. In the discussion which followed, Dr. Stewart, of Montreal, Dr. McKay, and Dr. Holmes took part.

Dr. Smith, of Orangeville, read a scientific and interesting paper on the "Pathological Relations of Spleen and Bone Medulla." It was unfortunate that none of those present were in a position to discuss the questions brought forward by the lecturer.

Dr. Anglin, of Kingston, read a paper on "Typhoid with Perforation of the Bowel."

#### SURGICAL SECTION.

Dr. Powell, Toronto, gave a description of a button-suture, being his own invention.

Dr. E. E. King, of Toronto, read a paper on the "Use of the Cystoscope in diagnosing Bladder disease." It was listened to with much attention. The Dr. illustrated his remarks by a demonstration of the powers of the instrument. Drs. Tremain and Park, of Buffalo, took part in the discussion which followed.

Dr. Dupuis' paper on "Periostitis Albuminosa of Ollier," was read by title, the Dr. not being present.

Dr. J. E. White's paper on "Recent Modes of Treating Fractures of the Wrist-joint," was discussed at length.

Dr. Griffin's paper on "Laceration of the Perineum," was read by Dr. Allan Baines, owing to

the illness of the writer. In the discussion which followed, Drs. Barrick and Wright, of Toronto, took part.

### AFTERNOON SESSION.

#### MEDICAL SECTION.

Dr. Holmes in the chair.

Papers were read by Dr. Sweetnam, Toronto, on "The Probable Future of Electricity in Gynaecology"; by Dr. McPhedran, Toronto, on "Abortive Forms of Typhoid"; by Dr. Ryerson, Toronto, on "Some Forms of Headache"; by Dr. Dickson, "A Plea for Electricity in Medicine"; and by Dr. McKinnon, Alvinston, on "Alcoholic Stimulents as Regards Quality."

A feature of more than ordinary interest was a short address by Dr. Workman, one of the oldest members of the profession in Ontario, occasioned by Dr. McPhedran's paper on typhoid. The old gentleman went back over forty years to the first cases of typhoid that he had experienced in the Province.

#### SURGICAL SECTION.

Papers were read by Dr. Newman, New York, on "Electrolysis in Surgery and Gynaecology"; by Dr. Howitt, Guelph, on "Miscellaneous Laparotomies"; by Dr. Groves, Fergus, on "A Case of Vaginal Hysterectomy, with Abdominal Surgery." "Some Practical Points in Gynaecology and Abdominal Surgery," by Dr. Halford Walker, and a paper on "Cholecystotomy," by Dr. McPhatter, Cleveland, O., completed the proceedings.

### EVENING SESSION.

The proceedings were opened by a paper by Dr. Thorburn, of Toronto, on the "Uses and Abuses of Antipyretics." Drs. Wishart and Davison, of Toronto, followed in the discussion. Dr. Workman, speaking on the same subject said, he, as one of the old fogies, wished to hear the opinion of members on the use of whiskey in fever cases. He wanted the opinions without prejudice to the Scott Act. Dr. Geikie said he had himself, while believing that whiskey was of little use in many cases, used it often as an antipyretic. Dr. Oldwright believed with a speaker at the morning session, that a great many men now in their graves would not have been, if they had stuck to cold water. Dr. Cameron agreed in the conclusion that cold water was one of the most effective of antipyretics. Drs. Richardson, Thorburn, Oldright and Sullivan also took part in the discussion, while from the gallery a number of students looked down and listened to their seniors.

The Treasurer's statement showed an income of \$625.81, and a balance of \$156.74. The number of members who had registered was 217. It was agreed, on the motion of Hon. Dr. Sullivan, to donate \$100 of the surplus to the Ontario Medical Library Association.

Votes of thanks to the Secretary, the Treasurer, the Minister of Education, and other gentlemen who had aided the Association, were passed. The last part of the proceedings was the installation of the new officers elected at the previous session. The Convention adjourned finally at 10.45.

#### ELECTION OF OFFICERS.

The report of the Nomination Committee, which was adopted by the Association, resulted in the election of these officers:

President—Dr. J. Algernon Temple.

Vice-Presidents—1st, Dr. Lundy, Preston; 2nd, Dr. G. Shaw, Hamilton; 3rd, Dr. K. N. Fenwick, Kingston; 4th, Dr. Hanley, Waubaushehene.

General Secretary—Dr. D. J. G. Wishart, Toronto.

Treasurer—Dr. E. J. Barrick, Toronto.

Assistant Secretary—Dr. W. P. Caven, Toronto.

Committee of Credentials—Drs. W. H. B. Aikins and J. L. Davison, for three years' service; Drs. B. Spencer and Anglin, for two years, and Drs. Holmes, Chatham, and Smith, Orangeville, for one year's service.

Public Health Committee—Drs. T. S. Covernton and P. H. Bryce, for three years; Drs. A. Rice, Woodstock, and Kitchen, for two years, and Drs. Bell, of Mestin, and Greer, Coldsprings, for one year's service.

