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THE

Canadian Practitioner

FORMERLY "THE CANADIAN JOURNAL OF MEDICAL SCIENCE."

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Business Management, DR. EDMUND E. KING, 40 Queen Street East.

TORONTO, SEPTEMBER, 1887.

Original Communications.

DOMINION MEDICAL ASSOCIATION.

PRESIDENT'S ADDRESS.

BY J. E. GRAHAM, M.D., TORONTO.

GENTLEMEN,—Before commencing my address allow me to thank you most sincerely for the great honour you have conferred by electing me to the position of President of the Association. It is a distinction which I value very highly, and hope that I will in some slight degree merit the confidence thus reposed in me.

Last year our meeting was held in the ancient capital, Quebec—a city whose associations are connected with the past rather than with the present or future.

This year we meet in the enterprising and prosperous city of Hamilton. May we hope that from this date our Association will enter upon an era of greater prosperity and usefulness, and that we shall press on to greater achievements in the future. All will at once acknowledge that a great amount of good honest work has been done in the past, but it is at the same time equally evident that we must put forth greater exertions in the future if we wish our Association to keep pace with the general progress of the Dominion.

A country such as this, which extends from ocean to ocean and whose inhabitants are certainly not inferior to those of any other civilized nation in enterprise and culture, ought to have a larger and more active association. We must lay broader and deeper foundations, and show

greater energy if we would build up an organization which will be an honor to our country.

At our last meeting arrangements were made for the introduction of British Columbia, by the appointment of a Vice-President and Secretary from that Province.

Some changes of programme will be inaugurated at this meeting, whereby it is hoped the proceedings may be made more interesting and instructive.

In order to foster the interests of this Association a more intimate relationship should be established between it and those of a provincial character, and local societies should be established in those provinces where they do not now exist. I would suggest the appointment of a committee, which might confer with existing societies, and report to this Association as to the best means of maintaining and increasing its influence. A relationship such as exists between the great American Medical Association and the various State societies might form a ground-work upon which to build a scheme. While on this point, I will make the following quotation from the report of the Committee on Organization, and presented at the recent meeting of the American Medical Association in Chicago: "The three objects of paramount importance to be accomplished by medical organization, are (1) The promotion of direct personal and social intercourse between physicians, by which mutual respect, personal friendship, and unity of sentiment are greatly promoted. (2) The more rapid diffusion of medical knowledge—scientific

and practical—and (3) The developing, unifying, concentrating, and giving efficient practical expression of the sentiments, wishes, and policy of the profession, concerning its educational, legal, and sanitary welfare, and the relations of the latter to the community as a whole.” A committee giving due prominence to these considerations, and taking advantage of the experience of similar associations in other countries, might form a scheme which, if acted upon, would be of the greatest advantage to the profession throughout the whole Dominion.

As an example of what might be accomplished by greater unity I would mention suppression of the evil which we have to contend against in the matter of lodge, or contract practice. No one who understands the kind of work will deny that the system is, as a general rule, one of great unfairness, so far as the medical profession is concerned. I speak from personal experience, formed in the earlier years of my practice, as well as from knowledge since gathered, when I say that the physician does not, as a rule, get more than twenty-five to fifty cents a visit for lodge work. In many benefit societies the only real benefit derived by the members is the free medical attendance.

Of course, many will say, we quite agree with you that the fees are too low, and that the system is bad, but how are you going to prevent it? Have we ever, as a united profession, tried to amend it? Have we an organization sufficiently strong to attempt to cope with the difficulty? I think not. If these were the only questions to be dealt with it would be worth all the trouble of making a thorough organization. Then there are the general questions of fees, of ethics, and others of vital importance, about which we have few laws, and few methods of enforcing the law.

It has been suggested that, in future, our meetings should be held only in those cities which are easily accessible to the majority of the members.

We are afraid that if the meetings were thus held only in central places the Association would, to a certain extent, lose its national character. If, however, we met only in such

cities or provinces as already possessed active local societies the same object would be attained. If the profession of any city or province has sufficient energy and enthusiasm to maintain an active local society there would be no danger of failure in case this body held its meetings in that city or province.

We may safely say that we have in this Dominion a profession not inferior in average ability and culture to that of any country in the world. The examination which was established some years ago by the Ontario Medical Council, and the methods of registration adopted by other provinces, have prevented to a large extent the entrance of inferior merit into the profession. We have thus a better average than would otherwise have been the case.

Is there that feeling of unity among medical men in this country which ought to exist? Is the enthusiasm for the study of science of medicine such as we would like to see? I may be wrong, but I sometimes think that in these points we are not on a par with those of many other countries.

There is no better method of improving the profession in these respects than by the formation of active local societies, so that practitioners may be more frequently brought together. Misunderstandings will be then explained and jealousies removed which would otherwise separate men for years. In these days, when unions and conventions are of such frequent occurrence in the various trades and professions, we lose much by want of organization and want of unanimity.

In looking to the future there is another point which must be noted and provided for, viz., the formation of specialties. Whatever diversity of opinion may exist with regard to the ethics and utility of specialists, one thing is certain, they have come to stay. The public readily appreciate the fact that a practitioner who devotes himself to one department will in all probability be more capable in that department than one who goes over the whole field of medicine. It is also a fact that many local diseases are relieved and cured more readily and certainly by specialists. It has been the opinion of some that specialism might be devel-

oped in smaller cities and towns to a much greater extent than is at present the case. For instance, in a town where there are, say, six practitioners, each one, while attending to his private practice, which would of course be of a general character, might at the same time devote himself particularly to some special branch of the profession. An arrangement might be made that in all surgical cases requiring consultation or assistance the one who devotes himself to surgery should be called in; in obscure internal diseases the physician might be summoned; in obstetrical and gynecological cases the gynecologist, etc. This is an arrangement which the public would soon learn to understand and to appreciate. A system similar in character has been for some years carried out in some cities of the Dominion with very great success. The arrangement, in order to be successful, would require the strictest honor and integrity on the part of those who entered into it.

My predecessor, Dr. Holmes, in his excellent address, which was listened to with such pleasure in Quebec last year, made numerous suggestions for the future advancement of the profession in the Dominion. We hope soon to see many of these suggestions acted upon. The profession in Ontario have already made the preliminary arrangements for the establishment of an institution which will be of incalculable benefit to the medical men of the Province, viz, a Medical Reference Library. The joint committee of the Toronto Medical Society and the Ontario Medical Association have already made such advances that we can confidently promise the formation at an early date of a library of some thousands of volumes, which we hope will be largely used by members of the profession. Arrangements will be made whereby books may be sent, on certain conditions, to any part of the Province. It is also contemplated to have the library constantly open, so that members of the profession visiting Toronto may find a home and a place where they can see the latest medical literature.

This is still a young country, and there are many institutions which must be established to place us on an equal footing with older and wealthier nationalities. The fact of our being

young should not prevent us thus early laying the foundations of such as will be of the greatest benefit to future generations.

The past year has not been marked by any great discovery in our science. A steady progress has, however, been made in the various departments of medicine and surgery. The confirmation of previous discoveries, and the advancement of the limits of our knowledge, has been the work of our scientific men.

In abdominal surgery, great advances have been made.

In bacteriology discoveries are recorded which promise to assist very much in explaining away the many difficulties which constantly beset us in the study of internal disease.

I now turn to a sad portion of the history of the past year—the loss which this Association has sustained by the death of some of its active members. Among these I would mention the name of our late fellow-member, Dr. John Fulton. He was one of our most regular attendants, and always took an active part in every thing which pertained to the interest of the Association and of the profession at large. His comparatively early death, together with that of others who have recently been cut off—Drs. McBride and Hudson, of New York; Drs. Fagge, Moxon, and Mahomet, of London, Eng., has given rise to the question as to whether there is anything in our modern professional life which causes such early mortality. I have therefore determined to make a few remarks on over-work and its consequences as exhibited in the lives of our medical men.

