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NEURASTHENIA.

BY DR. D. CLARK,

Medical Superintendent of the Asylum for the Insane, Toronto.

(Read at Meeting of Ontario Medical Association, June, 1888.)

The name *neurasthenia*, or *neuratropia*, is as good as any term we can use to describe this nervous disorder. The class of patients to which this formidable word can be applied is very large, and is growing larger day by day in this nerve-exhausting age. The patient's mind is "centred all in self." The woes and aches and pains such endure—real or imaginary—and which are recited to the physician with wearisome reiteration, are legion. The old story is to such ever new. The history of these multiform afflictions becomes an old friend in its familiarity. The weary doctor in his rejoinder can only *encore* his previous homily to relieve the recurring distress. This sad recital is repeated from week to week, and from month to month, until recovery or insanity has taken place. The concentration of thought on all the varied moods and feelings which the patient may possess intensifies the mental pain and aggravates the nervous condition. We know in our own experience how much mental anxiety or anguish depresses physical function. Fear is more distressing than pain, and tugs at the heart-strings with greater intensity. Out of this class come the many suicides who are not insane, and who leave behind them sensible but woeful epistles to friends or acquaintances.

In medical literature this condition has been given many names, such as cerebrasthenia, brain exhaustion, general debility, nerve starvation, "run down," poverty of blood, spinal irritation, and other terms "too numerous to mention." This disease is not to be confounded with hypochondria, hysteria, or insanity. Each of these conditions is well marked and easily discerned by any observant physician. The morbid fears of insanity are usually definite and permanent, and accompanied by delusions, which are fixedly believed in by the insane patient. The neurasthenic, on the other hand, will tell you how unfounded are their extravagant ideas, and that they can temporarily banish these vagaries, but only to return again, like the swing of a pendulum. These ever-recurring whims pull down the physical energy, and the bodily depreciation reacts on the mental until the nerve masses and the physical activity are mutually put out of gear for the time. The functional want of harmony is bordering on the pathological.

The morbid fears of people thus nervously unstrung are as varied as are the individuals. The list of their fancies and wild imaginings is endless. All are based on some groundless alarm in respect to themselves or in their relation to others. Men full of energy and push succumb to the depression. "Enterprises of great pith and moment," which in their best estate they would have gloried, without waver-

ing, to have carried through successfully, now paralyze them in mere contemplation. The brain debility conjures up lions in the way, or mountains too high to climb over. The fears and forebodings of indefinable evil about to come, the unnatural and morbid dread of impending adverse circumstances have been the means of bringing about commercial or business disaster before friends see that worry of months, and it may be of years, has been drawing on the patient's stock. The reserves of the nervous system, which we all have in store for emergencies, have been consumed, and the fagged-out system has no alternative but capitulation, which it never does without a struggle.

The neurasthenic may be divided into three classes:

1st. Those who complain of general weariness, becoming easily tired, having poor or capricious appetites, being restless, yet look fairly nourished and healthy.

2nd. Those who are evidently feeble. They are usually pale, thin, and show generally a waste of tissue and a breaking-down without any evident local disease.

3rd. This class contains those in which we find a hysterical condition and anæmia, especially in chlorotic females.

It is well, however, in all such cases not to jump too hastily at conclusions, lest organic and local disease should exist, and the nerve conditions only prove to be symptoms indicating permanent trouble, which may need special and direct treatment. I have made mistakes myself in this direction, and many cases have come under my care in which my professional brethren have been guilty of the same sins of omission. Be thorough in your examinations.

All these phenomena are defects, outside of brain disease, of a permanent character. The identity is not present, but the family resemblance is striking in this brood of evils which border on insanity. The want of sleep, followed by a low power of thinking in the pursuit of daily business; the weakening of the power of attention and a desire to wander from necessary thought; a shrinkage from doing a business which heretofore was a delight: becoming abnormally wearied in mind when doing routine and ordinary work; not the natural facility to put ideas into words, and an unnaturalness of temper in respect to small matters and on small occasions; and change of manners and feelings to near friends and relatives without any just reason, are cardinal characteristics.

We often meet with the other psychical extremes, such as unusual and constant buoyancy of spirits, mental exhilaration not natural, loquacity and flightiness, which are observed by everyone except by the individual himself. So marked are these changes of character, that many such are accused of having become drunkards. The accusers do not know that these symptoms are signals of distress. The indecision of will, the bewildered judgment, the lack of self-control and of discretion, the excitement alternating with unaccountable mental depression may be only temporary and evanescent, or they may be "coming events casting their shadows before."

If there is any hereditary taint of insanity, or any serious neurosis existing, then these evidences of physical and mental deterioration are not to be lightly thought of, for any such condition may evoke from latent tendencies active diseases of an alarming character. The deficient mental control of sane people thus afflicted is a psychological study of great interest. They know how absurd are their fears and forebodings, yet no reasoning can shake them off or remove the general nervousness. The hopelessness, the silly fancies, the unnatural dread of being in company or of being alone, the fear of contamination in many ways undreamed of when well, the undefined terror on walking certain streets or living in isolated houses, and the general sense of ill-being with a dread of something vague about to happen, are only a few of the many psychical conditions found in the neurasthenic. The most pronounced manifestations underlying these morbidly tinged conceptions and misconceptions are timidity, irresolution, and constant irritability of manners and speech not natural to the person. This state of feeling has a defined period of invasion, and has not been gradually acquired through daily experience and repetition, nor is

it a congenital trait of character. This abnormal condition is often the primary stage of insanity. It is interesting to note how conversely we often find insane convalescents show merely this modification of mental weakness in the last stages before recovery. Just as the colors of the rainbow, or those of the spectrum analysis, blend into one another so imperceptibly that no boundary between each shade can be located, so it is often difficult to know by observation, or to define in language, where the dividing line is in many cases, between that disease we call insanity and nerve-starvation. It is not, however, *a fixed physical disease, and does not affect and control abnormally the language and conduct of an individual*, as in insanity. The physical condition is not to be overlooked. We often find abnormal dryness of the skin and mucous membranes, tenderness of the spine in circumscribed places, as, we often find in hysterical women. Complaints of feeling heaviness of the loins and limbs; shooting pains simulating those of ataxy, irritable heart-action, best known by a tremulous, variable pulse accompanied by palpitation and it may be intermissions of beats, mostly the third and fifth beats. Convulsive movements, especially on going to sleep, which have often been mistaken for nocturnal epilepsy; localized hyper-æsthesia; sudden giving out of general or special functions; temporary paresis, or it may be paralysis, and *generally a feeling of profound exhaustion unaccompanied by positive pain.* Some graphically say: "They have a feeling of *goneness*."

It need scarcely be added that these signs and symptoms, as a whole, are not to be found in any one patient, nor are all enumerated in the above recital. When the imagination has full sweep, based upon feeble or no impressions, then has it "no pent-up Utica." The usual diagnostic and differential skill will enable anyone readily to distinguish this disease from either hysteria or ordinary anæmia. It is not chiefly found to exist in naturally nervous persons.

A patient may be plethoric and muscular—not necessarily anæmic, and yet have impoverishment of the nervous system. *Neuratropia exists* chiefly in patients between the ages of 25 and 50 years. Its presence does not depend on any important recognizable organic disease. I have found in a majority of cases a full, normal pulse, but sometimes it is very rapid, or abnormally slow, with a fluttering feeling under the finger. There is no cardiac disease present in most cases, and the face may look the picture of health. The patients will often apologize for their satisfactory appearance. In spite of apparent strength, such are easily fatigued by mental exertion, and complain of giving out long before the usual time of resting. The memory is often temporarily weakened; consecutive thinking, intense attention, or sustained mental activity of any kind, is found to be impossible, even when there is no muscular fatigue. It is at this stage, when insomnia is complained of, usually to be followed by mental depression and by distressing forebodings of some impending calamity, which they cannot define. It is a general sense of ill-being and *ill-happening*. It is common to both sexes, but is more common in the male sex. A frequent mistake is made by medical men in attempting to lecture such patients out of their notions about themselves. This will only deepen the morbidity and intensify the evil. It is best to accept the evil as a fact, but to raise hopes for the future in a *sunshiny* way. This is mental therapeutics.

No two cases can be treated alike. If it is a case merely of brain exhaustion, then our main reliance must be upon vigorous out-door exercise and light mental exertion. The muscular and organic life can do much through activity in bracing up the nerve centres. If we have an anæmic case, or one in which there is evidently exhaustion of the cord, especially in chlorotic women, then absolute rest and quiet are indicated. Digestive power and hygiene are our auxiliaries. I am a great believer in the "gospel of fatness," or alimentation—not overfeeding, but what the system can fully assimilate. It is nerve nutrition which we have to do with, hence the necessary pabulum must be provided. Such usually recover but gradually, and so slowly as to discourage patient, friends and physician. The fact is, that all nerve deterioration needs a protracted time to recuperate, and it is well to set out in treatment with this understanding by all, that this depressing condition has invaded the nervous system by slow ap-

proaches, and that it will leave the seat of disease with reluctance, under the most favorable circumstances. It is necessary to start out with a large stock of patience in treating such cases.

A close catechising of a number of young persons has led me to believe that this abnormal condition is often brought about, or at least intensified, by worry, the vicious habit of self-abuse, or from syphilis. It is also well to make minute enquiry as to the existence of the mild form of epilepsy, especially of the nocturnal or *larvated* or masked variety, which is often overlooked, yet by its enervating shocks not only does it pull the system down, but also keeps it prostrated when the mischief is done. A rigid enquiry on these points is of paramount importance in diagnosis of many cases. I am inclined to think that the abnormal mental conditions are always secondary, and that the primary trouble is in the sympathetic and spinal systems.

The constant complaints of unusual sensations in one or more of the abdominal organs are evidences of this. The heart's irregularity, the atonic dyspepsia, the obstinate costiveness, the kidney derangement, and the temporary dyspnœa, all point to these great nerve centres as the efficient causes of these derangements.

If we keep in mind that in the neurasthenic we have mostly to do with reflexes of the sympathetic and spinal cord, including all the organs to which nerve stimulation is given from these centres of influence and control, we can understand how varied must be the symptomology of this generic disease. If we add to these disturbing causes a tendency to insanity, or at least find a nervous diathesis predominating, then, of necessity must our prognosis be less favorable. I have found that those who usually complain of pain in the back, show that the spinal nerve function is temporarily deranged. This fact is evident when we find the oxalates, the urates, and uric acid in excess. These are present only as results, and are not pathognomonic, as in oxaluria, because on a return of tonicity in the nervous system these abnormalities disappear. They are at first only signals of distress, which warn us of graver evils should the disease intensify and continue. The pathology of the disease is not yet fully determined. It may be a change in the *quality* or *quantity* of blood supply to the nervous system, it may be an impoverishment of nerve force, it may be bad nutrition from low power of assimilation, one or all of these causes, or others yet unknown, would account for the exhaustion, the positive pain, the unsteadiness, the fluctuating character of the morbid sensations and phenomena. Whatever may be the *cause* or causes, the result is nerve starvation, the cry is for more food and for more reserve energy.

Let me summarize the treatment:

1st. Rest and cheerfulness for the anæmic.

2nd. Outdoor exercise and work for the plethoric and sedative.

3rd. Fresh air, substantial food and absolute cleanliness for both classes, as a rule.

4th. No chloral, no opium, no alcohol; in short, no artificial stimulant, soporific or narcotic, of any kind. Three hours of natural sleep or rest have in them more recuperative power than nine hours of stupor or drugged quietude. Such short cuts to rest only murder natural sleep and strangle the heroic efforts of nature to come back to normal conditions. Even when these stilts are used, it must be after serious and thorough deliberation.

5th. Any employment which will have a tendency to divert the mind away from self-contemplation and, in short, seeking relief by the law of substitution.

6th. I find the best remedies are such as the arsenites, cod liver oil, zinci phosphidi, ferri pyrophosphate, nux vomica, bromides with caffeine, zinc oxide with ergot, and such like.

These tonics and calmatives assist nature to seek again the old paths. Allow me to add a word of warning to the younger members of our profession. If sedatives, or narcotics, or stimulants are administered, it is well to mask them as much as possible. We all know their seductive power, and I have been told by dozens of victims to the alcohol, chloral or opium habit, that the first knowledge they had of the pleasurable potency of such drugs was received from the family physicians. After their visits ceased the remedy became a luxury, and the druggist was applied to for the material to inflict infinite injury to many a valuable life. My method has been to use some menstruum

which would disguise the taste and smell of these drugs and to maintain a stubborn silence as to their presence in my prescriptions. This warning is given here, as there is a great temptation to use them in neurasthenic cases, in which are found insomnia, local pain, and mental distress.

REPORT OF A CASE OF UTERINE HYDATIDS.

BY DR. JOHN L. BRAY, CHATHAM.

(Read at meeting of Ontario Medical Association, June, 1888.)

April 10th, 1888, was consulted by Mrs. T., a lady aged 46, who complained of general debility, sickness of the stomach, loss of appetite, etc.; said she had not seen anything for seven weeks, but before that was quite regular, and thought it must be change of life. I suggested that she might be pregnant, but she laughed at the idea, her youngest child being six years of age. I gave her a tonic and told her to call in a day or two.

15th.—She came to see me, but was no better. I told her I thought she must be pregnant, as her stomach was so irritable, and with that idea gave her cerium oxalate, lactopeptine, with beef, iron and wine.

20th.—Was called to see her; found her flowing, but not much. Examined the uterus; os contracted; no enlargement of the abdomen. Told her she was going to abort; ordered her to stay in bed, and take cold drinks, etc.

22nd.—Flowing quite freely; no clots; gave Fd. ext. ergot, which made her very sick; ordered whiskey and milk, and to keep quiet.

24th.—Still flowing, but not to any extent; os contracted, and uterus enlarged to the size of an orange.

30th.—Uterus very much larger; some pain in back; stomach very irritable; not flowing much, but getting weaker; thought she must be flowing, and that it was retained in the form of clots, or that there was some obstruction to its free discharge, which would account for the rapid enlargement of the abdomen; to continue milk and whiskey; she kept about the same till May 6th, when I found her heart so weak that I became alarmed and asked for a consultation. Dr. Tye saw her with me that evening; he thought at first it might be an hematocele; however, we concluded to introduce a sound, which I did without any difficulty for seven inches, meeting no resistance. At this we were puzzled, as we could not form a diagnosis, but thought the uterus might be filled with clots, but how to account for their formation and retention was something we could not determine. However, as she was not flowing externally, we concluded to apply a tight bandage and leave her for a day or two before dilating the os. In the meantime I used suppositories of ergotine, and gave her plenty of stimulants and peptonized milk. About 24 hours after introducing the sound pains came on, which kept increasing till about noon of the 8th, when I was sent for. On examining the os I found it patulous, and could introduce the point of my finger. I concluded to dilate, and did so with my fingers until I could feel a soft yielding substance that felt like placenta; it was tenacious, but I broke it up and removed some which looked like fish spay, and which I thought were hydatids. I continued to dilate the os, and removed altogether about three quarts of this substance; and after I got that all away I peeled off placenta as large as my hand, and left the uterus completely empty. I then gave some ergotine, the uterus contracted, there was a little discharge for five or six days, the stomach regained its tone, and she was able to sit up in ten days, and made a rapid recovery.