Legislation—Drs. Harrison and Bowlby, three years; W. T. Aikins, W. B. Geikie, two years; Aylesworth and T. R. Eccles, for one year.

Publication—Drs. A. H. Wright and C. Sheard, three years; W. P. Caven and W. A. Powell, two years; and George Peters and George Acheson, for one year.

By-Laws—Dr. Henderson, Kingston, R. A. Reeve, for three years; Price Brown and Mitchell, Emmiskillen, for two years; Gibson, Belleville, and Gunn, of Clinton, for one year's service.

Ethics—Drs. Moore, Brockville, McDonagh, Toronto, for three years; Burnham, Toronto, and Tucker, Orono, for two years; and Arkman, Collingwood, and McKinnon, Guelph, for one year.

### ONTARIO MEDICAL COUNCIL.

Owing to the pressure upon our space this month we have been unable to insert a report of the proceedings of the Council. The more important transactions of that body are, however, noticed in our Editorial columns. Following is a list of the officers for the current year:

President—Dr. Cranston, Arnprior.

Vice-President—Dr. Crawford.

Treasurer—Dr. W. T. Aikins.

Solicitor—B. B. Osler.

Registrar—Dr. R. A. Pyne.

#### STANDING COMMITTEES.

Registration Committee—Drs. Rosebrugh (Chairman), Bergin, Campbell, Fenwick, Henry, Orr, Russell.

Rules and Regulations—Drs. Day (Chairman), Campbell, Fowler, Orr, Williams.

Finance—Drs. Philip (Chairman), Henderson, Wright, Russell, Ruttan, Vernon.

Printing—Drs. Buchan (Chairman), Harris, Wright, McArthur, Moore, Vernon.

Education—Drs. Williams (Chairman), Bergin, Buchan, Bray, Day, Henry, Burns, Ruttan, Fenwick, Fowler, Grant, Geikie, Harris, Husband, Logan, Russell, Wright.

Executive—Drs. Burns (Chairman), Campbell, Cranston.

# THE CANADA LANCET.

**A Monthly Journal of Medical and Surgical Science  
Criticism and News.**

✎ *Communications solicited on all Medical and Scientific subjects, and also Reports of Cases occurring in practice. Address, DR. J. L. DAVISON, 12 Charles St., Toronto.*

✎ *Advertisements inserted on the most liberal terms. All Letters and Remittances to be addressed to DR. C. SHEARD, 320 Jarvis St., Toronto.*

AGENTS.—DAWSON BROS., Montreal; J. & A. McMILLAN, St. John, N.B.; GEO. STREET & Co., 30 Cornhill, London, Eng.; M. H. MAHLER, 23 Rue Richer, Paris.

TORONTO, JULY, 1889.

*The LANCET has the largest circulation of any  
Medical Journal in Canada.*

## THE MEDICAL COUNCIL

The late meeting of the Ontario Medical Council was characterized by the accomplishment of much useful work. The members were unusually constant in their attendance, and the week's work passed off pleasantly to all concerned. They were all present to hear the address of the retiring president, Dr. J. H. Burns, of Toronto. We hope to publish it in full in a subsequent issue.

One, and indeed the only change made in the curriculum, is that there is in future to be but one paper in Chemistry, which may include both the practical and theoretical departments of this subject. There will be only one oral in the same subject, and it will be practical in its nature. Regarding matriculation, the Registrar of the Council was directed to endeavor to make such arrangements with the Educational Department, that hereafter, as any candidate for the second-class non-professional examination with Latin, who has the study of medicine in view, may not be compelled to take the third-class non-professional examination, previous to his taking the second. This is required under the present regulations, and it seems to us a very vexatious and useless rule, when applied to students who wish to matriculate in medicine, regardless of the teaching profession altogether. We understand that the Educational authorities have stated that this could readily be done. There is every reason to believe, therefore, that the regulations relating to second-

class teachers will be so altered as to admit of this relief to matriculants in medicine.

We are glad to learn that a summer session of ten weeks' duration has been made compulsory. It will, as we have previously pointed out, be valuable in keeping students engaged in useful, practical work, and will relieve, to a considerable extent, the tension of the final students' work during their winter sessions. We have no doubt that the time is not far distant when two summer sessions will be required, but the Council has certainly acted wisely in hastening slowly in this much needed reform. It is, we think, much preferable to lengthening the session to nine months, a scheme which seems utterly impracticable to the majority of lecturers in medical schools.

Another change is the addition of a course of not less than fifty lecture-demonstrations in medical and surgical anatomy, which is also compulsory. This subject has been, for some reason, the *bête noir* of the final students for a few years past. The present course must be taken in the final years, and will doubtless be of great aid in preparing students for the Council examinations in these most important subjects.

