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FATAL PERFORATING GASTRIC ULCER.

BY

J. ALEX. HUTCHISON, M.D.,  
Montreal.

C. C., aged 38, labourer, was admitted to the Montreal General Hospital on December 7th, 1906 at 9.15 p.m. complaining of pain in the abdomen and obstinate constipation.

The illness began December 6th, at 5.30 p.m., 28 hours before admission, with a sudden, severe pain in the upper abdomen after lifting a heavy bale of jute. Patient stopped work, walked home and went upstairs. He took tea and vomited it, also some bright red blood. Pain continued, growing more severe; bowels refused to move in spite of drachm doses of magnesium sulphate every hour and numerous enemas; the injections were quite ineffectual, except that with some of them a little dark blood was passed. No more vomiting, no chills. Increased abdominal distension during last twelve hours. Patient sent to hospital for laparotomy as a case for possible intestinal obstruction.

*Personal History.*—Always strong and healthy; no previous attacks like present; no history of "indigestion" or "stomach trouble." Does not use alcohol to excess.

*On admission.*—Well nourished muscular man; restless, evidently suffering considerable abdominal pain. Temperature  $102\frac{1}{2}$ ; respirations 28; mucous membranes and nails blanched; hands and feet cold; no pulse felt in either radial; heart sounds only faintly heard with stethoscope. Patient apparently moribund, facial expression rather one of hæmorrhage than peritonitis; considerable struggling for breath and use of extraordinary muscles of respiration; orthopnoea at times. Tongue parched and covered with brownish coat. Abdomen greatly distended, symmetrical, generalised resistance; no rigidity; general tenderness. Movable dulness in flanks and lower abdomen, distinct fluctuation wave; spleen not palpable. The case was considered to be

probably rupture of small intestine or mesenteric vessel with hæmorrhage.

Rectal salines with brandy were given, hot water bottles, hypodermic injections of camphor and strychnine but with no effect. Patient died struggling for air about one and a half hours after admission.

The autopsy, performed by Dr. Duval, revealed a gastric ulcer with perforation (pyloric) and acute general peritonitis.

The stomach in situ showed on the anterior surface of the pylorus near the lesser curvature a sharply defined more or less circular perforating ulcer; the orifice admitted the tip of the little finger. The serous coat of the stomach presented a stellate puckering about the perforation. On opening the stomach the ulcer was seen as a sharply defined heaped-up mass with a slit-like opening 4 mm. wide and 1.5 mm. long. The edge of the ulcer is perfectly smooth, regular and of paper thickness. There is no evidence of its recent perforation. Folded over the opening are two laterally opposed mucosal folds which act as a sort of valve to the opening. The stomach contents are free from blood as also are the intestinal contents.

I am indebted to Dr. T. R. B. Nelles for this case report. The case was sent in to hospital from the practice of Dr. DeJersey White.

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## A REPORT OF TWO PATIENTS OPERATED ON FOR DEFORMITIES RESULTING FROM TUBERCULOUS DISEASE OF THE HIP.

BY

A. MACKENZIE FORBES.

Surgeon to the Children's Memorial Hospital, Montreal.

The two boys now before us (M.B.) and (J.T.) whose ages are six and ten years respectively had suffered from tuberculous disease of the hip for some years. They both had been treated under various conditions and probably in various ways, but I should judge usually by extension and rest in bed. While suffering from hip disease they both developed deformities which more or less commonly follow this disease.

The younger of them (M.B.) was first brought to the Children's Memorial Hospital in July 1904. The history given then, stated that he had suffered from left-hip disease, and, later disease of the right hip: that in December 1903 examination had showed a pathological dislocation of his right femur; that the left hip was ankylosed and

the left lower extremity was in everted position. Shortly after this examination was made the head of the right femur was excised.

After admission to the Children's Hospital he was treated by rest and extension in a plaster of Paris Spica, flexion of the right femur having first been reduced as far as possible under an anæsthetic. This treatment was continued until January 1905, when it was felt that the disease was arrested. The following notes were taken at that date.

The right femur is almost fixed in the flexed position. The head of the bone has been excised. On extending this extremity to the same plane as the trunk, a lumbar lordosis of about  $1\frac{1}{2}$  inches appears. The left hip is almost completely ankylosed in an everted position. It is not markedly flexed.

When the patient attempts to walk, it is noticed that locomotion is performed by the right lower extremity alone. The left foot, which is held in a strongly everted position, is simply dragged after the right foot, serving only as a pedestal on which the patient stands while he advances the right foot.

The boy while standing in a position of rest places all his weight on the left foot, and on the toes of his right foot, his right heel being elevated from the ground, because of both real and apparent shortening of the right lower extremity. This apparent shortening is due to flexion of the right femur.

Repeated but unavailing attempts were now made by non-operative measures to increase the range of motion at the right hip-joint and to reduce the flexion.

On June 1st, 1905, a Gant's sub-trochanteric Osteotomy was performed and the result, over one and a half years after the operation, can now be judged by the examination of the patient. You will see that he now manages to get about fairly well, you will notice that he has still over one-half inch shortening on the left side but that this is actual and not apparent shortening. The head of the left femur is pathologically dislocated upwards. Bryant's Line on the left side is about  $\frac{3}{4}$  inches shorter than on the right side. The right femur is slightly moveable, but the left is almost completely fixed.

If you will now turn your attention to the older boy (J.T.), who was referred to the Children's Hospital during March 1905 by the Charity Organization Society, I will say that on admission it was found that his left femur was flexed almost to a right angle with his trunk. On extending this thigh to the same plane as the trunk,  $1\frac{1}{2}$  inches of lumbar lordosis was produced. The left lower extremity had an apparent shortening of more than  $1\frac{3}{4}$  inches. There was a pathological dislocation, upwards, of the head of the left femur.

In June, 1906, after all ordinary efforts had been made to correct the flexion of the left femur, and after it was decided that there remained no active disease at the hip joint, a Gant's sub-trochanteric Osteotomy was performed and the patient placed in plaster of Paris.

On examination to-day you will see that the patient's flexion has been reduced and there remains only  $1\frac{1}{2}$  inches actual shortening with little or no apparent shortening.

The efficacy of Gant's sub-trochanteric osteotomy for the correction of such deformities as flexion, adduction and version of the femur is demonstrated by the examination of these two patients, but, more important than this, one cannot fail to be impressed with the necessity of maintaining the femur of the affected side in its normal position of extension, also in moderate abduction and eversion during the progress of tuberculous disease at the hip. As patients suffering from hip disease are frequently brought before the surgeon, only when flexion and adduction have taken place, an attempt to immediately reduce these deformities, even under an anæsthetic is suggested. This is now the almost universal practice amongst orthopædic surgeons.

This reduction of deformity should be followed by complete fixation in the corrected position. The experience at the Children's Memorial Hospital seems to prove that patients who have suffered from deformities which have proved difficult to correct, and in which it is difficult to maintain the correction, are best treated at first in the abduction splint of Mr. Robert Jones, of Liverpool. Such may later be treated with a plaster of Paris Spica, as may most other patients suffering from hip disease uncomplicated by abscess.

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## SERIES OF FIVE CASES OF CAESAREAN SECTION.

BY

H. L. REDDY, M.D., L.R.C.P. Lond.

Physician Accoucheur to the Women's Hospital, Montreal.

*Case I.*—Mrs. R., II. para, aged 33. Admitted to the Women's Hospital November 10th, 1905.

*Personal History.*—In her last confinement craniotomy was performed by Dr. Holmes of Glasgow, on account of contracted pelvis, and she was told that if pregnant again she would have to have a Cæsarean operation.

*Present Condition.*—Patient a small but fairly well nourished woman; height 4 ft. 11 ins.; weight 112 lbs. Systems normal. Child calculated to weigh about  $7\frac{1}{2}$  to 8 lbs., and probably a female. Men-

uration gives ext. conjugate 16 cm., or the c.v. 7 cm. ( $2\frac{3}{4}$  ins.); the intertrochanteric measurement being the only one short, 28 cm. instead of 32 cm.; the others normal. As the patient had come into the hospital for a Cæsarean section it was decided to wait until labour set in.

November 19th. Labour began. At 9.39 p.m. the operation was begun, and was completed in forty-seven minutes. She was delivered of a female child weighing  $8\frac{1}{2}$  lbs. Patient was sterilized at her request.

Diameters of child's head:—Sub-occipito-bregmatic 10 cm. (normal 9.5); occipito-frontal 12 cm. (normal 12); occipito-mental 13 cm. (normal 13); biparietal 9.5 cm. (normal 9.5).

The patient made an uneventful recovery, out of bed on the 15th day, and out of the hospital on the 35th day. A small stitch abscess in the skin delayed her a few days longer than usual in the Hospital.

*Case II.*—Mrs. L., V. para, aged 30. Admitted to hospital November 29th, 1905.

*Personal History.*—Her first confinement was a very difficult one with forceps. The child is living but suffers with severe epilepsy as a result of head injury at birth. The second and third children did not survive. Symphysiotomy was performed in the hospital in September 1901, and was successful, although the child died later from inanition. She underwent an operation for gall stones in the Montreal General Hospital in 1902. Miscarriage at three months in 1904.

*Present Condition.*—Patient is a large well built woman 5 ft., 2 in. in height, weight 165, normal child about an average size male. Mensuration shows:—ext. conj. 17.7 cm., c.v. about 8.2 cm. ( $3\frac{3}{8}$  in.); other measurements normal. Patient desires to be rendered sterile to avoid future trouble.

On December 19th, labour began. At 11.45 p.m. operation was begun, and was finished in 50 minutes. There was a layer of adipose tissue about three inches thick under the skin, and this was the only case of the series that gave us trouble. One of the skin sutures becoming infected, conveyed the infection to the buried sutures, giving a great deal of trouble; and healing was not complete when I last heard from her in January, 1907, probably on account of the buried silk sutures in the uterus being in turn infected. The child weighed  $7\frac{1}{2}$  lbs. and is now living, a fine healthy boy.

*Case III.*—VII. para, aged 37. Admitted to hospital March 15th, 1906, in labour.

*Personal History.*—She had six children at full term, the successive labours being gradually longer and more difficult.

*Present Condition.*—Patient is a healthy, well nourished woman, 5 ft., 4½ in. in height. Has been ten hours in labour before being admitted to hospital.

*Mensuration.* ext. conj. 19 cm., c.v. 10 at brim and 8 cm. in cavity, other measurements about 2 cm. short of normal.

The position of the child was R. O. A., with the occiput riding on the symphysis, and unable, on account of its size, to engage at the brim. After an additional nine hours, labour with the pains strong and the os undilated, it was very doubtful whether more damage would not have been done to the soft parts, and the death of the child resulted, had a forcible delivery with forceps been undertaken. The patient being willing, Cæsarean section was performed, and at her request she was sterilized. The operation was finished in one hour.

The child, a male, weighed 10 lbs., 6 oz. The measurements of the head were as follows:—biparietal 10 cm., occipito-bregmatic 10.5 cm., circumference 38 cm. (normal 34.5 cm.).

Recovery was uneventful, and mother and child were discharged in perfect condition on the 21st day.

*Case IV.*—M. P., aged 22, Primipara. Admitted to Hospital March 13th, 1906.

*Personal History.*—She suffered from hystero-epilepsy after menstruation began, but apparently there were not very many seizures.

*Present Condition.*—Patient is a fairly well nourished girl five feet in height; weighs 101 lbs.

*Mensuration.* ext. conj. 17 cm., c.v. 8 cm., other measurements 2 cm. shorter than normal.

Labour began April 15th. After 44 hours of labour, which steadily became more severe, the os was undilated, the cervix not fully taken up, and the head not engaged at the brim. The patient consented to Cæsarean Section as being the least dangerous operation for her. She was sterilized at her request. The operation lasted 56 minutes. The child, a female, weighed 5 lbs. Mensuration of head showed all the diameters less than normal by from 1 to 2 cm. It died in three weeks from inanition. The mother was discharged from hospital May 26th, in perfect condition.

*Case V.*—Mrs. M., aged 26, primipara. Admitted June 26th, 1906, in labour.

*Personal and family histories* normal.

*Present Condition.*—Patient was a large well developed woman, height 5 ft., 6 in.; weight 145 lbs. Systems showed nothing abnormal. She had been in labour 30 hours before admission to hospital. Repeated

efforts at extraction with forceps were unsuccessful. The child was large and alive. An uncle, a priest, who was present, forbade any operation to destroy child.

*Mensuration.* Ext. conj. 18 cm., c.v. 9 cm., other diameters slightly contracted. The head was not engaged in the brim.

Cæsarean Section was performed, and a living child born, although it did not survive. It weighed 11 lbs., 4 oz. The operation lasted 46 minutes. After it was over and the patient removed, the nurse in charge of the sponges claimed that there was one sponge missing which could not be found. On June 27th, the patient complained of a good deal of abdominal pain, and apparently there was some dulness in the left flank. It was decided to re-open, which was at once done, but no sponge had been left in abdomen, and it was closed. The patient made an uninterrupted recovery, and left the hospital on the 28th day. This patient was not sterilized.

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#### FOUR RATHER UNUSUAL CASES OF ACUTE MASTOIDITIS.

BY

GEO. H. MATHEWSON, B.A., M.D.

Oculist and Aurist to the Montreal General Hospital.

Acute mastoiditis is unfortunately quite of common occurrence in our changeable climate and it is only because the following cases are a little out of the ordinary that I venture to bring them to your notice.

*Case I.—Acute mastoiditis complicated by thrombosis of the lateral sinus. Operation. Recovery.*

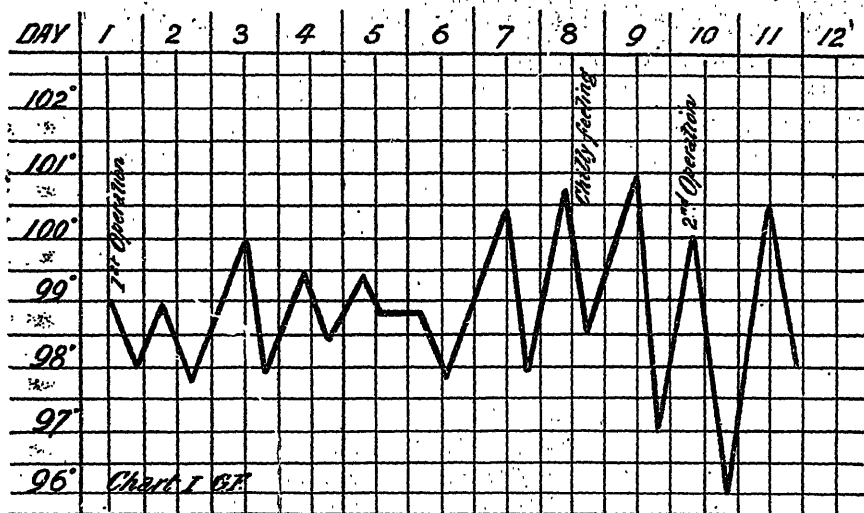
On Dec. 7th, 1906, G. F., an Italian labourer, 45 years of age, consulted me at our out-patient clinic on account of pain and swelling behind the left ear. Three months previously the trouble began by an attack of severe pain in the ear followed by the discharge of pus from the meatus, and four days before he came to the clinic he began to have pain behind the ear, *i.e.*, in the mastoid process. As examination showed that there was a purulent discharge from the ear, with œdema of the soft parts over the mastoid, and great tenderness on digital pressure over the mastoid antrum, he was admitted to the ward and an operation was performed the same night.

On making an incision through the soft parts, a considerable collection of pus was found beneath the periosteum and as soon as the cortical bone was penetrated the mastoid process was seen to be largely destroyed, the soft bone being replaced by pus and granulation tissue. This debris was carefully removed, leaving a large cavity in which the



lateral sinus was seen to be exposed for about one-third of an inch. There were a few granulations on the sinus itself, but it was quite soft and readily compressible.

