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TREATMENT IN CASES OF THE
BRICK-DUST DEPOSIT.*

BY ARTHUR JUKES JOHNSON, M.B., M.R.C.S. ENG.,
F.R.M.S., F.O.S.

GENTLEMEN,

In selecting this as the subject on which to read you a paper, I have not done so because I think that any of my hearers are unfamiliar with it in general, but rather, because from its mere familiarity, its value as an indication of approaching disease may be overlooked, at a time when by a little care and attention, a serious condition may be avoided.

An error in diet, too much beer, a glass or two too much of port or champagne, may be the cause of a pinkish deposit occurring in the urine. This deposit is composed of uric acid in some form, generally as urate of soda, potash or lime. It can be dissolved by heat, and may appear in the urine of any one, without their having any hereditary tendency. It is not, however, of these cases that I intend to speak, but of those in which this deposit is persistent, where, without any error in diet—and I speak now not only of such error as consists in the too free use of stimulants—but without any error whatever, a patient habitually passes this kind of urine, and who after a time notices that this deposit is augmented by crystals of uric acid. When this occurs

early in life, say before forty, we may be pretty certain that there is here a strong tendency to the production of uric acid, either inherited or acquired, and that sooner or later it will accumulate, and we will have to treat one of two things, viz., gout or calculus. For these two diseases are intimately connected. They may, and in fact frequently do, exist in the same person. As the symptoms of gout become less prominent, those of what is commonly called gravel make themselves apparent. Both diseases are very generally hereditary, and seem to be interchangeable. A patient with gravel will frequently be found to give a history of gout in one parent, and his children again may have gout, though he never had. The chalk stones so commonly seen in the knuckles of old people, the presence of which so distorts their fingers, are composed of the same material as the brick dust deposit, that is, uric acid, now in the form of urate of soda. Whether, then, a chalk stone forms in the knuckle, or a uric acid calculus forms in the bladder, we must look upon them as an exhibition of the same primary condition, and the source of both is to be sought for in the same process. But first let me say a few words with regard to stone in the bladder.

It has been found convenient to describe all forms of stone occurring in the bladder, as of either local or constitutional origin. By local is meant, stone which occurs from disease of the bladder itself, and in which constitutional conditions do not affect its for-

* Read at a meeting of the Toronto Medical Society.

mation. Of this variety I shall say very little here, except that when a calculus of this kind has once formed, an operation of some form is required for its removal. The constitutional calculus is of quite a different character, and is generally avoidable. All constitutional calculi have a base, the elements of which are separated from the blood. This base is most frequently uric acid, sometimes oxalate of lime, or even in a few rare cases phosphatic stone would appear also to have this form of origin. A patient who habitually passes brick dust in the urine, next notices, as I have already said, the bright crystals of uric acid. After a time sand is passed, the particles of which, as they grow larger, appear, as their common name expresses it, like gravel. As time goes on one or a number of these grains remain in the kidney or bladder, and grow larger by constant deposit on their surface from the urine that passes constantly over them. Thus arises a stone, the composition of which will be found to be this same uric acid, combined with one of the alkaline bases that I have mentioned above. Fortunately these cases generally consult a medical man before this latest stage is reached. They come complaining of "kidney disease," decidedly a vague term, but one which to their idea is undoubtedly evidenced by the appearance of "gravel" in the urine. I have noticed also that in many cases the disease from which they suppose they suffer has some very remarkable symptoms, which, when we analyse, we find agree with those given in some of the wonderful advertisements we see in our daily papers, particularly one that begins in large letters, Are you Tired? Have you a Pain in your Back? etc., etc. The difficulty does not exist so much in learning what symptoms they think they have, as in finding any condition of the human body the symptoms of which they have not. And all these symptoms are set down as those of that much dreaded "kidney disease" which must exist because they can see the brick-dust deposit in their urine.

Almost or quite convinced that they really have some disease of the kidney, these people

fall an easy prey to unscrupulous quacks, who confirm their idea of their disease. Whereas, as a matter of fact, this brick-dust deposit, so far from betokening disease of the kidney, is an evidence to us that the kidneys are doing more than their share of work, instead of less. And yet the treatment generally laid down in the text books almost forces one to the conclusion that the kidney has, through some faulty action of its own, something to do with the formation of this deposit; and so we are told to give alkalis when uric acid is present, and acids when the urine is alkaline; that is, to give liquor potassæ, bicarbonate and citrate of potash, Vichy water, phosphate of soda and ammonia (as having the power of keeping uric acid in solution in the urine), benzoic acid, benzoate of lithia, etc.

Now this treatment by no means removes the disease, it merely gets rid of the deposit by producing a chemical change. It does not remedy the pathological condition, it only deceives the patient by covering up his most appreciable symptom.

Looking at the pathology of gouty and uric acid cases, I find Garrod says, in speaking of gout: "This disease involves a peculiar morbid condition of the blood, namely, an abnormal accumulation of uric acid." Sir Henry Thompson says this condition is the result of "a defective assimilation on the part of the organs of the primæ viæ." We find that in these cases we have a train of symptoms which when taken together constitute what is called "Torpid Liver." The symptoms consist of an almost constant deficient excreting function of the bowels, often accompanied with some symptoms of indigestion, a condition which it is customary with many to refer to a form of congestion of the liver. Whatever the exact condition is, certain it is that the liver exerts a very important action on the products of digestion. When this organ, alone or together with certain other glands of the digestive apparatus, is overworked, or overloaded, the kidney makes an attempt to assist in the elimination of certain materials which are to be got rid of, and the consequence is that the urine contains a larger amount of some of its solid constituents

than it should. The uric acid passed in this way may not be perceptible at first, as it is to a certain extent soluble in hot water, but as the water cools it will be thrown down, as it is almost insoluble in cold water. If, however, it is in great excess, it will pass even in hot urine as fine bright crystals. Now the urine that contains these, contains them when it is in the kidney, as well as when it is in the bladder. Hence, we have stone in the kidney, or a stone may begin there and pass to the bladder, before it is large enough to be felt in its passage down the ureter, and increase after it reaches the bladder. It will be seen, then, that the formation of uric acid calculus in no way depends upon a diseased condition of the kidneys, nor should the treatment of such cases be directed to the stimulation of these organs. They are attempting the work of another organ, and the strain upon them should be removed by inducing this other organ to perform its own function. However vague our knowledge may be as to the action of certain drugs on the liver, or indeed with regard to the exact mode by which the liver gives off, or does not give off bile, practically we know that these cases are benefited by small doses of mercury, and more or less by all those drugs which are commonly used as substitutes for it, such as taraxicum, nitric acid, etc.

But of all the remedies used for this purpose, the sulphate of soda seems to be the most efficacious, particularly when used in the form of a natural mineral water, a form in which a comparatively small quantity of this salt will be found to act much more freely than a very much larger dose of the crystal. It is very remarkable, but it is nevertheless a fact, that this salt in an artificially prepared form is of little or no value, whether in the form of an artificially prepared mineral water, or as a crystal. More than this—if a natural mineral water, such as Friedrichshalle, be evaporated, the resulting salt will not have the same effect that it had when in its natural solution. Therefore for our purpose the artificially prepared waters, though they may be what is called elegant preparations, fail in the essential qualities that we want.

The most valuable water of the saline group is the Hunyadi Janos, or Hungarian water, which contains about $2\frac{1}{2}$ drachms each of sulphate of soda and sulphate of magnesia to an English pint. Next, and nearly equal to it in efficacy, comes Püllna, though it has the objection that it sometimes purges too freely, often gripes, and is very nauseous. Then we have Friedrichshalle, a very reliable water, containing something less than one drachm of sulphate of soda, and about $\frac{3}{4}$ of a drachm of sulphate of magnesia, to the pint. Now the dose of sulphate of soda given in the British Pharmacopœia is from two drachms to one ounce, and that of sulphate of magnesia from one drachm to four drachms. But in the best of these mineral waters there is only about $2\frac{1}{2}$ drachms (a very moderate dose) of each of these salts to the pint of water, and yet you would not think of ordering a pint for a dose, for about half a drachm of sulphate of soda, with the same quantity of sulphate of magnesia, in their natural combination as they come from the spring, will suffice as an agreeable aperient for most people. This action cannot be obtained from this quantity of these salts in any other form; not even if the salt which is obtained by evaporating the mineral water in a warm-water bath, so as to avoid decomposition of the salt, or even less of the water of crystallization, be used. There is a peculiarity in the proper administration of these mineral waters which is worthy of note, the ignorance of which has led many to condemn them as useless. It is this: many of these waters in their natural condition, as they are obtained at the springs, are too hot to drink, and have to be allowed to cool slightly. They are all drunk more or less hot, and it will be found that in using them as we get them, they must be warmed before they are taken. The best way is to put a dose into a large tumbler, then add sufficient boiling water to make the whole so hot that it can be drunk with comfort. This should be done an hour before breakfast, on rising in the morning, or it may be taken at intervals while dressing. The hot tea or coffee taken at breakfast seems to hasten the action of the water, and as a consequence

one copious bilious motion will be obtained shortly after breakfast.