It has been decided that in future two examinations shall be held yearly, one in the spring and one in the fall. This, we think, is only right. The standard of fifty per cent. should be rigidly adhered to, for if a candidate be allowed to pass on forty-nine per cent., it will be a hardship to one who gets, say, forty-eight per cent., if he be not allowed a pass, and so on. Still, a year is too long to refer a plucked candidate who has fallen below the required standard by only a few marks, and we think that the holding of semi-annual examinations must prove satisfactory to all concerned. The Registrar, in writing to the rejected candidates, shall state only the subject in which they failed, but not the marks obtained. This will, no doubt, save a great deal of heart-burning, and also trouble to examiners and the Registrar.

The question of British and Colonial Registration was dealt with at some length, but it stands *in statu quo*. We have referred to this question so frequently in the past that no further notice is now necessary.

It will be gratifying to the profession to know that the new Medical Act is to be enforced. The Council has directed the Discipline Committee to

investigate charges made against several registered practitioners in Ontario.

The list of officers will be found on another page of this issue.

#### THE ONTARIO MEDICAL ASSOCIATION.

The meeting of this body on the 5th and 6th ult. was without doubt the most interesting and successful that has yet been held. The numbers in attendance—217—attest the wide-spread influence the Society is now exerting. A feature of the meeting was the interest taken in the very excellent papers read and the instructive discussions thereon, the latter being, we think, a measure of the progress medical and surgical knowledge is making in Ontario. The President's address which we give *in extenso* in this number, was a carefully prepared, thoughtful exposition of some of the most interesting points pertaining to the duties and interests of the profession of to-day. It may be said indeed that Dr. Henderson made an excellent officer, the success of the meeting being largely due to the excellent organization displayed, for which he as President, and Dr. Wishart as Secretary, deserve the warmest thanks of every member of the Association.

The division into Medical and Surgical sections enabled a great amount of work to be done; the only drawback being that many interesting papers were being read and discussed synchronously, a drawback which, however, cannot be avoided owing to the non-ubiquitous nature of even medical men. Discussion on ethics, also on subjects generally outside of actual professional work, was limited, every one seeming to have been in good humor. The presence of several American gentlemen of reputation in the ranks of the profession, added greatly to the interest of the meeting. The Association always gladly welcomes these noted strangers, we can hardly call them foreigners; the masonry of medical science making all who come under its palladium brothers, in a scientific sense. It is a pity that more of the said brotherly feelings should not always be shown by practitioners of the art, who happen to live in the same locality, and whose financial interests sometimes clash.

Dr. Powell's bell was an excellent reminder to some, who, in their zeal, forgot that ten minutes was all the time possible to be allowed for any

one member to discuss a given subject. The experiment is worthy of further trial.

We would like to urge upon our readers who are not yet members of the Association, the advantages to be gained by such meetings as this one. We noted the subject in an editorial of a few months ago, and need not recapitulate. Suffice it to say that not only is science advanced, but the interest of the profession as a whole, and of each individual member of it are well attended to by such means. The officers elected were such as to meet with the general approval of the Association. The highest honor, that of the presidency, was very fittingly bestowed upon Dr. J. A. Temple, of Toronto. This choice is a matter of congratulation to the Association. Dr. Temple is perhaps as widely known and generally respected as any man in the profession in Canada, and we are sure will with his accustomed zeal and energy make an efficient officer, under whom the best interest of the Association will be advanced.

#### DIETERY OF CHILDREN DURING THE HOT SEASON.

The annually recurrent heated term, so dangerous to the very young, is again upon us. Although the temperature of the past month did not reach its average altitude, yet it is to be feared the present month may not pass without its usual exorbitant demands on the health and lives of our little ones, and that many homes may be desolated by summer diarrhœa. Therefore, although we may have nothing new to offer, we may refresh the memories of many by calling their attention to the supreme importance of regimen, especially as to diet, in this trouble. We no longer regard the malady as inflammatory in its origin, to be treated by antiphlogistics; nor as the name indicates, wholly an excessive secretion, to be restrained by astringents. Less medication, and more hygiene, less drugs, and more judicious diet have proved more successful. Experience has taught us the value of sanitary environment prior to the knowledge of the microbe and its deleterious influence; as also the necessity of scrupulous care in the diet. The insanitary conditions such as overcrowding, atmospheric impurity, with elevated temperature, are predisposing causes which cannot always be obviated; and when these are added to these, im-

pure milk and water, often injudiciously administered, we cannot wonder that the omnipresent microbe invades and frequently destroys the young and delicate. But we claim that improper diet is the chief, direct or immediate cause of diarrhœa. The natural processes failing to digest the food taken, attempt to remove it, but either fail to do so under unfavorable circumstances, or in accomplishing it depress the vital powers, and the micro-organisms so excessively prevalent during hot seasons, overwhelm the weakened natural resistance to their baneful influence.