The patient recovered promptly from the immediate effect of the operation, but as time went on he did not brighten up and improve in general health, but looked dull and apathetic, while his appetite also was poor. On the sixth day after the operation, (Dec. 13th) his temperature took on a septic type running from 97 4-5 to 100 3-5. On Dec. 14th, it fell to 98 1-5, only to rise again to 100 4-5, while on Dec. 15th it fell to 97 and rose sharply to 101. This temperature curve, together with the appearance of the man and the fact that on Dec. 13th he had chilly feelings, made me decide that thrombosis of the

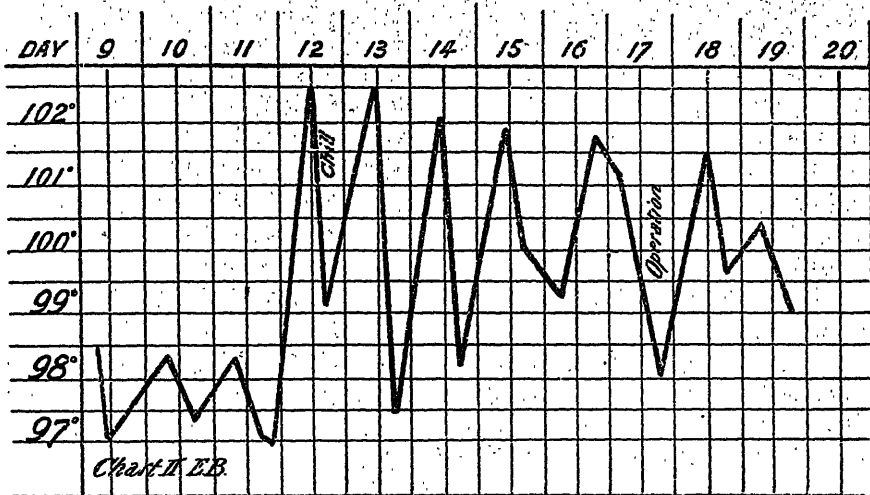


lateral sinus had taken place and on Dec. 16th, under ether anæsthesia, I exposed the sinus for about an inch and found it to be quite hard to the touch. When a longitudinal incision was made in the exposed portion of the sinus, a firm thrombus was seen to completely occlude its lumen. I removed the clot by curetting and as I reached a point near the superior knee of the sinus I got a drop or two of thin pus, and then the blood began to flow. I packed with gauze and then re-established the flow of blood from the lower end of vessel, and then packed the whole wound with iodoform gauze. On the day following the operation the man was seen to look much better, his appetite improved and he said he felt well. On the 3rd and 4th of January a rise of temperature occurred, but as the man continued to look and feel

very well, it was thought to be due to some cause apart from the operative wound, and was in fact found to be due to a boil on the leg. His condition steadily improved and he was discharged on January 21st.

Dr. Duval reported that the pus from the mastoid contained streptococcus pyogenes.

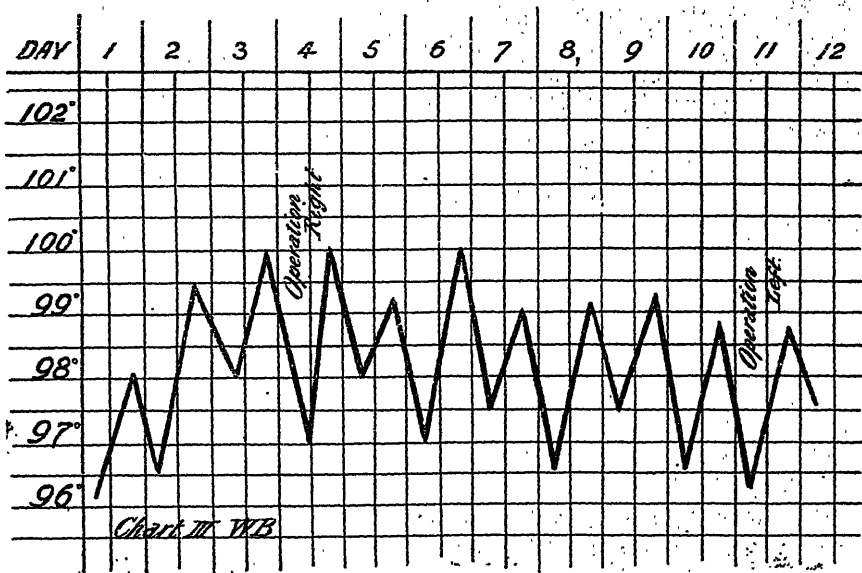
*Case II.—Mastoiditis complicating Fracture of the Base of the Skull.*—On Nov. 12th, 1906, E. B., a railroad employec, aged 37 years, was admitted to the General Hospital under Dr. Armstrong, complaining of pain in the head and bleeding from the right ear. On the morning of this day, when about to take the train to come to Montreal to his work he was struck by a moving locomotive. He believes that the locomotive knocked him down and that in falling the brake-beam



of the locomotive struck him on the head. He did not lose consciousness and boarded the train for town, but on the advice of fellow passengers, who observed the blood flowing from his right ear, he consulted a doctor at St. Lambert, who advised him to go on to the General Hospital which he did. The case was diagnosed fracture of the base of the skull and the patient put to bed. The ear was bleeding freely, so it was swabbed out with formalin solution and packed with gauze. He never lost consciousness and was quite rational, and had no loss of power in the limbs, though there was some loss of sensation. The bleeding from the ear ceased on Nov. 14th, and there were no symptoms referable to the ear until Nov. 23rd, when he had a chill with a temperature of 102, and pus began to flow from the ear. I was asked to see him on Nov. 28th, and on examination found a suppurative otitis media on the right side, with a large polypus almost completely filling

the external auditory meatus. The patient complained of pain in the mastoid region and tenderness on digital pressure over the same. There was considerable redness and swelling of the soft parts over the mastoid. I operated the same day, assisted by Dr. Armstrong, and found on removing the cortex that there was a good deal of diseased bone with pus and granulations. All the diseased tissue was removed, and patient made an uninterrupted recovery and was discharged on Dec. 17th, and ultimately had good hearing.

The pus from the mastoid bone was evidently delayed in transmission to the Pathological Department, as Dr. Duval reports the finding only of a bacillus negative to Gram's method.

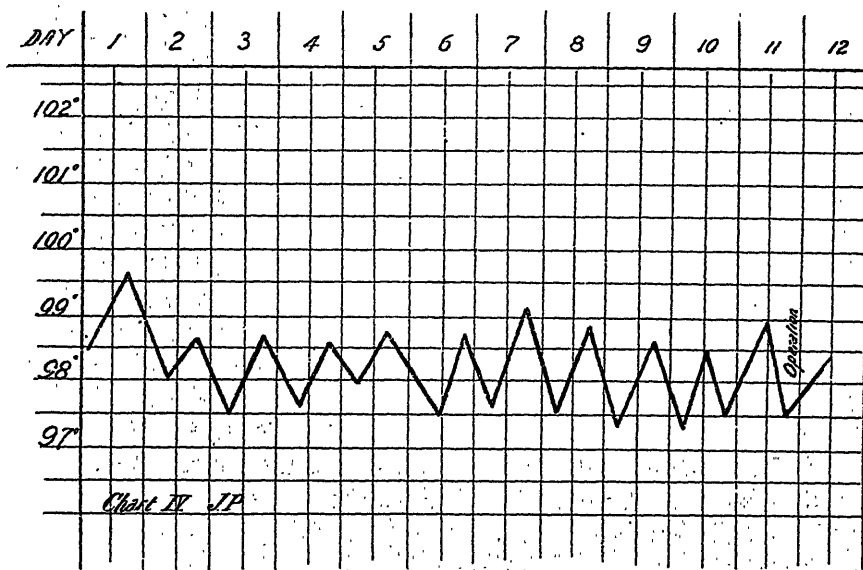


*Case III.—Double Mastoiditis.*—On Dec. 17th, 1906, W. B., a clerk, aged 29 years, was admitted to Dr. Finley's ward with typhoid fever.

The case presented no special features until Dec. 31st, when he began to have pain in the left ear. I saw him on this date and found he was suffering from acute otitis media. A few days later a similar condition developed in the right ear. It is worthy of note that the changes in the visible portions of the auditory apparatus were of a severe type, the membranæ tympani being intensely red and much swollen, and hæmorrhagic bullæ present on the wall of the meatus near the membrane. Both ears went on to suppuration. The pus from the meatus contained *B. pyocyaneus*. On Feb. 2nd, when the patient was convalescent from the typhoid fever, I was again called to

see him on account of pain in the right mastoid. I found on examination that there was œdema of the soft parts over the right mastoid with marked tenderness on digital pressure and a free discharge of creamy pus from the meatus. The patient was operated on the same day and as soon as the chisel penetrated the bone, pus welled out in quantity. On removing the pus and granulations, it was seen that a large portion of the mastoid was diseased.

The diseased bone was removed thoroughly, leaving a cavity extending as deep as the floor of the antrum and as far as the top of the mastoid. As there was a free flow of creamy pus from the left meatus a free incision of the membrana tympani was made on that side.



Dr. Duval reported that the pus from the mastoid contained streptococcus pyogenes.

The patient rallied well from the operation in spite of his run-down condition.

Four days later the skin about the wound and, in fact, almost all over the top of the head, was found to be very much swollen and œdematous, though not reddened. This swelling, which was doubtless due to streptococcus infection of the skin, did not lead to suppuration of the wound nor to any constitutional symptoms, and disappeared in a few days. Creamy pus continued to flow from the left ear and some tenderness on digital pressure also developed, so that on Feb. 9th the patient was once more etherized and the left mastoid exposed. Pus

was found at once when the cortex was penetrated, and even greater destruction of the mastoid cells than had been found on the right side, part of the roof of the antrum being eroded so that pus was in contact with the dura of the middle fossa, (extradural abscess). The diseased bone was freely removed as in the former operation and the patient made an excellent recovery and was discharged with good hearing, on March 2nd. The pus in this mastoid also contained streptococcus pyogenes.

*Case IV.—Advanced Disease of Mastoid with but Slight Symptoms.*  
—On Jan. 19th, 1907, I was called to see J. P., a boiler maker, 37 years of age, who was complaining of pain in the left ear following an attack of influenza. I found the membrana tympani very red and swollen and there were hæmorrhagic blebs on the meatal wall near the membrane. I made a free incision in the membrana tympani and the next day found patient so well that I left him to the care of his family physician. On Feb. 3rd, he called to see me, because of pain about the left mastoid. I found that there was a profuse discharge of creamy pus from the left ear and that there was tenderness in the mastoid on digital pressure. I sent him to the General Hospital where I incised the membrana tympani once more, had Leiter coil applied to the mastoid and ordered the ear to be syringed every three hours with hot boracic acid solution. Under this treatment the pain disappeared in 24 hours and the tenderness became much less marked, but the discharge of pus was only slightly lessened. In the next few days the tenderness at times was absent and was never at any time very marked, so that I hoped to have aborted the mastoid inflammation, as we can very often succeed in doing in acute cases, by the above treatment. However, the patient's condition kept about the same, he did not improve further, and the discharge of creamy pus was still excessive so that on Feb. 13th I decided to operate. My reasons for operating were chiefly three, the fact that the patient did not improve, the persistence of a rather profuse discharge of creamy pus, and very slight tenderness over the mastoid. There was no œdema of the soft parts, no pain, no prolapse of the postero-superior part of the meatus near the membrana tympani and no temperature, yet when I opened into the bone the whole mastoid process was found to be filled with a mass of pus, granulation and dead bone, and when this debris had been removed it was seen that both the dura of the middle fossa, and the lateral sinus were exposed. The pus contained staphylococcus albus. The patient made an uneventful recovery and was discharged on March 1st. I have not touched on many interesting points in these

cases but have condensed the reports as much as possible. The lesson taught by the first case is, I take it, that early diagnosis in lateral sinus cases is of much importance, and also that early operation in mastoid cases is advisable if we wish to avoid intra-cranial complications.

The second case is unusual, in that the patient had a distinct chill, which is not ordinarily met with in mastoiditis without intra-cranial complications, and perhaps, may be explained when we consider that the fracture of the skull may have opened avenues of connection with the general circulation not usually present.

The third case is of interest in that we have here suppurative disease of both mastoids, which is decidedly uncommon, and also in that it shows the great resisting power of the dura mater to the attack of pus-producing bacteria. The fourth case is very instructive in showing to what a dangerous extent suppuration of the mastoid region may proceed without producing any alarming symptoms. In mastoid disease temperature is a very poor guide as regards the severity of the inflammatory process, and this is well shown by a study of the temperature chart in this last case.

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## SPORADIC GLANDULAR FEVER.

BY

G. GORDON CAMPBELL, M.D.

Glandular Fever is described in text-books as an epidemic disease of childhood characterised by rapid and painless swelling of one or more groups of the lymphatic glands and accompanied by fever and constitutional symptoms. The disease runs its course in a few weeks and subsides without suppuration of the affected glands. While there may be general involvement of most of the superficial and many of the deeper glands the disease not uncommonly affects only the group of glands lying about the upper end of the sterno-mastoid muscles. The following case from the Out-Patient Children's Clinic of the Montreal General Hospital presents a symptom-complex which seems to entitle it to be classed as an isolated instance of the disease.

W. B., a boy eight years of age, was brought to the clinic by his mother on October 15th, 1906, complaining of swelling of the neck. On first sight the uniform swelling on both sides of the neck just below the ear presented very much the appearance of epidemic parotiditis. On examination it was found, however, that the parotid was not involved but that the swelling was produced by enlargement of the

glands about the sterno-mastoid. Three or four much enlarged and firm but not tender glands could be felt in each mass, and the sub-maxillary and sublingual glands on both sides were also involved. The skin over the part was not reddened and the swelling produced no discomfort other than slight stiffness of the neck. The mother stated that the boy's illness had commenced three days previously with fever, vomiting, loss of appetite and general malaise. She had noticed the swelling a couple of days later, and it had rapidly assumed the proportions to which it then reached, but was not apparently increasing.

Physical examination did not reveal any further glandular enlargement, and the condition of the throat was not such as to account for the unusual swelling in the neck. The tonsils were slightly enlarged, and the mucous membrane of the fauces injected with very slight œdema about the uvula and soft palate, but the throat was not "sore" to the patient's knowledge. The temperature was 101.2°F. On the following day the patient's condition was much the same, no change being noted in the condition of the glands, the temperature being 102.4°F. From this time on the adenitis slowly subsided, the temperature gradually falling to normal: until on November 5th, about three weeks after the onset, the patient's condition was normal.

A very similar isolated case was seen by the writer eight years ago in a boy of the same age. The glands involved and the course of the disease were the same, except that the enlargement on the right side occurred three days after that on the left and the disease was ushered in by a well-marked chill.

This case corresponds very closely to William's description of the disease in Allbutt's System of Medicine, with the exception that there was no previous history of constipation and no disturbance of the gastro-intestinal tract during the illness, beyond the initial vomiting.

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The seventh annual meeting of the Dominion Anti-Tuberculosis Association held in Ottawa, in March, was poorly attended, and aroused comparatively little public interest there. It was wisely decided not to confine the meetings to Ottawa in the future. It was promised on the part of the Ontario Government that at its next session a bill for compulsory notification and other preventive measures would be brought forward.

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Dr. A. B. Welford has been appointed Consulting Physician to the Epileptic Asylum at Woodstock, Ont.

THE  
**Montreal Medical Journal.**

*A Monthly Record of the Progress of Medical and Surgical Science.*

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PROTESTANT HOSPITAL FOR THE INSANE.

The twentieth annual report of the Board of Management and the seventeenth of Dr. Burgess, the Medical Superintendent, will well repay careful perusal by all interested in the care of those so justly entitled "the most unfortunate of all God's afflicted ones." By a comparison with previous reports, it will be seen that the number of occupants is steadily increasing, a state of affairs which has rendered necessary the introduction of additional beds into some of the dormitories. These, though not unhealthily overcrowded, are now fuller than the Superintendent cares to see them, and certainly incapable of further expansion. As a result of this a plea is made for an increase of accommodation, and it is to be hoped that it will not go unrecognized. This increase in population, common to nearly all institutions for the insane, is now generally, and probably rightly, regarded as not owing



to any material production of fresh insanity disproportionate to the yearly increase of the population at large, but almost entirely to the accumulation of chronic cases.

That such chronicity is in a measure preventable by early admission is strongly dwelt upon by Dr. Burgess, and as a warning to the profession we cannot do better than quote his words on the subject:—"The fact that so comparatively few patients are sent in during the early or curable stage of the disease, accounts for the paucity of recoveries in most hospitals for the insane. Friends of patients still resort to various devices, as travel and confinement at home, to hide the family skeleton, and only adopt hospital treatment as a last resort. Why brain disease should be regarded as more disgraceful than disease of the lungs or any other organ of the body, or why the fact of insanity occurring in a family should be looked upon as well nigh tantamount to an acknowledgment of criminality, is hard to grasp. Such, however, has been and is still the case to a far greater extent than it should be. There are, nevertheless, thank God, strong indications that the ill-founded prejudices so long prevalent against insane asylums are gradually giving place to a more intelligent and enlightened sentiment. Time was, and not so very long ago, when hospitals for the sick and injured were looked upon askance by the general public. Contrast that sentiment with the feeling now existing, when every class, even the wealthiest, is willing—yes, anxious—to leave home with its comfortable surroundings in order to secure the superior advantages that every properly-equipped general hospital offers. It is not too much to hope that, with the advancement in the character of hospitals for mental disorders, there will come a similar change of sentiment toward them, and friends be as eager as they have been reluctant to place their afflicted ones within their sheltering walls."

