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THE Canadian Journal of Medical Science.

A MONTHLY JOURNAL OF MEDICAL SCIENCE, CRITICISM, AND NEWS.

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SUBSCRIPTION, \$3 PER ANNUM.

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All business communications and remittances should be addressed to HART & COMPANY, Publishers, 31 and 23 King Street, Toronto.

TORONTO, JUNE, 1882.

Original Communications.

CLINICAL LECTURE ON ACUTE BRIGHT'S DISEASE.

BY WM. OSLER, M.D., M.R.C.P., LOND., PROFESSOR
OF PHYSIOLOGY M'GILL MEDICAL FACULTY.

Delivered at the meeting in the Summer Session.

GENTLEMEN,—Since I took charge of the wards you have had opportunities of studying three cases of acute nephritis, and to-day I propose that we shall go over them together, and see what lessons we can learn about this important affection. And first let me remark that under the common designation *Morbis Brightii*, several separate diseases must be distinguished; a good natural classification is as follows:—

I. Acute Bright's disease, acute parenchymatous nephritis.

II. Chronic Bright's disease.

- (1) Chronic parenchymatous nephritis.
- (2) Interstitial nephritis.
- (3) Amyloid disease.
- (4) Mixed forms.

The cases are briefly as follows:—

CASE I.—*Scarlet fever—Acute renal dropsy—Death.*

W. M., æt. 13. Admitted Feb. 9th, under Dr. Ross, with dropsy and shortness of breath. Was healthy a year ago. Had mild scarlet fever, and some time after it began to have severe headaches, and the feet became swollen in the evenings. In November he quit school and has been laid up ever since. Dr. Blackader, under whose care he was, states that the chief symptoms have been, up to the date of admission, headaches and dropsy, which sometimes

would become general. Urine has been albuminous, and contained blood and casts. When admitted, was pale, and had œdema of feet and legs; no fluid in abdomen; slight dullness, with râles at right base. Urine scanty, 6 ozs., smoky; sp. gr., 1020; contained much albumen, finely granular and epithelial casts, with blood cells. T., 99.5; P., 132; R., 142. Ordered milk diet, and Liq. Amm. Acet. ʒii, with Inf. Digital, ʒii every four hours, and a few days after pilocarpine, one-eighth of a grain, which produced salivation and copious sweating. By the 17th the swelling of the legs had subsided, but eyelids were puffy; urine clear and more abundant, 50 ozs. Up to the end of the month, patient varied; on the 22nd urine was again bloody, and the loins were cupped; pilocarpine continued at intervals. Early in March was not so well. General œdema came on, with great oppression of breathing. A systolic murmur has been heard at apex for a couple of weeks. Hot air bath caused much restlessness. The urine varied much; was at times very bloody and again clear. On the 17th the œdema became more intense; urine scanty, 14 to 15 ozs.; much albumen. Was taken home on the 22nd, and died about the 1st of April.

CASE II.—Mary C., æt. 8. Admitted March 6th, under Dr. Ross, with severe vomiting, headache and slight swelling of feet and legs. Taken ill on 4th, two days before admission. Child had scarlet fever over a year ago; recovered completely, and has been strong and well since. Had mumps three weeks ago. On above day (4th), had been out and exposed; complained of boots being tight; legs were found slightly swollen. On the evening of the

5th was restless, and had headache, vomiting, and nose-bleeding.

On admission, puffiness of eyelids, moderate œdema of feet and legs, headache and vomiting. Passed 28 ozs. of urine in 20 hours; dark, smoky, large amount of deposit; sp. gr., 1015; albumen abundant. Microscope gave casts, hyaline and epithelial, and many free blood cells. Heart beat strong; a soft bellows murmur in 4th interspace, close to sternum. Had mustard and linseed poultices to loins. Next day cupped, and ordered Liq. Amm. Acet. and Inf. Digital. \bar{a} \bar{z} ii every four hours. By 9th, vomiting, nose bleed, and headache had stopped; œdema less; urine more abundant, 35 ozs. of same characters. Ordered hot air bath every evening. By 11th, urine 61 ozs., still dark, but not so bloody. Hot air bath has acted very well. General symptoms improved. On 13th, 65 ozs. of urine, smoky, but not very dark; contains less albumen; very few casts; œdema gone. Temperature which has ranged from 100 to 100.5°, is now normal. On 18th hardly a trace of albumen, about 62 ozs. daily, still a little smoky; granular casts. Hot air baths to be stopped, also the Digital. and Liq. Amm. Acet., and Basham's Mixture (Tinct. Ferri Muri., Acetic Acid and Liq. Amm. Acet.) substituted. On night of 20th, not so well; not so much urine, 40 ozs., and darker; many granular casts. Improved until April 9th, to which date urine ranged from 40 to 65 ozs.; sp. about 1010. On April 11th, urine again a little reddish and albuminous; child appears quite well, but is a little feverish. Went out on 13th. A few days ago she came to report herself as continuing well.

CASE III.*—James B., æt. 23, a well-built labourer. Admitted April 26th, with dropsy. Nothing of note in family or personal history. Has been working on the railroad. One Sunday, about three weeks ago, he went with some comrades to a village seven miles distant and drank heavily. On returning to the shanty that night he was unable to keep up with his companions, and laid down on the snow for some hours, until his friends returned for him. The next day he had a slight chill with pains

in the back and in the left side. These continued for three or four days, and he then noticed that his face was puffy, and the hands and legs began to swell. He does not remember about the urine; thinks he passed as much as usual. Had no vomiting, no headache. On admission, feet and legs œdematous, the left more than the right; face swollen. Nothing special detected in examination of heart and lungs. Tongue coated; appetite impaired. Urine—amount for first 24 hours in which it was collected, 46 ozs.; brownish red color, smoky, acid reaction; sp. gr., 1016; contains a large amount of albumen, and on microscopical examination presents red blood corpuscles and numerous casts of which three varieties have been detected—(a) hyaline, with a few scattered granules; (b) epithelial casts, or rather cylinders with round cells, resembling leucocytes; (c) blood casts, composed chiefly of red blood corpuscles. Of these the delicate hyaline casts have been most abundant. For four days we kept him in bed, on a light diet, with out any special treatment and since that date he has had a couple of jalap powders to keep the bowels loose. The œdema of the face is gone, the legs are less swollen, while the amount of urine is about the normal, containing very little blood and less albumen; the urea, however, is diminished. The man has been able to walk upstairs and has done remarkably well.

You will notice that these three cases present a striking uniformity in the chief symptoms—alterations in the character of the urine, with dropsy; hence the appropriateness of the old term, Acute Renal Dropsy.

Let us now briefly review the affection, as illustrated by our cases. *Ætiology*—It is a disease of early life; the great proportion of the cases are in persons under 20, and as the years increase, the less frequently it is met with. The case of Prof. ———, who, nearly ten years ago, at the age of about fifty, had acute nephritis, and in whose continued good health we now rejoice, is an instance of the occurrence of this disease at an unusually late period of life. *Scarlet fever* and *cold* were the causes which prevailed in our cases, and these obtain in the majority of individuals attacked. It is one of the most dreaded sequelæ of scarlet

*Report by Mr. J. R. Johnson.

fever, and as in the boy M—, not infrequently follows an attack which is so trivial as to be almost overlooked. *Diphtheria* is an occasional cause, and the other infectious diseases may at times be followed by an acute inflammation of the kidneys. After cold and scarlet fever, you will find, as practitioners, that *pregnancy* comes next in order of frequency in inducing this affection. How it does so we need not stop here to inquire, the explanations usually offered are not altogether satisfactory.

The *morbid anatomy* has been much discussed. In the early stage we do not often have an opportunity of dissecting the organs, but doubtless we would find them congested and swollen. At the period in which we commonly inspect them—from three weeks to three months after the onset—the organs are much enlarged, weigh 8 to 10 ozs., and have the appearances known as characteristic of the “large smooth kidney,” or the mottled kidney. The capsule is thin, and strips off easily; on section, the cortex is seen to be increased in thickness and anemic, or of an opaque yellow-white aspect; the Malpighian tufts and the arterial twigs are injected, as are also the large collecting veins which convey the blood from the stellate veins of the surface. The pyramids are usually congested, and offer a striking contrast to the pale cortex. The histological changes are chiefly in the cortical parts, and consist in swelling of the epithelium, which becomes more granular, and may degenerate into a molecular *débris*, distending the tubules. Other tubes may contain blood-cells and leucocytes, with casts. In later stages, fatty changes may cause patchy opacities. Inter-tubular changes, in the form of connective tissue proliferation, have also been described, and probably always take place in cases which last several months. These have been specially described by Klein in the scarlatinal form. Bowman's capsule and the contained glomerulus are also involved. Klebs first called attention to these changes (glomerulo-nephritis), but he believed them to be entirely of the nature of proliferation of the cells between the capillary coils. Probably the epithelial coating, as well as capsular epithelium, is affected. I pass as round the Langhans plate (Virchow's Archiv.,

Bd. 76), in which these changes are well figured.

Symptoms.—In the majority of cases the appearance of œdema gives the first indication to patient or doctor. In the man B—, a slight chill, with feverishness and lumbar pain, preceded the œdema. In case I, persistent headaches appear to have accompanied the onset; and in case II, which followed cold, headache and vomiting, were the first symptoms. The latter is not infrequent in the early stage of scarlatinal nephritis. The most marked feature, dropsy, may vary from mere puffiness of the eyelids and œdema of the ankles to extensive general anasarca, with exudation into the serous sacs. The milder grade you see in this man (case III); the more intense you witnessed in the boy M—.

The alterations in the urine are of the utmost importance. In the early stage it is reduced in quantity, may be only a few ounces, or the secretion may even be suppressed. The *colour* is increased, usually dark red, from admixture with blood; very commonly it has a *smoky, lake colour*, very characteristic of the presence of blood, and which resembles a dilute solution of reduced hæmoglobin. The various shades of intensity of this you have had an opportunity of seeing in case III. The blood may disappear and then recur, as it did in cases I. and II. The *specific gravity* is increased at first, 1020 to 1030, owing to the relatively small amount of water. When the quantity rises to normal, the specific gravity is, as a rule, lowered. On standing, a copious sediment usually falls, reddish or reddish-brown in colour, and consisting of blood and urates. Chemically, the most striking change is in the presence of *albumen* when you heat the urine in a test tube, or add cold nitric acid. So much may be present that the urine solidifies, and 50 to 60 % by bulk is not uncommon. The *urea* is diminished in amount. In case III, the estimates made by Messrs. Renner and Gooding with Dupré's apparatus give 28th, 46 ozs. 287 grs.; 29th, 70 ozs. 403 grs.; 30th, 55 ozs. 250 grs.; 2nd, 68 ozs. 228 grs.; 3rd, 63 ozs. 257 grs.; 4th, 56 ozs. 247 grs.

The normal amount for the 24 hours is between

400 and 500 grs., and an approach to this or an excess is a happy indication. A material reduction is to be feared, as uræmia is apt to follow.

Tube casts furnish important evidence in this disease, and their recognition is one of the earliest lessons which you should learn in clinical microscopy. Their characters have been well marked in this man (Case III.) When first examined a few well-formed *blood casts* were seen; cylinders or moulds of the tubules made up of blood corpuscles imbedded in an indifferent matrix. *Hyaline* or *faintly granular* have been the most abundant forms, very delicate and translucent, so that the inexperienced amongst you have had difficulty in seeing them; and thirdly, *epithelial casts* not very numerous, but commonly consisting of a hyaline cylinder, with a few granular cells imbedded in it. I called the attention of some of you to a form of cast, consisting almost entirely of rounded cells, like colourless blood-corpuscles—leucocytes; this, Dr. George Johnson believes, is a variety met with when a glomerulo-nephritis is present.

The varied course of the disease is well illustrated by the first two cases, one of which went from bad to worse, while the other rapidly improved. The first six months in the majority of instances concludes the case one way or the other. Not that recovery is impossible after this date, but it is more uncertain, and the chance is great of permanent damage to the organs and of the establishment of chronic parenchymatous nephritis. The favourable signs are diminution and disappearance of the dropsy, increase in the amount of urine, with reduction in albumen and maintenance of normal urea excretion. In the most rapid cases three or four weeks at least are necessary before the condition of the urine becomes normal. I have known the albumen to disappear, while the tube casts continued. Circumstances which warrant unfavourable prognosis are long duration, persistence of the albumen in large amount, material reduction in uræa and the onset of symptoms of uræmia, some of which may be sudden and rapidly fatal.

What are the indications for treatment? Mild cases would probably recover; indeed

have done so, left to nature. Case III. received no special treatment for four days, and improved during this time. The rest in bed, recumbency, and the quiet do much, but there are few cases which do not call for active interference. In the early stages, where the congestion of the organ is marked, the urine reduced in amount and bloody, and the lumbar pain present, dry cupping the loins and warm fomentations do much good, acting as derivatives. You know on general principles that the first thing to be done with an acutely inflamed organ or part, is to give it, if possible, functional rest. With the kidneys this is impracticable, but we can relieve and assist them in various ways. A spare diet and rest diminish the amount of solid materials to be excreted. Purgatives and diaphoretics call to aid the bowels and skin, which supplement the action of the kidneys, and, as it were, help them in a friendly way when they are disabled. In the early stages and in mild cases, there is no necessity for severe purgation. Keep the bowels loose by a daily dose of Glauber's Salts (Soda Sulph. ʒ ss.), and perhaps an occasional Jalap purge (Pulv. Jalapæ Co. ʒ ss.). In the more chronic cases, where the dropsy is great and uræmia threatening, hydrogogue cathartics will be of great service. Of diaphoretics, the one in common use and most efficacious is *jaborandi*, or its active principle, *pilocarpin*; of the former may be given *mx* of the Fl. Ext. every two hours until copious sweating is induced; of the latter a hypodermic injection of $\frac{1}{16}$ to $\frac{1}{8}$ gr. But of all measures at our disposal to produce sweating, the *hot air bath* is, in my experience, the best, the easiest employed, and has the additional advantage of being in many instances a diuretic, so that after a most copious sweating the amount of urine for the twelve or sixteen hours subsequent may be actually increased. On our return to the ward we shall give our patient B. such a bath that you may see the ease with which it is applied. Some of you may remember two sessions ago the case of a little girl in the children's ward with acute renal dropsy, and how admirably the air baths acted without any medication. The *warm baths* are much used in some hospitals, but they are inconvenient. The *wet pack*, wrapping

in a wet sheet and rolling in blankets is unpleasant for the patient, and has no special advantage. What about diuretics? In the early stage, with active congestion and bloody urine, no; but later they may be advantageously employed, and good fresh water may be taken freely and often answers the purpose. It is of importance to keep up the amount of urine for two reasons; first, the larger the quantity the more solid matter will be removed; and second, the *tubuli uriniferi* are thereby flushed (Dickenson), the *debris* washed out, and *choking* of the renal drains is in this way prevented. If a special diuretic is indicated, the Inf. Digitalis as used in cases I. and II. may be given. The diet should be light and nutritious; not much meat. Milk is much used in these cases, and the diet may be restricted to it as in case I.

