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# CANADA MEDICAL RECORD

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## Original Communications.

### STREPTOCOCCIC PUERPERAL INFECTION—INJECTION OF MARMOREK'S ANTISTREPTOCOCCIC SERUM—RECOVERY.\*

By H. L. REDDY, M.D., L.R.C.P. London.

Professor of Obstetrics, University of Bishop's College, Physician Accoucheur to the Women's Hospital, etc.

Mrs. C. English, age 20, primipara, slight build, well-nourished, married twelve months; entered the Hospital July 7th, 2.30 a.m., in labor, and was confined 1½ hours later.

Labor normal; position L.O.A.P. throughout, lasting 7½ hours; was delivered of a well-nourished child, weighing 7¼ lbs.

The ordinary aseptic precautions were taken, such as are used in all cases in the Hospital. The only abnormal thing to be noticed was an enlarged varicose vein at the inner side of the left labium, near the posterior commissure. There was no laceration of cervix or perineum. Temperature first two days, normal.

July 9th. Third day, temperature 100, pulse 90. A dose of castor oil was given, which produced a good motion; patient feeling well.

July 10th. Temperature still remained 100, pulse 90.

July 11th. Temperature 101, pulse 90, no cause for the increase of temperature could be found in the pelvis or elsewhere; lochia normal.

July 12th. Patient had a chill, and temperature rose to 104, pulse 106, respirations 28. Tongue thickly coated with

\*Read before the Canadian Medical Association in Montreal, August, 1896.

a heavy white fur ; headache. On examining the vulva the varicose vein was seen to have burst, and on its site a whitish membrane about half an inch in diameter was noticed. To the membrane was applied peroxide of hydrogen, and an intra-uterine douche given of a solution of permanganate of potash and the vagina packed with dry iodoform gauze. Ten grains of sulphate of quinine internally and a tablet of two grains of protonuclein given every two hours.

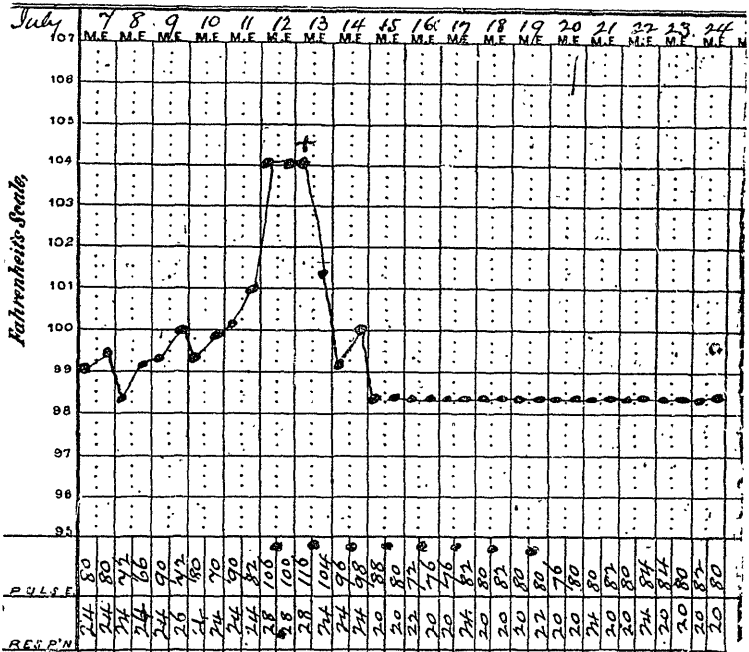
As she had hardly any milk, the child was stopped nursing, and she was given Tait's mixture until it had freely acted.

I requested my friend, Dr. A. J. Richer, who had just returned from a lengthened period of study at the Pasteur Institute, to make a cultivation of what I believed, and which proved to be, streptococcus membrane, and whose report on the matter I attach.

The intra-uterine douche was ordered every three hours, as well as an application of peroxide of hydrogen to the membrane which had now spread to the right side, there being a couple of patches, each about the size of a quarter of a dollar. Between the douches, the vagina in the vicinity of the patches was packed with wadding, soaked in peroxide of hydrogen, left *in situ* 10 minutes, and afterwards packed with dry iodoform gauze.

The following is Dr. Richer's report :—

“ On the 12th of July was asked by Dr. Reddy to make a  
 “ bacteriological examination of a woman confined five days  
 “ previously ; temperature 104 F, pulse 106, face flushed,  
 “ suffering no pain, who had received previously several vagi-  
 “ nal injections of permanganate of potash, a local application  
 “ of peroxide of hydrogen, and had been kept tamponed with  
 “ iodoform gauze. Direct microscopical examination as well  
 “ as inoculation in culture media gave negative results. The  
 “ next day after having the vagina thoroughly douched with  
 “ boiled water, inoculation and direct microscopical examin-  
 “ ation showed streptococci in fairly large proportions, along  
 “ with numerous colonies of staphylococci, and strepto-  
 “ bacilli which appeared to be saprophytic. On the 13th of  
 “ July an injection of 10 c.c. of Marmorek's antistreptococcic  
 “ serum (obtained from a horse) was given on the right side  
 “ about the middle of abdomen, the ordinary precautions  
 “ being observed. For forty-eight hours following the injec-  
 “ tion there was numbness and tingling of the extremities,  
 “ and no pain, with the exception of a little at the seat of the



Dots represent the douches. Cross shows when the injection was given.

"injection, which was quite free from swelling and redness. No rash was observed."

The injection was given at 1.10 p.m. on the 13th of July. Temperature at the time of the injection of the serum 103 2-5, pulse 116; two hours later temperature 104, pulse 110 full, well sustained. Patient complained of sharp pain on the right side of the abdomen, at the site of the injection, and tingling and numbness in arms, fingers and feet, which continued 48 hours. Urine 23 oz. in amount, normal in character.

At eleven p.m. (ten hours later), the temperature had fallen to 101 2-5, pulse 104. After 11 p.m. it fell a degree every two hours until six o'clock the following morning, July 14th, when it fell to 99 1-5, and the membrane on both the right and left side of the vagina and labium had completely disappeared, leaving a raw surface.

July 15th, at 2 p.m. temperature rose to 100; pulse 96. On account of the character of the pulse the patient was given 2 drams of brandy every four hours, local treatment being continued. Haematuria appeared of a severe character. At 8 p.m. the temperature fell to normal, where it remained until the patient left the hospital.

July 16th. Temperature normal. Haematuria continues, but is not so severe. Urine greatly increased in quantity.

July 17th. Brandy was stopped, and five minims of tincture of digitalis given three times a day. The protonuclein was stopped, and patient was douched only twice a day. Patient feeling well, sleeping well, eating well.

On July 18th, bowels moved twice with Tait's mixture, and as the urine drawn off by a catheter still contained blood, a linseed meal poultice was applied over the kidneys.

July 19th. Urine passed naturally without blood or albumen, 40 oz. in 24 hours; patient sleeping well, and good appetite. Douche stopped.

July 20th. Patient stronger, feeling well, temperature normal, no blood in the urine.

July 21st. Patient sat up for an hour; steadily improving.

July 24th. Patient left the hospital perfectly recovered. On examination, before leaving the Hospital, no signs of the local lesion were observable.

It will be noted that the reaction after the injection was

marked by tingling and numbness of the extremities which continued 48 hours.

Also that within 36 hours haematuria appeared as a direct effect of the injection (and probably slightly affected the pulse, requiring stimulants to be given), and apparently, as the result of the poultice, as rapidly disappearing. The severity of the action on the kidneys may have been due to one or both of the following causes ; the serum was obtained from a horse, was the strongest so far made by Marmorek, and the dose was large.

The protonuclein, although undoubtedly of service in many cases, as I have proved at least to my satisfaction, aided in lowering the temperature, probably through phagocytosis or leucocytosis, but I do not think could be credited with the complete removal of the membrane in less than twenty-four hours.

The first attempt to get cultures after antiseptics were used failed, showing that they had affected the surface to a great extent, but had failed to reach the bacteria more deeply seated, and those who have had cases of streptococcic infection know by experience that no antiseptics known to them can remove the membrane in less than 24 hours so that there shall be not the slightest return of it.

The douches as well as the protonuclein tablets were continued, so as to aid in every way possible the recovery, and although for experimental work it might have been very interesting to have depended upon the serum alone, I felt that I should use every means to help the recovery of my patient.

There has as yet been comparatively little work done in obstetrical cases of this kind with serum, and with the literature on the subject you are all doubtless familiar. It seems so far to have proved of value in at least 50 per cent. of the cases in which it has been used. This I think is sufficiently encouraging for us to give it a fair trial, especially as it seems to produce but trifling ill effects which rapidly disappear in the majority of cases. In a large number of such cases we find that the streptococcus, if not alone the cause, is at least one of the most dangerous causes of a condition which unfortunately is present in nearly every country, and which proves so fatal. If we cannot always prevent infection, we should endeavor to promptly arrest it, which I feel may now be done if the condition is recognized early enough, and antistreptococcic serum injected.

I need hardly say in the majority of cases, in order to treat it scientifically, we should always have a bacteriological examination made.

Although one case would certainly not prove that we have at last found a certain remedy for so fatal a condition, still I believe that if sufficiently used there will be found to be such a measure of success that not to have given it a fair trial would lay one open to the charge either of ignorance or malpractice.

## TETANY FOLLOWING SCARLATINA.\*

By J. BRADFORD MCCONNELL, M.D.

Associate Professor of Medicine and Neurology, University of Bishop's College, Montreal.

Tetany is observed but rarely ; besides the present case I have met with it in only one other instance, a case in which the affection was of the intermittent type and occurring in a man 55 years of age, hence the interest that attaches to the present case and the advisability of placing it on record.

The patient was a boy of Italian descent, 5½ years of age, strong looking and well developed. I saw him on the 16th April, 1896. I had attended him for an attack of scarlatina which had developed on the 4th of the same month ; it was a well marked case with somewhat severe throat symptoms, the tonsils being much enlarged, although very little false membrane appeared ; no untoward symptoms occurred, the course being normal, and desquamation was in progress. I learned that while the child appeared to be doing well in the afternoon of the previous day, his hands and legs had become stiff and extended and painful, and that the condition had remained continuously since that time ; he had not slept and was very much distressed.

The boy is the eldest of three living children ; one other child had died in infancy. He had been fairly strong and healthy, although he was a mouth breather until about a year ago, when adenoids were removed from the vault of the pharynx. His tonsils had been enlarged since his second year, has had measles and whooping-cough, had attacks of convulsions frequently during the period of dentition, his mother states, one with the eruption of each tooth. When one and a half years of age an attack similar to the present

\* Read before the Canadian Medical Association, Montreal, August, 1896.

one occurred ; the child was apparently well at bed-time, but in the morning the arms and legs were stiff, and his mother states that the feet pointed downwards and the hands were extended. This condition lasted a week before entirely disappearing. During the last three years until the present attack of scarlatina he has been well.