The assistance given to the congestion of the hospital by the reception of mentally defective immigrants is also referred to by Dr. Burgess, who on this subject says:—"That the eyes of the authorities are being opened, and none too soon, to the mentally defective type of many of the immigrants being foisted upon us is evidenced by the fact, that of those discharged, eleven, seven men and four women, were deportations. Of these, eight were returned to the British Isles, one to Austria, one to Germany, and one to the United States. The new Immigration Act, passed by the Dominion Legislature last year, is much more extensive in its scope than was the Act previously in force; and by its aid I trust that the element which was rapidly leading to an overcrowded state of our hospitals for the insane will be greatly limited."

The appended statistical tables are a veritable mine of information, covering, as they do, the nationality, education, occupation, age, heredity, causation, duration of insanity, state of bodily health, etc., etc., of all those admitted, not only during the year but since the opening of the hospital. Perhaps the most noteworthy point to be adduced therefrom is the large number of discharges and the few deaths during the year. The discharges, which are largely dependent upon the class of cases received, made a discharge rate of 72.84 per cent, and a recovery rate of 46.75 per cent on the admissions. The deaths showed a mortality rate of only 4.74 per cent on the number under treatment, the smallest with one exception (1892) since the opening of the institution.

Financially, the affairs of the establishment, though in better shape than is the case with some other of our charitable institutions show the necessity for an increased revenue if the good work being done is to be kept abreast of the times; the gross receipts for the year falling short of the expenditure by \$2,678.37. This deficit was, however, partly accounted for by extensive repairs which had to be made to the main building.

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#### TORONTO HOSPITAL FOR THE INSANE

Dr. Clarke and his assistants are to be congratulated on the production of the first number of their Bulletin, which, we trust, will be but the first of a long series of no less valuable contributions. As stated on the title page, the Bulletin is a Journal devoted to the interests of Psychiatry in Ontario; but we are not without hope that its benefits will not be confined to that Province alone. The issue of the pamphlet marks a distinct advance in the science of Psychiatry in Canada, and is a step toward the removal of a condition of affairs which a recent writer thus portrayed: "While, with respect to custodial care and ordinary treatment, moral and medical, Canada, generally speaking, is well up to the times, she is doing little toward the solution of the many problems connected with the scientific aspects of insanity. In this respect she presents but a sorry picture when compared with the good work being done in many hospitals elsewhere."

The ordinary annual report issued by our hospitals for the insane is chiefly devoted and rightly so, to detailing the management of the institution. It is intended in great measure only for the perusal of the laity on whom falls the burthen of the support of such establishments, and the scientific side of the subject of insanity is not considered. The present undertaking offers a channel through which the latter may be made known to all interested. It has been said, and truthfully, that

psychiatry has not made as much progress as has surgery or some branches of medicine. This lack of progress, however, depends chiefly on the nature of the malady which is concerned. The brain and its functions are not understood as are the kidney or the stomach and their functions, and consequently the pathology of the two must stand on different planes. To equalize them should be the aim of every asylum physician, and this is only to be done by careful scientific research, and a comparison of the results obtained by such study with those obtained by others engaged in the same field of labour. The publication of the journal now before us will be, we feel assured, an incentive to such systematic study and will furnish a means for the dissemination of the knowledge gained thereby.

To the profession at large we would earnestly recommend an attentive perusal of the introductory article, where the aim of the venture is set forth in the following words:—"This little periodical is issued with the hope that by a fuller co-operation between the outside medical man and his patients, on the one hand, and the psychiatrist on the other; we may gain a clearer insight into certain conditions that at the present time are of immense practical importance, but not at all clearly understood. That we may succeed in this undertaking, it is most essential that we enlist the aid of those engaged in general medical work everywhere, so that our case histories of the patient until his admission may be complete; not mere isolated facts, of no value unless correlated."

The form of physical examination laid down to be followed by the assistants in the Toronto Asylum leaves nothing to be desired, and should form a most useful guide to any physician called in to study a patient suffering from mental disease, while the case of pure paranoia, described in full, and the article on the gross anatomical features seen post mortem in the brain of a congenital deaf-mute, with accompanying photographs, are interesting in the extreme.

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#### PROFESSOR MULLER'S VISIT.

During the first week of the month, Montreal was favoured by the visit of Dr. Frederick Müller, Professor of Internal and Clinical Medicine in the University of Munich, who is making a somewhat extended tour of the various centres of Medicine in America.

Professor Müller is, at the present time, perhaps the most popular German clinician in the minds of the English-speaking students, and his clinic is at all times thronged with foreign visitors. To quick percep-

tion, a keen eye and an untiring activity, he adds an excellent, almost a perfect knowledge of the English language: every one who heard him speak must have been impressed by his fluent, direct style: he is rarely at a loss for a word, and his utterances are as rapid as if it were his native language. We are indebted to him for his kindness in meeting the students and the members of the faculty on several occasions, and for his willingness to give his views upon the subject in hand; as an educationist of experience in continental methods he had much to say that was of great value to those of McGill University who had the fortune to hear him. Dr. Müller was the guest of Dean Roddick, and on Wednesday, delivered a clinic to the students, at the Royal Victoria Hospital, upon diseases of the blood. On the same evening, he delivered a lecture upon disseminated sclerosis, which was listened to with much profit. On Thursday, at the General Hospital, the subject was pneumonia; in all these, it was evident that Professor Müller's mode of instruction was decisive and finished; the subjects were treated with a simplicity, and a rapid detail that left the listener with a complete mental picture of the subject. On Thursday evening, as the guest of the Faculty at the Mount Royal Club, Professor Müller spoke to the members of the professoriate and to some of the junior teachers upon German methods of university instruction, and the change that seemed desirable in them, as well as upon the prevailing views in American colleges. We can assure our visitor that his outlay of energy during a holiday visit, has earned our heartiest thanks and appreciation. It is expected that the honorary degree of LL.D. will be conferred upon Professor Müller, at the Convocation in June.

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#### THE LEGISLATURE AND THE FIVE YEARS' COURSE.

The efforts of the Medical Board of the College of Physicians and Surgeons to have the course of medical studies in this Province lengthened from four to five years, have met with a rude rebuff. The bill to that effect which it brought before the Provincial Legislature, was rejected by a vote of 37 to 26.

With our own knowledge of Legislatures in general, and of our own in particular, such action can not be called surprising. But it is none the less aggravating, in view of the fact that the measure had the approval of practically the entire medical profession of the Province. The present Medical Board was elected chiefly on the merits of this question, every medical society without exception had voted in its favour, and the three Medical Faculties of the Province were agreed

that at the present day four years is far too short a time in which to make of the student a competent physician. The astonishing progress of medical science during the past 30 years has brought about a veritable revolution in the methods of teaching. Laboratory work of all kinds makes ever-increasing demands on the student's time, particularly in the first half of his course, and in the last half the hospital work, which is *par excellence* the practical and all-important part of the training, demands every available hour, and much more time, indeed, than can at present be given it. Time might, we believe, be economised by cutting down the still excessive number of theoretical lectures. It is a baneful heritage from the days when knowledge was monotonously droned into the somnolent student's cortex from morn till eve, by way of his tympanic membrane.

The opposition to the bill came almost wholly from the representatives of the rural districts, the exceptions being one member from Quebec and two, Messrs. Lacombe and Langlois, from Montreal. But the unkindest cut of all, was the opposition of Dr. Bissonette, of Montcalm, who voted against it. We do not question his motives, his action is sufficient arraignment. The other seven physicians who are members of the Legislature, did their duty as we understand it, and Dr. Lemieux spoke eloquently in favour of the measure. The bill had the support of the leaders of the opposition party, and also of the Premier, the Hon. Mr. Gouin, who admirably summed up the debate in these words: "Since the Universities, the College of Physicians, and the medical societies support this proposal, and they are the best judges, we ought to accede to their requests."

The argument on which the proposal was rejected was that it would increase the already burdensome cost of medical education, and place it beyond the means of the sons of the poor, particularly of the agricultural class. The same cry was heard before, when the course was lengthened from two to three years, and later from three to four.

It is not gratifying that Quebec should lag behind Ontario and Manitoba, which both require the five years' course; and this may retard the coming of the day of common sense and justice, when there will be medical reciprocity between the provinces, or, better still, Dominion registration. The M.D. degree is required for the licence, and our universities are independent. McGill has already decided to adopt the five years' course, and Laval, no doubt, will follow.

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#### POSTAL RATES ON ENGLISH JOURNALS.

By an arrangement which comes into force on May 7th, the rate of postage on newspapers, magazines and trade journals between Great

Britain and Canada will be reduced from four pence to a penny a pound. This will have an important bearing upon the circulation in Canada of English medical journals. Hitherto the postage upon the *Lancet* was nearly sixty cents a year, even though it was printed upon thin paper to decrease the weight. The heavy postage was not so bad as the thin paper which made the illustrations valueless and the text unreadable to middle-aged eyes. These pages tightly wrapped between advertisements for ten days would open up like the mess of paper which comes from a conjuror's hat.

Now we shall have the ineffable privilege of reading the *Lancet*, instead of blindly turning over the pages in wonder at what they may have imprinted upon them. At the beginning of the present year subscribers to the *British Medical Journal*, who omitted to pay in advance, were summarily stricken from the list. It will be interesting to ascertain at the next annual meeting if this rule has been applied universally or only to Canada. It seems a pity that men who have faithfully read the *Journal* for fifteen years in its attenuated form should now be debarred from entering into the large pleasure of clear type and opaque paper.

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#### NEW DISASTER TO MCGILL.

The destruction by fire of the medical building of McGill University, in the early morning of April 16th, following the destruction of the engineering building on March 29th, comes like the disasters in a Greek tragedy. The magnitude of the loss cannot be estimated in money. What can be repaired by the expenditure of money will be repaired, but the loss to science and to individuals is irreparable. Such a catastrophe would strain the resources of any institution, and now is the time for the friends of McGill to rally to her aid. The medical faculty is overwhelmed with sympathy, but it needs assurance of more tangible support.

Burdened with the extension of the course from four to five years, with the lack of adequate endowment, faced by a probable diminution in the amount of fees, the faculty might well have been spared this new trial. For over eighty years McGill has kept up the standard of medical education in Canada, and must not now permit it to pass to other hands.

At the time of writing, before the losses are accurately known, it may at least be said that the upper two stories of the front part of the building were burned out, the lower story greatly damaged; the central

part was burned in its entirety, except the library stack room and the office safe; the rear wing is damaged by water throughout, and the upper floor greatly damaged, also, by fire. The stack-room contains some water on the floor, but the books are intact; the students' reading room is greatly damaged, but some books will, doubtless, be saved. The pathological museum is destroyed, save for the front room in which most of the specimens are safe. The anatomical department is completely destroyed, including the museum, preparations, models, charts, and Dr. Shepherd's private collection, including many series of lantern slides.

The pathological department is also completely destroyed, even the students' laboratory, in the rear wing, being burned very considerably. All the equipment of this department is destroyed, including microscopes, save two or three left intact. Professor Adami is a very heavy loser, as his private working library, of many hundred volumes, including the collection of years, and the gifts of many eminent friends is entirely lost. The research laboratories are also destroyed, and Drs. Klotz, Ballah and Rankin lose heavily in records of work, and experimental material, which cannot be replaced. The physiological department is badly damaged, but most of the apparatus of the students' laboratory is intact, and Professor Mills' private library, though injured by water, is not burnt. The chemical, hygiene and histological laboratories have suffered much by water, and in the case of the chemical laboratory, considerably by fire.

The noble faculty room is gone, and with it the portraits of past deans which adorned the walls.

The loss falls with especial weight upon Dr. Shepherd who has seen the work of a lifetime destroyed. Not a vestige of his precious collection of anatomical specimens remains. It is appalling to think that the splendid examples of diseases of the osseous system, which were displayed at the last meeting of the Canadian Medical Association in Montreal are gone forever.

There is no use in disregarding the forces which make for disorganization, the building burned, laboratories destroyed, the museums wrecked, the library damaged. The catastrophe marks the end of an era. In the future it will be looked back to as the beginning of another. The University must lay a new foundation.

The main building of the Faculty of Medicine was erected in 1873. In 1885 and again in 1893 large additions and alterations were made. Again proving inadequate, a thorough reconstruction and enlargement of the buildings was completed in 1900.

The alterations and extensions consisted of three wings, the first one a laboratory wing, which occupied the northeast corner of the block of buildings and replaced what was formerly the pathology wing. A second wing connected this with the front building on the east, and the third wing connected the Molson block with the original building on the west side.

The central wings extended east and west about seventy feet, and formed the central feature of what was a symmetrical block of stone buildings. The stone and brick extension erected by the faculty in 1885 had been entirely removed and replaced by the substantial structure just mentioned. The alterations and extensions formed the large portion of the scheme of complete reconstruction and extension which would ultimately lead to the replacing of the original stone building which remained, by a facade, which was to project into the university grounds to the south of the buildings and so convert it into a symmetrical whole.

The ground floor contained the lavatories, locker rooms, furnace rooms, vat rooms, store rooms and the janitor's dwelling. In the laboratory wing there was a large recreation room for students, a students' laboratory for pharmacology and therapeutics, a research laboratory, and a private room connected with this department.

On the first floor were the pathological museum, the library and the students' reading room, with accommodation for two hundred readers. The reading room was connected with a fire-proof stack room, which contained the valuable library of the faculty. The library contained about 24,000 volumes, the stack room having the capacity of about 40,000. The pathological museum on the other side of the hall connected with the rooms beneath the seats of lecture room No. IV., which were used for special collections and for curators' rooms. Four small rooms adjoining were for the use of professors as private rooms. On the opposite side of the hallway, in the central section of the building, were the professors' room, the faculty room and the offices of the registrar.

The most striking feature in the construction of the building was the large central hall or rotunda, extending from the ground floor through three storeys to the roof, lighted by a skylight, occupying the whole length of the middle section. This hall was seventy feet long by forty-five feet wide, with galleries at each floor connecting the various laboratories and lecture rooms with a broad staircase at each end.

The northern section contained the chemical laboratory, eighty feet front by forty-five feet wide, and twenty feet high, surrounded with



draught cupboards and having benches for 150 to 180 students. Connected with this room was the commodious research laboratory for advanced work in medical chemistry, and a small professors' laboratory. On the opposite side of the hall was a large lecture room with a seating capacity of from 400 to 450; the museum preparation room, a small cloak room and preparation rooms connected with the lecture room.

The floor above in the two southern sections was devoted entirely to anatomy. The dissecting room occupied the top of the front building and was connected on the west side with a series of demonstrators' rooms, a private dissecting room and two rooms for the professors of this department. These rooms surrounded the large hall where lectures in anatomy were given. On the opposite side of the hall, occupying the same area as the lecture room and the adjoining rooms was the anatomical museum. Intervening between this and the dissecting room on the east side was a small demonstration room, locker rooms and service rooms connected with the department of anatomy.

In the northern section were the museum of hygiene and the hygiene laboratory. This laboratory was 105 feet long, and afforded space wings. On the top floor were the departments of physiology, pathology, bacteriology and histology.

Occupying the entire northern end of this floor was the histological laboratory, which extended the whole distance across the east and west for the use of 150 microscopes at one time.

The building of the Medical Faculty thus contained four lecture rooms, three of which had a seating capacity of 250, the fourth from 400 to 450. There were five museums, namely, for pathology, anatomy, obstetrics and gynæcology, pharmacy and hygiene.

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There is little probability that the extra grants asked for by St. Michael's, Grace and the Western Hospitals, Toronto, will be made this year. The sum asked by these three institutions for building purposes amounts to \$200,000 and requests from the Home for Incurables, the Girls' Home and the Boy's Home bring the total amount asked for up to \$270,000.

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A gloom was cast over the student body by the death of Mr. James Roy Black, Medicine '08, which occurred at the Royal Victoria Hospital from typhoid fever. Mr. Black was born in Oxford, N.S., and was 22 years old. He was an honour student, a member of the Alpha Kappa Kappa fraternity and a young man much esteemed.

The Philippine Islands Medical Association issued invitations for the fourth annual meeting which was held in Manila from February 27th to March 2nd. There are obvious reasons why the representation from this community was small; but we are fully sensible of the scientific activity of the band of men who are striving for the well-being of these new people whose care has fallen to the government of the United States.

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Dr. John Edgar March, port quarantine officer, at St. John, N.B., died on April 3rd as a result of paralysis due to hemorrhage in the brain. Dr. March was born in June 1860 and was forty-seven years of age.

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#### WILLIAM HENRY DRUMMOND.