OVARIOTOMY.—FIVE CASES.

DR. W. T. AIKINS, TORONTO.

Case No. 1.—Under care of Dr. George Hodge. Miss H., of Mitchell, Ontario, æt. 30, greatly reduced in health and strength by a peritoneal inflammatory attack. Was tapped Oct. 16th., 1880, as a means of gaining time, affording relief, and effecting a general improvement in her condition. 1880, Oct. 29th.—Health considerably improved. Operated at her home in Mitchell, ably assisted by Drs. Hodge and Lehman. Multilocular right ovarian cyst removed. Adhesions anteriorly and to the omentum, somewhat extensive, though yielding readily. Pedicle cauterized. Several bleeding points in omentum tied with carbolised catgut. Owing to oozing from abdominal walls, and to some of the cyst contents falling into the abdominal cavity, the pelvis and adjoining peritoneum were very carefully sponged, and glass drainage tube inserted. Deep sutures of silkworm-gut (embracing skin, muscle, and peritoneum), and superficial intervening ones of catgut—Lister's dressings.

Temperature at midnight, 100.5° F. (highest); fell to 100° on first, and to normal on second day. Pulse four hours after operation 128, twenty-four hours later 114, second day 84. Very slight vomiting towards evening, urinated

freely at 8 p.m. Was given $\frac{1}{4}$ gr. morphia. Passed comfortable night. For twenty-four hours following operation had no food and only a few teaspoonsful of hot water. Sponge over drainage tube found wholly free from fluid at each of the early dressings, tube therefore removed. Patient made a rapid recovery and is now in good health.

I feel under great obligations to the care and good judgment of Dr. Hodge in the management of this case.

Case No. 2.—Miss W., Toronto, æt. 22, patient of Dr. Thomas Hobley. Abdominal enlargement first noticed in the winter of 1879-80; health began to fail in spring; in summer was confined to house and bed. For many months preceding operation patient almost waxy pale, emaciated, very weak, and suffering from amenorrhœa and elevation of temperature. Was tapped by Dr. Hobley about October 16th, 1880; a decided improvement in her health resulting.

November 6th, 1880.—Operated at her own residence in Toronto, assisted by Drs. Hobley, U. Ogden and Watt. Multilocular tumor of left ovary removed; pedicle cauterized; troublesome oozing from adhesions, high up anteriorly, necessitating extension of abdominal incision; drainage, sutures, and dressings as in previous case. Patient was placed in bed pale and weak; foot of bedstead raised fifteen inches. Temperature on November 6th, 7th, and 8th, 100°, 101°, 9th falling, 10th normal. Pulse for three days following operation from 150 to 130, fourth 112; sixth day 105 and falling.

Nine hours after operation had $\frac{1}{4}$ gr. morphia being restless and wakeful. No vomiting at all; no food, and only one ounce hot water for twenty-four hours. For several days dark coloured serous fluid continued to come up through drainage tube, necessitating the change of the sponge.

On second day was ordered quin., sulph., gr. ij. and tr. digitalis, m. xv—ter. in die. Bowels moved for first time on sixth day. Patient improved slowly.

May 20th, 1882.—Patient to-day is "better than ever before in her life."

Case No. 3.—Mrs. H. G., Harriston, æt. 38.

January 4th, 1882—Examined, and found single ovarian cyst, present over two years; growing rapidly during last six months; no œdema in lower extremities; no vomiting; tumor apparently uniform. Pulse and temperature normal.

February 28th, 1882—assisted by Drs. U. Ogden, A. H. Wright, and I. H. Cameron, operated in private boarding house, Toronto. Single cyst of left ovary removed; entirely free from adhesions, pedicle cauterized; no drainage tube; Lister's dressings. Temperature at midnight 99·4, first day 100° to 101° (highest) second day 99·8, fourth day 99, subsequently normal. Pulse ranged for first four days from 90 to 100, falling afterwards. Respirations slightly increased for a day or two. Morphia, food, and drink as in other cases. Patient continued to improve.

April 25th, 1882.—Her husband writes me, "Mrs. G. is improving in strength, and has been out to church."

Case No. 4.—Miss E. S., æt. 30, County of Bruce. Health became impaired in July 1881; had had "inflammation of the bowels" before that. Has been losing flesh and is of poor colour. Admitted into Toronto General Hospital under my care, January 1882, with subacute peritonitis, tenderness on pressure; temperature 101°; kept her bed until all tenderness had subsided, and temperature was normal.

March 7th, 1882.—Operated in a private ward in the Toronto General Hospital. Pedicle in this case about ten inches in length, lying along anterior and upper surfaces of cyst, and adherent throughout, a condition apparently due to the tumor having at an early stage in its growth, when by gravity it lay in Douglas's pouch, contracted very firm adhesions, to a portion of the floor of the pelvis, and to the whole of the posterior wall of the uterus. This portion of the cyst was not removable; was severed from the rest of the tumor, its edges secured against hæmorrhage, by ligatures and then made to surround a drainage tube placed in its cavity, and finally stitched to the edges of the incision in the abdominal wall; a second drainage tube inserted into peritoneal cavity, reaching to floor of pelvis;

pedicle tied with silk; sutures and dressings as in other cases. Temperature for 36 hours satisfactory; afterwards it rose steadily. Pulse immediately following operation 120; did not afterwards fall below this. Nutrient enemata were given and retained from very shortly after operation every two or three hours, causing no inconvenience, but relieving thirst. Some unavoidable hæmorrhage at time of operation, none afterwards; no vomiting; shock from operation not great; patient died sixty hours after operation. Post-mortem revealed full evidences of peritonitis.

Case No. 5.—Mrs. T., of Dunsford, æt. 31; at present a patient of Dr. W. W. Ogden, of Toronto. Married February, 1877. In December 1877, when seven months pregnant with first child, had a severe fall, followed shortly afterwards by a premature labor. In June 1878 was noticeably stouter than she should have been; in April 1879 was confined with full-grown child, but her "size was very little smaller after labor than before;" in September, 1880 was again delivered at term, but "after the labor was nearly as stout as before it;" in 1881 was tapped by her medical attendant in Lindsay; in March 1882 was again tapped by Dr. W. W. Ogden, of Toronto.

April 25th, 1882.—Assisted by Drs. W. W. Ogden, U. Ogden, Sweetnam, and H. W. Aikins, removed multilocular ovarian cyst, one cyst largely predominating; pedicle very short; cauterized; parietal and omental adhesions anteriorly separated by tearing, with little subsequent oozing; drainage, sutures and dressing as before. Temperature for first 24 hours 100°, 101°, second day from 101·2° (highest) to 99·6, for six or eight succeeding days it ranged between 100° and normal. Pulse for first two days in neighbourhood of 108, third day 90, fourth day 80. Respirations for several days; slightly increased in frequency. For 24 hours following operation: no vomiting, no straining; no retching, no anodyne, no food, no drink; and patient generally comfortable. At first dressing sponge over drainage tube saturated with fluid; pelvic cavity very gently washed out with carbolised water; on second and third days sponge free from fluid,

though some withdrawn from Douglas's pouch; fourth day sponge and tube removed; fifth day enema to act on bowels; seventh day some sutures removed, eleventh day the balance. Patient now (May 20th, 1882), twenty-five days after operation has not had one unfavourable symptom, is sitting up some every day, eating heartily, gaining in strength, and feeling in every way comfortable.

These cases constitute the last five upon which I have operated, and have been selected as having occurred subsequent to my first witnessing the use of the cautery by Mr. Keith, of Edinburgh, in the early fall of 1880, though, through the kindness and courtesy of London surgeons, it had been my privilege previously to see ovariectomies by Spencer Wells, Bryant, Bantock, Thornton, Sydney Jones, Carter and Croft.

In the four successful cases above narrated Baker Brown's Clamp was employed till after the cauterization; and the satisfactory progress in these cases endorses the views held by Mr. Keith so strongly in favour of the cautery. In these four cases I believe Lister's antiseptic treatment was in every respect faithfully carried out. The fatal case was a very severe one, and might have terminated fatally, even if antisepticism in the treatment had been perfect, which, I regret to say, though through no fault of my own, it was not.

One is a little surprised at the slight elevation of temperature and pulse following the tearing asunder of adhesions and the return into the pelvis of the tissue embraced between the blades of the clamp, killed and so dried by the cautery on the surface of the clamp as to resemble in colour and thinness a fish's fin, one quarter inch wide and two or three inches long.

In each instance ether was administered and it is satisfactory to know that in none of the cases was there any unpleasant disturbance of the stomach, a fact which may, in part, be attributed to the absence of food from this organ for many hours preceding and following the operation. Bleeding points were secured with carbolic catgut ligatures or by torsion.

The pelvis in some instances was very care-

fully sponged, so as to leave it as far as possible perfectly dry.

Drainage was provided for by the use of perforated glass tubes through which any fluid in the pelvis could pass up to be absorbed by the sponge, or withdrawn by the syringe, and through which, in addition, carbolic water could be injected, and subsequently removed.

In closing the external wound, deep sutures of silk-worm gut, and superficial intervening ones of catgut were employed, though I believe silk thread boiled for two or three hours in a five per cent. solution of carbolic acid, and kept in the same, might answer just as well, as no suppuration whatever will take place around the threads beneath the antiseptic dressings. In the management of this class of cases a few other points of importance upon which stress may be laid are here simply enumerated:—

Antecedent tonic treatment, selection of suitable, roomy apartment, well lighted, well ventilated, and wholly free from draughts, of capable assistants at the time of the operation, of trained attendants subsequent to it, the maintenance of an equable temperature, the utmost cleanliness in every particular, and the minutest attention to details; perhaps more than any anything else in the utmost cleanliness of the hands, and the conscientious and intelligent antiseptic management of the sponges before and during the operation. No hand not perfectly aseptic should touch a sponge; no sponge not perfectly aseptic should ever be introduced into the living human abdominal cavity.

In these remarks, and in the treatment of my cases, I claim nothing new, and only urge what has already been more forcibly insisted on by the great ovariectomists of Europe and America.

The *Dublin Journal of Medical Science* says:—"It is related of the late Earl of Derby, who was a martyr to gout, that on one occasion a merchant set him a supply of sherry, informing him that as long as he confined himself to it he would continue free from his enemy; to which the statesman laconically replied that 'he had tasted the sherry and preferred the gout.'"

SOME POINTS OF GENERAL INTEREST IN OPHTHALMOLOGY.

(Paper read at meeting of Toronto Medical Society,
May 18th, 1882.)

BY R. A. REEVE, B.A., M.D.,

Lecturer on Diseases of the Eye and Ear, in Toronto
School of Medicine; Oculist and Aurist to
Toronto General Hospital.

The value of the ophthalmoscope was settled long ago, and the functions of ophthalmoscopy are already well defined. Invaluable to the ophthalmologist, the eye-mirror is of undoubted service to the general practitioner, both for purposes of diagnosis and the study of morbid processes which may elucidate those beyond direct observation. The relation of diseases of the eye to those of other parts of the system, and various points in ophthalmoscopy having been brought up from time to time in our meetings, a brief consideration of them must suffice on this occasion.

Optic neuritis, retinitis, and atrophy of the optic nerve are the principal morbid conditions at the fundus claiming general attention now-a-days. It is worthy of note that there may be excellent vision with double optic neuritis, and in neuritis, retinitis, and choroiditis pain (ocular) is generally absent, as also objective symptoms. Double optic neuritis* depends generally upon coarse intra-cranial disease, as tumor, meningitis, syphilitic growths, &c., but gives no sign as to the extent, nature, or site of the mischief; and the latter may last for months or years before lighting up the neuritis, which again may be transient. Rarely, brain trouble causes only one-sided neuritis, but the latter is generally due to orbital changes. Occasionally double optic neuritis occurs in morbus Brightii with cephalalgia simulating that from brain-tumor, &c. Acute myelitis may also set up neuritis. Cerebral disease does not always do so.

There is generally impaired sight in optic neuritis, and though this may improve, it generally deteriorates as secondary atrophy sets in. The latter may be somewhat difficult in the later stages to distinguish from primary atrophy, which is most often due to diseases of

the brain and spinal cord, as locomotor ataxy, lateral, and insular sclerosis, and hydrocephalus, &c.

It is almost beyond peradventure, that alcohol and tobacco, singly or combined, used in excess for a length of time, will induce congestion or a low grade of inflammation of the optic nerve with secondary atrophy, and more or less marked amblyopia. (Abstinence and strychnia, with or without electricity, generally issue in recovery.) Lead poisoning may also induce optic neuritis ending in atrophy. It is now undoubted also that in some subjects quinine taken in large doses at short intervals will cause temporary blindness or great impairment, and also a permanent contraction of the field of vision. Though the etiology of the affection is obscure, it is well known that there is a characteristic (though not pathognomonic or constant) retinitis in morbus Brightii. There is a hæmorrhagic retinitis due to various causes, as malarial fever, thrombosis, &c., and which may also be the precursor of similar but much graver changes in the cerebral mass. Syphilitic iritis cannot easily be overlooked, but as specific neuritis, neuro-retinitis, and retino-choroiditis may develop insidiously without external symptoms or general manifestations, any complaints of syphilitic subjects as to failing sight merit prompt attention. Neuro-retinitis may also occur in diabetes, leucocythæmia, progressive pernicious anæmia, &c., and in the two latter is often of hæmorrhagic type. Embolism of the central artery of the retina causes opacity of the retina from œdema (or lymphoid infiltration), and blindness. Suppurative choroiditis or panophthalmitis, with loss of the eye, may occur in cerebro-spinal meningitis, phlebitis, low fevers, &c. It is well known that paralysis of one or more of the ocular nerves with variable strabismus (and double vision) may be due to basilar meningitis or less serious central trouble. A transient paresis of one or more of the ocular muscles sometimes precedes, even by a term of years, locomotor ataxy and general paralysis of the insane. Paralysis of the sphincter iridis and loss of accommodation are also sometimes premonitory symptoms. Dilatation of the pupil (mydriasis) is found in diphtheria, insanity, meningitis, hydrocephalus, cerebral

* The term "papillitis" is now used for "optic neuritis," "swollen disk," "choked disk," &c.

tumors, amaurosis; also in cases of intestinal worms. It is a symptom of inflammatory glaucoma and is generally present in confirmed glaucoma and intra-ocular growths; it is induced by blows upon the eye, and the use of certain agents.*

Contraction of the pupil (myosis) is due especially to lesion of the cervical spinal cord, and may be due to meningeal irritation or incipient meningitis. Paralysis of the cervical sympathetic also causes it (or rather non-dilatation), as well as the act of accommodation and some drugs.† Inactivity of the pupil under varying degrees of light is often found in locomotor ataxy, with or without myosis, but with contraction during accommodation. Contraction of pupil induced by opium need not be dwelt upon.

OPTICAL DEFECTS, ASTHENOPIA, STRABISMUS.