The family history points to a strong neurotic tendency. The paternal grandfather is an epileptic now in Longue Pointe Asylum, and his great-grandfather was an epileptic. His maternal grandmother died of apoplexy. An aunt and an uncle are epileptics. His elder brother died of convulsions at the age of fourteen months.

On examination it became apparent that there were present the symptoms of tetany of the continuous spasm type. The fingers were stiff and extended, lying closely together, flexed at the metacarpo phalangeal joints, the thumbs pressed in upon the middle and index fingers; the hands were flexed on the arms, and the elbows slightly flexed, shoulder not affected and freely movable; the legs were also extended at the ankle, the toes pointing downwards and inwards, and toes flexed, resembling the position in talipes equino-varus, as some have aptly described it. The ankles and wrists were swollen and tender, and the child gave evidence of intense suffering if an attempt was made to move them. The skin was slightly reddened over the joints, the condition resembling acute articular rheumatism. No other muscles were affected. The child cried at intervals from pains in the limbs; doubtless caused by painful muscular cramps. Otherwise, unless moved, he appeared not to suffer. No abnormal condition could be discovered in any other part of the body. Temperature 101°. Urine contained traces of albumen, and excess of phosphates.

In the treatment of the case, salicylate of soda, bromide of sodium and pot bicarb were used. The condition improved after the second day, and all symptoms had disappeared at the end of a week, and the spasms did not recur.

Tapping the course of the nerves or squeezing the limbs increased the contractions. This is analagous to Trousseau's sign, in which in the intermittent variety the spasm can, in the interval, be produced at will by pressure on the larger arteries or nerve trunks.

Chovestek's symptom could not be elicited in the facial.



The electrical irritability was not tested ; there was marked hyperaesthesia of the limbs.

Tetany appears to occur under a variety of conditions. Among the causes we find mentioned diarrhoea, exposure to cold, debility due to lactation, rickets; it may appear during gestation, ceasing after delivery, or after parturition, intestinal worms ; it has followed most of the acute infectious diseases ; it sometimes occurs in the epidemic form, after thyroidectomy, with dilatation of the stomach, Bright's disease, lead poisoning, and in hysteria symptoms simulating tetany have been observed.

The opinion is entertained by some that it is of the nature of an infectious disease. It is thus classed by Osler in Dercum's *Nervous Diseases* by American Authors.

Von Jaksch describes an epidemic form coming on in the spring, affecting men of the working class about the ages of 17 or 18, in whom the facial phenomena, or Chovestek's symptom, was very constant ; this is ascertained by tapping on the facial which causes tetanic contraction of the muscles supplied by it. Bernard Vaughn, in an article in the *New York Medical Journal*, December, 1893, holds this view in regard to its etiology.

It may be doubted that a special organism exists, whose toxin has a selective action, as in tetanus. Owing to the great variety of causes which may induce an attack, the view that we have here an unstable condition of the nervous system, either hereditary or brought about by debilitating influences, in which various forms of irritation, either central or peripheral, mostly toxic and central, excite the attacks, would seem more in accord with our present knowledge.

The fact that in all cases there is an increased excitability of the nerves and muscles to mechanical and electrical irritation is interesting ; this is better observed in the intermittent variety. Most observers find increased excitability to the galvanic current as compared with the faradic, and spasm is more easily excited with anodal opening and closing, than with cathodal, as pointed out by Erb. In this case the child has a history of having had a similar attack to the present one while teething, and we have here a well marked neurotic family history, and the child's liability to convulsions points to a weak and unstable nervous system. The cause in most instances is probably some toxic condition of the blood, as

in most of the exciting causes, such as diarrhoea, the infectious diseases, dilatation of the stomach, removal of the thyroid, etc., toxic substances are generated. Bramwell's experience with thyroid extract in tetany, in which good results were obtained, is interesting in this connection, and the possibility of its being of use in the frequently associated condition of rickets and laryngismus stridulous is suggested by him ; it has been noted that laryngospastic symptoms are more likely to be present when the affection is associated with rickets.

Von Frankel Hochwart has pointed out that the faradic irritability may be normal and the facial phenomena absent, and from experiments he has proved that Trousseau's phenomena is dependent entirely on pressure on the nerve and not on the vessels.

The pathology of the disease is still obscure, no recent light having been thrown upon it, and the question is still open as to whether the seat of change is in the cells and fibres of the cord and medulla or cortical ; and as to how the irritation keeps up a tonic spasm is still a problem, which possibly the recent views of Dercum, Wiedersheim and others as to the mobility of the neurons may make clear. If the neurons, whether peripheral, cerebral or in the cord, can separate so that one is isolated from the other in the various nervous arcs, and are only in contact when in action, it would be apparent how a tetanic condition may be kept up by an abnormally continuous approximation of associated neurons.

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*Abstract of Paper on*

**ONE HUNDRED AND TEN OPERATIONS FOR  
RETRODISPLACEMENT OF THE UTERUS  
WITH SUBSEQUENT RESULTS.\***

By A. LAPTHORN SMITH, B.A., M.D., M.R.C.S. England,

Fellow American Gynecological Society ; Gynecologist to the Samaritan and Western Hospitals, and to the Montreal Dispensary ; Professor of Clinical Gynecology in Bishop's College.

DR. LAPTHORN SMITH, of Montreal, read a report of one hundred and ten operations for retrodisplacement of the uterus, of which forty-two were Alexander's operations of shortening the round ligaments, and sixty-eight ventro-fixa-

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\* Read before the Canadian Medical Association on 26th August, 1896, at Montreal.

tions or suspensio-uteri operations. He said that he now felt justified in coming to certain conclusions concerning these two operations since he had been performing them for over six years, the first Alexander's having been performed on the 23rd January, 1892, and the first ventrofixation on the 18th March, 1890.

Most of the patients had been seen and examined not only by himself but also by many other physicians and students attending his clinics, while the few who had not been seen had been heard from through the physicians who had sent them to him. The results of both operations had on the whole been very satisfactory, with the exception of two cases, in which the ligaments broke, being very fatty, and also partly owing to the method of operating, which he has since improved; in one of these cases he immediately performed ventrofixation with good results; the other was a complete failure, having declined further operation. Also in one of the Alexander cases the uterus remained in good position for six months, when it began to fall a little. The failures all occurred among his earlier cases, none having occurred among those operated upon during the last two years. So far no case of hernia had resulted from the operation. The ventrofixations gave even better results than the Alexander's. They were performed for the most part upon women who not only had retroversion with fixation, but the ovaries and tubes were at the same time prolapsed and bound down by more or less dense adhesions. In many of these also there was laceration of the cervix and perineum with cystocele and rectocele. In those cases in which he had performed seven operations at one sitting occupying from an hour and ten minutes to an hour and a half, he had obtained the most gratifying results. These operations were: 1st, rapid dilatation with Goodell's dilator; 2nd, curetting with Martin's curette; 3rd, repair of lacerated cervix by Emmett's method, or amputation by Schroeder's method; 4th, tightening up the relaxed anterior vaginal wall by Stoltz's method; 5th, repair of the perineum by Hegar's method; 6th, removal of diseased tubes and ovaries, and breaking up all adhesions binding uterus down; and 7th, scarifying the anterior surface of the uterus and posterior surface of abdominal wall, and stitching the ute-

rus to the latter by two fine buried silk sutures, most carefully sterilized. The disasters following ventrofixation were two hernias and one relapse, all of which were subsequently remedied by a second operation. At the present time Alexander's operation has no death rate, while ventrofixation, while it has not any death rate in simple non-adherent cases of retroversion, yet it must have a small death rate, at least when it follows the removal of very bad pus tubes.

He had performed both Alexander's operation and ventrofixation for prolapse as well as for retroversion, and as the results were excellent provided the pelvic floor was at the same time repaired, he much preferred these operations to vaginal hysterectomy for prolapse, an operation which he had performed a few times, and found easy, but which he hardly felt justified in doing.

Although several of the Alexander's had subsequently become pregnant, in no case did any untoward accident happen. But he had heard that some one on whom he had performed ventrofixation had subsequently become pregnant and aborted, but he had so far been unable to verify it. He was not aware that any of them had even become pregnant. This was probably owing to the fact that he had in most of them removed the tubes and ovaries, while in those in which he had left one or both ovaries and tubes, they were diseased and unable to functionate. He was frequently asked which of the two operations he preferred. This was difficult to answer. Alexander's was safe, but he preferred ventrofixation, because it had given him the best results. He would probably continue to do Alexander's operation in young married or marriageable women in whom the ovaries and tubes were perfectly free from organic disease; while he would reserve ventrofixation for women who were sterile or who had marked adhesions, and who had suffered so much and so long in spite of treatment that the appendages had to be removed.

# Medical Society Proceedings.

## CANADIAN MEDICAL ASSOCIATION.

The twenty-ninth annual meeting of the Canadian Medical Association was held in this city, August 26, 27 and 28, 1896.

There was a large attendance ;—the largest in the history of the Association.

Dr. C. F. Martin, of Montreal, read the first paper on "Observations on the relation between leucaemia and pseudo-leucaemia," prepared by himself and Dr. G. H. Mathewson. The paper pointed out that the matter of blood examination, though very important, could not be relied on alone in diagnosing any disease, yet it was on this feature, the amount of leucocytosis, that the differentiation of the two diseases under consideration was made, although their morbid anatomy and other clinical features were alike. The authors quoted many authorities to show that there were many instances where Hodgkin's disease apparently changed into a true leucaemia. Two cases were noted where the blood condition was so on the border line between Hodgkin's disease and true leucaemia that it was quite impossible to decide definitely whether they were dealing with one or the other malady. The paper also held that too much stress must not be laid on the value of differential stains for distinguishing different forms of granular leucocytes. The decision of the authors was to regard these two diseases under the one category, and not to rely on leucocytosis as a basis of classification.

The Committee on Inter-provincial registration then retired to consider the following resolution of last year's meeting :—

"The Committee appointed at last meeting to look into the question of inter-provincial registration would beg to express their regret, that by the system which at present obtains, a graduate in medicine entitled to practise in one Province is not free to exercise his functions in all the Provinces of this large but sparsely settled Dominion.

"That this condition of things prevents the names of medical practitioners in this Dominion being placed on the British register, becoming thereby British practitioners, which the Council of Medical Education of Great Britain has more than once signified its willingness to grant.

"That with this end in view it is, therefore, most desirable that there should be a uniform standard of matriculation, a uniform standard of medical education and a uniform method of examination for the whole Dominion.