Now let us consider for a few minutes the alkaline waters most generally recommended in gout and gravel. They are Vichy and Vals; Vichy has 3 grains of sulphate of soda, and 47 grains of carbonate of soda to the pint. Vals contains no sulphate of soda, but about 65 grains of carbonate of soda to the same quantity of fluid. It is very easily seen how these waters act. By their alkalinity they simply dissolve the uric acid, and hold it in such a form that it cannot be seen; they obscure—that is the most appreciative symptom—but they do not cure the disease. Friedrichshalle, Hunyadi, and even Carlsbad, on the other hand, act in a very different way. They improve the activity of all the functions of digestion, and cause to be eliminated by the liver the waste that has formerly been thrown out as uric acid. In beginning this treatment, I think it advisable to give about four grains of blue-pill at bedtime the first night, after which the daily use of the water should be continued for six or eight weeks. It will be found that the dose of water will have to be reduced in a few days, as a smaller dose is then sufficient to produce the desired effect.

One word in conclusion as to diet. Although it used formerly to be thought advisable to stop nitrogenous elements of diet when uric acid was present in the urine, diminution of the deposit seems more certainly to result from an almost opposite course. The chief aliments that should be avoided are alcohol, sugars, and fatty matters. With regard to alcohol, if it is found necessary to allow any, a Rhine wine, or a sound Bordeaux, will be found the best. Champagne should of course be forbidden, as it is generally an impure wine, and if sweet contains that most objectionable stuff known to wine makers as "Liqueur"; sherry, port and strong beer are most unsuitable. Occasionally and under exceptional circumstances, in cases of weak digestion, a little good whiskey and water seems to be the least objectionable. Undoubtedly, however, the best plan for a patient who suffers with the condition I have

described is, to give up the habit of taking stimulants altogether, for, as Sir Henry Thompson says: "It is not only not essential to the health of most persons, but is absolutely prejudicial to most—but especially to the 'torpid liver' is it deleterious." Forbid sugar in every form and wherever found, and as far as possible all fatty matters, cooked or in combination, as in pastry, butter, cream, etc. By this means the overloaded liver will not be quite so overworked as before, the vicarious work of the kidney will be lessened, and it will be found that with this treatment and diet carefully carried out, uric acid will disappear more readily and more certainly, and with a more hopeful outlook for our patient, than by any other means.

52 BLOOR STREET WEST,
Nov. 27th, 1888.

REVIEW OF A TABLE OF CASES OF SPLENECTOMY RECORDED BY DR. ASCH, OF BRESLAU; AND DEDUCTIONS THEREFROM.

BY JAMES F. W. ROSS, M.D.

[With Prof. L. TAIT'S last table of 1000 cases of A. S.]

THE latest statistics regarding the operation of removal of the spleen have been given in the Archives fur Gynæcologie compiled by Dr. Robert Asch, of Breslau. Accompanying it he relates the history of two cases operated on at the Breslau hospital, one of them with a successful and the other a fatal termination.

They number in all 90 cases, the large majority having been done in the last 25 years. He mentions that 15 successful splenectomies have been done in the last three years, but as far as I can find none of these were done for leucocythæmia. Of the 90 operations, 51 recovered and 39 died.

The cases were as follows:

	Rec.	De'th.	Total
Removal for injury	26	0	26
Spleen in peritoneal abscess	1	0	1
Wandering spleen	13	0	13
Sarcoma	2	0	2
Cyst	3	0	3
Echinococcus cyst	1	1	2
Hypertrophy (simple or malarial, not leucocythæmic)	4	17	21
Leucocythæmic hypertrophy	1	21	22
Total	51	39	90

Criticising the above table, there are several points that ought to be pointed out. In the first place, it is hardly fair to compare in the same table cases of operation for injury alongside those operated on for disease. Take the cases operated on for injury, and for many of them we have the most meagre details. Cases 2, 3, 5, 6, 7, 8, 9, 10, 11, 14, 15, 17, 18, 19, 20, 25, 32, 33, 38, 39, 40, 44, or in all 22 cases in which no details are given, except that they were done for injury, with the name of the surgeon who reported the case, and stating in many of them that the operator was unknown. Are the statistics from unknown operators reliable? Then we come to case 4, in which a prolapsed spleen was replaced. Can this be classed as a splenectomy? Case 13 says "prolapsed bowel replaced," "damaged left kidney," but this gives us no particulars regarding the spleen. Are we to understand that the spleen was removed because it is recorded in a table of extirpations of the spleen, as the article is distinctly headed. And yet, just above it is recorded a case of "splenectomy," where a prolapsed spleen was replaced, and case 12 where a "partial resection" was performed, I suppose of the spleen. Case 21 is also a "partial resection." We have now looked over the 26 cases where the operation, whatever it may have been, was done for accident. We now come to case 9, where the spleen was removed from an abscess cavity; surely this cannot be considered as a grave operation, on the same page that we sum up operations for the extirpation of leukæmic sarcomatous or hypertrophic spleens, if we wish to form an opinion as to the desirability of performing these operations. I might then take out those cases of wandering or movable spleen that are removed owing to the inconvenience they give the patient. The gravity of the removal of these healthy small organs is nothing compared with the removal of the enlarged diseased organs, and seems to disturb the economy as little as does the removal of a small cystic or fibroid ovary.

Cysts of the spleen, whether simple or due to the echinococcus, are undoubtedly more dangerous to remove than the small healthy

movable organs with good pedicles, and are 80% less dangerous to remove than enlarged solid spleen tumors.

The author has perhaps struck the keynote when he gives as a reason for this greater danger in removing the large solid spleen tumors the sudden increase of blood pressure from the diminution of the blood circuit, by cutting off such an enormous capillary tract as is to be found in a 6 to 10 pound hypertrophic spleen. Without close examination of details, the mortality of the cases where the operation was done for hypertrophy without leucocythæmia, was 80% where it was done for hypertrophy with leucocythæmia 95%; and if we combine the two we have a mortality of 88%. There is therefore but 5% difference in the mortality in the two sets of cases. If leukæmia itself were the only difficulty to contend with, the mortality in the non-leukæmic cases would be much lower than it is in the leukæmic. In classing the causes of death, however, it can be shown that such a conclusion cannot be arrived at fairly if we examine the details.

Deaths from hemorrhage—

7 cases of simple hypertrophy.
5 " leucocythæmia.

Deaths from sepsis—

2 cases of hypertrophy.
1 case of leucocythæmia.

Deaths from shock—

5 cases of hypertrophy.
2 " leucocythæmia.
1 case doubtful, whether leukæmic or not.

Death from peritonitis—

1 case of hypertrophy.

Death from tension on the stomach—

1 case of hypertrophy.

Deaths from some cause *not given*—

12 cases of leucocythæmia.
1 case doubtful whether leukæmic.
1 of echinococcus.

We see then that one case died from too great tension on the cardiac end of the stomach. One case died from hemorrhage from vessels of the hilus. One case died of sepsis seven days after, hemorrhage having been very free at operation. With our present knowledge

and methods, these three cases and two others recorded as septic, making five in all, might possibly have recovered. This would leave of the cases where the cause of death is, according to our present knowledge, one against which we are unable to guard, eleven deaths from hemorrhage, eight from shock, one from peritonitis, in all 20. There are 14 fatal cases in which *no cause of death* is given. According to this table, it will be seen that the percentage of deaths from *hemorrhage* alone is 55% of those operated on for hypertrophic or leucocythæmic spleen tumors, or 36% in leucocythæmic cases, and 63% in hypertrophic cases, and in these cases I consider every care was taken to prevent bleeding. If we now look at the cases said to be simple hypertrophic tumours successfully removed, we find four; two of these have no further particulars, and of the other two, both were malarial enlargement, but one of these died 27 days after from acute nephritis. This ought to be considered as a possible danger subsequent to the removal of the spleen, and I think in considering the advisability of operation, should rank as a fatal case. However, it will be readily seen without this, that hemorrhage is accountable for 27% more deaths where leucocythæmia is not present than where it is present, and we have an almost equal number of cases (as 21: 22) to bring us to this conclusion. I cannot help believing, therefore, that the old idea that the excessive tendency to hemorrhage, after removal of large tumours of the spleen, is due to the leucocythæmic condition of the blood, is in part erroneous, and that we must seek for some other explanation.

I will, therefore, give my rendering of the German of Dr. Asch on this point: "One case of Tranzolini, which was undoubtedly leucocythæmic, recovered. This is the only recovery recorded; but yet it proves that even though the patients suffer from leucocythæmia, they may still recover from the operation.

"The hemorrhagic diathesis of leukæmic women cannot be so absolutely determined in every case as to exclude operation. Why do notoriously leukæmic women pass safely

through their confinement even without noteworthy bleeding? Why does not an uncontrollable hemorrhage set in in the beginning of the operation in these leukæmic cases?" (Trans.—It does. Mr. Bennett May has just told me of a case on which he operated when all attempts to stop the hemorrhage from the abdominal wall and other parts proved unavailing).