In those days of intense activity we find frequent evidences of the effects of over-work in the members of the various professions and callings. In each profession, however, there are certain peculiarities, or peculiar methods of work, which are especially injurious to the human system. Of these, so far as they affect the medical profession, we wish to speak.

The victims of over-work in our profession may be divided into three or four classes.

The first class may be illustrated by the following example:

A young physician enters into city practice, and, in his eagerness to succeed rapidly, engages in lodge and other contract practice. In this

way he assumes at once work and responsibilities which ought to belong to riper years. Often, too, he acquires new patients by a spirit aggressive, and sometimes offensive, to his seniors. If he is a conscientious man he will become, more or less, intensely worried about his patients. He will constantly meet with cases entirely new to him, and will be in doubt as to the correct treatment to pursue. He is, at the same time, under the disadvantage of being considered a young man, and they who contract for the services of a physician are generally the most exacting and the most unreasonable. They often make remarks which are exceedingly galling to a sensitive nature. With this kind of practice there is always a good deal of night work. The patients are usually careless whether they send in the day or night so long as they have nothing extra to pay. If the young physician, as is often the case, falls into a large midwifery practice at the same time, his lot of drudgery—I was almost going to say slavery—is complete. For a few years he does not feel the strain, but sooner or later his constitution gives way. He is frequently subject to severe headache, and palpitation of the heart. Symptoms of dyspepsia show themselves. He finds that he cannot endure night work so well, and feels a general want of strength. If he is wise he will either give up contract practice, or else take a long rest.

A second class of cases are made up of those who early acquire a large country practice. The instances of premature decay are not so frequent in this class, unless the person becomes addicted to stimulants. Although there may be greater fatigue connected with country practice, there is the compensating advantages of pure air and less worry, as the number of patients under treatment is necessarily fewer and expenses of living are less.

Many, however, have in the meantime assumed the responsibility of supporting a family, and may not be in a position to give up any of their work. Sometimes they resort to stimulants. This pernicious practice can only have one result, sooner or later—utter and irretrievable ruin. In other cases, the physician works bravely on and is suddenly cut off by a pneumonia or by a typhoid fever, or some other

illness, which could easily have been withstood if the system had been in a sound and normal condition at the commencement.

The third class in which we hear of the saddest effects of overwork is composed of those who settle in a large city, and who wish to assume the foremost positions as consulting physicians and surgeons, and to become eminent as teachers or authors.

A young man of this character, with little means, settles in a large city. He sets before him the following tasks: (1) He must make a living from the first. To do this he probably undertakes to teach students in grinding or quiz classes. This, when largely engaged in is exhaustive work. He also frequently does the night work of an older practitioner, and loses as much rest as one in large practice. (2) He must acquire a reputation as a practitioner. For this purpose he becomes connected with as many hospitals and dispensaries as possible, spending several hours each day in a close and unhealthy atmosphere. (3) He must acquire a reputation as a teacher. For this end he, if possible, becomes connected with a Medical School, where he is expected by the older heads to do an enormous amount of work for little or no pay. (4) His tastes and ambition lead him to become an original investigator of disease, and he has the laudable design of adding to our stock of medical knowledge. To do this he pursues some line of clinical or pathological investigation—a work which may be exceedingly interesting but which must be carried on largely at night, thus robbing the enthusiast of hours which should be devoted to sleep.

Then he desires a competence for himself and family. To some the fatal idea comes of becoming wealthy. As this cannot be done in the slow way of ordinary practice, they engage in speculation, and we all know how fortunate doctors are when they enter that business.

There are a few of extraordinary constitution who can bear up for many years against such a heavy strain, but they are few indeed. From constant and unremitting work symptoms of brain tire show themselves.

The physician complains of frequent headaches, becomes irritable, suffers from insomnia, and finds he is unable to do the usual amount

of work, his memory fails, especially in details; bodily weakness, indigestion, inactivity of the liver appear to warn him of his doom in the near future unless he changes his mode of life. Finding himself unable to work he takes a short holiday, feels much improved, returns to labor in the same way as before. Organic disease may now become developed. The heart becomes weak and irregular. Atheroma of the arteries and consequent apoplexy may lay him aside or may end his career. Bright's disease may show itself. If none of these organic diseases present themselves, the unfortunate may be cut off by some acute disease. Instances are not rare of degeneration of the nerve centres, with consequent melancholia and suicidal mania. This is not a fancy sketch, but one which could be substantiated by many instances. I will mention but one, that of the late Dr. Golding Bird. Dr. Routh, in his book on overwork, gives the following account of an interview with that distinguished man:—"I well remember a conversation I had with the late Dr. Golding Bird a few weeks before his death. He was then in the zenith of his popularity, and recognized by all as one of the ablest of our London physicians. I called upon him one morning with a relative to consult him. Several other medical men preceded me. His rooms were full, and I had to wait three hours ere I could obtain admission to his study and consult about the case. I congratulated him on his success in practice. 'Yes,' he said to me, 'you are right; but I wish, nevertheless, to make your remark a text for a little parting advice. You see me at a little over forty in full practice, my rooms full, and making my several thousands per annum.' (I think he said seven), and if I die to-morrow I do not leave as many hundreds to my family. All this I have done by sheer perseverance, unceasing hard work, and no holiday. But I am to-day a wreck. I have fatal disease of the heart, the result of anxiety and hard work. I know I cannot live many months, and my parting words of advice to you are these, never mind at what loss, take your six weeks' holiday. It may delay your success, but it will insure its development. Otherwise you will find yourself at my age a

prosperous practitioner, but a dying old man.' Six months after this conversation he had put off this earthly tabernacle."

It is my opinion that in such cases it is not the scientific labor which is the cause of trouble, but it is the worry, anxiety, and fatigue of family practice, in addition to the scientific work. We all know from personal experience how exhausting it is to visit, day after day, upon a serious case of illness, especially if the patient is a near friend, or one of distinguished position in society. The amount of vital capital lost in these cases cannot be estimated. It is a singular fact that the large majority of cases of overwork occur among consulting physicians. Surgeons and specialists do not suffer to the same extent. The reason of this is not far to seek. The amount of brain work done by the physician, as a general rule, is very much greater than that done by the surgeon or specialist. The work of the latter, in most cases, is largely of a mechanical nature, and a great portion of their time is spent in manipulation. It is otherwise with the physician. Let us for a moment follow him in his every-day work. He must first attend to his correspondence. This is usually no slight task, especially if he answers all the letters sent by brother practitioners throughout the country asking for advice in the treatment of certain detailed cases. I hope you will pardon the digression while I make a few remarks on this point. Very often, in fact in the majority of cases, these letters for advice are sent and an answer expected without fee. To read the detailed history of a case, and to give an answer of any value, takes up the greater part of an hour, and incurs quite as much labor as any other consultation. A specialist in Toronto, who is very conscientious in answering these letters, has informed me that the task frequently requires him to remain at his desk until after midnight. The late Dr. Darwin Hudson, of New York, when I was last there, complained bitterly of the same difficulty. So much labor ought not to be imposed without remuneration. In case the patient is poor and unable to pay, the consultant or specialist would always be glad to be of any assistance without any reward. In many instances, however, we

believe the patients are well able to pay, and the attending physician need only state his intention of consulting by letter, and ask for the fee to have his wishes acceded to.

