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# THE Canadian Medical Review.

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## Original Communications.

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### Is There Such a Disease as Glandular Fever?

By W. GRAHAM, M.D., Toronto.

AN answer in the affirmative to the above question, I fear, cannot be given intelligently by the profession generally, judging from the meagre amount of literature on the subject, and its entire absence from even recent standard works on medicine and pediatrics, which have been within my reach to examine. Such being the case, I hope, will be sufficient apology for the following.

In the beginning of August last, I was called to see a boy about six years old. The temperature was  $103\frac{1}{2}^{\circ}$ , pulse  $136^{\circ}$ , vomiting, loss of appetite, headache, constipation, a very thick white coating on the tongue, soreness over the body when moved or touched, lymphatic glands on the left side swollen very large and very painful. The swelling was situated distinctly at the upper part and posterior border of the sterno-cleido-mastoideus muscle; the parotid or sub-maxillary glands remained throughout unaffected. A similar swelling was commencing on the opposite side, which afterwards developed

to nearly the same dimensions. I examined the throat frequently and carefully, but failed to see a lesion of any kind to account for the gland affection. There was no eruption, nor suspicion of any. I could not say there was even redness on the fauces or tonsils, so I eliminated scarlet fever and diphtheria, no other symptoms of these diseases being present excepting the fever and enlarged glands. To my mind it could not be parotitis, because you surely cannot have parotitis without an inflammation of the parotid gland, although I am aware that Dr. Alexander, in the "Hand Book of Medical Sciences," asserts that he has seen an epidemic of mumps when the parotid was not affected. This looks to me like the play of Hamlet, with Hamlet left out. If such can be the case, the sooner we give up labelling mumps "parotitis," the better it will be for appropriate medical nomenclature.

I diagnosed this case as simple acute adenitis in my own mind, and treated it with external applications of hydrarg, oles and ichthyol, internally with calomel, antifebrin and salol. Imagine my surprise when a younger boy, and only other child in the family, took ill soon after with same symptoms, and running a similar course only not so violent.

I had then to reconsider my diagnosis, and while reflecting on the situation and trying to solve the problem to my own satisfaction, I happened to read an article in the *University Medical Magazine*, of Philadelphia, by Dr. Samuel Hamill, on "Glandular Fever," which cleared up the difficulty and convinced me that I had two cases of so-called glandular fever, first described by Pfeiffer about seven years ago, and since mentioned by a few continental writers, and also on this side of the Atlantic by Dr. Park West, of Bellaire, Ohio, who published a series of ninety-six cases in the *Archives of Pediatrics*, 1896, most of them occurring in the practice of Dr. F. A. Korell, a neighboring physician, and Dr. Hamill, already mentioned.

Dr. Hamill defines it "as an infectious disease of sudden onset and short duration, occurring in children, without premonitory signs, attended by constipation, mild faucial redness, high fever, rapid swelling and great tenderness of the cervical lymph glands lying beneath and posterior to the upper third of the sterno-cleido-mastoid muscle, the latter subsiding in two or three weeks."

The etiology is not very clear. Von Starck observed chronic constipation in all his cases, and believed that it was toxæmia from this source. Sejournet also believes that glandular enlargement may occur from auto-infection from the intestines, but I cannot understand that this theory will explain my own two cases that I have

mentioned, or is it a reasonable explanation of the cause of Park West's ninety-six cases, occurring as an epidemic in a circumscribed locality and only in a definite time. If constipation produced such cases, we would never be without them. Indeed it would be well for the inhabitants of Canada, at least, if constipation would produce such disfiguring symptoms; they would take care to have less auto-intoxication from such a source. The disease is, no doubt, infectious, and likely from an external source, streptococci and staphylococci, according to some, playing an important part. However, this idea requires further confirmation.

There are seldom any premonitory symptoms, the disease is ushered in suddenly and with chilliness, sometimes pain in the joints, high fever, weakness, restlessness, vomiting, heavily-coated tongue, constipation, enlarged and painful swelling of the glands on one or both sides at the upper part and posterior border of the sterno-cleido mastoideus muscle. Some report the axillary and inguinal glands are involved, but not constantly. The enlarged glands have sometimes been observed to go on to suppuration in rare cases.

Early childhood seems to be the predisposing period of life. Park West's cases ranged from seven months to thirteen years, and occurred more frequently amongst boys. Some difficulty may arise in the diagnosis between glandular fever, idiopathic adenitis, scarlet fever and mumps, as there are several symptoms common to all. In my first case, I would have been perfectly satisfied with my first diagnosis of adenitis, had it not been for the second occurring so soon afterwards, which argued strongly that it was infectious, and we are all aware that adenitis is a non-infectious disease, so where there are two or more cases, we may safely set aside simple acute adenitis. In mild cases of scarlet fever, I am well aware that the eruption may be absent, or pass unobserved, and still be followed by endocarditis, or nephritis and desquamation, to show the identity of the disease, but I think where the fever is as high as 103° or over, no sore throat or redness, no eruption observable, a very thick white coating on the tongue and no papillæ showing, and especially if there is increased hepatic or splenic dulness we can readily dismiss scarlet fever.

I can see a greater difficulty in distinguishing this from mumps, especially if we accept the statement of Alexander, viz., that mumps may exist without the parotid being involved. In that case we would have to depend upon hepatic or splenic enlargement, which never occurs in mumps, or the involvement of glands in other parts of the body, but ordinarily there would be little difficulty as the cervical

enlargement is entirely different in the two cases. In the one it is hard and post auricular, in the other it is much softer and chiefly below and in front of the tragus. The prognosis is invariably favorable. The most important complication observed is hæmorrhagic nephritis. The treatment reported consists chiefly of small doses of calomel, quinine, salicylic acid or salophen.

I have not intended the above paper to be anything like exhaustive, but have purposely adhered to practical points sufficiently, I hope, to stimulate observation on the subject. To those desirous of more information I would refer to Dr. Park West's article, in *Archives of Pediatrics*, 1896; Dr. Williams' paper in the same journal, April, 1897, also Dr. Samuel Hamill's article already referred to.

29 Grosvenor Street.

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AFTER-EFFECTS OF ANTITONIC SERUM.—Stawell (*Intercol. Med. Jour.*, June 20th, 1897) lays stress on the variety of rashes which may follow the use of antidiphtheria serum, many of which have been shown experimentally to result from the injection of non-immunized or normal horse-serum into the blood of another animal. He quotes the experience of two other Australian physicians who in one hundred cases found that urticaria supervened thirty-two times, and was twice accompanied by joint pains. Stawell himself has repeatedly seen urticaria and erythema, often with some rise of temperature, in such cases; two of his patients, however, suffered from more complex and alarming conditions. In the first a generalized exanthem appeared on the eighth day after injection of the serum; it was associated with conjunctival injection, œdema of the loose tissues about the face, and rise of temperature. Three days later there was pain in the limbs and swelling and tenderness about the joints; a distinct systolic *bruit* could be heard. The whole condition simulated an attack of acute rheumatism in a child, and tallied very closely with the description given by Goodall and Washbourn. In ten days from the onset of the rash all pyrexia and joint pains had disappeared, and in a few weeks a cardiac murmur was no longer audible. The second case was one of marked laryngeal diphtheria in a boy, aged five, for which intubation had to be performed. Two injections of Behring's serum were given, and thirteen days after the second a general measles rash appeared, with an urticarial eruption down the limbs. The face was puffy, there was marked injection of the conjunctival vessels, the fauces were red and swollen, and the joints enlarged and painful, while the temperature was 102° F. There was no cardiac murmur, and the constitutional disturbance cleared up in about nine days.—*British Medical Journal*.

## Selected Article.

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### On the Relation of Physiology, Pharmacology, Pathology, and Practical Medicine.\*

By T. LAUDER BRUNTON, M.D., D.Sc. Edin., LL.D.,  
HON. ABERD., F.R.C.P., F.R.S., London.

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THE desire for knowledge which is common to the lower animals and man, savage or civilized, and has induced members of this congress to come from the ends of the earth in order to gain information, must have led primitive man from the earliest times to study the great problems of physiology, the nature of life, of growth, of reproduction, and of death, as well as to notice the connection of the latter with mechanical injuries, such as the wounds inflicted by clubs and spears or by the teeth and claws of wild beasts.