In the case of so delicate an organ as the eye, it is not unnatural to suppose that if the sight be good and the eye apparently healthy there cannot be much amiss. As in other instances appearances are deceitful, and leaving out of count at present that vision may be perfect and the eyes functionate well with (double) optic neuritis, an optical defect may exist in an organ the perfection of beauty; and there may be weakness, so-called insufficiency, of one or other of the recti, though there be no squint, and the various ocular movements are properly made.

The normal eye is so constructed that distant objects within its ken are seen without effort, *i.e.*, with the eye (or ciliary muscle) in a passive state; and by what is termed the accommodative effort, effected involuntarily, *viz.*, by contraction of the ciliary muscle, relaxation of the zonula, causing or allowing increase of thickness and of focal power of crystalline lens, near objects are also seen distinctly, and this accommodation can be kept up for hours at a

*The list of mydriatics is on the increase, daturine, hyoscyamine, duboisine, and homatropine hydro-bromate being now employed, but atropine (atropiæ sulph.) is still by far the most generally available.

†Eserine, the principal ingredient of calabar bean, is a powerful myotic, and pilocarpine, of jaborandi, is a valuable one; and both reduce tension, especially eserine.

stretch with the delightful unconsciousness of one's having eyes. The latter implies also proper innervation of the internal recti, by which the convergence of the optics axes necessary in near work is effected, and a certain relation between the external and internal recti, and that there shall be no disturbing extrinsic causes.

Now, given the typical eye, whose depth, or antero-posterior axis is, say 25 mm., and there are two principal departures from the normal (standard): in one class the globe is too shallow, the axis too short—the far or oversighted, or hypermetropic eye; in the second, the globe is too deep, the axis too long, the shortsighted or myopic eye.

Since in hypermetropia some accommodative effort is required even for far vision and ordinary purposes, the ciliary muscle is never at rest, and there is also an extra strain upon it at near work, conscious effort is soon evoked, and more or less discomfort (which can only be relieved or prevented by the use of convex glasses.)

In myopia good far vision can, of course, only be had by means of concave glasses, and as the eye in a passive state is adapted for *divergent* rays, *i.e.*, for near work, accommodation has, in certain cases, to be suspended while convergence is kept up, a divorce of correlated functions which is apt to cause trouble. There is a third kind of optical defect, astigmatism, in which owing to an abnormal curve of the cornea (or lens), different meridians of the eye have different refractive powers, and in some instances so great is this difference that the eye proves to be both shortsighted and longsighted at the same time. Peculiar cylindrical lenses are required, the ordinary spherical not meeting the indication.

Again, relative or absolute weakness of the internal recti (shown by inability to fix both eyes together upon an object brought up close in the mesial plane), renders prolonged adduction, as in reading or other close work, irksome or impossible, especially if there be general debility, or uterine or ovarian disease, hysteria, &c., which, in turn, induce also weakness or disorder of the ciliary muscle and impaired accommodation.

In *presbyopia*, the failure of the accommodation of middle and old age, due to physiological drying, hardening and inelasticity of the crystalline lens (not to flattening of the cornea), the resort to convex glasses which shall enable one to read small print at 12 to 15 inches, is too often deferred from prejudice until a great deal of unnecessary discomfort has been felt.

The facts thus briefly cited explain, in great measure, the large number of cases of what is styled *asthenopia*, or weak sight, the prominent symptom of which is, more or less discomfort or sense of painful fatigue in and about the eye, on and after engaging at close work (more especially); other signs or symptoms being blurring of print, confusion of sight, inability to sustain the use of the eyes at near work, sensations of heat or smarting in eyes or lids; often also hyperæmia or a slight chronic inflammation of the edges of the lids which resists ordinary remedies unless the cause is removed. Pain in the region of the eye felt *only* on or after taxing it, points to an optical defect, or muscular weakness. Frontal headache is not unfrequently due to one or both of these causes. Indeed, the cephalalgia is occasionally of so serious a nature as to excite suspicion of cerebral mischief. Some notable cases in point were published some years ago by S. Weir Mitchell (and many are on record), in which relief was only had by correcting, by proper glasses, the optical defects present. What may be termed *reflex asthenopia* is perhaps the most annoying and often the most difficult to relieve, in which with too slight optical defect or muscular weakness, it may be, to account for the symptoms, there is some extrinsic cause at work, as uterine, ovarian, prostatic, &c., trouble, or 'neurasthenia,' or hysteria (which may in some sense be regarded as perverted nervous energy).

A few words further on optical defects and the related subject of strabismus:—

HYPERMETROPIA.

Hypermetropia is quite common, and is detected by the fact that, as a rule, far vision, though apparently normal, is not rendered worse by convex glasses, (except in cases referred to below); and if defective, is decidedly improved or rendered normal thereby. A

certain flatness of the face is suggestive of it, as also a distinct space between the globe and outer canthus.

When it is of high degree far vision may be bad (simulating myopia, it may be), and if good is had at too great a strain; and as the defect is *congenital* as well as *hereditary*, many young subjects, contrary to the general opinion, require to wear convex glasses constantly to see distinctly and with comfort; sometimes, indeed, as strong as those ordinarily worn by persons æt. 70 for reading, &c. In lesser degrees of the defect the aid of convex glasses is only needed during close work; and when there is some special cause of enervation, as sickness, lactation, worry, &c., they may only be required temporarily.

In unrelieved hypermetropia there is often retinal hyperæsthesia, and the ophthalmoscope shows congestion of the optic nerve and retina. Sometimes, also, spasm of the ciliary muscle ensues, and there is a pseudo-shortsightedness, concave glasses improving far vision, and yet affording no relief or proving worse than useless. It is in such cases, more especially, that atropine and other agents, which paralyze the ciliary muscle and reveal the actual refractive condition,* are made use of in repeated instillations before testing with lenses, the ophthalmoscope not yielding sufficiently trustworthy results though enabling one to gauge the refraction pretty closely in many instances.

It is well known that the ciliary muscles and the internal recti functionate together. Now, the extra tension of the former, incidental to the shallow or hypermetropic eye, is almost necessarily accompanied by undue contraction of the internal recti; and this is the main element in the pathogeny of convergent strabismus, two-thirds of the cases of which are due to hypermetropia. Primary or congenital anomalies in the ocular muscles are also common causes of convergent strabismus, and opacities of cornea or lens occasional ones; but those assigned by the laity are often only supposititious.

* Atropiæ Sulph. gr. iv. ad ʒj aq.; Duboisii sulph. gr. ij. ad ʒj; Hyoscyamiæ sulph. gr. iv. ad ʒj; and Homatropine Hydro-bromate gr. vj. ad ʒj, are in use, and have their respective merits, but as yet the most widely used if not the most reliable is the Atrop. Sulph.

The periodic convergent squint of childhood, which is generally due to hypermetropia, and is observed when the eyes are engaged on near objects, can be corrected, and sometimes also prevented from becoming confirmed, by the use of atropine to annul the effects of the ciliary muscle, or by the use of convex glasses to correct the optical defect, or by both.

When, however, the squint is fully confirmed, it is desirable to restore the parallelism of the optic axes, even at an early age. The sight of a squinting eye is generally quite defective. Reasoning by analogy it is natural to attribute this amblyopia to the mal-position, and though the view is gaining ground that squint is, rather, determined by a congenital or precedent amblyopia, the practice of deferring the operation until puberty or later should not be followed. It will be seen that there is something more in the treatment of strabismus than the mere tenotomy, (indeed, the latter may be unnecessary, correcting glasses sufficing); and in all cases the refractive condition should be learned with a view to intelligent treatment.

MYOPIA.

It should be borne in mind that the ellipsoidal shape of the myopic eye is not due to bulging or undue convexity of the cornea as is often supposed, but to a process, more or less morbid, of thinning and extension of the posterior two-thirds of the sclera. In the very highest degree the eye is about $8\frac{1}{2}$ mm. longer, that is, deeper than the normal, and not uncommonly it is from $2\frac{1}{2}$ to 4 mm.

Myopia may be congenital, is frequently hereditary, and is often acquired, (generally before the age of 20). The latter fact cannot be too widely known. The most potent cause probably is prolonged or oft-repeated straining of the eye at close work, especially in those of subnormal vitality, lax fibre, &c., excessive tension or spasm of the ciliary being set up, and finally permanent organic changes developed. The popular idea that shortsighted eyes are inherently strong, is fallacious and mischievous. The myopic eye is often a weak and irritable one, prone to increase of the defect and to the development of secondary changes in the retina,

choroid, &c., which imperil the sight. Few cases in ophthalmic practice give one more anxiety than those of progressive myopia, with retino-choroidal changes and vitreous opacities (sclero-choroiditis) and tendency to detachment of the retina, of which it is the largest factor.

As myopia is so common, and is largely on the increase in civilized countries, prevailing especially in cities and towns, and amongst those at educational institutions, seats of learning, and literary centres, the importance of prophylaxis will be apparent; too early attendance at school should be interdicted, precocity should be held well in check; schooling should be, more than it is, the instructing young folk how to learn rather than the gaining from them a mass of facts which, too often, have not been really taught, but largely acquired (in some fashion) during extra hours at home. The stimulus to eye-strain as well as brain-work, offered by the systems in vogue of competition, prize-giving, promotions, &c., should be kept within more healthy bounds; a ban should be put upon undue taxing of the eye in any way, especially in young subjects; and poor light, bad and small print, 'cheap' books, and badly planned desks, &c., should be banished from our school-rooms. The early resort to suitable correcting glasses undoubtedly tends to prevent the progress of the defect, and the development of divergent squint, 60 per cent. of which are due to myopia. And, contrary to popular belief, it is often more important to adapt for ordinary wear such concave glasses as enable the very myopic to read or work at ordinary distances, use both eyes together and without stooping, than those which would afford the best far vision, but would be too strong for near work.

In the case of weakness or insufficiency of the internal recti, which generally occurs in myopia and aggravates the disability and the tendency to passive divergence, and later, to confirmed squint, electricity suffices in some instances to energize the muscles; but more often the glasses which correct the optical defect are required, or possibly prisms have also to be worn, and occasionally tenotomy of the external recti resorted to in order to restore the balance of power, even though there be no actual squint. And, lastly, in some instances, a course of systematic ocular gymnastics has to be carried out with care and perseverance.

(To be continued.)

DIPHThERITIC CROUP, TRACH- EOTOMY.

BY ANGUS MCKINNON, M.D., GUELPH.

Case 1. W. B., aged 3 years. It was noticed on the 22nd of June that he had lost his voice completely, though he appeared quite well in all other respects. On the 24th he had slight fever. Temp. 100°, pulse 96, croupy cough and some difficulty in breathing.

On the 26th strangulation seemed so imminent that tracheotomy was indicated as affording the only chance for the child. In this view, Dr. Howitt, who saw the case with me, fully concurred, and after putting the patient under the influence of chloroform a double silver tube was put into the trachea. As soon as the trachea was opened, the violent spasm of cough that always follows the free entrance of air, threw out several pieces of membrane. He soon became quiet, and was able to take abundance of nourishment. On the ninth day it was found that the use of the tube could be dispensed with. By the fifteenth day, the child was convalescent, though he still had a little hoarse cough, and could only speak in a whisper. On the 23rd day the wound was completely healed, and by making a special effort he could speak out loud. He had no cough remaining. In the case of this patient, there was very little external swelling, and only two small patches of membrane could be seen in the pharynx. The preceding week an older child in the same family died strangulated, having suffered a few days from the ordinary symptoms of croup.

Case 2. W. A., aged 6 years. On June 28th this little patient was found in high fever, the two tonsils, uvula, and the greater part of the pharynx covered with thick membrane. He also had a croupy cough, though the respiration was not at all embarrassed. Next day the voice was extinct. He had violent croupy cough, the breathing was labored, the sternum heaving with each effort, the lips and nails were blue. It was decided to operate at once, and with the assistance of Drs. Haskin and Cowan, tracheotomy was performed. During the first five days, he coughed up through the tube

pieces of thick tough membrane occasionally. In this case considerable difficulty was experienced in maintaining easy respiration, notwithstanding the frequent removal of the inner tube and the most thorough cleanliness. It would appear that tough mucus collected in the trachea just below the end of the tube,—though both tubes were removed, there was no relief. The difficulty did not come on suddenly as if due to spasm. It was first noticed that the respiratory act was prolonged, soon it became whistling in character, and finally the child was almost asphyxiated. Having removed the tubes, I passed down several feathers, a camel's hair brush, etc., but though cough was caused, his condition was only aggravated. Having no better instrument at hand, I used a long hairpin suitably curved, which I passed through the wound, at least an inch further down the trachea than the tube extended. By this means I fortunately dislodged a large mass of pasty, mucopurulent matter, and the cough caused by the instrument expelled it through the wound. Immediate relief followed, and after the tubes were re-introduced the respiration again became easy, free, and regular. Several attacks of a similar character occurred, but relief was obtained each time by persevering in like measures.

The membrane disappeared from the tonsils about the 6th day, but not from the uvula till the 9th day. About the same time the external swelling subsided. On the 8th day, and before the membrane had wholly disappeared from the uvula, it was noticed that he had difficulty in swallowing, due no doubt to paralysis of the muscles concerned in deglutition. Much of anything he tried to swallow passed into the trachea and was coughed out through the wound. The pulse became irregular. He had occasional vomiting. He became gradually weaker, and died on the 15th day. The use of the tube was discontinued on the 9th day, and there was no difficulty in breathing. There was no pneumonia, and only slight bronchial catarrh. Though this little patient died from exhaustion, yet by saving him from immediate strangulation the operation was successful. It is well known that death occurs occasionally in diphtheria, even when there is

no laryngeal complication. Without the operation, so far as could be judged, he could not live more than a few hours. Relieved by it, he gave promise of recovery, till about the ninth day: after that it was evident that he would die.

Case 3. R. H., aged about 4 years. On the 19th Oct. this boy had labored breathing and stridulous cough. On both tonsils small patches of thin membrane could be seen. For several days previously he had this cough, but was playful and ate well. On the 21st the cough became very dry, ringing; the respiration labored, the sternum heaving with every breath, at times the dyspnoea was urgent. After careful consideration and consultation with Dr. Brock it was decided that tracheotomy could not safely be longer delayed. As soon as the trachea was opened several pieces of tough membrane were forcibly coughed out of the wound. Here, as in the second case, great difficulty was experienced in keeping the trachea free and open. The respiration, after continuing easy and free for hours, would become slightly prolonged, then whistling, and soon the child would almost strangle. Removal of one or both tubes gave no relief. The only way of relief was by carrying something down into the trachea beyond the tube, to dislodge a pasty concretion that had gradually collected there. When this was coughed up he would breath freely again for hours. In this manner this little patient had several narrow escapes from strangulation during the first five days after the operation, but after that, a free catarrhal discharge occurred, and the respiration continued unembarrassed. The use of the tube was discontinued on the 8th or 9th day. He could use his voice from the 7th day. In two weeks he was really well, though the wound was not entirely healed until a few days later.