Dr. William Henry Drummond, physician and poet, died on April 6th, 1907, in the fifty-third year of his age. The cause of death was a cerebral hæmorrhage which occurred on the previous Monday, and produced a paralysis of the right side. The interment was made in Mount Royal Cemetery, on April 8th, and was accompanied by a demonstration of popular grief such as has rarely been witnessed.

More than a year ago, Dr. Drummond retired from the active practice of medicine to occupy himself with mining interests which he and his brothers had acquired in Northern Ontario. An out-break of small-pox in the camp required his presence in Cobalt early in April, and it was whilst attending to his duties that he was stricken. He died in Cobalt amidst the wild scenes which he loved so well.

The end came as a complete surprise to his friends. His splendid physique and fine frame, his cheerful aspect and vigorous habit of life gave promise of an old age which only the slow process of decay could destroy. Therefore the sad intelligence of his untimely end gave a new poignancy to the old truth, that in the midst of life we are in death.

We say that the end was untimely because the world had need of him, had need too of the joyousness of his poetry, the humour of his nature, and the warmth of his enthusiasms. He was an influence for good, and beauty, and health in the community, and the world is a poorer, meaner place, now that his light is gone out.

Dr. Drummond was the son of the late George Drummond, an officer in the Royal Irish Constabulary, by his wife, Elizabeth Morris Soden, and was born at Currawn House, County Leitrim, Ireland, April 13th, 1854. Educated at Mohill, Co. Leitrim, and at Montreal High School, he studied medicine at Bishop's College, graduating in 1884. He was

for twenty years in general practice in Montreal, and held the Chair of Medical Jurisprudence in the Medical Faculty of Bishop's College. In April, 1894, he married May Isabel, only daughter of Dr. O. C. Harvey, M.R.C.S., of Jamaica, and is survived by her and two children.

He was not a great physician nor a great poet; but he was something better—a great man—because he loved much, and was greatly beloved in return. He had infinite capacity for friendship which quickly developed into affection. His mind was alert for the good which is in every man, even the worst. For him evil did not exist. He was the friend of every man, even of sinners. Above all he was sensible of the sorrow which is in the world, and wept with those who weep.

As a poet he had the quality of great poets. He saw beauty in common things, pathos in lowly life, humour in dull uniformity. The vein which he discovered was small, but it was pure and new. He discovered the French-Canadian and embodied him in literature, as well as it could be done. To perceive a fresh truth, and set it forth charmingly is the business of a poet. He did both. What Burns did for Scotland he did for Quebec. By his vision we see our compatriots in a new and kindly light.

So long as men love the open life, the honourable chase of game, the smell of the earth, and the sounds of the forest, his spirit will continue to haunt the Laurentian hills, the blue lakes which lie amongst them, and the swiftly flowing waters of which he sung. We may lament as Milton lamented:

“For Lycidas is dead, dead ere his prime,  
 Young Lycidas, and hath not left his peer;  
 Who would not sing for Lycidas? he knew  
 Himself to sing, and build the lofty rhyme....  
 But O, the heavy change, now thou art gone,  
 Now thou art gone, and never must return!”

## Reviews and Notices of Books.

SOME POINTS IN THE SURGERY OF THE BRAIN AND ITS MEMBRANES,  
 by CHAS. A. BALLANCE, Surgeon to St. Thomas's Hospital and to  
 the National Hospital for the Paralysed and Epileptic, Queen  
 Square, London. Macmillan and Company, London, 1907. 465  
 pages.

Mr. Ballance will perhaps be better known to Canadian readers when we say that he is the colleague of Sir Victor Horsley at the Queen

Square Hospital in London—that hospital of 180 beds devoted to diseases of the nervous system, where, in what concerns neurology, history is made as well as written. No one that we know of, apart from Sir Victor Horsley and possibly Macewen, has a better right to speak with authority upon neurological surgery than has Mr. Ballance. For this very reason, perhaps, one is a little disappointed in the book; it is too general and too brief. Naturally when a man entitles his book “Some Points,” etc., it is hardly fair to criticise him for lack of detail; yet, having once determined to publish his lectures (for they represent the Lettsomian Lectures for 1906) in book form, if he had but set down more fully the results of his experience, if he had but made it more of a monograph, we had received the greater profit.

The book contains three lectures in as many chapters; the first upon the surgery of the cerebral membranes, the second upon brain abscesses, and the third upon brain tumours. The first chapter begins with a decent conventional reference to the founder of the lectureship, Dr. Lettsom, from which introduction the reviewer culls for the pleasure of the reader one gem of the pun scurrilous, a bit of verse current at the time, concerning the estimable Lettsom, to wit:

When patients comes to I  
 I purges, bleeds and sweats 'em;  
 If after that they choose to die,  
 What's that to I?  
 I Lets 'em.

Having done the proper thing by the founder, Mr. Ballance feels free to launch out into his subject, and in the rest of the first chapter (80 pages) he considers the surgery of the cerebral membranes. He first discusses arachnoid hæmatocle, or encysted subdural hæmorrhage following injury, a condition which may take on a progressive character and cause symptoms similar to those of tumour. He records cases of his own in which interference was successful, and intimates that the limits of operation in this condition should be widened. He approves Cushing's proposal to operate upon the dangerous hæmorrhages of the newborn. He points out the danger of meningitis arising from infection of the frontal, ethmoidal, and sphenoidal sinuses; and emphasizes the heavy responsibility that lies upon the general practitioner and the nasal specialist in this regard. His words are worth quoting: “Chronic suppuration in the accessory cavities of the nose is exactly comparable with temporal bone suppuration, and, like it, should be treated by complete ablation of the diseased bone. . . . Acute frontal sinus suppuration, and especially acute necrosis of the

frontal bone, is, if possible, even more dangerous to life than acute temporal bone suppuration. . . . The intrameatal aural specialist of the past generation was content to flit helplessly about his chosen canal in the manifest presence of lethal complications. Is it or is it not true that the intra-nasal specialist of the present day, with some brilliant exceptions, may at times be undoubtedly influenced by the traditions of his otological kinsmen, instead of following the teachings of Killian and facing the operation for the complete removal of the disease? . . . . Operation for the cure of frontal and ethmoidal suppuration is now regarded in this country much in the same way as was the mastoid operation 20 years ago; hence the fatal frontal sinus cases so surprisingly frankly reported from time to time in our medical journals, as if the disease was inevitably mortal, and as if the lesson that danger attends delay and imperfect operation had yet to be learned." His illustrated cases in this connexion are striking. In general suppurative meningitis he condemns the "inappropriate inertia" of the general surgeon, and advises more frequent resort to trephining in view of the favourable cases lately reported by Hinsberg and others.

Ballance's ideas on hydrocephalus are interesting inasmuch as his name is particularly associated with the proposal to ligate both common carotids for the congenital condition. In support of this operation he cites but two cases, one of which happily survived, whose history is related in half a page, and who left the hospital two or three weeks later "apparently quite well and with no abnormal pressure of the fontanelle." The later history is unknown. The other case is given three lines. It died, not in Ballance's opinion as the result of the ligation, but from sepsis a week after operation. The reviewer thinks that to propose such an operation and support it by a couple of cases reported in this manner is a rather sad thing. Mr. Ballance records one immediately successful case operated upon by Cheyne's method of subdural drainage of the ventricles.

The chapter upon abscess of the brain discloses nothing much new. One of his cases, however, was extremely interesting. It concerned a cerebellar abscess which had been opened with temporary relief. Some days later there occurred acute purulent infection of the ventricles, confirmed by the passage of a tube into the descending cornu. The ventricles were irrigated with saline solution and, as the pus of the original abscess had yielded a pure culture of pneumococcus, antipneumococcic serum was given. In 36 hours the ventricles contained noth-

ing but cerebro-spinal fluid and improvement was very marked. Six days later the patient died from a second cerebral abscess which had been overlooked and at post-mortem, the ventricles were found healthy. In cases of abscess arising from disease of the adjacent bone, Ballance is strong in his advice to open these by following along the route of infection, that is, through the "stalk" of the abscess, from bone infection to brain lesion.

The third chapter is devoted to tumours and embraces 150 pages. It reveals a wide acquaintance with the literature and is thoroughly up to date, especially in the matter of diagnosis. He writes a strong apologia in favour of the early exploratory operation. He advises lumbar puncture in cerebellar conditions immediately preceding operation, in order to reduce the extreme intracranial tension, and so allow an easier and more thorough exploration of the subtentorial space. In the reviewer's opinion this would be dangerous unless the bone had previously been removed. The suggestion may be favourably compared with Frazier's recommendation to remove half of one cerebellum where complete exploration is necessary. Ballance's outlook as regards the "inoperable cases" is optimistic. "Tumours growing in the deeper parts of the brain, such as the optic thalamus, the corpus striatum, or the pituitary body are at present spoken of as inoperable. This is incorrect, for much may now be done for these cases by decompressive operations; and it is by no means improbable that in the near future they will be successfully removed." We may recall the fact that Horsley has already removed quite a number of pituitary tumours and with some success. In one of his own cases Ballance removed a sarcomatous solid tumour from the neighbourhood of the optic thalamus, one of which in all probability actually invaded the optic thalamus; and this with success.

One notices a lack of reference to the value of blood pressure records in cases of tumour, and it is plain that certain of his cases in which death occurred between the two stages of operation might have been better judged as to the imminence of death if such records had been taken.

In conclusion it may be said that, although one feels the lack of a completer presentation of the subject, the book is nevertheless extremely suggestive. The bibliography is extensive, the illustrations are extremely numerous, averaging one to every two pages, and are also decidedly good.

Edward Archibald.

**METABOLISM AND PRACTICAL MEDICINE.** By CARL VON NOORDEN, Professor of the First University Medical Clinic, Vienna. Vol I. The Physiology of Metabolism. By Adolf Magnus-Levy, Berlin. Vol II. The Pathology of Metabolism. By Carl von Noorden, Fr. Kraus, Ad. Schmidt, W. Weintraud, M. Mathes, and H. Strauss. English issue under the editorship of I. Walker Hall, Professor of Pathology, University College, Bristol; Pathologist to the Bristol Royal Infirmary, London. William Heinemann, 1907.

The two volumes entitled above comprise the first two parts of the English edition of von Noorden's work which is already familiar to the German medical world. The author's preface refers to the great increase that has of late years taken place in the number of English and American investigators of problems of metabolism, and closes with the wish that the book may take its part in cementing the friendship of the learned of different nations. These are large, light volumes of 452 and 525 pages, clearly typed; the first volume is indexed, while the index of the second volume will follow Volume III; most English readers, we think, prefer an independent index to each volume. The German text of Magnus-Levy's work, the Physiology of Metabolism was printed in 1905, and the editor has made the necessary additions. At the outset it may be stated that the book is divided into comparatively short, titled paragraphs, which will prove most useful and time-saving to the casual reader who consults the book, as well as to the more thorough student. A general discussion of digestion and absorption is followed by a concise, yet necessarily full description of the fate of the food stuffs in the tissues. Dealing with the origin of sugar from protein we notice the work of Halsey quoted, and that of Mills upon the sources of oxalic acid. The important physiological questions here dealt with are far too numerous even to mention, but they are definitely and briefly detailed, with the bibliography of each given at the end of the sub-chapter. Under the chapter upon human metabolism, exchange of energy is dealt with extensively, the methods of measuring energy are discussed and compared, and a mass of interesting material relative to the metabolism of the resting state, exercise, work of different kinds, as well as the differing metabolisms of individuals and climates is brought forward. There is much of general interest found in those pages that deal with the various kinds of work, sports, exercises, tests of endurance and long distance races, apart even from their physiological value. An addendum presents the evidence available on the debated question of *luxus consumption*, without, however, entirely

solving the vexed question of the amount of necessary food. Nitrogenous metabolism is next discussed in its relations to starving and feeding, and as also nitrogen equilibrium and diets efficient in nitrogens. Forced feeding and the disposal of nitrogen follows, as well as under-feeding; while a useful addendum on alcohol closes this sub-chapter. The next division deals with the influence of muscular work on metabolism, and it is here notable that the author takes occasion to state that the direct effects of massage upon metabolism have always been greatly over-estimated. The influence of sexual processes, menstruation, pregnancy and lactation and castration upon metabolism follows: the physiology of the intake and output of water, and finally, the metabolism of mineral substances close this section. A short section on the metabolic processes of old age concludes the volume. It may be said that the translations of the different sections are the work of many different hands.

The second volume, dealing with the pathology of metabolism, opens with chapters on hunger, starvation and overfeeding from von Noorden's pen, followed by Fever and Infection by Kraus. The latter is very interesting and instructive, yet, crowded as it is with details of interest, it is not easy to select any part for special mention; the discussion of what pyrexia is, and the explanations of the various chemical reactions of the febrile excretions, must keenly interest the clinician. Diseases of the stomach and intestines by Schmidt follows: in the field of pancreatic pathology one would expect reference to American authors who have done much in this field. Diseases of the liver are dealt with by Weintraud, and he has properly attempted a clinical view of the various derangements rather than a purely physiological one; the chemistry of the various secretions is dealt with, and an interesting sub-chapter, all too brief, is found on the disturbances of antitoxic powers of the liver. Matthes takes up the diseases of the respiratory and circulatory tracts, and Strauss diseases of the blood. The last named is a subject of great importance, and nearly four hundred references to literature indicate how much ground has to be covered. An addendum upon toxicity of blood serum might easily be more extensive. Metabolism in Renal Diseases is taken up by von Noorden, whose views here have been so widely accepted upon some of these problems. Cryoscopic examination of the urine, we note, meets with scant enthusiasm. Uræmia and œdema are interestingly, though briefly discussed.

In looking over the two volumes at hand, the reviewer is struck by the usefulness of the work to the physician, and the simple way in



which abstruse problems have been briefly and satisfactorily discussed; the practitioner can get much encouragement from them, because many subjects are shown to be within his scope and understanding which otherwise he would pass over as the property of the laboratory worker. The printing of the book deserves praise: the reference numbers are not too numerous, and the bibliography, though great in amount, is readily accessible to the eye by reason of the judicious employment of varied type. The page is clean in that foot-notes are sparingly used.

J. McC.

**SURGERY OF THE RECTUM.** By FRED. C. WALLIS, B.A., M.D., F.R.C.S., Surgeon to the Charing Cross Hospital, St. Marks Hospital, etc. London, Baillière, Tindall and Cox. Toronto, J. A. Carveth & Co., 1907.

This practical little book is written for young surgeons and practitioners. It treats of the usual affections of the rectum; fistula, fissure, hæmorrhoids, ulceration benign and malignant. The author believes that all pronounced cases of pruritus ani are due to ulceration between the structures and that the proper treatment is cauterization of this ulcer under a local anæsthetic. In our experience we have in many cases failed to detect this ulcer even when the patient was examined thoroughly under a general anæsthetic, but no doubt it is one of the causes. For internal hæmorrhoids the author unhesitatingly recommends Whitehead's operation of excision, and can find no fault with it, calling it the only radical operation. He does not like the ligature, and condemns the clamp and cautery as obsolete, though he says he has had no experience of it. We have found it effectual, painless, and safe. Mr. Willis quite properly gives opiates after removal of hæmorrhoids and believes castor oil the best purgative in such cases after operation. He believes simple ulcer of the rectum is rarely or never due to syphilis; syphilis aggravates it but does not cause it. It is most common in women and is due to the infection of an abrasion through a vaginal discharge. He speaks of a fulminating form which may spread rapidly to the peritoneum and cause a fatal peritonitis. In cancer of the rectum he favours the ano-sacral operation, and when it is high up he rarely finds need for the combined operation of the anal and abdominal route. No mention is made of the excision by abdominal operation alone combined with an artificial anus in the inguinal region. Colotomy is fully described. The last chapter on Diagnosis of Rectal diseases should be read by every practitioner. This work is profusely illustrated and of a most practical character. There is no padding and there are only 165 pages. As a hand-book written by a practical man it is of great value.

TEXT-BOOK OF PSYCHIATRY. A Psychological Study of Insanity for Practitioners and Students. By DR. E. MENDEL, A. O. Professor in the University of Berlin. Authorized Translation. Edited and enlarged by William C. Krauss, M.D., Buffalo, N.Y. 311 pages. Crown Octavo. Extra Cloth. \$2.00 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia, Pa.

This book, a very valuable work for the psychiatrist, would seem to have its most useful field among specialists. We believe the work is rather more that of the specialist for the specialist than for the physician whose need is to prove a patient's insanity, or the present day student who approaches the study of mental disease in order that he may learn enough of the subject to make an intelligent certificate of commitment to hospital in the case of an insane patient. The arrangement of the book and the classification of the psychoses is worthy of the author, long in the forefront of German alienists, and it would be hard to improve on the work of the translator. The chapters on etiology are comprehensive, the method employed in their subdivision, excellent, and in that part of the book concerned with general treatment, many hints are given on prophylaxis which cannot fail to be of practical value. It is in the section on special psychiatry that the hallmarks of the specialist are most apparent, and on careful reading the doubt is confirmed that the practitioner or student will not have time to study from this book. In a word, something more elementary as a text-book will amply meet the requirements of non-specialists in psychiatric equipment, though the volume may be heartily recommended as an authoritative work of reference.