Next to the problems of physiology come those of pharmacology, by which I mean the poisonous or remedial action of various substances mineral, vegetable, or animal. A knowledge of this subject is found even among the lowest savages, and is of the greatest use to them, for it enables them, on the one hand, to avoid eating things which may cause discomfort, pain or death, and, on the other, to obtain food by poisoning waters and thus catching fish, or by poisoning their arrows to kill game which would otherwise escape. Closely associated with the knowledge of the poisonous is that of the curative powers of herbs, and it is possessed by animals as well as man, for cows avoid noxious plants, and dogs will every now and again eat grass apparently as medicine. Primitive peoples use various substances as remedies in disease, with more or less success, and one of the most extraordinary points in their practice is that they seem to some extent to have forestalled the newest researches on venins, anti-venins, and organotherapy, for in Africa the Bushmen are accustomed to drink the poison of venomous snakes as a prophylactic against their bite, and the Hausas prevent hydrophobia by killing the mad dog and making the man it has bitten eat its liver.

The occurrence of death from wounds or poison is intelligible even to a savage, but when illness and death occur independently of these,

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\* An address delivered before the Twelfth International Medical Congress, held in Moscow, August 19-26, 1897.

men naturally attribute them to invisible powers. Thus the Dyaks of Borneo ascribe sickness to wounds from invisible spears wielded by invisible spirits, and during an epidemic of disease in the Middle Ages the cry often arose that the wells had been poisoned. These crude ideas contain germs of truth, and when we look at Professor Metschnikoff's drawings of a *Daphnia* attacked by a *Monospora* we seem to recognize the invisible darts of the Dyaks, while during an epidemic of typhoid fever we have often to acknowledge that our wells have been poisoned by bacilli.

It is impossible to trace the steps by which the crude ideas of savage peoples regarding physiology, pharmacology and pathology have grown into definite sciences, or even to indicate the most important landmarks, though we naturally think of the names of Aikmaon, Galen and Harvey in physiology; of Nicander, Magendie and Bernard in pharmacology; and of Morgagni, Virchow and Pasteur in pathology. During this century these three sciences have developed with almost incredible rapidity: a complete knowledge of them is enough to tax severely the most retentive memory, and it is almost impossible for any individual to keep up with the advance of all three of them.

But just as the whole subject of astronomy became suddenly simplified by a change of standpoint at the very time when cycles and epicycles became most bewildering, so at the very time when these three sciences are becoming most complex and diverse they appear to be tending to unification and simplification. Pathology, for example, is now becoming to a great extent a branch of pharmacology, for while a few years ago its chief object was to discover, examine and classify the microbes which give rise to disease, it is now striving rather to discover the nature and actions of the ferments and poisons which they form, and by which they are able to cause disease and death in the animals they attack. Pharmacological investigation, instead of being confined to the alkaloids and other poisons formed by higher plants, has now extended to those formed by microscopic plants or microbes, and thus comes to include a great part of pathology.

In the same way, though pharmacology is a branch of physiology, inasmuch as it deals with the phenomena of life as modified by drugs, yet physiology may to a certain extent, be regarded as a branch of pharmacology, because some of the latest researches regarding the processes of life have been made by pharmacological methods, using the products of animal life instead of vegetable poisons. Among the pioneers in this line I may mention my two masters, Kuhne and

Ludwig; the former of whom by his chemical investigations has enabled us to differentiate the various products of albuminous decomposition, while the latter, with his pupils, Schmidt-Muhlheim and Wooldridge, discovered the poisonous action of albumoses and peptones, and of the juices of various tissues when injected directly into the blood.

Before the proteid constituents of our food can be absorbed they must be split up during digestion into albumoses and peptones; yet these researches show that the very substances which are necessary to repair waste, and are indispensable for the continuance of life, prove fatal when introduced into the body in a wrong way or in too great quantity. But the products of the digestion of albumen do not normally enter the circulation as albumoses and peptones. During absorption they undergo changes of a synthetic nature in the walls of the intestine, and probably to a certain extent also in the liver, so that they again form harmless substances, and their poisonous properties are destroyed before they enter the general blood stream.

But how is it that the ferments which decompose albuminous food and form poisons from it in the intestine, do not pass into the blood and kill the animal by digesting the tissues and forming poisons from them? Of course pepsin cannot do so, as it acts only in an acid medium, but there is no such hindrance to the action of trypsin, and and yet it does not destroy the tissues composing the body itself. In all probability the reason why digestive ferments do not digest the tissues is not that they are destroyed in the digestive canal, nor yet that they are not absorbed, but that they are altered from active enzymes into inert zymogens which can be stored up without risk, and can again liberate active enzymes when these are required to digest a subsequent meal. In this respect they may be compared to the knives used by wandering peoples to cut up their meat, and which are not thrown away after each meal, but are simply put into sheaths which cover their edges and deprive them for a time of their cutting power.

But it is not in the intestine only that enzymes are found; they are also poured into the blood by the pancreas, and probably by the thyroid and other glands. As our acquaintance with the processes of cell life increases it seems more and more likely that the tissue change on which functional activity depends is effected by the enzymes, and the truer do the speculations of Van Helmont appear—that life is a process of fermentation.

There can be little doubt that if enzymes in a free state were to circulate through the body they would do much harm, and



indeed we may regard this as well-nigh proved to the enzyme of tetanus.

But their action is limited either by their conversion into zymogens or their localization to the cells or tissues where their action is required. This is more readily seen in plants than in animals, and one of the best examples of it is that in germinating wheat.

In the ordinary state of the grain the diastatic ferment is kept apart from the starch by a small layer of cellulose, through which the diastase cannot pass, but during germination another ferment appears which has the power of dissolving cellulose, and by breaking down this dividing membrane it allows the diastatic ferment to act upon the starch, and renders it available for the needs of the growing plant.

Enzymes appear to differ among themselves nearly as much as albumin, albumoses and peptones. Some are easily separated from the cells in which they exist, while others are so closely united to the protoplasm that their separate existence apart from it has been denied. The yeast plant, for example, yields an invert enzyme which can be extracted with comparative ease, but the enzyme which splits up sugar into alcohol and carbonic acid is so firmly attached to the protoplasm of the cell that it is only within the last few months that it has been isolated by Buchner by the application of enormous pressure. It is probable that the enzymes contained in the cells of animal tissues differ in like manner, and that by the use of similar methods we may obtain a number of enzymes with which we are at present unacquainted.

But it is not merely the products formed in the digestive canal, or in the organs of animals during life, nor even the alkaloids that are formed by the higher plants, that act as poisons. The processes of life are much the same in the lowest microbes as in animals, or in the higher plants, and these microbes, by forming ferments and poisons give rise to disturbance of function or death in animals. When grown in suitable media outside the body they produce enzymes and poisons, albumoses and alkaloids, and many of them continue to do so after their introduction into the body.

One of the most curious points, in the chemistry of both the higher plants and of microbes, is that they tend to form at the same time a poison and its antidote. In Calabar bean, for example, we find there are two poisons—physostigmine and calabarine, the former tending to paralyze the spinal cord and the latter to stimulate it, so that each poison to a certain extent antagonizes the other. The same condition is found even more markedly in jaborandi, of which the two alkaloids, pilocarpine and jaborine, antagonize one another's action, so that,

although pilocarpine generally greatly predominates, it might be possible to get a specimen of the leaf having no action at all although it contained a quantity of alkaloids.

When injected into animals the toxins formed by microbes and the venins of serpents cause the production of antitoxins and antivenins which neutralize their action apparently by chemical combination in somewhat the same way as an acid and alkali, each poisonous by itself, combine to form a comparatively inert salt. But the two components here, like an organic acid and a mineral base, are unequally affected by destructive agencies, and the antivenin may be destroyed, so that the venin again regains its activity.

The conversion of zymogens into enzymes may be compared to the freeing of venins from their compounds, while the conversion of active venins into inert bodies by combination with antivenins suggests that a similar process may occur in the case of active enzymes, by which they may be converted into inactive zymogens.

Perhaps the hypothesis I mentioned eight years ago to my pupil and friend, Mr. Hankin, the germicidal power of organisms is proportional to their power to produce enzymes, may not be altogether unfounded, and possibly we may discover also that immunity, natural or acquired, is nothing more than an extension to the cells of the tissues generally of a power which is constantly exercised during digestion by those of the intestine and liver.

This problem is one which pertains to all three sciences, and has a most important bearing on practical medicine.