In the management of these three cases, the same treatment was carried out. The air of the apartment occupied was steadily maintained at a temperature of about 80°—85° and kept moist by steam. The vapour from a hot solution of lactic acid was inhaled at short intervals; and in the second case, the solution was freely applied to the pharyngeal deposit.

In the first case, there was absolutely no medication after the operation, because the struggles of the child against taking medicine produced such violent cough, that it was thought advisable to leave it alone. In the second case a mixture containing iron, quinine, pot. chlor., and glycerine was given regularly till the difficulty in swallowing occurred. Abundance of nourishment was given at short intervals to each patient, and stimulants to the second and third, but not to the first for the same reason that no medicine was given.

A CASE OF SPINAL CURVATURE.

BY GEORGE A. TYE, M.D., CHATHAM.

This case contains nothing new, but illustrates the value of Sayre's Plaster Jacket. It presents some rather unusual features, and may therefore be interesting on its own account.

E. A., a farmer, aged 35, in October last began to suffer pain in the region of the hip-joint, extending at times below the knee, and most severe in the calf of the leg. He became unable to move about without crutches, and general health rapidly declined. Three physicians, I was informed, had, in succession, diagnosed and treated sciatica, without any relief, even temporary. I saw him first, March 27th last, and found him emaciated—a worn, cachectic appearance, and afraid to move. The pain in the left leg very severe and persistent, $1\frac{1}{2}$ inches less in circumference than its fellow. When in the erect position the gluteal muscles of the painful side hung like a bag, so that it appeared like an accumulation of fluid, but no fluctuation was elicited by percussion. Neither pressure along the spinal column, nor the application of heat provoked pain, neither did it follow sudden downward pressure on the shoulders. When pressure was made upon one shoulder he complained. The last three dorsal vertebræ seemed slightly prominent, but this was not sufficiently marked to be certain. From the patient I learned that he was always most easy when lying down, that he could not ride in a buggy without great suffering. Both these circumstances pointed to the spine, and led me to believe that the prominence of the dorsal vertebræ was real; and consequently that the

pain in the extremity was due to injury to the cord at that point.

Generous diet, malt liquors, triple phosphates, and hydroleine were prescribed. On April 4th he was suspended, and the ordinary roller plaster bandage rapidly applied. Before it had become hardened, syncope occurred, although he was only partially suspended; he was instantly placed on his back on the floor, and extension kept up by two men from the shoulders and hips until the bandage was firm. In four days all pain was gone, and he abandoned his crutches; in a week he rode in the buggy with pleasure. In the beginning of the present month (May) he came to market in Chatham, a distance of seven miles, in a lumber waggon, and suffers no pain whatever, and his appearance evinces remarkable improvement.

The occurrence of syncope was an unpleasant circumstance. I have frequently found delicate persons and young girls suffer greatly during suspension, so that I was obliged to devise other methods of extension, and a bandage that can be rapidly applied.

The patient is placed in the prone position on a bench of two sections. The one fixed, the other movable by a screw below; the shoulders and hips are strapped to the separate sections, and a few turns of the screw make slight extension, which, together with the position of the patient, gives the spine a proper direction.

The bandage is made by taking two pieces of Canton flannel or cotton with their woolly surfaces in apposition, and then cutting them so as to exactly fit the body over the close-fitting wool shirt. Gored pieces are inserted under the arms and over the hips. The two pieces are also stitched down the centre in two lines, leaving an interval of an inch or more over the spine, that will admit no plaster, which will be freely applied to the opposing surfaces, and the free edges tacked together. The prepared bandage is now moistened by placing it in a shallow vessel with a little water, and when moistened is laid across the back so that the portion between the stitching down the centre will be over the spine. This is now easily brought into perfect apposition by applying a dry roller over the whole. This bandage

is light, stiff, and dries rapidly, and the patient suffers but little.

Surgeons are divided in opinion respecting the utility of plaster jackets in lateral curvature of the spine; some maintaining that development of the muscles, the natural supporters, is alone essential—others that artificial support is required. Both have advantages. The spine needs artificial support until the natural forces are equal to the task

The splint first described with the hinge-joint can be removed daily by removing the roller. A system massage and muscular exercise, can be carried on every day, and this well-fitting corset re-applied. Three cases of lateral curvature thus treated have been fairly successful.

Chatham, May, 1882.

CASES IN PRACTICE.

BY J. FERGUSON, B.A., M.B., L.R.C.P., ETC.,
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INTERMITTENT NEURALGIA.

Under this name I intend recording two cases. I had some doubt as to what name should be given to them, and adopted the above.

Mr. Fortune, aged 55, called one forenoon to see me. He said that he had suffered intensely with headaches for about a year. He has always been a sober man, and never lived in any locality where malarial poison was prevalent. His present trouble began simply as an inability for application to his work as a carpenter. He has a good deal of drawing and calculating to perform, and for this he now finds himself totally unfit. His mind is so weakened that the least mental effort is too great for him. He has scarcely resolution enough to take his medicine.

When in my office one of his headaches came on. It was violent indeed. He moaned deeply, his brows were firmly knit, and he trembled from head to foot. The attack lasted about half an hour. I gathered from the patient that these attacks came on from two to three times a day, and would often seize him in the midst of a meal, or when out on the street.

Quinine in pretty large doses was ordered, but did not give very good results. Lately the patient has been in the habit of taking chloral to procure sleep; but gave this up at my suggestion. Afterwards quinine in small, frequent doses was given in the following manner: The fingertip is to be pressed against the dry powder, and the amount thus lifted to be taken every ten minutes or so. When used in this way it seemed to accomplish much more than when given in larger doses at longer intervals.

The other case was one that was treated at the out-department of the Royal Infirmary of Glasgow, in October, 1880. The general history was very much the same as that just given. He was ordered *syr. ferri phosphatis c. quinia et strychnia*. How the patient did I cannot say, as he passed from my notice shortly afterwards. In my own case there were no apparent curative results, though the symptoms were greatly relieved by the quinine.

The feature of importance in these cases is, that from some detailed accounts given by British, French, and German observers, they almost invariably end in cerebral paralysis; and that these violent attacks of headache, occurring frequently and suddenly, and lasting for a short time, while at the same time no definite cause can be found, are very suspicious omens of the serious disease first named.

Postmortems performed upon persons so affected, and who may die from accident or some inter-current disease, would likely throw much light upon this interesting condition; and one which, perhaps, is not very uncommon if a general consensus of medical opinion could be obtained.

ACNE VULGARIS.

It is well known that this is anything but an easy trouble to deal with. Recently I have had three well marked cases under treatment. In one of which the amount of suppuration was very great; and the entire neck burrowed in all directions beneath the skin. These cases were treated locally, by lancing regularly all the acnous swellings, and using hot fomentations to promote bleeding. Internally calcium sulphide was given in gr. ss. doses four times a day. The part of the treatment that appeared of decidedly most value was the thorough

application of iodoform. It was ordered as an ointment. *Iodoformi, ʒii; vaselineae, ʒj*, to be rubbed in thoroughly night and morning, after using the hot fomentation. The effects of the iodoform in the above cases was very pleasing. Iodoform thus applied to the skin unites with the fat, and free iodine is produced. It in turn unites with the albumen, and is thus absorbed. In this way it has certainly a local alterative action. The albuminate of iodine is also formed: when an oily solution is injected under the skin.

A CASE OF (SO-CALLED) TROPICAL ABSCESS OF LIVER.

Under the care of Drs. W.T. Aikins and H. H. Wright, Lecturers respectively on Surgery and Medicine in the Toronto School.

Mr. B., *æt.* 49, weighed in health 207 lbs.; height 5 feet 8 $\frac{3}{4}$ inches. Had always enjoyed good health except for 3 weeks in 1879, when he had an attack of jaundice, accompanied with symptoms of gall-stone. Sometime in the fall of 1881 it was noticed (about October) that he had a cough, accompanied with bronchial expectoration, and a sense of pain without tenderness, especially on deep inspiration and forced expiration, in the pit of the stomach. In the latter part of October he had night sweats; but there had been no chill, nor noticeable heat of skin. He continued to attend to business until about the middle of December when increasing weakness compelled him to remain at home. By this time his appetite was poor and he had lost flesh. He then took to bed, and jaundice of 3 weeks duration, giving the icteric tint of skin and urine, occurred. By the 10th of January he was complaining of severe pain to the left of the umbilicus, and the abdomen in this situation was found to be swollen and tender. The night sweats had increased. During all this time there had been no gastric symptoms except the anorexia; but the bowels were constantly confined. The cough and expectoration were no longer present, but he continued to lose flesh. The emaciation, pain and swelling continuing, the advice of Drs. W. T. Aikins and H. H. Wright was sought. They found him pale and anæmic with anorexia and

emaciation. Respirations 24, occasional, rare but not troublesome cough. On inspection the left side of the abdomen was round, full, and prominent; the respirations mainly thoracic; on palpation, the left lobe of liver was found to extend from the right of the mesial line downwards to Poupart's ligament, and to the left to within a finger's breadth of the anterior superior iliac spine. It was firm, smooth, and free from tenderness except at one point which was an inch and a half or two inches to the left of the umbilicus. Here for the space of an inch in diameter fluctuation could be detected. At a subsequent examination 4 days later, in the presence of Mrs. Canniff and May, the temperature was, in the afternoon, 102½; pulse, 112; respiration accelerated. Patient was entirely free of jaundice and gastric symptoms. The most prominent part of the swelling was now tympanitic, thin, and evidently pointing. Aspiration was accordingly performed under the carbolic spray, and from 10 to 12 ounces of extremely foetid, thick and greyish pus were withdrawn, preceded by a quantity of foetid gas. This afforded marked relief to the breathing, and occasioned no inconvenience whatever. The sac was subsequently washed out with carbolic solution, and this was repeated daily. The appetite began to improve, and the hectic symptoms to diminish; but in the course of 10 days a cessation of improvement was observed, and it was found that another purulent collection was taking place a little below the point of the xiphoid appendix on the left side. This was evacuated, and improvement again set in with the daily injections. The left lobe of the liver constantly diminished in size, but a small amount of suppuration in two or three different places temporarily interrupted the course of amelioration, which was, however, always resumed on the evacuation of the matter. Since the first aspiration there has been a regular daily discharge of about a drachm of matter which still continues up to the 119th day, the time of writing. Patient has never been subjected to any tropical influence whatever, but has always been a pretty free liver.

The 70th birthday of Von Arlt, the Vienna Ophthalmologist, was celebrated on April 18th.

DISLOCATION OF HUMERUS. REDUCTION AFTER TWO MONTHS.

BY S. COWAN, M.D. TOR., HARRISTON.

Your reference to the suit for malpractice against Dr. Wm. Brock, of Bismarck, recalls to my mind a case in my own practice, in the early part of 1876, which has not been hitherto reported.

Mr. D. came into my office, just about the twilight, with his arm in a sling. Without rising from the lounge where I had happened to be lying, I placed my hand on his shoulder, on his uncovering it. I at once remarked, with surprise, that his shoulder was dislocated (I mention this in this way to show how distinctly marked the dislocation was). It was an anterior dislocation, the head of the humerus being under the coracoid process.

As Mr. D. and family had previously been my patients, I supposed he had just met with the accident, there being no swelling of the part. He stated, in answer to my enquiry, that he had fallen from the railway platform. On my enquiry as to how long since (supposing it to have been only a few minutes), he surprised me by stating it happened *two months* ago. He had applied to Dr. G., who stated it was only a hurt, and gave him lotions to allay swelling, &c. When I learned that Dr. G. had been treating the case, I requested Mr. D. to get Dr. G. and we would try and replace it, and say nothing more about it, as we are all liable to make mistakes. Mr. D. at once went to Dr. G.'s office, but, as I think very unreasonably and very foolishly, the Dr. refused to come to my office, saying he would go to Mr. D.'s house. Mr. D.'s friend, who came with him, as well as myself, declined to do this as I thought I had done enough when I sent for Dr. G. to assist me.

After a short attempt (with the aid of some neighbours) at reduction. I decided to wait for Dr. Clarke, of Guelph (now of Palmerston), who had appointed to be at my office the next day on another matter. On Dr. Clarke's advice we decided to wait a few days to get pulleys.

Dr. Clarke came with these a few days afterwards, and we placed the patient on a carpenter's bench where the vices at different points

gave us good support for extension and counter extension. Dr. Clarke gave the chloroform, and, aided by his advice, I attended to the shoulder, while Dr. Crandell, of Clifford, directed the men (four in number) at the pulleys. The extension was kept up until the men stated they could hardly draw a pound more, and at the end of about twenty minutes or half an hour we had the satisfaction of seeing the head of the humerus clear of the coracoid process, and by drawing it firmly into the glenoid cavity, and holding it there (while the men at the rope pulley relaxed slowly) and pushing the arm across the chest we succeeded in completely replacing the whole, and after careful bandaging, the patient was soon able to walk to his own house. During the night some disarrangement of the bandage took place, and the head of the humerus was a little displaced. I was able, however, without assistance, to make it all right again, and it went on well without further trouble, and in less than three months the man was at work again, piling lumber, and other heavy work without inconvenience.

I do not write for the purpose of criticising any one, but in Dr. Brock's case I think it was a pity, both for the Dr. and for his patient, that a more determined effort, or at least, some effort had not been made by the two local Drs. to reduce the dislocation, seeing they recognized it five weeks after its occurrence. In Mr. D.'s case it was nearly, if not quite, nine weeks after dislocation when reduction was effected, so that a more determined effort than was made, even at the London hospital, might have been successful.

Mr. D. did not ask for damages, much less threaten suit, against Dr. G.

Pro. Alleyne Nicholson has been appointed to the chair of Natural History in the University of Aberdeen. Since holding a similar appointment in our Provincial University he has occupied the chair of Natural History in Newcastle and in St. Andrews. He succeeded Dr. Carpenter as Swiney Lecturer in Geology in London, and took the lectures in Zoology in Edinburgh during the illness of the late Sir Wyville Thomson.

Selections: Medicine.

SCHAEFER ON A MORE ACTIVE FORM OF ERGOT.

Dr. S. Schaefer (*Berl. Klin. Woch.*, No. 21, 1881; *Der Prakt. Arzt.*, No. 1, 1882), having abundant opportunity of observing the well-known fact that the preparations of ergot at present in use are very prone to lose their activity after being kept for a short time, has arrived at the conclusion that the uncertainty in the action of the drug depends directly upon the longer or shorter period of time which may have elapsed since the crushing of the individual corns, and that a certain result can only be expected from ergot recently pulverised. To this end he has for many years forbidden the storage of powdered ergot in the "Apotheke" which he employs, insisting upon the corn being fresh ground in a mill in the presence of his messenger. This precaution (not demanded in the German *Pharmacopœia*) has had the result of obtaining for the druggist a local reputation for the excellence of his ergot amongst surrounding practitioners. The explanation is found by Dr. Schaefer in the protective action of the horny covering of the corns, which by completely excluding air from the central parts, prevents the rapid change in the sclerotinic acid, etc., which follows exposure to the atmosphere even for a short period, by which so much of the activity of the drug is lost. He believes that, by the universal adoption of this precaution, ergot would rapidly retrieve its tottering reputation. —*London Medical Record.*

STEGGLOFF ON FARADISATION OF THE SPLEEN IN INTERMITTENT FEVER.—The author (*Trans. of the Caucasian Med. Soc.*, 1881, No. 3) relates a case in which six faradaic applications of twenty minutes long each, at intervals of three days, produced diminution of the splenic tumour, as well as rapid improvement of general nutrition of the patient. As the fever never reappeared, Dr. Steggloff concludes that the cure was radical. [A report of forty-two cases of intermittent fever, successfully faradised by Dr. Schroeder of St. Petersburg, may be found in the LONDON MEDICAL RECORD, October 1880, p. 409.] —*London Medical Record.*

TRAUMATIC TETANUS AND DEATH FROM VACCINATION.