If the child be nursing when attacked, it is unwise to make any change unless there be something clearly wrong with the maternal supply. All experienced physicians know how much more amenable to remedies nursing children are than those artificially fed. Nor are they nearly so liable to the disease, for the microbe can seldom obtain admission to aggravate the irritation caused by indigestion or otherwise, especially if water or other fluid taken be sterilized by thorough boiling. But if the child be deprived of its natural supply from any cause, then great caution must be used to prevent the admission of impure milk or other improper nourishment. We need not refer to the well-known necessity of proper dilution with water, and addition of cream and sugar to cows' milk for children, which, after all, is nearly always the basis of prepared foods; but it may not be so commonly known that cows' milk is acid, while human milk is alkaline, therefore a little lime-water should always be added. For children over six months old, a little dextrine, in the form of arrow-root, or the old flour ball made by boiling for hours in a small bag some wheaten flour, drying and grating it. Another important matter is to limit the quantity. Much harm is done by over loading the irritable and weakened stomach. If the patient appear to crave more, it is water it needs, and this thoroughly boiled, with a little stimulant added, may be given *ad lib.* If the above milk diet fail, sometimes animal broths succeed, but this is an exception to the rule. But when indigestion follows an attack of diarrhœa, and the child is suffering from in-nutrition subsequent to the primary attack, nothing in our hands has succeeded so well as raw beef-steak finely minced and properly seasoned.

We are aware that boiling milk in the ordinary

manner will not thoroughly sterilize it, as it requires a temperature of not less than 266° F., which can only be attained under pressure. But for practical purposes thorough boiling in the ordinary manner for not less than two hours, will destroy many micro-organisms, and suppress the activity of all of them in milk or water. Boiled milk is also preferable to raw, as it produces a much finer coagulum and is much more easily digested. In very feeble stomachs it is often necessary to supply partly predigested foods prepared from sterilized milk with proper proportions of dextrine, sugar of milk and a little salt. Want of space prevents further discussion of this fruitful subject, but to conclude briefly, permit us to reiterate the necessity of absolute cleanliness everywhere, so that pure air may be inhaled, pure nourishment absorbed, and proper attention to the skin given. In this way only can the universal microbe be suppressed. Let the destruction of these organisms be our first consideration not only in actual disease, but prior to its advent, as prevention is better than cure. This having been accomplished as far as possible, an equable temperature maintained with judicious medication, we may expect to safely carry over the hot season most of our young patients, or at least a larger percentage than were saved in former days. But "eternal vigilance is the price of success."

#### THE MEDICAL COUNCIL.

List of successful final candidates at the recent examination by the Medical Council of Ontario :

W. J. Armstrong, R. K. Anderson, H. W. Armstrong, W. E. Almas, F. J. Bradd, J. Brown, A. E. Bateson, W. W. Birdsall, A. E. Bolton, J. J. Broad, J. E. Bowman, H. Becker, T. A. Beaman, E. Bull, G. M. Bowman, P. Brown, G. B. Carbert, G. K. Crossthwaite, J. Campbell, J. H. Collins, J. T. Campbell, J. Carruthers, G. Chambers, C. P. Clark, H. Chapple, J. Crawford, W. H. Clapp, Miss Jennie S. Carson, J. A. Creasor, R. C. Channonhouse, R. M. Cooper, C. A. Cline, H. N. Coutlee, M. C. Dewar, W. C. David, W. A. Dixon, G. A. Dickenson, John Duff, W. J. Earley, G. F. Emery, A. R. Elliott, W. Egbert, A. T. Emerson, H. C. S. Elliott, J. M. Fraser, I. A. Fitzgerald, S. M. Fraser, A. E. Garrow, J. B. Gamble, F. E. Godfrey, W. C. Gilchrist, J. A. Greenlaw, M. E. Gilrie, H. Grundy, D. Henderson, A. H. Holliday, J. S. Hart, A. F. Hilliker, W. C. Harding, L. J. Hickson, R. N.

Honner, J. Holdcroft, F. B. Harkness, C. H. Hamilton, J. A. Ivey, W. T. Irwin, W. Kerr, O. L. Kilborn, H. O. Lanfear, W. C. Little, H. J. Micklejohn, W. J. Milne, A. J. McAuley, W. J. Maxwell, E. Meek, T. J. Moher, J. T. McKillop, I. P. McCulloch, T. J. McNalley, D. McKay, J. R. McCabe, J. Y. McLachlin, J. M. McFarlane, C. McLachlin, D. H. McIntosh, Geo. McDonald, T. C. McRitchie, Miss Isabella McConville, W. W. Nasmyth, H. S. Northmore, W. S. Philip, J. A. Patterson, R. H. Palmer, T. C. Patterson, G. S. Rennie, C. J. Reynolds, S. T. Rutherford, D. A. Rose, J. A. Rose, W. H. Rankin, A. A. Smith, A. Stewart, W. A. Sangster, G. Silverthorn, A. Y. Scott, E. T. Snyder, H. A. Stewart, R. N. Topp, H. A. Turner, J. L. Turnbull, R. A. Westley, H. Wallwin, H. P. Wilkins, J. A. Wylie, A. J. Wilson, A. E. Wills, W. H. Wilson, W. M. Wright, J. Webster, H. T. H. Williams, S. N. Young, H. A. Yeomans.