We will now return to our subject. After the physician has finished his correspondence he is ready to receive patients. Together with a number of minor cases he may have two or three of difficult diagnosis, which may bring into exercise all his resources. He will write a detailed history of each case and, perhaps, afterwards write his opinion and treatment in a letter to the attending physician. When he has finished a morning's work of this kind he is frequently so exhausted as to wish for the afternoon to rest. But he must then go to the hospital and, perhaps, for one or two hours he examines and tries to make clear to a class of students cases quite as difficult as those of the morning. He then visits his private patients. (On this continent we have yet very few purely consulting physicians.) This may occupy his time until six or seven o'clock. After dinner he works at his lectures or other literary matter, and is at the same time harassed by numberless interruptions until nearly midnight. Then he may, like all medical men, be called up at night, or, if allowed to sleep, wakes up perhaps tired to continue his ceaseless toil. Is it any wonder that so many break down under such a strain.

The development of specialties has also added to the work of the physician. He cannot act simply as a distributing centre, sending one patient to this specialist and another to that; but he must learn to diagnose and treat many local diseases himself. This entails upon him the necessity of acquiring a knowledge of most of the specialties; and now that familiarity with bacteriology is added as an almost necessary accomplishment, the field is too vast to contemplate.

Now what are the lessons to be learned from all this?

1. That the rapid acquirement of a large and lucrative practice is often a great misfortune. It subjects the physician to the enmity of his older colleagues, often with and often without reason. It imposes burdens under which many fall, and it robs him of a happy and useful old age.

2. In the case of those who are ambitious to acquire professional favor for scientific work, the lesson is to avoid overwork. One ought not try to become a noted physician and a rich man at the same time. It is a rare thing for a physician to amass a fortune, too rare to make it worth one's while to attempt it.

A very important lesson is to notice the first admonition of a general breakdown, and to act upon the warning given. One of the best remedies is a prolonged holiday. This serves the purpose of giving the mind a complete rest. A long holiday is but of temporary benefit; the work must be cut down at home. Eight hours' sound sleep must be had at any cost. If the rest is broken by night calls it must be made up in the morning. Some part of each day should be devoted to recreation. These are difficult rules to follow out in practice, but they are quite possible when a determined stand is taken.

Those who habitually overwork must remember that they are thus defeating the very object of their ambition. In the medical profession the best work should be done between forty-five and fifty-five. The late Dr. Flint did not issue his celebrated work on "Practice of Medicine" until he was over fifty. We know from observation that medical men in health are at their best during those years. This being the case, it should be the aim of an ambitious physician, above all things, to maintain his health and vigour, until he can reap the fruit of his earlier labour.

The most satisfactory, the most lasting, and the best work is done by those who are careful not to overtax themselves, but who so arrange their business as to take that recreation which the body so much needs.

I would not close this address without referring to the opposite condition: the spirit of apathy and inactivity which blights many physicians' lives. It is far better to live an active life of usefulness, even if one should be the sooner cut off, than to pass through this world as a miserable drone, of little use either to the family or community.

Our active professional and business men, those who shape our destinies as a nation, frequently exhibit one trait of character

which might almost be considered a failing, viz., the expectation of immediate results from their labour. This is particularly noticeable in our western provinces and territories. We work hard, and if in a few years the reward of our toil is not within our grasp we chafe under the disappointment, become discontented, and determine either to change the political character of our country, or remove to lands where fortunes are said to be more rapidly made.

We have a vast territory, but one in which the material obstacles to rapid advance are great. These very difficulties ought to develop in us qualities of patient endurance and steady perseverance—qualities which will ultimately make this Canada of ours one of the greatest nations of the world.

Let us as physicians, not under the influence of haste and worry, but steadily and perseveringly, work in building up our own profession, so that in all matters which pertain to excellence we may be equal to that of the fore most nations.

OBSTRUCTED URINARY OUTFLOW.

BY F. L. M. GRASSETT, F.R.C.S., M.B. EDIN.,
Professor of Surgery, Trinity Medical School.

(A paper read at the meeting of the Canadian Medical Association, Hamilton, Sept. 1st.)

MR. PRESIDENT AND GENTLEMEN,—It is with somewhat mingled feelings that I stand up before this Association to read and perhaps provoke discussion on some surgical topic. I feel pleasure, I confess, at the honour of being asked to thus occupy your time for a short space, but the pleasure is modified by the thought that one more fitted to do this—one who had been asked and had accepted the work—has, ere the time came, been removed by death. I need hardly say I refer to the late Dr. Fulton, my predecessor in the Chair of Surgery in Trinity Medical School. It is not necessary for me, I know, to bear witness to the able manner in which this task would have been done by him. His experience and judgment in surgical cases had been steadily ripening by constant observation and study. But last year he spent a large

portion of his time among the hospitals of Britain and the Continent. This, combined with his peculiar aptitude for, and his long experience in teaching makes his loss as a professor of the science and art of surgery a marked one. As his substitute at a rather late date, when my hands were to be fully occupied in the preparation of a course of lectures for the coming winter session, I feel I can confidently claim the special indulgence of this Association.

The surgical field is now so wide, and yet is ever widening, that it is not an easy matter to choose from its ample fold a particular subject of moderate dimensions that it is interesting and profitable to discuss. I have ventured to bring the subject of obstructed urinary outflow before you, because it has several claims to our attention. It is a common affection in this country. What is common ought to come home to us all, ought to interest us all, seeing that it is not limited to the hospital surgeon, whose opportunities are larger, nor has it with us been marked out as a preserve requiring a special keeper. Rather it falls to the lot of every general practitioner. It frequently requires to be dealt with at once. Its urgency is, or may be, so great as to leave but scant time for consultation with books or even with a fellow-practitioner—the over-distended bladder prays for relief, and we are looked to for that relief as speedily as possible.

Among all the causes of obstruction to the outflow from the bladder, two are specially prominent, and are most frequently the offending cause. They are stricture of the urethra and enlargement of the prostate.

Stricture as a Cause.—If we believe the statements of our patients as to their ailments, stricture of the urethra would be a very common affection; for many patients consult the surgeon, and when asked the question, What do you complain of? reply at once, I am suffering from a stricture, or a touch of stricture; but a little further questioning and examination shows no indication of such, the reason being that any discomforts in the act of making water, however trifling and temporary, is to their minds indicative of this complaint. I shall endeavour to regard stricture in its most practical, if not in its most exhaustive light as

a cause of obstructed urinary outflow. There are three classes of stricture. The inflammatory group, which some surgeons decline to consider as a form of stricture at all, preferring to restrict the term stricture to the organic form alone. Yet this inflammatory swelling of the urethral canal is an important factor, under two conditions, in producing more or less complete obstruction to the passage of urine. We meet with it in cases of acute gonorrhoea. The patient, a young man with his first attack, not estimating the importance of care sufficiently, disregarding the advice given him by his attendant surgeon, indulges freely in alcoholic liquors, at the same time unduly over-exerting and exposing himself to cold and damp, and even, perhaps, indulging in sexual intercourse, finds that he is suddenly unable to pass water at all. His outflow is obstructed—inflammatory swelling has closed his urethral canal. The surgeon is called upon for relief. The diagnosis is so plain that any surgeon, I think, after trying the effect of a warm hip-bath for some time and not obtaining relief, would not temporize any longer, but pass a soft, flexible catheter and relieve this retention.

In the other class are those who, having a permanent organic stricture by much the same line of conduct, induce congestion of the urethra at the strictured part, and the small inconvenience of the permanent stricture is all at once aggravated into a more or less complete retention of urine. Here also the catheter is to be used.