"The blood of my patient, and of other patients who have died from hemorrhage, showed sufficient clotting power. Why have 17 out of 21 cases operated on for hypertrophic spleen, where no leucocythæmia was present, died, *i.e.*, 81%? The majority of these have died from hemorrhage, as well as those in which leucocythæmia was present.

. . . The hemorrhage came on at the time when the blood pressure was increased, namely, after the effects of the anæsthetic had passed off.

"It appears to me that what is regarded usually as the normal blood pressure breaks through the opposition offered by the freshly-formed thrombi, and that the blood escapes from the smallest cut or torn vessels.

"Physiology has most certainly proved that after the ligation of a vessel the intravascular blood pressure is increased for a time, but then falls again to normal. This would appear to equally apply in those cases in which a very large capillary tract is suddenly shut off from the rest of the blood current, as happens in operations where very large tumours of the spleen, whether leukæmic or simply hypertrophic, are removed.

"Tranzolini, whose successfully removed spleen tumors were not as large as those removed unsuccessfully, now operates immediately after the onset of leukæmic symptoms, and comes to the conclusion that it is not the leukæmia that contra-indicates operative interference, but that it is the very large size of the tumors. . . .

"A careful selection of cases would, perhaps, give the operation an increased popularity, and I wish now to alter the usually-accepted maxim from 'Never do a

splenectomy if leukæmia is present,' to 'If a surgeon has a case of hypertrophied spleen that he thinks should be removed, whether on account of leucocythæmia or for other reasons, he must operate early before the tumour has increased to any very great size.'"

A classification of glandular enlargements, subsequent to removal of the spleen, may be of interest, especially so since "myxœdema" has been proved to be due to disease of the thyroid gland, and the thyroid is supposed to do service for the spleen when that organ has been removed. Other curious links in the chain that seem in some as yet unexplained way to bind these two organs with uterine or ovarian function, are the facts that many diseases of the spleen seem to come on after childbirth; that we have the well-recognized anæmia coming on after the advent of puberty, frequently accompanying pregnancy, and often following it; frequently assuming the pernicious and fatal form. The swelling of the thyroid gland during pregnancy is another link in this chain connecting these three organs.

Below are given all details to be obtained:—

REMOVED FOR.	GLANDS AFFECTED.
Accident.	Swelling of axillary glands.
Wandering spleen. ...	Swelling of inguinal and cervical glands.
Cyst.	Swelling of thyroid and lymphatic glands generally.
Wandering spleen. ...	No gland swelling.
Lympho sarcoma. ...	Swelling of inguinal and axillary, pain over thyroid and dry throat, but no swelling.

I will now combine with these statistics those just given to the Midland Branch of the British Medical Society by Mr. Lawson Tait, of his 2nd series of 1000 consecutive cases of abdominal section. It is a wonderful record.

NATURE OF OPERATION.	NO. OF CASE.	D' DHS.	MORT. %	MORT. IN 1ST. SERIES
Exploratory incisions ...	53	2	3.7	2.1
Ovarian cysts ...	24	1		
Cysts of one ovary ...	158	6		
Cysts of two ovaries ...	78	2	3.3	8.1
Cysts of the broad ligament ...	12	0		
Removal of appendages for myoma ...	148	3	2.03	7
Removal of appendages for inflammatory diseases ...	263	9	3.42	5
Removal of appendages for deformities ...	2	0	0	0
Hysterectomy ...	88	10	11.3	35.7
Pelvic abscess (opening and draining) ...	6	0	0	0
Hepatotomy ...	5	1	20	0
Cholecystotomy ...	28	2	7.1	0
Nephrectomy ...	12	2	16.6	0
Nephrotomy ...	24	1	4.16	0
Ruptured dilated tube ...	28	1	3.57	9
Hydatids of peritoneum ...	4	0	0	0
Tumors of large omentum and mesentery ...	2	0	0	0
Enterotomy ...	11	2	18.18	12.5
Suppurating peritonitis (opening and draining) ...	26	4	15.34	22.2
Puerperal peritonitis ...	4	3	75	—
Radical cure of hernia, ...	9	0	0	0
Amputation of the gravid uterus ...	3	0	0	—
Tumor of abdominal wall. Resection of cœcum for cancer ...	1	1	100	—
Perityphlitis (perforation of appendix vermiformis) ...	2	0	0	—
Incomplete operations ...	6	3	50	50
Cholelithotomie ...	2	0	0	—
	1000	53	5.3	9.2

A REVIEW OF THE YEAR'S LITERATURE ON THE PULMONARY DISEASES OF CHILDREN.

BY W. BEATTIE NESBITT, B.A., M.D.

Pneumonia.—Very little has appeared as regards the treatment of this disease. Such cases as have been reported deal chiefly with its etiological and pathological aspects. Henry Longstreet Taylor reports in *Archives of Pediatrics* two cases bearing on the etiology. His paper is entitled "Pneumonia Crouposa a Frigore." The children were perfectly healthy, no pneumonia near, and were accidentally exposed to severe cold for two or three hours during the night; one was found suffering from this disease in the morning, and

the other a few hours later. They were both dead in a couple of days. The microscopical appearances were those characteristic of pneumonia, and he thinks that if a pathological examination had been made, that neither the pneumococcus of Friedlander or Fränkel's bacillus would have been found; (unfortunately such an examination was not made). Dr. F. V. Sontagh, in *Jahresbericht für Kinderheilkunde*, reports a case interesting from two points: 1st, a probably mistaken diagnosis; 2nd, a syphilitic pneumonia complicating scarlet fever. A child, aged 5½ years, admitted to hospital Oct. 31st, for a pharyngeal diphtheria, with a certain amount of paralysis of the larynx, but on examination there were found at the edge of the anus two condylomata about the size of a ten-cent piece (making the pharyngitis appear more syphilitic than diphtheritic). Under administration of Hyd. bichlor solution for 15 days, symptoms disappeared, and in place of the condylomata were two simple pigmented spots. On the 16th November the child was attacked with scarlet fever, and on the 18th complained of a pain in the left side; on examination there was found considerable dullness as high as 4th interspace, pulse frequent and full, temperature 105°; all the symptoms indicated a pneumonia complicating the scarlet fever; child died Nov. 22nd. Autopsy confirmed diagnosis and showed left base of lung solidified, presenting all the characteristics of syphilitic pneumonia, probably latent from birth. In connection with the usual custom of attributing all pneumonias where the child dies in utero, or shortly after birth, to syphilis, Hurst, in *Medical News*, reports two cases, one of pre-natal and the other of post-natal pneumonia. In the former the mother had been under the exhausting drain for some time previous to and during pregnancy, of a lumbar abscess. She gave birth at about 7½ months to a child which lived for a few hours, but was deeply cyanosed all the time; autopsy showed that death could only have been due to the condition of the lungs, which resembled liver in consistency. Microscopically, the air cells were found to be filled with desquamated epithelium, etc., and were distorted and compressed by the overgrowth of interalveolar connective tissue. They were considered to be in the first stage of what is commonly known as

white or syphilitic pneumonia, but the author did not consider it due to syphilis; he advances the theory that as the maternal blood was improperly oxygenated, the fœtus made attempts at respiration, thus drawing into the lungs the liquor amnii and particles of meconium. His second case was considered from the autopsy to be due to inhalation of maternal discharges at time of birth, and he asks that all pneumonias occurring, either pre or post-natal, with increase of interstitial connective tissue, be not classed as necessarily syphilitic.

As regards symptomatology, Holt on cerebral symptoms in the convulsions of children in *Med. Rec.*, from an analysis of 173 cases, draws the following conclusions:—

1. Cerebral symptoms in the pneumonia of children are very common.

2. Convulsions belong almost without exception to infancy, being rarely met with after two years. Occurring at the onset, they belong essentially to lobar pneumonia; they do not indicate a bad prognosis, nor even, in most cases, a severe attack. When late convulsions come on, death within twenty-four hours may be confidently predicted.

3. Delirium comes oftenest between the ages of 5 and 8, usually in conjunction with extensive disease and high temperature. These cases, although severe, with but few exceptions, recover.

4. There is no such intimate association between cerebral symptoms and apex disease, as has been frequently stated. Such symptoms occur in only about one-fifth of apex cases.

5. Nervous symptoms occur much more frequently (one-third of the cases) when the disease is extensive and the temperature very high.

In hyperæmia he regards the cold bath as the safest and most efficient method of treatment. He also gives antipyrin as a general sedative in doses of two or three grains to a child from 6 to 9 months' old, and double the dose for child 18 months to two years. (The abstracter has had better results from the use of acetanilide (antifebrin) in doses of ⅛-¼ grain in this and similar indications, and besides its tastelessness, as compared with the pungent, bitter taste of antipyrin, makes it decidedly preferable for children. Considerable attention has also been given of late to steam inhalations of medicated

vapors, but as stated above, practically nothing new has appeared upon the subject during the past year.)