Some fifteen years previous, patient had same thing; was confined to bed for over six weeks with continued flow; the abdomen enlarged enormously, the feet and legs were much swollen (not at all this time); she could retain nothing, and had all the same symptoms as in my case; after being in bed over six weeks pains came on, the os dilated, and a large quantity of stuff which she said looked like fish spay was expelled. This was about Christmas; she continued to flow till April, when a large piece of flesh, as she said (presumably placenta), was expelled, and she then slowly recovered, but not before she had lost an enormous quantity of blood, which left her in a weak condition for more than a year. Prior to that she had two children, and was attended by your honored ex-

president, Dr. Richardson, and, as no doubt the doctor will remember the patient, I shall be happy if he will give the Society his experience of this interesting case. Since then she has had four children, all of which I delivered with no complications.

This, to me, gentlemen, was a very interesting and instructive case, and one that occurs so rarely that a man may practise a lifetime without meeting with such a one. At any rate, it is the first I have met with in over twenty-five years' practice, and, I must acknowledge, it puzzled me not a little. It might be asked why I did not introduce the sound before, but in answer to that I will say that at first I thought it was a case of threatened abortion, and I did not feel justified in so doing. But when the uterus enlarged so rapidly, I was sure there must be something more than a fœtus there. Again, I was not certain that it was in the uterus; was quite certain that it was not a fibroid tumor, as the growth was too rapid for anything of that kind; and my own opinion, which was also shared by Dr. Tye, was that it was a case of hematocele. This diagnosis was strengthened, first, by the extreme weakness, and, second, by the very rapid enlargement, it only taking about three weeks to reach the size it did, which was as large as a woman would be at six or seven months, and it was only after introducing the sound that we knew it was not an hematocele, neither was it a fibroid growth. But what it was we did not know, and it is to this point which I wish to draw your attention, viz., the difficulty of diagnosis in these cases without dilating the os, and making a digital examination, which you should always be very careful in doing, and be positively sure that you were not going to rupture membranes and bring on premature labor, an instance of which came under my notice not long ago, when a practitioner made this mistake, which I might say was exactly what the patient desired.

The average number of illegitimate births in Paris in one week is 286. Of ten thousand births in the Vienna maternity department, in one year ninety-five per cent. were illegitimate, while in Prague, the per centage is stated to be ninety-six.

THE PAST YEAR'S WORK ON PHYSIOLOGY AND HISTOLOGY HAVING A PATHOLOGICAL OR CLINICAL BEARING.

BY DR. H. M'CALLUM, LONDON.

(Read at meeting of Ontario Medical Association, 1888.)

Let us consider the subjects under the following heads:—

1. *Respiratory Physiology.*—In this field, two facts can be considered worthy of our attention, *i.e.*, certain experiments on the pleura and Von Fleische's theory of the heart-beat aiding the oxidation of the blood. A certain London physician (New York *Medical Record*), in experimenting on a large number of living dogs by opening the pleural cavity, found that collapse of the corresponding lung occurred in a very small percentage of cases. But if the dog were dead for any length of time before the operation, the corresponding lung invariably collapsed. He offers the following explanation that the pleural secretion has the power of keeping the pleural surfaces in apposition during life. Our former teaching in Physiology has done much to retard the surgical treatment of the disease of the pleuræ, by warning the student and surgeon that opening this cavity would be followed by collapse of the lung.

With regard to the heart-beat aiding the oxidation of the blood, Professor Von Fleische, of Vienna, has lately advanced the theory that the jar given by the heart to the blood is an important factor in freeing the latter of carbon dioxide. He bases this theory on the law of physics. That a fluid holding a gas in solution, or weak chemical combination having suction applied to its surface, will very readily give off its gas if it be subjected to a smart blow. This would lead one to believe that blows to the chest in a feeble heart, would aid in the elimination of carbonic dioxide.

2. *Cardiac Physiology.*—Much work has been done in America by Mills of Montreal, and Martin of Baltimore, in this department. Mills' paper, read before the Canada Medical Association, on a plea for a better cardiac pathology, did not receive the credit it deserved. Da Costa's recent discovery in pathological anatomy of a nervous origin to the heart complications

in Bright's disease was well foretold by Mills in this paper. Prof. H. Newell Martin, of Baltimore, has demonstrated by carefully conducted experiments on the coronary arteries of the heart that they fill by blood pressure alone, and their pulsation is simultaneous with that of the carotid. It must follow, therefore, that in disease of the aortic valves, whilst good blood pressure is being maintained, there can be no degenerative changes in the heart muscle unless the coronary arteries are themselves affected.

Gaskell (*Jour. Physio.* Vol. VII., p. 451), makes some interesting investigations into the electrical changes of a quiescent cardiac muscle. He maintains all tissues are supplied by two sorts of nerves, which he named Anabolic and Catabolic. The function of the first is inhibition, of the second contraction. These ideas he attempts to confirm by vagus stimulation. Stimulation of the vagus in the neck of an animal provokes a positive variation in the muscle of the auricle; while contraction of the same muscle is accompanied by negative (electrical) variation. By using a small dose of atropine in a partly detached portion of auricle (heart of a tortoise), paralyzing the inhibitory action, and operating during repose, the positive variation was prevented when the nerve was stimulated. By the anabolic process, Gaskell means that the muscle fibre is undergoing nutrition, and that while so doing it is incapable of work. Inhibition means, therefore, storage of nutrition in the muscle fibre, while contraction or catabolism breaks down the products of nutrition. Inhibition of the heart being a nutritive process, would not frequent electrical stimulation of the vagus be proper treatment for degenerative changes in the heart muscle?

3. *Digestion.*—Bacteria, in relation to digestion, have been receiving a goodly share of attention. Pasteur published in August last, his researches (*L'Union Médicale*, Aug. 1887), on seventeen kinds of bacteria (found in the mouth), on articles of diet. Seven dissolved albumin, ten fibrin, six casein and seven partly converted sugar into alcohol. Pasteur's conclusions were that many micro-organisms were useful in digestion. But these conclusions stop short of the truth. True enough, bacteria convert proteids into soluble material, but this material will not only fail to nourish, but in many cases act, as an irritant poison to the tissues. These toxic products of mycology are now known by the name of Ptomaines. Since Pasteur found and cultivated six of these bacteria from the fecal matter, there can be little doubt that ptomaines are generated in a healthy intestinal canal, though more freely in catarrhal condition. How, then, is a toxic condition prevented in a normal body? Roger, of Paris, (*Gazette des Hopitaux*, 1887), has proved that ptomaines and medical alkaloids are destroyed to a great extent in the liver; so much so, that the latter are twice as potent given subcutaneously as by the portal vein. Rogers brought forward facts to prove it was the glycogen which exercises this protective function. The liver is not the only organ said to possess antitoxic function. McNum (*Brit. Med. Jour.*, Jan. 1888), works up a claim for the suprarenal capsules. German Physiologists have been advancing a similar claim for the thyroid gland.

Lauder Brunton (disorders of digestion), has a peculiar explanation for the bitterness of bile (which he asserts is not always bitter), *i.e.*, it is bitter by virtue of the ptomaines it contains (all cadaveric alkaloids being bitter). He goes further, and asserts that all symptoms of jaundice are due to the ptomaines in the absorbed bile. This, if true, and there is good reason to think so, would throw light on many a clinical feature in liver disorders.

Another matter of clinical interest is Lagendorff's studies on sugar formation in the liver (*Archiv. für Physiologie*, 1886). It is well known that strychnine and curare produce when administered to animals artificial diabetes. Lagendorff found this due to the action of these therapeutic reagents on a nervous centre. For, when the spinal cord was destroyed about the fourth dorsal vertebra in frogs, these drugs fail to produce diabetes. If this region were intact, but the other parts of the nervous system destroyed, strychnine operated in producing diabetes. This points to a nerve centre which calls the liver cells into activity, or produces vasodilation of the liver capillaries. This is not all, for the production of diabetes by strychnine the presence of the liver is necessary, while curare will act without its presence, and the

amount of sugar excreted is as great when the liver is removed, as when it is present.

Before leaving the subject of digestion, I would like to draw attention to Bunge's views on the assimilation of iron (*Zeitscheift für Phys. Chemie*, 1885). He found an albuminate of iron in the yolk of eggs, milk, etc., which was very stable, only strong chemical agents setting the iron free. Sulphuretted hydrogen and sulphide of ammonia separate the iron as an oxide in a couple of hours at body heat. He named this albumin Hæmatogin, believing that it gives rise to the hæmoglobin of the blood. Working on this line, Bunge assumes that in anæmia this albumin is decomposed—the iron being converted into an inorganic compound which cannot as such be assimilated by the system. Putrescent changes in the food stuffs, in catarrhal conditions effect this decomposition by generating sulphuretted hydrogen, etc. Bunge considers that iron administered in anæmia is not absorbed and assimilated, but combines with sulph. hydrogen, etc., etc., and so protects hæmatogin of the food from decomposition. He finds a proof in the good effect of intestinal antiseptics in anæmia.

In regard to the occurrence of iron in the body, Zalewski's experiments are of importance (*Zeitscheift für Physi. Chemie*, 1887). He isolated the combinations of iron occurring in the liver, and found that the combinations could be put under two classes: one, the organic, which occurs in very small quantities in the liver cells themselves, and easily detectable; the other in which the iron is held in very strong combination, and needs powerful reagents to separate it. The latter compounds were obtained from the nucleus, and presented all the characters of the nuclein class of compounds. These experiments of Zalewski raise the question whether iron is not present in the nucleus of every living cell. Its presence in the nucleus, and its combination with nuclein which has been so well termed, the "ground substance of life," points strongly to the view that iron is absolutely essential to the life processes of the cells. The old view was, that iron entered into combination with Hæmoglobin only in the economy. At the present time, researches show that Hæmoglobin is a degradation product of a constituent of the nucleus holding iron in combination. The tendency of research has been to show that iron does not enter the body in the form of ordinary salts, but in combination with such complex proteids as nuclein, and that only vegetable protoplasm is capable of effecting a combination between albumin and iron.

4. *Blood.*—Gaglio (*Arch. für Anat. and Phys.*, 1886), established the occurrence of lactic acid in the blood of normal rabbits, to the extent of .05 per cent. (in dogs .08 per cent). Berlinerblau (*Arch. für Experim. Pathologie*, 1887), also finds that lactic acid is normally present in human blood. We have yet to discover its relation to rheumatism and rachitis. In this field of physiology there has been no better worker than Prof. Osler. His views that the white blood corpuscles do not develop into red, and that the function of the blood plaques of Osler is the generation of the fibrin ferment, are now generally accepted by physiologists.

5. *Urine.*—Posner (*Arch. für Anat. and Physiologie*), maintains that albumins, more especially peptones, are present in the urine of every individual; but the amount is so small that their presence can only be demonstrated after concentrating the urine by evaporation.

6. *Histology.*—Great improvements have been made in the methods and reagents in staining, hardening and fixing tissues. Fleming and Strassburger have done an immense amount of work on the cell, but it was left for Carnoy to complete these studies. He makes four divisions of cell protoplasm: (1) the granules or chromatine bodies, (2) connecting rods between these chromatine bodies in the nucleus he named caryoplasma, (3) these connections without the nucleus he named cytoplasma, (4) the fluid in the cell he named enchylema. He rightly asserts that the chromatine bodies are the seat of life. They are diminished after secretion and exhaustion, and absent in slow death of the cell, as may be seen in cell death from amyloid, colloid, or mucoid degeneration. In the light of this histology, I think there can be no doubt that amyloid material is the enchylema or lifeless fluid, plasma holding ptomaine in weak chemical combination or solution.

the latter giving the diagnostic color with certain staining reagents.

One more point. When I have referred to the late work done on the nerve terminations, I have done (I have not touched on the late physiology of the nervous system). Pfluger, of Germany, demonstrated the nerves entering into the cells of the parotid gland. McCallum, of Toronto University, demonstrated the nerve terminations in the epidermis and liver. In each of these he found the ultimate endings were in the network of the cell or nucleus.

The abnormal relation of the cell to the nervous system, I feel sure, will yet be the pathology of carcinoma.

Selections.

KOUMISSED PEPTONES.—Dr. Anderson says, concerning koumissed peptones, that it is milk, or milk and other foods. By the action of pepsin, of pancreatine, or of both, it is almost completely digested, and thereby converted into peptone, or still further split up, then made into koumiss. In the process of peptonizing, about twenty-five per cent. of water is driven off, and none is previously added. Koumissed peptones are, therefore, of about fifty per cent. greater food value than ordinary koumiss. They are more fluid, have a sediment of far greater impalpability, and are incomparably more digesti le and easily assimilable than ordinary koumiss, or even than Russian fermented mares' milk. It is of especial use in the irritable and adynamic types of wasting disease; and can be, and has been, taken and retained when all other foods, ordinary koumiss not excepted, have been rejected. Valuable lives have been saved, which would have been lost but for its administration. For years past cane sugar has seldom been used by him. In the preparation of ordinary foods, grape sugar, and sometimes sugar of milk, has replaced cane sugar, on the ground of the disagreeable eructative and fermentative action the latter exerts when administered. This cannot be so great in the matter of koumiss, yet he has substituted honey for cane sugar, and principally for the following reasons: Honey is a more wholesome, more nourishing, more digestible, and more physiologiocal food than cane sugar; it produces a koumiss having a finer sedimentary deposits, increases the beauty and delicacy of flavor, and delays or prevents its becoming caseous. Koumissed peptones are, equally with koumiss, the vehicles for the administration of such of the most important therapeutic agencies as are of use, particularly in wasting diseases. But such medicinal agents are not added where the beauty and delicacy of flavor of either the koumiss or koumissed peptones are in any appreciable degree interferred with.—*The British Medical Journal.*

ON THE USE OF CREOLIN AS A CONVENIENT DISINFECTANT IN MIDWIFERY. (*Centralblatt für Gyænkologie.* By Kortüm.—The author recommends creolin as an antiseptic in midwifery, and has already recorded his success with it in surgical practice (*Berliner klin Wochenschrift*). He has found it especially useful in cases of ruptured perinæum. It acts as a styptic while the rent is being sewn up; and by dressing the wound with compresses dipped in a half per cent. solution, and bathing it with the same, Kortüm has found that it keeps more cleanly and less irritated than with any other application he has tried. It has a great advantage over all other antiseptics in not being a poison. It is freely soluble in water, so that the mucous membrane or a wound cannot be irritated because a drop or so is not dissolved, as is sometimes the case with solutions of carbolic acid. Its color and strong tarry odor afford a ready indication whether disinfection has been successfully effected or not, and so give it an advantage over corrosive sublimate. It may be used in solutions of half per cent. to to two per cent., and may be safely entrusted to midwives and the laity.—*Med. Chron.*