Practical medicine, except when empirical, depends for its advance on physiology, pharmacology, and pathology. A knowledge of the physiology of digestion has led to the satisfactory treatment of dyspepsia by the administration of digestive enzymes, and pharmacological research has enabled us to treat diseases of the circulation with a success previously undreamt of, by teaching us not only how to use aright old remedies, such as digitalis, but also how to apply new ones, such as strophanthus and amyl nitrite, and even to manufacture others such as nitro-erythrol, which possess the special actions we desire, but are lacking in the drugs we already have. Indeed new remedies, which shall alter tissue change, lower temperature, relieve pain and procure sleep, are now being made in such numbers that it is hard to keep count of them.

But among all the new gains of practical medicine none are so remarkable as those which we owe to pathology. Time would fail me to speak of the prevention and cure of zymotic diseases, but no less astonishing is the discovery that myxœdema depends on inactivity

or absence of the thyroid gland, and can be cured by the administration of its extract, which seems to act as an enzyme on living tissues, so that the heavy, shapeless features of the patient resume their natural expression and the sluggish mental processes become quickened. An exhaustive study of enzymes and their products appears to be the most promising way of advancing our knowledge of both the nature and treatment of disease. Probably more is to be hoped for from an investigation into the nature and properties of those enzymes which are intimately associated with the protoplasm of the cells in the various tissues and organs than even of those which are poured into the blood by glands having an internal secretion, such as the thyroid. For all organs, even those which, like muscles and nerves, are not glandular, have an action on the blood comparable to that of the yeast plant, which modifies the fluid in which it lives by the substances which it removes from or adds to it. It is to a knowledge of the processes which occur in the protoplasm of the cells in the intestinal wall and liver, and of the enzymes by which those processes are in all probability carried out, that we must look for an explanation of the conversion of the poisonous albumoses formed during digestion into harmless zymogens.

Moreover, it seems to me that it is by researches into the nature and action of the enzymes, not only of microbes, but in the various tissues of the body in higher animals, that we shall learn how the microbes, like the enzymes of the intestinal canal, produce poisonous albumoses and how the tissues, like the cells of the intestinal walls or liver, convert them into harmless or even protective substances. In this way we may hope to obtain an explanation of toxins and antitoxins, of pathogenesis and immunity, as well as of the nature of diseases unconnected with the presence of microbes, such as diabetes. Twenty-three years ago I attempted to obtain a glycolytic enzyme from muscle, in order to enable diabetic patients to utilize the sugar in their blood. My attempt was unsuccessful, but we may still hope that by other methods we may obtain from animal organs various enzymes, the administration of which may prove as useful in other diseases as the thyroid in myxœdema.

Practical medicine depends on physiology, pharmacology, and pathology, but all three are tending to become more and more subdivisions of the wider and all-embracing science of chemistry. It is to a chemist, Pasteur, that we owe the wonderful development of pathology within the last quarter of a century, and we may fairly regard his fellow-countryman, Lavoisier, as the founder of this science. Mer from all countries, and especially from Germany, have aided its

development; but it seems fitting that at this congress, in acknowledging our obligations to this science, we should not omit to mention that at its head now stands a Russian, Mendeleef, whose marvellous prescience enabled him to predict the existence of elements which were then unknown, and even to describe their properties more correctly than those who first verified his predictions by obtaining the substances themselves. When we consider that little more than a hundred years have elapsed since the time of Lavoisier, and contemplate the vast benefits which medicine and its allied sciences have derived from chemistry during this time, our hopes cannot be otherwise than great for the centuries to come.—*Medical Record.*

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### The Montreal Meeting.

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THE annual meeting in Montreal will always remain an event memorable in the annals of the British Medical Association. Founded as a provincial organisation, the first stage of the Association's development was its growth into a national institution. The sound basis upon which it had been formed, and the energy thrown into the conduct of its affairs led to rapid extension throughout, and finally beyond, the confines of the British Isles. The formation of Colonial Branches marked an era in the history of the Association. The first annual meeting of the Association in one of the Colonies marks another era, and proves to all the world that the Association is one of the influences which is working to bind together the scattered peoples of the British Empire into one great nation.

The reports which we have published and others which will appear in due course will have been sufficient to show to those not present that the Montreal meeting has been an unqualified success, but it is difficult to convey in words a just impression of the measure of this success. Individual effort and the ready co-operation of a united profession have combined with the loyalty of a young, buoyant and energetic people to render the meeting brilliant. Canadians of all professions and all classes have welcomed the Association with a genuine warmth, which has graven deep and ineradicable impressions in the heart of every one from the Mother Country who was fortunate enough to partake of that welcome. But the appeal was not only to the heart but also to the intellect and the judgment. The Canadians were able to show not only that they had warm hearts, generous hands, and an enthusiastic loyalty, but that they had already ensured that they shall take a large share in the intellectual and scientific life,

not less than in the commercial enterprise of the empire to which they are proud to belong.

In Dr. T. G. Roddick the meeting had a President who brought to its service unbounded energy and a personal charm to which all who attended the meeting—members and guests alike—were quickly and gladly subjected. *His political and social influence ensured for the meeting a degree of official recognition which is a measure of the honor in which the profession is held in Canada, and of the wise estimation which its statesmen have of the place which medicine is called upon to fill in the State.*

The Governor-General, the Earl of Aberdeen, sacrificed a large part of a brief holiday in order to be present at all the public functions of the meeting, and to give to it the official recognition of the representative of the Queen in Canada. The Lieutenant-Governor of the province of Quebec, Sir Aldolphe Chapleau, a statesman who can be eloquent in two languages, was not less ready to testify by his presence and by his words that the old French province of Canada welcomed the Association and took a deep interest in its objects and in its work. The Mayor of Montreal extended to the Association a hearty welcome in the name of that beautiful and enterprising city. Other cities of Canada did not fail to show their interest in the Association by sending representatives, while from every part of Canada came members of the Association resident in even the more distant provinces, from some of which the journey to Montreal was almost as lengthy as from the Mother Country.

The presence of Lord Lister throughout the meeting was a source of much gratification to the Canadian members, since it afforded them opportunities—of which they were not slow to take advantage—of personally assuring him of the esteem which they felt for his character and achievements, and of their gratification at the honor recently conferred upon him by the Queen.

On this occasion the Association, through the Montreal Branch, has had an opportunity of welcoming a large number of guests. Professor Richet, the delegate of the French Government and of the Faculty of Medicine of Paris, delivered before the Association an address, well conceived and admirably delivered, which will have been perused with interest by all our readers. He took every opportunity, moreover, of bearing witness to the good feeling which ought to exist between the British and the French nations, as it does exist between the descendants of British and French stock living side by side in Canada.

The profession of the United States sent many of its most representative members. Dr. Herman Biggs, the Director of the Bacterio-

logical Laboratory of the State of New York, delivered the address in Public Medicine, and Canada reclaimed for the moment Dr. William Osler to delight his audience by his scholarly address in Medicine.

Although the hospitality shown by the medical profession in Montreal and many of its distinguished citizens, and although the brilliancy and the success of the social functions must occupy a large space in the chronicles of the Montreal meeting, the more serious work of the Association meeting was by no means neglected. On the contrary, the work done in the Sections was of a high order of merit.—*British Med. Journal.*

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AN UNFAVORABLE VIEW OF THE BRITISH MEDICAL MEETING.—The sixty-fourth convocation of this, the greatest of all Anglo-Saxon medical gatherings, has passed into history. The city of Montreal as a corporation, and the medical profession of the city, "did themselves proud" in matters of hospitality. The attendance was large, over eight hundred registering; and a large number of medical men gathered besides, ostensibly to attend the meeting but never registered, their aims being of a social rather than a scientific character. The greatest drawback was the lack of proper hotel accommodations: indeed, for a city of the pretensions of Montreal such were woefully deficient. The general addresses, that of the president excepted, were decidedly mediocre, being "chestnutty" in flavor, and in one instance so self-laudatory and egoistic as to provoke most unenviable comment. The papers presented to the sections, with few exceptions, were of like character; remarkably, not a single new idea was evolved or even suggested. Their tone was such they might pass for papers read at any of half a dozen meetings of like character, convened during the past five years. Even the discussions were flat, stale and unprofitable, hence the attendance daily became more meagre—so meagre in fact that it was a common cause of comment. Nevertheless the British Medical Association was a success—a great success—as a social body. Scientifically it was mediocre, repetitious, heavy and wearisome; dull as ditch water, relieved only by the manifest attempts of the little chaps to be thought big and the larger ones to grow greater in the estimation of their fellow-men.—*The Medical Age.*