Bronchitis.—Friedländer, in *Revue Mensuelle des Maladies de l'Enfance*, reports his experience in treatment of acute bronchitis with antipyrin, which has been most favorable. The disease terminating, not in two to three weeks, as usual, but in about eight days. More benefit was obtained in those cases where the temperature was decidedly elevated. It also gave better results in the strong and well nourished children than in those poorly nourished; dose, 60 to 90 centigrams ($\frac{1}{4}$ - $\frac{3}{8}$ grains) for a child of two to five years. It produces profuse perspiration, quiet sleep, and causes the cough to be less dry. He administers it with wine and tonics.

We have, as stated above, had good results with the pleasanter medicament, acetanilide; both are, however, preferable to opium, as they do not affect the secretions unfavorably.

Mays, on the treatment of chronic bronchitis in children (*Medical News*), from an extensive experience, considers that the first and most necessary feature of treatment consists in persistent counter-irritation (see below for methods); for this croton and sweet oil in proportion of one to six, and with this, stimulation of the bronchial mucus membrane and the appetite. For the former the following prescription is recommended:

Ammon. murias.....	ʒi.
Ex. Euphobia, pil. fld.	
Tinct. Digitalis	ʒāā. ʒiiii.
Atropiæsulph.	gr. $\frac{1}{70}$.
Chloroform	gt. xii.
Syr. Tulu.	
Syr. Pices liq	ʒāā q̄s. ʒi.
Aqua. ad.....	ʒiv.
Sig. ʒi. t.i.d.	℥

And for the appetite:

Acid phos. dil.	
Acid nitromuriat. dil.	
Acid sulph. aromat.	
Tinct. Ferichloridi	ʒāā ʒss.
Sig. gtt. xxx in sweetened water.	

For the counter-irritation recommended by Mays the following abstract contains the views of Pieron in *Rev. Mens. des Maladies de l'Enfance*

On "external revulsive agents in the treatment of lung diseases in children," vesicants are very efficient means of treatment at times, but routine is to be avoided. They produce lesions similar to those of skin diseases, and varying in extent from an erythema to pustules. The first means of obtaining a revulsion is by heat either preserved or produced, *i.e.*, by covering the chest with a thick layer of absorbent cotton, and over this gutta-percha tissue or flannel. A more active revulsive is a cataplasm, or better, turpentine, the action of which may be prolonged by a covering similar to the above. Iodine is not recommended. The volatilization and subsequent inhalation of the vapors of iodine and turpentine has a beneficial effect. The following formula is given for the liberation of pure iodine:

Pot. iodati.....	i gram.
Pot. iodide.....	10 grams.
Aqua.	

Apply this freely on chest and let it dry, and then apply over it:

Acid citric.....	10 grams.
Aqua	50 grams.

Sinapisms are next in activity, but must be avoided except in urgent cases.

Pleurisy.—Appears for the year principally from the standpoint of surgical treatment. Sevestre in the conclusions to his article on pleurisy in children in the *Rev. Mens. des Mal. de l'Enfance*, says:

1. Pleurisy in children of the first year is easy to recognise, if one only thinks; but as against this it is very difficult to determine the amount of fluid; for this special point of diagnosis, as well as to confirm the existence of the pleurisy itself, percussion is of more value than auscultation.

2. The purulency of liquid is difficult to establish; the progressive emaciation of the child and the cachectic condition ought to make us suspicious. An exploratory puncture, which is besides free from danger, will remove all doubts.

3. If the child loses weight when the effusion appears, simply serous, there ought to be no hesitation to remove it by puncture. If the pleurisy is purulent, there was still greater necessity for the puncture; but if the effusion is reproduced, and above all, if the general condition remains bad, there should be no delay in treating the

empyema with antiseptic washings. On this subject Cadet de Gassicourt (*Four. de Med.*) gives two methods of surgical treatment: 1, Puncture and aspiration; 2, The cutting operation; this is not to be as extensive as Estlanders'. The best success for simple punctures will be obtained when patient is under 6 or 7 years of age, with elastic chest walls and readily expansible lungs. The punctures should be made systematically, every four or five days, and the pus should be less in amount each time; if not less, after two punctures the cutting operation should be resorted to.

Also a correspondent in *Rev. Mens. des Mal. de l'Enfance*, from the tenor of his article, appears to be fully in accord with the above; and he further says that with proper precautions, if the puncture does no good, it can certainly do no harm.

100 COLLEGE STREET.

A CASE OF INTUBATION OF THE LARYNX.

BY J. RANNIE LOGAN, M.D., M.R.C.S. ENG.

My apology for publishing a single case of intubation is the hope the report of this case may stimulate your readers, among whom I have many personal friends, to the use of this valuable life-saving agent. The patient, a little girl nine years of age, was taken down with diphtheria on Monday, 3rd December, 1888. It was a severe case of pharyngeal and nasal diphtheria. On the evening of the 6th I was called in by the attending physician, Dr. D—, on account of the advent of croupy symptoms. As there was as yet no evident obstruction to entrance of air, I advised $\frac{1}{2}$ gr. of corrosive sublimate every two hours, with the use of papoid spray at the same intervals, with all the nourishment, brandy, etc., that the child could be induced to take. In about twenty-four hours I was again called and found the child suffering from great obstruction in breathing. There was a deep sinking in the walls of the chest on inspiration, the loud stridor of croup could be heard throughout the house, the face livid, and great restlessness present, all indicating that she would soon die if not relieved quickly. I had no difficulty in inducing the parents to consent to intubation.

Having made preparations for an immediate tracheotomy in the event of accidental detachment of membrane obstructing the larynx, assisted by the attending physician, I introduced a tube at the third attempt. The relief was magical, shown instantly by the change in the child's expression, and in less than ten minutes she was fast asleep. She wore the tube with comfort six and a half days, when I gave her chloroform and easily removed it. The tube used was O'Dwyer's, and I was agreeably surprised by the ease with which she took liquid as well as solid nourishment. Being a very intelligent child, she soon learned to take liquids by the spoonful; holding her head forward she swallowed with a quick jerk. In this way she took wine, brandy and water, bread and milk, etc.; in fact there was no necessity for restricting her diet. The corrosive sublimate and steam atomizer were continued as before. I can readily appreciate the difficulty one might have in nourishing a younger child or one less intelligent. In such cases I should be inclined to use the tubes invented by Waxam, of Chicago, which have a metal epiglottis controlled by a spring of coiled gold wire. Theoretically, one would suppose them to be dangerous instruments from possible breaking of the spring or clogging of mucus or detached membrane; still, theoretical objections have to give way to practical experience, and Waxam uses them with great advantage in obviating the difficulty of swallowing liquids. I do not wish to give any detailed account of the method of operating, as I take it when a practitioner gets a set of instruments, he will supply himself at the same time with literature on the subject. I merely write this account of my first intubation, which was undertaken without preliminary practice on the cadaver or elsewhere, to encourage others not to be deterred from operating by the apparent difficulty of the manoeuvre, as any one with a proper knowledge of the anatomy of the parts, and with sufficient gentleness and patience, will succeed in introducing the tube, and will be rewarded by the instant relief it will give. It can be removed leisurely under chloroform without difficulty. I do not underrate the difficulty and delicacy of the operation, since it was only at the third attempt I succeeded in this case; but I am prompted to

write thus, because a few weeks since I lent my set of tubes to a practitioner in a neighboring town to use, if necessary, in a case of diphtheria. The larynx became invaded and the child died, the physician not wishing to attempt an operation of which he had no practical experience.

If intubation did not have as good a statistical record as tracheotomy, it would still be a very useful operation, since it is admissible in so many cases where parents would not consent to a cutting operation. No anæsthetic is needed, there is no shock, loss of blood, or open wound liable to erysipelas, etc. The air, first moistened and warmed by the natural passages, causes no drying of mucus, which renders the after-treatment of tracheotomy so tedious and anxious. Of course tracheotomy still holds as valuable a place in surgery as ever, but in many cases intubation will successfully take its place. To those who intend procuring a set of intubation instruments I can recommend Waxam's book on Intubation of Larynx, published by Chas. Truax & Co., Chicago, Ill., for instruction in mode of operating and after-treatment.

GRAND FORKS, DAKOTA.

Selections.

APPLICATION FOR BURNS.—As an application for burns, the *Centralbl. fur Therap.* suggests the following :

R.—Olivæ	6 parts.
Salol	1 part.
Aquæ calcis	6 parts.—M.