Spasmodic stricture is the second group. Now and then the calibre of the urethra is narrowed by the contraction of the muscular fibres of the canal. It is met with in the deeper parts, for there the muscular bands are the most numerous. When pure, that is to say, not associated with inflammation nor a concomitant of organic stricture, it is due to some reflex irritation, temporary, as in cases of operation on the lower end of the bowel or verge of the anus, and in fractures of the femur; now and then more permanent, and then liable to be mistaken for real stricture, in those cases in which true organic stricture exists near the meatus, and as a result a spasmodic closure occurs by reflex irritation of the perineal muscles in the neigh-

borhood of the bulb. Chloroform, by causing relaxation of such strictures, indicates their origin. Should they produce obstruction to the urinary outflow, relief is easily obtained by the passage of a fairly large-sized catheter; for while the spasms may be an impediment to the outflow it ought to be no hindrance to the entrance of the instrument.

But the most interesting and practical stricture is the true organic stricture. Bearing in mind that, at rest, the walls of the urethra, by elastic and muscular contractibility are drawn closely together, that this position is maintained until the outflowing stream of urine separates them, or when an instrument is passed down the canal, it is easy to understand how a deposit of lymph round the canal of the urethra, at some point in the sub-mucus and vascular tissue, and this deposit subsequently becoming rigid and contracted causes the natural distensibility of the canal over a limited area to be lost. The causes producing this deposit and its resultant stricture are gonorrhoea or some injury to the perineum, implicating perhaps the urethra directly, as falls, kicks or blows. Starting with a history of one or other of these causes to help us, we base our diagnosis on (1) Smallness of the stream, depending on the narrowed state of the canal. I have often fruitlessly tried to get a clear answer from patients as to size of their stream. They can say if it is forked or twisted, which has comparatively little value, but they do not seem to notice the gradual diminution in the size, so I am in the habit of asking them to make water before me, so as to judge for myself. The splitting or twisting of the stream may depend on a narrowed meatus where no real stricture is present, and is not to be relied on as of much value. (2) Frequency of making water is nearly always present in cases where the stricture has existed for some time, and even in comparatively recent cases. (3) Pain, I find, a very varying and unreliable symptom, whether it be at the point of contraction or above the pubis—in this latter situation it depends on sympathetic cystitis. The whole of these symptoms taken together strongly point in the direction of stricture. Next, (4) the physical examination by the passage of a fairly large-sized

catheter, No. 8 or 9, tells quickly if an obstruction exists, and also the exact site of such obstruction. As regards the endoscope as an aid in the physical diagnosis of stricture I have no experience, but I think it is not likely to come into very general use at present, nor do I think the cases in which it would be really serviceable to be many. The presence of stricture being diagnosed, and its site made out, the next question is how to meet and abolish its being any obstruction to urinary outflow. This, in its entirety, is a very large question. It is not my intention to try and grapple with it fully. I would rather direct attention to one method that, I think, is worthy of being tried in many cases—I mean gradual interrupted dilatation, procured by the passage of sounds or bougies through the stricture, beginning at that size which will just pass through, and at subsequent times increasing the size of the instrument until the full calibre is reached without wounding the urethra. When passing instruments on the urethral canal, I think we would do well to bear in mind Sir Henry Thompson's simple axioms, viz., That the use of instruments down the sinuous passage of the urethra with its delicate vascular walls lying in contact with each other is an evil—a small one, or a great one, according to the manner in which they are employed—and should not be used unless there is good reason to believe there is a greater evil present, which they may mitigate or cure; further, that as the passage of an instrument, even on a healthy urethra, is a source of irritation, no one should pass an instrument on another, until he has passed one on himself, for it is obvious that the amount of irritation will depend greatly on the manner in which it is passed, and also on the kind of instrument used. One object should be to effect gradual dilatation with the least possible irritation. With this purpose in view, what instrument or bougie should we choose? I must confess I have modified my views somewhat. In my student days I saw numerous cases of stricture in the surgical wards of the Edinburgh Infirmary, and Sir Joseph Lister—whom I specially followed—was a strong advocate of the rigid instrument. Of these he had three different

sets; one like the ordinary silver catheter, one short and straight-set, and one which bears his name—the steel, conical bougie. Seldom did he, with one or other of these kinds, fail to dilate the stricture, however contracted or peculiar. Strongly prejudiced in favor of the rigid instrument at the outset, experience has compelled me to admit that, in many cases, much may be done by flexible bougies; further, I think that in all cases they should be given a trial first. As to the particular pattern of flexible instrument that is most useful, I cannot speak positively. I do not know any general rule that should govern, each case must be judged separately on its merits, the quality and site of the stricture being considered. At one time the English pattern, with its special quality, viz., that when heated in warm water, and given any required curve then plunged into cold water, that curve will be maintained—will be useful. On other cases it is easier to pass the French pattern, which is extremely flexible, and has a tapering point, with, or without a bulbous end. Probably, with the flexible ones we are more likely to succeed in strictures of recent origin that have not been irritated much, and in which the amount of inflammatory induration is not great nor firm. Failing with the flexible ones, I next try the rigid instruments—either the catheter pattern, or the conical, silver-plated steel instruments—using these last with great gentleness, remembering that I possess in them a powerful factor for good, when properly and discreetly used, but an equally potent factor for mischief, if carelessly used or abused. I find I need myself to continually remember this, for one's patience is at times severely taxed in difficult cases, due either to extreme narrowness, or some complication of false passages or other like obstruction—cases where, after trying methodically, patiently, and gently, we find the instruments decline to enter, then the temptation is to use just a little force in what we might call the anatomical urethra, and with disastrous results.

How much should we endeavor to do at one time? As a rule, I think that as soon as we reach a size that is firmly grasped we have done enough for one day, and yet cases not infrequently report to us at the hospital that

surgeons try and do pass instruments day after day for a lengthened period.

As to the lubricant to be used, I think few surgeons in the present day would use one that does not contain a germicide or antiseptic in some form, for the evidence is so greatly in favor of the view that decomposition of urine is due, in all cases, to the introduction of microscopic organisms from without, and that these organisms find their way into the bladder frequently by instruments introduced by the surgeon. If introduced, the consequences of putrefaction extending to the kidney are so grave that the surgeon who neglects to use them incurs a heavy responsibility.

I have tried cocaine as a local sedative to overcome the painful and disagreeable sensation during the passage of instruments, and also to thereby lessen the instinctive muscular spasm so produced. I find it acts very satisfactorily. Half a drachm of a four per cent. solution injected into the urethra, and held there some minutes, unquestionably facilitates the introduction of instruments. In one case, I am sure, it enabled me to pass a small instrument which I am doubtful if I could have done without using it. In another case it reduced much the fever following the use of instruments. In this case the stricture was the result of injury to the perineum by the patient's falling on the wheel of a carriage. An endeavour was made by a surgeon to pass instruments, but without success. Three or four days afterwards he came under my care, and with cocaine I passed No. 2.5 conical steel sound, and finding that he seemed to suffer very little I passed the rest up to No. 12.

After the first attempt his temperature at night rose to 105°, and he had great general discomfort. After the dilatation with cocaine anæsthesia his temperature rose only to 101.3°, and the general discomfort was slight.

Strictures complicated with fistula in perineo I have also successfully dilated and temporarily cured. Cases which, due to loss of tissue, and constant inflammatory action over a considerable area of perineum, are not usually the most promising for simple dilatation, but frequently require some operative interference, urethrotomy, or generally external perineal section.

I said temporarily cured, because I think most surgeons find that, no matter in what manner the strictures may have been dealt with in order to effect a cure, such a state of full dilatation does not remain. Slowly, but certainly, the strictured part contracts and requires to be kept patent probably for the rest of the patient's life.