“That to effect this purpose, the Secretary be instructed to communicate with the various Provincial Councils, before their next meeting, asking that each Council discuss the question, and, if possible, appoint one or more delegates to a Dominion Committee, for the purpose of adjusting a suitable curriculum and carrying out the suggestions herein contained, and that such Committees be requested to forward their finding to each of the Provincial Councils and to the Secretary of this Association before the next annual meeting.”

A Sub-Committee drew up a scheme, which was accepted by the Committee, and adopted.

The report on Interprovincial Registration was read by Dr. Roddick, and as it dealt with several important subjects, it was listened to with more than ordinary interest. It was as follows :—

“Your Committee beg leave to report that, having examined the present requirements of the Licensing Boards of the several Provinces, with a view to obtaining by mutual concession a uniform standard of matriculation, education and examination, would recommend the following :

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

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

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

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

and children, medical jurisprudence, and toxicology, hygiene, pathology, including bacteriology.

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

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

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

The report was signed by Drs. R. A. Pyne, R. S. Thornton, Thomas Walker, J. M. Beausoleil and Edward Farrell, representing five of the Councils of the Dominion.

A minority report from Drs. MacLeod and MacNeill, two members of the Committee, was also presented, in the absence of these gentlemen, by Dr. Roddick.

After a brief discussion, the majority report was adopted by the Association, and was ordered to be printed and sent to every member of the different provincial Councils in the Dominion.

The Association then removed to the General Hospital, where interesting clinics were given by Drs. Shepherd, Blackader, Hutchinson, Wilson and Campbell. A light luncheon was provided at the Hospital. The members were then given a street car ride about the City.

WEDNESDAY, P.M.

Dr. H. Meek, of London, reported three cases of abdominal section. He said they were for conditions comparatively rare. The first was for a fibro-cystic tumor of the uterus; the second was for a carcinomatous ovary. Recoveries in both cases good; the third was done for a volvulus of the

splenic flexure of the colon. There were some old adhesive bands of its mesentery which were probably accountable for the condition.

During convalescence, which commenced well, insomnia followed by acute mania set in, and death ensued. He was unable to explain the cause of the mania, unless due to the absorption of toxins. There was not sufficient iodoform to account for it.

Dr. Gardner, of Montreal; and H. P. Wright, of Ottawa, discussed the paper.

A child with a deformity of the auricle of the ear and an imperforate external meatus was shown by Dr. Proudfoot of Montreal. He said he proposed operating to relieve the conditions.

Dr. R. Ferguson, of London, read a paper on Ophthalmia Neonatorum. The points dwelt upon by the essayist were : The great prevalence of blindness due to this preventable disease ; the prophylaxis by treatment of the gonorrhoea of mother, and the immediate treatment of the eyes of the newborn by aseptic and antiseptic cleansing. He dwelt at length on the treatment of the disease when once established. Frequent cleansing from a fountain syringe, suspended two feet above the head was of the greatest value. A tuft of absorbent tied over the mouth of the nozzle would serve as a filter and break the force of the current, allowing the stream to flow gently upon the eyeball. The nurse should rest the infant on her lap upon its back, holding the hands and steadying the head which is allowed to droop slightly over a basin which catches the water as it flows from the child's head. A quart of water should be used to thoroughly flush out all the secretion. Wipes of lint or cotton should never be employed for this purpose. The treatment may be necessary every two hours, if the discharge is free and purulent. Boracic acid was probably the best solution to use.

The matter of cold and hot compresses was also discussed, and the use of nitrate of silver. He advocated that this should be placed on the list of contagious diseases. A resolution to this effect was made, to be forwarded to the different Provincial Boards of Health, and unanimously carried.

Dr. T. T. S. Harrison, of Selkirk, Ont., read a paper on "Some Observations on the Heredity of Cancer." It consisted in the report of several cases occurring in a family during three generations.

The question which arose in his mind was : whether the cancer cells in cases of recurrence lay dormant until aroused into activity some years after by an irritant, or whether merely the tendency was hereditary.

Sir William Hingston, Drs. W. Mills, Christie, Dickson, Moore and Wright discussed the paper.

Dr. Thorburn, president, then delivered his annual



address, commencing his remarks by expressing his thanks for the honor that had been conferred upon him in electing him President of the Association—the highest honor in the gift of the profession in Canada. Speaking of the death of L'asteur, and the loss to medical science, he said that the great advance in the practice of surgery was due largely to the discoveries of the great scientists, alluding incidentally to Pasteur's successful treatment of hydrophobia, rabies, septicaemia, etc. After referring to the discovery of vaccination by Jenner, and the celebration of his centenary, he said that during the past year medical science had lost a valued son in Pasteur, who might fairly be credited with having put the germ theory of disease beyond all doubt. His success in the handling of patients who were presumably inoculated with rabies was well known, and the knowledge that they had recently obtained respecting both the diagnosis and treatment of such diseases as hydrophobia, anthrax, tetanus, diphtheria, tuberculosis, Asiatic cholera, typhoid fever and septicaemia had already been productive of good results, and was likely to do much more in the future. After a passing reference to vaccination and its discoverer, Jenner, the President alluded to the deaths of Drs. Fenwick and Saunders, of Kingston, and Dr. Macfarlane, of Toronto, three honored members of the Association, who had all died from septic poison received in the discharge of their duties. The important subjects of a common registration for the Dominion, or interprovincial reciprocity, was next dwelt upon, and the opinion expressed that the time had arrived when the obstacles in the way might be overcome by mutual concessions on the part of the different Provincial medical authorities. On the question of a curriculum suited to the whole Dominion, the President suggested a four years' course of eight or nine months, instead of five years of six months and a summer session, and hoped that the committee assembled at the last annual meeting would be able to report favorably for the eight months' session. The subject of the relationship of medical men to life insurance and the question of professional secrecy were also touched upon, as well as the wonderful discoveries of modern days, especially in reference to mechanical appliances.

The uses of electricity and the discovery of the Roentgen rays was mentioned as likely to prove of great assistance in the diagnosing of many diseases hitherto obscure, and there was no doubt that the use of this instrument would become most frequent as improvements were made on it. In closing his remarks, the President alluded to the honor conferred on Montréal by the unanimous decision of the Council of the British Medical Association to hold its annual meeting in this city next year, and he tendered his congratulations to Dr. Thos. G. Roddick, the President-elect, winding up by expressing the hope that the Association would continue to extend its usefulness and maintain its high reputation, and

that ere long they would have a common standard of medical education in Canada, with reciprocity between the different Provinces, and also between the Dominion and the Mother Country.

Dr. Roddick, seconded by Dr. Bray (Chatham), moved, in a few appropriate remarks, a vote of thanks to the President for his able and interesting address, which was supplemented by short addresses from Dr. Christie, of St. John, N.B., and Dr. Tobin, of Halifax.

Dr. Wyatt Johnston gave an address on some applications of entomology in Legal Medicine. The doctor gave a resume of his researches with Dr. Villeneuve on the fauna found on dead bodies during different stages of decomposition. Their observation, although conducted in Canada, coincided almost completely with Mignon, the great French authority. The progress of the putrefaction (the body being exposed to the air) might be divided into four periods: The first was of three months, in which the bodies were attacked by flies. Then by *Pyophila* when the series of fatty acids are formed, and the bodies become repulsive to the flies.

The bodies are then taken possession of by various forms of Insects *Hister*, etc. In the next period, the drying, the *Acari* infest the bodies, following these certain beetles, the *Ptinus* and *Tenebrio* are found. In buried bodies the *Rhizophagus* and the *Philontes* are the forms noted.

#### THURSDAY, A.M.

Dr. H. P. Girdwood gave a demonstration of the Roentgen Photography, which excited much interest.

Dr. Price-Brown, of Toronto, read a paper on clergyman's sore throat. The essayist commenced by showing how inappropriate and unscientific this word was. He referred to what various authors had to say of it. The majority agree that the most common throat disease clergymen suffer from is follicular pharyngitis. Bosworth does not use the term. The essayist called attention to the fact that the large majority of chronic throat diseases had their origin in nasal or naso-pharyngeal obstruction. The functions of the nose were then stated, and it was shown when these were disordered by reason of obstruction, follicular pharyngitis was one of the most frequent results, particularly in voice users. The symptoms, however, occasionally arose reflexly from some abnormal condition of the digestive tract. Ten cases were then reported; in which in most after the removal of the nasal trouble recovery followed.

Dr. Geo. Wilkins, of Montreal, delivered the address in medicine, taking as his subject:—"The Modern Treatment of Some Diseases as the result of experimental investigation."

The essayist drew attention to the commencement of the work of the modern scientific school, and briefly reviewed

the work of Linnaeus, Ehrenberg, Holland, Virchow, Jenner, Pasteur and Lister. The whole question of serum therapeutics was discussed in its applications to such diseases as are already proven to be unquestionably caused by germs. The application of the principle to the treatment of typhoid, pneumonia, pyaemia and septicaemia was referred to. Many published cases give a favorable report of the result of this mode of treatment. Serum therapy had a great future, but care was required that the causation of disease was not lost sight of in the eager hunt for cure and the enthusiasm with which each newly discovered antidote was hailed. The question of auto-intoxication was then taken up, and the work of the physiologist in discovering more and more the function of the various secretory and excretory organs commented on. Then followed a resume of the work done on the treatment of disease by animal extracts. The aid contributed by the physicist and the chemist was of wondrous value to the worker in experimental medicine. What position, the essayist asked, would scientific medicine occupy were it not for the advances in microscopy? The grandest discovery of the present century was due to it.

Dr. A. R. Robinson, of New York, read a paper on "Acne Vulgaris."

The author dealt with the etiology, the pathology, the semiology, the prophylactic and curative treatment of this condition. Of three views held as to the causation of this disease, he endorsed that held by the least number who treat this disease, viz., that it arises largely from local conditions, and hence may be relieved by local remedies. The elements in its causation he believes are an oily seborrhoeaic condition of the skin, the deposit of germs (Unna had mentioned a specific bacillus) which readily adhered to the skin in this condition, the formation of a hyperkeratosis from increased activity of the glands which conduces to the comedo formation. Where constitutional disorders were present in these cases they needed treatment; but in other cases the local treatment was sufficient. This consisted in the removal of the seborrhoea oleosa by, say, potash soap, of some reducing agent like sulphur or resorcin to lessen the hyperkeratosis, the opening of the comedones and immediate antiseptic treatment; the use of hot water, steam and massage to improve the circulation and tone up the expulsive power of the glands.

Drs. Wesley Mills and J. W. Scane gave some physiological demonstrations referring to the question of cerebral localization. The experiments were made on the brains of the pigeon, the rabbit, the cat and dog, the motor areas of the brain, the selection of the site being confirmed by electrical stimulation on one or both sides being removed. The animals were to some extent disabled, those in which the brain was more primitive less than those in which the brain

was more highly developed ; and complete restoration of power returned in the same order.