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THE BRITISH MEDICAL ASSOCIATION'S ANNUAL DINNER.—An esteemed correspondent writes as follows: "The most massive and thoroughly British feature at the meeting was the dinner. The sections were so extremely similar to the same divisions at our own

national medical gatherings that one had to forcibly recall one's self every now and then to the fact that one was in a 'foreign' assemblage. In the general sessions there was an unaccustomed halo of titled grandeur around the president's chair, and the addresses were a trifle less encyclopedic, less strenuous to bring the history of the branch up to a late hour of the night before, but in all other respects the atmosphere was most familiar. At the dinner, however, the two ways parted. Every one knows what a serious matter the function is of itself to an Englishman. It is one of the most cherished institutions, older than the Magna Charta and almost as memorable. It is one of the laws of the Medes and Persians that it shall open with prayer, and the toast list begin with 'The Queen,' and continue through 'The Houses of Parliament' and 'The Army and Navy' down to 'Our Host.' It has two solemn chants peculiar to it—one, For He is a Jolly Good Fellow, which may be sung as often as is desired during the proceedings, the other, God Save the Queen, which may be sung but once, at the close. And the whole noble ritual was performed at Montreal. There were six hundred guests, thirty-three speakers, a military band to lead the choral responses, and a bugler of a Highland regiment in full uniform to signal 'Order!' for the toasts. So rigid a form, although impressive, has of course the drawback of making all dinners rather similar, and except for the last half-dozen speeches and the titles of two or three of the other speakers, one would hardly have recognized it as a distinctively medical occasion. It also makes it extremely difficult to say anything either unusual or interesting in responding to the toasts. Indeed, the average Briton gives up all hope of this, rises at the call of the chair in the spirit of Nelson's dictum, 'England expects that every man this day will do his duty,' buttons up his coat, clears his throat, and plunges, or, more accurately, wades painfully in. One hardly knows which to admire most, the dogged and self-sacrificing bravery of the half-choking speaker or the noble endurance of the audience. There were several notable exceptions, such as the touching words of dear old Lord Lister, the witty epigrams of the representative of the clergy, the brilliant speech of Dr. Keen, which, even at two o'clock in the morning, roused and fired the whole audience; but the general impression from the whole six hours of ceremonial was that the English still, as in the days of Froissart, 'love to take their pleasures sadly.'—*New York Medical Journal*.

## Editorials.

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### The Enemies of the Medical Profession.

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THE *Cleveland Medical Gazette* for August has a very able editorial on the above subject. The evils of the dispensary system, now found in towns and cities are pointed out. What the editorial regards as even a greater evil than the dispensary abuse is the sale of patent medicines. By the sale of proprietary mixtures a very large amount of the treatment is being carried on. Then again there is a system of spreading and advertising being done by members of the profession. There is a continuous effort to appear in the press and advertise operations and cures.

The *British Medical Journal* for August 28th also deals with the same topic. It points out that the dispensary abuse is not likely to increase much. On the other hand the sale of patent medicines and quackery is bound to increase, and the public are not going to enact laws to benefit the medical profession in these respects. The extensive prescribing by chemists is also another great evil which the *British Medical Journal* sees no means of controlling. This journal states that the medical profession in a certain period has increased 20 per cent., while the population has only increased 7 per cent. Surely any one can see the effects from such a state of affairs.

When these facts are set down on one side, and the lengthier and more expensive course of study now as compared with twenty years ago, the man who takes his course now has not as good a chance of making an income as he had in 1877. It is stated that there are 400 physicians in St. Louis little above the level of starvation. In Brooklyn and many other large cities many have quit the profession, and not a few are serving as motormen on street cars. Notwithstanding all this, the schools are pouring out their announcements and further overcrowding the profession.

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### Obstetrics and Gynaecology.

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THE address delivered before the Section of Obstetrics and Gynaecology, before the recent meeting of the British Medical Association, by Dr. J. W. Sinclair, of Manchester, is a masterpiece. It should be read and re-read by every practitioner. We remember the late S. P.



Gross, of Philadelphia, some years ago preparing a very able paper along the same lines. He did not live to read his paper at the American Medical Association. This was done for him. This paper was placed on record as an able warning. The one before us from Dr. Sinclair should be filed for constant reference.

He deals with the injuries, old and new, arising from obstetric practice. He handles the old authors in such a manner as to abstract from them a fund of information and valuable deductions. He shows that in the practice of the older obstetricians the occurrence of fistulæ might occasionally happen, but much less frequently than is generally thought. Under the present practice of anæsthesia and forceps, lacerations, bruising and injuries of a serious nature are far too frequent. He refers to the fatal mistake of a blind trust in some chemical solution as an antiseptic. It is too common a belief that with the copious use of some antiseptic any sort of manipulation may be carried on with either the fingers or the forceps.

A strong and widespread professional opinion must be formed upon this question. It must be taught as a cardinal rule of practice that the too ready a resort to anæsthetics, flushing out the vaginal canal, and then the application of the forceps in the early hours of labor is, in the opinion of the author of the paper, not good practice, and in this statement most will agree with him.

One thing is certain, the practice of obstetrics, as above indicated, has produced an immense number of cases for the gynæcologist to repair. The *Medical Review* agrees with Dr. Sinclair, that better practice in obstetrics would avoid a good deal of our modern gynæcology.

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### The Progress of Pathology.

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MR. W. WATSON CHEYNE, of King's College, London, took the above subject for his text at the meeting of the British Medical Association in Montreal. He stated that twenty-five years ago bacteriology was non-existent. When he became house-surgeon to Lister in 1876, objections of all sorts were urged against the theory on which this great investigator built his researches. Some denied the existence of bacteria, others maintained the theory of spontaneous generation. Some again held that organisms are always present in the healthy body, and others that these took no part in the production of disease.

It was boldly stated by the surgeons of that day that success of the antiseptic principles in no way depended upon the exclusion of micro-organisms. Great difficulties lay in the way of proving the correctness

of the views that bacteria played so important a rôle in pathology. The method of staining had not been discovered. A great deal of time had to be spent in getting over the preliminary difficulties of staining and making cultures. Contrast then with now!

Lister discovered the process of fractional cultivation in the case of the bacterium lactis. By this research a great step was made in the proof that certain bacteria were specific. Koch then published his results on the infective diseases of wounds. He explained his methods of cultivation on solid media. These investigations were the foundations for modern bacteriology. From this point research followed two paths. First, that for the discovery of the organism for each infective disease; and second, the study of the life history of bacteria, and the effects of introducing them, or their products into the living body. The alterations in cells and serum, protection, toxins and antitoxins, chemiotaxis, immunity, have all arisen from this study of the life and doings of the various bacteria.

In speaking of inflammation, it was held that it and healing were two different processes. It was held that inflammation is the means by which nature gets rid of noxious products, or neutralizes their effects. Healing, on the other hand, is the process that repairs defects, whether caused by injury and associated by inflammation or not. The fact is, inflammation must be followed by repair if recovery is to take place, while repair need not be preceded by inflammation. It is often under the microscope that both processes are seen side by side.

The enormous advantages of these researches with regard to diagnosis, prophylaxis and treatment cannot be estimated. Diagnosis can now be made that formerly would be doubtful, or impossible. Means of treatment of the highest value, such as the antitoxin for diphtheria, have been introduced. The whole story of the prevention of infection, medical and surgical, is now placed on a solid foundation. Pestilences and scourges are now held in chains by the strong arm of scientific knowledge. The saving of life and the avoidance of suffering are beyond calculation.

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THE next meeting of the International Medical Congress will take place in Paris, in 1900, under the presidency of Prof. Lannelongue.

PROF. VICOR HORSLEY, who is the strongest candidate for the vacancy in the General Medical Council of England, has addressed a meeting of the medical profession in furtherance of his candidature. He declared in favor of what he called the one portal system, that is, a single State examination, instead of the dozen or more on which the authorities at present are empowered to grant medical diplomas.

CONGRESS FOR THE STUDY OF TUBERCULOSIS.—The fourth Congress for the Study of Tuberculosis will be held in Paris in the last week of July, 1898, under the presidency of Professor Nocard, of Alfort. The following are to be the questions discussed: 1. Sanatoria as Means of Prophylaxis and Treatment of Tuberculosis. 2. Serums and Toxins in the Treatment of Tuberculosis. 3. The X Rays in the Diagnosis of Tuberculosis. 4. The Struggle against Animal Tuberculosis by Prophylaxis.