A PRACTICAL TREATISE ON MATERIA AND THERAPEUTICS WITH ESPECIAL REFERENCE TO THE CLINICAL APPLICATION OF DRUGS. By JOHN V. SHOEMAKER, M.D., LL.D., Professor of Materia, Pharmacology, Therapeutics, etc., etc., Medico-Chirurgical College of Philadelphia. Sixth edition, F. A. Davis Company, Philadelphia, 1906.

The appearance of the eighth revision of the United States Pharmacopœia has been made the occasion for the publication of new editions of many of the standard text-books on materia medica and therapeutics. The sixth edition of Shoemaker's work has been thoroughly revised and brought up-to-date in every particular. The section on pharmacy and materia medica, including poisons and their antidotes is very complete, and that portion of the work which deals with the physiological action of drugs has been greatly improved. It is, to say the least, a very

difficult matter to combine in one work a complete text-book of pharmacology and therapeutics. Dr. Shoemaker has succeeded to a marked degree in supplying sufficient pharmacology to place the therapeutic application of drugs as far as possible on a scientific basis. The third section treats of the use of non-pharmaceutical remedies, hydrotherapy, electro-therapy, serum-therapy, etc., and it is maintained at the same high standard of thoroughness as those preceding it.

J. W. S.

THE DIAGNOSIS AND TREATMENT OF INTUSSUSCEPTION. By CHAS. P. B. CLUBBE, Hon. Surgeon to the Royal Prince Alfred Hospital and the Royal Hospital for Children, Sydney, joint lecturer on Clinical Surgery at the Sydney University. Edinburgh, Young J. Pentland, 1907, 92 pages.

This small book by a fellow colonist is based on the writer's own experience gained during the last thirteen years. It does not pretend to be an exhaustive treatise on the subject, but practical points on the diagnosis and treatment are fully dealt with. He holds that the only two methods worth considering are, irrigation and laparotomy. In 138 cases where the author has used irrigation in only 14 was the treatment successful. He advocates it only in the early stages, and if it fails, laparotomy should be immediately performed. Statistics of 144 cases are given. Laparotomy was performed 124 times with a mortality of 32.2 per cent. His mortality has been steadily decreasing. In the first 50 cases it was 50 per cent; in the second 50 cases, 24 per cent; and in the last 24 cases, 12½ per cent. There were eight resections of the bowel; all died. The book is interesting as being a result of personal experience.

PSYCHOLOGY APPLIED TO MEDICINE. Introductory Studies by DAVID W WELLS, M.D. Lecturer on Mental Physiology and Assistant in Ophthalmology, Boston University Medical School; Ophthalmic Surgeon, Homeopathic Hospital, Boston, Mass. Oculist, Newton, (Mass.) Hospital. Illustrated, nearly 300 pages, with Bibliography and index. 12 mo. Extra quality, paper bound in cloth, \$1.50.

This little book has developed from Dr. Wells' lectures to medical students. The matter presented is an attempt to bridge over the gap between psychology and medicine. Medical technicalities have been avoided almost altogether, in order that the book may prove more popular with general readers. We notice, however, some inaccuracy, especially in the explanation of binocular vision. The statement that

each ganglion cell of the occipital cortex has two neurons, which run together in the optic tracts but part company at the chiasm, one going to the outer half of the retina of the same side, and the other crossing over to the inner half of the retina of the outer eye, is quite original.

INTERNATIONAL CLINICS. Edited by W. T. LONGCOPE, M.D.  
Series xvii. Vol. 1. J. B. Lippincott Company, Philadelphia.

The familiar name of Dr. A. O. J. Kelly has been replaced by Dr. W. T. Longcope as editor. The names of Edmund Landolt, and J. B. Murphy have disappeared from the list of collaborators; and the names of Frank Billings and Chas. H. Mayo appear in their stead. To the new editor and his assistants we give a good welcome. Amongst the many excellent clinics we note Dr. G. Hudson Makuen's upon Hysterical Mutism. Dr. Makuen is probably the greatest living authority upon defects of speech, and he has placed the treatment upon a scientific basis. His treatment of stammering, for example, is as efficient as the treatment of diphtheria by antitoxin. We are obliged to note again the inadequate appreciation of the work which is done in Canada. This is a defect of most of the American summaries, and makes them less acceptable in this country than they would be if a more comprehensive view were taken.

MODERN MEDICINE, by Eminent American and Foreign Authors.

Edited by WILLIAM OSLER, M.D., Regius Professor of Medicine in Oxford University, England; formerly Professor of Medicine in Johns Hopkins University, Baltimore; in the University of Pennsylvania, Philadelphia; and in McGill University, Montreal. The work will be in seven octavo volumes of about 900 pages each, illustrated. The price per volume will be, cloth, \$6.00, net; leather, \$7.00 net; half morocco, \$7.50, net.

Of the seven volumes to constitute the work, the first will be issued about April 15th, and the others at intervals of about three months, long enough to enable the readers to master the contents of each volume as it appears, and to render the acquisition of the series easy from the financial point of view.

ESSENTIALS OF CHEMISTRY AND TOXICOLOGY. By R. A. WITTHAUS, A.M., M.D., Cornell University, 13th edition. Revised by R. J. E. Scott, M.D. William Wood and Company, New York. \$1.00.

The name of Witthaus as author, the thirteenth edition as number, Dr. Scott as reviser, William Wood as publisher, one dollar as price—this is sufficient comment upon this excellent little book.

TRANSACTIONS OF THE COLLEGE OF PHYSICIANS, PHILADELPHIA.  
Series III. Vol. 28. 1906.

The present volume contains the papers read before the college from January, 1906 to December, 1906 inclusive. These are twenty-four in number, amongst them we note a lecture by Tait MacKenzie, upon The Anatomical Basis for the Treatment of Scoliosis by Exercise.

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## Medical News.

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### CONGRESS OF AMERICAN PHYSICIANS AND SURGEONS.

#### SEVENTH TRIENNIAL SESSION

The Congress meets in Washington, on Tuesday, Wednesday and Thursday, May 7, 8 and 9, 1907. It is composed of the members of those National Medical Societies whose names are given below, and of guests specially invited by the Executive Committee. The Constituent Societies, in the order of their organization, are as follows:—American Ophthalmological Society; American Otological Society; American Neurological Association; American Gynecological Society; American Dermatological Association; American Laryngological Association; American Surgical Association; American Climatological Society; Association of American Physicians; American Association of Genito-Urinary Surgeons; American Orthopedic Association; American Physiological Society; American Pediatric Society; American Medico-Psychological Association; American Association of Pathologists and Bacteriologists.

All physicians are invited to attend the meetings of the Congress and the public meetings of the Societies, but only those may register who are members, specially invited guests, or visitors accredited through the Secretaries of Constituent Societies. It is recommended that members effect registration in advance of the meeting by filling out the blank certificates of registration, which will be sent to each member about April 1, and forwarding these certificates, with the requisite fee, to Dr. Newton M. Shaffer, Treasurer of the Congress. The general sessions of the Congress will be held in the Convention Hall of the Arlington Hotel from 3 to 5 P.M., Tuesday and Wednesday. The President of the Congress, Professor Reginald H. Fitz, will deliver an address Tuesday evening, May 7, at 8 o'clock. It has been arranged that members and their friends attending the Congress can secure from the Passenger Associations a railroad rate of one and one-third of first-class fare upon the certificate plan. A circular letter of instruction for this will be sent to each member in due time.

The Officers of the Congress are:—President, Reginald H. Fitz, M.D.; Secretary and Chairman of Executive Committee, William H. Carmalt, M.D., New Haven; Treasurer, Newton M. Shaffer, M.D., New York; Vice-President, ex-officio, Presidents of Constituent Societies.

Committee of Arrangements:—A. R. Shands, M.D., Chairman, 901 Sixteenth Street, N.W., Washington.

#### BIBLIOGRAPHY OF THE LATE DR. PETERS.

Aikin's Hop-Iron Splint in Fractures of the Humerus. *B. M. Journal*. June 5, 1897.

Gunshot Wounds of the Spinal Cord. *B. M. Journal*. Oct. 9, 1897.

Casts.—A new and original method of making. *B. M. Journal*, Sept. 3, 1898.

Hydatid Cyst of Tail of Pancreas. *Can. Practitioner*. February, 1901.

(a) Transplantation of Ureters into Rectum by Extraperitoneal Method for Ectopia Vesicæ.

(b) Procidentia Recti, A new operation for, *B. M. Journal*, June 22, 1901.

Wrench, A new, for use in correction of Stubborn Deformities. *Can. Jour. Med. and Surg.* Dec. 1901.

Calculi, A new method of cutting urinary, *Can. Pract. and Review*, Jan. 1902.

Transplantation of Ureters into Rectum. Three additional cases. *Can. Journal of Med. and Surgery*, April, 1902.

(a) A case of Dilatation of the Oesophagus without intrinsic Stenosis.

(b) Removal of Foreign Body from the Oesophagus. *Can. Lancet*. March 1902.

Operative Treatment of Ascites due to Cirrhosis of the Liver. Sept. 1902.

Telephonic Properties of the Inflamed Abdomen. *Can. Jour. Med. and Surg.* Dec. 1902.

A Case of Purulent Pericarditis complicated by Empyema: Operation and Recovery (with R. D. Rudolf). *Edinburgh Med. Journal*. March, 1903.

Diseases of Bone. Written for new *American Practice of Surgery*. Edited by Dr. Albert H. Buck, New York.

The Choice of Operation in Stone of the Cystic Duct. Read at Tor. Clinical Soc., February, 1907. Forwarded by Dr. Harvey Littlejohn, Edinburgh, Scotland for publication.

## THE SIXTH INTERNATIONAL DERMATOLOGICAL CONGRESS.

The Sixth Congress will be held in New York, at the Academy of Medicine, 17 West 43rd Street, on September 9th to 14th, 1907. The previous congresses have been held at three-year-intervals in Paris, Vienna, London, and Berlin. Dr. James C. White, of Boston will be President of the Congress, and among the names of those forming the organization committee of twenty-six, is that of Dr. F. J. Shepherd, of Montreal. It may be stated that the laws of the Congress permit that the meetings are open to the public, and that any member of the medical profession in good standing may become a member by registering with the Secretary-General at or before the meeting and by paying the membership fee of five dollars. The secretary-general is Dr. John A. Fordyce, 80 West 40th Street, New York, who will supply any information desired. The preliminary draft of the Programme shows much material of interest and the names of many men of eminence. It is as follows: I. The Etiological Relationship of Organisms Found in the Skin in Exanthemata; Prof. W. T. Councilman, Boston; and Prof. Gary N. Calkins, New York. II. Tropical Diseases of the Skin: Dr. H. Radcliffe-Crocker, London; Prof. G. Riehl, Vienna, Austria; Dr. William Dubreuilh, Bordeaux; Dr. W. R. Brinckerhoff, Honolulu; Dr. J. H. Wright, Boston; Dr. C. W. Stiles, Washington; Dr. Baldomero Sommer, Buenos Ayres. III. A. The Possibility of Immunization Against Syphilis. Prof. A. Neisser, Breslau; Prof. Ernest Finger, Vienna; Dr. L. E. Leredde, Paris; Prof. T. de Amicis, Naples. B. The Present Status of Our Knowledge of the Parasitology of Syphilis. Prof. Erich Hoffman, Berlin; Dr. A. Buschke, Berlin; Dr. K. Herxheimer, Frankfort a. M.

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### CANADIAN HOSPITAL ASSOCIATION.

The Canadian Hospital Association was organized at a largely attended meeting at the Parliament Buildings, Toronto, on April 1st. Dr. McIntyre, Kingston, was chosen as chairman of the meeting and Dr. J. N. E. Brown, Toronto, secretary. The following officers were elected: President, Miss Louisa Brent, Hospital for Sick Children, Toronto; Vice-Presidents, Dr. C. K. Clarke, Toronto Asylum for the Insane; Dr. McIntyre, Kingston General Hospital; Mr. W. Kenny, Royal Victoria Hospital, Halifax, for the Maritime Provinces; Mr. H. E. Webster, Royal Victoria Hospital, Montreal; Mr. A. L. Cosgrave, Winnipeg General Hospital, for Manitoba and the West; Secretary,

Dr. J. N. E. Brown, Toronto General Hospital; Treasurer, Miss J. Patton, Grace Hospital, Toronto. The election of officers was followed by the adoption of a constitution.

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#### OTTAWA MEDICAL SOCIETY.

The annual meeting of the Ottawa Medico-Chirurgical Society was held on March 22nd. The Society has now a membership of 80, and the meetings are well attended. The result of the elections for officers for the coming year is as follows: Hon. president, Sir James Grant; president, Dr. J. L. Chabot; first vice-president, Dr. E. B. Echlin; second vice-president, Dr. W. C. Cousens; treasurer, Dr. Thos. Gibson; secretary, Dr. Wm. Hartney; librarian, Dr. Robert Law; curator, Dr. F. W. C. Mohr. The council for the ensuing season will be composed of Drs. Small, Bradley, Brown, Hanna and Leggett.

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#### MONTREAL GENERAL HOSPITAL.

During the month of March, 308 patients were admitted to the Montreal General Hospital and 315 were discharged. There were 20 deaths, 9 of which occurred within three days of admission. The average daily sick in the hospital was 208, and the highest on any one day 217. Outdoor consultations numbered 4,861. The ambulance made 157 runs. The average number of visitors at the hospital on visiting days was 334.

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#### ST. PAUL'S HOSPITAL.

The following is the record from the St. Paul's Hospital for January, February and March. Diphtheria, admitted, 22; discharged, 24; died, 1; scarlatina, admitted, 11; discharged, 7; measles, admitted, 34; discharged, 54; other cases, admitted, 3; discharged, 3. Total, admitted, 71; discharged, 88; died, 1.

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The meeting of the American Academy of Medicine, Specializing in Medical Sociology, will be held in Atlantic City, June 1st to 3rd, 1907. The following is the programme:—1. The Annual Address, President Cassey A. Wood, Chicago, A Medical Career and the Intellectual Life. 2. The Communal Life of Physicians; Its Cultivation and Value, Dr. Leartus Connor, Detroit. 3. *Symposium*:—I. The Relation of the Medical Profession to the Housing of the People. Dr. S. A. Knopf, New York City. II. General Aspects of the Housing Problem, Dr.



Gertrude C. Light, New York City. III. Discussion. Mr. Lawrence Veiller, New York City. 4. The Effect of Child-Labor on Physical Development, Dr. Alfred Friedlander, Cincinnati. 5. The Superiority of the Playground to the School-room, Dr. Woods Hutchinson, Arrowhead, Cal. 6. The Soldier as a Total Abstainer from Alcoholic Beverages, Dr. J. W. Grosvenor, Buffalo. 7. Insurance for Defectives, Dr. James A. Spalding, Portland, Me. 8. *Symposium*:—I. The Relation of the Medical Profession to Legislation. Dr. R. S. Connor, Cincinnati. II. The State Board of Medical Examiners, Dr. Henry Beates, Jr., Philadelphia. III. The Co-Relation of the Medical and Legal Professions to the General Public, Dr. T. H. Shastid, Marion, Ill. IV. The Duty of the Physician in Regard to Legislation to Promote Medicine among the Poor, Dr. Benj. Lee, Harrisburg. V. The Necessity of Co-operation in Movements for a National Department of Health, Dr. J. Pease Norton, New Haven. VI. Criminal Abortion, Dr. Henry W. Cattell, Philadelphia. VII. Discussion.,

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The action taken by G. L. Hagenburger against the authorities of Queens' University for damages, and to have his name restored to the list of graduates, has been abandoned. It has been found that he had obtained German medical credentials irregularly.

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Dr. William Lane, formerly of St. Catherines, Ont., later of Lockport, N.Y., died on March 14th, in New York. He was a graduate of Toronto University and was in his 75th year.

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Dr Daniel McIntosh Johnson, of Tatamagouche, N.S., died on March 12th, after a short illness. He graduated in 1875 from the Halifax Medical College.

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The death is announced of Dr. M. A. Sheffield, of St. John, N.B., in the 71st year of his age.

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Dr. Samuel Rescott Richardson, Medical Health Officer of North Toronto, died March 26th, at the age of sixty-five.