DOGS IN THE LYING-IN ROOM.—The newspapers of last Tuesday contained a short account of an attack made upon a Boston physician, while performing his duties as an *accoucheur*, by a bull-mastiff, which, until the birth of the child, had lain quietly in the corner of the room. Attracted or excited by the cries of the infant who

was in the physician's hands, the animal made a savage spring, it was supposed, at the child, but the doctor was quick enough to interpose his arm, which was seized by the dog. The child was taken by the frightened nurse and thus rescued from a severe injury, if not from death. Not so the physician, who was badly bitten in several places, and it was not until after a severe struggle, in which he was aided by his assistant, whose services had been necessary to anæsthetize the patient, that the animal was overpowered and killed by strangulation. Whatever may be the effect of the wounds inflicted by the dog, and we trust they will not be of a serious nature, the lesson is one by which all may profit to the exclusion of dogs from the lying-in room. The instincts of the animal, particularly of the breed named, lead it to attack, not only other animals, but, on occasions, even children and grown-up persons; and it is not to be wondered at that the cries of a newly born infant should arouse it to a state of fury liable to jeopardize the life of the child or of any person who stood, as did the *accoucheur*, between it and the object of its attack.—*N. Y. Medical Journal.*

Subperitoneal Pelvic Abscesses and Laparotomy.—By M. Terrillon (Paris). Abscesses of the pelvis having their origin in the genital organs of the female form two groups, from the point of view of surgical interference. In the one are ranged those which, arising in the neighborhood of the uterus, spread under the peritoneum, raising it up and reaching beneath the abdominal wall, generally above the pubes and at the side of the iliac fossa. These abscesses can then be opened without danger and without touching the peritoneum. Sometimes, even when they do not come in contact with the wall of the abdomen, one can, as Hegar has shown, detach the peritoneum by a surgical operation, and attach them without opening that membrane. A few point at the side of the vagina and can be opened at that spot. In the other variety—more rare and more serious—the abscess is developed at the side of the uterus, and projects into the cavity of the pelvis. It is partly free in this cavity, like an ovarian tumor, but joined by one side to the posterior aspect of the broad ligament and to the border of the uterus. It ordinarily opens in the rectum or sometimes in the bladder. It empties itself badly and becomes chronic and fistulous. Sometimes it ruptures into the peritoneum. In these cases we can reach the abscess, neither by the vagina—for that is dangerous—nor by the rectum, for fear of provoking serious troubles. Lawson Tait has proposed to operate upon them by laparotomy. After opening the peritoneum the purulent sac is united to the abdominal wall, opened and cleaned out. It is then freely drained, washed out every day, and is cured in a few weeks. M. Terrillon has recently performed the operation in three cases, two of them with success, and the third would have been certainly successful, if he had been able to interfere before rupture of the abscess had taken place into the peritoneal cavity.—*Bull. Med.—Med. An.*

Chantemesse and Vidal on Inoculation against Typhoid Fever.—For some months the experimenters have studied, with an end to vaccination, the *role* of soluble substances produced by the typhoid bacillus, and isolated from the living virus. Fresh mice seldom resist a dose of virulent typhoid culture, while mice which have been subjected to preventive treatment, generally resist inoculation. This treatment consists of a single inoculation of the soluble chemical element, elaborated by the typhoid bacillus. The quantity of soluble material increases with the age of the culture. The immunity appears only after some hours, and is effective for some time, the exact period being as yet undetermined.—*La Tribune Médicale.—Medical Analectic.*

Cancer and Vegetarianism.—A German contemporary calls attention to the rarity of cancer among vegetarians, which is attributed to the predominance of alkaline salts, especially those of potash, in the blood of animals fed exclusively on food derived from the vegetable world. The diminution in the quantity of fibrin and analogous bodies is said to retard the growth of neoplasms by restricting their nutrition.—*Press and Circular.*

MOIST HEAT AFTER OPERATIONS FOR SENILE GANGRENE. — The author narrates a case of Lisfranc's amputation, and draws the following conclusions:

1st. In an enfeebled subject the healing process is greatly assisted by artificially supplying moist heat to the part, thereby stimulating the capillary circulation from the outset. I think a poultice may bring about primary union and prevent phagedena.

2nd. In enfeebled subjects we can assist nature in nourishing skin grafts by stimulating the local capillary circulation through the agency of moist heat.

3rd. Skin grafts should be ⅛ by ½ inch, if not larger, and should be applied freshly cut, directly to the freshened and bleeding surface of the wound, thus making use of the fibrin of the blood to secure the grafts in position.—F. Hewel, *Internat. Jour. of Surg. and Antiseptics.*

SALICYLATE OF MAGNESIUM IN TYPHOID FEVER.—This salt is easily prepared by dissolving salicylic acid in distilled water and saturating the boiling solution with carbonate of magnesium, when crystals of the salt may be obtained in needles, readily soluble in water and alcohol, and both coloress and odorless. Huchard gives it in doses of from 40 to 80 grains daily, and it is not contraindicated by diarrhœa, since it is but slightly laxative even in large doses. It appears to act as an antithermic and as an intestinal antiseptic.—*Paris Medical.* — *Medical Review.*

TREATMENT OF ECLAMPSIA.—Pajot's method in this trouble is as follows: Never induce premature labor. If the attack comes on during labor, treat medicinally only and do absolutely nothing until the os is dilated. When the os is dilated, the uterus must be emptied of its contents as rapidly as possible, without using any violence. Delivery is to be accomplished in the ordinary way, and the medical treatment is to be continued after the accouchement. The more frequent the attacks, the greater the liability to death; and, inversely, the less frequent the attacks, the more chance there is of saving the patient.—*St. Louis Med. and Surg. Jour.*

CHLOROFORM *vs.* ETHER IN EUROPE: DEATH FROM THE LATTER IN HAMBURG.—Dr. Sands, of New York, spent a month with Schede, of Hamburg, and being a partisan of ether against chloroform, he undertook to convert Schede by showing him how to use the former anæsthetic.

The case was that of a woman of about 38, afflicted with uterine cancer. Sands, who as you know is recognized as one of our best American surgeons, sent to London and got an ether-bag and the apparatus necessary for the administration of the anæsthetic, and also secured an article of the very purest and best in the way of ether. He and his son, Dr. Sands, Jr. began the administration in the presence of Schede and eight other prominent surgeons. In less than four minutes the patient was dead—so very dead that all means at revivification—artificial respiration, even tracheotomy and forced air, were of no avail. The *post-mortem* showed normal heart, lungs and brain, in short nothing abnormal or pathological but the cancer of the uterus.

The French and Germans as you know, have never taken kindly to ether, using it but very little, and if this incident will keep them from using it at all in the future they are to be congratulated. I cannot, myself, understand how anybody who has ever used chloroform can become a convert to ether. It takes a good deal of prejudice, even to make those who have been its advocates stick to it, and I am glad to say all of my observations and experiences of this trip tend to show that it is gradually going out of use abroad. Take the world over, and chloroform is now administered five times where ether is resorted to once. There have consequently been a few more deaths, in the gross, accredited to chloroform within the past year, over those attributable to ether, but when the number of times each was used is taken into consideration, ether has been far the more fatal. I think chloroform is dangerous only when there is grave organic disease of the heart, or in persons addicted to whiskey.—*St. Louis Med. and Surg. Jour.*

The University of Padua has been bequeathed, by Prof. Tito Vanzetti, the distinguished surgeon, $20,000 and a superb library.

Therapeutical Notes.

AN ANÆSTHETIC FOR MINOR OPERATIONS.—The *Revue de Thérapeutique* of May 1st, 1888, gives the following convenient mixture:

Chloroform,
Spirits of wine,
Cologne water ..... equal parts.

To be inhaled for transient anæsthesta.

A PRESCRIPTION FOR SEA-SICKNESS.—Rouquette prescribes:

Antipyrin	gr. 75
Cocain. hydrochlorat	gr. 1½
Caffein	gr. 4
Strych. sulphat	gr. $\frac{1}{32}$
Cognac	℥ 2½
Aquæ destillat	ad ℥ 25

A teaspoonful before embarking, followed by two during the twenty-four hours: when at sea, three teaspoonfuls daily.—*Revue de Thérapeutique.—Med News.*

ANTHRAROBIN—A NEW REMEDY FOR SKIN DISEASES.—The chemical characteristics of the new remedy, anthrarobin, were set forth originally by Prof. Liebermann, but the first study of its physiological actions was made by Jaffé and Darmstädter. It has similar properties to chrysarobin and pyrogallic acid; but it is less active than the former, and stronger than the latter. The following are formulæ proposed by Behrend (*Therapeut. Monatshefte*):

Anthrarobini	10 parts.
Ol. olivæ	30 "
Lanolini	60 " —M.

Ft. ung. 10 per cent.

Anthrarobini	10 parts.
Alcohol	90 " —M.

Anthrarobini	10 parts.
Boracis	8 "
Aq. destil	80 "

He has used anthrarobin with success in psoriasis, herpes tonsurans, and other parasitic skin diseases.—*American Journal of the Medical Sciences.*

THE
Canadian Practitioner.
(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

Contributions of various descriptions are invited. We shall be glad to receive from our friends everywhere current medical news of general interest. Secretaries of County or Territorial Medical Associations will oblige by forwarding reports of the proceedings of their Associations.

TORONTO, JULY, 1888.

THE ONTARIO MEDICAL COUNCIL.

The recent meeting of the College of Physicians and Surgeons of Ontario, was not, in any sense, a very remarkable one. The members were fortunate in being able to elect their officers without a division. Dr. Burns, of Toronto, Vice-president of last year, received the high honor of his election to the Presidency of this year without even rumors of any opposition. It was thought at one time that there would be a contest between Dr. Cranston, of Arnprior, and Dr. Moore, of Brockville, for the Vice-presidency. We understand, however, that Dr. Moore refused to allow his name to come before the meeting. To both President and Vice-president, we offer our hearty congratulations upon the honors they have so worthily won.

Most of the work done was of a routine character. The number of appeals and petitions, from the vast army of those recently rejected, was large. After a great deal of discussion—why so much, no one seems to know—the Council decided simply to accept the report of of the Examining Board. It appears to us that it should not require many seconds to arrive at such a decision as this if they have confidence in their Board.

There was considerable discussion over the curriculum and proposed changes in the same, but no alterations of any importance were made. A very worthy and conscientious member proposed that the Council should take the matriculation examinations in their own hands. We can see no object in such a change, which

would bring back the old system, which was at the time considered unsatisfactory, and were, therefore, pleased to see that the motion received but little support.

The standard required from candidates for matriculation at the examinations is considerably higher than any which has previously existed. It is surely well to give the new order of things a fair trial before inaugurating any radical changes.

It was a matter of general regret that the magnificent new building was not completed; but, as one of the reports will show, the examination hall was ready for the spring examinations, and the Council hall was well equipped for the recent session. The question of reciprocity with the Mother Country was carefully considered by the Council, but no conclusion was reached. In a future issue we will have something to say on this very important subject.

MEETING OF THE ONTARIO MEDICAL ASSOCIATION.

The recent meeting of the Ontario Medical Association, held in Toronto, June 13th and 14th, was one of the largest, and, at the same time, one of the poorest ever known in the history of the Society. Some of the papers were below the average standard, and many of the discussions were even worse. Why this should be so we can scarcely tell. Probably it was partly accident; if so, it is an unpleasant one. Why is it that our younger graduates do not consider it worth their while to take the trouble to write papers? Are they do-dos, or are they over-weighted by that commendable virtue—modesty?

We understand that some consumed so much time in working up medical constitutional law, whereby they were able to puzzle the President, that they were compelled to neglect the more prosy and commonplace subjects of general medicine. Others were so fully occupied in looking after their neighbor's sign-boards and methods of advertising, that they had no time for less congenial pursuits. To such we would say, that life is too short to carry out such investigations at any length. We tried that ourselves a few years ago, and found that the signs and advertisements increased faster than the doctors, and that is needless. Others, we fear, were too lazy and indifferent, and examples of this class might be found near home.

Considering all the aspects of the case, we are induced to ask for a change next year. The enthusiastic experts in ethics have, we hope, done some work which will do much good in the future. Certainly reforms in this respect are sadly needed; but we trust we will not have to spend much time over this subject for many years to come.

It is easy, of course, to find fault, and we have no ambition to excel in that direction. It is only just to say that some excellent papers were presented. At the same time it was unfortunate that the discussions were so few and brief on many important subjects brought before the meeting. The President, with a commendable desire to get through the programme, frequently discouraged discussions. This was unfortunate, even though the exigencies of the circumstances appeared to demand it.

We are glad to say, in a general way, that the affairs of the Association are in a very flourish-condition. Its success is assured, notwithstanding drawbacks which may appear from time to time. We wish all success to the new officers in their efforts to organize a grand meeting for next year. Let us, one and all, extend to them a loyal and hearty support. If we do we feel certain the results will quite come up to our hopes and expectations.

THE EXAMINING BOARD OF THE MEDICAL COUNCIL.

It is well that only a few changes in the *personnel* of the Board of Examiners have been found necessary. As Dr. McArthur, of London, had become a member of the Council, it was necessary to supply his place on the Board, and, as a consequence, Dr. Burt, of Paris, was appointed Examiner in Midwifery. Dr. O'Reilly, of the Toronto General Hospital, and Dr. Hooper, of the Kingston Hospital, were appointed assistant Examiners in Clinical Sur-

gery and Medicine respectively. These appointments will meet with general approbation.

We regret that we cannot speak in such favorable terms of the only remaining new appointment, *i.e.*, Dr. J. A. Grant, Jun., of Ottawa, as Examiner of Physiology, in the place of Dr. H. P. Wright, resigned. Has this gentleman shown any eminent or any other kind of fitness for this very important and responsible position? Will Dr. Cranston, who has generally exhibited such good judgment in matters pertaining to the Council, and who, we hope, will be our next President, kindly explain his reasons for supporting that gentleman? Will many others who voted for him, give us some good reasons for so doing? Was it because he was a son of Sir James Grant, and a citizen of Ottawa?

The profession will, without doubt, always continue to have the highest respect for Sir James, and will probably be glad to see Ottawa well represented on all occasions, but the doctors of this Province are heartily tired of seeing such important positions filled through purely personal or local considerations.

This journal has always supported the Council loyally, but at the same time has always insisted that only men thoroughly versed in the various subjects should be examiners. It is no disparagement to any man in general practice, to say he is unfit to examine in such a subject as Physiology, when we consider that there are probably not six men, outside of our teaching bodies, in Ontario, qualified for the position. Dr. Grant is a worthy young practioner, according to all accounts, and, so far as we know, could take some final subject with credit to himself and the profession; but we fear that in the present instance an injustice has been done to him, as well as intending candidates for examation in Physiology.

SUPPLEMENTAL EXAMINATION BY THE COUNCIL.

We are more than pleased with the decision of the Council to hold a supplemental examination in the fall. We are surprised to know that there was a very strong opposition to such an arrangement, and it was finally passed by a bare majority of one. It is said that a few members are anxious to place all possible obstacles in the way of the students, simply for the purpose of reducing the numbers of intending doctors.