I have advocated in this paper but one method of treating strictures, and I have done so purposely. I believe that to the great bulk of practitioners in Canada this mode of treatment is most available, most simple, most safe; and in many cases of urethral stricture, especially those in the neighborhood of the bulb, I feel confidence in advising a trial of interrupted gradual dilatation. Again, the limits of such a paper as this forbids entering into the merits and demerits of all the ways and modes of treatment. I am aware that many may prefer to combine dilatation and internal urethrotomy, especially in tough undilatable strictures in anterior portion, or in those cases in which, owing to grave constitutional symptoms, which may occur as a result of dilatation compel it to be thus modified, or in cases where contractibility or resilience is strongly marked, and all our efforts at dilatation are neutralized by this peculiarity.

I am inclined to believe that internal urethrotomy is not yet undertaken by many, because they fear the possibility in unpracticed hands of very serious consequences; for it cannot be denied that incision of the urethra is not infrequently followed by special dangers, chief among which are hæmorrhage, urinary fever, extravasation, and abscess, as well as blood poisoning in all forms of pyæmia, septicæmia, phlebitis, embolism, and thrombosis. Others, again, neglect to give a trial to the simpler and safer method, preferring to incise each and every case of organic structure of the urethra, quite independent of site, character, or anything else. I do think that though I am privileged to open the discussion, and in doing so strongly advocate dilatation, our good president will not object to any member favoring us with his view on urethrotomy, internal or external; dilatation, gradual or interrupted, or continuous; by splitting rapidly, by electrolysis or any other recognized method.

The second cause of obstructed urinary outflow that I propose shortly to review is hypertrophy or enlargement of the prostate—that disease incidental to advanced age, the morbid anatomy of which is sufficiently precise, but the etiology of which is unknown, affecting as it does all sorts and conditions of men, from the judge on the bench to the coachman on the box.

It is important to make the diagnosis as early in this case as possible, and to relieve by mechanical means at an early period also. I do not think this is sufficiently appreciated. It is not usually done as early as it might be. Let me give a typical case of delay in the use of the catheter:

C. S. G., aged 68, particularly well made, healthy-looking man, consulted me for a pain in the eleventh interspace on left side, not far from the angle of ribs, and dribbling of water into his bed at night, generally between the hours of 5 and 6 a.m.; now and then in the day time into his trousers as well. Questioning revealed that during the day the calls to micturate were infrequent, but that he made water first thing on rising, after partially dressing again, and just after he was dressed, or three times in an hour, and a fair amount passed each time. The stream was normal in calibre, but not well projected, and towards the end dribbled a good deal. Chemical and microscopic examination of urine revealed nothing except that urine was rather light coloured and of low specific gravity. He had quite distinct fulness and dulness in the hypogastric region; advised to have a catheter passed to relieve the bladder, but the idea was very distasteful to him, and he declined to allow its use, preferring to go to England and seek advice there. He first of all consulted a homœopathist; he said he had many such cases, but six weeks' trial of the remedies of that school failed to in the least degree benefit his case. Another medical man said, "I'll take the bow window off you," evidently thinking adipose tissue was the cause of the enlargement in the hypogastric region and not over-distension of the bladder. Another surgeon told him he had water in his bladder, and that he might require the use of a catheter. It was not until on board ship that he was persuaded by the ship's surgeon to allow a catheter to be passed, and though

he went through a sharp attack of cystitis afterwards, and passed bloody urine even as dark as porter at first, he is now in good health, and for some years has passed water on every occasion only by the use of the catheter.

This condition of enlargement is to be suspected when the stream of urine becomes dribbling, and there is an obvious difficulty in emptying the bladder. Micturition especially frequent in the night or early morning, for it is after some hours of sleep or by taking of stimulating fluids freely that the frequent attempts to empty the bladder are made—perhaps a little pain before the act and none afterwards; no alteration in the character of the urine; no passing of blood. The diagnosis is completed by making the patient pass water before us. Then passing a catheter to ascertain how far the enlargement is a barrier to the exit of the urine for the quantity left behind, or residual urine at each act, determines the future treatment. One caution is necessary—it is often wise to ascertain a second time, by this passing of the urine, *ante oculo*, for the nervousness of the patient may produce a temporary inability to thoroughly micturate, and this gives us a false idea of his powers. If these symptoms are neglected or overlooked inconvenience follows, depending on over-distension of the bladder, and later on, from the same cause, cystitis, dilated bladder and ureters, and important renal changes.

Mere size of the gland is not of much assistance in diagnosis, for so long as the prostatic urethra is not encroached upon, the gland may assume considerable proportions by enlargement of the lateral lobes; while if the so-called middle lobe be only slightly enlarged, difficulty in micturition is sure to result, even if the enlargement is so small as to be undetectable by the surgeon per rectum.

It is useful to feel the gland per rectum in all cases to ascertain its size and general condition, which can easily be made out by the finger above and on each side; but I do not think anything is to be gained by introducing short-beaked metal sounds down the urethra and endeavouring to measure the amount of enlargement, and there is a decided objection to their use. Our diagnosis of hypertrophy being

clearly made out, and also that this is acting as obstruction to urinary overflow, it may then be proper to direct and teach the patient to pass an instrument at least once in the twenty-four hours. Catheterism being necessary, we select that form that will produce the least irritation. Trying, perhaps, first of all, a soft rubber catheter, Jacques' pattern, these sometimes slide in easily, sometimes they won't go in at all and no amount of persuasion or skill with instruments can make them. Or an English gum elastic, or French, olive shaped, may be preferred. Yet I think, of all the soft or flexible catheters, the one most likely to be the most serviceable and to pass the easiest, is the French catheter Coudée. This is especially easy to pass if you keep the beak upwards and allow the catheter to ride into the bladder. If this fails withdraw it about an inch and rotate it on its axis, so that the beak points to the right—if you fail, similarly to the left, and see if it will not slip on into the bladder, for at times the passage is circuitous. Silver catheters are to be used if the soft ones fail, and the introduction of the left forefinger into the bowel is often of service by pressing the point of the catheter forwards.

That this catheterism is necessary is very plain to the surgeon for relief of the more or less complete retention, but should it unhappily be the starting-point of serious and perhaps fatal illness, it is not easy to convince the friends of the patient that it is not because the catheter was used, but that it was not used early enough, that the illness is so grave.

I have seen a metaphorical illustration of this possibility by Mr B. Browne, which I consider very apt: "An elderly man requiring catheterism for partial or complete prostatic retention of urine may be looked upon as a blind traveller unconsciously approaching the brink of a precipice, and his surgeon may be compared to his friend, who, aware of the danger, hastens to his assistance. The friend must interfere or else the man is lost; but if he rush unskilfully to his aid he may cause him to stumble and so actually hasten his end, although by a very brief period of time; or the man may already have lost his equilibrium, the most skilful aid is unavailing and he falls, and in falling may drag his would-be saviour with

him." In other words, the on-lookers, ignorant of the danger, may attribute the loss of the patient to the surgeon and his catheter, and the surgeon's credit, dear to him as his life, be gone. Therefore with regard to prostatic catheterism it is incumbent on us to act from the very outset cautiously and judiciously that no one may have occasion to reproach us.

What is it, it may well be asked, that makes catheterism in these cases so fraught with danger at times. The reason is that it may be followed by fever of varying intensity. In one case slight, in another serious or even fatal. This causes us to further inquire, What is the cause of this fever that may be so serious? so that we may try and prevent it or lessen its severity. The starting-point of irritation being the catheter, some have ascribed it to septic invasion of the kidney, due to the introduction from without of septic matter on the instrument. That this can and does happen I firmly believe. I like to carry it always in mind, and by my actions eliminate it as a cause, but that it is frequently a cause, I do not think.