# Retrospect of Current Literature.

## PATHOLOGY.

UNDER THE CHARGE OF J. G. ADAMI.

A. LEMIERRE, AND M. FAURE-BEAULIEU. "Gonorrhoeal Septicæmia and Pyæmia." *Gazette des Hopitaux*. 1906, p. 231 and p. 267.

Gonorrhœa is most often an affection localized in the genito-urinary organs. It is not exceptional, however, to see it accompanied by general symptoms and manifestations at a distance; and these have been the subject of many discussions. One should say at the outset that the difficulty experienced by observers in detecting the gonococcus itself in metastases has been the principal cause of the uncertainty which has long obscured the question; but to-day one applies to this class of studies more minute means of investigation and a more perfect technique, so that the nature of the greater part of these lesions ought not to be any further a matter of doubt.

The existence of a gonotoxine has been proven beyond doubt by the works of several investigators; but can this toxine diffuse itself throughout the system from the initial point of the infection? Can it, by itself, determine the secondary localizations, and what localizations does it especially determine? On the other hand has this toxine a purely local action, intimately connected with the gonococci itself? The experimental and clinical researches do not yet sufficiently inform us upon all these points. Likewise the role of the secondary infections, held in great importance by certain workers, appears to be a more and more restricted one in proportion as our bacteriological technique improves. These secondary infections really do exist at times; but they constitute the exception. More frequently the gonococcus itself is found in the inflammatory or suppurative areas in association with the microbes of secondary infection: streptococci, staphylococci, or pneumococci. On the other hand the testimony of many clinical observations, published during recent years, places beyond question the aptitude of the gonococcus to produce many and varied metastatic complications. It has been demonstrated that the gonococcus can invade the circulation and can proceed, through the blood, to form colonies by the arteries in different parts of the organism. The facts are so well known that no one can, so to speak, track the gonococcus in its different stages; at the point where it penetrates the veins, in the circulation, and in the metastases.

It is a long time since Richet and Voillennier observed phlebitis in the corpora cavernosa in association with the gonococcus. More recently Burchardt, (in 1883), studying urethras attacked by gonorrhoeal inflammation, found the gonococci in the venules of the inflamed mucous membrane as well as in the sanguineous lacunæ of the corpora spongiosa and cavernosa. Wertheim saw at certain points in the vesical mucous membrane of a woman, suffering from gonorrhoeal cystitis and arthritis, thrombotic capillaries and venules which contained gonococci in abundance. In divers cases of generalized gonorrhoeal infection one has observed phlebitis of the dorsal veins of the penis during life (Woss); and, at the autopsy, along with inflammation of the prostate and the vesiculæ seminales, phlebitis, at times suppurative, of the periprostatic venous plexuses. These facts amply demonstrate the route which the gonococcus takes to force an entrance into the general circulation; and how the local veins, once affected, offer no further resistance to anything which may be carried away by the blood current.

It is exactly in the circulation of patients suspected of generalized gonorrhoea that observers have had for several years the idea of searching for the gonococcus. The reports where this microbe are said to have been found by direct cover-slip examination cannot be received without reserve; but the cultivation of the blood during life has been followed up to the present time by successes, sufficiently numerous, to place beyond doubt the reality of sanguineous infection. Positive results in this direction have been obtained in thirty-two cases.

But in this bacterial infection it is altogether exceptional if the microbe, once launched in the general circulation, does not stop at one or several points in the organism and there set up lesions. This is the third stage of the gonococcus. To-day observations abound where one has been able to detect it both in life and at autopsies in the inflammatory or suppurative lesions which have been set up; in the articulations, endocardium, pericardium, pleura, lungs, skin, and sub-cutaneous cellular tissue.

It is, then, well demonstrated that gonorrhoeal metastases are for the most part but the result of gonorrhoeal infection. This is a theory which has been held for a long time in France by certain writers, but was especially developed by M. Balzer in his report in 1900 on "*Les infections généralisées dans la blennorrhagie.*"

Like all the bacterial infections that of the gonococcus can be classified from a clinical and anatomical point of view under two different aspects. Sometimes the specific microbe passes into the circulation

and sojourns there for a shorter or longer period without originating any secondary localization; one has to do here with a pure septicæmia. Sometimes it stops at certain points in the body and sets up metastases. These may remain simply inflammatory or pass on to suppuration, realizing then that which one designates more particularly pyæmia. But it is impossible from a clinical and pathogenic point of view to separate these two orders of facts; because, if the inflammatory lesions do not always pass on to suppuration, this latter is always the consequence of a pre-existing inflammation. One should therefore, group the facts of gonococcal infection with secondary localizations under the name of metastatic septicæmia.

Gonococcal septicæmia, particularly in its grave forms, is encountered much more frequently in males. One has observed this during all ages. Most often it breaks out during the course of a florid gonorrhœa; but at times it appears when the gonorrhœa seems to have been cured for a long time, or when it exists merely as a chronic discharge, passing even unobserved. To be noted is the exceptional case of Griffon where the articular manifestations appeared before the urethritis.

The point of departure of infection in man is most often the urethra, especially when the inflammation has invaded the posterior urethra, and involved the prostate and the vesiculæ seminales; in woman the vagina, uterus and inflamed tubes, with or without participation of the pelvic peritoneum. But at times the source of infection can be less deeply seated. Macaigne and Finet have reported a case of gonorrhœa following a simple balanitis; and in little girls a vulvitis can become the point of departure of a generalized infection. Finally there exist the observations of gonorrhœal metastases appearing in the newly-born affected with gonorrhœal conjunctivitis.

Certain gonococci appear particularly virulent; to have a tendency not to remain localized but to readily invade the body. One has seen several individuals, contaminated at the same source, present metastatic localizations. Such are the observations reported by Vaquez, Laubray, and by Antomy; and an experimental fact of Ahmann is still more suggestive. This author having inoculated the urethra of a healthy subject with gonococci, isolated from the blood of a man affected with generalized gonorrhœal infection, saw not only a urethritis develop but a septicæmia with secondary localizations in the synovial sheaths and the lung.

If the virulence of the microbe is of great importance it does not seem to follow from the observations that general infection is especially

the lot of subjects previously resistant or blemished. One can only point to the observation of Barbiani where the infection developed in a diabetic who recovered, and that of Doleris where a mortal infection broke out in a woman six months pregnant. On the other hand the metastatic localizations readily pick out points of lessened resistance; arthritis appears at times in articulations previously affected by other infections. Hochman has noted a gonorrhoeal metastatic phlegmon develop at a point contused a short time previously; and Busquet and Bicholenne have reported suppuration in a hæmatoma of some standing. But the process is particularly frequent in endocarditis where one sees the gonococcus become localized on valves which have been previously damaged. Finally, one has attributed the beginning of their infection to catheterization of an inflamed urethra; but in the great majority of cases no exciting factor can be made out.

W. G. M. B.

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## OBSTETRICS.

UNDER THE CHARGE OF J. C. CAMERON AND D. J. EVANS.

In presenting an epitome of the most important contributions to obstetrical literature during the past year, it must be understood that the writer has not been able completely to cover all the possible material, and that what follows is but an attempt to cull from one's reading those matters which have appealed to one's own taste as being of value or of special interest.

First, let me say that while there has been no startlingly new work presented, there has been considerable activity in the study of the toxæmias of pregnancy and eclampsia.

Many cases of pubiotomy have been reported, and as a result of further experience, the operation has been perhaps better established as one of no mean rank in obstetric surgery.

Some interesting studies on the mechanism of labour have appeared, but will not be considered this evening as Dr. Little has undertaken to present them at a later date.

During the year, several volumes of the "Handbuch der Geburtsschulfe" of von Winckel have appeared. This is the most important contribution to obstetrical literature which has appeared for years. Already seven large volumes have been published. The contributors are chiefly German-speaking authorities, and the work is most thoroughly comprehensive in character.

Two interesting papers on Puerperal Thromboses are worthy of notice. The first, by Vaney, (*Ann. de Gyn. et d'Obstel.*, Aug., 1906), is a lengthy and able study of the condition, and includes several cases.

He considers that a latent endometritis often of gonorrhœal origin, frequently pre-exists, and the changes incident to pregnancy have a marked effect in favouring damage to the vessel walls. Microbic intoxication adds itself to physiological auto-intoxication; hæmorrhage and thrombosis take place, and the condition becomes doubly dangerous after evacuation of the uterus. Extension may occur by continuity along the veins or along the lymphatics extending from the uterus, and then set up a periphlebitis in the pelvic veins with a resulting thrombosis.

He dwells on the indefinite character of the symptoms, but calls attention to a certain peculiar acceleration of the pulse first described by Mahler. This ladder-like (stair-case) increase in the pulse rate is described as being due to the effort of the heart to overcome the increase of resistance offered by the plugged vessels. Others ascribe it to the effect of absorbed toxins on the heart. In any case it is frequently present. Richter reports the sign as being present in 63 per cent. of a series of cases in the Dresden Clinics. In the balance of his cases its presence was hidden by other phenomena. This sign is only present when the thrombosis has extended beyond the peri-uterine veins, according to Richter.

Vaney thinks it is most important to recognize an unusual frequency of the pulse in these cases; for, after a period of physiological slowness of pulse more or less prolonged, it becomes accelerated, and presents the characters indicated by Mahler.

Rieler (*Monat. fur Geburt. und Gynak.*, Aug., 1906) reports 23 cases. He notes considerable blood loss and difficulty with the placental stage of labour in many of his series. He considers Mahler's sign of great importance, and found it present in two-thirds of his cases. In others it was absent, or other conditions made its recognition impossible.

He dwells on Mahler's sign, pain in the affected side of the groin, and meteorism as valuable subjective signs. Tenesmus may accompany thrombosis of the deep pelvic vein. These patients should not be allowed up till the pulse has been normal for at least a week.

An interesting paper by Cuff (*Jour. Obstet. and Gyn. of the B. E.*, May, 1906), on a somewhat allied condition may be noted. In discussing the operative treatment of puerperal pyæmia, Cuff reports a case of thrombosed pyæmic pelvic phlebitis, in which he opened the abdomen and tied off the infected thrombus. His first ligature was

placed close to the uterus, and the second towards the pelvic wall. The ovarian vein was found thickened and thrombosed up to just below the kidney where it joined the vena cava. A strong ligature was placed about it half an inch from the junction, the peritoneum having previously been incised and reflected. The patient made an uninterrupted recovery, there being no more chills or sweats. Other successful cases, six in all, have been reported by Michel, Bumm and Haeckel. Surgical intervention in these cases certainly seems to offer a valuable method of treatment, but its scope will be limited owing to the difficulty of diagnosis. Would not exploratory laparotomy be justified where the condition is suspected?

Recent contributions to literature dealing with the subject of heart disease in its relation to pregnancy are unanimous in expressing the opinion that the danger has been greatly exaggerated in the past. Ruegg in an article on this subject in von Winckel's *Handbuch der Geburt*. Bd. II, Tiel 3, P. 2259, goes thoroughly into the question from a statistical standpoint. As a rule only the graver forms of heart lesions are recognized in pregnancy, the lighter forms escaping observation entirely. The former mortality statistics are those of Schlayer, 48 per cent.; von Leyden, 55 per cent.; McDonald, 60 per cent.; and the report of Berry Hart of eight cases of mitral stenosis of which seven died. In 25 cases of heart disease in 4,000 births the author mentions but one fatality. In 2,000 cases in Marburg, Schnieder reports 14 cases of heart disease of which only one died, and Jess records 29 women with 40 births, and only one fatality. The general condition and cardiac compensation are of great importance. Should rest in bed, digitalis and other heart stimulants fail to relieve dyspnoea, pregnancy must be interrupted. The heart lesions *per se* constitute no indication for interruption of pregnancy.

French and Hicks in the *Jour. of Obstet. and Gynec. of the B. E.* September, 1906, discuss the subject of mitral stenosis and pregnancy. They analyzed the obstetric histories of 300 consecutive cases of mitral stenosis in women over 20 in Guy's Hospital. Of these 205 were married, and in 60 per cent. of them the ultimate heart failure had no relation to pregnancy. The average number of children was 4.5 per mother, and one of them had 17 children born alive. The authors conclude that the majority of patients with mitral stenosis bear children well, and that when heart failure develops in relation to pregnancy it is very often not with the first pregnancy, but after several pregnancies. They conclude that mitral stenosis does not render marriage unjustifiable, but that the risk run should be plainly stated. Ingram

and Longridge in the same journal record 50 cases of labour complicated by organic disease of the heart which they have compiled from the records of the Queen Charlotte Hospital. The mortality was 8 per cent., but in 68 per cent. of the cases labour took place without assistance.

During the past year there have been many contributions dealing with the subject of pubiotomy. A complete list of these, covering four pages, may be found at the conclusion of a study by Dr. E. B. Montgomery in the *Am. Jour. of Obstet.* for December, 1906. I cannot do better than give a summary of this paper which shows practically the condition of the subject to-day.

The operation of pubiotomy was devised by Gigli in 1894, his opinion being that a linear osteotomy made through the pubic bone at a point where the soft parts would be less liable to damage, would permit of the same pelvic enlargement as the older operation of symphysiotomy; his object being to obtain better union and an unimpaired gait, and to avoid injury to the urinary bladder so common in the earlier operation. These results have been attained, as the 300 cases recorded show.

The mortality of the 300 cases is between two and three per cent., and there has been no mortality in cases that were aseptic when coming under observation. Against this is to be placed the mortality of between ten and eleven per cent. and a morbidity of thirty per cent. in symphysiotomy.

The operation should not be employed in cases of great contraction of the pelvis, the lower limit being 7 cm. in which it may be safely employed. That a permanent enlargement of the pelvic diameters follows, the cases reported by Reifferscheide, Kannegeiser and Van de Velde in which subsequent labours have terminated spontaneously indicate; Montgomery thinks, that on every account pubiotomy must replace symphysiotomy, and that in a few years it will be found that a Gigli wire saw and carrier will almost entirely replace the use of the craniotomy instruments, the latter being reserved for use only on the dead child. He urges as an indication other than contracted pelvis for the performance of pubiotomy, impacted mento-posterior face presentations.

He then reviews the method of operation. Gigli and Van de Velde make use of the open method, and pass the saw from below upward. Tandler makes the incision below the symphysis, ties off the corpus cavernosum and periosteum, and cuts between. Re passes the needle up from below, between the bone and the periosteum. Doderlein passes the needle through a small incision above the symphysis bringing it



out from below, the operation being practically a subcutaneous one. Seeligman, Walcher, Leopold and Dührssen all support the subcutaneous method of operation. Montgomery states that pubiotomy has won a permanent place among obstetric operations, and that in the near future it will be employed in suitable cases quite as frequently in our own as in continental countries.

Much has been written for and against what has been termed the biological theory of the etiology of eclampsia. That the foetal elements derived from the chorionic villi play an important part in the causation of eclampsia has been argued by Viet, Ascoli, and Weichardt, a report of whose work has been presented here from time to time.

The work of Liepmann of Berlin is most interesting in this connexion, and I shall endeavour to trace the development of his theory of the placental nature and origin of the toxin of eclampsia, as presented in a series of his papers published recently.

In a study of the biology of the placenta in *Zeitschr. für Geb.* Bd. LVI, 1905, Liepmann opposes Viet's theory of cell deportation and asserts that foetal morphological elements do not bring about pathological conditions, or act physiologically, but that the gradual passing over of placental albuminous material in solution from the foetus to the mother is responsible.

He has been able to establish the fact that eclamptic placental albumin does not course in the blood, and that there is a distinct difference in the blood of a nephritic pregnant woman and that of an eclamptic. In the former a specific reaction can be obtained, but not in the latter. He considers the placenta has a well-marked organ specificity, and that this throws light on the passage of albuminous substances. The placenta has a distinct chemical power. The food substances derived from the maternal organism are first surrounded, then disintegrated, and finally rebuilt before they are capable of passing over into the foetus.

By using powdered fresh placental material hardened in fluid air he has shown the presence in the human placenta of diastasic glycolytic and milk-sugar splitting ferments; and, most interesting, a ferment similar in its action to the pancreatic ferment.

He concludes that chemical processes play a role in the placenta just as in the intestinal tract. The large albumin molecule of the maternal organism is first broken up, and then freshly synthesized. What Harvey in 1651 suggested in his *Exercitationibus de Generatione Animalium* that the placenta could perform certain digestive functions for the foetus is now through modern methods established as a scientific

fact. He mentions finding in the placenta of an eclamptic a toxic substance which produced convulsions when injected into rabbits.