This narrow and selfish view, if carried too far, might end in making the profession a huge "combine," with possibly unfortunate results. The Council has been none too strong in the past; it is stronger to-day than it ever was; but let it guard against abusing its powers. The Council will continue to receive a loyal support from the profession and the general public so long as it continues to conduct medical matters wisely, and keep up a reasonable standard, or even keep advancing in that direction.

If our young men are willing to fulfil all the requirements, let the members of the Council show a feeling of sympathy and fair play, rather than throw obstacles in the way simply for obstructive purposes. If the members of the profession, whether in or out of the Council, fear the advent of our young graduates, let them work with increased zeal to keep up with the times. A spirit of exclusiveness is unfair and ungenerous, and generally reacts disastrously upon those who indulge in it.

THAT GALLANT COUNCIL.

The age of chivalry is not past and gone. The Medical Council of Ontario, has shown that the gallantry of the knights of old is unquenched and unquenchable. A female doctor, educated in the United States, having a Normal School certificate about thirty years old, a certificate of a science course at Hillsdale, wherever that is, and a degree from somewhere else, wished to be registered as a matriculant, and have her Hillsdale chemistry allowed at her primary examination. Under ordinary circumstances, such candidates are compelled to take the whole primary and final examination, after taking a complete course in some Ontario Medical College. The reply of the Council was—"yes—we'll give you what you ask and something more—we'll allow you the whole primary examination." Why they didn't allow the final as well, has not yet transpired? This is the only blot on their worthy spirit of chivalry.

THE VICE-CHANCELLOR'S ADDRESS ON COMMENCEMENT DAY.

It is generally admitted that the speech of Mr. Mulock, the Vice-Chancellor, who presided at the University Convocation, June 13th, was one of the ablest ever delivered in that hall. In referring to the Medical Faculty he spoke as follows:

"As you are already aware this University has, during the last year, taken an important step in advance in connection with medical science. Some years ago, when a mere examining body, this institution endeavored to impress upon the various teaching medical schools, the importance of imparting to medical students a practical acquaintance with the science which they sought to be permitted to apply in the course of their practice. In adopting this view, a self-evident proposition, the Senate was sustained by precedents furnished by the great medical institutions in other lands, and by the voice of the medical profession of this Province; but after years of disappointed waiting was compelled to establish a teaching faculty whereby effect could be given to those views.

"With regard to the medical faculty, established by this University, I may briefly repeat what was announced from this platform a few weeks ago by its worthy Dean, Dr. Aikins, that the most gratifying success has attended the first session, that our medical students now enjoy, for the first time, unsurpassed advantages in connection with the scientific departments of this University, and that the eminently practical character of the instructions which characterizes the whole of the course in medicine is calculated to worthily qualify our medical graduates to practice their high calling with satisfaction to themselves and to the advantage of the public.

"With regard to the gentlemen who constitute our medical faculty itself, I would be guilty of unpardonable oversight if I did not here publicly tender to them, as I now do, the thanks of our Senate for the response which they gave when we invited them to make personal and pecuniary sacrifices, and join with us in our effort to place medical education in Canada on a dignified and sound basis.

"The promptitude with which they responded to that invitation, the fidelity and enthusiasm with with they have, in so disinterested a manner, discharged their duties, have deservedly earned for them the gratitude of the Senate, and, I believe, of the medical profession as a whole.

"We can make to these gentlemen no adequate return, but their reward must be the knowledge of the fact that they have been instrumental in laying the foundation of a system of medical education of which there is no parellel in this Province to-day; and if we continue, as all the indications are we shall continue, to develop and progress, they will at least enjoy the proud satisfaction of having aided in the erection of a medical college which at no distant day will take rank amongst the great medical schools of the world."

NOTES.

Ether is used in some districts of Ireland as an intoxicant.

The hot intra-uterine douche is recommended in purulent endometritis.

The profession are cautioned against the use of antipyrin with sweet spirits of nitre.

The next meeting of the British Medical Association, will be held in Glasgow, during the month of August.

The *Press and Circular* wants to know why gynæcologists are so very irascible? Can any one explain?

"The largest chloroform taker in the world" recently overdid it in London; at the inquest it was stated that she had consumed as much as a pint a day.

Lactic acid is extolled by Aysaguer in certain forms of suppuration of the ear, when due to fungi of the drum or granular forms of otitis or polypoid vegetation.

Dr. Wm. Murrell, of London, recommends the ipecacuanha spray in chronic bronchitis, winter cough, and in loss of voice, due to congestion of the vocal cords.

The Governor of New York State has signed the bill abolishing hanging for all murders committed after January 1st, 1889. Death by electricity is substituted therefor.

ADDITIONAL LIST OF SUBSCRIBERS TO LESSLIE FUND.—Dr. A. A. Dame, Jordan, $5; Dr. Nevitt, Toronto, $5; Dr. Emory, Toronto, $3; Dr. McPhedran, Toronto, $3; Dr. Stark, Toronto, $2; Dr. Peters, Toronto; $2; Dr. Palmer, $5.

A physician in Australia has written to a London medical paper, warning young graduates against going to that colony, owing to the over-crowded condition of the profession there.

A recent number of a medical journal published in Tokio, Japan, contains an interesting account of a case of ovariotomy at three months pregnancy, followed by recovery and delivery of a healthy child at term.

It is stated that the University of Heidelburg, recently conferred the degree of M.D., upon one Karl Umbach, who had written a brilliant essay on "The Influence of Antipyrin." Umbach turns out to be a quack, and the authorities are silent.

Action is to be taken by a committee appointed by the American Medical Association, at the recent meeting in Cincinnati, to consider the best method to limit the number of medical colleges, and lessen the crowded condition of the medical profession.

ARREARS OF ANNUAL DUES TO COUNCIL.—We understand that about 1500 members of the College of Physicians and Surgeons of Ontario, are now in arrears for their annual dues—the total amount being $7.000. The Registrar has received positive orders to sue all delinquents. The separate amounts are small, and it is hoped that the members will attend to the matter at once, and thus save the costs as well as considerable unpleasantness.

COUNCIL EXAMINATIONS.—The date of the Supplemental Fall Examinations, to which we have referred in another column, is fixed. They will be held in the Council Hall, and will commence on Tuesday, September 18th.

CARCINOMA OF RECTUM.—Hr. Schede, of Hamburgh, at the congress of the German Surgical Association (*Press and Circular*) reported on a method of procedure adopted by him, as doing more than any other to render a man once more intact. The method resembled Kraske's to some extent. The sphincter was untouched at the operation. A long incision was made from the tip of coxcyx. Resection of the coxcyx permitted separation of the rectum from its surroundings, circular opening of the peritoneum, and drawing down of the sigmoid flexure so that it could be widely resected, and the cut ends drawn together. The peritoneum was then stitched to the lower end. The section of the rectum was transverse. In order to protect the wound from fæces, colotomy must at once be performed.

Meetings of Medical Societies.

ANNUAL MEETING OF THE ONTARIO MEDICAL ASSOCIATION.*

The eighth annual meeting of the Ontario Medical Association was held in Toronto, June 13th and 14th. There was a large attendance of members of the medical profession from all parts of the province.

MORNING SESSION.

In the absence of the President at the commencement of the session, the preliminary exercises were presided over by Dr. Richardson. Dr. Rosebrugh, of Hamilton, the President of the Association, entered the hall shortly after the meeting opened.

ONTARIO MEDICAL LITERARY ASSOCIATION.

The first practical business disposed of was the hearing of the report of the committee appointed at the last meeting to take all necessary steps towards the establishment of a library of

*We are indebted to Drs. Peters and Wishart for this report.

reference under the auspices of the association. This report was read by Dr. Graham, of this city, and after speaking of the preliminary course pursued by the committee, stated that $4,000 had been subscribed on the principle of a Stock Association. They also secured a grant of $250 from the Toronto Medical Association, and the use of a room from the Medical Council. They also received about 800 volumes and 7,000 pamphlets from friends of the cause throughout the province. The committee may be compelled to refuse generous offers made by well-wishers in the United States because the duty on books is so oppressive. The adoption of the report was moved by Dr. Shaw, of Hamilton, who also proposed that the Association should make a grant of $100 towards the library fund.

Several speakers having expressed themselves in favor of increasing the grant, the report of the committee, together with a motion placing $150 at the disposal of the library committee, was carried unanimously.

On motion of Dr. McPhedran, seconded by Dr. Thorburn, a resolution sympathizing with Dr. Dupuis, of Kingston, in the trying ordeal through which he recently passed by the unfortunate death of his son, was adopted. Another resolution, offering the Association's condolence to the family of the late Dr. Brouse, of Brockville, was also carried.

The morning session was brought to a close by Dr. A. M. Rosebrugh, who exhibited a full set of uterine electrolytic instruments. For full description see recent numbers of PRACTITIONER.

AFTERNOON SESSION

The afternoon session was opened by the President, Dr. J. W. Rosebrugh, of Hamilton, in a somewhat lengthy

INAUGURAL ADDRESS.

After expressing his thanks to the Association for the high honor conferred upon him, he spent some time in advocating the formation of this Association as a branch of the British Medical, which now contains over 40,000 members. The chief part of the paper was, however, taken up with a medical retrospect of the last thirty-nine years in this province, in which he sketched briefly the characteristics of the then Toronto Professors, and showed that the method of placental expression taught by Dr. Workman was that now spoken of as Crede's. In conclusion, the doctor advocated earnestly the placing of such facilities for scientific study and research at the disposal of our students as shall obviate the present necessity of going far abroad to prosecute post-graduate study.

INTRODUCTION OF GUESTS.

The guests of the Association were then introduced, and took seats on the platform. They were Dr. C. C. Rice, Dr. Wyeth, Dr. Fox, Dr. Corning, New York; Dr. Johnstone, Dannville, Ky.; Dr. Gardner, Montreal, and Sir James Grant, Ottawa.

The discussion on surgery was opened by Dr. Grasett, who read a useful paper on

URETHRAL DISCHARGES.

After referring to the frequency with which such cases are met, and the depressing mental effect the condition often has upon the patient, he divided the subject into sections, according to the nature of the discharge. 1st. When the discharge is the result of a catarrhal condition of the urethra—urethritis. This urethritis may be: (a) Simple, such as that set up by leucorrheal discharge, excessive or violent coition, or mechanical irritation. This is usually less severe and of shorter duration than (b) specific urethritis or gonorrhœa. Whether or not this specific inflammation is always due to the presence of gonococci, can not be regarded as proven. Experiments have failed to establish that it can be induced by injection into the healthy urethra, and it has not been found possible to inoculate animals with gonococci. Notwithstanding these facts, the almost constant presence of gonococci suggests that they are possessed of causative properties. The experiments of Watson Cheyne, as recorded in the *British Medical Journal* for 1880, were referred to, as endeavoring to prove that the organisms are invariably present, and hence may be looked upon as causative. Mr. Cheyne accordingly used bougies of caocoa butter with iodoform, and ol. eucalyptus. The experience of the reader was not confirmatory of the theories advanced by Mr. Cheyne.

Treatment.—The abortive treatment by administering large doses of bals. copaibæ and cubebs, with strong injections of silver nitrate frequently repeated, is now almost entirely abandoned, because harm, and not good, was found to result. The expectant plan also lacked facts to prove that the disease would, if left alone, get well of itself in a short time. The plan of treatment found to be most useful might be summarized as follows: Rest in bed; cleanliness, secured by frequent passage of urine, or by injecting hot water. The patient should be instructed to allow the penis to hang in a natural position, so as to permit the discharge to run out, or a dressing of salicylic gauze might be placed loosely over the end of the penis and covered with a rubber bag. The diet should be light and unstimulating; alcohol and tobacco must be avoided. Alkalies may be given, to keep the urine neutral or slightly alkaline. Injections, except of hot water, are harmful in the first or acute stage. The injections frequently given by chemists do great harm. In the late stages, sulphate and sulphocarbolate of zinc are beneficial in dilute solutions; so also is nitrate of silver.

2nd. Chronic discharge or gleet. This sometimes persists after an attack of gonorrhœa in spite of treatment, both internal and external. An error in diet, or indulgence in alcohol or tobacco, will often cause a return to the catarrhal stage. The pathology of gleet probably depends upon the fact that the inflammation, which commences in the mucous membrane, spreads to the submucous tissues, and causes a thickened and granular condition of both. If a stricture is present it should be dilated. The injections used should be mild and slightly stimulating astringents, and should be frequently changed. Caspar, of Berlin, recommends a combination of mechanical and chemical therapeutics. He uses nickel-plated bougies with grooves into which he pours a medicated paste, which melts when the bougie is inserted into the urethra. He has used iodoform, zinc, resorcin and other drugs, but has had the best results from the use of this formula:

Ol. theobrom	100 pts.
Argenti. nit	1–1½ "
Bals. copaib	2 "

No bad effects have been noticed. Improvement begins at once, and the discharge, under the microscope, soon shows a diminution in the proportion of pus cells.

3rd. Prostatorrhœa. This discharge was first accurately described by Dr. S. W. Gross, of Philadelphia. It consists of a clear glairy mucus from the prostate, most frequently seen after straining at stool. It comes from the acini of the gland, and is increased in quantity by disease of the rectum, masturbation, hard riding, etc. Several instances of this condition were cited, illustrating the good results which followed treatment by tonics, and the local use of argent. nit.

4th. Spermatorrhœa, or flow of semen, unaccompanied by sexual excitation or orgasm. The term is used by quacks and empirics to include nocturnal emissions, which, unless excessive, are an indication of health rather than of disease. If, however, they become too frequent and are followed by depression, they are pathological. The causes are, among others, hyperæsthesia, or irritation of the genitals, inflammation of the prostate or urethra, phimosis, etc. The treatment should be largely hygienic. Avoid alcohol and tobacco, empty the bladder last thing at night and first thing in the morning, give light diet, keep the bowels loose, and abstain from irritating exercises, such as riding on horseback. Bromide of potash often acts beneficially. If the perpuce is long, circumcise; if there is rectal irritation, as piles, fissure, etc., appropriate treatment must be applied. Passing large bougies, and the local application of argent. nit. gr. x or xx, ad ℥j are also useful. The depressed mental condition of the patient must not be neglected, as very much depends upon his intelligent co-operation in the treatment.

Discussion.—Dr. L. MacFarlane, Toronto, in commenting upon the paper, referred to the difficulty of diagnosing a simple from a specific urethritis. The history must be the guide in most cases, and this is often not reliable. There is no specific treatment applicable to all cases. If the patient be gouty, rheumatic or strumous, the line of treatment must be such as is appropriate to the peculiar diathesis. In the acute stage, the treatment must be antiphlogistic. Where gleet is present, it is owing to a granular condition of

the mucous membrane, and must be treated accordingly. Spermatorrhœa is the most important discharge from the urethra; but many of the patients presenting themselves for treatment are not the subjects of this disease at all. Very seldom do any but those who have long practised self-abuse suffer from spermatorrhœa. In treatment of this affection the mental state of the patient must receive the most attention. You must speak in a positive manner as to the likelihood of his recovery, so as to ensure his confidence. True spermatorrhœa often leads to insanity. For this reason, the evils of self-abuse should be taught to boys of suitable age, at the public schools by a medical man.