—*Medical News.*

ANTIPYRINE IN HÆMORRHOIDAL ULCERS.—J. Schreiber ("Therap. Monatsh"; *Memorabil*) reports a case of obstinate hæmorrhoidal ulceration in which the itching was promptly stopped and healing soon produced by insufflations of finely powdered antipyrine.—*N. Y. Medical Journal.*

THE HOUR OF DEATH.—It has been said that the greatest number of deaths occur between four and six o'clock in the morning. As a matter of curiosity, and to ascertain whether there is any truth in this statement, Dr. Charles Féré has tabulated the hour of death of all the patients dying in two of the hospitals in Paris for the past ten years. He found that there was no

preponderance of mortality at any particular hour, although there were somewhat fewer deaths between seven and eleven o'clock in the evening than at other periods of the day.—*N. Y. Medical Record.*

CASCARA SAGRADA IN MIXTURES.—Dr. John Irving (*British Medical Journal*) remarks that the addition of water to the liquid extract of cascara of the British Pharmacopœia makes a muddy and rather repulsive-looking draught, but that the addition of a very small quantity of ammonia-water renders it clear and of a bright ruby-red by transmitted light. Other drugs may be mixed with it, provided the mixture is made alkaline by means of ammonia. Associated with iron, cascara prevents the constipating effect of that drug. Dr. Irving recommends the following formula :

Citrate of iron and ammonium	30 grains ;
Ammonia-water	10 minims ;
Liquid ext. of cascara sagrada	½-1 drachm.
Solution of saccharin (5 per ct.) enough to sweeten	
An aromatic water	to 6 ounces.

An ounce to be taken three times a day.—*N. Y. Medical Journal.*

ANTIPYRINE AS A UTERINE SEDATIVE.—Windelschmid (*Allg. med. Ctrl.-Ztg*; *Union méd.*) prescribes enemata of thirty grains of antipyrine before or during menstruation in cases of dysmenorrhœa. In two obstinate cases he has known this treatment to prove particularly satisfactory, three doses being given (at intervals of twelve hours between the first and second, and of twenty-four hours between the second and third). He notes profuse sweating and slight ischuria as among the inconveniences of the method, and adds that it has sometimes been necessary to give a glass of wine or milk to avert imminent collapse. Rivière ("Gaz. hebdom. des. sci. méd. de Bordeaux"; "*Union méd.*") has found the same drug very efficient in allaying after-pains, in doses of fifteen grains by the mouth. A single dose proved enough in twelve out of twenty-eight cases, and two doses, at an hour's interval, in twenty out of thirty-eight cases. When it fails, he says, retention of placental débris or the like is to be suspected. He states that the drug is not eliminated by the milk.—*N. Y. Medical Journal.*

SALICYLATE OF SODA IN PRURITUS.—Icard reports the case of a patient who had suffered nine months from intolerable itching of the skin, and had tried remedies innumerable, who was speedily cured by the internal administration of forty-five grains of salicylate of soda daily.—*La Gazette Médicale*.

ACNE.—For two years Lassar has successfully treated acne by the application of an ointment of naphthol, 10 in 100. This is washed off in an hour and reapplied on the second day, when desquamation occurs without any cicatrix remaining. In more obstinate cases a camphor salve is also added.—*Lyon Médicale*.

THE GLYCERIN TREATMENT OF CONSTIPATION, enemata of from forty to fifty grains being used, has been tried by L. Novotny (*Pester med. chir. Presse*) in two hundred cases representing the most varied forms of disease. In almost all of them defecation took place after one or two minutes, but in four or five cases from two to three hours elapsed before the effect occurred. No unpleasant action was observed. In about a third of the cases there was first a solid movement, followed in an hour by a second that was soft or liquid.—*N. Y. Medical Jl.*

FROM Dr. Cammann's excellent paper (*N. Y. Medical Journal*, Nov. 10), we extract the following: Given internally, terebene is antiseptic, expectorant, and diuretic, relieves flatulence, and is readily borne by the stomach. In cases of pleuritic adhesions it seems to hasten the absorption of the exudation. Dujardin-Beaumez places in the order of their relative utility terpinol and terebene first in bronchial affections, and terebinthine and terpine in renal diseases. I have not only found terebene more useful than terpine in diseases of the lungs, but also in renal diseases. It is one of the most satisfactory drugs that I have used for relieving the dyspnoea of emphysema. Its action may be partly due to the relief of the flatulence with which such cases are so apt to be troubled, but is doubtless owing somewhat to the presence of oxygen in a loose form of combination which passes into the circulation and supplies the blood with that much-needed element.

The value of terebene in winter cough was first recognized by Dr. Murrell, of London, and its use in bronchial affections, both chronic and acute, has been endorsed by the articles that have appeared upon the subject.

For the past two years I have used terebene in a large number of cases. Thirteen cases were of chronic bronchitis, most with more or less extensive pleuritic adhesions. Three were acute bronchitis, ten emphysema, two asthma and bronchitis, ten phthisis, one pleurisy, and one of the third stage of pleuro-pneumonia. Two of these, both cases of acute bronchitis, were cured, one in four and the other in eleven days. Thirty-three cases were improved, most of them markedly, but a few only to a slight degree. Five were unimproved, two of the patients being obliged to discontinue the drug after two or three days, as it produced vomiting. The shortest time the treatment was continued in any case was four days, the longest time six months. The average length of treatment was a little over twenty-six days. Most of the patients took fifteen minims and some as much as half a drachm in a mucilaginous mixture four times daily. In all except three the cough was improved, becoming softer and less frequent. In twenty-six the quantity of the expectoration was lessened, in four it was unchanged, and in two it was increased. The latter were under treatment only one week, and it was found in some of the other cases that the expectoration was increased for the first few days and afterward diminished. In seventeen cases the expectoration became thinner and more watery; in six it was no thinner. In the other cases no note was kept in regard to this point. In those troubled with dyspnoea it was diminished in thirteen and undiminished in eight. The patients noticed an increase in the urine in nine cases; no increase was noticed in fifteen. In many of the cases the appetite improved. In two cases the terebene caused vomiting, in two nausea, in one dizziness and nausea, and in two dizziness. These symptoms usually disappeared when the dose was reduced. It is beneficial in affections of the bronchial mucous membrane, both acute and chronic. It relieves the dyspnoea of emphysema, it is readily borne by the stomach, and it seems to have a resolvent action on pleuritic adhesions.

THE Canadian Practitioner.

A SEMI-MONTHLY REVIEW OF THE PROGRESS OF
THE MEDICAL SCIENCES.

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. When a change of address occurs please promptly notify the Publishers, Messrs. J. E. BRYANT & Co., 64 Bay Street.

TORONTO, JANUARY 1ST. 1889.

DIDACTIC LECTURES.

We were pleased at the remarks of the Dean of the Medical Faculty of the University of Toronto on the subject of didactic lectures. The feeling that a radical change is required is rapidly gaining ground. The Universities of Toronto and McGill have now, in a semi-official way, declared that we need more laboratory and hospital teaching, and less didactic lectures. With all due respect to those who hold different opinions, we beg to reiterate our views formerly expressed that it is unjust to the student to compel him to attend the same course of didactic lectures twice. It is contrary to the spirit of modern ideas on the best methods of training medical students, and not in accordance with the customs of the most advanced teaching institutions in the world. The students desire to get more practical and less purely theoretical instruction. The principal opponents of the desired changes in the past have been found among the "school men," who are, of course, in a good position to form a correct judgment on the subject. We are pleased to know, however, that the opposition from such sources is not so great as has been supposed. We hope the Ontario Medical Council will carefully consider the questions at its next session, and frame wise rules in the interests of medical students, the profession and the public.

THE LECTURES OF PROFESSOR OSLER.

THE reception of Professor Osler on the evening of December 20, in the University of Toronto

Medical College, was probably the most cordial, enthusiastic and flattering ever given to a physician in Canada. The large lecture room was crowded to the doors, there being about 500 present. The lectures were delivered primarily for the benefit of the students; but there were present in addition a large number of most prominent physicians and scientists of Toronto, with heads of various colleges, and a fair number of doctors outside Toronto. When the lecturer appeared, accompanied by the Vice-Chancellor of the University, and the Dean of the Medical Faculty, the audience rose as one man with thunders of applause, which shook the building to its very foundations.

Dr. Osler commenced his career as a medical student in the Toronto School of Medicine about twenty-one years ago, and probably received his first inspirations towards scientific investigation from the late Dr. Bovell. His subsequent record is well known to the profession of Canada, and his position to-day as a physician, a teacher and a scientist, is second to none on the continent of America. Toronto has a feeling of great fondness for Osler, and if the rest of the world should fail to appreciate him properly, or if he should cease to appreciate Baltimore or the United States generally, let him come back to us, and we will give him a cordial welcome and plenty of work. It was a happy thought of the Vice-Chancellor to suggest an invitation to our distinguished friend from the Medical Faculty, and the results were highly satisfactory to all who had the pleasure of listening to his lectures.

WEATHER AND HEALTH.

ON account of the unusually mild weather of the first half of the present winter, we find many references to the old legend which connects a green Christmas with a fat churchyard. According to this old English legend, a very mild winter was necessarily an unhealthy one, and showed a death rate higher than the ordinary one. Statistics for many years have proved that this is untrue; on the contrary, the death rate in long, cold winters is higher than in mild winters. It has been found that all extremes in the weather, whether of cold or of heat, increase the death

rate, especially among the very old or very young, or those debilitated from any causes.