Dr. Bates, of Columbia, reported a case of tetanus from vaccination, at the meeting of the South Carolina Medical Association (*Medical News*). Ben. Jones, a mulatto, was vaccinated, Feb. 9th, on the arm, with carefully selected humanized virus. He was again seen March 8th, when he had ordinary symptoms of tetanus. Was examined next day by Drs. Talley and Howe. A most careful inquiry into the history of the case, and a searching examination of the body, revealed nothing to cause it, except a small healthy-looking, painless ulcer at the spot where vaccination had been performed a month before. The disease advanced and caused death in fifteen days, in spite of careful treatment.

ALBERTIS ON THE DIFFERENCE BETWEEN DIPHTHERITIC AND INFLAMMATORY FALSE MEMBRANES.—Dr. Albertis (*Bollet. delle Scienze Mediche*, July 1881; *Gaz. Méd. de Paris*, Nov. 5, 1881), by treating non-diphtheritic false membrane with sulphuric acid, has obtained crystals which are insoluble in ether and absolute alcohol, but soluble in alkalis, and which he considers to be crystals of tyrosine. He has not obtained these crystals when subjecting diphtheritic membranes to the same treatment. He draws the following conclusions. Diphtheritic false membranes have a different chemical composition from that of inflammatory false membranes. Diphtheritic membranes do not contain aromatic constituents like tyrosine. The action exerted by sulphuric acid and microscopical examination suffice, therefore, he maintains, to establish the nature of a false membrane.—*London Medical Record*.

Dr. Weiss reports a case of tabes dorsalis where stretching both sciatic nerves was followed by good effects. The operation was performed on the 2nd of August and on the 22nd of October; sensation both in upper and lower extremities was normal, and the patient could walk a little without a stick.—*Wien. Med. Woch.*

THE GENU-PECTORAL POSITION IN FLATULENT COLIC.—Fresh testimony as to the value of this position was afforded at a recent meeting of the New York Obstetrical Society, when Dr. T. G. Thomas is reported to have said (*N. Y. Med. Journal*), that for a number of years he had placed patients in the knee-chest position for the relief of flatulent colic, and the efficacy of the method was somewhat remarkable. The intestines fell forward and gas began to escape almost immediately, giving the patient as great relief from her sufferings as-if opium had been administered freely. He considered the point of sufficient importance to justify him in asking for the experience of the members of the Society with regard to it. Dr. Emmet said he had employed the method, and had found it very useful.

SUGGESTIONS REGARDING HYPODERMIC INJECTIONS.—Dr. C. Mason, of Peekskill, N. Y., suggests to those who use the hypodermic syringe, that when the packing on the piston becomes worn and loose, and will not readily work, to remove the small nut at the end of the piston, take half of the packing off (it is usually in two parts), and place between them a piece of chamois-skin. Cut it round, leaving it somewhat larger than the packing. He says: "It will absorb water, swell, and completely fill the barrel of the syringe. A trial of this will convince the most sceptical of its value over all devices to do away with the most annoying features connected with the use of the hypodermic syringe."—*Quarterly Epitome*.

GELESEMUM AN ANTIPRURITIC.—Dr. Bulkeley has directed attention to a very important point which is often a source of great anxiety to the practitioner, viz: the difficulty in relieving persistent and wearying itching in skin affections. He points out the drugs we certainly rely on, viz: opium, morphia, chloral, bromide of potassium, aconite, and carbolic acid, when administered internally, often fail to stop the unconscious scratching, and he was led from the known effects of gelsemium to try that drug. In certain cases he has found it decidedly efficacious. He begins with ten drops of the tincture, and, if in half an hour there is no relief, he gives twelve or fifteen drops, and so, until one or two drachms have been reached in two hours.—*Quarterly Epitome*.

Surgery.

CHARCOT ON SANGUINEOUS DEPOSITS IN THE FOLD OF THE ELBOW.

Having had the opportunity of noting five cases of sanguineous effusion in the region of the elbow, and having each time seen the hæmatoma succeeded by a tumour of a cartilaginous consistence, M. Charcot (*Rev. de Chir.*) has embodied the results in an interesting memoir. His conclusions are as follow:—

1. Violence which directly affects the elbow, such as contusion, dislocation, etc., or indirectly (as sprains and diastasis), often produce considerable effusion of blood throughout the whole extent of the upper limb, and especially at the fold of the elbow.

2. The sanguineous extravasations seem to have their source in the rupture of the vessels around the joint, and especially in the tearing of the brachialis anticus muscle.

3. The effused blood is not always completely absorbed, and is transformed into fibrinous clots situated at the anterior internal side of the fold of the elbow in front of the articulation, and in the substance of the brachialis anticus.

4. The tumour thus found is as large as an egg, uneven, and of cartilaginous, and even bony, hardness. At the commencement it is independent of the bone; but subsequently may become united to the humerus.

5. The sanguineous deposits may interfere with the movements of the joint, and considerably limit flexion.

6. They generally remain stationary for a long time, and are but little influenced by ordinary treatment.

7. They may give rise to errors in diagnosis, and may be taken for exostoses of the humerus, displacement of the coronoid process, etc.—*London Medical Record.*

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In the *Independent Practitioner*, for March, 1882, Dr. F. N. Otis reports eight cases of syphilis occurring in physicians, originating in infection of the finger in vaginal examinations.—*American Medical Weekly.*

THE ABORTIVE TREATMENT OF BUBOES WITH CARBOLIC ACID.—Dr. Morse K. Taylor, U. S. Army, in the April number of the *American Journal of the Medical Sciences*, publishes a paper on the abortive treatment of buboes by injections of carbolic acid.

He reports twenty cases in which he certainly obtained remarkably successful results, and he states that within the last seven years he has treated nearly one hundred and fifty cases of various forms of lymphadenitis, arising from specific and non-specific causes; and, where he saw the cases before the formation of pus was well established, he had not failed to arrest the process immediately, and allay the pain in a few minutes. His method is to inject from ten to forty minims of a solution, containing eight or ten grains to the ounce, directly into the interior of the inflamed gland.—*Am. Med. Weekly.*

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WHITEHEAD ON THE SURGICAL TREATMENT OF HÆMORRHOIDS.—Mr. Walter Whitehead, in the *Brit. Med. Jour.*, Feb. 1882, p. 148, describes the method in which he performs this operation, and which, from its novelty and practical value, deserves careful attention. After the patient has been carefully prepared for the operation, he is placed under chloroform in the lithotomy position, and the sphincter ani is paralysed by forcible dilatation by the aid of the two thumbs. A sponge is then passed six inches up, to prevent any fecal discharges from coming down during the operations. The hæmorrhoids are then fully exposed and carefully dissected upwards to their highest limits, as much healthy mucous membrane being preserved as possible. The hæmorrhoidal vessel is thus left simply attached by loose cellular tissue, and, being firmly grasped by ring-forceps, is twisted until it separates. The mucous membrane is then stitched to the denuded surface at the verge of the anus, and so the open wound is closed and heals by first intention.—*London Medical Record.*

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PETERSEN ON THE TREATMENT OF SUPPURATING BUBOES.—Dr. O. Petersen discusses the various methods of treating buboes (*St. Petersburg Med. Week.*, No. 52., 1881), and

describes the plan now adopted by himself. He recommends that every inflamed bubo should be painted with iodoform-collodion and covered with a warm compress; and this, he states, is often successful in dispersing the swelling. If, however, suppuration take place, an incision is made, and the abscess-cavity scraped with the sharp spoon, after which it is washed out with a 20 per cent. solution of carbolic acid. The wound is then covered with several layers of salicylic wool, and over this a firm pad of tow covered with varnished paper. A bandage is then firmly and evenly applied, paste being also sometimes used to give greater firmness, so that the abscess-walls are kept in close and accurate apposition. In twenty cases treated by the author in this way, cure was usually obtained after one to three dressings, each being left undisturbed ten to fifteen days on an average. In one case, when the pressure had not been quite equable, a second small abscess had to be opened.

Midwifery.

EARACHE.—In the American Medical Association, Dr. Jacobi remarked that closing the mouth of infants and children, and simply blowing into the nose, is often a very valuable method of relieving severe earache, and that in a number of cases he had obtained most excellent results from this procedure, the cause of the trouble probably being a catarrhal affection of the Eustachian tube.—*Quarterly Epitome.*

LUBIMOFF ON A CASE OF INTRAFŒTATION.

—At a meeting of the Kazan Medical Society (*Vratch. Vedomosti*, No. 1, 1882), Dr. Lubimoff showed a very interesting case of *fœtus in fœtu*. In a female child, born alive at full term, there was found a subcutaneous perineal tumour, the right half of which was dense and the left soft. On *post-mortem* examination, the author discovered that the left half of the tumour contained two cysts; the right enclosed various parts of another fœtus, namely, a fully developed foot with six toes, a rudimentary upper extremity, and a stomach. Between two divisions of this tumour were found two small dermoid cysts, with cubic epithelial cells, striated muscles, pieces of cartilage, and bones (with marrow).—*London Medical Record.*

Correspondence.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—It may be of some interest in the discussion now going on about consulting with Homeopaths, to say that Dr. Wm. Clarke, now of Palmerston, and late President of the Medical Council, held a consultation on a purely medical case (I believe) a few days ago, with Dr. E. T. Adams of this town, a pure-blooded Homeopath. And far from concealing the fact, made a rather ostentatious display of it, by parading up and down the main street in company with Dr. Adams. I simply state a fact without comment. M.

Harriston, May 22, 1882.

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

SIR,—Though I am not disposed to make myself the champion of anyone, I like to see common fairness in all things between man and man. Your correspondent, "Junius," in stating in the May JOURNAL that Dr. Fulton was an applicant for the position of Chairman of the Provincial Board of Health, was entirely mistaken. Dr. Fulton was not an applicant (though he was urged by a number of the members of the House to become such), and therefore any allusion by him to the unfitness of Dr. Oldright had not their origin in a feeling of rivalry. It is to be hoped that you will be good enough to give this correction space in the JOURNAL which, as I am pleased to be able to bear witness, has usually manifested a desire to give fair play to all parties concerned in a difference.

Furthermore, I should like permission to say to your readers, through the JOURNAL, that the assertion in the April number that Dr. Oldright had "probably paid more attention to the subject" or subjects which are to engage the attention of the Provincial Board "than any man in the Province," is, with all due respect to him, an injustice to other members of the profession. It must be borne in mind that "State Medicine" or public sanitation, including the study of vital statistics, has a much broader and more comprehensive meaning than that too commonly associated with it, or which would confine it to a system of details

respecting sewerage, ventilation etc., or even to what would be treated of in the ordinary course of lectures on sanitary science as now given.

JUSTITIA.

[We are well acquainted with the term in its broadest significance, and quite prepared to reiterate the opinion we have expressed.—Ed.]

To the Editor of the CANADIAN JOURNAL OF MEDICAL SCIENCE.

A PROVINCIAL PATHOLOGICAL MUSEUM AND LIBRARY.

DEAR SIR,—The approaching meeting of the Ontario Medical Association would seem an opportune time to discuss a subject which has no doubt been thought of by many but seldom broached, namely, the establishment of a Provincial Pathological Museum. Were nothing else accomplished than the adoption of such a scheme, the meeting were not held in vain; rather would it be memorable for a good work begun. There is ample material already to make more than the mere nucleus of a collection which might one day vie with that of the Royal College of Surgeons. Not many years ago the major operations were largely in the hands of practitioners in our cities, but they are, more and more, being done in town, village, and country side; and valuable specimens, demonstrating at once, the physician's acumen or surgical skill and pathological problems, have been increasing from year to year, which, if collected from far and near, with epitomized histories accessible, would form in the aggregate a fitting monument to the industry and achievements of the profession. Such a collection, especially if a library were conjoined, would be ere long a point of general attraction because a storehouse of information, a bond of union, a source of pride and pleasure, of common interest and enlarging benefits to the whole profession. The records of the Divisional and other Associations or Societies of the past few years show clearly that "excelsior" is the *animus* pervading our ranks, but much good pathological material utilized it may be for the nonce, is being relegated to obscurity and practically lost. Until the Association has finally located the museum and library, the spare rooms at the official mansion of the

Council could possibly be had for the asking, and the worthy registrar secured as its custodian, if not actual curator. The suggestion may also be ventured that such museum would be an appropriate resting place for the many models and varied appliances, &c., illustrative of hygiene in its widest scope, which it is to be hoped the Government, in pursuing the enlightened policy begun by the establishment of a Provincial Board of Health, will provide at no distant day; rather than compel the country to wait until our worthy confraternity shall have a Parkes with ability and material to found another museum of hygiene.

I am, &c.,

R. A. REEVE.

May 22nd, 1882.

THE CANADIAN Journal of Medical Science,

A Monthly Journal of Medical Science, Criticism,
and News.

TO CORRESPONDENTS.—*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, JUNE, 1882.

THE ONTARIO MEDICAL ASSOCIATION.

The Second Annual Meeting of this Association will be held in the Council Chamber of the College of Physicians and Surgeons of Ontario, on Wednesday and Thursday, the 7th and 8th of June. Judging by the interest already manifested on various sides, by the number of communications promised, and taking the very gratifying success of last year's meeting as an earnest of future vigour and vitality, here can be no room for doubt as to the harmonious and satisfactory character of the gathering of 1882. It is, however, a fair subject for dubitation and discussion as to whether the present character and mode of conduction of such conventions tend in the

highest possible degree to the promotion of the interests and welfare of the profession, or whether certain modifications in their objects and constitution might not more fully realize the good at which they aim, and already do much to accomplish. The venerable Dr. Gross is reported to have said that the last meeting of the American Medical Association, at Richmond, Va., was socially a success but professionally a failure; and we have ourselves repeatedly heard the same remark made anent the meetings of the Canada Medical Association. It becomes us, therefore, to consider whether there be not something defective in the fabric which accounts for the flaw we must all deplore. Recognising at once the impossibility of an effect without the pre-existence of a cause, we may assume, *imprimis*, an origin for the deficiency, and, to cut the matter short, by the suggestion of a possible remedy indicate the seeming insufficiency. At such meetings many papers are read which by reason of abstruseness or inherent difficulty of the subject or length or want of impressiveness, are not listened to with anything more than the semblance of polite attention; are not followed, and cannot be intelligently or profitably discussed. We would therefore have these read by title and published in the Transactions of the Association, or in the Journals, where they might be leisurely perused and comprehended. In their place we would have an address by a selected reader on each of the great divisions of Medical Practice, which addresses should constitute a review of the progress of the science in its various departments during the preceding year; and the topics involved should be open to discussion by the meeting, when the views and experiences of members might be reasonably expected and profitably adduced. The rest of the time at the disposal of the Association might well be occupied in the discussion of the various topics of professional politics, in arriving at an understanding of the general professional opinion on the burning questions of the day, in examining and discussing the cases and specimens presented to the meeting, and, more particularly, in friendly, social intercourse, so well calculated to promote those sentiments of mutual respect and confraternity, the plentiful

lack of which there is still great reason to deplore. This is merely a general outline of improvements which have repeatedly forced themselves upon our attention, and which we hastily throw out for what they are worth, believing that they will meet with the concurrence of many, we hope of a majority, of our readers. A list of the papers to be read at the next meeting, of which notice has been so far received, will be found in another column.