Dr. Groves, of Fergus, considered that a hard and fast distinction could not be drawn between simple and specific urethritis. A specific disease usually protects against subsequent attacks; but it is notorious that an attack of gonorrhœa predisposes to future attacks. Any case of urethritis, whether of the so-called specific or of the simple variety may be followed by epididymitis or orchitis. In the treatment, the surgeon should not only recommend, but insist on, absolute rest in bed, in the early stage. Unless the urine is intensely acid it is not advisable to give alkalies, as it is difficult to believe that urine so modified would be less irritating than the normally acid fluid. Gleet may be caused by a small granular inflammation at one spot, which is usually the seat of a stricture. Hence, a full-sized bougie should be passed occasionally.

Dr. Burt, of Paris, thought the subject of spermatorrhœa should not be included under the head of urethral discharges, as the condition has no pathological connection with the urethra. Simple urethritis is of exceedingly infrequent occurrence. In treatment there is nothing better than argent. nit., in ¼ per cent. solution. This strength is sufficient to render the discharge innocuous. It is of great advantage to use the urethrometer in treating stricture; and in dilating a stricture, an instrument should be used which can be increased in diameter after it has entered the urethra, because the meatus is of less diameter than the rest of the canal. In most cases, if you cure the stricture, you cure the gleet. Medicated sounds are of very great utility in treating gleet.

Dr. Dupuis, of Kingston, expressed the view, that unless gonococci be discovered by a microscopical examination, it is impossible to distinguish a simple from a specific urethritis. In the treatment of gleet where a stricture is present, it is usually necessary to make an application behind the seat of obstruction. This may be done by means of a strong catheter provided with a closely-fitting piston, which presses out the medicament through the eye. The most useful combination is found to be zinc oxide, calomel, iodoform, bals. Peru and vaseline. The Porte caustique may also be used with excellent results.

Dr. A. W. Johnstone, of Danville, Ky., read a paper on

SOFT MYOMA OF THE UTERUS.

In the diagnosis, all forms of sarcomata and carcinomata must be excluded, and also the hard myomata of the uterus. Soft myoma used to be considered a variety of the hard myoma or fibroid of the uterus. The paper showed that soft myoma is more nearly akin to the mucous polyp, and that it is an homologous growth of the adenoid lining of the uterus. The reader of the article then alluded to the theories of menstruation, and pointed out that it is the erect position of the human female that necessitates menstruation. There is a constant cell development going on in all endometria, and over-development of this adenoid growth, constitutes the soft myoma. A case under the care of Lawson Tait, was here cited, in which a soft myoma occupied the whole of the uterus, the microscope shewing that the growth was formed by the prolifercation of the ultimate fibrils of the cells of the endometrium. These cases are extremely rare, the reader having met with only two cases. They consist of a loose network of fibres enclosing lymph spaces, with also some of the muscle cells of Billroth, the whole forming a soft fluctuating myxomatous mass. Several engravings of microscopical sections were here shown. There are two main causes of these growths.

1st.—A result of the damming back of lymph into the spaces of the adenoid tissue.

2nd.—Unusual development of the uterine follicles. From their peculiar structure, it is evident that tapping and electricity must be alike futile, and the only successful treatment is by early and complete extirpation.

BACTERIA, AND THEIR INFLUENCE ON THE BLOOD AND TISSUES,

was the subject of the next paper, by Dr. Chas. Sheard, who made this a text for a discussion of some obscure features in the history of typhoid fever.

Dr. Mullin, of Hamilton, believed that many cases of typhoid fever would escape diagnosis if the views enunciated in the paper were relied upon in their entirety. Many cases required treatment before the symptoms were fully marked. In his opinion, reliance should be placed upon the assemblage of symptoms, and not upon any single one. As a rule, mild cases were apt to be dangerous ones.

Dr. Henderson, of Kingston, thought that antipyretic remedies, both antipyrine and antifibrine, required to be used with care, as they influenced the heat nerve centres directly in all probability.

Dr. Sheard replied briefly.

To the general regret of the Association, Dr. J. Workman withdrew his paper

ON THE SO-CALLED MORAL INSANITY,

owing to the number of the papers presented, and the fact that the subject was not one of general interest.

Dr. Whiteman, of Shakespeare, followed with a paper on

EMPYEMA,

dealing mainly with the treatment.

In some cases the diagnosis is very obscure, but it may be stated, as a rule, that whenever the patient emaciates, loses appetite and has chills followed by fever, and sweating without obvious cause, a deep abscess may be looked for. Dulness on percussion is not to be relied on absolutely, especially in children. A case of recovery after evacuation of ℥viij of pus, and free drainage was related. When the discharge is very offensive, irrigation with tr. iodine ℥j ad oj is highly beneficial.

Empyema may be double, and when so is much more dangerous, and also much more difficult to diagnose, owing to variations in the character of the note on percussion in different patients.

Several other cases were here cited, in which recovery followed free opening and drainage. With regard to incisions, it is generally better to make two openings so as to allow air to enter and escape freely. One opening may do in a recent case, but not in an old case with strong adhesions. If the surroundings of the patient are kept pure there is but little danger of sepsis. In those cases where it is advisable to irrigate, this may be done by putting in two rubber tubes side by side, and fastening them together with a safety pin. One tube should be about one inch longer than the other, and the fluid should be injected by the longer tube, and allowed a free escape by the shorter.

Dr. T. K. Holmes, of Chatham, Ont., presented a report of twenty-two cases of empyema occurring in his practice, with eight deaths and fourteen recoveries. Four died of phthisis, one each from traumatism, embolism, asphyxia and pyæmia. He recommends that the pus be evacuated as early as possible, by the introduction of a drainage-tube through a single opening made by a large trocar. This maintains free and constant drainage, is simpler than the double opening, and admits of irrigation of the cavity, should this be thought necessary.

A study of the twenty-two cases leads the author to the following conclusions:

1st. The importance of recognizing cases early.

2nd. The necessity of giving free and constant exit to the pus.

3rd. When pus has discharged through the bronchi with no amelioration of the symptoms, an external opening may be followed by the best results.

4th. The most unpromising cases are those occurring in the puerperal state, and those in phthisical subjects.

5th. Resection of the ribs is necessary in but a small class of cases.

6th. The entrance of unpolluted air into the pus cavity does not prevent cases doing well.

7th. Washing out the cavity is unnecessary when the pus is sweet.

EVENING SESSION.

The President introduced Hon. Charles Drury, Minister of Agriculture, to the Association. The honorable gentleman said that he recognized the great influence exercised by the medical profession on the political thought of the country. He congratulated the profession in Ontario on having such a useful and important organization as the Medical Association, assuring his hearers that meetings such as he had addressed cannot but result in good to the people of the province. He was glad of the sympathy extended by the Ontario Government to medical education in the province. He wished the Association all manner of success, taking his seat amid applause.

Dr. McCallum, of London, gave his

NOTES OF CLINICAL INTEREST FROM THE PATHOLOGY OF 1887.

See page 214.

ANATOMY ACT.

It was moved by Dr. Geikie and seconded by Dr. Roe, "That this Association would regard with great satisfaction the modifying of the Anatomy Act by the Legislature of Ontario as soon as possible, so as to make it more efficient in promoting the advancement of medical and surgical science by securing a more adequate supply of anatomical material; the study of anatomy being the basis of all sound medical education."

Dr. Workman wanted to know why the bodies of criminals were not secured in the interests of science. It was disgraceful that medical students were forced to raid graveyards for bodies.

The resolution was carried.

The discussion in medicine was opened by Dr. Mullin, of Hamilton, in a paper on

MALARIA AS THE CAUSE OF DISEASE.

He endeavored to show how often symptoms were ascribed to hidden malarial poison, which were really due to some other trouble, not patent to the eyes of the careless or unmethodical investigator. We do not really know what malaria is, and we should not be in haste to put down a variety of symptoms such as headaches, neuralgias, pain in every locality, etc., etc., to malaria. The diagnosis made is often disproved by the intractability of the peculiar symptom to large and even enormous doses of quinine.

Dr. Workman agreed with the views advanced.

Dr. Richardson stated that he had met with many cases of true malaria during the winter months, about which there could be no mistake, notwithstanding the time of year. In his opinion, malarial poison was more, instead of of less, often the cause of a variety of symptoms.

Dr. Holmes, of Chatham, had met with malaria under many forms; and displaying a great variety of symptoms, singly or grouped. He had proved his diagnosis by the magic influence of a few doses of the sulphate of quinine. Newcomers to a locality were more prone to suffer than the regular inhabitants themselves.

Dr. C. C. Rice, read a paper on

THE SURGICAL TREATMENT OF DISEASES OF THE THROAT,

exhibiting and explaining the latest instruments used in operations in that department of medical science.

Dr. Palmer, Dr. J. E. Graham, and others took part in the discussion.

SECOND DAY.

Dr. Hunt, of Clarksburg, related a case of

IDIOPATHIC GLOSSITIS.

The patient, a farmer, aged 35, contracted a cold, and complained of pain at the root of the tongue, and soreness of the throat. The tongue swelled rapidly, the pulse was rapid and feeble, and deglutition impossible. The neighboring glands were tumefied. Two deep incisions were made on the dorsum, from which blood flowed freely, but no pus was found. The swelling increased until it was found necessary to perform laryngotomy. He improved for two days, but died on the fifth day after operation. In the treatment of such cases, early and free incisions with salines and local use of ice give the best of success. The reader of the paper expressed surprise at the comparative rarity of the affection, considering the exposed position of the tongue.

Dr. McPhedran thought this was explained by the cleansing saliva preventing the ad-

hesion of irritating particles. He had met with several cases, and did not consider it so uncommon as was generally supposed. His cases were treated by incision and free purgation, and the results were good.

Dr. Brock, of Guelph, and Dr. Barrick, of Toronto, treated similar cases with small pieces of ice frequently applied, which rapidly reduced the pain and swelling.

Dr. Metherill, of Freeltown, also advocated the use of ice, instancing the case of a young lady he had attended, and to whom ice was freely given. Dr. Hunt replied.

Dr. C. M. Smith, of Orangeville, read a paper on

A NEW APPLICATION OF SAYRE'S SHORT HIP SPLINT TO COMPOUND FRACTURE OF THE HUMERUS.

The patient, aged 14, had sustained a compound comminuted fracture of the lower end of the humerus with a splitting of the lower fragment into the elbow joint. After adjustment of the fragments the arm was put up in anterior and posterior rectangular splints. Sayre's splint was applied over this with the perineal pad in the axilla and the semicircular steel band upon the anterior rectangular splint in front of the elbow joint. Extension was then maintained by securing the iliac pad to a strong tin shoulder cap, and then turning the thumb-screw in the ratcheted bar. Extensive sloughing occurred over the olecranon and inner condyle, and irrigation with iodoform dressings was resorted to. The splints were removed in five weeks and passive motion practised. The patient was exhibited, and presented an arm in which all the motions were all but perfect.

RUPURED TUBAL FŒTATION

was the title of a paper by Dr. Gardner, of Montreal. He related the case of a woman, aged 29, in whom an extrauterine gestation was diagnosed. One attack of pelvic and abdominal pain was partially recovered from, but a recurrence taking place two weeks later, an operation was decided upon. The application of electricty was precluded in this case by the evident hemorrhage and peritonitis. The abdomen was opened and a quantity of blood clot of varying age, and bloody serum removed. A ragged, friable, granular mass—an expansion of the right fallopian tube—was torn away in attempting to raise it to the edge of the wound to apply a ligature. No ligature was applied. The abdomen and pelvic cavity were washed out and drained. Though the patient's condition was alarming at first, she steadily rallied and made a complete, though tedious, recovery, the tediousness being due to cystitis. On examining the substances that had been removed, a blood-stained fœtus about one inch in length was discovered, as well as ample evidence of chorionic villi. The fœtus had evidently been dead for some time, probably from the date of the first urgent symptoms. The state of things indicated clearly that electricity would have been of no use at any time after the patient called in her doctor.

Dr. Gardner remarked on the difficulty of diagnosis, which probably, however, is not so great as often imagined. The diagnosis having been made, the question of treatment may practically be considered under three heads—fœticide by electricity, abdominal section to remove the fœtation, and expectancy.

Electricity.—The faradic current is to be selected on account of the easiness and simplicity of the application, and the fact that the apparatus is almost always to hand. Though opposed by some eminent abdominal surgeons, there is such a mass of evidence in its favor that its position seems unassailable. A successful case has been published by the author (*Canada Medical and Surgical Journal, August, 1885*).

Abdominal Section.—Mr. Lawson Tait, Dr. Imlach, Dr. Johnstone and others, say that as soon as the diagnosis is made we must open the abdomen. Unfortunately, and this is the strong point of the case for the advocates of immediate section, the first symptoms demanding medical aid may be those of the fatal rupture. There is no doubt that extrauterine fœtation is far more common than is generally supposed, and that rupture with hemorrhage often occurs, and is recovered from by absorption of both blood and fœtus. The author's case goes to prove that even after there is every evidence of the death of the fœtus by electricity, symptoms may subsequently arise to render necessary

abdominal section. It may be premised that the earlier the stage of pregnancy at which fœticide is effected, the less likely are after symptoms to arise.

Expectancy.—Presuming the case to occur in thoroughly experienced and competent hands; the diagnosis to have been made and the symptoms to be severe, an expectant treatment must be condemned. It will be proper only in doubtful cases with mild symptoms.

Dr. Johnstone, of Danville, Ky., thought that the weight of authorities showed that in the majority of cases the expectant plan absolutely failed. At best, all that can be hoped for is the formation of a fistula through which fœtal matters come away, and this is really a living death for three or four years. During this period the patient can never feel safe, for as long as any remnant is left there is danger. This also is the strongest argument against treatment by electricity. Hence, the best treatment in all cases of true diagnosis is an immediate resort to the knife. The mortality in simple cases is not more than ½% in experienced hands. In regard to the moot question, When does rupture take place? Dr. Johnstone expressed the view that what are called premonitory shocks really mean rupture. When such symptoms occur operations should be resorted to at once. In such cases electricity can only do harm. The placenta is not entirely a fœtal structure, and hence killing the fœtus does not stop placental pregnancy. Dr. Johnstone also demonstrated by means of a fresh specimen the peculiarity of the nerve supply of the tube. A large nerve reaches it quite close to the cornu of the uterus. If this nerve be left intact in the operation of removing the tubes and ovaries, menstruation may persist. Hence the necessity of cutting off the tube close to the angle of the uterus.

Dr. Rosebrugh, of Hamilton, related a case of tubal pregnancy of two or three months' standing in which rupture took place, and death followed in thirty hours from collapse. He thought such cases might certainly be saved by prompt treatment.

Dr. Gardner, in reply, supported the plan of treatment by electricity in suitable cases, but would always open the abdomen immediately if peritonitis or any serious symptom set in.