Dr. W. B. Thistle, of Toronto, presented a paper on "The Theory of the Eliminative Treatment of Typhoid Fever."

This paper was prepared by the essayist in support of the theory he had advanced in 1893, of treating typhoid fever by purgatives given daily through the entire disease, the administration of antiseptics, and the ingestion of large quantities of water. More especially did it vindicate his views which had been assailed by the author of a recent work on medicine as to the pathology of the disease. His contention, that the specific bacilli were found in the disease, although disputed in the work referred to, had been verified by recent investigators, so that the early and continuous application of the eliminative treatment served to a great extent to mitigate the severity of the disease by lessening the toxicity of the alimentary canal, saving infection and necrosis of Peyer's patches, and thus minimizing the danger of perforation and haemorrhage.

Dr. W. Osler, who was present, admitted the error Dr. Thistle had pointed out, but stated that up to the time the article appeared, the specific bacilli had not been found in the faeces. He said the theory of elimination by purgation which was not by any means new, was good, but its practice was disastrous. A clinic was then given by Sir William Hingston at the Hotel Dieu, in which he reviewed the progress of surgery as he had noted it during the past thirty-five years.

Dr. D. C. Meyers, of Toronto, presented a paper on "Hereditary Cerebellar Ataxia" (with patient).

Dr. John Stewart delivered the address on surgery on the work of Lister. He said the enormous practical importance of the work done by Lister in establishing antiseptic surgery had, he thought, overshadowed, to some extent, the equally great improvement of his earlier work on pathology. It was impossible to over-estimate the importance of such researches. They had occupied several years, and were published in the transactions of the Royal Society for 1858, and might be called the Principia of Pathology. This work removed many erroneous impressions as to the nature of the inflammatory process. As a result of his experiments, he found that the arteries were regulated by their contractility, the amount of blood transmitted in a given time through the capillaries, but neither full dilatation, extreme contraction, nor any intermediate state was capable, *per se*, of producing an accumulation of corpuscles in the latter. His next experiment went to establish the fact that inflammation might be brought about in two totally distinct ways, viz., either by the direct operation of an unconscious agent upon the tissues, or indirectly through the medium of the nervous system. Dr.

Stewart outlined the two foregoing experiments by which Lister established these facts. Other experiments showed that the phenomena of inflammation could be introduced in the tissues entirely cut off from the influence of the nervous or circulatory system. Lister also had shown in a series of most remarkable experiments that blood in its normal condition had no tendency to coagulate. A review was then given of his study of healing wounds and ulcers. Lister showed that the less the antiseptic acted on a wound, the better. When the most extravagant ideas were abroad in regard to the antiseptic treatment, when wounds were being pickled in antiseptic and abscess cavities distended with carbolic acids, Lister says that where the injured tissues do not need to be stimulated or treated with any mysterious specific, "all that they need is to be left alone." Nature will then take care of them.

Hon. D. Marcil read a paper in French on "Thyroidectomy." It was discussed by Drs. Hingston and Shepherd.

Dr. G. Lenox Curtis, of New York, read a paper on "Theories and Results." He referred to the painful ignorance of the mouth and its diseases among medical men. It should, he said, being the gate-way to the alimentary tract, the portal through which passes the food which nourishes the body, receive the first and closest consideration. The essayist then gave the history of some cases which had come under his treatment, which emphasized what he had said concerning the lack of knowledge in this department by many men. He strongly urged that Medical colleges should pay more attention to the teaching of oral surgery.

Dr. F. Buller agreed with what Dr. Curtis said, and referred to disturbances of the eye resulting reflexly from disease of the teeth. Dr. T. T. S. Harrison related the history of a case of strabismus, which was relieved by the removal of a bad tooth.

Dr. F. Buller, of Montreal, read a paper on "Some Cases of Foreign Bodies in the Eye," in which the electro-magnet was used successfully.

Dr. R. A. Reeve, of Toronto, reported the history of similar cases. Drs. Philp, of Hamilton, and Curtis, of New York, also took part in the discussion.

Dr. J. F. W. Ross, of Toronto, gave the address on mid-wifery, subject, "Abdominal and Pelvic Operations for the Relief of Conditions Incident to the Puerperal State." The following complications were dealt with: Fibroids, ovarian cysts, hydramnios simulating ovarian cyst, pelvic contractions, and intra-abdominal disease. He then called attention to the close similarity of symptoms accompanying three conditions that were commonly met with which might require abdominal section. These were: (1) gonorrhoeal endometritis and salpingitis, (2) ruptured ectopic gestation, (3) attempted abortion with perforation of, or intraperitoneal escape from, a pregnant

or a non-pregnant uterus. The essayist closed with the report of a case of rupture of the uterus at parturition, in which he performed section, removing all the blood from the abdomen and drawing a gauze drain down through into the vagina. Recovery followed.

Dr. J. C. Webster, of Edinburgh, read a paper on Pessaries. He said that, owing to the advance in our knowledge of the etiology and pathology of displacements of the uterus, the use of pessaries was becoming less and less; for instance, in cases of anteversion the mal-position was due to a chronic metritis, so that the cure of the condition lay in the treatment of the metritis. In regard to anteflexion, there was considerable difference of opinion in regard to pain and sterility. It was extremely improbable that excessive anteflexion *per se* was really the cause of these symptoms; for many women are found in whom the anteflexion existed without these symptoms. It was to the pathological accompaniments that attention must be directed, in the uterine wall and outside, and the treatment of stenosis of the os. The danger of the use of pessaries in this condition was pointed out. All forms of the stem pessary should be abolished in the treatment of this condition. Where the uterus was very much enlarged (though usually it is small), the Hodge pessary or the ring pessary might be used tentatively, until the congestion had subsided. In regard to retroversion, he said, that there was considerable difference of opinion as to the part played by backward displacements of the uterus in the causation of symptoms often found accompanying this condition. Some authorities held that retroversion, *per se*, did not produce troublesome symptoms. Such authorities held that the normal uterus was constantly changing its position according to changes in the bladder and bowel. They held that the pain and weakness in the back, menorrhagia, etc., were due to accompanying pathological conditions, viz., inflammations outside and in the uterus, of the subinvolution, prolapse, etc. In favor of this opinion might be mentioned the fact that cases were found in which, along with the retroverted uterus, no pain was found. Another school held that backward displacements led to bad symptoms. The former school held that the pessaries should be used not at all, or only in a small number of cases. The latter school held that where the uterus was retroverted, it should be turned to the front and kept there by means of pessaries. The writer's opinion was that more attention must be paid to the views of the former school than had been done. The pessary should be used in this condition with great discrimination. The essayist called attention to those varieties of retroversion in which the pessary might be used. In every case the accompanying causative condition should be attended to in like manner. A similar principle, the doctor held, should guide the practitioner in the treatment of the other misplacements.

Dr. Laphorn Smith, of Montreal, read a report of one hundred and ten operations for retrodisplacement of the uterus, of which forty-two were Alexander's operations of shortening the round ligaments, and sixty-eight ventro-fixations or suspensio-uteri operations. He said that he now felt justified in coming to certain conclusions concerning these two operations since he had been performing them for over six years, the first Alexander's having been performed on the 23rd January, 1892, and the first ventrofixation on the 18th March, 1890. See page 576.

A clinic was then held at the Royal Victoria Hospital.

Dr. James Bell presented first some brain cases. The first patient was a man aged 29 who had suffered from otitis media, followed by mastoid disease, in 1895. On the 1st of Sept., Dr. Buller trephined but found no pus. Symptoms increased in severity, headache, high fever, etc. In three or four days there was twitching of the left side, followed by paresis of the left arm. A brain abscess being diagnosed in the middle fossa, a little opening was made in this region. The dura was found to be bulging. On opening, two or three drams of pus escaped. He cut to the base to allow free drainage. Communication was made between this and the trephined opening in the mastoid antrum which Dr. Buller had made. There was an immediate amelioration of symptoms, paresis disappearing at once. The temperature fell to normal, recovery was not so smooth, however, patient having troublesome symptoms. On the 30th of September, the doctor re-opened the soft tissues and found hernia of the brain, which upon opening he found consisted of a small abscess. Upon opening more deeply, it was found that the whole temporo sphenoidal lobe was excavated by a large abscess from which a considerable quantity of pus escaped. From this time the progress was satisfactory for a time, but the sinus persisted. The patient was discharged the 4th of November, and re-admitted the 17th of January, having had a convulsive seizure the week before. This time the sinus was re-opened. This was found leading to the cranial vault. It was drained, and the patient was discharged in April. Has been in good health since. The next patient was a boy aged 12, who was admitted the 18th of May, 1894, for thrombosis of the left sigmoid sinus. Dr. Buller trephined. A cord-like mass extended down the side of the mastoid, which Dr. Buller thought was an inflammatory area about the mastoid process. It extended, however, from day to day. In about 48 hours it had reached the jugular vein. This vessel Dr. Bell ligatured below the omo-hyoid. An incision was made over the mastoid, and the jugular fossa cleared of clot. The symptoms abated, and the patient has since been perfectly well.

The next patient was a girl 6 years of age. She had been playing about in a room where there was a revolver. She

dragged it down from its place, when it discharged into her forehead. No severe symptoms. Was chloroformed, when bullet was found to have fractured the skull and gone deeply in the brain substance, two inches from the surface. Forceps were carefully introduced, but it was impossible to grasp the bullet, so it was left alone. An X ray skiagraph was taken of the head and showed the bullet clearly. This picture was passed around.

Two cases of sutured patella were then shown, both contracted by indirect violence. Silk suture was used. Good recovery. In recent cases his practice was to use gut sutures.

The next case was where operation had been done for floating body, a piece of free cartilage, in the elbow joint. Good recovery.

The next was an operation on an elbow joint where ankylosis had followed a bad injury to the elbow. The joint was excised on the 9th of April, which left him a good arm.

Next case was also one of excision of the elbow for tuberculosis followed by paralysis of the muscles of the forearm, due, Dr. Bell thought, to using Esmarch's bandage too tightly applied. He reported a similar case in his practice four or five years ago. The lesson was to use a hollow rubber tube or a flat bandage.

Next patient shown was a woman aged 53, on whom he had done nephrectomy for pyo-nephrosis. This was followed, for subsequent trouble, by removal of the kidney by the abdominal incision. The patient was now suffering from occasional swelling of the other kidney.

Dr. Bell presented a number of other interesting cases.

Dr. James Stewart presented six patients,—three males and three females—suffering from intra-thoracic aneurism, giving a history of each. The 7th case was one of multiple neuritis. A second case of multiple neuritis was shown. The 9th case was a man who had suffered from symmetrical gangrene.