In *Munch. Wed. Wochenschr.*, December 19th, 1905, he reports in detail his experiments with this toxic substance. Eclamptic placenta were dried and powdered and suspended in salt solution. Normal placenta prepared in the same way gave no toxic results when injected into rabbits. Most animals injected with the eclamptic placental powder died within twelve hours, the symptoms being coma, and in many cases convulsions. He finds that the toxin found in eclampsia placenta exhibits the following properties: it is firmly fixed in the albumin molecule; it is extremely toxic for rabbits; it is highly labile; it can be removed from the pressed out extract by reagents which precipitate albumin. Hitherto the extraction chemically has not been successfully accomplished.

The following is a brief summary of his facts:—

(1) In the eclamptic placenta a toxin is found which is absent from the normal placenta.

(2) It is identical with the toxin of eclampsia, for the more the toxin is absorbed from the organism the less there is found in the placenta; and conversely, the less the toxin that passes over into the maternal organism, the richer the placenta is in the toxin.

(3) The toxin evinces a marked affinity for the brain cells which neutralize it, and which are paralyzed by it.

(4) The toxin acts deleteriously on the renal parenchyma as well as on the liver. The injury to the kidney is secondary to the toxæmia—an already existent albuminuria may be markedly increased by the toxin. The chorionic epithelium appears to play an important part in the genesis of this toxin; the placenta is thus the place of elaboration and point of departure of the toxin.

Leipmann believes that the toxin is fixed by the brain cells as occurs in tetanus, and his experiments in this connexion are most interesting. A powder was made from the brain of three eclamptic patients after the method adopted with eclamptic placenta. Nine animals injected with this brain powder gave no special reaction and lived. Either the toxin is fixed to the brain and thus neutralized, or the brain in these cases contains no toxin. As control experiment, he mixed toxic eclamptic placental powder with normal brain essence, and injected it in certain lethal doses with absolutely negative results in every animal. *In vitro* he has found the toxin completely disappears when shaken up with brain substance.

In a later paper (*Zeit. für Gyn. No. 24, 1906*), he sums up his theory of the placental origin of the toxin of eclampsia as follows:

Eclampsia is a toxic disease. The toxin is united with the albumin molecule, and is developed in the placenta probably through defective synthesising of the disorganized maternal albumin material by the syncytium. If the organism fails to neutralize this toxic albumin by means of a corresponding anti-substance, then it becomes poisoned. In this intoxication the brain, the liver, and finally the kidneys are the special organs affected and most damaged.

Interesting papers dealing with the toxæmias of pregnancy have appeared during the year by various American writers notably Williams. I may be allowed to briefly recapitulate his principal facts. He defines three types of vomiting of pregnancy, the reflex, the neurotic, and the toxæmic, each dependent upon different etiological factors.

He points out that, in the toxæmic type, there is a marked increase in the amount of nitrogen excreted in the urine, as ammonia, and a decrease in that excreted as urea. That the condition is associated with a very characteristic lesion in the liver which is analogous to that associated with acute yellow atrophy of that organ. The condition may take an acute or a chronic form.

These liver lesions are degenerative in character and begin about the central vein of the lobule and gradually extend towards its periphery, Dr. Whitridge Williams concludes that:

1. The pernicious vomiting of pregnancy is not due to a single ætiological factor, and occurs as one of the three varieties, reflex, neurotic and toxæmic.

2. The reflex type is dependent upon the existence of abnormalities of the generative tract or ovum, and may be cured by their correction or removal.

3. The neurotic type is dependent upon the existence of a neurosis without demonstrable lesions, and is more or less allied to hysteria. It is the most frequent variety of serious vomiting, and can be cured by suggestion or a modified rest cure.

4. The toxæmic type is associated with characteristic changes in metabolism, and in fatal cases, at least, with lesions in the liver analogous to those observed in acute yellow atrophy. It may occur in the acute or chronic form, the former causing death in ten days or less, while the latter may persist for weeks or even months.

5. In the reflex or neurotic vomiting there are no manifest changes in the urine, while the toxæmic variety is characterized by a marked decrease in the amount of nitrogen excreted as urea, and a character-

istic increase in the amount excreted as ammonia. The so-called ammonia co-efficient arising from 3 to 5 per cent. to as high as 46 per cent. in one of my cases.

6. The toxæmic type is diagnosed by the examination of the urine, the reflex by careful bimanual examination of the genitalia, and the neurotic after the exclusion of the other two varieties.

7. The prognosis is excellent in reflex and neurotic vomiting, provided appropriate treatment is instituted, so that the termination of pregnancy is rarely indicated. In toxæmic vomiting, on the other hand, a fatal issue can be averted only by prompt induction of abortion, and even then the prognosis is dubious.

In the *Am. Jour. of Med. Sc.*, for September, 1906, the same author publishes a further series of cases of toxæmic vomiting, establishing more firmly the diagnostic value of the high ammonia co-efficient of the urine, and its importance as an index to treatment. He recognizes the fact that a high ammonia co-efficient in the urine can occur in other conditions of acid intoxication, and abnormal conditions of fat metabolism. He considers that we are not in a condition to state positively whether the metabolic changes result directly from the liver lesions, or represent an attempt on the part of nature to neutralize an acid intoxication, or whether we have to deal with other processes concerning whose nature we are as yet absolutely ignorant. He believes that the lesions in the liver are not the primary factor, but result from the circulation of some substance in the blood which has already caused the metabolic disturbance.

He argues against the identity of the toxic conditions in eclampsia and pernicious vomiting of pregnancy. In fact he believes that we should recognize that there are various toxæmias of pregnancy, and that while we know something about several of them, it is possible that other varieties exist of which we know absolutely nothing at present.

Tuskai (*Berlin. Klin.*, August, 1906) opposes Williams' theory of the toxæmic nature of pernicious vomiting, and mentions two cases in which the ammonia co-efficient was estimated. In one case it was as low as 4.1 per cent., and in another it was high, but remained high after the vomiting had ceased. He argues that pernicious vomiting is due to peritoneal irritation caused by defective nutrition of the peritoneum as it becomes stretched by the increasing uterus.

Wolf (*Phil. Med. Jour.*, April 21, 1906) opposes Williams' theory of increased ammonia output, and considers his conclusions are unwarranted. He quotes Folin as showing that a perfectly normal indi-

vidual may, under change of diet alone, exceed the figure laid down by Williams as a sign of positive danger. He states that any attempt to recognize or to diagnose degrees of disorder of metabolism through an examination of the urine for ammonia, acetone, aceto-acetic acid, or oxybutyric acid is lacking the support of any thoroughly sound physiological experiment groundwork.

Ewing and Wolf in a study on "The Clinical Significance of Urinary Nitrogen" in the *Am. Jour. Med. Sc.*, May, 1906, state that ammonia nitrogen is increased in conditions of dyspnea and insufficient aeration of the blood. Diet profoundly influences it. Milk and meat diet increases it. In starvation and inanition it is invariably increased. They state that in the present state of our knowledge one cannot rely on the presence of ammonia compounds, acetone and B-oxybutyric acid in the urine either as an index or as a measure of intoxication.

The authors state that no single estimation is of any uniform value. Neither the total nitrogen nor the urea, nor ammonia, nor uric acid, nor creatinin, nor the undetermined nitrogen. No clinical indications can be built on their estimation. The authors point out that the more rational method is a study of the nitrogen distribution as a whole, and to determine what practical value may attach to the findings in the urine as expressed by the nitrogen partition. The authors state that there is not sufficient data regarding the composition of the normal urine, as we do not know what are the standards of all types of normal urine, nor what amount of latitude must be allowed to distinguish the normal from the pathological. The authors believe that by a complete analysis of the urine, serious importance may be known to attach to slight expressions of disorder such as headache, transient pains, in several conditions where they are now overlooked or vaguely appreciated, and in this field the determination of the nitrogen partition, will give very valuable clinical information. Pregnancy and its influence they consider a very complex subject.

From these observations the authors have been led to believe that the partition of the urinary nitrogen may be taken as an index of metabolic disturbances escaping other methods of detection.

In the *New York Med. Jour.*, May 5, 1906, Dr. J. Clifton Edgar reports his study of the "Clinical Manifestations of the Toxæmia of Pregnancy." While he admits that various toxæmias may occur in pregnancy, he believes that a special autotoxic state of pregnancy exists, or rather that the pregnant state predisposes, or favours, a condition of toxæmia peculiar to the pregnant woman.

He defines the toxæmia of pregnancy as a state of the blood due to faulty metabolism, and possibly arising from hepatic insufficiency. The

origin of the toxic material is unknown and its nature uncertain. He thinks that it is generally conceded that the toxic substances are metabolic in origin, and that there is a distinct connexion between these two metabolic changes and the pregnant condition itself; that these toxic substances in the blood are more or less identical in pregnancy, pernicious vomiting and eclampsia alike, and that they, in some cases at least, first cause lesions in the liver and subsequently in the kidneys. He believes that we may be able to detect an autotoxic state by the marked changes in metabolism exhibiting themselves in characteristic urine conditions before lesions of the kidneys manifest themselves. He dwells on the fact that the urea output has been unreliable as the indication of eclampsia.

Patients with low urea percentages may show none of the clinical symptoms of toxæmia, and patients with normal urea percentages may pass into eclamptic convulsions or die of pernicious vomiting of pregnancy.

He thinks well of the work of Ewing and Stone on the study of the nitrogen partition in toxæmia. This clinical index is based upon the supposition that even mild cases of pregnancy toxæmia cause errors in metabolism probably due to lesions in the liver cells, and that as a result metabolism is imperfectly carried out and various unoxidized compounds are formed, which in themselves are poisonous in character. Of these unoxidized compounds replacing the total nitrogen the most significant at present for danger signals of toxæmia appear to be the ammonia nitrogen and the ammonio-acid or undetermined nitrogen.

He states, "I do not believe that as yet sufficient material has been excreted as urea nitrogen, ammonia nitrogen, and ammonio-acid, collected to permit us to formulate from the percentages of total nitrogen or undetermined nitrogen, any rule to guide us in the determination of the severity of the pregnancy toxæmia. These relations vary in the normal individual and are dependent upon the nitrogen intake, and many other sources of error are possible."

He thinks that this chemical urinalysis of the urine for the so-called nitrogen partition promises much, but much work remains to be done on a large number of urinalyses both of those who do, and those who do not show clinical symptoms. From his own material carefully studied he hesitates to formulate rules for a guide to the diagnosis of an impending or existing pregnancy toxæmia. He states that in most of his cases in which the clinical picture of a toxic condition was present, such as headache, giddiness, excessive vomiting, slight jaundice, mental and physical torpor, high arterial tension, itching of the skin,

etc., the complete chemical examination of a twenty-four hour specimen of urine showed errors in metabolism.

In two years he has had twenty-four patients under his observation, and has had sixty-two chemical urinalyses made. The urinalysis included, in addition to the total nitrogen and the nitrogen percentages or co-efficients, the reaction, specific gravity, tests for albumen, sugar, indican, urobilin and casts, and in most of the specimens for acetone and aceto-acetic acid, provided the intake of food was sufficient to cover the heat loss. He bases his findings on the nitrogen table of Folin. The characteristics of a urine indicating normal metabolism depends upon the relation of the nitrogen of the nitrogenous compounds of urine to the total nitrogen. Abnormal metabolism is indicated by a urine in which the various percentages of the total nitrogen excreted as urea nitrogen, ammonia nitrogen, and undetermined nitrogen, depart from the generally accepted normal standard for the given quantity of total nitrogen excreted in the twenty-four hours.

Edgar first records eight cases of non-toxic pregnancies in which the chemical urinalyses accord with the normal standard. In some of these the total nitrogen excreted was low, but the nitrogen partition remained about normal. Six cases of toxæmia vomiting then follow. One of which having the clinical picture of pregnancy toxæmia well marked, a twenty-four hour specimen of the urine failed to show faulty metabolism on a chemical analysis. In four of these six cases the proportion of total nitrogen excreted as ammonia nitrogen ranges high, reaching 48.4 per cent. in one case in which spontaneous premature labour took place, the patient making an uninterrupted recovery. She had an alcoholic history. One or two of these cases showed a rather high co-efficient of undetermined nitrogen. In these cases persistent vomiting was a prominent symptom.

Six cases of pre-eclamptic toxæmia in which vomiting was not a prominent symptom are then recorded. Of the nineteen of the urinalyses the percentage of total nitrogen excreted as ammonia nitrogen only reaches ten in one instance. The undetermined nitrogen percentage ranges high throughout the series. Albumin was found but once, and in no instance were casts present. He divides these cases into those of the hepatic, and those of the renal type. The toxæmia of pregnancy class showed symptoms of toxæmia with nausea, vomiting, recurrent jaundice, as prominent symptoms, there being an absence of albumin, casts, puffiness of the face, and œdema of the extremities. The nephritic toxæmia class, on the other hand, have for their prominent symptoms, severe headache, disturbance of vision, puffiness of the face,

œdema of the extremities, together with persistent albuminuria, and the presence of casts—symptoms pointing to renal insufficiency. In one of the cases the nitrogen partition was practically normal.

Three cases of eclampsia in which eight urinalyses were made are then recorded. Edgar distinguishes two varieties of eclampsia. First, an eclampsia of nephritic origin or of renal insufficiency, and, secondly, an eclampsia which is a natural consequence of a neglected toxæmia of the kind peculiar to pregnancy, which he designates hepatic. A faulty nitrogen partition may exist in both varieties, but is especially marked in the eclampsia following the toxæmia peculiar to pregnancy. The first case showed abnormal urea ratio, but a high undetermined nitrogen, and very low ammonia nitrogen. Patient made a good recovery, being delivered of a living child. The second case was admitted to hospital in an unconscious condition, after having been delivered by forceps of a living child. She had six convulsions in all. The first examination of urine showed markedly abnormal nitrogen partition. The undetermined nitrogen being exceptionally high. Third case was of the hepatic type. Six months pregnant, and was admitted in a condition of coma. The patient died, and the liver showed the presence of very numerous anæmic infarcts, one-half the bulk of the organ being thus rendered completely neurotic. Edgar states that the entire liver lesion was unique in his experience, and that he is unable to offer a satisfactory explanation of the origin of the lesions; but he thinks they must be regarded in general as infarcts due to occlusion of blood vessels.

He concludes his paper by stating that we are beginning to see a great light ahead in the direction of imperfect metabolism, as a possible solution of the problems in connexion with pregnancy toxæmia.

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## OPHTHALMOLOGY.

UNDER THE CHARGE OF J. W. STIRLING.

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DERBY G.S., "The Bactericidal Power of the Various Silver Preparations." *Boston Medical and Surgical Journal*, September 27th, 1907. MARSHALL, C. R. and NEAVE, E. F., *British Medical Journal*, August 18th, 1907.

Derby, as the result of rather exhaustive investigation, groups the silver preparations into three classes. The first includes the non-irritating ones of low bactericidal power, such as argyrol. The second includes the more effective and slightly more irritative bactericides, such



as protargol. In the third one the very irritating preparations, such as nitrate-of-silver, argyrol, protargol, largin, ichthargin, albargin, argonin, argentamin. The staphylococcus aureus was utilized for the research work and markedly consistent results were obtained. Nitrate-of-silver was found efficient in one half to two per cent. solutions, next to it came protargol in two to four per cent. solutions, argentamin is very irritating, but in five per cent solutions is markedly efficient, argonin is less irritating and not such an active germicide as the preceding preparation. Argyrol is found to be very weak in its germicidal action, a growth of the aureus being obtained after exposure to a fifty per cent solution for from one to two hours; the action is uncertain and the age of the solution does not appear to be of importance.

Derby draws attention to Verhoeff's observation that if human serum be added to protargol its bactericidal power is immediately and completely destroyed. He then tested the various silver preparations on these lines and found a marked diminution in the bactericidal action of all solutions. He draws the inference that in the protective power of the tissue fluids, lies the principle reason for inefficient action of antiseptics. For if a drug has deep penetrating power, yet of what use is it if it reaches the disease focus diluted and with its bactericidal power almost gone.

Marshall and Neave's investigations were made at the request of the therapeutic committee of the British Medical Association. The results were obtained with mixed culture and with the pure culture of staphylococcus pyogenes aureus. They observed first, the time taken by minced cooked beef to putrefy in the presence of solutions of silver compounds of known strength. Secondly, they inoculated an agar medium containing a definite quantity of various silver compounds. The experiments show that as regards bactericidal action the various silver compounds fall into three groups. (1) Those which are powerfully bacterial. (2) One, Nargol; much less powerfully bactericidal. (3) Two, Argyrol and Collargol; which possess practically no bactericidal action whatever. The first group includes silver nitrate, silver fluoride, actol, itrol, argentamin, argentol, albargin, argonin, ichthargin, largin, novargan, and protargol. As argyrol and collargol are not bactericidal, it is evident that the amount of silver which a compound may contain is no criterion of its bactericidal power. If the statements of many clinicians regarding the good effects, from the use of argyrol are to be believed, the results obtained cannot be due to its bactericidal action.