A paper by Dr. Olmsted, of Hamilton, was read by title. It dealt with

THE ANTISEPTIC TREATMENT OF WOUNDS OF THE HAND.

The treatment of this class of injuries by the aseptic or antiseptic method is as important as in the major operations. According to Hamilton, 40% of fractures of the phalanges are treated by amputation, while from observations of cases I feel confident that many more can be saved. In these injuries the practitioner should perfect himself in the technique of asepticism, for, as Gerster says: "It is wicked to attempt to learn the first lessons of aseptic surgery in laparotomy, when, possibly, the surgeon's experience is bought with the life of his trusting patient." The following is the outline of the method used in my cases.

1. The hand and forearm of patient are thoroughly washed with (*a*) soap and water and brush; (*b*) alcohol; (*c*) bichloride solution, 1-1000.

2. Towels wet with 1-2000 bichloride solution, and placed under hand and around forearm.

3. Instruments are soaked for fifteen minutes previous to use in a 5% solution carbolic acid.

4. Ligatures and sutures are fine, Nos. 0 and 1, and soaked in 1-1000 bichloride solution containing 25% of alcohol.

5. If a finger is to be amputated, cocaine ℥ss. of 4% solution) is injected, and circulation arrested by a rubber band which has previously been sterilized.

If the wound is a clean incised one it is cleansed, sutured and sealed with a solution of iodoform in collodion (℥i iodoform to ℥i collodion). The dressings consist of protective, iodoform, moist bichloride gauze, bichloride cotton, splint and bandage.

CASE I. M. J., aged 17.—Injury, lacerated wound of index finger, about ¼ inch of end of finger almost entirely removed; only perhaps 1-16 of attachments being left.

Treatment.—Cleansed parts, brought the edges neatly into apposition by fine catgut, dressed, etc. The result perfect, showing nature's protest against the insatiate monsters, machinery and heroic surgery.

CASE II. W.R., aged 8.—Injury, a compound fracture of second phalanx, and crush of third

phalanx of middle finger. The fracture was an oblique one into the joint, and the superficial tissues were very much torn and impregnated with dirt. Two physicians of good standing had advised amputation as the only treatment.

Treatment.—Conservative. Result, a movable joint and good finger at the end of a month.

Remark.—But, really, why do we not do more to assist our strongest, ally, nature, by at least asking her to assist in the repair of her most admirable production? Any butcher can hew away a mutilated limb, but only the patient student and lover of nature can and will use his best endeavors to carry out her plainly expressed wishes of repair.

Dr. Clark, of the Toronto Asylum, then read a paper entitled,

NEURASTHENIA.

(See page 209.)

ADDRESS BY HON. G. W. ROSS.

At this stage of the proceedings Hon. G. W. Ross, Minister of Education, was introduced to the Association by the President. He spoke of the good work done by the medical profession in the past in securing for the country excellent sanitary conditions and laws, and also alluded in terms of praise to the high standard required of those aiming at getting the diploma of the Medical Council. He would be willing to render all manner of asstistance to the council in effecting further reforms and substantial improvement. (Loud applause.) Young men will find to their cost that Ontario is a country where superficiality is discarded. Thoroughness is especially desired by those acting in the best interests of medical science.

Dr. Bray, of Chatham, was the author of a paper on

UTERINE HYDATDIS.

Illustrated by cases in practice. (See page 213.)

LEUCOCYTHEMIA.

Dr. McPhedran invited the members present to proceed to the library and see a patient of his, who was suffering from leucocythemia.

Dr. Chas. O'Reilly, of the General Hospital, Toronto, then showed a very useful gynæcological and surgical table, explaining its advantages and the simplicity of its construction. The total cost would be about $14. The new City Ambulance was also brought to the door of the building for the inspection of the members of the Association, and was highly approved.

AFTERNOON SESSION.

On the reassembling of the Association in the afteroon,

Dr. Thorburn read his paper entitled

LIFE INSURANCE, AND THE RELATION OF THE PROFESSION THERETO.

The doctor treated this highly important subject in an exhaustive manner, drawing attention to the position occupied by Life Insurance as one of the chief institutions in the country. For this reason, the duty of the medical examiner was to search into every case, without fear or favor, remembering that upon his conscientiousness depends the success of the companies. The examinations were frequently inefficient, and unskilfully made. Tuberculosis is a disease which may be hard to detect, and for which thorough search should be made. The best risks, as a rule, are professional men.

Dr. Herod, of Guelph, while supporting the views advanced in the paper, believed that the inadequacy of the fees paid for examinations by the companies was largely responsible for any want of thoroughness on the part of the physicians.

THE COMMITTEE ON CREDENTIALS.

Dr. Britton, Chairman, read the following report, which he said was ready for presentation since the morning: (1) That it appears in the minutes that the Committee of 1887 made a final report, including the names of all candidates whom they esteemed worthy of membership; (2) That the list found in the copy of the constitution and by-laws is a complete collection of the names of members up to the present time; (3) That signing the register and paying the fee do not constitute membership, the constitution having provided for election by voting; (4) That they have compared said list of members with the register of this year, and recommend the following members as eligible for membership: A. H. Chamberlain, Kelvin; H. W. Meldrum, Ayr; W. J. Logie, London South; W. C. Jef-

fers, Oakwood; S. Scott, Lloydtown; L. Bentley, Toronto; J. Caven, Toronto; J. D. Smith, Tilsonburg; D. P. Bogart, Whitby; D. B. Booth, Odessa; W. A. Richardson, Toronto; J. H. McCullough, Owen Sound; H. C. Cunningham, Toronto; Fife Fowler, Kingston; J. R. Shaw, Norway; H. S. Martin, Erin; J. A. Tuck, Belmore; T. D. Meikle, Mount Forest; W. A. Ross, Barrie; J. M. Jackson, London; R. J. Wilson, Toronto; J. Cascaden, Iona; J. W. Sinclair, St. Mary's; W. J. Roe, Georgetown; R. J. Lockhart, Hespeler; C. J. Hastings, Toronto; C. G. Grafton, Toronto; Helen G. Reynolds, Toronto; D. R. Martin, Toronto; L. D. Closson, Toronto; R. A. Lenoard, Napanee; J. E. Eakins, Belleville; W. G. Sprague, Belleville; J. G. Anderson, Millgrove; J. H. Parsons, Meaford; W. Lapsley, Woburn; D. G. Ruthven, Wallacetown; A. B. McCallum, Toronto; A. Boyle, Lisle; A. J. Johnson, Toronto; W. Ogden, Toronto; J. Olmstead, Hamilton; J. B. McArthur, London; — Gillespie, West Toronto Junction; W. B. Thistle, Toronto; J. W. Peaker, Toronto; A. G. Machell, Owen Sound; J. J. Brown, Owen Sound; H. S. Clarke, Lucan; W. R. Walters, East Toronto; G. Schmidt, New Hamburg; J. Harvey, Orangeville; Sir James Grant, Ottawa; C. Cuthbertson, Toronto; H. E. Drummond, Pontypool; H. W. Aikens, Toronto; R. L. Stewart, Bolton; W. B. Lindsay, Strathroy; — Stacey, Acton; — Grant, Beaverton; — Young, Toronto; G. A. Barclay, Parkhill; D. J. Grant, Gravenhurst; — Loughead, Petrolea.

The Committee stated that its sphere was confined to passing on the character of those asking for membership, and not to making enquiry into the status and professional conduct of those already members.

Report concluded:

"That rules of order 6 and 7 had not heretofore been strictly observed; the mode of admission of members has, therefore, been informal, irregular, embrassing to the Committee and, if persisted in, may allow of the introduction of persons unworthy of a place in this Association."

It was moved by Drs. Powell and Miller:— "That the Committee on Ethics be requested to consider the names of those who have this year signed the register and tendered their fees, and who, having at some time in the past been admitted to membership, have not now been passed upon by the Committee on Credentials; also that the report of the Committee be made to this Association at half-past four this afternoon." Carried.

Dr. MacFarlane, of Toronto, read a paper on

LAPAROTOMY IN ACUTE INTESTINAL OBSTRUCTION.

Up to the present time, the treatment of such cases has been eminently unsatisfactory. Cases in support of this fact were cited. In one, an oblique inguinal hernia was reduced after very great difficulty. The bowel, however, had evidently been gangrenous, as several inches of the gut were passed per rectum some days later. In spite of this, the patient recovered. Another case in which a woman lived 59 days with an obstructed bowel, was also given, in which operation would probably have been beneficial. The author held that the means usually employed to cause the bowels to act in such cases are unphilosophical, and expressed the opinion that the only rational, scientific treatment is by the operation of laparotomy. The importance of strictly aseptic surroundings, and care in the operation were enjoined, and the steps of the operation described. After making a free median incision, the distended bowels should be retained by warm sponges or towels, and the hand introduced to find the seat of obstruction. All the hernial openings should be first examined, and then commencing at the cæcum, the hand should follow up the small intestines until the seat of obstruction is reached. If a part of the bowel is gangrenous, the question lies between making an artificial anus, and exsecting a portion of the bowel. notwithstanding that the author had had but one case of enterectomy and that unsuccessful, he still advocated this plan of procedure, in preference to the establishment of an artificial anus. Three cases were then cited, of which one died of suppression of urine, one was successful, the patient being at work in fourteen days, and the other died on the third day from peritonitis. In conclusion, the writer urged the importance of early operation, as gangrene of the bowel has been known to occur within thirty-six hours

after obstruction. The urine should be examined microscopically for casts, as otherwise advanced disease of the kidney may be overlooked, as in one of the cases cited.

Discussion.—Dr. Yeomans, of Mount Forest, divided these cases for diagnostic purposes into two classes, viz: 1. Mechanical, such as volvulus, intussusception, hernia with strangulation, etc. 2. Inflammatory, as peritonitis, enteritis, typhilitis, etc. In cases belonging to the first class he would recommend operaton; in those of the second class, the expectant plan must be followed. If the obstruction is in the region of the ileocæcal valve, a tumor may usually be detected, and when such is the case, he would prefer a lateral to a median incision.

Dr. Richardson, of Toronto, had no positive, but much negative, evidence to give in such cases. He had seen many cases go to their death for want of operation, but he had never seen a case relieved spontaneously. Hence operation is to be recommended in all cases where there is any probability of affording relief. He related an interesting case in which obstruction had been caused by an accumulation of gas between the mucous and muscular coats, so as to press the mucous membrane of one side against that of the other, thus completely occluding the passage. The gas had reached this position through a small ulcer in the mucous coat. In cases of intussusception in children, it is absolutely necessary to operate early, otherwise it will be impossible to draw back the invaginated bowel, owing to congestion and constriction of the parts.

Dr. Grasett, of Toronto, referred to the importance of stitching up the abdomen carefully to prevent the separation of the lips of the wound, when distension took place.

Dr. Hunt, of Clarksburg, related several cases in which recovery, after apparently hopeless obstruction, took place under treatment. He therefore, would not operate in all cases.

A paper on

THE DIAGNOSIS OF OBSCURE PELVIC AILMENTS,

was read by Dr. A. A. Macdonald, of Toronto. The views expressed were discussed by Dr. Yeomans, Mount Forest, Dr. Richardson, Dr. Hunt, Clarksburg, and the President.

Dr. Temple, of Toronto, read a paper on

THE USE OF PESSARIES.

Formerly he was in the habit of using them very extensively, but recently he found that many of the cases in which he once used them could be more advantageously treated without them. There is reason to fear that in the hands of the general practitioner the pessary is sometimes used injudiciously, to the exclusion of other meaures. The use of the pessary calls for a very careful consideration of the general state of health of the patient, as well as of the condition of the pelvic organs. The natural movable state of the uterus must be remembered, and the tendency towards its downward displacement by the dragging of clothing suspended from the waist. A healthy uterus should not be felt by the person at all; but when it becomes fixed by adhesions, or pressed upon by an ill-fitting pessary, or when it becomes displaced, the nerves of the part are stretched or pressed upon, causing neuralgias, derangement of menses and bladder affections. Hence pessaries are only useful as aids in selected cases. Of the many varieties of pessaries none is more generally useful than Hodge's. The use of the intra-uterine stem pessary requires more care and watchfulness. Before inserting a pessary, careful examination of the pelvis should be made to see if there is any inflammation present; the perineum should be examined for lacerations, the size of the os in length and breadth must be noted, and a pessary of the appropriate size and shape selected. The uterus must be placed in the proper position before the instrument is adjusted. If pain is caused the pessary must be removed by the patient at once, by means of a string attached for that purpose. As a rule, a pessary should not be worn for more than eight or ten weeks. If the uterus is bound down by adhesions do not put in a pessary at once, but use tampons for a time until the adhesions yield. Sheep's wool is infinitely better than a pessary in some cases, especially in virgins. Above all, the general health of the patient must be attended to.

PUERPERAL ECLAMPSIA

was the title of a paper by Dr. Irving, of Kirkton, in which he related the history of a

case, where he and another physician had endeavored by frequent doses of morphia, and many other means, to put an end to the convulsions, and when almost in despair had administered pilocarpin. This produced profuse diaphoresis, sleep, and quiet, followed by complete recovery.

Dr. Walker, of Dundas, had used injections of three grains of morphia in three cases, with perfect success, there being an immediate dispearance of the symptoms.

COMMITTEE ON ETHICS.

Dr. McFarlane read the following report of the Committee on Ethics.

The first clause was that the Medical Association of Ontario should frame a code of ethics to take special cognizance of the following points.

CLAUSE 2.—That of signs displayed outside churches with the names of certain practitioners painted on them.

It was pointed out that the clause said nothing either by way of censure or praise. It was decided that the word "certain" be altered to "any," and that it apply to any and all public places, and be condsidered by the new code on ethics.

CLAUSE 3.—That the practitioners employed by the various clubs should be remunerated in a proper manner by the different clubs.

The Association thought that the fees paid medical men by insurance companies and others were too small, and should be augmented. The clause was carried.

CLAUSE 4.—To signs displayed by practitioners outside their houses and to advertisements in the daily papers.

Dr. Richardson thought it absurd that a man could not put a sign outside his own house and advertise in a legitimate manner in the papers. Dr. Sheard moving, as an amendment, that the practitioners be allowed to put a professional sign outside their private houses stating hours of attendance only, and to put a card in the papers; but that the advertising of specialists be denounced as derogatory to the dignity of the profession. The amendment was carried.

CLAUSE 5.—The posting of handbills and dodgers about or outside the city by practitioners on change of residence. The clause was carried.

CLAUSE 6.—To the advertisement of a certain dispensary in the city for diseases of women, and notifying the public that the advice given was free and that students were not admitted.

Drs. R. A. Reeve and J. E. Graham moved, that the committee be instructed to define the limits to which specialists could go in the matter of advertising. The clause was carried.

EVENING SESSION.

The Association was called to order at 8 p.m.