With such results clearly proven, are we justified in saying that mild winters are generally healthy, especially when compared with cold ones? Would it be better for our skaters, curlers, tobogganers, hockey players, sleigh-riders, etc., to enjoy a winter's holidays within doors, gazing out at dismal rains and fogs, rather than engage in their chosen sports on a clear, bright, frosty day? No! too much of the green Christmas weather, with all its depressing influences, is apt to make us bilious, miserable and disagreeable. The clear, bracing air of normal Canadian winter weather is, as a rule, invigorating to that large class of people generally supposed to be enjoying good health; but unusually fierce blasts and extreme cold weather generally carry off large numbers of the feeble and decrepit. Looking at it in the light of the "survival of the fittest," we frequently find the strong raised up while the weak are cut down.

THE OPERATION AT THE GOVERNMENT HOUSE.

A GREAT deal of interest has been taken in the results of the operation at the Government House. Such an interest will not, we hope, be considered in any sense impertinent, in view of the fact that the patient, by virtue of her official position, is the first lady in the Province, excepting the wife of the immediate representative of Her Majesty, and in addition has endeared herself to a host of warm friends in Toronto. We trust we may be excused for stating the facts to the profession, as the vague rumors abroad are rather conflicting. The young lady in question had an ovarian tumor, from which she had been suffering for some time—probably more than three years; and recently she consulted the family's medical adviser, Dr. Grasett, who made his diagnosis, and decided to operate at once.

The operation was performed on December 22nd. Dr. Strange administered the anæsthetic, chloroform, and Dr. Grasett was assisted by Drs. Temple and O'Reilly. A couple of the most reliable nurses from the General Hospital were in attendance. The tumor was a multilocular ovarian cyst, weighing fifteen pounds, and was

removed without any special trouble through a short incision, and the pedicle, which was rather long, was ligatured with "Tait's Knot" and dropped. No serious symptoms ensued, and at the present time, fifteen days after the operation, recovery is assured if no accident occur.

In a medical sense we consider it a compliment to the profession of Toronto that His Honor the Lieutenant-Governor decided to have the operation performed by surgeons of the city. The statistics of such operations which are now performed very frequently in Toronto, compare favourably with any in the world and we think the confidence shown was not misplaced, and we beg to congratulate all concerned on the happy results.

DOCTOR JOSEPH WORKMAN.

WE are sure our many readers will feel obliged to our publisher for the portrait which graces this number. To the older members of the profession it reveals the features of an honoured and trusty friend, while to those who have entered the ranks during the past decade, since his retirement into private special practice, we introduce one well worth knowing, who stood in the forefront for many years, and is yet in harness, though past the limit of four score years, with character unsullied.

Born in Ireland in 1805, of English and Scotch descent, the worthy scion of an honoured family of Puritan times, Joseph Workman enjoyed the great boon of a liberal English and classical education. Coming to this country he engaged for a time in teaching, and then studied medicine, graduating at McGill College in 1835. Making Toronto his home in 1836, he began his professional career, and ere long, by virtue of his private worth and public spirit, made his influence felt in the community. He did good service as an Alderman of the city, and as Chairman of its Board of Health and Hospital Surgeon, his energy and experience were of great value in the trying times of invasion by "ship-fever" (virulent typhus) and Asiatic cholera. As a member of the Public School Board he freely gave the benefit of his own training and culture. One of Dr. Workman's active mind and strong convictions could not

remain passive or neutral amidst the stirring events in Canadian civil and political life of forty and fifty years ago; and he found time, through the medium of the press and in other ways, to prove himself the friend and ally of such men as Baldwin and Hincks. That his patriotism was not of the pen and paper kind is shown by his holding the rank of Brevet-Major in the Militia.

As early as 1848 the Government showed their confidence in his integrity and ability by appointing him on the Board of Commissioners to inquire into the affairs of King's College and Upper Canada College.

The literary and professional attainments and valuable contributions of the Doctor have been recognized from time to time by election to various scientific societies of Great Britain, United States, Italy, etc.

But we turn from these facts to some features of his long and useful life, which give the key to the high position our venerable confrere holds in the esteem of the profession. In the first place, for more than a half-century he has been an ardent and humble student of medicine, showing the true animus early in his career in his efforts to solve the etiology of Asiatic cholera, and at eighty-four, with unflagging interest, translating an Italian work on cerebral pathology.

An old-time lecturer on midwifery and therapeutics, his matter and manner combined to make an indelible impression upon his students.

The Doctor was one of the earlier members of the Medical Board, of which the Hon. Dr. Widmer was President, and he is the sole survivor of that small group of worthies, amongst whom he helped to preserve a needed balance of power, earning the gratitude of not a few candidates for license by his good judgment and fairness.

For well nigh a quarter-century he was the head and heart of the largest and most important medical establishment of the country—the Asylum for the Insane, Toronto—the trusted officer of the Government, the wise mentor of the public; yet true as steel in professional *esprit*. Never sinking his individuality in officialism or showing the perfunctory spirit, he was as ready, if need be, himself to clean out a soil pipe as he was facile in expounding his views on Paresis or other of the knotty problems

of the alienist; and by his rare tact, energy and administrative ability, evolving the institution from a semi-chaotic condition to be a fitting monument to his worth.

Holding that organic disease and mental aberration are often the cause of evil habits and so-called crime, Dr. Workman has always shown the courage of his convictions, and has been ready to give an answer for the faith that was in him. Never priding himself on being infallible, he has held truth to be sacred, and reputation less dear than character.

And the profession is largely in debt to the expert alienist whose vast knowledge of habits and men, lucid and trenchant style, and withal singleness of aim, enabled him in many weighty cases of civil and criminal jurisprudence to hold his own against judge and counsel—a foeman worthy of their steel, whom naught could swerve from the straight line of conviction.

While wishing our venerable friend God-speed the rest of life's journey, may we express the hope that he will give some reminiscences of his long and honourable career as a welcome legacy to the profession he has served so well.

THE most interesting and largely-attended meeting in the history of the Toronto Medical Society was held in the Medical Council Chambers, December, the 26th, about one hundred members being present. The President, Dr. Machell, was in the chair. The special features of the evening were addresses by Dr. James B. Hunter, of New York, and Dr. Wm. Osler, of Philadelphia, and the unveiling by Dr. R. A. Reeve of a large and exquisitely-finished portrait, in oil, of Dr. Jos. Workman, the Society's first President. The portrait was executed in the well-known style of Forster, the eminent artist, who has represented the doctor sitting at ease reading a copy of THE CANADIAN PRACTITIONER. It has been procured by the Society as a memento of their esteem, and was pronounced as doing full justice to both subject and artist. It will be preserved in the Society's Rooms, Medical Council Chambers.

THE drawing which appears as the frontispiece of this number of THE PRACTITIONER has been made by Mr. Cruickshank from an original photograph of Dr. Workman.

NOTES.

THE winter dress which *The Buffalo Medical and Physical Journal* has donned, is new, taking and stylish.

It is stated that in Los Angeles, Cal., no one is permitted to practice medicine until he has signed a fee bill, and takes oath that he will abide by it.

PAPERS by Drs. Beaumont, Small and Powell of Ottawa, and by Dr. McKenzie of Toronto, will appear in our next issue (Jan. 15). Prof. Osler will have a communication on "Cerebral Localization" (illustrated), in one of the February numbers.

THE *Varsity* says:—Oxford University is the largest in the world; it embraces twenty-one colleges and five halls. It has an annual income of \$6,000,000.

THE most heavily endowed educational institutions in the United States are:—Girard College, \$10,000,000; Columbia, \$5,000,000; Johns Hopkins, \$4,000,000; Princeton, \$3,500,000; and Harvard, \$3,000,000.

THE following are among the largest sums given by individuals in the United States for educational purposes:—Leland Stanford, \$20,000,000; Stephen Girard, \$8,000,000; Johns Hopkins, \$3,148,000; Asa Packer, \$3,000,000 to Lehigh University; Ezra Cornell, \$1,000,000; James G. Clark, \$1,000,000.

IN consequence of the increasing circulation of the *Medical Press and Circular*, an edition is now printed weekly on thin paper for foreign circulation. Messrs. J. E. Bryant & Co., 64 Bay Street, are the Canadian agents for this publication.

KINGSTON MEDICAL COLLEGE.—The following have been appointed by the Senate of Queen's University as medical examiners for the year 1889: Materia medica, Dr. Fowler; Surgery, Dr. Sullivan; Practice of Medicine, Dr. Gibson,

of Belleville, and Dr. Heard; Physiology, Dr. Phelan; Anatomy, Dr. Moore, Brockville; Histology, Dr. W. G. Anglin; Jurisprudence, Dr. Saunders; Obstetrics, Dr. R. Fenwick; Chemistry, Prof. Goodwin and E. C. Shorey.