A COMMOTION AMONG THE LODGE PHYSICIANS.—The announcement that the College of Physicians and Surgeons of this province had, at its recent meeting in Quebec, passed a resolution putting a veto upon doctors acting as lodge physicians has caused a great commotion. So far as could be learned, the decision, if carried out, will affect the Sons of England, the Sons of Scotland, the Independent Order of Foresters, the Ancient Order of Foresters, the Canadian Order of Foresters, the Irish Protestant Benevolent Society, the St. George's Society, the Theatrical Mechanics' Association, the C.M.S.A., the Ancient Order of Hibernians, the Young Irishmen's I. and B. Association, the Société des Artisans, Canadien Français, the Union Mutuelle de Bienfaisance, the Union St. Pierre, the Union des Commis Marchands, the Firemen's Benevolent Association, the Catholic Order of Foresters, in fact all the organizations which give sick benefit. The last clause of the resolution passed by the College of Physicians and Surgeons states that "no physician shall be permitted to retain membership in the college or practice in this province who accepts such positions."—*Mail and Empire*.

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## Personals.

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DR. ALBERT A. MACDONALD is expected to return from Europe early in November.

DR. C. R. DICKSON, of this city, was elected president of the American Electro-Therapeutic Association.

DR. W. GRAHAM, late of Brussels, having removed to Toronto, has resigned his seat on the Medical Council. We understand Dr. A. Taylor, of Goderich, is the candidate for the constituency.

DR. MACHELL, of West Toronto, having accepted a lectureship in the Medical Faculty of Toronto University, has resigned from the Medical Council. Dr. J. H. Burns, who has already had ten years' experience in the Council and a past president of that body, and Dr. Spence, are the candidates in the field.

## Book Notices.

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*Transactions of the New York Academy of Medicine for 1894.*— This is a large volume containing about six hundred pages. It contains over twenty valuable papers, including quite an amount of original work. Herter & Smith's paper on "Excessive Intestinal Putrefaction," treats of a subject long neglected, but has been forged to the front of late years by Professor Bouchard and others. Coley's "Treatment of Inoperable Malignant Tumor," by the injection of erysipelas and bacillus prodigiosus as toxins, is very interesting reading, and opens up a fertile field for serum therapy. The views contained in Ian Fleet's paper, on "Defective Vision and Crime," will meet with non-acceptance by the majority of readers. It opposes very largely the accepted theories of the influence of heredity upon crime, but his arguments are not convincing. The other papers are all well worthy of perusal, especially Dr. Joseph Bryant's lecture on "Malignancy."

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*Lectures on Malarial Fevers.* By William Sydney Thozar, M.D., Associate Professor of Medicine in the Johns Hopkins University. New York: D. Appleton & Co., 1897.

This is an octavo of more than usual attractiveness. The binding is good, and the type and paper are excellent. Throughout the work there are numerous charts of much value, illustrating the febrile movement of the malarial fevers. At the end of the book there are three beautiful chromo-lithographs. These show the history in the blood of the three different kinds of plasmodium. In each plate there are about twenty-five figures. The main subdivisions of the text are the tertian, the quartan, and the æstivo-autumnal types of fever. Such combinations as the double-tertian or quotidian, the double-quartan or fever for two days and then a skip-day, and the triple-quartan, or quotidian of quartan type, are fully discussed. The history of the disease is briefly but very clearly stated. He quotes the statement of Varro, 118 B.C., that a small animal, too minute for the eye, entered the body by the mouth or nares and caused these palustrial fevers. From this down to our present knowledge the progress of discovery is carefully noted. The treatment is full and very suggestive. The complications, such as nephritis, paralysis, digestive disturbances, hepatitis, mental diseases, etc., are fully handled. The work is a very full and thorough exposition of our knowledge upon this group of diseases up to date. We can very strongly recommend the work. Toronto agent: G. H. Morang.

## Correspondence.

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

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### “Green Goods” Degrees.

To the Editor of the CANADIAN MEDICAL REVIEW :

DEAR SIR,—We enclose the announcement (if such it may be termed) of the Central University, Indianapolis, Indiana. Rev. Jos. Littell, Presbyterian minister, who occupies one of the principal pulpits in Indianapolis (as we learn from good authority) acts as president and Albert Morlan, No. 537 E. Vermont street, being secretary. We have recently been making a study of such institutions, of which the National University of Chicago, with its forty-five departments (“modelled after the University of London”—the “universitas universatum”), affording instruction to “any person in any study, is a fine illustration, and the Illinois Wesleyan University, with its special attractions for degrees of M.A. and Ph.D. worthy of honest consideration, and is attractive to many Canadians, especially ministers and college professors.

The “American University of Church Musicians,” from which a late organist of St. James’ Church or Cathedral, Toronto, received his Mus.D., is worthy of investigation, equally as much as the “Wisconsin Eclectic Medical College,” whose business is being or lately was conducted at 1001 W. Congress street, Chicago, Fred Rutland, M.D., Ph.D., being president, offering the M.D. degree for \$20 to any one who would answer the simplest questions in anatomy, etc. This institution was lawfully chartered, so claimed, and so is Central University. The following clipping from *Montreal Star* is illustrative of the fact that even the best men in educational affairs do not consider it *infra dignitatem* to assume interest in such correspondence. schools or universities :—

“Dr. B. Benjamin Andrews, who recently resigned his post as president of Brown University, at Providence, R.I., has accepted the presidency of a new university to be founded by John Brisbon Walker, to be known as the Cosmopolitan University. It is to be modelled after the Chautauqua School, and will be conducted by correspondence.” This well may be termed the degree crazed epoch in the world’s history, for even our own, our best universities are constantly establishing new degrees affixing the doctorate to many of the humblest grades of

occupations or professions, *e.g.*, the D.D.S. for dentists ; the D.V.S. for vets. ; Pharm.D. for druggists ; the Paed.D. for school teachers., etc., all of which degrees, by their public impression, have a most decided weakening impression on the doctors' degrees in theology, law, medicine and philosophy, which were honestly obtained either through merit or by prolonged study and attendance at universities honorably established and honorably conducted. The clipping as follows was taken from the *Medical Brief*, July 9, 1897 :

## CENTRAL UNIVERSITY.

### *A Scientific and Literary Institution.*

Giving a Correspondence Course of Reading and Study leading to the Degrees of M.S., B.S., A.M., Ph.B., Ph.D., etc. This course will be of great benefit to Clergymen, School Instructors, Physicians and others. Write for Announcement.

**ALBERT MORLAIS, Sec'y**  
537 E. Vermont St., Indianapolis, Ind.

We can easily understand by a review of this Institution's announcement how easily the most honorable degrees are procured—equally as cheap as “green goods ;” yet under no secrecy and with the sanction of the highest authority of the State of Indiana. Those of the honorable profession of medicine who are able and learned men, having lawfully acquired degrees from universities, may learn to what a lamentable fate our highest literary degrees are drifting, and will readily understand that the time is coming when no one will wish to obtain, or have it known, that he holds a degree—except it be from Yale, Harvard, or some State university, or from *any* Canadian university. This subject is worthy of attention by Dr. Chas. F. Thwing, President of Adelbert College and Western Reserve University, whose article, “The American Scholar,” lately appeared in the *Forum*, or by President Gilmore, Columbia University, whose contributions on school work appeared in recent numbers of the *Cosmopolitan*. Even the learned Dr. Andrews, of Brown University, might well survey the drift of the universities (?)

JUVENAL.

Toronto, Canada, Sept. 20th, 1897.

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P.S.—Since writing the above, we learn that Dr. Andrews has not severed his connection with Brown University as its President.

## Selections.

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TREATMENT OF LARYNGEAL TUBERCULOSIS.—Dr. Jankenevitch says the principal element of treatment consists in the application of chloride of zinc and carbolated glycerin, in strength of 1 to 10 or 1 to 5, according to the nature of the case. The following antiseptic spray is advised :

R Acid. boric .....	5 gm.
Acid. phenic.....	60 cgm.
Glycerin .....	50 gm.
Aque laurocerasi .....	50 gm.
Aque .....	450 gm.

This is especially valuable in the initial catarrhal stage.—*Medical Record.*

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### FOLLICULAR TONSILLITIS.—

R Olei creosoti .....	gtt. viij.
Tinct. myrrhae,	
Glycerini .....	āā ̄ ij.
Aq. ....	ad ̄ viij.