#### SUSPENSION TREATMENT OF LOCOMOTOR ATAXY.

This treatment for disease of the spinal cord, having taken such a firm hold of the minds of the medical profession, it may not be amiss to call attention to some dangers attending its use. We see that Dr. Vincent, of the Clifton Springs Sanitarium, was found dead a few days ago, his body hanging from the tripod. It would seem he had been experimenting with the contrivance, probably with a view to noting on his own person the effects of suspension, and that by some inadvertence he lost control of the rope. The chin strap slipped over his mouth and nose and death by suffocation was the result. Another case, reported in *The World*, was that of a young lady, who is supposed to have fainted while suspended, and to have been similarly suffocated. She was under the care of Dr. Sayre, and the accident happened a number of years ago. These accidents point to the necessity of always having at least an attendant, preferably a physician, present when the suspension is being carried out. The variety of accidents which might happen must be great, and if the good results attributed to the treatment in that dread disease, tabes dorsalis, prove lasting, it would be a great pity if they should be accompanied by a series of such accidents as we have referred to above.

**NEW YORK POLYCLINIC.**—The following new appointments have been made :

Dr. Thos. R. Pooley, Surgeon-in-Chief of the

New Amsterdam Eye and Ear Hospital ; Ophthalmic Surgeon to the Sheltering Arms ; Consulting Ophthalmologist to St. Bartholomew's Hospital ; Professor of Ophthalmology. Dr. B. Sachs, Consulting Neurologist to the Montifore Home for Chronic Invalids ; Professor of Neurology. Dr. L. Emmett Holt, Visiting Physician to the New York Infant Asylum ; Consulting Physician to the Hospital for Ruptured and Crippled ; Professor of Diseases of Children. Dr. August. Seibert, Physician to the Children's Department of the German Dispensary ; Professor of Diseases of Children. Dr. H. Marion Sims, Gynæcologist to St. Elizabeth's Hospital. and New York Infant Asylum ; Professor of Gynæcology. Dr. Wm. H. Fluhner, Surgeon to Mt. Sinai and Bellevue Hospitals ; Professor of Genito-Urinary Surgery.

The Polyclinic has increased its Hospital Facilities by the purchase of a large building immediately adjoining its original property, and after making the necessary changes will furnish and have it open by September 16th, when the regular session will commence.

**BRITISH MEDICAL ASSOCIATION.**—The fifty-seventh annual meeting of the British Medical Association will be held at Leeds, on Tuesday, Wednesday, Thursday and Friday, August 13th, 14th, 15th, and 16th, 1889. The President-elect is Mr. C. G. Wheelhouse, F.R.C.S., J.P., consulting surgeon to the Leeds General Infirmary. An address in Medicine will be delivered by J. Huggings Jackson, M.D., F.R.S. ; an address in Surgery, by T. Pridgin Teale, M.B., F.R.C.S., F.R.S. ; and an address in Psychology by Sir J. Crichton Browne, M.D., LL.D., F.R.S.

**CANADIAN MEDICAL ASSOCIATION.**—This is to certify that the bearer . . . . . is a delegate to above and accompanied by . . . . . and are entitled to . . . . . tickets at the Special Rates to Banff Hot Springs and Return, granted by the Canadian Pacific and Grand Trunk Railways.

..... Gen. Sec.

MONTREAL, . . . . . 1889.

Departure should be arranged so as to connect with train leaving Montreal or Toronto on the evening of 6th August. Delegates from west of Kingston, going by way of Toronto, and from Kingston, Sharbot Lake and East *via* way of

Montreal or Carleton Junction Tickets issued on these certificates will be good only for going trip between 5th and 13th August inclusive, by which latter date the journey to Banff must be completed.

Intending delegates should apply to Dr. James Bell, Sec., Montreal, stating whether accompanied or not, so that the above form may be filled in.

At present it would appear that the meeting will be largely attended by members of the profession from all points in Ontario.

TREATMENT OF HEADACHES. — Dr. E. Lloyd Jones (*London Practitioner*) has written an able paper on the diagnosis and treatment of headaches, accompanied by diminished or increased blood-pressure, and he sums up the treatment as follows: First, with regard to low-pressure headache. In acute cases, *e. g.*, the toxic headaches from alcohol and tobacco, exercise and food are patent remedies. Relief is obtained from cardiac stimulants such as the following:

R Spts. ammoniæ aromat. . . . ʒss.  
Spts. chloroformi . . . . . ℥. xx.  
Aquam ad. . . . . ʒi.

Antipyrin in small doses (gr. iii.) is also useful.