Of course, if the urethra be torn or injured by the introduction of instruments, absorption of septic products might, and probably would, result in fever, just as a breach of surface anywhere in the body; but we know that this fever may follow the most skilful catheterism conducted with the most strict antiseptic precautions. The theory advanced, that this is due to absorption of urine, through the injured mucous membrane of the urethra, is not tenable either, except in the rarest of instances.

The most probable explanation is, that the fever is the result of shock to the sensitive excretory apparatus of the kidney through the nervous system. That the connection between the genito-urinary organs, and the cerebro-spinal and sympathetic nervous systems is extremely close, can readily be illustrated in cases where the shock of an instrument passed is sufficient to cause complete suppression of urine, even for 24 hours.

In many cases the shock to the kidneys is withstood, the resulting constitutional disturbance overcome, and the patient after a time recovers. In all cases, probably, this is the result where the kidneys are healthy at the time

of catheterism; this is much more likely to be their state when the obstruction to the outflow has not existed very long. Now, I do not know how we can, by examination of the urine, tell what the exact state of the kidneys is, whether they are sufficiently healthy to bear the shock, so the lesson is brought home very clearly to us, "Use the catheter early in the disease."

I am aware some cases of enlarged prostate only suffer from occasional more or less complete retention, and therefore require only the occasional use of the catheter. The use of instruments will, sooner or later, be demanded in all likelihood by some strong emotion or sudden congestion, or other similar cause, rendering the bladder unable to expel its contents. But these cases are usually compelled in the end, as are the great majority of cases of enlarged prostate, to regularly use the catheter, and they require to be taught to pass it for themselves once, twice, or more frequently per day, and not to trust to the surgeon's visits.

We plan, then, our measures to reduce the shock of passing the catheter, occasional or habitual, as the case may be, to a minimum, and to do that I think we ought (1) To use a soft, flexible catheter, preferably the highly polished silken-webbed gum catheter of the Coudée pattern. (2) To use an antiseptic lubricant, either carbolic acid and oil, or carbolic acid and vaseline, or Lund's oil, or some like preparation. (3) See that the catheter used by the patient is at all times kept most scrupulously clean. (4) Use some sedative to soothe the nervous system, either a single dose of morphia shortly before the passage of the instrument, or quinine and morphia administered in several doses for some days before. As a local sedative, cocaine, to me, does not seem so applicable as in cases of stricture, for it is to the deeper parts of the urethra chiefly that we wish it to be applied, and this cannot be done without using a urethral instrument.

One other point I would mention in these cases of prostatic disease. It is that the bladder, after the habitual use of the catheter, requires to be washed out. Urine in the later stages may accumulate in pouches, and the catheter may not be able to evacuate it entirely; it decomposes, and the unpleasant effects of this

are best met by thorough irrigation of the viscus. In doing this, we should be careful not to allow the entrance of air into the bladder, nor to use any force with the injection. This is easily and conveniently managed by attaching to the catheter, already passed, a rubber injecting bottle, of the capacity of three or four ounces, by means of a piece of tubing, filling it completely, first of all, with the fluid to be used, warmed to the temperature of the body. The fluid may be a solution of borax and glycerine, or Barff's boro glyceride gr. xij. ad ʒi., or Hg. Cl. ½gr. to ʒi., or some other such. Inject not more than two ounces at a time, allowing it to run off, and then repeating the process as many times as desired.

One caution, too, in those cases where, by slow accumulation, there has been great distension of the bladder and a catheter is to be used, it is not wise to empty the bladder completely at the one time, for fatal consequences even have followed such a course.

Lastly, those advanced cases where life is in danger, or at any rate existence is rendered miserable, due to the frequent calls for catheterism day and night, I do not propose to discuss. My friend Dr. Groves, of Fergus, at the last meeting of the Ontario Medical Association, favored us with the report of cases in which he had performed perineal incision, followed by very marked benefit. This, I believe, to be the best means of obtaining the requisite drainage, and superior to any supra pubic or rectal operation.

THE PATHOLOGICAL CONDITION AND BEHAVIOR OF THE FLUID IN EMPYEMA.

BY DR. M. M'PHEDRAN, M.D., TORONTO.

(Abstract from the Address on Medicine, delivered at the meeting of the Canadian Medical Association, Hamilton, August 31st.)

In few cases of effusion into the pleural cavity do the signs and symptoms maintain the uniformity described in text-books. This is especially true of children, in whom there is usually little alteration in the shape of the chest, and no displacement of the heart. Bronchial breathing and bronchophony are nearly always present—a circumstance few

text-books refer to. From the retractile energy of the lung, small effusions are fixed and immovable, not changing position with movement of the patient, as is usually taught. For the same reason the upper border of dulness is not a water-line, but a curved one, with its highest point in the axillary regions. In discussing the pathology of empyema it was pointed out that all English writers, with few exceptions, teach that the cause in no way differs from that of simple pleurisy, except that there is a difference in the constitutional state. Some, however, believe that in a few cases some agency, as yet unknown, is necessary for the production of the suppurative disease. These views are in strange contrast to the advanced and decided views of German authors, who, without exception, attribute this, as well as all other suppurations, to the introduction into the pleural cavity of a specific virus. Micro-organisms are nearly always found in the pus of cases of empyema as in the pus of all acute suppurations. No other theory can account for the production of empyema. The effusion is at first thin, and nearly or wholly serous, but seldom will any means that we can adopt prevent it from becoming distinctly purulent. In the treatment, prompt removal of the pus is necessary by aspiration or free drainage. Aspiration is only applicable to children, and in them it seldom succeeds unless the pus is localized. Free incision is equally safe, and promises more certain success, and should be at once adopted in all cases, with few exceptions, even in children. A free opening was advised, with the removal of a rib if necessary, under the strictest antiseptis. Chloroform was advised in children as the safest anæsthetic. Washing out the cavity was strongly condemned as routine practice, as being usually unnecessary and a proceeding liable to be followed with the gravest danger. Many cases of death have resulted from it, so that if done at all it should be done with the greatest precautions.

The fluid contents of an ovarian cyst always contain cholesterine, which is never found in cystic fibroid.

STRICTURE OF THE RECTUM.

BY L. M. SWEETNAM, M.D., TORONTO.

(Abstract of a paper read at Canadian Medical Association, Hamilton, Sept. 1st.)

I do not intend offering this evening an essay upon the subject, stricture of the rectum, but to describe a plan of treatment which I have adopted in two cases of that disease, and with most gratifying results.

It must not be supposed, as some writers would have us do, that Stricture of the Rectum is a very frequent disease. Those who have had the largest opportunities, and the most extended fields for observation; whose acumen in the diagnosis of disease, and whose integrity is most to be relied upon; have not met with this disease as a common occurrence; yet when it does appear it brings with it so much of suffering and distress, and in so large a proportion of the cases resists our best skill, medical and surgical, that any form of treatment which promises even a fair result may justly claim our thoughtful consideration.