S. Use as a gargle every two hours.—LEVY, *Medical and Surgical Reporter.*

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ERYSIPELAS OF THE FACE.—The *Presse Medicale* recommends the following formula :

R Carbolic acid,	
Tincture of iodine,	
Alcohol .....	aa 30 grammes.
Oil of turpentine .....	60 "
Glycerin .....	90 "

M. The lesions are to be painted with this liniment every two hours, and covered with aseptic tarlatan.—*Medical Herald.*

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TINEA SYCOSIS.—For barber's itch Brooke recommends the following :

R Mercuric oleate (5 per cent.) .....	20.0
Zinc oxide.	
Starch .....	aa 7.0
Vaselin .....	14.0
Ichthyol .....	1.0
Salicylic acid .....	1.2

—*American Medico-Surgical Bulletin.*

PRURITUS ANI.—A formula emanating from Penzoldt is

R Sodium hyposulphite .....	30.0
Carbolic acid .....	5.0
Glycerin .....	20.0
Distilled water, q. s. ad .....	500.0

Tampons saturated with the above solution are to be applied to the anus and frequently changed.—*American Medico-Surgical Bulletin.*

A MIXTURE FOR BRONCHIAL ASTHMA.—The *Prager medicinische Wochenschrift* gives the following formula :

R Sodium iodide,	} each 75 to 180 grains ;
Tincture of stramonium,	
Extract of licorice .....	60 "
Syrup of squill .....	450 "
Distilled water .....	2,750 "

M. S. : A tablespoonful three or four times a day.

—*New York Medical Journal.*

AN EXPECTORANT MIXTURE.—Espagne (*Semaine médicale*) is credited with the following formula :

R. Syrup of ipecac.....	8 to 10 parts ;
Syrup of Tolu, )	each..... 20 "
Brandy or rum. )	
Potassium bromide.....	1 part.
Linden water.....	75 parts.

M. S. : A tablespoonful every two hours.

—*New York Medical Journal.*

MASTURBATION.—Apply a small fly-blister on the penis. The victim will then let it alone until it gets well. Then apply another, and so on till the habit is broken.—*Medical World.*

CHURNED MILK.—Buttermilk, which at one time was thought only fit for the hogs, as its virtues are better known is eagerly sought after as not only a healthy but very pleasant drink, especially by the dyspeptic and old people. Down in the vicinity of Wall Street the other day we noticed a stand, around which several old men, most of them millionaires, were gathered, drinking great glasses of rich, iced buttermilk. This, one of them said, was his lunch, and he often came down to get his drink. The lactic acid dissolves the phosphate of lime and keeps the blood in good condition, thereby preventing or retarding that ossification of tendons and arteries so common in old people.—*New York Medical Journal.*



THE COCAINE HABIT.—The *British Medical Journal*, in a recent issue, sounds an alarm concerning the rapid spread of this habit in England, where it threatens to become the third scourge of humanity, alcohol and morphine being the first and second. All ranks of society are declared to be crowded with its victims—both men and women—many of whom are literary people who take cocaine to stimulate their imagination.—*Medical Age*.

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THE TREATMENT OF DIARRHEA BY DERMATOL.—Dr. Clemthal, of Helsingfors, has experimented upon the action of dermatol in sixty cases of diarrhea (related in the *Therapeutic Gazette*) dependent upon different causes, and in all of them obtained equally good results with those obtained by the use of opium and subnitrate of bismuth. The doses which he gave varied from four to seven grains, four to six times in twenty-four hours. In no case did he observe that the prolonged use of dermatol produced any inconvenient result.—*Maryland Medical Journal*.

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INFECTION THROUGH BOOKS.—At a recent meeting of the Société de Biologie, du Casal and Catoin (*Munchener medicin. Wochenschrift*) detailed the results of an investigation to determine whether books were capable of transmitting contagious diseases. The streptococcus, the pneumococcus, the diphtheria-bacillus, the tubercle-bacillus, and the typhoid-bacillus were thus studied. Animals inoculated with cultures prepared from books contaminated with the products of the various conditions in which the organisms named were found developed the given affection. It is thus necessary to practice disinfection of books that have been used or in any way contaminated by persons suffering with infectious diseases.—*Medical News*.

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ANÆSTHESIA IN HOSPITALS.—So important a part of every operation and one with such far-reaching effect should, in our opinion, be delegated only to an experienced physician or, better still, to an expert. It is always so in private practice; why, then, should the lives of hospital patients be unnecessarily put in jeopardy by an entirely green and inexperienced hand? In London there are physicians experts in this branch of practice, who devote their entire time to it and who, moreover, find that it pays them well. They go from hospital to hospital and from private operation to private operation, assuming the entire responsibility of the anæsthesia with a consequent amount of comfort to the operator and of immunity to the patient which so thorough an experience alone can produce.—*American Gynecological and Obstetrical Journal*.

TREATMENT OF CONSUMPTION BY CINNAMON.—It appears probable that the oil of cinnamon cures consumption in two ways: In the early stages of catarrhal phthisis, by so directly affecting the bacilli as to stop their growth: In cases that are rather far advanced, by only allowing organisms incapable of growth to pass along the bronchi, and thus prevent the infection of fresh globules. In this way the disease may be limited to small areas, where it can be dealt with by the vital processes of the body, and cut off from the system by the formation of fibrous tissue, and so cease to be an immediate source of danger. An interesting feature in the cases observed under this treatment was the order in which the symptoms subsided. The expectoration and the cough were the first to improve, then the temperature tended to the normal, and finally the weight began to increase. These favorable changes were accompanied by gradual diminution in the number of the bacilli in the sputum.—*Thompson, in British Medical Journal.*

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THE RELATIONS BETWEEN DIABETES MELLITUS AND DIABETES INSIPIDUS.—Dr. Senator, at the Society for *libere Medizin*, said very little had been done on the clinical side to clear up the relation between the two forms of disease, but it was generally accepted that some affection of the nervous system was the cause in both. The occurrence of both forms among blood relations spoke strongly in favor of such relationship. The speaker had found five examples of this in literature. He had himself observed the following: A doctor of philosophy presented himself in 1879. He had as a child of two drunk a great deal; later on he had passed twenty litres of urine in the twenty-four hours, and the quantity at the time amounted to eleven litres. There was no sugar in the urine or albumen. The mother of the patient died of diabetes mellitus. But one disease could pass into the other even in the same individual. It most frequently happened when a diabetes mellitus passed into a diabetes insipidus, and so prepared the way for permanent recovery. The speaker had found twelve such cases recorded in literature. Those cases in which diabetes insipidus passed into diabetes mellitus were less frequent, but more unfavorable. He had only two such recorded. He had himself observed one case, that of a lady aged forty-three, who had suffered from childhood from diabetes insipidus. The daily quantity of urine was twelve to fifteen litres, the sp. gr. 1001 to 1003, otherwise the patient was healthy. The patient's condition got gradually worse, all treatment, dietetic, medical and hydropathic, failed, and the patient became reduced to a condition of the greatest emaciation and died.

Lastly, according to some statements, the two forms of disease alternated in the same patient; he had never seen such a case himself, but referred his hearers to Carl Wesphal's observation on sclerosis of the lateral columns. The speaker thought he had sufficiently demonstrated the relationship of the two forms of disease. Cantani had endeavored to explain the transition diabetes mellitus into diabetes insipidus as a simple exaggerated flow of urine after cessation of the former disease. Clinical facts, however, were opposed to this view, as after cessation of the diabetes mellitus both thirst and polyuria generally subsided.—*Ber. Cor. Med. Press and Circular.*