Dr. J. E. Graham, of Toronto, presented a paper on "The Influence of Mitral Lesions on the Existence of Pulmonary Tuberculosis."

After discussing the relations existing between tuberculosis and various heart lesions he said in part :

The question now arose, why should the lungs become a less favorable ground for the tubercle bacilli when mitral disease is present? Various reasons have been propounded.

(1) That, on account of the passive congestion, there is a greater transudation of serum, which causes foreign bodies to be more easily removed from the bronchial tube. (2) The transuded serum acts as a germicide, thus preventing the growth of the bacilli. (3) In passive congestion a great number of leucocytes are exuded, and these carry off the bacilli, while at the same time the lymphatic circulation is stimulated.



Prof. Peters in the *Gazette des Hôpitaux*, Aug., 1873. gave the following explanation: The apices of the lungs are the most frequently attacked by tuberculosis, because they contain less blood, and, owing to the comparatively immovable character of the chest walls, there is less ingress and egress of air. The difficulty of inflating the apices is also to some extent due to the way in which bronchi leading to these parts branch off from the main tube. This can be demonstrated in *post mortem* conditions when, owing to passive congestion and to the presence of hæmorrhagic foci, the lower portions of the lung are not sufficient for the aeration of the blood,—greater expansion of the part is absolutely necessary, and the patient is compelled to use greater efforts in respiration, which results in greater dilatation of the air cells in the apices of the lungs. Under such circumstances there is less tendency to the development of tuberculosis.

He called attention to the pathological changes, which were: (1) A change in the capillaries in the walls of the air spaces. These are dilated and tortuous, and project into the air spaces. The degree of dilatation varies very much.

(2) A thickening of the walls of the air spaces due greatly to the growth of smooth muscular tissue and partly to an increase of the connective tissue.

(3) The deposit of pigment.

(4) The formation of cells within the inter-spaces. In considering these changes, one might at once conclude that some at least are of no value in preventing tuberculosis,—for instance, fibroid thickening and the deposit of pigmentary matter.

There are then four conditions present which may aid in the prophylaxis of phthisis: (1) Increased pressure of the pulmonary circulation. (2) The presence of transuded serum in the tissue. (3) The increase of involuntary muscular fibre. (4) The presence of an increased number of leucocytes in the alveoli.

The essayist was much more inclined to agree with Peters, that the passive congestion of the lungs acts as a prophylactic by producing an increased amount of chest movement especially in the apices, thus expanding the alveoli. The increase of involuntary muscle fibre, which is more especially referred to by Rindfleisch, enabled the patient by coughing to expel foreign matter from the alveoli and bronchi.

This paper was discussed by Drs. Wm. Osler and Blackader.

The rest of the papers, for want of time, were read in part, or a few of the leading points referred to by their authors.

"Militia Medical Reorganization" was the subject of a paper by Dr. W. Tobin, of Halifax.

"Tetany following Scarlatina" was the title of a paper by Dr. J. B. McConnell, of Montreal. See page 573.

Dr. F. J. Shepherd reported a case of Excision of the Scapula.

Dr. H. L. Reddy presented a case on Streptococcic Puerperal Infection—Injection of Antistreptococcic Serum—Recovery. See page 569.

“Electric Baths and Dyspepsia” was the title of a paper by A. L. DeMartigny, of Montreal.

Dr. H. D. Hamilton read a paper on “Non-Malignant Tumors of the Tonsil,” with the report of a case.

Dr. Roddick, M.P., then submitted the report of the nomination committee, who had chosen the undermentioned gentlemen for the offices named, and they were unanimously approved by the Association: President, Dr. V. H. Moore, Brockville; Vice-Presidents, James Conroy, Charlottetown, P.E.I.; J. T. Black, Halifax; T. Walker, St. John, N.B.; J. M. Beausoleil, Montreal; W. W. Dickson, Pembroke; R. S. Thornton, Deloraine, Man.; E. H. C. Roleau, Calgary; Dr. Harrington, New Westminster, B.C.; General Secretary, F. N. G. Starr, Toronto (re-elected); General Treasurer, H. B. Small, Ottawa (re-elected). Local Secretaries: Prince Edward Island, H. D. Johnston; Nova Scotia, A. T. Mader, Halifax; New Brunswick, G. A. B. Addy, St. John; Quebec, J. B. McCarthy, Montreal; Ontario, W. G. Anglin, Kingston; Manitoba, W. H. Smith; Northwest Territories, George Macdonald, Regina; British Columbia, A. Weld, Vancouver.

On the suggestion of the Nomination Committee, Montreal was chosen as the next meeting place of the Association, it being thought advisable to meet here in 1897, owing to the fact that the British Medical Association will also assemble here during the course of the coming summer.

## MONTREAL MEDICO-CHIRURGICAL SOCIETY.

*Stated Meeting, May 16th, 1896.*

A. D. BLACKADER, M.D., President, in the Chair.

## DISCUSSION ON ALBUMINURIA.

Dr. R. F. Ruttan and Dr. H. A. Lafleur introduced the subject.

Dr. F. W. Campbell said he would confine the few remarks which he would make to a form of albuminuria, of which he had had a great many cases, in fact was meeting with very frequently—he meant what is termed normal albuminuria. Most medical writers use the term albumen, but the most modern authorities call it albumin. The word albumen is simply the Latin word, meaning “white of the egg,” though as a matter of fact it is applied to every form of albumin, the latter representing the proximate principle. In Watt’s Dictionary of Chemistry, one of the most important works of its kind in the English language, the termination *in* is exclusively used. That the mere presence of albumin in the urine or its absence does not indicate that nephritis exists or does not exist, is not generally recognized. The former is, however, often a phenomenon of such grave import that its recognition and meaning is a matter which demands serious consideration. It is now fully admitted that albumin may be met with in the urine as a physiological event, sometimes small, sometimes in fairly large quantity; sometimes transient, sometimes remaining for weeks, and be perfectly compatible with perfect health. In this category he did not include the albuminuria following deranged digestion, great mental or physical exertion, excesses in eating or drinking, or exposure to low temperature, because although it is sometimes found in the urine during all these conditions, its discovery under such circumstances is extremely difficult, even with the most delicate tests. The cases to which he referred were those where with the ordinary tests albumin is readily found in the urine of persons enjoying perfect health, and we cannot find any assignable cause. It was during his work as a life insurance examiner that he met with the great majority of these cases. He referred only to renal albumin and not to cases which accompany blenorrhœa, vaginitis or cystitis. The first suggestion of its existence was made by Gabler in 1865. In 1870, Ultzmann recognized albumin in the urine of eight perfectly healthy persons. From that time onward the number of cases largely increased, this discovery in the majority of instances being due to life insurance examinations. He said how this came about would be readily understood when he stated that a few years ago the urine of a life insurance candidate was only examined under special conditions, and therefore rarely, whereas now it is examined in every case. Such an important fact has attracted a great deal of attention, and some writers have attempted to explain that its presence was due to some pathological cause, which in many instances is of so slight a nature as to be overlooked. Chateauburg found that the urine of 46 out of 50 pupils at one of the government schools, who were busy preparing for examinations, contained albumin. The same authority after numerous experiments came to the following conclusions:

1. Albumin is found in the urine of the majority of persons, more or less abundantly, and transient in its character.
2. Rest in bed has a clearly marked influence in diminishing the amount of albumin excreted.
3. Bodily fatigue greatly influences the production of physiological and transient albuminuria.
4. Intellectual labor augments with most people the quantity of albumin existing in the urine.
5. Cold bathing exerts considerable influence in increasing physiological albuminuria.
6. Sexual excitement and menstruation manifestly affects albuminuria in the healthy.
7. Albuminuria is as frequent in children as in adults, but the quantity of albumin excreted is less.

8. Digestion if accompanied by rest does not exert much influence upon physiological albumin.

Dr. Campbell, in conclusion, said that these investigations were of practical importance, as the discovery of albumin is calculated, unless its significance be understood, to create undue anxiety. With its real meaning understood, and with a microscopic examination, the physician is in a position to reassure his patient and to avoid the errors of unnecessarily energetic measures of relief from dangers which do not exist. The microscope is the only reliable test as to whether or not renal disease does or does not exist.

Dr. J. B. McConnell thought that the subject had been very fully covered by both the papers, and that it was one of the greatest importance from a life insurance point of view. He drew attention to the point that in testing with nitric acid and heat, acid albumin, which is soluble in water, may be formed and lead to an error. He noted that both speakers had rejected the pressure theory, but thought that the fact that albuminuria occurred after violent exercise in athletes and soldiers rendered the theory probable.

Dr. J. G. Adams was glad to see, from what had been said by the readers of the papers, how fully it was accepted now-a-days that Heidenhain was right, and that the presence of albumin in the urine must be regarded as due to a disturbance of the secretory mechanism of the glomerular epithelium. And he certainly believed that the main bulk of the escaping albumin passed through the glomeruli; but there were certain cases of extensive and acute congestion of the kidneys, as in acute parenchymatous nephritis, in which there is a most pronounced breaking down of the protoplasm of the convoluted tubules; and with such breaking down he considered that there must be a certain amount of albumin passing into the urine, originating thus from the disintegration of the cells. In the mammary gland the secretion is largely the result of active cellular destruction, and milk is rich in proteids. This breaking up of the cells in the kidney tubules is, as is well known, associated with the development of curious vacuoles, which eventually are to be recognized free in the lumen of the tubules. As to the exact composition of these delicate vacuoles, nothing is known, but certainly, they can be and are associated with cell destruction and approaching dissolution.

Dr. N. D. Gunn referred to several classes of albuminuria of interest to the general practitioner. The albuminuria of pregnancy was of interest because of the liability of serious trouble later on. If the case is seen early enough, the condition can be controlled, but if the patient is allowed to follow her daily avocations, it goes on to uræmia too often. This is really a physiological albuminuria passing off with the birth of the child. The amount of albumin present is no index of the conditions present; it was not the amount of albumin secreted, but the amount of toxic products in the blood not excreted, which did harm.

Another class of cases was that in which there were nervous symptoms, the commonest being occipital headache, and where this was associated with a high tension pulse, a diastolic valvular action, coupled with hereditary taint, even though no albuminuria was present, a pre-albuminic stage might be pronounced.

Dr. C. F. Martin drew attention to the absence of albuminuria occasionally where most extensive lesions of the kidneys might be found. This occurred not only in conditions of chronic interstitial nephritis of the ordinary type, and in senile renal changes, but in other conditions as well. He had for some time made examination of the urine of moribund patients at the Royal Victoria Hospital, and subsequently observed the renal changes detected at the autopsies. In a number of instances there had been apparently normal urine as examined carefully in the usual manner, and yet the kidneys had often presented distinct evidence of parenchymatous change, with degeneration of the tubular epithelium and the presence of detritus in the lumina of the tubules. In a large number of cases, too, there was apparently a recent productive change as well, and yet the urine was free from albumen.