TORONTO UNIVERSITY.—The following were appointed examiners in the department of dentistry for 1889:—Operative Dentistry—J. G. Roberts, D.D.S., L.D.S. Prosthetic Dentistry—G.A. Swan, D.D.S., L.D.S. Dental Pathology—R.M. Fisher, M.B. Dental Materia and Therapeutics—R.M. Fisher, M.B. Dental Histology—I. Teskey, M.D. Medicine and Surgery as applied in Dentistry—L. Teskey, M.D. Anatomy of the Head and Neck—George A. Peters, M.B. Physiology—W. H. B. Aikins, M.B. Chemistry—W. T. Stuart, M.B.

TRINITY UNIVERSITY FACULTY OF MEDICINE.—The following gentlemen were appointed examiners for the year 1889:—Surgery—Dr. Teskey. Clinical Surgery—Dr. Grasett. Medicine—Dr. Fraser. Clinical Medicine—Dr. Nevitt. Midwifery and Diseases of Women and Children—Dr. Temple. Medical Jurisprudence—Dr. Johnson. Sanitary Science—Dr. T. S. Coverton. Anatomy—Dr. Robertson. Materia Medica—Dr. Davidson. Physiology, including Histology—Dr. Sheard. Toxicology—Dr. Watson. Chemistry, general and practical, and Botany—Prof. Kirkland. Matriculation in Medicine—Rev. G. I. Taylor, M.A., and Prof. Kirkland.

MISS FLORENCE NIGHTINGALE has never recovered from the severe strain to which she was subjected in her noble work of nursing during the Crimean war. She is now an invalid from spinal disease, in her seventieth year, and is an inmate of St. Thomas' Hospital, where she will probably end her days, tenderly cared for by the nurses who in that excellent training school are reaping such benefit from the Nightingale fund of \$250,000, which was raised in 1858.

THE Philadelphia Polyclinic has established a three months' systematic course in ophthalmology, particularly arranged to meet the needs

of medical men who design to pay some special attention to ophthalmic practice. The ordinary six weeks' course, which the student can enter at any time, has been found not to answer these requirements; it being necessary to master certain optical principles before much progress can be made in other directions. The course is largely clinical, including daily practice with the ophthalmoscope and test lenses.

—THE *Albany Medical Annals* refers to the late Dr. Henry B. Sands as follows:—"He was one of the most erudite men in the College of Physicians and Surgeons, and all his learning was brought into his work there and outside. But his intellectual force made his learning subsidiary to his individuality. While exceedingly quiet and utterly devoid of all that is *bizarre* and for effect, he had a great deal of personal magnetism—a great deal of an individuality of assertion that always made him a commanding presence. He was ideally fitted by nature and habit for a great surgeon, and in accumulated information and in dexterity both of diagnosis and of operating, he had no superior."

ANNUAL DINNER, MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.—The recent dinner of the students of the Medical Faculty of the University of Toronto was quite as successful as any in previous years. As it is the chief event of the year, in a social way, for the students, they make every effort to have a pleasant entertainment for their guests, their Faculty and themselves. That they succeeded admirably this year was the universal opinion of those present. To the friends of the Faculty it was gratifying to witness such hearty manifestations of good will between professors and students, and to learn that the prospects for the new College were so bright.

THE British Medical Association will meet at Leeds on the 30th of July and following days, Mr. Wheelhouse being the President-elect. Dr. Hughlings-Jackson will deliver the address in medicine, and Mr. Teale that in surgery, while a new element will be introduced into the public

addresses by an oration on psychology by Sir Crichton Browne. The Presidents of sections will be:—In medicine, Dr. Clifford Allbutt; in surgery, Mr. Jessop; in obstetrics and gynecology, Mr. Cullingworth; in public medicine, Mr. Edison; in psychology, Dr. Hack Tuke; in pathology, Dr. Joseph Coats; in ophthalmology, Mr. Anderson Critchett; in diseases of children, Dr. Scattergood; in laryngology, Mr. Butlin; and in otology, Mr. Field.

WE have pleasure in congratulating MR. C. BLACKETT ROBINSON, the publisher, on the great improvement which he has lately effected in the size and appearance of *The Week*. With the beginning of its new year (December 1st) *The Week* was enlarged to a size the exact counterpart of *Harper's Weekly*, and honored with a new typographical suit. *The Week* is the only periodical of its sort in Canada, and should receive the cordial support of all who wish to see a high authority in Canadian criticism, and a vehicle for what is best in Canadian literature, maintained. We cordially commend it to our readers. By a special arrangement with Mr. Robinson we are enabled to offer *The Week* and THE CANADIAN PRACTITIONER together for \$5.00 a year.

IN behalf of "The American Association for the Study and Cure of Inebriety," the sum of one hundred dollars is offered by Dr. J. D. Mason, Vice-President of the Society, for the best original essay on "The Pathological Lesions of Chronic Alcoholism capable of Microscopic Demonstration."

The essay is to be accompanied by carefully prepared microscopic slides, which are to demonstrate clearly and satisfactorily the pathological conditions which the essay considers. Conclusions resulting from experiments on animals will be admissible. Accurate drawings or micro-photographs of the slides are desired. The essay, microscopic slides, drawings or micro-photographs, are to be marked with a private motto or legend and sent to the chairman of the committee on or before October 1st, 1890. The object of the essay will be to demonstrate: 1st, Are there pathological lesions due to chronic alcoholism? 2nd, Are these lesions peculiar or not to chronic alcohol-

ism? The microscopic specimens should be accompanied by an authentic alcoholic history, and other complications, as syphilis, should be excluded.

The successful author will be promptly notified of his success, and asked to read and demonstrate his essay personally or by proxy, at a regular or special meeting of the "Medical Microscopical Society" of Brooklyn. The essay will then be published in the ensuing number of *The Journal of Inebriety* (T. D. Crothers, Hartford, Conn.) as the prize essay, and then returned to the author for further publication or such use as he may desire. The following gentlemen have consented to act as a Committee: Chairman, W. H. Bates, M.D., F.R.M.S., London, Eng. (President Med. Microscopical Soc., Brooklyn), 175 Remsen Street, Brooklyn, N.Y.; John E. Weeks, M.D., 43 West 18th Street, New York; Richmond Lennox, M.D., 164 Montague Street, Brooklyn, N.Y.

Book Notices.

La Mort par La Decapitation par Le Dr. Paul Leye. Paris: 1888—Bureaux du *Progres Medical*.

Below Sea Level: Nature's Pneumatic Cabinet. By WALTER LINDLEY, M.D. Los Angeles. (Reprint.)

Sub-Glottic Laryngeal Tumor. By E. FLETCHER INGALS, M.D., of Chicago. Reprint from *The Medical News*.

High Altitudes of Southern California. By WALTER LINDLEY, M.D. Los Angeles, Cal., 1888. Reprint from *Southern Californian Practitioner*.

Inebriate Asylums and their Work. By T. D. CROTHERS, M.D. Part of a lecture delivered before the Young Men's Christian Association, Toronto, Oct. 2, 1888.

The Constitution and Bye-Laws, with the Officers and Members for 1889, of the American Pediatric Society: Organized in Washington, D.C., Sept. 18, 1888. Philadelphia: J. B. Lippincott Co., 1888.

Malaria; and the Causation of Periodic Fever. By HENRY B. BAKER, M.D., of Lansing, Mich. Reprinted from the *Journal of the American Medical Association*, Nov. 10th, 1888.

The Radical Cure of Varicocele attended with Redundancy of Scrotum demonstrated by Time. By MORRIS H. HENRY, M.A., M.D., LL.D., of New York. Reprinted from the *Journal of the American Medical Association*, Nov. 10th, 1888.

Relations of Certain Meteorological Conditions to Diseases of the Lungs and Air Passages, as shown by Statistical and other Evidence. By HENRY B. BAKER, A.M., M.D., Lansing, Mich. Reprint from the Ninth International Medical Congress held in Washington, D.C., September, 1887.

Forty-Sixth Report of the Legislature of Massachusetts relating to the Registry and Return of Births, Marriages and Deaths of the Commonwealth for the Year ending Dec. 31st, 1887, with Editorial Remarks by SAMUEL W. ABBOTT, M.D. Boston: Wright & Potter Printing Co., 1888.

Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. Compiled from the public writings or unpublished records of Drs. Fordyce Barker, Roberts Bartholow, Samuel D. Gross, Austin Flint, Alonzo Clark, Alfred L. Loomis, F. J. Bumstead, T. G. Thomas, H. C. Wood, Wm. Goodell, A. Jacobi, J. M. Fothergill, N. S. Davis, J. Marion-Sims, Wm. H. Byford, L. A. Duhring, E. O. Janeway, J. M. Da Costa, J. Solis Cohen, Meredith Clymer, J. Lewis Smith, W. H. Thomson, C. E. Brown-Sequard, M. A. Pallen, Geo. H. Fox, W. A. Hammond, E. C. Spitzka, etc., etc., by B. W. PALMER, A.M., M.D. New, enlarged and revised edition, with blank pages interleaved in its several departments for registering formulæ worth preserving. In one large octavo volume, 256 pages. Handsomely bound, \$2.75. E. B. Treat, publisher, 771 Broadway, New York.