**CHRONIC NEPHRITIS IN CHILDREN.**—Among the papers read at the recent Congress in Moscow was one by Dr. Heubner on this subject, in which he endeavored to show that there is a very slowly progressing nephritis of even very young children which has not yet been carefully defined in literature and which will not fit into any of the ordinary classifications of nephritis. In fact, it is so obscure in its symptoms and so unalarming in its effect upon the health, that its presence is often overlooked entirely. One variety of this disorder, of which Dr. Heubner has observed fourteen cases, might with propriety be called "prolonged scarlatinous nephritis." In the course of a scarlatina, an acute or subacute albuminuria sets in which becomes chronic in spite of the most faithful treatment: and after five or ten months of care there are still in the urine albumen, sometimes intermittently, not usually more than one part to a thousand, a few hyaline casts and sometimes waxy cylinders, never granular nor epithelial casts. The quantity of urine is normal, about a litre in twenty four hours. The specific gravity is medium, the color normal, the reaction always acid. There is never dropsy, retinitis, nor heart hypertrophy with increased blood tension. Headache, depression of spirits, insomnia, emesis, tendency to diarrhoea, are rarely seen. In fact, the body seems to have accommodated itself with much success to the renal deficiency. The symptoms which are to be found, and even they are likely to be overlooked, are anæmia, pallor of skin and mucous membranes, muscular feebleness, rapid fatigue, all indicating a lack of body-tone. The disorder follows most frequently scarlatina, but it may be a sequel of diphtheria, measles, influenza, angina, and perhaps of certain drug poisons, as styra. In many cases there seems to be a hereditary predisposition to it, as in the case of a little girl (after scarlatina) whose two brothers had likewise albumen in the urine for a long while after scarlatina. In another case the elder brother of the little patient, also, had a chronic nephritis dating from scarlatina. In a third case the

father of the little patient died of a nephritis dating from childhood. This nephritis is found most often between six and fourteen years, but even sucklings may suffer from it, as in the case of a boy of ten years with chronic nephritis, whose albuminuria began at eighteen months during an ill-determined eruptive disease and who at his seventh year passed through an attack of scarlatina which increased the albumen and set up an acute nephritis. The prognosis is bad. The disease has been known to continue from one to nine years without the least modification. Drugs do no good. In a few cases it has been known to heal spontaneously, sometimes at puberty, after many years' duration. Senator holds that even then the kidney continues especially vulnerable. Rest in bed, diet, change of life-habits are useless. About all that can be done is to avoid chilling. Mud-baths and southern residence might help. In this form of nephritis the albuminuria seems sometimes cyclic, but in the author's experience regular cyclic albuminuria of children always got well, while of thirty of these chronic cases, only two were found to recover.—*Maryland Medical Journal*.

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TREATMENT OF URÆMIC DYSPNOEA BY ETHER.—Gallois has recently made a series of observations on this subject (*Thèse de Lille*, 1897). Being rapidly eliminated, ether may be given in fairly large doses at a time without any danger of intoxication, and owing to this fact its employment under various conditions has been recommended. In cases of uræmia with grave dyspnoea 2 c.cm. of ether were injected night and day, as well as a dessertspoonful by the mouth in syrup between each injection. The injections must be made deeply in order to avoid necrosis of the skin. It will be seen from this that a considerable amount of the drug is given, and to this are attributed the good results obtained. A rapid and appreciable improvement is observed: respiration becomes much easier, the sensation of choking disappears, and sleep becomes possible. At the end of a few hours diuresis increases. The patients themselves become so sensible of the beneficial action of ether that they look forward with eagerness to the injections, notwithstanding their somewhat painful character. This treatment must be continued for several days, according to the severity of the case, and as a rule the interval between the injections is increased according as the dyspnoea improves. The drug may be discontinued in a week or so if diuresis have become regular. Much of course depends on the amount of renal tissue available, for in those cases where the kidneys are severely diseased it is as apt to fail as any other method of treatment. The important point which the author emphasizes is the amount which it is necessary to give. This

may vary from 60 to 96 c.cm. in the twenty-four hours, and the rapid absorption resulting from subcutaneous injection is of importance. This method differs markedly from the small doses of ether given on sugar, and recommended by Eichhorst. The author has also studied the question experimentally, for he found that after producing dyspnoea in an animal, respiration became much more regular on giving a certain amount of ether. He further finds that the drug produces no injurious effect on the kidney, nor does it aggravate any existing lesion.—*British Medical Journal*.

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NEUROTIC CHILDREN AND MODERN EDUCATION.—A very notable feature of these times is the number of persons afflicted with neurotic tendencies. It is certain that never since the world was first peopled have nervous complaints of all kinds been so prevalent as they are now. It is probable, too, that this country contributes a larger proportion of sufferers from various forms of neurosis than any other. The literature of the day teems with neurotic characters and in Sarah Grand's "Heavenly Twins," the early type is depicted in a masterly manner. To trace the causes of a neurosis back to its origin would be beyond the scope of this article, as well as beyond the powers of the writer. However, it may be laid down as fact almost universally agreed upon that the primary and principal causes are phthisis, syphilis and alcoholism, while unhealthy environment and infectious diseases must be held responsible for the taint in some instances. The present generation is doing penance for the sins and misfortunes of its fathers and forefathers, and the large majority of diseases of a neurotic character have been handed down from parent to child. That the neurotic taint has been most often thus transmitted has been conclusively proved. Neuralgia, epilepsy, neurasthenia, are the forms of neurosis most commonly met with, of which hysteria is the most interesting and important. The change that has come over the minds of alienists in respect to hysteria is very remarkable, and is chiefly due to the investigations and teachings of the French neurologists, headed by Charcot. With the French School the opinion is held that hysteria, both in the infant and adult, must be put down wholly to heredity direct or indirect, although of course they allow that certain accidents can excite and render active this latent predisposition, such as education, emotion and contagion, and in the case of adults, traumatism. When it is allowed on all sides that heredity if not the sole, is at any rate the principal cause of hysteria and the other manifestations of neurosis, then it must be also granted that in the judicious supervision and careful bringing up of children lie

the remedy and possibly the cure. The existence of the neurotic tendency in an individual does not preclude the possession of talent or even genius. Max Nordau, indeed, holds the theory that to be a genius one must of necessity be a degenerate; that the possession of those mental qualities called genius is in itself a sign of neurosis. Neurotic children are often, in addition to being mentally gifted, physically precocious. Still, notwithstanding the fact that children born with an inherited taint may be to outward seeming both physically and mentally vigorous, yet they will not last, nor is the strain likely to be perpetuated, but will, after going through various stages of degeneracy, ultimately become extinct. Over-pressure in education, and this is a point especially dwelt upon by the French School of neurologists, is in very many cases the cause of the breakdown. Signs of over-pressure are seldom met with except when there is a morbid heredity. These children are not only affected by the over-strain of work, but there must also be taken into account, in these days of competition and cramming, the play of the emotions caused by the excitement and worry of a prospective examination. The truth should be impressed upon the minds of teachers that to unduly exert the brains of young and highly nervous children is dangerous to a degree, and not infrequently the first step in the direction of the madhouse. Parents, also, aware of the nervous temperament of their offspring, should be on their guard against the dangerous pressure of competitive examinations. It is surely also the duties of doctors to protest against many of the unhealthy methods in vogue now in modern education. That every school should be under medical supervision has been frequently suggested, but up to now the suggestion has not been fully carried into effect. If this plan is not feasible, or until the difficulties in the way have been overcome, why should not the teachers be instructed so that they may be able to gather from some palpable signs, as extreme restlessness, for instance, that it will be inadvisable to enforce discipline liable to produce serious results. In connection with this matter the late Dr. Octavius Sturges gave (in a paper read at the International Congress of Hygiene) the pitiable history of five cases of what he terms "school-bred chorea." These unfortunate children were kept hard at work despite their uncontrollable restlessness, of which the teacher did not understand the significance, and were only taken from school when the mischief had been done and chorea had gained such a strong hold on them that at times they were not able to speak. School teachers can, if they are competent and willing, do good service in observing the mental peculiarities of children. The school teacher

has the opportunity of observing and drawing attention, at an early stage, to many significant defects of children, both mental and physical, and while these failings can still be benefited by remedial treatment. The earlier a correct diagnosis of hysteria and its allied complaints is made, the better the chance will be of treating the case with the hope of beneficial results. With young children more attention should be paid to physical education and to the laws of health, and less to overloading the brain with a multitude of subjects, many of which will be of no earthly use in after life. — *Pediatrics*.

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TREATMENT OF INFANTILE PARALYSIS.—Larat gives the result of his experience (*Journ. de Med.*, July 25th, 1897) of the treatment of this disease. He says that no matter how grave the case may be in appearance, electricity must be employed, and that as soon as diagnosis is made. The chief point is the method employed. Faradisation is not only useless, but positively harmful, for every time a muscle in process of atrophy, and which does not respond to the current, is faradised the tendency to atrophy is increased. It is, therefore, the continued current which should be used, and the following is the method recommended by the author, which has the advantage of being quite painless—a point of great importance in children affected with any nerve lesion. A large disc of tin, the size of the palm of the hand, is covered with chamois leather. This, which should be moistened with tepid water (not salt solution) is placed over the cervico-dorsal region in the case of an upper limb paralysis, or over dorso-lumbar region when a lower limb is affected. This disc forms the positive pole of the battery. The negative pole consists of a small disc placed in a basin of tepid water in which the extremity of the affected limb is emerged, hand or foot as the case may be, and the ankle or wrist must be covered by water. A current of from 8 to 10 milliamperes intensity is passed for about ten minutes. With so large a surface of application the density of the current at any particular point is very slight and the pain *nil*. After ten minutes the current is interrupted a few times, and it is also advisable when interrupting to reverse the current. In this way these interruptions should not exceed the number of 100, and should be made slowly. Later on, when the disease is subsiding, the number of interruptions may be increased and the interval between them shortened. The author points out the only too common fallacy of doing too much in the early history of the case. This treatment must be carried out with great patience, and no decided result must be expected for a long time. The slightest infantile paralysis will require a year's treatment.

a bad case several years, but the earlier the treatment is begun the better, and electrical intervention in the very beginning, especially during the febrile period, is of the very greatest importance. The author does not mean it to be supposed that certain cornual cells which bear the full brunt of the disease will subsequently recover, but he is firmly of opinion that the disease is a selective one, that is to say, that side by side are cells severely affected or disorganized, and others only slightly so. These latter may become affected or escape, and this result will depend on electric application. Hence the importance of early treatment.—*British Medical Journal*.