ANATOMICAL SUBJECTS.

Our columns will be freely open to a discussion of the best way and means of increasing the facilities for procuring subjects for dissection in the Medical Schools of this city. The fact cannot be gainsaid, that of the tripod upon which the sure foundation of our science rests, anatomy is the chief, the most important and necessary foot. It goes without saying, therefore, that a full supply of anatomical material is of paramount importance to the embryonic race of medical practitioners. In this city, however, a super-abundance of subjects has never been forthcoming, notwithstanding that Toronto may be supposed to be the chief centre of medical education for the Province; and the reason seems to be, that practically the source of supply is limited to the unclaimed decedents within the walls of the Toronto General Hospital. True, the Anatomy Act provides the Inspector with authority to distribute also the unclaimed bodies of vagrants found dead, and of inmates of our prisons, among the Medical Schools and registered teachers of anatomy in his district, but, who ever hears of such supply being utilized except upon the rarest of occasions? And why should that same Act (Cap. 143, Rev. Stat. Ont.) make an exception of the unclaimed bodies of inmates of the Asylums for the Insane, unless it be with a view to foster the investigation of the anatomical substratum of insanity by reserving such material for the more learned scrutiny of the Pathologist? If this be the reason, we can understand it, and in part approve. Indeed we think that in many instances the principle might with advantage be applied to our Hospital unclaimed dead,

for however necessary it may be that students should be taught anatomy in its normal phase, we hold it to be no less important that both student and practitioner should be indoctrinated and informed in the morbid anatomy and pathological processes of every case which comes beneath their observation. As old Morgagni hath it, *Nulla autem est alia pro certo noscendi via, etc.* As the matter now stands, however, *post mortem* examinations of Hospital patients have often to be foregone in order that the subject may be preserved for the use and edification of the schools. In order that this may be attained and the other, perhaps commensurate, advantage not lost, we shall welcome suggestions from our readers for the amelioration of the present condition of affairs; and surely no opportunity can be more fitting for the effort than the time in which we are called upon to mourn the death of James Rushmore Wood who, by his bright example, showed us the worth and dignity of Pathological research, and at the same time, by his indefatigable assiduity and zeal in the face of strenuous opposition secured for the students and teachers of anatomy in New York the facilities and advantages they now enjoy.

THE HOMŒOPATHS IN THE MEDICAL COUNCIL.

As the Medical Council is at present constituted, there are twenty-two representatives of the Regulars and five Homœopaths; and, although in proportion to the constituency the latter represent, they relatively out-number the Regulars, still it might appear that such a small minority in such an assembly would have little or no influence, and might thereby suffer very materially. Strange to say, however, the records of the past shew that this same minority not only knows well how to look after its own interests, but also has often been able to outwit the somewhat ponderous, and, at times, rather *dense* majority. We had a good example of this last June, when the Council nearly *went into convulsions* over an attempt to get a few worthy students passed who had come slightly below the standard in one subject, and at the same time had the misfortune to be *Regulars*; and shortly afterwards decided by a

large majority to pass Dr. John Hall, who had the good fortune to be a Homœopath, by Dr. Bray's *inexpensive* method, which practically meant no examination at all.

We hope it won't surprise the Council if we venture to protest against such acts, and ask its members to be as kind and generous towards the Regulars as they are towards the Homœopaths, or any other Irregulars. What is the secret of such extraordinary conduct, we know not. We hear vague and mysterious rumors of log-rolling, balance of power, &c., but we are unable to go into particulars. It is said by some, who perhaps know, that those who wish to become initiated may learn something by watching the proceedings at the next session. It is even stated that no one will be elected President, who has not succeeded in previously capturing the Homœopaths. We don't profess to know anything about the matter, but will, with others, take some interest in looking on, and observing the actions of those who combine with the powerful minority in order to attain their ends, and the price they pay for such assistance.

We have to acknowledge that in these modern days the Homœopaths appear to be gaining strength. They have taken possession of the broad and lofty-minded specialists of New York, and that city's *Medical Record*, while in this Province they have acquired a controlling power over an influential Medical Journal, which claims "the largest circulation of any Medical Journal in Canada." Possibly we may be allowed to hope they will be checked in their victorious career before they have scattered to the winds every vestige of principle, upon which we have long and fondly trusted our profession was securely founded.

TORONTO MEDICAL SOCIETY.

At the annual meeting held May 4th, the following were elected as officers for the ensuing year: President, Dr. George Wright; 1st Vice-President, Dr. A. H. Wright; 2nd Vice-President, Dr. W. J. Wilson; Recording Secretary, Dr. McPhedran; Treasurer, Dr. Spencer; Corresponding Secretary, Dr. J. Robinson; Members of the Council, Drs. Clark, Smith and Davidson.

ONTARIO MEDICAL ASSOCIATION.

We learn with pleasure that there is every prospect of a very successful meeting of the Ontario Medical Association, which is to be held in Toronto, June 7th and 8th. We are again indebted to our Secretary, Dr. White, for the energy he has shown in his arduous task of completing all necessary arrangements, including those with Railway Companies for reduced fares. For particulars we refer our readers to advertisement in this issue. A number of physicians have been invited from Montreal and other cities in Canada and the United States, and several have promised to attend. The following papers have thus far been promised:

Dr. Ryerson, Toronto—Adenoma of the Vault of the Pharynx. Dr. Worthington, Clinton ———. Dr. Philip, Brantford—On the Anti-septic Treatment of Phthisis. Dr. Curry, Rockwood—Science of Medicine. Dr. Harris, Brantford—Retroversio Uteri. Dr. Temple, Toronto—Remarks on Treatment of Laceration of Cervix Uteri. Dr. Powell, Edgar —Remarks on Hæmorrhage after Tonsillotomy. Dr. Daniel Clark, Toronto—On the Therapeutics of Insanity. Dr. Snow, New York—Trachelorrhaphy, or Operation for Laceration of Cervix Uteri. Dr. Dupuis, Kingston ———. Dr. Palmer, Toronto—Light in Schools. Dr. Stewart, Brucefield—Case of Locomotor Ataxia.

Reports of: 1st. Successful reductions of a dislocation of the elbow (radius and ulna backwards) after four weeks duration. 2nd. Perfect restoration of Perinæum after complete laceration of five months' standing. 3rd. Excision of the elbow for caries of the articular ends of the humerus and ulna, with a useful arm.

Dr. Clark, Oshawa—Venesection: Its past Abuses and present Uses. Dr. Canniff, Toronto—Remarks on, and Exhibition of Case in Surgery. Dr. Yeomans, Mount Forest—The Relation of Local Boards to the Provincial Board of Health. Dr. R. W. B. Smith, Sparta—Alcohol in Diseases. Dr. Harrison, Selkirk—Case of Eclampsia. Dr. MacKelcan, Hamilton—Treatment of Diphtheria. Dr. Oldright, Toronto—Some points regarding Measurements in Surgical Practice. Dr. Playter, Toronto—Remarks on some Points in Vital Statistics in Ontario.

MEDICAL COUNCIL EXAMINERS.

One of the most unsatisfactory features in the past history of the proceedings of the Ontario Medical Council has been the frequent changes in the Board of Examiners. One year the Board will reject a third to half the candidates, and perhaps the following year a new Board will pass everybody. There is no doubt that, all things considered, the Examiners, who lately handed in their report, are the best men who have conducted an examination for that body. Under such circumstances, to make any sweeping changes is worse than useless, and would add a vague uncertainty, which is not only perplexing, but might prove positively injurious. If it should happen that one or two are unwilling to act again, men who are known to be eminently fit for the position should be appointed to take their places. The appointments should be made for a long period, say ten years, and changes should be made gradually. An absurd rule prevents "School men" from examining in the subjects they know most about, but, at the present time, the three teachers who examine are well known to be thoroughly qualified for the subjects allotted to them, and we hope they will be retained. If any changes must be made, we hope that care will be taken in making a suitable choice without any regard to local prejudices or electioneering exigencies.

CLINICAL TEACHING FALSELY SO-CALLED.—

Almost every day, says the London *Lancet*, a visitor to the wards and class-rooms of the Metropolitan hospitals may observe the melancholy spectacle of a crowd of students collected around their teacher, who is engaged, not in expounding the fundamental principles of surgery or medicine, nor yet in explaining the scientific methods of the investigation of morbid phenomena, but in doling out to empty minds promiscuous scraps of disorderly information, known as "tips for the college." If this be the usual mode of medical education in these days, it is not surprising that the percentage of rejections should steadily rise.

CLINICAL CLERKS AND SURGICAL DRESSERS.

While our students are improving every year in their knowledge of practical work, the results of the recent examinations show a deficiency of aptitude in examining patients and using ordinary surgical appliances, on the part of some of the candidates, which is inexcusable, considering the vast opportunities now placed at their disposal. We hope, therefore, that the Medical Council will adopt the rule carried out in Great Britain, and require from every candidate presenting himself for the final examination a certificate of having served a term of three months each as clinical clerk and surgical dresser in some regular hospital. It would probably be too much to ask for both certificates next year; but one, at least, should be required, and, after the examination in 1883, the two should be demanded. Such a system would not only prove vastly beneficial to the student, but would also assist the working staff of the hospital by compelling those attending such institutions to do ordinary dressing and note-taking properly.

RÖTHELN OR GERMAN MEASLES.—An epidemic of German measles has been very prevalent in Toronto, during the last few weeks, and a few cases have presented symptoms unusually severe. One case, occurring in the practice of Dr. McFarlane, terminated fatally after an illness of four days. Two other fatal cases have been reported, one being an adult. Catarrhal symptoms have been occasionally well marked, but generally slight. The throat has been severely affected in a few cases. The eruption has presented the ordinary appearances, first resembling that of scarlet fever, and in a few hours becoming more like that of ordinary measles. In certain respects it has varied greatly in different cases; sometimes only a few spots were visible, sometimes it was very copious over the whole body. It has first appeared generally in face, often on body, and sometimes the extremities, on palms of hands, and soles of feet. Usually convalescence has been rapid. So far as we know so general an epidemic of this disease has never been

known in Toronto; but it is hard to speak positively on this point, because, in times past, it was so frequently confounded with scarlatina and measles, and certainly the old description of a hybrid combination of these two diseases has seemed very applicable in the recent epidemic. The peculiarities arising from this fact often make a certain diagnosis very difficult, especially in the first cases which come under observation. If, however, we agree with Murchison and others who have asserted that Rötheln furnishes no immunity from either scarlet fever or measles, we must attach great importance to a correct diagnosis.

CIVES CANADENSES SUMUS.—We are somewhat amused to observe, in the *New York Medical Record*, for May 13th, in an editorial article, discussing the merits of Benedict's views on the anatomical characteristics of the brains of criminals, Dr. Wm. Osler's investigations of the subject referred to as "a recent contribution by an American, Dr. Wm. Osler, of Montreal." Now, although we fully recognise the cosmopolitan character of science, yet we would venture to suggest to our "big brother" Shradly, that notwithstanding the great aplomb with which we are wont to suffer our cousins across the border to arrogate to themselves the title of American, we cannot with equal unconcern allow them to appropriate also the few men of science we happen to possess. In an article, therefore, in which he distinguishes between Austrian and American, we would prefer to see our countryman denominated either a Canadian or a Briton. In matters of science, and especially of medical science, as well as in things political, the adjective British is still dear to our hearts, and we are by no means content to trace the roots of our genealogical tree, in unbroken continuity, through the soil of time no further back than the year of grace 1776.

MEDICAL BISHOPS.—I. M. Strachan, M.D., Rangoon; Dr. Callaway, Kaffaria; Dr. Stirling, Falkland Isles; and Dr. McDougall, formerly of Labuan and Sarawak, now Archdeacon of the Isle of Wight.

A MODEL CLINICAL EXAMINATION.—The examination for the Murchison Scholarship in clinical medicine was lately conducted by Drs. Wilks and Bristowe, and comprised three parts: "An oral, in which recent pathological specimens, museum preparations, and microscopic sections were examined and reported on by each candidate; a written, in which three questions on clinical medicine were set; and a practical, in which each candidate was required to examine, write a report, and comment on, two cases in the medical wards of St. Marylebone Infirmary. In addition to these three specially selected cases of typical diseases were shown to each candidate in rotation, and on these he had also to furnish a written commentary."

MURCHISON SCHOLARSHIP.—Mr. Charles F. Coxwell, of St. Thomas's Hospital, late one of the Assistant Under-Secretaries of the International Medical Congress, enjoys the proud distinction of being the first holder of the Murchison Scholarship lately founded in honour and memory of that great Clinician. It is peculiarly fitting that a pupil of that school, in which the foremost clinical teacher of his time established his reputation, should be the recipient of an honour commemorative of his "name and use and fame."

Boroglyceride ($C_3 H_5 BO_3$) + $3 H_2O$, is the name given by Prof. Barff (of Barff's-Iron fame) to the new antiseptic lately introduced by him. "At ordinary temperatures," says the *London Lancet*, "boroglyceride is an odourless, transparent, jelly-like body, almost without taste, although, when placed upon the tongue in its pure state, it leaves behind a 'smack' not unlike that caused by alum." Mr. Barwell, of Charing Cross Hospital, speaks most highly of its use in clinical surgery. He employed a 5 per cent. solution.

THE SAFEST ANÆSTHETIC KNOWN.—Dr. Richardson says that Methyline bichloride, ten fluid drachms, and absolute methylic alcohol, six fluid drachms, constitute the safest known anæsthetic when the methylic alcohol is absolutely pure.—*Lancet*.

We have to apologise to one of the Medical Schools in Detroit, for references made to it in our note on "Manufacturing Doctors," which appeared in our last issue. The school we referred to is in Buffalo, not Detroit. We received our information from two different sources, and thought it reliable. The error arose from a singular similarity of names which we cannot explain more explicitly. We regret exceedingly that such a mistake should have occurred.