The Methodist Magazine for 1889.

This successful magazine, which is now entering upon its 29th volume, makes a highly attractive announcement for 1889. By a change of type it will contain a good deal more reading, which will be largely devoted to high class serial

and short stories, by "Saxe Holm," Mrs. Barr and others. Among the illustrated articles will be The Lands of the Bible, with over a hundred fine engravings, Round About England, Here and There in Europe, The German Fatherland, Flemish Pictures, Paris during the Exhibition of 1889, Home Life in Holland, Monasteries of Mount Athos, The Salt Mines of Austria, Life Sketch of Lady Brassey, On the La Plata, The Wonders of the Yosemite; and The Saguenay, by the Rev. Hugh Johnston, B.D.; Balloons and Ballooning, Mission Life and Labour in China, Swiss Pictures, The Land of the Pharaohs, In the Levant, etc. All these will be copiously illustrated.

Also articles by Prof. Goldwin Smith, Senator Macdonald; Daily Life of the Insane, by Dr. Daniel Clark, Superintendent of Toronto Lunatic Asylum; Vagabond Vignettes, Methodism in the Black Country, The Miseries of a Palace, etc.

Ptomaines and Leucomaines, or the Putrefactive Alkaloids. By VICTOR C. VAUGHN, PH. D., M.D., and FREDERICK G. NOVY, M.S. Philadelphia: Lea Brothers & Co. 1888, pp. 314.

The first chapter is devoted to the "Definition and Historical Sketch of Ptomaines;" Chapter II., "Foods Containing Poisonous Ptomaines;" Chapter III., "The Relation of Ptomaines to Disease;" Chapter IV., "The Importance of Ptomaines to the Toxicologist;" Chapter V., "Method of Extracting Ptomaines;" Chapter VI., "Chemistry of the Ptomaines;" Chapter VII., "Chemistry of the Leucomaines;" Chapter VIII., "The Pathological Importance of the Leucomaines;" Chapter IX., "Literature: Ptomaines and Leucomaines."

An excellent work on a subject of the greatest interest to the profession.

A Clinical Atlas of Venereal and Skin Diseases. By ROBERT W. TAYLOR, A.M., M.D., Surgeon to the Charity Hospital, New York, and to the Department of Skin Diseases of the New York Hospital; late President of the American Dermatological Association; joint-author of Bumstead & Taylor's "Pathology and Treatment of Venereal Diseases."

In eight very handsome imperial folio parts, with 58 full-page chromo-lithographic plates, containing 191 figures from original paintings,

and selected from the works of Baerensprung, Cazenave, Clerc, Cullerier, Tilbury Fox, Fournier, Hebra, Hutchinson, Kaposi, Mayr, Neumann, Ricord and Balmanno Squire, as well as numerous woodcuts from original sources, and from the works of Alibert, Demarquay, Durkee, Gosselin, Guerin, Leloir, Marcecci, Montmeja, Parrot, Parry, Profeta, Tillaux and Voillemier. Price per part, \$3. Sold only by subscription. Specimen plate will be sent post-paid on receipt of ten cents in stamps. Lea Brothers & Co., publishers, Philadelphia, 706 and 708 Sansom Street.

Part I.—Venereal Diseases—General Considerations and Divisions. Gonorrhœa in the Male. Epididymitis and Orchi-Epididymitis. Hernia of the Testes. Gonorrhœa in the Female. Acute Vaginitis. Abscess of the Corpus Spongiosum. Lymphangitis from Gonorrhœa. Phimosis from Gonorrhœa. Paraphimosis from Gonorrhœa. Gonorrhœal Ophthalmia. Sympathetic and Strumous Buboës. Abscess of Vulvo-Vaginal Glands. Phimosis. Paraphimosis. Balanitis. Vegetations of the Penis and Vulva and Skin. Herpes Progenitalis and Vulvæ. Chancroid, or Soft Chancre: Its Varieties and Complications. Phimosis from Chancroid. Paraphimosis from Chancroid. Chancroidal Buboës. Chancroidal Ulceration of Lymphatics of Dorsum of Penis. With 9 full-page coloured plates, containing 90 figures, and 6 woodcuts in the text.

Part II.—Syphilis—General Considerations. Clinical History. Source and Modes of Contagion. First Period of Incubation. The Indurated Chancre. Indurated Chancre of Penis and Vulva. Extra-Genital Indurated Chancre. Condylomata Lata. Mucous Patches of Various Parts. Mode of Evolution. Secondary and Tertiary Periods. General Consideration of the Syphilides. Erythematous Syphilide and Varieties. Small and Large Papular Syphilides. Syphilides of the Palm and Sole. Syphilitic Perionychia. Small Pustular Syphilide. Large Pustular Syphilide. Ecthyma from Syphilide. With 7 full-page coloured plates, containing 17 figures, and 9 woodcuts in the text.

Part III.—Syphilis (continued)—Rupial Syphilide. Ulcerating Tubercular Syphilide. Gummatous Syphilide. Non-Ulcerating Tuber-

cular Syphilide. Serpiginous Tubercular Syphilide. Pigmentary Syphilide. Treatment of Syphilis. Inherited Syphilis. General Considerations. Erythematous Syphilide. Papular Syphilide. Moist Papular Syphilide. Ulcerating and Tubercular Syphilide. Affections of the Nails, Teeth and Bones. Visceral Diseases. Dactylitis Syphilitica. General Treatment of Syphilis. With 7 full-page coloured plates, containing 31 figures, and 3 woodcuts in the text.

Part IV.—Diseases of the Skin—General Considerations. Mode and Scope of Study of Skin Diseases. Primary Lesions. Secondary Lesions. Classification. Erythema. Erythema Multiforme. Erythema Nodosum. Eczema: Its Varieties and Complications. Acne. Psoriasis. Favus. With 8 full-page coloured plates, containing 11 large figures, and 15 woodcuts in the text.

Personal.

DR. GIBB WISHART has returned from New York.

DR. REAR has located at No. 10 Carlton Street.

DR. A. E. MALLORY has been appointed Registrar of East Northumberland.

SIR SPENCER WELLS has been appointed a Deputy Lieutenant of the new County of London.

SIR RICHARD CARTWRIGHT has been elected President of the Women's Medical College of Kingston.

DR. JOHN ASHHURST, JR., will succeed Dr. Agnew in the Chair of Surgery in the University of Pennsylvania.

DR. G. A. FERRE has been appointed an Assistant Demonstrator of Anatomy, Medical Faculty, Toronto University.

DR. T. GAILLARD THOMAS has resigned his position as Surgeon to the Woman's Hospital in the State of New York.

DR. N. A. POWELL has been appointed to the important position of Demonstrator of Anatomy in Trinity Medical College.

DR. MONTAGUE, M.P. for Haldimand, was declared unseated by the Supreme Court on account of the corrupt act of an agent.

DR. ARVID KELLGREN, a distinguished graduate of the University of Edinburgh, has been appointed Physician to the Empress of Austria.

It is mentioned as probable that Prof. Schrötter, the laryngologist, will be appointed to fill the Chair of Medicine in the Vienna University.

DR. H. O. WALKER, late of Dundas, but at present with Mr. Lawson Tait, was last November elected a life member of the British Gynecological Association.

THE following Canadian graduates were recently granted certificates to practice medicine in the State of California: Nov. 7th, Dr. George Wright, North Ontario; Dec. 5th, Dr. George J. Charlesworth (Trinity, 1885), Riverside; Dr. John Macleod (Bishop's College, 1877), San Francisco; Dr. Wm C. McGillis (Bishop's College, 1881); Dr. Henry Holmes Scott (Victoria, 1860), Riverside, and Dr. John D. Wilson (Trinity, 1885), Riverside.

At the last meeting of the Senate of the University of Toronto, Mr. Wm. Mulock was by a unanimous vote re-elected Vice-Chancellor. The very cordial unanimity manifested was a fitting tribute to one who has done so much in recent years to place our Provincial University in its present proud position. To none did it give more satisfaction than to the members of the Medical Faculty, who have good reason to remember his valuable services in behalf of the Medical College.

Births, Marriages & Deaths

MARRIAGES.

ELLIOTT—KENNEDY—At the residence of the bride's father, 255 St. George street, Toronto, on Tuesday, December 4, 1888, by the Rev. D. G. Sutherland, M.A., L.L.B., of Elm street Methodist church, J. E. Elliott, M.D., to Jeannie, eldest daughter of Mr. Warring Kennedy.

BIRTHS.

WILSON—At Riverside, Cal., Nov. 30th, the wife of Dr. John D. Wilson of a daughter.

STARK—On Sunday, Dec. 2, 1888, the wife of T. H. Stark, M.D., of a daughter.