WURDEMANN H. V., and HOGUE G. I. "Treatment of Partial Optic and Retinal Atrophy by Electricity and Massage." January, 1907.

The indiscriminate use of electricity and massage by quacks has thrown much discredit upon what are undoubtedly therapeutic agents of much value. The authors of this paper after lamenting this fact present cases in support of this treatment if properly applied. The main contra-indication to their use is the acuteness of any ocular disease. On the other hand chronic conditions, and especially cases of partial optic atrophy, undoubtedly show surprising results from this treatment. The negative or stimulating pole is applied over the eye and the positive at the nape of the neck. Great care has to be exercised in using a sufficiently weak current at the outset. Electricity and massage would appear to relieve tension in glaucoma, to assist in clearing corneal capacities and to be of general curative value in choroiditis, retinitis pigmentosa, phlyctenular-keratitis, etc. Leduc of Nantes considers the effects of electricity to be due to the redistribution of the ions in the tissues. In the migration of ions which takes place, the cells of the tissues are stimulated to increased energy, and regeneration occurs. Electricity possesses the power of increasing nutrition, and excretion of waste matter and causes local anesthesia. The positive pole has anæsthetic sedative and hemostatic action. The negative pole has a stimulant action, quickens absorption increases moisture, dilates the blood vessels and lymphatics.

SPICER HOLMES. "Metastatic Affections of the Eye." *Medical Press*, October 24th, 1906.

Of the four cases reported the first was that of a young man suffering from boils on the buttocks. A retinal abscess developed which, after the eye was enucleated, was found to contain in its centre a large mass of staphylococci.

In another the patient had well marked phlebitis of the retinal vessels in the one eye, and slightly in the other. This condition followed the appearance of a large boil in the neck. The onset of the ocular symptoms was sudden and attended with much pain and loss of sight. In a third case, retinal phlebitis and keratitis profunda followed a serious attack of diarrhœa, and ptomaine poisoning. The last case reported was one of diffuse choroiditis occurring in a young man suffering from a large crop of boils on the neck.

DESCHWEINITZ G. E. "Concerning the Sign in the Retinal Vessels of Persistent High Arterial Tension." *Ophthalmic Record*, August, 1907.

The author insists upon the importance of recognizing vascular sclerosis in the retina as evidenced by a beaded appearance of the arteries, loss of transparency, corkscrewing of the smaller arterial twigs, perivasculitis and compression of the veins by the arteries where the latter cross them. The result of the condition is dangerous both to sight and to life. It indicates a corresponding condition of the cerebral vessels. Dietetic and therapeutic treatment is urgently indicated.

DARIER. "Double Blepharorrhagic Iritis. Poly-Gonococcic Arthritis. Chronic Urethral Discharge. The Effect of Intravenous Injections of Collargol." *La Clinique Ophthalmologique*, July 25th, 1906.

A patient with acute exudative iritis of three weeks duration consulted Darier. Atropin, dionin, hot fomentations, salicylate of soda and aspirin were used without effect. Intravenous injections of one per cent. collargol were then made every day. Two or three days after the first injection a febrile reaction occurred, but on the following day there was an improvement and the treatment was continued.

The intravenous injections were increased to 10 cubic centigrams and after six of them further improvement was observed. The treatment was then continued until 100 grams of the collargol had been injected during six weeks, when a cure was effected. J. W. S.

## Society Proceedings.

### MONTREAL MEDICO-CHIRURGICAL SOCIETY.

The thirteenth regular meeting of the Society was held Friday evening, April 5th, Dr. F. G. Finley, President, in the Chair.

#### CONGENITAL DISLOCATION OF THE HUMERUS ACCOMPANIED BY A BRACHIAL PARALYSIS.

A. MACKENZIE FORBES, M.D., exhibited four cases with this condition in children.

#### IS CANCER CONTAGIOUS?

A LAPHORN SMITH, M. D., read the paper of the evening on the contagiousness of cancer, with lantern slides.

W. W. CHIPMAN, M.D.:—While I think that all knowledge on the subject is useful, still I do not know that I could quite follow the arguments set forth throughout Dr. Smith's paper. There is, of

course, the never-to-be-forgotten fact that we are not at all determined as to what is the actual cause of cancer. While we continue in this position we cannot be dogmatic. I think Dr. Smith deserves a great deal of credit for the enterprise and energy with which he has hunted out the cases to illustrate the main thesis of his paper, and many of these cases are certainly significant.

In regard to the reported cases of different persons, in no degree related, but occupying at different times a cancer-infected house, becoming themselves cancerous, we must always allow very largely for coincidence. And cancer being as it is, so prevalent and so widespread a disease, the wonder should be not that we have so many cases of such coincidence, but rather that we have so few.

I have never been taught and have never believed that cancer was hereditary; as far as my knowledge goes I think this view has never been seriously held. The most that can be said, I think, is that in certain families there seems a certain predisposition toward, a weak resistance against, the invasion of this disease.

As regards the ætiology of cancer, the two theories still hold the ground about equally—the organismal and the developmental, cell-inclusion, theories. If cancer is organismal in origin it is practically certain that it is infectious, or more probably contagious, for so is every other organismal disease.

From several of the instances of infection quoted to-night we are asked in addition to believe that the organism, either within the body or outside it, has the faculty of remaining inert, though potentially pathogenic, for long periods of time; in different instances for periods of several, two or three, years. While such an infection, at first sight seems improbable, there is nothing in Dr. Smith's request that is unparalleled or unscientific.

Three years ago, I saw some of Gaylord's work of which Dr. Smith has spoken. This work did not appear to me to be convincing. At that time the general feeling seemed to be, as voiced by both Welch and Councilman, that a large part of this work was open to destructive criticism.

The last observation that Gaylord has made is, however, indeed significant. He tells us that healthy rats kept successively in an uncleaned, cancer-infected cage, in turn developed cancerous disease. If this experiment is substantiated it is practically proof-positive that, at least so far as rats are concerned, cancer is infectious.

The amœba that is found outside in the animal kingdom is not to be confounded in any manner with the protozoa of cancer as described by Gaylord.

The practical outcome of it all is, that we as a profession, while the aetiology of cancer remains unknown, should be willing to adopt any and every means, and even if apparently somewhat superfluous, to prevent the spread of this disease. Doubtless it would be wiser to treat all cases of advanced cancer with as much care as, for example, typhoid fever. I believe it is a fact that in the history of surgery there has been no recorded case of a surgeon having suffered any local infection from any handling of cancerous tissue. The surgeons remain as free from cancer-infection as the members of any other profession. Nevertheless, it would be wise, I think, to avoid even "the appearance of evil" by practising a more careful isolation upon the cancerous patient. So it is possible we should secure to the healthy individual a greater security from this disease.

A. LAPHORN SMITH, M.D. Von Leyden's conclusions in regard to the causation of the disease are based upon the parasitic origin of the disease. Czerney is also inclined to adopt the parasitic theory. What I would ask in the meantime is that those who have it, and those about to contract it, be given the benefit of the doubt.

#### MALERIA WITH BLOOD CHANGES OF A SEVERE CHARACTER AND RETINAL HÆMORRHAGES.

F. G. FINLEY, M.D., read the report of a case showing this condition.

This patient, a sailor, æt. 20, was admitted to hospital, February 9th, in a condition of great prostration and anæmia. Being a Norwegian no history was at first obtainable, and the diagnosis was made by the discovery of the parasites in stained specimens of blood.

It was subsequently learned that he had reached Panama on his ship on December 16th, and remained there a week. He was badly bitten by mosquitoes when getting out the cargo on the quays. On December 25th at sea the whole crew of twenty men began to have severe chills with fever and sweating, and in this man's case these symptoms continued daily for five days, being checked by quinine. The chills, however, began again in two days, and continued daily for a period of almost six weeks. He has grown pale and weak, and his sight has become poor. Examination showed a tall and rather poorly nourished youth. The skin and mucous membranes were excessively pale, and the skin of a sallow tinge. There was cough with purulent expectoration and rhonchi heard over the chest. The heart was somewhat dilated, dullness extending from the right sternal border to just within the nipple and a systolic murmur was present at the pulmonary region. The pulse was of low tension, 78 mm., and of small volume. The blood count showed r.b.c. 1,137,000, w.b.c. 5,800, Hg. 19 per cent. A number

of normoblasts were seen and great numbers of plasmodia malariae in the red cells.

The tongue was dry and brown, the teeth and lips covered with sordes. The spleen was not palpable, but its area of dulness was increased, reaching the costal border, whilst the liver dulness measured 5 in.

The fundi, examined by Dr. Mathewson, showed large dark hæmorrhages in the lower and outer parts of both retinae, extending into the macular regions, and there was slight blurring of the edges of the discs.

The temperature for the first four days presented daily rises varying from  $104\frac{2}{3}$  to  $102\frac{3}{8}$ , and not falling below  $99\frac{2}{8}$  in the intervals.

Further repeated examinations of the blood by Drs. Lyman and Lomer, to whom I am much indebted for their careful studies, showed that the parasites were all of the tertian variety. They were present in enormous numbers, six or eight forms being seen in some fields of 1-12 oil immersion lens. In fresh specimens young extra-corpuseular forms were seen moving freely about.

Owing to the profoundly anæmic condition, hydrochlorate of quinine was administered hypodermically in fifteen grain doses on the 11th and 12th. The first dose was administered by mistake three hours after the chill, and on the 13th a rise of temperature to  $102\frac{1}{8}$  took place. On the 12th the dose was given an hour and a half before the chill, and on the 14th the temperature rose only to  $100\frac{1}{8}$ , and during this day remained slightly elevated, probably owing to the bronchitis.

A blood count made on February 23rd showed 2,140,000 r.b.c. 4,865 w.b.c. and 42 per cent. Hg., and on March 4th, 2,215,000 Hg. 54 per cent.

The administration of quinine was stopped on February 20th, and on March 3rd a relapse took place, accompanied by fresh retinal hæmorrhages. The borders of the disc were, however, sharply defined, the old hæmorrhages showed as black spots, and the sight was good.

The chief interest in the case was the high grade of anæmia, approximating to the pernicious type, and the associated retinal hæmorrhages, but differing from it in the absence of megalocytes.

The opportune moment for administering quinine in malaria is shortly before the chill so as to destroy the young free forms in the blood; owing to the first dose of quinine being administered after the chill these forms were not completely destroyed, and at the end of the 48-hour cycle the temperature rose to  $102\frac{1}{8}$ . Subsequent doses were better timed and proved effectual in destroying the young brood of parasites and checking subsequent paroxysms.

#### FOUR UNUSUAL CASES OF MASTOIDITIS.

GEO. H. MATHEWSON, M.D., read the report of these cases. It appears at page 319 of this number.

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The fourteenth regular meeting of the Society was held Friday evening, April 19th, 1907, Dr. F. G. Finley, President, in the Chair.

#### TUMOUR OF THE SPHENOIDAL LOBE WITH DREAMY STATES.

C. K. RUSSEL, M.D., read the report of this case and exhibited the patient before the Society.

#### FUNCTIONAL SCOLIOSIS.

A. T. MUSSEN, M.D., read the report of this case and exhibited the patient.

D. A. SHIRRES, M.D.:—Dr. Mussen is to be congratulated on the careful record he has kept of this case. Many, many hours were spent in the treatment and the results are very satisfactory, though had we been able to keep the patient in the hospital for a longer period still better results would have been obtained.

#### POLYPOIDAL DEGENERATION.

E. H. WHITE, M.D.:—This pathological specimen is interesting rather from the degree to which the process has gone on than the condition which it represents. It is a mass of polypoidal tissue springing from the inferior turbinate. The condition was present much more extensively on the left side, and seems to have gone on to the full capacity of the nostrils, and on the left side a considerable space was afforded by a marked deflection of the septum. Pathologically it represents the same structure as the ordinary mucous polyp of the nose. It is covered with a single or but a few layers of a thin covering of columnar epithelium. These tumours are frequently described as papillomata, which is wrong, as they are very rare, while this condition is common. The specimen from the right side of the nose shows better the form of the turbinate, but to a lesser degree; a papilloma would be in the mucous membrane rather than in the connective tissue.

The second specimen was a rather unusual tonsil removed from a child three years of age, which did not cause very marked symptoms, though, on examination, it completely filled up the pharynx. The growth was only on one side; there was no tonsil on the other. It was attached by a small pedicle. The depression in the specimen is due to deficient expansion. On section it shows nothing but the ordinary structure of the tonsil. The arrangement is somewhat different

between the apparent overgrowth of the lining of the crypts which has caused the unusual lobulated appearance.

H. S. BIRKETT, M.D.:—Those two cases are of more than ordinary interest. In the case of the polypoidal hypertrophied turbinate the patient simply complained of obstructed breathing. In my experience the condition of this specimen was absolutely unique. In this case of the enlarged tonsil the child suffered a great deal from attacks of suffocation coming on generally when taking the recumbent position. The appearance of the tonsil would lead one to think of a possible malignant growth, and the possibility of hæmorrhage in removing this was considered. We attempted at the time of operation to photograph the tonsil in position, but failed to do so. The tonsil was more or less pedunculated, which in my experience is quite rare.

#### TREATMENT OF THE LOCALIZED INFECTIONS BY BACTERIAL INOCULATION, AFTER THE METHOD OF WRIGHT.

E. M. VON EBERTS, M.D.—This paper gave an account of the technique employed, and contained a record of a series of cases treated. The results appeared to be in conformity with those obtained by Sir A. E. Wright and recorded by him from time to time. The paper was discussed by Drs. Finley, Hamilton, Shirres, Russell, and Shaw. Dr. von Eberts replied.

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The identity of dourine, or *maladie du coit*, as seen on this continent and hitherto diagnosed by American and Canadian veterinarians from clinical manifestations alone, with the disease as known in Africa and Asia, as well as in Southern Europe, is thus fully established. A detailed report of the discovery and of the work which led up to it, as well as of the steps subsequently taken, will be issued at an early date.

Pathologists will be interested in the information that the *trypanosma equiperdum* has been found in a mare clinically affected with dourine, or *maladie du coit*, at the quarantine station established by Dr. Rutherford, veterinary director-general of the Department, at Lethbridge, Alberta in 1904. The first demonstration was made by Drs. E. A. Watson and M. V. Gallivan on February 11th, 1907 in material taken from a vesicle on the mucous membrane of the vagina of the animal above referred to, which was found to be affected with dourine on the premises of her owner, Mr. R. Tiffin, near Lethbridge, on December 21st, 1906, and subsequently removed to the quarantine station for the purposes of experimental observation.

The disease was successfully transmitted in February to a yearling filly and the parasite subsequently observed in observations on a fresh pla-



que. The finding was confirmed by Dr. C. H. Higgins, pathologist of the department, on March 21st, and was further observed in preparations taken by him on the 23rd, and 25th, of the same month.

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The Canadian Medical Protective Association was organized at Winnipeg, in 1901, under the Auspices of the Canadian Medical Association. The objects of this Association are to unite the profession of the Dominion for mutual help and protection against unjust, improper or harassing cases of malpractice brought against a member who is not guilty of wrong-doing, and who frequently suffers owing to want of assistance at the right time; and rather than submit to exposure in the courts, and thus gain unenviable notoriety, he is forced to endure black-mailing. Experience has shown how useful the Association has been since its organization. The Association has not lost a single case that it has agreed to defend. The annual fee is \$3.00 at present, payable in January of each year. The Association expects and hopes for the united support of the profession. Executive:—President, R. W. Powell, M.D., Ottawa. Vice-President, J. O. Camarind, M.D., Sherbrooke. Secretary-Treasurer, T. F. Argue, M.D., Ottawa. Solicitor:—F. R. Chrysler, K.C., Ottawa. Provincial Executives:—Ontario—E. E. King, Toronto; I. Olmsted, Hamilton; D. H. Arnott, London; J. C. Connell, Kingston; J. D. Courtenay, Ottawa. Quebec—H. S. Birkett, Montreal; E. P. Lachapelle, Montreal; J. E. Dube, Montreal; R. R. Ross, Quebec; Russell Thomas, Lennoxville. New Brunswick—T. D. Walker, St. John; A. B. Atherton, Fredericton; Murray MacLaren, St. John. Nova Scotia—John Stewart, Halifax; J. W. T. Patton, Truro; H. Kendall, Sydney. Prince Edward Island—S. R. Jenkins, Charlottetown. Manitoba—Harvey Smith, Winnipeg; J. A. MacArthur, Winnipeg; J. Hardy, Morden. North-West Territories—J. D. Lafferty, Calgary; M. Seymour, Regina. British Columbia—S. J. Tunstall, Vancouver; O. M. Jones, Victoria; Dr. King, Cranbrooke.

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