NEW MEDICAL SCHOOL IN NEW YORK.—It is expected that a new medical department of Cornell University, Ithaca, will be located in New York, and will be, to a large extent, under the charge of the eight members of the post-graduate faculty of the University Medical College, who resigned because they were unable to carry out a system of post-graduate teaching as they wished. The new institution will be well endowed, and from present appearance is likely to be highly successful.

All medical practitioners, resident in this Province, whose addresses are not given in the Ontario Medical Register, are requested to communicate with the Secretary of the Provincial Board of Health, Dr. P. H. Bryce, Toronto, in order that they may receive documents published by the Board.

A Canadian agency, with headquarters in Toronto, 10 Colborne Street, under the charge of Mr. H. P. Gisborne, has been established for the two New York firms, Messrs. Reed & Carnrick, Manufacturers of Maltine, and the Pharmacal Association, Manufacturers of Lactopeptine.

It is our intention to publish, for the special advantage of general practitioners, a series of selections on the common affections of the eye, ear, throat, and nose, from papers read before the Toronto Medical Society. We inaugurate the series to-day with the first part of a paper by the well-known specialist, Dr. R. A. Reeve.

The jubilee of Henle's graduation as M.D. was celebrated in Göttingen on April 4th.

ERRATUM.—In our last issue we made a mistake with reference to the 3rd years' scholarship in the Toronto School of Medicine. The successful candidate was Mr. J. M. Jackson, of Arva.

Dr. B. E. McKenzie, of Aurora, delivered a lecture on "The Functions of the Brain," at the meeting of the Science Association of the University of Victoria College, Cobourg, on Wednesday evening, May 17th.

At a recent meeting of the University Senate, Dr. Wilson gave notice of a motion recommending the establishment of a professorship or lectureship on constitutional history and jurisprudence.

The American Medical Association will meet in St. Paul, Minn., on the 6th., 7th., 8th., and 9th. of June.

We regret that we are compelled to hold over our Book Reviews till next issue.

PERSONAL.

Drs. L. A. Sayre and A. B. Mott, retire to the Consulting Staff, at Bellevue.

Cornil has succeeded Charcot in the chair of Pathological Anatomy.

Herbert Nickle, of the Toronto School, passed the Primary Examination of the R. C. S. on 24th April.

Eppinger, of Graz, has been appointed to the chair of Pathology, in Prague. Weichselbaum will probably succeed Kundrat in Graz.

Dr. Hugh Watt has been appointed Surgeon of the General Hospital in Cariboo, British Columbia.

James M. Smith, of the village of Hyde Park, Esquire, M.D., to be an Associate Coroner in and for the county of Simcoe.

Harry D. Fraser, of the town of Perth, Esquire, M.D., to be an Associate Coroner in and for the county of Lanark.

Dr. J. Robinson has been appointed second Assistant in the Toronto Asylum for Insane in the place of Dr. Covernton, who is now practising in Winnipeg.

38th "Brant" battalion, "Dufferin Rifles," No. 6 Company, Brantford, to be surgeon, Assistant Surgeon William T. Harris, *vice* Jas. Winniett Digby, whose resignation is accepted.

Mr. Andrew Robertson has been elected President of the Board of the Montreal General Hospital in the place of Mr. Peter Redpath, who is now residing in England.

Brown Séquard has been appointed Court Physician at Madrid, but has declined the honour. The world moves.—(*Gaillard's Medical Journal*.)

Secretary Teller, of the United States Treasury, has appointed Dr. Mary Walker to a position in the Pension Office in consequence of strong representations as to her destitute circumstances.

Prof. Wagner, of Leipsic, says the *N. Y. Medical Record*, has been fined \$12 for calling homeopathy a swindle, &c. He was sued by 75 homeopaths, among whom the spoils are presumably to be divided.

Dr. Giovanni Lanza, the Italian Prime Minister, who died March 9, 1882, had nearly completed his semi-centennial as a physician, having graduated in medicine in the city of Florence in 1834.—*Chicago Med. Review*.

Dr. N. H. Beemer, of the Asylum for the Insane, London, has recently passed his first intermediate examination for barrister-at-law. It might be well if more of those likely at any moment to be called upon to assume the rôle of medico-legal jurists, should do likewise.

Dr. A. Jukes, of St. Catharines, who has been appointed staff surgeon of the North-West Mounted Police, was on Monday presented by a few of his friends with a complete outfit for a staff surgeon, and was afterwards entertained at luncheon.

Dr. Cossar Ewart has finally been appointed to the chair of Natural History in the University of Edinburgh, Prof. Ray Lankester having resigned the appointment after a few days. We had hoped Prof. Alleyne Nicholson would have been Sir Wyville Thomson's successor.

Dr. Jas. F. Bell, from the Toronto School of Medicine, and Dr. E. R. Woods, from the Trinity Medical School, were recently appointed Clinical Assistants at the Toronto General Hospital. The senior assistant is Dr. Macdonald and one other to be appointed.

UNIVERSITY OF TORONTO.

RESULTS OF THE RECENT EXAMINATIONS IN THE
FACULTY OF MEDICINE.

The following are the results of the annual examinations in the Faculty of Medicine, University of Toronto:—

First year—Passed, H. Bascom, C. H. Britton, A. Broadfoot, E. Bourke, L. Carr, G. A. Cherry, F. W. Cane, J. D. Courtney, W. A. Goodall, H. N. Hoople, A. B. Knisley, C. A. Krick, D. Minchin, D. Poole, M. R. Saunders, J. E. Sutherland, D. M. Stabler, H. E. Webster.

J. W. Patterson and S. Stewart, second year, passed in anatomy. J. H. Howell obtained *agrotat* standing in this year. Goodall and Knisley take chemistry again.

Scholarships—1st, H. W. Hoople; 2nd, L. Carr.

Second year—Passed, J. Bray, J. W. Clerke, J. S. Draper, J. Johnston, T. D. Michael, A. F. McKenzie, J. W. Paterson, R. L. Stewart, S. Stewart, J. Spence, A. S. Thompson, R. Hearn.

W. Johnston, T. M. Milroy, and W. H. Oliphant, of 4th year, passed on physiological chemistry.

Scholarships—1st, J. W. Clerke; 2nd, A. F. McKenzie.

Third year—Passed, H. S. Clerke, F. J. Dolsen, J. E. Hansler, J. A. Meldrum, W. J. Robinson.

Scholarships—1st, W. J. Robinson; 2nd, F. J. Dolsen.

Primary—W. H. Carleton, W. F. Freeman.
Final—Passed, W. J. Charlton, R. Coulter, A. I. Freele, N. S. Frost, W. Gilpin, H. P. Jackson, J. G. Mennie, A. S. Nasmith, J. W. Rae, S. R. Rogers, J. E. Shore, P. C. Wamsley.

Fourth year—Passed, J. F. Bell, G. S. Cleland, J. T. Duncan, W. F. Eastwood, R. M. Fisher, W. Hanbridge, W. H. Johnson, E. G. Knill, F. D. Kent, J. Laferty, F. M. Milroy, T. F. McMahan, W. H. Oliphant, A. C. Panton, R. R. Wallace.

University gold medal—R. R. Wallace.

University silver medal—J. F. Duncan.

Starr gold medal—R. R. Wallace.

Degree of M.D.—J. Anderson, M.B.

Of the prizemen, Mr. Wallace (double gold medallist) and Mr. H. W. Hoople were from the Trinity Medical School; Mr. Duncan (Silver Medallist), Messrs. Robinson, Dolsen, Clarke, McKenzie, and Carr, were from the Toronto School of Medicine. In graduating class there were 6 from Trinity, 21 from Toronto; undergraduates, 8 from Trinity, 30 from Toronto.

TRINITY COLLEGE.

CONVOCATION FOR CONFERRING MEDICAL DEGREES.

The names of those who took the degree of M.B. were as follows:—

Archibald Charles Gaviller, gold medallist; James Murray Johnston, silver medallist.

The following gentlemen received certificates of honour in addition to the degree:—W. H. Macdonald, A. D. Smith, J. T. Sutherland, J. Johnston, W. M. Brett, P. J. Strathy, J. W. Ray, T. M. Milroy, H. H. Graham.

The following passed simply:—H. H. Atkinson, R. W. Belt, F. D. Canfield, T. W. Duncombe, J. G. Davidson, J. A. Gracey, J. W. L. Hunter, Wm. Nattrass, A. F. Pringle, J. Urquhart, H. C. Wilson, J. D. Wilson, E. R. Woods, and D. McLeod.

The following gentlemen received the degrees of C. M., M.D.:—H. P. McCausland, J. Walker, F. E. Woolverton, F. C. Astley, J. C. Urquhart, George McLaine, A. H. Ferguson, W. Honeywell, J. Bonnar, J. A. McNaughton, C. M. Freeman, T. H. Stark.

The following took C. M. alone:—R. J. McKinnon and R. A. Ross.

The following took the degree of M.D.:—R. B. Nevitt, R. Raikes.

UNIVERSITY OF VICTORIA COLLEGE
CONVOCATION FOR CONFERRING
DEGREES.

The following received the degree of M.D., C.M., being presented by Dr. Uzziel Ogden, of the Toronto School of Medicine:

W. H. Aikins, R. J. Burton, R. M. Coulter, J. T. Carroll, M. K. Colver, James Campbell, G. W. Clendenan, M. R. Elliott, H. P. Jack-

son, W. J. Kellow, W. H. Montague, G. S. McDonald, B. Rose, S. R. Rogers, W. A. Ross, J. W. Wilmot, J. B. Whiteley, Chas. J. Wilson, C.M.; J. H. Radford, G. M. Milne, W. D. Fowler, J. M. Piper, M.D.; J. E. Savard, O. H. Manzan, J. H. H. Gauthier, W. Dubeau, J. B. E. Maillet, and E. P. Vannier.

Obituaries.

Dr. John T. Hodgen, of St. Louis, died April 28th, in the fifty-seventh year of his age. He was a prominent and well known surgeon, and was Professor of Surgical Anatomy in the St. Louis Medical College. He was President of the American Medical Association in 1881, and presided at the meeting held that year in Richmond.

Dr. John Brown, of Edinburgh, well known as a physician, but better still as the author of "Rab and his Friends," and the other contents of his two volumes of "Spare Hours," has gone to his rest at the age of 72, loved and honoured by those amongst whom he wrought, and more distantly, but not less devoutly, by those for whom he wrote. He was a contributor to the *North British Review*, *Good Words*, and the *Scotsman*.

JAMES RUSHMORE WOOD, M.D., LL.D.—The profession in New York has paid another heavy tribute to the debt of nature in the person of the above-named eminent surgeon, who succumbed to double pneumonia on the ult. Dr. Wood was born of Quaker parents, in New York City, on 14th Sept., 1816, and graduated at Castleton (Vt.) Medical College in 1846, being appointed Demonstrator of Anatomy there the same year. In 1847 he became identified with Bellevue Hospital, and from that time till his death held a prominent position on its surgical staff. He was twice President of the Pathological Society, and was Consulting Surgeon to Charity, St. Vincent's, Woman's, and Ruptured and Crippled Hospitals. He wrote but little, but his eminence as a surgeon, in the fullest sense of the word, was universally conceded.

Book Notices.

Hygiene in Relation to the Eye. By C. J. LUNDY, M.D.

The Death-rate of Memphis. By GEO. E. WARING, JR., Newport, R. I. (Reprint from *American Architect*.)

Current Fallacies about Vaccination. A letter to Dr. W. B. Carpenter, C. B. By P. A. TAYLOR, M.P.

Observations on Surgery in Children. By EDWARD BORCK, M.D. (Reprint from *St. Louis Medical and Surgical Journal*.)

The Special Therapeutic Value of Hyoscyamine in Psychiatry. By C. H. HUGHES, M.D. (Reprint from *Alienist and Neurologist*.)

Report of the Asylum for the Insane, London for year ending 30th September, 1881. By R. M. BUCKE, M.D., Superintendent.

Gonorrhœal Ophthalmia, its Complications and Results; Iridectomy for Artificial Pupil. By C. J. LUNDY, M.D. (Reprint from *Michigan Medical News*.)

Galvano Caustic Method in Nose, Pharynx, and Larynx. By J. SOLIS COHEN, M.D., of Philadelphia. Read at International Medical Congress, London. J. W. Kolckmann.

The Opium Habit; Its Successful Treatment by the Avena Sativa. By E. H. M. SELL, A.M., M.D., (Reprint from the *Medical Gazette*.)

The Separate System of Sewerage. By GEO. E. WARING, JR. (A reply to the paper of ELIOT C. CLARKE, Esq.) (Reprint from *American Architect*), Newport, R. I., 1882.

Working Bulletins for the Scientific Investigation of Jamaica Dogwood, Quebracho, and Cascara Sagrada. By Messrs Parke, Davis and Co., Detroit, Michigan, U. S.

Del Histerismo Considerado en sus Relaciones con Algunas Enfermedades Localizadas. Por el Dr. D. FEDERIC CASTELLS. Barcelona (Reprint from "*Gaceta Médica Catalana*.")

Meetings of Medical Societies.

REPORT OF TORONTO MEDICAL SOCIETY.

February 9th, 1882.—The Society met at 8.15 p.m., the President in the chair; the minutes of the last meeting were read and adopted.

Dr. Workman then gave notice that three months hence he would move that the annual fee for membership of this Society be reduced from \$3 to \$2.

Dr. Graham exhibited two vesical calculi removed at *post-mortem* examination from a lad, aged seventeen; the larger one was firmly fixed and encysted below the pubic arch and was taken for an exostosis. The same gentleman also showed a left lung and aorta; the aorta was aneurysmal and had ruptured into the pleural cavity, the patient from whom the specimen was taken also suffered from pleurisy with effusion; the patient's voice was hoarse due to pressure on the recurrent laryngeal by the aneurysm.

Dr. Burns showed a young man, aged nineteen, with hypertrophic enlargement of the ulnæ and tibæ, no clue could be got to the disease from the family history, no evidence of syphilis, except slight protrusion of the frontal eminences and the bridge of the nose being sunken.

Dr. Wilson, showed a fœtus with an abscess in the left thigh, with arrest of development in the affected limb.

Dr. Nevitt then showed a ruptured uterus. The child's body and part of the placenta had escaped through the rent into the abdominal cavity. No decided cause could be given for the accident, a microscopic examination showed fatty degeneration and inflammatory infiltration. The rent extended through part of placental attachment.

Dr. Oldright showed a large tumour, which at first was thought to be fatty, but on microscopic examination it was found to be a mixed myxo-lympho sarcoma in structure; it was removed from the upper part of the thigh, situated beneath the abductor longus, weight, four and a-half pounds.

Dr. Cameron, then showed a case of palmar squamo-pustular syphilide. No history of syphilis was obtainable; but the patient improved greatly under a mixture containing the perchloride of mercury and the iodide of potassium; the case also showed serpiginous eczema on the extensor surfaces of the arms.

Dr. McPhedran related a case in which there was loss of power of the lower extremities after confinement; he could assign no cause for the malady.

Dr. Temple mentioned a similar case which, after some months, quite regained the use of the limbs, no special treatment being adopted.