Examination of fresh sections under these conditions had showed, too, considerable fatty degeneration of the epithelium, and yet the urine had been normal. A few cases are on record where extensive fatty change and necrosis in the parenchyma had been present with unaltered urine.

That the epithelium is, however, to some extent capable of influencing the presence of albumin may be argued from the theory generally recognized that

hyaline casts, *i.e.*, an altered form of albumin, seem at times to originate from the epithelial cells of the tubules; yet in these instances the circulatory system must be undoubtedly altered, too, in order to induce an albuminuria which responds to the usual tests. To say that the so-called physiological albuminuria is really a misnomer, and that the presence of discernible albumen in the urine implies some lesion of the renal structures, would seem quite rational on an analogy with the conditions usually found in ordinary parenchymatous nephritis. Under those circumstances it is only local areas of the kidney that are affected, while adjacent parts appear quite normal. In the same way when only a trace of albumen is present, it is more than probable that some minute local lesion of the parenchyma is present as a cause of the abnormal urine.

Dr. W. F. Hamilton referred to two cases of albuminuria in connection with angina.

In one seen in Vienna there was no evidence of infectious disease, and it was looked upon as a case of general infection from streptococcus. In the other, under Dr. Buller's care, there was mild angina, a little later severe nervous symptoms, and later again albumen casts were demonstrated in the urine.

He emphasized the importance of determining the presence of peptone as already referred to by the leader in the discussion.

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*Stated Meeting, May 29th, 1896.*

F. G. FINLEY, M.D., First Vice-President, in the Chair.

MYXO SARCOMA OF FEMUR.

Dr. Jas. Bell reported this case.

EXCISION OF THE RECTUM BY HEINECKE'S METHOD.

Dr. G. E. Armstrong reported the following case and showed the patient: M. M., *æt.* 58, was admitted into the Montreal General Hospital suffering from carcinoma of the rectum. The growth involved the upper part of the external sphincter and the whole circumference of the rectum as high as the finger could reach. It was quite evident that the whole growth could not be removed from the perineum, and that the sphincter was so much involved that it could not be saved. The lumen of the rectum was so much encroached upon that only liquid *fæces* could be passed.

On the 5th of March I performed a left inguinal colotomy after the method of Maydl, and on the 27th March proceeded to remove the growth according to Heinecke's method.

First, I placed the man in the lithotomy position, and after introducing a sound through the urethra into the bladder to act as a guide, I made a curved incision in front of the anus and carefully separated the rectum and all infiltrated tissue from the urethra, prostate, and posterior surface of the bladder. This being accomplished, and all bleeding points controlled, I turned him on to his side and made a median incision down over the centre of the sacrum and coccyx. I then with a saw divided the sacrum and coccyx in the line of the superficial incision, and the sacrum transversely below the level of the third sacral foramen. I could then out-fold my two flaps. This gave me perfect access to the pelvis. I then deliberately opened the peritoneal cavity and separated the rectum and meso-rectum from the anterior surface of the sacrum until I was well above the limits of disease. I could catch the large vessels in the meso-rectum before dividing them, thus reducing the hæmorrhage to a minimum.

After all bleeding points were secured, and when I was ready to close the opening in the sacrum and soft parts, the rectum was divided at a point well outside the body, thus insuring against infection. The upper end of the rectum was attached externally.

The patient has made a perfect recovery, has gained in weight, and is now, as you see, in comparatively good health. He walks well, can sit down with comfort, and does not seem in any way to suffer from the division of the sacrum or coccyx.

Dr. James Bell considered the great drawback to excision of the rectum was the almost constant involvement of the pelvic glands. He recommended inguinal colotomy as a preliminary operation in order that a more perfect diagnosis could be reached, and where the glands were not involved a further operation could then be performed.

#### VOLITIONAL TREMOR SIMULATING DISSEMINATED SCLEROSIS.

Dr. G. Gordon Campbell exhibited the patient and gave the following account of the case:—

L. F., a French-Canadian aged 71, came to the Out-patient Department of the Montreal General Hospital two years ago complaining of shortness of breath and swelling of the legs. Physical examination revealed the presence of valvular disease of the heart. At the same time a tremor of the upper extremities was noted, and enquiry elicited the fact that the patient had suffered from it all his life, and it had not interfered with his occupation of carpenter and cabinet maker. The tremor was distinctly "intentional" in character, being absent while the limbs were at rest and becoming marked on the performance of voluntary movements. It was best brought out in the act of writing or lifting a cup of water to the mouth: was more marked on the left side and was increased by emotion. Fine movements, such as threading a needle, were performed without difficulty. No other symptoms indicative of sclerosis were present, and the personal and family history had no bearing upon the case. After being two years under observation the condition described was unchanged.

Dr. J. B. McConnell referred to an almost identical case in which the legs also were affected. He looked on it as insular sclerosis without other symptoms.

Dr. F. G. Finley had examined the case and thought it was difficult to classify tremors of this sort. He had noticed a report of two cases in Berlin recently. In one which had been diagnosed as hysteria the post-mortem revealed disseminated sclerosis. In the other, thought to be sclerosis, no lesions were found.

#### TUBERCULAR ULCERATION OF THE CÆCUM.

Dr. J. G. Adami exhibited this case, which showed peculiarly extensive tubercular ulceration and loss of tissue. Tubercular ulceration of the cæcum and of the colon is relatively common, but in general the ulcers are not very extensive. Here the ulceration had been so extreme that over the greater part of the cæcum there was one large area of ulceration. A few stray islands of mucosa persisted sharply cut off from the floor of the ulcer, which was granular, but relatively smooth. The ulceration extended into the colon, where the largest ulcer (in the ascending portion) was 10 cm. long and completely surrounded with the narrowed viscus. There was a well marked patch of ulceration in the appendix, and again another ulcer within 1 cm. of the anus. This had perforated and communicated with the skin immediately outside the anus, forming a fistula. The specimen was obtained from a girl of 24, presenting chronic ulcerative tuberculosis of the epiglottis, larynx and trachea, and of the small intestines and peritoneum.

Dr. Wyatt Johnston asked Dr. Adami if he had noticed and could explain the difference in the distribution of tubercular ulceration of the ileum. In one set of cases the lesions were limited mainly to the typhoid position, namely, the lower part of the ileum; in the other they were more numerous in the duodenum and upper part of the jejunum, and scanty or absent in the lower part.

Dr. Adami had noted a great number of cases in which there was simulation of the typhoid distribution, but had not noticed so many where the upper end of the intestine was affected.

#### WOUNDS FROM FIREARMS.

Dr. Wyatt Johnston exhibited a series of specimens illustrating the various wounds produced by firearms.

## PURE MILK.

Dr. J. B. McConnell read a paper on this subject, in which, after dealing with the composition and impurities often found, he gave in detail the precautions that should be taken to ensure a supply of pure and wholesome milk to the consumer. See page 371 May Number 1896, of this Journal.

## CONCURRENT DIABETES AND EXOPHTHALMIC GOITRE.

Dr. C. F. Martin read the following case report: The coincidence of two such maladies as diabetes and exophthalmic goitre in the same patient has already been recorded in not a few cases, and yet each newly added instance is of more than ordinary interest in view of the apparently associated features in their etiology. The subjoined report is therefore very briefly submitted, though without any effort to comment on the nature of such an association.

A French-Canadian aged 28, who was a piano maker by trade, came to the out-patient department of the Royal Victoria Hospital complaining of frequent micturition, excessive appetite, general weakness and persistent sweating. He had been ill about one year, the weakness being an early symptom and progressive, while the micturition, sweating and increased appetite supervened some months later. To these signs were added a gradually developing tremor, great nervousness, palpitation, and dyspnoea on exertion; also gastric disturbances with occasional obstinate vomiting. During the year he had lost about twenty pounds. There was no history of diarrhoea.

He was a man of temperate habits, and except for the usual diseases of childhood he had always enjoyed good health. The family history presented no evidence of hereditary taint.

An examination of the patient showed him to be a remarkably thin young man, with small, soft muscles and moist skin. His eyeballs were markedly prominent, giving him an expression of terror and anxiety. Von Graef's and Stellwag's signs were distinct; that of Möbius could not be definitely made out.

The thyroid gland was enlarged bilaterally and rather soft.

His pulse was of low tension, soft and rapid, beating 150 to the minute. The heart sounds were normal. The respirations were increased in number, but the lungs themselves appeared free from disease.

The urine was pale and clear, acid in reaction, sp. gr. 1035; a small quantity of albumin was present and a large amount of sugar.

The nervous system was not abnormal further than is implied in the symptoms just mentioned.

He was admitted to the wards for a few days and further notes of the case were made by Dr. Fry, the house physician. During his sojourn he had slight pyrexia, a constantly rapid pulse, persistent nervousness and excitability. The glycosuria remained unaltered in amount, though there was never marked polyuria. He was discharged after twelve days, and for a short time only attended the dispensary. Just one year later he returned to the out-patient department of the hospital, where I again examined him. He had maintained fair health in the interval; the goitre had somewhat increased in size, and there was still a large quantity of sugar in the urine.

The above notes, which, though brief, state the main features of the case, are sufficient to render it certain that we were dealing with a case of true diabetes associated with Graves' disease, and not merely a transitory glycosuria. And their concurrency is especially interesting in view of the numerous analogies which may be formulated in their respective etiologies and morbid anatomy. In both diseases, for example, heredity is thought to play a part; both occur in neurotic individuals, and not infrequently are preceded by great mental excitement, worry, fright, etc., sometimes, too, after trauma, and in both we find individuals affected at the same period of life.

In conclusion it may be said that while the occurrence of transitory glycosuria is a fairly common occurrence perhaps in marked forms of Graves' disease, and that in two cases recently in the hospital we have met with that condition, nevertheless the permanent presence of glycosuria with other definite symptoms of diabetes seems to be very much more infrequent.

*Stated Meeting, June 12th, 1896.*

F. G. FINLEY, M.D., First Vice-President, in the chair.

LYMPHANGIOMA OF THE TONGUE.

Dr. G. E. Armstrong exhibited a photograph of the tongue and read the following report :

This photograph represents a lymphangioma of the tongue which I removed from a young woman 22 years of age. She first noticed it fifteen years ago. It occupied the right anterior third and a portion of the left side of the tongue. During the past few years it has been growing rather rapidly, and when she was admitted into the hospital it was so large that she could not bring the upper and lower teeth together for purposes of mastication and it seriously interfered with speech. I removed it by a V-shaped incision and fortunately obtained perfect union by first intention. Dr. Johnston reports it to be a lymphangioma. It is doubtless of the same nature as the enlargement in macro-glossia, but the lymph spaces are very distinct—more so, I think, than is generally the case in the latter condition.