Dr. J. H. Richardson was then called upon to read his paper, entitled

CORONERS' INQUESTS,

in which he forcibly and firmly maintained that the present system was wrong in principle and action. It could not be expected of any ordinary practitioner to acquire and retain the extensive medical and legal knowledge which were necessary to thorough investigation, and to a proper judgment upon the merits of the cases brought up for trial. Division of labor is necessary to secure accurate knowledge. Experts in medical jurisprudence are what the country requires. The coroner's true functions should be to throw light on the cause of death, and let the legal questions of the case be left to lawyers. In regard to the medical examinations, too little time is allowed for them, and the reports presented showed lack of intelligence, thus frustrating the ends of justice. The coroner's jury was a farce, which through ignorance on its own part became a hindrance, and certainly a nullity. In order to remedy this state of affairs, the author of the paper recommended:

1. That the coroner's jury be abolished.
2. That the coroner be divested of all legal functions.
3. That there be associate coroners in every case.
4. That the *post mortems* be performed by thoroughly qualified men.
5. That the coroner give a written opinion upon each case, based upon the collective evidence, in whatever way obtained.

Dr. N. A. Powell, Toronto, stated that, not-

withstanding the dark picture presented in the picture, matters were in a much better state than formerly, when a coroner need by no means be a medical man. However, the present coroner's preliminary oath was defective, and prevented investigation into cases which otherwise would seem to warrant it. The system lately adopted in Massachusetts, U.S., was by commissioners, the medical and the legal aspects of the case being submitted to the judge by different persons, especially selected, and having special functions for examination, and abundance of time.

Dr. Johnson maintained that the jury was not at fault for the failure of justice, but the higher authorities, who pigeonholed the verdicts without taking action thereon. After defending the present system against the points mentioned in the paper, he recommended that special detectives be detailed for the coroner's courts.

Dr. Bray, of Chatham, and Dr. Herod, Guelph, stated that they had never taken the present preliminary oath, and never would; they merely acted when ordered by the crown attorney. The oath was not a proper one.

Dr. Duncan was dissatisfied with the present law.

Dr. Powell, seconded by Dr. Oldright, then moved as follows, the resolution being carried: That a special committee be appointed to take into consideration the whole subject of the medico-legal investigations of violent or suspicious deaths, with instructions to report at next annual meeting of this Association the draft of a bill embodying such changes in, or substitution for, the present Coroner's Act, as may seem desirable. The bill so to be prepared may, after receiving the endorsation of this Association, be presented for the consideration of the Ontario Government. The following are named members of this special committee, which has power given it to add to its numbers: Dr. J. H. Richardson, Toronto; Dr. Henderson, Kingston; Dr. Johnson, Toronto; Dr. W. Philp, Hamilton; Dr. C. W. Covernton, Dr. White, Dr. J. H. Cameron, Dr. Duncan and Dr. Powell.

Dr. White resigned from his position as Secretary of the Association.

Dr. Richardson moved that Dr. White's resignation be accepted, and that he be tendered the hearty thanks of the Society for his services during the last nine years.

The motion was carried.

On motion, Dr. White was granted an honorarium of $100, for his services during the past year.

THE ELECTION OF OFFICERS

then took place, and resulted as follows:

President—Dr. W. H. Henderson, Kingston.

First Vice-President, Dr. Geikie, Toronto.

Second Vice-President—Dr. Howitt, Guelph.

Third Vice-President—Dr. Day, Trenton.

Fourth Vice-President—Dr. Aikman, Collingwood.

Corresponding Secretaries—Dr. Lovitt, Ayr: Gillies, Teeswater; Trimble, Queenston, and Leonard Napanee.

General Secretary—Dr. Wishart, Toronto.

Treasurer—Dr. N. A. Powell, Toronto.

The Treasurer's report was read, showing the annual receipts to have been $502, and that there is a balance, after all demands were met, of $227.59.

On motion of Dr. McPhedran, seconded by Dr. McCallum, of London, the following gentlemen were named a temporary Committee on Therapeutics:—Drs. Wishart, Thorburn and Davison, Toronto; Dr. Meek, London, and Dr. Irwin, Kingston.

Notice of motion was given by Dr. Ross, seconded by Dr. Graham, "That in future the Commmitee on Nominations be elected by ballot at each meeting of the Association."

On motion, Dr. Wyeth's paper on

PLASTIC OPERATIONS

for closure of urethro-rectal fistulæ, was read by title.

Notice of motion was given by Dr. Jas. F. W. Ross, seconded by Dr. McPhedran, "That in future this Association be divided into medical and surgical sections. Medical and surgical diseases of women to be discussed in their corresponding separate sections, the meetings to be presided over by either the President or Vice-President. The sections to appoint their own secretaries."

Dr. Oldright gave notice of motion, "That the

transactions of this Associatson shall hereafter be printed."

The retiring President introduced the newly-elected President to the Association, after which the meeting was declared at an end.

The next meeting will be held in Toronto, a report to that effect having been adopted.

COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO.

ANNUAL MEETING OF THE COUNCIL.

TUESDAY, June 12th, 1888.

The Medical Council of the College of Physicians and Surgeons of Ontario met this day at 2 o'clock p.m.

Dr. Burns was elected President; Dr. Cranston, Vice-President; Dr. Pyne was re-elected Secretary; Dr. W. T. Aikins, Treasurer, and B. B. Osler, Esq., Solicitor.

The Committee on Credentials reported that Dr. James MacArthur, of London, Ont., was duly elected to represent the Territorial Division of Malahide and Tecumseh.

Report adopted.

Moved by Dr. Bray, seconded by Dr. Moore, "That the following be a committee to strike standing committees for the present year: Drs. Henry, Geikie, Buchan, Rosebrugh, Philip, Bergin, Henderson, Logan, Fenwick, and the mover." Carried.

Moved by Dr. Day, seconded by Dr. Logan, "That the portion of the Report relating to the executive be struck out, and that the said Committee be appointed on the last day of the present Session, and that this motion be sufficient notice to do the same." Carried.

The following notices of motions were given:

Dr. Russell, *Re* retaining Solicitor for Malpractice Cases.

Dr. Orr, *Re* for re-arranging Territorial Districts.

On motion, Drs. Fowler, Wright, Fenwick, Williams and Cranston, were appointed a deputation to the Ontario Government to draw the attention of the Government to the pressing necessity which exists in the interest of medical education to have the Anatomy Act amended.

Dr. Bray's motion, "That two professional examinations be held each year, in April and October," was referred to Committee on Education.

On motion of Dr. Bergin, it was resolved, that a return showing the number of candidates for matriculation and registration during the last three years be prepared, giving the number passed and the number rejected.

On motion of Dr. Day, a resolution was presented to Sir James Grant, congratulating him on the honor of knighthood conferred upon him. Sir James made a sustable reply.

Dr. Cranston moved that Mr. W. Webb be appointed prosecutor for the ensuing year, and that he be granted a salary instead of a percentage of fines for his services.

Referred to Finance Committee.

Moved by Dr. Bray, seconded by Dr. Moore, "That two addditional examiners be appointed, one on Clinical Surgery, and one on Clinical Medicine."

Referred to Educational Committee.

Moved by Dr. Fenwick, seconded by Dr. Bray, "That a By-law be passed by this Council to so compensate the medical students of the Western University their travelling expenses from London and return, they being put to extra expense to obtain their primary and final examinations, as compared with the expenses of those attending other medical schools."

Referred to Finance Committee.

THURSDAY, 14th June, 1888.

NOTICES OF MOTION.

Dr. J. E. Graham addressed the Council *Re* use of Vestibule Hall of Council Chamber for meetings of Toronto Medical Society.

Referred to Finance Committee.

On motion of Dr. Ruttan, Drs. Grant, Moore, Cranston and Logan were appointed a committee to wait upon the Minister of Finance, to have the duty on surgical instruments reduced or removed.

A resolution of regret at the resignation of Dr. Edwards was passed.

The Council, as Committee of the Whole, received Reports of Committee on Rules and Regulation and Committee of Education.

The Council met again at 2. p.m.

President in the chair.

A motion, that the Solicitor be instructed to prepare a bill or amendment to the Municipal Act, making it obligatory for municipalities to pay for medicine and medical attendance of its poor, was referred to Legislative Committee.

Dr. Cranston presented the Report of the Executive Committee, *re* appointment of a public prosecutor, and the matriculation examination.

Report adopted.

The Committee appointed to wait on the Government *Re* amendments to the Anatomy Act, reported that they had received assurances from the Government that the matter would receive due consideration.

FRIDAY, June 15th, 1888.

A By-law was passed, enacting that one dollar be levied on every member of the College of Physicians and Surgeons of Ontario.

The Building Committee reported that the work of construction has been carried on as rapidly as was in their power, and so far successfully that the Spring Examinations in Toronto were held in Examination Hall, where the accommodation furnished appeared to meet satisfactorily the requirements, and that space for the seating of 212 candidates was provided. The heating, ventilation, and light being satisfactory. That, acting on the instructions of the Council, the "deadening" of the Council Chamber and Examination Hall has received the attention of your Committee, and has, it is hoped, been satisfactorily accomplished.

3. The plans and specifications adopted by the Committee have been found ample. No extras have been allowed, except speaking tubes at a cost of about $250.

4. Provision will be made for putting in an elevator.

5. Suitable equipments will be required for the conducting of the examinations, and $1,000 is now granted for such purpose. So far $52,000 has been expended.

Report adopted, clause by clause.

On motion, the same Building Committee was re-appointed for another year.

On motion of Dr. Williams, a committee was appointed to consider the terms of admission of British registered practitioners.

The Committee on Discipline reported that no complaints had been brought before them.

The Committee of Rules and Regulations reported, requesting permission to delay the printing of the Revised Rules and Regulations till the next Annual Meeting.

Dr. Philip presented Report of Finance Committee, which, on motion, was referred to Committee of the Whole.

The Treasurer's Report showed a balance on hand of $3,004.51, the sum of $25,000 having been borrowed on mortgage, and $32,463 having been expended on the new building.

The Finance Committee reported that they had examined the Treasurer's books, and had found them to be correct. This Committee recommended that the motion that railway fares be paid to students of Western University attending the examinations of Council be not granted; that the Toronto Medical Society be granted the use of the Hall of Council Chamber for the meeting of their Society.

The Committee presented also the following statement of assets and liabilities:—

ASSETS.

Site of building	$25,000 00
New building, so far completed	53,000 00
Assessment dues	7,500 00
Cash in bank	3,004 51

LIABILITIES.

Mortgage	$50,000 00
Accounts to be paid	1,456 00
Expenses of present session	1,900 00
Showing balance of	36,147 81

The Report of Committee of Whole was adopted.

The Registration Committee reported, and report was adopted. The Registrar was instructed to simply acknowledge the receipt of a communication from the Registrar of the College of Physicians and Surgeons of Manitoba, asking for reciprocity.

Council adjourned for half an hour,

Council met at 10.15 p.m., President in the chair.

Moved by Dr. Bray, seconded by Dr. Bergin, "That Drs. Burns, Cranston and Campbell compose the Executive Committee for the ensuing year." Carried.

Dr. Wright gave notice that he would move that the Registrar examine the credentials of all students for examination.

Dr. Williams presented the Report of the Education Committee, which was received.

A motion, that Dr. Pyne be paid the usual per cent. for attending to the leasing of rooms of the new building, was carried.

The third Report of the Education Committee was received and adopted. In this report the Committee recommended that the Council Examinations be held annually as at present, but that the examinations be held on the second Tuesday of April, in place of the first Tuesday. The Committee also recommended the appointment of additional examiners on Clinical Surgery and Clinical Medicine. The Committee recommended that the students passing the examinations of July 3rd be entered, though clause one of announcement requires that they be entered by the 1st of July.

On motion, the Executive Coommittee were instructed to make arrangements for paying examiners.

Drs. Harris, Buchan, Wright, Geikie and Bergin, were appointed a Committee to consider and report on the method of paying examiners.

The minutes were then read and confirmed.

Book Notices.

State Board of Health Bulletin. Nashville, Tenn.

The Causation of Pneumonia. By HENRY B. BAKER, M.D. Lansing, Mich. (Reprint.)

On Exercise for Prevention and Cure of Deformities. By A. H. P. LEUF, M.D. Philadelphia. (Reprint.)

Water. Its Impurities, Gathered from the Air and Earth. By C. W. MOORE, M.D. San Francisco, 1888.

Nineteenth Annual Report of the State Board of Health, of Massachusetts. Boston: Wright & Porter, printers. 1888.

Sixth Annual Announcement of the Philadelphia Polyclinic and College for Graduates in Medicine. Session 1888-1889.

Catalogue of the Alumni, from 1834 to 1884, of the Medical Department of the Tulane University of Louisiana. New Orleans. 1888.

Effects of Food Preservatives on the Action of Diastase, Pancreatic Extract and Pepsin—Food Laws. Both by HENRY TEFFMANN, M.D.

The Relation of Alimentation and Disease. By J. H. SALISBURY, A.M., M.D., LL.D. New York: J. H. Vail & Co., 1888; Toronto: J. E. Bryant & Co., 64 Bay Street.

The University Medical Magazine. Edited under the auspices of the Alumni and Faculty of Medicine of the University of Pennsylvania, will be issued October 1st, 1888.

Fourteenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the year ending September 30th, 1886. Lansing, Mich. Thorp & Godfrey, printers. 1888.

Ophthalmic Surgery By R. B. CARTER and W. A. FROST, London. Lea Bros. & Co., Philadelphia.

This is one of the series of Clinical Manuals for practitioners and students, issued by this well-known house, and well fulfils the aim had in view. The authors have succeeded in giving in their moderate compass, an admirable account of Ophthalmology, embracing nearly all the recent advances of any importance.

The Physician's Bedside Record comprises a page for the preliminary history of the case; twenty-eight pages, for the recording of as many days' observations, ruled one line for each hour of the day, with spaces for pulse, temperature, respiration, medicine, notes of nurse, and directions and notes of physician; following these are three closely ruled pages for the physician's notes or history of the case; and, concluding, there is a chart for a tracing of the pulse, temperature and respiration, showing at a glance the variation for each day

of the disease. Price 50 cents per dozen. Published by the Plimpton Manufacturing Co., Hartford, Conn.

The Surgical Diseases of the Genito-Urinary Organs, Including Syphilis. By E. L. KEYES, A.M., M.D. A revision of Van Buren and Keyes' text-book upon the same subjects. New York: D. Appleton & Co., 1888; Toronto: J. E. Bryant & Co.

The original book was issued in 1874, since which date many advances have been made in this branch of surgery; Litholapaxy has been introduced—Supra-pubic Cystotomy has been revived. The surgery of the kidney has been remodelled, and many other changes made in the treatment of varicocele and genito-urinary diseases in general, all of which is fully entered into by this well and widely known author in this admirable revision.

Anatomy, Descriptive and Surgical. By HENRY GRAY, F.R.S. The drawings by H. V. Carter, M.D.; edited by T. Pickering Pick, an American from the eleventh English edition, thoroughly revised and re-edited, with additions by W. W. Keen, M.D., to which is added Landmarks, Medical and Surgical, by Luther Holden, F.R.C.S. Philadelphia: Lea Bros. & Co.