The following is the history of my first case:

In the early spring of 1886 I was consulted by Miss K., aged 39, for chronic and obstinate constipation. As a girl she had suffered more or less constantly from constipation. About sixteen years ago, while lifting an invalid relative, she had a sudden and very severe hemorrhage from the bowel, and, about six months later, noticed an increasing difficulty in defecation. The late Dr. Hodder, who was consulted, diagnosed rectal stricture; treated her for some months, using along with other treatment the rectal bougie, and finally pronounced the case incurable. From year to year the constipation became more and more troublesome. Purgatives, enemata and galvanism were resorted to; latterly it has been necessary to employ both the purgative and enema, whenever she wished to bring about an evacuation. In this way the bowels were moved every four or six days, causing intense suffering and prostration—so much so, that she frequently fainted during the operation, or directly after its completion; and usually remained in bed for the rest of the day. The stomach failed to perform its functions, digestion was very imperfect, the bowels fre-

quently became distended with gas, and through the thinned abdominal walls their movements were faintly discernible. This was first insisted upon by Treves as an important diagnostic sign in chronic obstruction of the lower bowel. Attacks of colic and diarrhoea, from which she had at one time suffered, were now a thing of rare occurrence. Every evacuation brought with it a considerable quantity of slimy material, but no blood. The circulation became impaired, as was shown by cold and clammy extremities, and slight attacks of palpitation on going up stairs. Headache, nervous irritation and dependency, aching of the thighs and loins, bearing-down sensations referred to the region of the uterus, added to the misery of the patient; while a dull, drawn countenance told almost constantly of great mental depression.

I suggested a rectal examination, but she had become so convinced that her condition was hopeless that she objected to any local treatment. I gave her a strong cascara mixture, which, along with an enema, gave temporary relief. A few weeks later I secured an examination, and, on passing the finger through the internal sphincter, felt the lower extremity of the stricture, giving the feeling of a fair-sized external os.

This, in the course of a few weeks, I succeeded in dilating very considerably with the ordinary cylindrical bougies, but was disappointed that this dilation was followed by no amelioration of the symptoms.

I felt that I had not yet removed the obstruction, but had no means of reaching farther into the bowel. One day, while making a digital examination, the feeling imparted to the finger suggested the use of the Barnes' bag, as employed in artificially dilating the uterus. I at once inserted a speculum, and, having placed a gum elastic catheter in the stricture as a guide, passed a small bag into position. To this I connected a large ear syringe, filled with warm water, which I forced into the bag. On withdrawing the water I found that it was possible to pass the bag on a little farther. In this way I gained several inches, and, having done so, sent the patient home, feeling that I had accomplished a good deal for one day.

This treatment I continued for several weeks, passing the bags farther up the bowel, but meeting with very little success, as far as relieving the symptoms was concerned. At last, when we had gone almost to the length of an oesophageal sound (some 18 inches), she came to me one afternoon with the agreeable news that there had been a decided improvement in the action of the bowels.

We continued the use of the bags, but matters remained *in statu quo*. The bags dilated easily, showing but little external resistance, but the operation gave rise to considerable pain, necessitating the use of chloroform.

I then placed three bags in position at once, one behind the other, and dilated all three simultaneously, and yet the result was not what I had hoped for.

In handling a distended bag one day, I noticed that all the liquid was easily displaced to one end, and that but little pressure was then exerted against the constricting fingers. I had a number of silk jackets made of different sizes, any of which would be well filled by a distended bag. I now had secured a cylindrical dilator of considerable power—one that is readily passed into the stricture after a little practice, and that exerts great lateral pressure in parallel lines without dilating the anus. These, it is generally admitted, are the requisites of a rectal dilator.

I from that time used the bags with the silk covering, and found that, although more force was required to distend the bags, the pain attending their use was less severe, and results were very much more satisfactory.

It is now more than six months since the bags were last used in either case, and there is, as yet, no evidence of any return of the trouble. The advantages of this particular form of dilator appear to be these—its simplicity—

1. It is easily placed in position.
2. The distance it may be placed into the bowel.
3. The amount of force which may be applied.
4. The small amount of risk incurred in its use.
5. All the power is directed to the dilating of the stricture.
6. No severe stretching of the anus.

7. No irritation produced in attempting to insert the instrument into the stricture.

8. The pressure is exerted in parallel lines.

9. It is economical.

10. It may be made of any desired length or diameter.

It would be a mistake to speak of this as a new treatment for stricture of the lower bowel. The same principle is employed—in a different way—in the instruments of Wall, of Washington, and Bushe, of New York. Weis, Arnott, Sir C. Bell, and a host of others have invented instruments indicating much mechanical ingenuity; but none of them have given satisfaction when thoroughly tested.

THE ANTHRAX EPIDEMIC AT GUELPH.

BY W. H. B. AIKINS, M.D.,

Pathologist to Toronto General Hospital.

(Abstract of paper read at the meeting of the Canadian Medical Association, Hamilton, Aug. 31st.)

It is a source of some annoyance to me that I have been unable to prepare the paper I had intended to read before you to-day, and which stands over my name in the programme of proceedings. It was my intention to give you an exact and detailed description of the manner in which drinking water may be examined to show the presence of the bacillus typhosus. The practical importance of the subject might be exemplified, for instance, in determining whether the origin of a typhoid epidemic arose from the water supply used for domestic purposes. However, during the last few days my time has been so occupied with another matter that I have been forced to forego my original intention. During the last few months there has existed among the cattle and sheep, in the vicinity of Guelph, a disease supposed to be anthrax, which has occasioned great loss among the stock. Several men, also, whose duty it was to handle the cattle, have likewise suffered, yet so far no fatal cases are reported among them. The causation of the outbreak is involved in some obscurity, but Dr. Bryce, the Secretary of the Provincial Board of Health, has made a valuable report to the Board, and is inclined to favor the supposi-

tion that the spores of the *bacillus anthracis* were introduced with foreign wool from Eastern ports in Turkey or Syria. There are several woollen factories in Guelph, which to some extent use foreign wool. The washings find their way into the river, and the cattle drinking this water and grazing on the neighboring plains, which are flooded in spring, may have thus become infected. Anthrax, when occurring in man, is invariably derived from cases of splenic fever of the lower animals, either by direct or indirect contagion. Klein does not favor the statement made by Pasteur, that in animals dead of anthrax and buried, the bacilli form spores which are taken up by earth worms and conveyed to the surface of the soil, proving again a source of infection to other animals. Indirect contagion occurs mainly in those who have had to do with the wool or hair of animals which have died of the disease. In these cases, the virus may be taken into the system by inhalation of the dust as well as by direct inoculation. Klein makes an interesting statement, namely, that in the placenta of a pregnant guinea-pig, dead in consequence of anthrax, the bacilli kept strictly to the maternal blood-vessels; and, as an offset to this, I may mention that in a fatal case occurring in a pregnant woman last year at Marburg, in Germany, the bacilli were observed in the foetal blood-vessels.

The symptoms and course of malignant pustule are well known to all present, and I shall not weary you with such details. But to return to the present epidemic. An investigation into its nature having been deemed necessary by the Provincial Board of Health, I was entrusted with that part of the investigation referring to the examination of the blood, and it has occurred to me that perhaps a brief account of my work, so far as I have gone, would not be uninteresting to you.

On Thursday, August 25th, I received a small vial said to contain the blood of an animal—supposed to have died from anthrax—for biological and experimental examination. On making a microscopical preparation I noticed, under a high power, in addition to the blood corpuscles, small, rod-shaped bodies, without molecular movement, and also other smaller rods, which possessed great activity.

Cultures were made from this fluid on four prepared potatoes, also on agar-agar, and in nutrient jelly, containing 10 per cent. of gelatine. Cell slides were also made, and a peptone solution was infected by the addition of a minute quantity from the vial. The peptone solution was made from Moore & Savory's dry peptone—2 per cent., and cane sugar 1 per cent.