Dr. F. G. Finley asked if the glands were affected, and if there were lymphatic growths in the other parts of the body as well. Dr. Armstrong replied that they were not affected.

Dr. J. G. Adami asked if the vesicles were thin walled and showed any tendency to rupture, and was answered in the negative.

A CASE OF BACILLUS ÆROGENES CAPSULATUS.

Dr. W. H. Jamieson read a paper on this case.

Dr. J. G. Adami congratulated Dr. Jamieson on getting pure cultures. He also had found that he rarely got the capsule except where the organisms were present in great masses, as in the kidney when a distinct halo was noticed between the various bacilli. He found them to stain well, and some of the best results obtained were from hæmatoxylin.

Dr. G. E. Armstrong referred to the clinical history as given by Dr. Jamieson, and said after the patient was brought into his ward there had been a sudden change for the worse, and the condition seemed to be that of acute anæmia due to a fresh hæmorrhage. The patient had taken ether badly, and before the incision a litre of normal salt solution was injected into a vein and the condition improved. On emptying the cavity another litre of salt solution was given, but the patient died while he was exploring the cavity.

BRANCHIOGENIC CYST.

Dr. J. G. Adami reported this case.

Dr. James Bell said the patient had been sent to him with the diagnosis of a suppurating lymphatic gland, which he confirmed. On making his incision he opened the cyst, the contents of which were like *caz' au lait*, with very little, if any, grumous material. He was struck with the ease with which the mass was dissected out, quite unlike lymphatic glands in general.

RESECTION OF BOWEL.

Dr. J. Alex. Hutchison read the following case report :

M. St. J., aged 48 years, was admitted to ward K, Montreal General Hospital on April 14th, 1896, suffering from obstruction of the bowels of six days' duration.

The patient was unintelligent and could give no satisfactory history of her illness.

On examination no signs of abdominal obstruction could be made out, the walls were flaccid. In the right inguinal region a small round tumour was felt, freely movable, with flat percussion note ; no impulse on coughing. Friends stated this had been present for nine years.

Temperature 98°<sup>o</sup>, pulse 100, respiration 24. No pain or vomiting.

Large enemata of hot water and of olive oil were given without relief.



On the 15th I opened the abdomen in the median line and finding the small bowel passed through the internal abdominal ring, sutures were applied to the wound and an incision made over the tumour, and the bowel drawn down after cutting the stricture.

A gangrenous patch with a perforation was found. Resection of about 2½ inches was done, the ends being brought together by Czerny Lembert sutures and the parts returned.

On the 16th and 17th the patient did fairly, but signs of collapse were present. On the 18th the condition was desperate; some stercoraceous vomiting, but the condition improved; retained nourishment; bowels moved with no pain; tenderness and tympanitis.

This condition continued for some days, when collapse returned, the patient dying of exhaustion on the 27th, or twelve days after operation. Temperature was sub-normal from date of admission, for several days remaining at 96°. Pulse between 100 and 120 per minute.

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## Editorial.

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### CANADIAN MEDICAL ASSOCIATION.

The recent meeting held in this city was one of the most successful in the history of the Association. Some two hundred members attended, representing all parts of the Dominion. A number of representatives from the neighboring Union also graced the occasion, prominent among whom was Prof. Osler, from the Johns Hopkins University, and whose presence and criticisms of the papers read added much to the interest of the meeting.

There was ample material in the way of papers, so much so that quite a number for want of time could not be read. A noticeable feature was the lack of discussion of the papers read. The defective acoustic qualities of the hall in which the meeting was held may account for this apparent want of interest in the subjects presented. Ability to hear with ease all that is said at a meeting of this kind is of the utmost importance, and should at future gatherings receive the careful attention of those to whom is committed the preparation of arrangements for the meeting.

It is admitted by all that the question of inter-provincial registration has made more progress at this meeting than it has for the past twenty years; and we hope that when delegates from the various provinces of the Dominion meet at the next annual meeting of the Association, they will all be empowered to adopt the report of the committee as presented at this meeting and accepted, in regard to a uniform standard

of matriculation, curriculum of professional studies, and examinations. The method of conducting the examinations will doubtless be where the greatest difficulties may be apprehended; and whether they are conducted in each province by examiners appointed by the several provincial councils, by the teachers under the supervision of assessors as in this province, or by a central Dominion examining board, or otherwise, will be a matter for careful consideration and thought during the interim; and we hope to see a final favorable decision in this matter at our next annual meeting, and the inauguration then of a uniform standard of medical education for the Dominion and general reciprocity in the registration of degrees. Should such a desirable arrangement obtain, we understand that the probability of such reciprocity obtaining throughout Britain and countries owning her sway would be great, and it would doubtless be an event of the near future. The meeting of the British Medical Association here next year, into which will be merged the next annual meeting of the Canadian Medical Association, would be a favorable occasion for the consideration of such an important topic.

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### THE AMERICAN ELECTRO-THERAPEUTIC ASSOCIATION.

The sixth annual meeting will be held this year on Sept. 29th, 30th and Oct. 1st, in Alloton Hall, Boston, Mass., under the presidency of Dr. Robert Newman, New York. A very interesting programme has been arranged consisting of fifty-one items. Members of the profession generally are invited to attend. Dr. Emil Henel, 352 Willis avenue, New York City, N.Y., is secretary.

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### FASHION AND HEALTH.

At the close of the summer holidays and the opening of the many city schools, it must be apparent to the most casual observer in our streets that, at certain hours of the day, the composition of the passing throng has materially changed from what it was during the summer months. Among the busy money-seekers are groups of merry school children, and numbers of more serious students, with books under their arms, all wending their way to or from some place of instruction. But what peculiarity attracts your attention to them? How do you recognize that you have not met them daily through the summer season?

Ah ! you have it now, it is the tanned or sunburnt face which rivets your attention at once. You certainly have not noticed so many healthy, merry faces during the hot weather, although now that the idea is suggested you recall the pale, bleached faces you have met daily for so long. A more extensive observation shows you that the healthy tan is not alone seen in the schoolboy or girl, but the young lady of fashion has coveted and obtained this wealth of color. Truly, fashion is not without its redeeming points !

But how has all this come about, this increased number of tanned faces we see each year ? A glance at the railway and steamboat time tables, with their cheap return fares and commutation tickets; or a visit to the mountain, river, and lake resorts, with their scores of new boarding houses and hotels, will readily explain the reason why. Increased accommodation changes the habits and customs of people. Custom is showing us a new phase in her evolution each year, and following this change in custom comes the natural effect on the people influenced by it.

One can hardly take up a daily paper without noticing in the sports column some announcement of a record being broken, or some feat of strength or endurance detailed for general admiration. And yet the pessimist will tell you that our race 'handicapped by fashion and society is rapidly degenerating. He will say: "Look at your hospitals, full to overflowing; look at your asylums, forever enlarging their accommodation; and above all look at the standard of health of the women of to-day. Show me the army of healthy mothers as of old, who never knew what sickness was, and yet reared large families. Then note the large number of specialists, who are making a fat living from the ills of the mothers of to-day, and tell me that our race is not degenerating !"

But you are just a little too superficial, my pessimistic friend ; you must remember that "the sins of the parent shall descend unto the child to the third and fourth generation," and that the sufferings of the present generation are to some extent traceable to germs of disease planted long years ago, to pernicious habits, exposure, or bad hygienic surroundings with resulting epidemics and their sequelae. If those rugged mothers of years ago had taken more care of their offspring, ensured better hygienic surroundings, and fostered proper habits of living, who can say but that the present generation would not have been the better for it ?

If omnipotent Fashion, in the future, will but promote those customs which tend to develop, mentally and physically, the young lady of to-day, and frown upon the many artificial accessories which beautify (?) the wearer at the expense of her health, she will put a spoke in the wheel of evolution which will influence the generations to come.

This myth Fashion is as changeable as the wind, and like the wind is hard to suppress, but more easy to direct. As all power properly directed is an aid, let us as physicians strive to direct it aright, by educating its slaves to become its masters, and to appreciate the benefits of health-giving habits, and the pernicious effects of the unnatural adornments affected by not a few.

G. F.

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### MOODY'S MAGAZINE OF MEDICINE.

This is the title of a new medical periodical published in Atlanta, Ga., and edited by Dr. Ralcy Husted Bell. It has a bright, lively appearance, being illustrated and having a striking cover in red and black. It aims to represent the rank and file of the profession, particularly in the new South and West, and expects to have a circulation of 20,000 before its second year begins. It has a railway department, a woman's home, and educational departments, in addition to medical contents, also poems by the editor and others, and a charming photogravure of a youthful female of perfect anatomical proportions reclining in innocent nudity on the banks of a placid stream. We prosy, matter-of-fact Northerners stare a little at the interesting medley which is conceived to suit the requirements of our tropical brethren, but the racy blending of well written articles on medical topics and modern science and literature constrains us to commend this new journalistic candidate, and wish it every success, and we will welcome it among our exchanges as a spicy breeze from the South.

# Miscellaneous.

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## MOVING TOWARD THE LIGHT.

The modern developments in physiological chemistry and bacteriology, as well as the accumulated evidence of experience, has convinced the great majority of skilled and well-educated physicians in the ranks of homoeopaths, that the sectarian bounds of their school were too small for the exercise of the practice of rational medicine; and numerous attempts have been made to enlarge the boundaries set by Hahnemann, the founder of this school of medicine.

This movement has finally gained such proportions that there was recently organized at Buffalo a medical society known as the American Association of Physicians and Surgeons, made up of qualified members of the profession of different schools, the purpose of which is to break down the bars of sectarian medicine, and make a platform large enough to admit any intelligent or qualified practitioner, irrespective of his sectarian antecedents. So far as its medical creed is concerned, the regular profession has long ago abandoned sectarianism, and ceased to subscribe to the principle of *contraria contrariis curantur* attributed to it by Hahnemann.

We are glad to see this movement. It is in the right direction, and it is the sincere hope of the writer that some time in the future there may be only two recognized classes of physicians; viz., those who are practising medicine on a rational and physiological basis, and those who are pursuing blindly irrational methods.

The long fight among the different schools of medicine has been based upon differences of opinion upon the so-called action of drugs; but intelligent physicians are finding out (many long ago made the discovery) that in the relation of the human body and drugs, it is the cells of the body which are active, and not the drugs. The body acts upon the medicine, not the medicine upon the body. Modern developments in hydrotherapy, electrotherapy, massotherapy, and the various branches of physiological medicine, including dietetics, have left comparatively little room for pharmaceutical products, so it is exceedingly foolish to still maintain the old quarrel about big doses and little doses, when doses of any sort have so small a part to play in the rational treatment of disease. The high-potency delusion seems about dead.—*Modern Medicine and Bacteriological Review*, July, 1896.