Dr. Keen, in the preface, states, "In the section on the Brain, I rejected the English cuts showing the sulci and convolutions, and substituted the more accurate and generally adopted plates of Ecker. I have also carefully described the cerebral circulation, and have added a section on Cerebral Localization and Topography." One hundred and thirteen new engravings have been added. The text has been prefaced with a paper on "The Systematic Use of the Living Model in Teaching Anatomy."

Studies in Pathological Anatomy. Especially in Relation to Laryngeal Neoplasms. By R. NORRIS WOLFENDEN, M.D., and SIDNEY MARTIN, M.D. London: J. & A. Churchill. 1888.

This work will be presented to the profession in several volumes, the first of which has just come to hand. These studies are to be devoted to the practical aspect of the pathological anatomy of diseases of the throat. A great deal has already been written on the anatomy and pathology of laryngeal neoplasms; but, judging from the present volume, these studies will be very much more complete than any that have heretofore appeared. The first volume is allotted to papilloma. A description is given of the method of staining for examination with the microscope, also a very careful account of the microscopic appearance, supplemented by a number of beautiful chromolithographic plates. If the first volume is a sample, the series, when completed, will be most valuable to the pathologist.

The Language of Medicine, a manual giving the origin, etymology, pronunciation, and meaning of the technical terms found in medical literature, by F. R. CAMPBELL, A.M., M.D., Professor of Materia Medica and Therapeutics, Medical Department of Niagara University, New York. D. Appleton & Co., 1888. Toronto: J. E. Bryant & Co.

The object of the work is to provide the medical student with a suitable means of acquiring the vocabulary of his science—a brief history of medicine from a linguistic point of view, is given in order that the sources of technical words may be known. In the second part will be found the majority of the Latin words used in medical works. In part fourth are collected the majority of the words transferred from the modern foreign languages into the medical vocabulary. This highly-to-be-commended volume will be found most useful to those medical students who have not had a thorough classical or university education, and interesting to all students of medical lore.

Lectures on Diseases of the Heart. By ALONZO CLARK, M.D., LL.D. E. B. Treat, New York.

This book contains the substance of lectures upon "Diseases of the Heart," delivered at the College of Physicians and Surgeons, New York. Many members of the profession in this Province who have had the privilege of hearing Dr. Clark, will be glad to read this work. The author was a clear and practical lecturer. Although he was always ready to listen to new views and theories, he did not introduce them into his lectures until he had personally become impressed with their truth.

The book before us is principally taken up

with the organic diseases of the heart. A short chapter is given to functional derangements. In this age irregular or irritable heart's action is of such frequent occurrence that one would like to see greater attention paid to it by clinical writers. We can recommend these lectures as an exhaustive and reliable work on diseases of the heart.

A Practical Treatise on Diseases of the Skin, for the use of Students and Practitioners. Second edition, thoroughly revised and enlarged. By JAMES NEVINS HYDE, A.M., M.D., Professor of skin and venereal diseases, Rush Medical College. Philadelphia: Lea Brothers & Co., 1888. Toronto: J. E. Bryant & Co.

It is but a short time since the first edition of this treatise was issued, founded on the teaching of the second great Vienna School of Medicine, with Hebra as the master of this branch of medical science, it met with success. The author has carefully revised each page, has added new chapters on cutaneous disorders, nameless but a few years ago, and has conformed to the classification adopted by the American Dermatological Association; many pages have been added, together with a number of new woodcuts, and two portraits of rare diseases of the skin in colored plates (nævus lipomatodes and xanthoma). The parasites receive due notice, and the ravages of the bed-bug, flea and mosquito, or to be more scientific, the cimex-lectularius, pulex irritans and culex pipiens, are remembered. This treatise will prove to be a safe guide to all students of dermatology.

Diseases of Man, Data of their Nomenclature, Classification and Genesis. By JOHN W. S. GOULEY, M.D., Surgeon to Bellevue Hospital. New York: J. H. Vail & Co., 21 Astor Place, 1888. Toronto: J. E. Bryant.

The objects of this work are, to urge the official adoption of a stable basis for the nomenclature and classification of the diseases of man; to awaken the attention of teachers to the necessity of ameliorating the nomenclature of medicine, and to place before the medical profession certain propositions directed to an improved classification of disease. The book is divided into five sections. Section I., deals with the definition of medicine, a classification of the science and art of medicine, definition of disease, a synopsis of the morbid states and morbific processes of the body. Section II., treats of human nosography. Section III., of nosographical bibliography. Sections IV. and V., are alike interesting. In the latter is included a review of the morbid states and morbific processes, the bacteria, ptomaines, leucomaines, and extractives. It is a very timely and instructive little volume of over four hundred pages, containing all the more recently coined words necessitated by advances made in biological science.

The Rules of Aseptic and Antiseptic Surgery. A practical treatise for the use of students and the general practitioner. By ARPAD G. GERSTER, M.D. Illustrated with 248 engravings and three chromo-lithographic plates. New York: D. Appleton & Co., 1888.

This work of Dr. Gerster, who made so favorable an impression upon the members of the Ontario Medical Association a year ago, has been received everywhere in terms of approval and commendation. In the author's own words, "The leading idea, traceable through all the matter contained in the book, is to illustrate the incisive practical changes that the adoption of aseptic and antiseptic methods has wrought in surgical therapy," and it is the pleasing duty of the reviewer to record his testimony as to the entirely satisfactory manner in which the idea has been fulfilled. Part I. is devoted to Asepsis, and the first chapter discusses, though not profoundly, what sepsis and asepsis are. Chapter II. is devoted to aseptic wounds and aseptic treatment, giving rules for surgical cleanliness of hands, instruments, wounds, sponges; a description of materials for ligatures and sutures, drainage-tubes, lotions, dressings, their preparation and application, Chapter III. deals with soiled wounds and antiseptic treatment. Chapter IV., with special rules regarding the treatment of accidental wounds; and Chapter V. details at considerable length the special application of the aseptic method in nearly all the operations of surgery, even down to hydrocele and catheterism.

The second part of the book is entitled Antisepsis, and Chapter VI. describes the natural history of Idopathic suppuration, and the treat-

ment of Phlegmon in all its forms; relegating to Chapter VII Erysipelas and Pseudo Erysipelas alone. In Part III., Chapter VIII., Tuberculosis, its aseptic and antiseptic treatment is considered; and in Part IV. Chapter IX., Gonorrhœa; in Part V., Chapter X., Syphilis. The work is essentially practical throughout, and not profound. The author frankly admits that the methods he advises are not the only ones which command success, but are such as have been devised and recommended by high authority and corroborated by his personal experience. The typography is excellent, and the general get-up good; but to call the numerous photographs, so liberally interspersed in the text, illustrations, could certainly be justified only on the principle of *lucus a non lucendo.*

Personal.

At the annual Convocation of Toronto University, held June 12th, G. W. Jackes and P. G. Meldrum, received the M.D. degree.

Dr. James Cameron Connell, late assistant to Dr. Mettendorf, of New York, has commenced the practice of his specialty in Kingston.

R. Ramsay Wright, M.A., B.Sc., Professor of General Biology and Physiology in the University of Toronto, has been elected a member of the Imperial Society of Naturalists of Moscow. This is one of the oldest Russian Scientific Societies, and includes in the roll of its foreign members some very distinguished names.

Miscellaneous.

An order which a little girl presented to a Lewiston (Me.) druggist, the other day, read: "Mister Druggist,—Please send ipecac enough to throw up a four-year-old girl."—*Medical Register.*

"Professor, what are your views concerning the schools of medicine and theology?"

Professor.—"That depends upon circumstances. When I am slightly ill, I am a homœopathist and a Unitarian; but when I am very sick, I am an allopath and a Calvinist."—*Ex.*

The time has gone by for the study and discussion of inebriety from an exclusive moral standpoint. There is a scientific side which cannot be ignored, and the physician and reformer who fails to realize the progress in this direction is unwise, and has fallen behind in the march of civilization.—*Journal of Inebriety.*

M. Pilliet, of Paris, has been making some studies into the histological lesions which follow from morphine poisoning. The lesions were principally in the liver and brain. In the liver there was fatty degeneration of the cells. The cells of the gall-bladder were also fatty. In the brain there were tracts of granular bodies which penetrated into the substance of the brain. Many of the large cells were fatty and atrophied. —*Journal of Inebriety.*

At the recent Medical Convocation of Toronto University, two Whitby boys, Messrs. J. H. Collins and L. F. Barker, got the 1st scholarship of the 3rd and 2nd years respectively. For four years previously the 1st year scholarships had been taken by Whitby boys. In 1884, W. D. Greene, got the 1st scholarship; in 1885, J. A. Palmer, got 2nd scholarship; in 1886, J. H. Collins got 1st; and in 1887, L. F. Barker took 1st, J. H. Collins taking 2nd in the same year at same examination. This year's sweep of 2nd and 3rd year scholarships by Collins and Barker completes an interesting series of successes for Whitby young men.—*From the Whitby Chronicle*

Abstract from Report of Committee on Best Methods of Executing Criminals.—The committee report (*Medico Legal Journal*) c

That hanging should be abolished as cruel, and contrary to the public sense of our civilization.

That as a substitute for the present death penalty, we would recommend:

1. Death by the electric current; or,

2. Death by hypodermatic, or other injection of poison; or,

3. Death by carbonic oxide gas injected into

a small room in each jail, as recommended by Prof. John H. Packard (Med.-Leg. Papers, vol. 3, p. 521), giving our preference to the first, or death by the electric current.

That in our judgment executions should be private and not public.

That if it were possible to prevent the publication of details of executions in the public press, it would be a public good.

WOOD-WOOL SHEETS FOR ACCOUCHEMENT.—These recently devised sheets are composed of a thick layer of wood-wool, enclosed in a gauze cover. They absorb discharges readily, deodorize all offensive matter, and are far more comfortable than rubber sheets. They are made at present in London.—*Med. News.*

PAUSES.—One of the best instances of pause occurred in a letter received by a popular physician. This gentleman was pleased with a certain aerated water; and by his recommendations, he managed to secure for it some celebrity. For this, he expected neither reward nor thanks. Imagine his surprise, therefore, when he received one day from the makers of the aerated water an effusive letter, stating that his kind recommendations had done so much good that they ventured to send a hundred—(here the page turned over). "This will never do," said the doctor. "It is very kind, but I will never think of accepting anything." Here he turned the page, and found the sentence ran—"of our circulars for distribution.—*Chambers's Journal.*

SACREDNESS OF PROFESSIONAL CONFIDENCES.—The laws themselves recognize the sacredness of professional secrets, and indeed go so far, in some States, at least, as to reject as incompetent any testimony offered in court by a professional man, to facts that have come to his knowledge in his professional capacity. The professions thus privileged are those of law, medicine and divinity. The fact is recognized that professional men cannot render their peculiar services, in many cases, without being put in possession of information which might be incriminating to their clients, and the betrayal of such secrets would be tantamount to compelling a man to testify against himself.—*The Pharmaceutical Era.*

BILL NYE AS A SCIENTIST.—He thus elucidates a knotty point in anatomy for a Louisiana man:

Mr. Wm. Nye, New York City:

DEAR SIR,—Knowing the vast extent of your attainments in the domain of natural science, and being myself an earnest seeker after truth in the same field, I feel free to ask you to explain the meaning of the following sentence, which you will find at page 35, in chapter iii, of a book on "Comparative Anatomy and Physiology," by F. Jeffrey Bell, M.A., Professor of King's College:

"It happens to many gastrulæ that, their blastopore closing up, they develope an investment of cilia on their epiblast and swim about for a time freely in the water."

If you can shed any light upon the meaning of this sentence, you will confer a favor upon,

Yours respectfully, JAS. KERSON.

Marksville, La., Nov. 7, 1887.

I understand the above perfectly well, but I do not know that I can make it clear to you through the medium of the press. I would much rather see you personally and explain it to you. If I could take you into my laboratory for an hour or two, I could give you a better idea than I can in a limited space here. Could you not come on to New York and have this matter settled?

Gastrulæ, as you know, are of two classes, viz: malignant and intermittent. It is the first class that is most likely to get their blastopore plugged up. Then trouble begins. Cilia begins to erupt on the epiblast, and microbes break out all over the duplex. You can't be too careful about this. A blastopore, if I've got the right idea of what a blastopore is, should be brought in every night, or the boys may get hold of it and plug it before it is ripe. I would rather see an epiblast of mine, or a blastopore, or a gastrulæ for that matter, in its grave, than mixed up with an investment of cilia or any other doubtful financial matter. BILL NYE.

—*New York World.*

THE TREATMENT OF ULCERS.—An article appeared in the *London Medical Record* for December 15, 1887, giving interesting details of the treatment of ulcers by phosphoric acid, as shown by the experience of Dr. Grossich. By his method of treatment, he used a ten per cent. solution of pure phosphoric acid in distilled water. The ulcer is covered with a bit of lint dipped in this solution, and the dressing renewed three or four times a day. The patient, for the first few minutes, feels a slight burning sensation, but this soon passes, and within twenty-four or thirty-six hours, the ulcer cleans, and looks better. Inflammation or eczema of the surrounding parts disappears, and pruritus ceases. The ulcer cicatrizes rapidly, and the cicatrix is firm and healthy.

Kollischer treated tubercular affections of the joints with injections of the phosphate of lime, with great success. Dr. Gossich has also had good results with this treatment, and cites some very interesting successful cases.

The above suggests the superiority of Horsford's Acid Phosphate as a substitute for the phosphoric acid.

The effective acidity of this preparation is about the same as the ten per cent. solution of phosphoric acid which is prescribed in the above treatment, and it may therefore be justifiably employed by the profession in the treatment of disorders of this character. It has the advantage of containing the phosphates in solution, notably the phosphate of lime. It follows, then, that all cases that require the phosphoric acid treatment can be more advantageously treated by Horsford's Acid Phosphate, and the suggestion is hereby commended to the profession.

Births, Marriages, and Deaths.

BIRTH.

WRIGHT—At Toronto, on 11th of June, the wife of Dr. Adam Wright, of a son.

MARRIAGES.

DUNCAN—FERGUSON—On Wednesday, June 6th, 1888, at the residence of the bride's father, Thamesville, by the Rev. J. Becket, James Henry Duncan, M.B., of Chatham, to Miss Margaret Helen, eldest daughter of James Ferguson, Esq.

MCLAUCHLIN—HURST—On June 6th, 1888, at All Saints' Church, Toronto, by Rev. A. H. Baldwin, Annie Louise, fourth daughter of the late James Hurst, Cambridgeshire, Eng., to Donald McLauchlin, M.D.C.M., of Charlottetown, P.E.I.

WATSON—WILLOUGHBY—On Wednesday, May 30th, 1888, at the Methodist Church, Port Perry, by the father of the bride, assisted by Revs. J. W. Holmes, J. W. Totten, and W. H. Laird, uncles of the bride, Kells Kathleen Isabel Willoughby, B.A., only daughter of Rev. N. R. Willoughby, M.A., Port Perry, Ont., to George R. Watson, B.A., Ph.D., M.D., of Wellington, Ont.