In more chronic (recurrent) cases prolonged treatment by drugs is often necessary. In anæmic persons, iron is generally useful as an adjunct, but it is well often to give tr. digitalis with it in doses of ℥i. to iii. which will not slow the pulse.

If the patient is pallid, but the ears and lips are red, iron is of little service. In these cases, the tr. of digitalis m. i. to iii. is very efficacious, the bowels being kept open if necessary. These are the patients who have an excessive number of red cells, with an increased specific gravity of the blood; they are very prone to low-pressure headaches, and they are much relieved by rest and change.

In high-pressure headaches, the bowels must be kept open, but not purged. The nitrite of amyl, carefully administered in a very dilute state, is very useful. Nitro-glycerine is even more useful, as the dose can be more easily regulated, in recurrent as well as in acute cases. In anæmic girls, besides improving their blood condition, nitro-glycerine should be given in doses of one six-hundredth of a minim twice a day, and more than six doses should not be ordered. In recurrent high-

pressure headaches alkalies are most beneficial. When these occur in anæmic young women, iron should be given with them. Iron alone would increase the headache.

NESTLE'S MILK FOOD.—Among the various devices resorted to by the owners of proprietary articles to bring their goods into notice, we do not remember seeing anything more dignified or effective than the silent eloquence of the group of medals (see page 29) awarded to Henri Nestle, by the juries of the world in recognition of the superiority of Nestle's Milk Food as a diet for infants.

Thomas Leeming & Co. have won for themselves and the goods they handle the confidence of the medical profession and the chemists in Canada, by not attempting to run down competitors, but simply placing their goods before the profession, asking them to test their merits, and to continue to use or disuse, according to the result of the test.

It goes without saying, such a course as this can only be successfully adopted where the goods possess undoubted merit and are practically independent of the aid of printers' ink, which is the case with Nestle's Milk Food.

B. NAPHTHOL IN ENTERIC FEVER.—J. M. Clarke, M.B. (*London Pract.*), says that B. Naphthol given with antifebrin, to control the temperature, has a beneficial effect on typhoid fever. Forty grains given in twenty-four hours are sufficient to keep the intestinal contents aseptic, and thus hinder or prevent the development and multiplication of the various micro-organisms, and, therefore of the toxic products to which they give rise. He prefers it to any other drug for this purpose, owing to its solubility and its antiseptic properties. In some cases, it produces gastric disturbances, when it must be withheld for a time at least. He concludes: 1. That B. Naphthol is a safe and tolerably efficient agent to produce intestinal antiseptis. 2. That the duration of the disease is shortened, and the intensity of the symptoms directly arising from profound disturbance in the alimentary canal is lessened. 3. That complete convalescence is more speedily and satisfactorily attained; and that there is less risk of propagating the disease.

GLYCERINE INJECTIONS IN THE DIARRHŒA AND PROLAPSE OF CHILDREN.—Dr. George Rice (*London Practitioner*) reports seven cases in which persistent diarrhœa accompanied by great wasting, yielded to the injection into the rectum of two drachms of glycerine. In no case did he find it necessary to use more than three injections. Where prolapse was present it soon ceased to recur, as the little patient gained strength. Dr. Rice has also found, that where looseness of the bowels supervened in the course of other affections, such as pneumonia, the same happy results attended the injection of two drachms of glycerine. The injections cause neither pain nor discomfort. How glycerine proves so beneficial both in diarrhœa and constipation, Dr. Rice does not pretend to say, though he thinks it possible these troubles might spring from a common cause.

ANEMONE PULSATILLA IN GONORRHŒAL ORCHITIS.—Dr. Martel has employed anemone pulsatilla for some years in gonorrhœal orchitis with success. In 1885 and 1886 he reported a series of cases which he had cured with this agent, in doses of thirty drops of the tincture in twenty-four hours. The drug has the advantage of mitigating the pains and enabling the patient to walk. Dr. Bazy has taken up the experiments lately in the Hospital Midi, Paris, and communicates to the *Sémaine Médicale*, an account of forty-eight cases so treated. In thirty-five cases recovery was complete, in ten there was marked improvement, in two recovery is uncertain, and in one case the drug had no effect. Bazy employs the drug (*Wiener Med. Presse*), in the following formula:

R.—Tinct. pulsatillæ . . . gtt xxx.  
Syrupi . . . . . f ̄ iv. M.

Sig.—Dessertspoonful every two hours.

The remedy is willingly taken and well borne by the patients. Treatment must be continued until complete recovery occurs. The average time required for cure is eleven days.

ELECTRICITY IN RHEUMATISM AND ASCITES.—Dr. Walton, of Harvard University, (*Boston Med. and Surg. Jour.*) reports cases of chronic rheumatism that have been benefitted by faradism and galvanism, and M. Muret, after treating cases of chronic ascites by the application of the interrupted current to the abdominal walls, speaks in measured

terms in favor of its occasional trial, as it has a special influence on diuresis and absorption.