The President then vacated the chair and read a short paper upon "The Difference between Acute Delirium and Insane Delirium." After a few preliminary remarks, he described the different effect alcohol had upon different persons, and gave a vivid description of an individual case, he also gave a description of the mania of hysteria and *delirium tremens* and concluded his paper by giving the points in the differential diagnosis between acute and insane delirium. The Society then adjourned.

February 23rd, 1882.—The Society met at 8.30., Dr. Graham in the chair. The minutes of the last meeting were read and adopted.

Dr. Davidson then exhibited a placenta which had been adherent to the uterine wall throughout nearly its whole extent, masses of fibrinous lymph were to be seen on its surface, and in order to remove the placenta it was necessary to introduce the whole hand into the uterine cavity. A discussion then ensued as to the merits and demerits of introducing the hand into the uterus to remove adherent placenta.

Dr. Riddel, showed the head of an aged man, whose widow was committed for trial on a charge of murdering him, on the medical evidence given at the inquest which stated that the right temporal bone had been fractured, the result of several blows from some blunt instrument. On a close examination of the skull by Dr. Riddel it was found that there was no fracture of the right temporal bone, but that a small fragment of the parietal bone was wanting which must have been fractured at the time that the calvarium was removed by the operator, which had it been frac-

tured before the *post-mortem* would have crumbled away or been detached from the dura mater by the action of the saw. Dr. Riddel also found a fracture of the left parietal, frontal, and occipital bones which must have been produced by the unskillful removal of the skull cap, at the trial of the supposed murderer. Dr. Riddel was called for the defence, and gave his evidence in accordance with what he found as above stated, upon which and together with similar evidence by Dr. W. T. Aikins the woman was acquitted.

Dr. Oldright then made some observations as to the condition of the prepuce in early boyhood. He thought it was a very common thing to find the prepuce contracted in children, and that needless operations were often performed; he thought that as age advanced, the condition generally righted itself; a discussion ensued upon the subject, and several cases were cited where reflex symptoms were cured by the removal of the prepuce.

A communication from Dr. Hillary, of Ansto Bay, Jamaica, was then read regarding an autopsy in which air was found in the right auricle of the heart and in the gall bladder, and there was also general emphysema; the patient had died suddenly.

The Society then adjourned.

THE PROVINCIAL BOARD OF HEALTH.

The first general meeting of the newly-constituted Provincial Board of Health was held in this city, on the 9th, 10th, and 11th ultimo. The session was opened in the Parliament Buildings, under the Presidency of Dr. Wm. Oldright, Chairman of the Board; and in the first day's proceedings all of the members of the Board, Rae, Oshawa; Yeomans, Mount Forest; Covernton, Cassidy, and Hall, Toronto; and Bryce, Secretary, took part. After the reading of the Act, creating the Board, and the Secretary's commission, the subject of the epidemic of variola at Windsor was discussed and action taken thereon, after which the Chairman delivered his inaugural address, which will be found *in extenso* in the issue of the *Mail* newspaper for the 12th of May. A communication

was received from Dr. H. B. Baker, the Secretary of the Michigan Board of Health, on the subject of immigrant inspection, urging its necessity, and promising the earnest co-operation of his Board. Dr. Cassidy presented a report of the proceedings of the Sanitary Convention lately held in Greenville, Michigan, which he and Dr. Oldright attended; and Drs. Covernton and Yeomans reported their investigation into the sanitary condition of the Town of Sarnia, and the conclusions they had arrived at with reference to the cause of the recent prevalence of typhoid fever there. After passing through Committee of the Whole, the report was adopted, and a copy, together with recommendations of the Board, directed to be forwarded to the Mayor of Sarnia. A circular to the local municipalities, anent sanitary reforms, was drawn up and 3,000 copies ordered to be printed for circulation. Fifteen hundred copies of certain extracts from the Statutes, concerning public health, which Dr. Yeomans had caused to be drawn up were ordered to be printed for circulation, and a circular to medical practitioners soliciting their co-operation was determined upon. Dr. Covernton also submitted a circular to medical men, requesting monthly reports of cases of infectious and contagious diseases. The circular was referred to a special committee to report thereon to a special meeting on the 1st of June. The Hon. A. S. Hardy, Provincial Secretary, who was present on the second day, promised to have 2,000 copies of the Public Health Statutes printed for circulation. Dr. Covernton introduced the question of erecting public urinals, and also suggested the advisability of recommending to municipalities the adoption of the Rochdale system for closets. The necessity for a special vehicle in cities and towns for the conveyance to hospital of infectious cases, and of a strict surveillance of persons and things in contact with such cases was discussed. Arrangements were made for procuring the necessary exchanges of sanitary literature for the Board, and also for the printing of 3,000 copies of a digest, approved by the Attorney-General, of Provincial laws, for the guidance of municipalities, relative to the powers vested in them for the suppression of communicable diseases.

A resolution was adopted recommending municipalities to restrict by by-law the utilization of made ground for building purposes within certain conditions. On motion of Dr. Yeomans, seconded by Dr. Covernton, the Secretary was instructed to procure a supply of reliable vaccine for the use of practitioners; and the project of securing a vaccine establishment in the City of Toronto was considered. After passing votes of thanks to the physicians, inhabitants, and Town Council of Sarnia, to Dr. H. B. Baker, Secretary Board of Health, of Michigan, to Mr. Jno. K. Allen and Dr. Nicholson, of the Secretary's Department, and to the members and officials of the Michigan Board, to the officials of the Detroit Board, to members and ex-members of the Toledo Board, to the Mayor, Dr. Shelden, Dr. Avery, and other citizens of Greenville, Mich., for various courtesies and co-operation, the Board adjourned.

HURON MEDICAL ASSOCIATION.

The regular meeting of the Huron Medical Association was held in Clinton, on Tuesday, April 4th, Dr. Holmes, president in the chair. The following members were present. Drs. W. J. B. Holmes, Worthington, Gillies, McLean, McDonagh, Williams, McMicking, Duncan, Graham, Scott, Hurlburt, and Stewart.

Dr. Duncan, of Seaforth, exhibited another well-marked example of *Jacksonian Epilepsy*. The patient, a female child, aged 38 months, enjoyed good health until she was 11 months old, when the present difficulty commenced suddenly with convulsions, confined to the right arm, leg, and right side of the face, which lasted, it is said, six hours, and was followed by paralysis of the convulsed parts of some weeks' duration. From this time up to the child's second year, no regular fits occurred, but soon afterwards they were very marked, and when severe, the left side was slightly affected, but it was never paralyzed like the right side. Speech was confused and incoherent after the attacks. For several months the attacks only occurred once a month. During last October they became very frequent, as many, sometimes, as 14 in one day. Since then she has been taking bromide of potassium,

and now they only happen once in the six weeks.

During the attacks, the head is drawn to the right side and the eyes to the left. When the child awakens, her right extremities are found to be paralyzed. The paralysis, however, lasts but a few hours, as a rule. The child is often fretful, and when gentle pressure is made on the left ear she is soothed. Memory and intelligence good. Patient formerly appeared to be conscious during the attacks, but lately she has not been so.

Family History. Unimportant on the father's side, but on the mother's side her grandfather was subject to epilepsy, and her brother died in a fit, and his youngest daughter was also epileptic.

Dr. Graham, of Brussels, showed a woman, aged 49, who has Dupuytren's contraction of the little and ring fingers of both hands.

Dr. Gillies, of Teeswater, showed a well marked example of infiltrating carcinoma of the right breast and axillary glands, with secondary deposits in the pleura, in a woman aged 47.

Drs. Stewart and Hurlburt, of Brucefield, showed patient, aged 3½ years, with left *hemiplegia* following unilateral (left) convulsions. The child, who was convalescing from scarlet fever, was seized, on the 14th of January last, with convulsive movements of the left arm, leg, and face, which lasted for eight hours. On the following day (Jan. 15) the child was still unconscious, with a pulse of 140, and a temperature of 104°, but there was no return of the fits. On the 16th of January, the left arm and leg were found to be completely paralyzed, in which condition they remained for a week. Since, there has been a gradual improvement, but the child still drags his left leg. The left arm has almost completely recovered with the exception of some of the complex hand movements. The urine never contained any albumen, nor was there discovered at any time any deficiency in the quantity of urea.

It is probable that both the convulsions and paralysis in this case were brought about by a meningeal haemorrhage.

The last issue of the *New York Med. Record* contains a recantation of its heresy on Homoeopathic Consultations.

Miscellaneous.

BORACIC ACID FOR GRANULAR LIDS.—Dr. James L. Minor applies the pulverized acid freely to the everted lids with a brush, lachrymation is at first increased, and some pain is caused. There is slow and steady amelioration of the symptoms.—*Virginia Medical Monthly*.

A LARGE BRAIN.—The case is recorded by Chr. Tompkins, of Richmond, of an insane negro whose brain weighed 72 ounces. He was 32 years of age, 6 feet 2 inches in height. Had committed murder twice, was twice an inmate of a lunatic asylum, and was generally considered stupid.

STIRLING ON EUCALYPTUS-OIL IN LUMBAGO.—Mr. B. A. Stirling, in the *Lancet*, Dec. 1881, p. 1,155, speaks highly of the value of eucalyptus-oil in lumbago. Mr. Stirling believes that, by the free inunction of this agent, he has also often cut short a bronchial attack. The formula advised is, equal parts of the oil of commerce, olive-oil, and belladonna liniment.

TORONTO 'TELEGRAM' 'TATTLE.'—

How doth the gentle peeler march
Along his gentle beat ;
How inwardly he wishes, for
A student on the street.

He softly smiles, and grins with glee,
And both his hands doth rub ;
He fondles with an easy grace,
His student-bursting club.

“*Studentiana*.”—*Dr. Watts*.

“The Old World motto is *noblesse oblige*. Our generous men of wealth are changing the phrase to *richesse oblige*, and thus becoming recognized as our untitled nobility. It is only necessary to show them in what way their beneficence will do the most extended and the most lasting good. The founding of five or six professorships will carry the names of their founders down to a remote posterity, and call them to honored remembrance when the stately buildings around us are replaced by other and still nobler structures.”—*Cincinnati Med. News*.

TELEPHONIC TROUBLES.—Mistakes may happen even in the best regulated families. Here is an example. Chicago is blessed with a druggist of great experience, and staid, modest habits of demeanor. It is his custom to replenish his stock when necessary, by ordering by telephone from other houses in the same line of business. With this purpose in view he called up such a house, and supposed he had it, when in fact he was still speaking to the telephone office. He was overwhelmed with chagrin and shame when in reply to his question, “Have you large black nipples?” only a hearty soprano cachinnation was returned from the female operator in the office. For a number of days thereafter he was compelled to repeat his blushes as he caught the lady’s laughter whenever she heard the tones of his voice on the wire.

MEDICAL COLLEGES.—In a letter published in a recent issue of the *Boston Medical and Surgical Journal*, Dr. Oliver Wendell Holmes writes : “A school which depends for its existence upon the number of its students cannot be expected to commit suicide in order to satisfy an ideal demand for perfection. Any institution which is essentially dependent on the number of paying students it can draw must be tempted to sacrifice its higher aims to popularity. No high standard can be reached under such circumstances, and the only way to insure the independent action of a school which aims at teaching the whole country by example, is to endow its professorships, so that the very best and highest grade of instruction, and not that which is popular because it is easy and superficial, may always be given from its chairs, whether the classes be large or small. A small number of thoroughly accomplished medical graduates, their knowledge based on sound scientific acquirements, and made practical by assiduous clinical observation and teaching, will be worth more to the country than twice or thrice the number of half-taught, hastily-taught practitioners. A series of such classes will, in the course of a single generation, elevate the whole professional standard, as they go forth, year after year, missionaries in the cause of health.

THE NEW CODE—DR. BALDWIN TO
DR. SAYRE.

* * * * *

I will not say that the science of medicine has never been promoted by any of these false systems. Hydropathy has, perhaps, taught us something of the virtues and abuses of cold water. To Thompsonianism, as once practiced by bold and crazy empirics, we are indebted for a fuller knowledge of the dangers of steam and over-stimulation, no less than for a clearer insight into the mischievous use of remedies in themselves innocent or even valuable when rightly employed. The folly of Sir Kenelm Digby and Lord Gillbourne in the use of the "Sympathetic Powder" and the "Weapon Salve" in the treatment of recent wounds, dates the correct appreciation of union by the first intention, and led John Hunter to comprehend the doctrine of adhesion. The cure of scrofula by the "Royal Touch," The doctrine of "Signatures" and "Perkinism or Metallic Tractors" instructs us in the power of the imagination over diseases. Nor can I doubt that "Homœopathy," with its help from "expectant attention" and the farther aid from rigid dieting as taught by Broussais and his disciples, has made us better acquainted with the curative energies of nature when unassisted by medicine. And I can see, too, how "charms" and "amulets" or any other sort of hocus-pocus should produce results similar to those claimed for Homœopathy; and in the same light, I can comprehend why the fond mother still hangs the coral around the neck of her helpless babe, unconscious of the medical teaching which originated the custom—just as I can understand how the Druids of ancient Britain gave virtues to the mistletoe by cutting it with a golden knife when the moon was six days old, as their voices resounded through the groves to the mystic chorus of Derrydown! All these things I can see and not be much the wiser for seeing. But I confess my utter inability to see how the "demands of humanity" or the "interest of a liberal profession" can be promoted by the "advanced idea" of consultation between a regular practitioner and the advocate of an exclusive

dogma, even though the latter be a "legally qualified practitioner."

But, my dear Doctor, we need not repine at these things. Great sciences, as well as great principles in other departments of life, must be subject to severe trials. By detraction without, by dissension within, they can only be tested. Neither form of trial is worth much without the other, and it is when they combine in the history of a profession that such a profession demonstrates its strength and grandeur. Just now our profession confronts one of these hazards, and yet I cannot but hope that the new code of Ethics will share the fate of other errors that have sprung up around the great science of medicine, to live a day and perish forever. Especially do I hope that New York will yet rise in her majesty and scourge from her temple those money changers who with impious hands would destroy the sacred instrument, our covenant, our creed, the decalogue of our profession, and that those false teachers who lately gathered about Albany will be amazed and appalled at their own folly and presumption when the ides of June will startle them with the rebuke which awaits them from St. Paul. "Money changers" will be taken, of course in a Pickwickian sense, since the gentlemen who have leaped to the front of philanthropy with "advanced ideas" in advocating the "demands of humanity" and the "interest of a liberal profession" could never think of accepting a fee for such consultation! It may do for Brutus to talk to Cassius about "an itching palm," but in our days—the days of the "demands of humanity"—it must be accepted as a mere play of rhetoric.

I am, my dear Doctor,

Very truly and sincerely your friend,

W. O. BALDWIN, M.D.

—*American Med. Weekly.*

Births, Marriages, and Deaths.

DEATH.

At his residence, Beaverton, on May 15, Alex. McKay, M.D., eldest son of the late James McKay, township of Finch, county of Stormont.