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## THE NEW NURSE.

Under the above caption, a recent editorial in the *Practitioner* contains the following well-timed criticism: "The first volume of Professor Clifford Albutt's monumental 'System of Medicine,' which has recently appeared, contains an article written by a nurse. This is a somewhat

startling sign of the times. Doctors were formerly supposed to teach nurses; now, apparently, the nurses are to teach the doctors. The next thing will probably be courses of instruction in nursing for medical men, who must at least be taught their place in relation to the New Nurse. This knowledge is becoming more and more necessary to the practitioner, and the want of it is likely to get him into trouble. The New Nurse waxes every day fatter, figuratively speaking, and 'kicks' more vigorously. She is no longer, it would seem, contented with a certificate; she must have a degree. At least 'post-graduate' lectures are given by learned ladies, and reported in the *Nursing Record* for her edification. "Exhibitions' are arranged where medical and surgical appliances of all kinds are displayed, to the admiration of the public and the greater glory of the New Nurse. Her tastes are strongly surgical, and she has a scarcely concealed contempt for the general practitioner. Even the hospital physician is made to feel that his attempts to hide his ignorance do not impose on her. If his cases recover, the credit is hers; if they do not, the fault is his. She is more tolerant of the student, for—to say nothing of his possibilities from a matrimonial point of view—he is more keenly conscious of his inferiority and more grateful for her patronage."—*Pacific Medical Journal*, Aug., 1896.

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### PROBABLE NATURE OF "SPIRIT" WRITING.

The chances of coincidence are much increased by the extremely illegible character of much of the script, which leaves wide room for "interpretation." I can not but suspect that the "anagrams" sometimes written automatically often owe their existence to this kind of "interpretation." Yet, after making all allowances for coincidence and forgotten memories, nearly all investigators admit that there remains a residuum which can not plausibly be explained by any accepted theory. I can not discuss this residuum here; it is enough to point to its existence, with the caution that no theory can be regarded as final unless it can explain all the facts.

The importance of this material from a psychological point of view cannot be overestimated. If the man's hand can write messages without the co-operation of the man's consciousness, we are forced upon the one horn or the other of a very perplexing dilemma. Either these utterances stand for no consciousness at all, merely recording certain physiological processes, or else they indicate the existence of mentation which does not belong to any recognized human being. The first would seem to deny the doctrine of parallelism, according to which physiological processes of the degree of complexity requisite to the production of writing necessarily generate mental states, and this would lead us toward the old theory of the soul, or something like it. The second would compel the assumption either of personalities distinct from that of the subject, which is the theory of possession, or of segregated mental states. The latter is the theory which I am developing in these pages, and although I am far from satisfied with it, it is more in line with our present scientific conceptions than others, and accounts for some of the facts fairly well.—Prof. William R. Newbold, in *Appleton's Popular Science Monthly* for August.

## Book Reviews.

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**A System of Medicine by many Writers.**—Edited by Thos. Clifford Allbutt, M.A., M.D., LL.D., F.R.C.P., F.R.S., F.L.S., F.S.A., Regius Professor of Physic in the University of Cambridge, etc. Volume I. Published by Macmillan & Co., New York and London. Representatives in Canada The Copp Clarke Co., Ltd., 9 Front street, Toronto.

On this side of the Atlantic, systems of medicine and surgery by American authors and publishers are not uncommon nor infrequent in their appearance, and have been very generally subscribed for by the members of the profession. The appearance of a system of medicine by English authors will undoubtedly be welcomed by the practitioners of the United States and Canada, when it is understood that a work representing the best thoughts of the ablest men of the British Isles is offered for our perusal and study.

The volume before us is the first of five, and contains two divisions of the subject matter to be presented, in which are included a consideration of the following subjects:

Prolegomena, Medical Statistics, Dr. Billings; Anthropology and Medicine, Dr. Beddoe; On Temperament, Dr. Rivers; On the Laws of Inheritance in Disease, Mr. Hutchinson; Medical Geography of Great Britain, Mr. Haviland; Inflammation, Dr. Adami; The Doctrine of Fever, Dr. Burdon-Sanderson; The General Pathology of Nutrition, Dr. Mott; General Pathology of New Growths, Mr. Shattock and Mr. Ballance; Principles of Drug Therapeutics, Dr. Leech; Climate in the Treatment of Disease, Dr. Hermann Weber and Dr. Michael G. Foster; Artificial Aerotherapeutics, Dr. Theodore Williams; Balneology and Hydrotherapeutics, Dr. Hermann Weber and Dr. Parkes Weber; The Medical Applications of Electricity, Lewis Jones; Massage: Technique, Physiology and Therapeutic Indications, Dr. Kearsley Mitchell; The General Principles of Dietetics in Disease, or the Feeding of the Sick, Sir Dyce Duckworth; The Diet and Therapeutics of Children, Dr. Eustace Smith; Nursing, Miss Amy Hughes; The Hygiene of Youth, Dr. Dukes; Life Assurance, Dr. Symes Thompson; Insolation or Sunstroke, Sir Joseph Fayrer; The General Pathology of Infection, Dr. Kanthack; Septicaemia and Pyaemia, Mr. Watson Cheyne; Erysipelas, Mr. Watson Cheyne; Infective Endocarditis, Dr. Dreschfeld; Puerperal Septic Disease, Dr. Playfair; Furuncle, Carbuncles, Dr. Melsome; Epidemic Pneumonia, Dr. Whitelegge; Epidemic Cerebro-Spinal Meningitis, Dr. Ormerod; Influenza, Dr. Gee, Dr. Thorne Thorne, Dr. Kanthack and



Dr. Herringham; Tetanus, Sir Geo. M. Humphrey and Dr. Sims Woodhead; Enteric Fever, Dr. Dreschfeld; Cholera Asiatica, Dr. Macleod, Mr. Ernest Hart, Dr. S. C. Smith, Dr. Kanthack, and Mr. J. W. W. Stephens; Plague, Dr. J. F. Payne; Relapsing Fever, or Famine Fever, Dr. Rabagliati and Dr. Westbrook.

The wide scope of this volume, and the many interesting subjects treated, may be learned from this list of authors and the articles contributed by them. Among the many chapters of interest we especially note that on Anthropology and Medicine. The special susceptibility to disease of men and women is compared, the influence of color, the distribution of disease among different races and countries, urban and rural residences, the influence of defective teeth, special susceptibility of certain classes of individuals to disease, etc. The article on Inflammation, by Prof. Adami, of Montreal, is one of the most interesting in the book; it is thoroughly exhaustive of the subject, and may be regarded as the most complete up-to-date exposition of inflammation extant in the English language. The article on the General Pathology of Infection, by Dr. Kanthack, is one of great value and worthy of careful study, presenting the most modern views in regard to immunity and serum therapeutics. Of exceeding interest are the articles on the general pathology of nutrition, climate in the treatment of disease, balneology and hydrotherapeutics, the medical applications of electricity, etc. A number of wood cuts, colored illustrations and charts contribute to the elucidation of the text. The printing and binding are excellent. Judging from this volume we can thoroughly recommend the work to our readers as a thoroughly up-to-date scientific exposition of medicine, representing fully the culmination of the scientific work of the nineteenth century.

**Minor Surgery and Bandaging.** By Henry R. Wharton, M.D., Demonstrator of Surgery in the University of Pennsylvania, Surgeon to the Presbyterian Hospital, etc., etc., published by Lea Bros. & Co., New York.

This is the third edition of this work, and is worthy of the highest recommendation. It contains 475 illustrations on fractures, dislocations, bandaging, and those minor operations which are so necessary for every medical man to be versed in. The part on bandaging is admirable, and much more exhaustive than in any other work of this kind. To the student attending clinics it is invaluable, and for the busy practitioner it is conveniently arranged for ready reference. Those desiring a work of this kind will certainly profit reading one so well prepared in every way and thoroughly up to date.

## PUBLISHERS DEPARTMENT.

### THE REALITY OF WART-CHARMING.

The ease with which warts can be "charmed away" by suggestion has long been known. I will quote two cases. The patient in the first case was my wife, then a little girl, and the account was written for me by her mother. "I remember it all perfectly. It was when E—— was about six years old, just before we went to Boston to live. She had had warts on her hands for over a year. They had spread until her hand was not only badly disfigured, but very painful, as they were apt to crack and bleed. Two physicians, both relatives of ours, had prescribed for them, and we had followed directions without success. We were in Lawrence, at M. P——'s. A lady came to tea, noticed the warts, and offered to remove them by a 'charm.' As I had once or twice been relieved in childhood in the same way, I was delighted at the offer. She went through some mummerly, rubbing them and muttering something, I think, and then announced that they would be gone in a month. They were, every one. In a few days they began to dry up and disappear. So far as I can remember, she never had another. When I was a child there was a neighbor of ours who used to remove all the warts in the neighborhood. I never heard of his failing, and I know of many successful removals in our own family. He used a piece of thread. He would tie it around the wart—if he could—with great solemnity, rub it three times, and very carefully put the piece of thread in a paper in his pocketbook. This made a very great impression on us, I remember. It seemed next to a church service, having your wart taken off."—*From Suggestion in Therapeutics, by PROF. W. R. NEWBOLD, in Appleton's Popular Science Monthly for July.*

### "ONE OF THE CERTAINTIES OF MEDICINE."

Belcher Hyde, M.D., of Brooklyn, N.Y., writes: "Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved. The literature is voluminous, and clinical reports from prominent medical men with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symptomatic affections. The fact stands incontrovertible that antikamnia has proven an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. Antikamnia is one of the certainties of medicine. This is the secret and mainspring of its success."

### SANMETTO IN BRIGHT'S DISEASE.

Dr. C. E. Stafford, Trigg, Va., writing, says: "I have used Sanmetto with the very best results. I succeeded in making a case of Bright's disease much more comfortable by the use of Sanmetto, and am satisfied it should be used oftener in this disease. I regard Sanmetto as an efficient and elegant remedy for diseases of the genito-urinary organs."

### SANMETTO IN AFFECTIONS OF THE GENITO-URINARY TRACT.

Dr. Robt. Park, M.D., L.F.P.S. Glasgow, L.S.A., M. R.C.V.S., etc., 288 Argyle St., Glasgow, Scotland, says: "I find in Sanmetto an extremely elegant preparation, and one very effectual in remedying those medical affections of the genito-urinary tract for which it is especially designed. I was particularly pleased with its successful action in a case of irritation of the bladder neck, and frequent micturition and incontinence in a young adolescent female."