TYPHOID FEVER.—Ziensen thinks calomel has a decidedly beneficial effect on typhoid fever when given at the right time—that is within the first five days of the illness. He gives grs. vij ss., three times within two hours. He speaks very highly of antipyrine as an antipyretic, of which he administers 5 grammes in three divided, hourly doses, beginning at 6 p. m. He also recommends thalline and acetanilide for the same purpose, but objects to quinine.

ALUM IN OBSTINATE HŒMATURIA.—Dr. H. D. Didana, of Syracuse, N. Y., has cured (*Jour. Am. Med. Assoc.*) five cases of hæmaturia by administering 60 grains of alum in the course of twenty-four hours. He gave 20 grains in a goblet of water three times a day. In these large doses, and being well diluted, it did not constipate the bowels. This treatment succeeded, after the failure of other remedies.

MENTHOL IN PURITIS LABII.—Dr. A. Duke, of Dublin, has been successful (*Brit. Med. Jour.*) in treating pruritis of the vulva by rubbing the surface over three or four times with the crystals of menthol. It produces some burning sensation at first, which is followed by a sense of coolness and relief which lasts for days in some cases.

TRINITY MEDICAL COLLEGE.—The teaching staff of this institution has been augmented by the appointment of the following gentlemen:—Dr. D. J. Gibb Wishart, assistant to Dr. Ryerson; Dr. E. A. Spilsbury, instructor in Rhinology and Laryngology; Dr. T. M. Hardie, the uses of the various appliances for diseases of the eye, ear, nose and throat. Drs. G. Gordon, J. A. Watson, F. Winnett and Eden Walker, assistants in practical anatomy.

LOCAL APPLICATION OF PEPSIN.—Dr. H. B. Douglas (*Revue de Thér. Méd.-chr.*), has found pepsin a most valuable application for indolent ulcers. It gives a healthy appearance to the sore, and promotes rapid healing. He uses it with lanolin in the following combination:

R.—Pepsin . . . . . 48 grains.  
Lanolin . . . . . ʒjv.—M.

**CREASOTE IN DIABETES.**—The *Lancet* says, two cases of diabetes have been treated with excellent results by Valentini, by means of creasote administered internally. In one case, four drops per diem were given at first, this quantity being afterwards increased to ten drops. Under this treatment the sugar disappeared, and did not return when the patient began to eat starchy food. The other patient was given six drops per diem, and did equally well.

**SULPHONAL FOR NIGHT SWEATS.**—This drug has been lately brought forward by Battrich, (*Thera. Monats.*) for night sweats. He gives cases, showing conclusively that its action is certain in most cases. His dose is about  $7\frac{1}{2}$  grains. He considers the effect of sulfonal as equal to that of atropin, but that it is wholly free from unfavorable side-effects. Moreover its effect is lasting, the sweats of the second night being much less profuse without sulfonal.

**FOR HYSTERICAL VOMITING.**—The following is said, Ewald, *Rév. de Thérap.*, to be useful in the above :—

- R.—Hydrochlorate of morphia, . . . 3 grs.
- Hydrochlorate of cocaine, . . . 5 grs.
- Tincture of belladonna, . . . 75 m
- Cherry-laurel water, . . . 3vjss.—M.

SIG.—M. x-xv. each hour.

**CAPILLARY PULSATION.**—S. Lazarses-Barlow, of Cambridge, in a paper in the *London Pract.*, discusses the diagnostic value of capillary pulsation in heart disease. It is best observed on the mucous surface of the lip and beneath the nails. It is nearly always present in disease of the aortic semilunar valves, especially in regurgitant, and when present indicates that disease. This is important in doubtful cases, as by it we can tell whether to give digitalis or not.

**LEAD POISONING.**—It is sometimes very difficult to arrive at the source of the lead introduced into the system, even when its characteristic effects are well marked. We notice in an exchange that two cases which had defied detection for some time, were found to have been caused in one, by the attendant biting off of tin foil, covering the stalks in boquets at a florists, said tin foil containing about 8% of lead; in the other by drinking beer from bottles which had been cleaned with shot.

**ONTARIO MEDICAL COUNCIL EXAMINATIONS.**—We beg to call attention to the notice in our advertising columns, in reference to the examinations to be held at Toronto and Kingston in September next.

**BROMIDE OF POTASSIUM IN OVARIAN ACNE.**—Dr. A. Jamieson (*London Pract.*) draws attention to the coincidence between acne and ovarian irritation, and its attendant menorrhagia. He treats such cases with bromide of potassium, which relieves the ovarian trouble and cures the acne.

LEONARD, of Detroit, says *The Times and Reg.*, started the idea of publishing the names of the frauds who obtain credit from medical journals for advertising and then decline to pay their bills, with an impudent, "What are you going to do about it?" The law is a tedious, troublesome, and expensive remedy, and these men know it. But there is another method which they dread, and that is *publicity*. Drs. Leonard and Daniel have rendered medical journalism and honest advertisers a service by exposing these persons.