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CROUPOUS PNEUMONIA.—Weismayer (*Zeitschrift für Klinische Medicin*, bd. 23, Supplement) discusses the course of croupous pneumonia. He first briefly reviews the literature on the subject, dwelling particularly upon the work of Finkler, who makes a clear distinction between the pneumonia due to the diplococcus of Frankel and that due to the streptococcus pneumonia. Finkler, it will be recalled, recognized three forms of streptococcus pneumonia: and an acute pernicious, an acute benignant, and a subacute or chronic form, and contended that both clinically and pathologically the two forms ought to be distinguished. Weismayer has observed thirty-nine cases clinically, making in each case a bacteriological examination of the sputum. In thirty-four of these cases there was found in the sputum merely the diplococcus of Frankel. Three of these cases were fatal; one in an aged person, one complicated by fibrinous bronchitis, the third in an alcoholic. All the cases terminated before the twelfth day, and in all there was a rapid disappearance of the signs of consolidation. In two cases the sputum contained, in addition to the diplococcus, the streptococcus. One of these cases, complicated by diabetes and peritonitis, terminated fatally on the nineteenth day; the second after a febrile course of thirty-seven days, made a slow recovery. In three cases merely the streptococcus was found in the sputum. Symptomatically these cases differed but little from typical frank pneumonia. The physical signs, however, were peculiar in that in one case dulness with the other evidences of consolidation did not appear before the ninth day and remained to the thirty-first. In the other cases resolution was made out as complete on the twenty-fifth and nineteenth days. In these three cases of true streptococcus pneumonia the physical signs resembled in every particular those of croupous pneumonia. The chief characteristic was the unusually late disappearance of the exudate. Weismayer concludes that the examination of the sputum in cases of pneumonia is of practical



importance, both as regards prognosis and duration of the disease, the prognosis being in general more unfavorable where streptococci are found, as it increases the length of the illness and adds to the danger of abscess formation and of secondary infection by tubercle bacilli. With the statement of Finkler that a streptococcus pneumonia is always a lobular pneumonia he does not agree. The cases that he observed appeared always to be lobar pneumonia. He believes that many cases recorded as true streptococcus pneumonia may really be cases of diplococcus pneumonia in which a secondary infection by the streptococcus has taken place.—*Medicine*.

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HÆMATURIA IN CHRONIC NEPHRITIS.—Dieulafoy (*Journ. de Med.*, March 10th, 1897) insists upon the importance of hæmaturia in the prognosis of chronic nephritis. After pointing out its frequent occurrence in acute nephritis, and its slight importance as regards the future, he shows that its appearance in cases of renal disease, already established, is of grave import. Thus a former pupil of his own, who was the subject of Bright's disease, maintained a high degree of health by means of strict attention to diet and climate for several years. Slight hæmaturia appeared one day, and he rapidly lost ground from that time. The author quotes similar cases, and from these he concludes that any appearance of blood, however slight, in chronic nephritis is the beginning of the end.—*British Medical Journal*.

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TYMPANITES.—Dr. M. F. Porter, of Fort Wayne (*Med. News*), concludes an interesting article on this condition as follows: (1) That intra-intestinal tympany in and of itself often kills patients suffering from abdominal and pelvic disease, and that it may do so in cases which are neither pelvic nor abdominal. (2) That tympany occurring in the course of any serious illness should be considered a symptom of ill omen, and that measures for its relief should promptly be instituted. (3) Failing to obtain relief by cathartics, posture, enemata, and the use of the rectal tube, celiotomy and incision of the gut should be promptly done. (4) In cases of general peritonitis and bowel obstruction, no trial should be made of other methods, but celiotomy and incision of the gut should be performed as soon as the diagnosis is made. (5) Puncture of the bowel should be carried out only in cases in which the patient is *in extremis*, and then only in cases such as typhoid fever without perforation, pneumonia, etc., which present no other cause for celiotomy than the tympany itself.—*International Journal of Surgery*.

## Miscellaneous.

INFANT MORTALITY IN PARIS.—More than 155,000 children under one year die annually in Paris, the greater number of them owing to neglect on the part of their mothers. The proportion of illegitimate births, which at the beginning of the century was four or five per cent. of all births, is now nearly nine per cent. for France and twenty-eight per cent. for Paris. Among the children of Paris wet nurses the average mortality is seventy-seven per cent.—*Medical Record*.

THE UNIVERSITY OF CALIFORNIA REJECTS THE PETITION OF THE HAHNEMANN HOSPITAL COLLEGE.—At the last meeting of the Regents of the University of California fourteen members of the Board voted against the admission of the Hahnemann Hospital College to affiliation with the University, and only four in favor of such admission. The petition of the Hahnemann Hospital was therefore rejected.

Bearing upon the above is a clipping from "Prattle" by Ambrose Bierce, in the San Francisco Sunday *Examiner* of September 12th, 1897 :

"I am sorry to observe that my genial friend Dr. George Chismore does not carry into his professional relations the tolerant amiability that distinguishes him in his social. He must know and feel, for example, that the homœopathists are the humorists of the medical profession; that they are not only infinitely amusing, but entirely harmless, nobody dying under their hands except those who can be spared. Yet their demand for 'affiliation' with the State University provokes the Doctor to turn loose his muse and 'sick' her on, greatly to the infraction of their peace. 'Tis his is what he is moved to say of the matter :

"For God's sake, sirs ! What have you done ?  
Is there some vessel, nerve or bone,  
Or any least thing of your own,  
Of fact to show it ?  
If such there be, I freely own  
I do not know it.

"The one excuse on which you fall—  
That Doctor Hahnemann knew all  
About diseases great and small  
There was to know—  
Is just the sample of the gall  
You always show.

“ With silliness beyond compute,  
 You hold diluting don't dilute,  
 That weakening strengthens, we dispute,  
 Both can't be right.  
 Which think you will Fair Science suit ?  
 She holds the light.

“ The scientists have held, I see,  
 One fact with all facts must agree.  
 Come, bring your strongest drug to me—  
 No man is able  
 To tell what e'en its name may be  
 Without the label.

“ A long, long time you'll have to wait  
 Ere Varsities both learned and great  
 With such as you affiliate.  
 Do you expect  
 Fair Science will with error mate ?  
 What folly next !

“ It looks as if Dr. Chismore were growing old and sour and hard to please. For my part, I think promotion of homœopathy a high duty imposed by the sense of humor. Even with homœopathy this is a sad enough world, but one shudders to think what a world it was in the pre-Hahneemann period, when a considerable part of our fellow-creatures could command nothing more absurd wherewith to tickle themselves than that faulty entertainment, a clown grinning through a horse-collar. The clown with his horse-collar and his grin is nearly extinct, and everywhere we have his inimitable successor, the homœ-operator, accentuating the austerity of his countenance, and with studied solemnity uttering the great central truth of his science. That truth, as I understand and love it, is this : The way to make a sick man well is to make him a little sicker—the less sick the better—just enough sicker so that he will not know that he is any sicker, but nature will find out that he is sick. And Dr. Chismore, who has always been thought to love a joke, would deny this humorist a roof under which to stand dry-clad and expound his thesis when it is raining cats and cabbages !”

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HE.—“ I am really surprised at Dr. White. After being our family doctor for years, and treating me for all sorts of things, and to think of all the money we've paid him, too !”

SHE.—“ What has he done ?”

HE.—“ He wouldn't let me pass for the life insurance company !”  
 —*Boston Medical and Surgical Journal.*