A. R. SMART, M.D. (*Toledo Med. and Surg. Rep.*), advocates ingi-puncture for internal hæmorrhoids. After forcibly dilating the sphincters, the base of each tumor is perforated one or more times by a wire of the size of a knitting needle, heated to a dull red. The patient is put to bed for from five to seven days after the operation, and on the second the bowels are opened with a gentle enema. In four or five weeks hardly a trace of the tumors will be found; no loss of tissue and subsequent contraction; only small indurations, which will subsequently disappear.

The following is said to be (*Med. Summary*) an excellent cough syrup for children :

- R.—Syrup. ipecac., . . . . . f5ij.
- Syrup. scillæ, . . . . . f5ss.
- Syrup. acaciæ,
- Syrup. pruni Virginia, āā . . . f5j. M.

SIG.—A teaspoonful as required.

**TOBACCO HEART.**—It is said (*People's Health Jour.*), that ten out of twenty candidates for cadetship at West Point were recently rejected on account of tobacco heart brought on by cigarette smoking.

WE regret that the want of space prevents our publishing the address of the President of Ontario Medical Council. It will appear in our next issue.

DR. JAMES THIRD was awarded honors at the late meeting of the Council. He and Dr. Sutherland were the only candidates out of the whole number who succeeded in taking honors.

YOU may hivy the stars in a nail keg, hang the ocean on a rail fence to dry, put the sky to sleep in a gourd, unbuckle the belly band of eternity and let the sun and moon out, but don't think you can escape the place that lies on the other side of Halifax if you don't pay for your paper.—*Theological Quarterly*.

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### Books and Pamphlets.

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A CLINICAL ATLAS OF VENEREAL AND SKIN DISEASES, by Robert W. Taylor, M.A., M.D., Surgeon to the Department of Skin Disease of the New York Hospital, etc. Price \$3.00 per part. Sold only by subscription. Specimen plate will be sent post paid, on receipt of ten cents in stamps to the Canadian Subscription Co., 647 Craig Street, Montreal.

Parts V. and VI. of this very estimable work are this month to hand. In part V. is taken up the tinea, prurigo—impetigo and diseases of this class. Part VI. is devoted to Urticaria, Pemphigus, Tinea; Trychophytineae Barbæ, Tinea Circinata Lupus and Ecthyma. We can only speak as before of the very excellent character of these numbers. The plates are certainly excellent, and give a good idea of the character of the affections. The text is an exhaustive exposition of all that is known upon these various affections, and the subject of treatment receives a much greater degree of attention than in other works.

ELEMENTS OF HISTORY, by E. Klein, M.D., F.R.S., Lecturer on General Anatomy and Physiology in the Medical School of St. Bartholomew's Hospital, London. 194 engravings. Philadelphia: Lea Brothers & Co.

The name of Dr. Klein is now so thoroughly and favorably known in connection with histology that any work bearing his name requires no commendation. The previous editions of the elements of histology have always been regarded among

the best works upon the subject, and the present work is an improvement upon previous ones. The chapter upon striped muscle and the question of the terminations of nerves in connection with striped muscle has been extended. Several microphotographs have been introduced, illustrative of more recent observations. We recommend the work very highly; as a text or laboratory book it it cannot well be surpassed.

LECTURES ON THE ERRORS OF REFRACTION AND THEIR CORRECTION WITH GLASSES, by Francis Valk, M.D., Lecturer on the Diseases of the Eye, New York Post-graduate Medical School, etc., etc. New York and London: G. P. Putnam's Sons, "The Knickerbocker Press." Toronto: Williamson & Co., 5 King Street West.

This work comprises eleven lectures on errors of vision, and is a simple and complete method of diagnosis especially suited to the general practitioner. To the physician who is beginning the study of the subject, it will prove a very valuable treatise. The methods of testing for, and prescribing glasses, are here much simplified, and can be readily understood by anyone at all familiar with the subject. We can commend the work as a concise and very practical treatise.

FAGGE'S PRACTICE OF MEDICINE. Toronto: Virtue & Co.

We referred in a previous issue to this work as one of the best in existence on the subject. Of course the systems of medicine are more comprehensive, but as the production of one man's mind this effort stands, perhaps, unrivalled. The immense amount of erudition evidenced in its every chapter, its pleasing style, together with its sound scientific principles, make it a most valuable acquisition to every physician's library. It will be read not only with profit but with pleasure, the rough ways being made plain by the greatness of the genius of one of Britain's first physicians.

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### Births, Marriages and Deaths.

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MEIKLE — MACMARTIN — At "Sunny Side," River Rouge, on Wednesday, June 5th, 1889, by the Rev. D. Paterson, T. D. Meikle, M.D., Mount Forest, son of the late Thomas Meikle, St. Andrews, Que., to Ellie, sixth daughter of the late Martin, MacMartin, River Rouge, Quebec.