Three rabbits were inoculated with a minute quantity of the fluid which was placed in a small pocket made beneath the skin. Two kittens were treated in a similar manner, and also two guinea-pigs. Eighteen hours after inoculation one guinea-pig died, and, on cutting into the body, I found the lungs to be deeply congested, while the pleural cavities contained a large quantity of serous fluid which, on examination, was seen to be rich in rod-shaped bodies of uniform breadth, but varying in length. The blood of the heart and liver also showed the presence of short rods. A second guinea-pig was inoculated from this fluid and died sixteen hours later, and a third guinea-pig being infected from the second, died in ten hours. One of the guinea-pigs which was first inoculated showing no evidence of disease, the blood was examined, and as no organisms were observed, it was then reinoculated from the third guinea-pig which had succumbed, and in twenty-four hours, when in a dying condition, the blood was again examined and numerous bacilli were observed.

I have not yet progressed sufficiently far in the investigation to draw any definite conclusions regarding the virulence of the poison or the conditions which modified its action, nor can I state why the rabbits and kittens withstood its action while the guinea-pigs fell so rapidly under its influence. It has been observed that by passing the bacilli of anthrax through different species of animals they become endowed with different qualities, and that bacilli, which are fatal to some, are not fatal to all animals; for example, the blood of white mice killed by anthrax does not kill sheep. White rats seem to possess immunity from this disease, and gray rats are not sensitive to its action.

Huber found that insects play a prominent part in the distribution of the disease, and that

a fly which had partaken of anthrax infected material was capable of producing the disease in animals, and that the defection of the fly could be the agent in spreading the disease.

Buchner and Greenfield maintain that a continual transference weakens or modifies the action of the virus, but this opinion is not sustained. But to briefly conclude. From the appearance of the spore formation which took place in the cell slides and on potato, from the characteristic growth of the organism on potato and its typical development in nutrient jelly, from the course of the disease in the guinea-pigs, and from the appearance under the microscope of the blood in stained and fresh preparations, I was readily enabled to decide that the disease was anthrax, and was pleased to have had a confirmation of my opinion by so eminent a mycologist as Prof. Osler.

RHINOSCLEROMA.

BY G. R. McDONAGH, M.B., L.R.C.P. LOND., TORONTO.

As numerous references to rhinoscleroma have appeared of late in the foreign medical journals, it has occurred to me that a few remarks on the nature of this rare affection would not be out of place. The first case under observation in England was reported in the *British Medical Journal*, March 7th, 1885, by Semon. The patient, aged 18, came from Guatemala. The affection had commenced four years before, very gradually and without known cause. Two round firm swellings about half the size of a hazel nut filled up the nostrils. The interior of the mouth was also affected. The uvula was absent. On the soft palate was an irregular raised patch—whitish, glistening, and slightly ulcerated with fibrous bands extending in different directions. The left tonsil and anterior pillar were also implicated. Although the swellings in the nose were completely removed—under chloroform—with a sharp spoon, and the bases cauterized, they returned again after two months. This patient was examined later by Morell Mackenzie, who found the whole interior of the nose filled with new growth, and the septum destroyed from pressure. Only one example of

this disease is reported from Russia, although most of the numerous cases in Austrian literature have come from the borders of Russia. It is probable the disease occurs more frequently, but is mistaken for lupus hypertrophicus, or syphilis. A histological examination of the growths in Semon's case showed, in the skin and mucous membrane, an immigration of small-celled granulation tissue resembling new growth, through which were also a few larger, differently formed cells. The epidermis was changed, and had concentric masses which showed a superficial resemblance to the "nests" or "tubercular nodules" of epithelioma. Adjoining the described infiltration were firm masses of fibrous tissue. The whole structure was quite different from epithelioma, sarcoma, or any other recognized enlargement, and had rather a similarity to the granulation new growth of tubercle, lupus or syphilis, although it differed from that also. It was remarkable that there was a complete absence of any sign of atrophy or degeneration. On the whole, this description agrees with that reported by other observers. Geber has published three cases, and described the disease as a diffuse infiltration and proliferation of tissue proceeding from the mucous and submucous layers. Mikulicz considered it an inflammatory process of extraordinarily slow growth, which begins with a small-celled infiltration of the tissue attacked, causing the normal elements of the same gradually to disappear, and finally to lead, without destruction of the infiltrated tissue, to the formation of a more or less firm contracted mass. Frisch was the first who, having reported the constant occurrence of bacilli in and between the cells, cleared up to a great extent the question of etiology. The bacilli were to be found in great abundance in the round cells of the diseased tissue. They consisted of very short rods, sometimes slightly oval or with rounded ends, in length about $2\frac{1}{2}$ to $3\ \mu$. and $.4$ to $.5\ \mu$. broad. They resemble very closely the Friedlander capsule-coccus of pneumonia. The latest and best accounts of the bacilli of rhinoscleroma are those of Paltauf and Von Eiselsberg, whose first examinations extend back to the year 1884. These investigators observed,

besides their constant presence, that the bacilli appeared thin and without capsule when colored with methylene blue, whilst on coloring with anilin-gentian violet, and subsequent treatment with acetic acid and iodine solution, they presented a blue-violet colored border, resembling a capsule, the same as observed by Cornil and Alvarez. Carbol-fuchsin coloring also shows the capsule. Cultures develop very rapidly; in gelatine tubes a cloudiness is evident in 24 hours, and in agar-agar in 12 hours. All attempts up to the present to produce the disease by inoculation have failed. In one of Paltauf's experiments on a mouse, a small abscess was found eight days afterwards at the point of injection, and pure cultures of the rhinoscleroma bacteria were made from the pus contained in it. The disease may attack any part of the upper respiratory passages. As regards treatment, a lanolin ointment containing one per cent. of corrosive sublimate appears to have good effect.

CASE OF SENILE GANGRENE.

BY DR. ATHERTON, TORONTO.

Man, aged 68 years. When 17 years old had chancre, followed by some secondary symptoms, chief among which were sores on legs. After a year, never had any further manifestations of the disease. Was strong and healthy till six years ago when, after long-continued exertion in carrying a large quantity of wood up-stairs, he was seized with rather severe pain in left side of chest and corresponding shoulder. For several months he could not make any exertion, or walk fast without bringing on this pain. For some weeks he was under treatment for it in the Toronto General Hospital. He was told by the medical men in attendance on him there that they could find no disease of the heart or lung. Even up to his present illness had to be somewhat careful not to exert himself very much lest he might feel some return of old pain.

About 30 years ago had left foot and ankle badly sprained and jammed. For many years has taken spirits regularly, but seldom became intoxicated,

First visited by me on March 20th, when I received the following account of his present trouble: While walking along street five days ago he was seized with severe pain in left heel and calf of leg, which obliged him to get on a street-car and ride home. A medical man was sent for, who prescribed a liniment and what I took to be a mixture of iodide of potash. Not getting any better, the patient sent for me. I found him suffering very acutely from pain about heel and instep, running up in direction of anterior tibial artery, and also up into calf of leg. The parts in two latter situations were tender on pressure. Leg, from knee down, considerably swollen, and showing evidence of venous congestion; skin cold, although he said it felt hot and burning, and much preferred to keep limb uncovered; also declared it felt less painful when hanging down. Pulse 80, rather small and feeble; heart's action weak, but no bruit heard; not calcareous condition felt in radials, nor is there any arcus senilis; no pulsation in left popliteal or tibial arteries—very feeble, if any, in left femoral. Neither could I at this time feel any pulsation in the right popliteal or tibial vessels. Femoral arteries at groin both felt. Patient informed me that for some months back he had some aching and burning feelings in left leg and foot. Chloroform and aconite liniment was ordered and some salicylic acid pills, also to have one-third grain of morphine p.r.n.

Notwithstanding anodyne applications and opiates internally, pain continued with some remissions till April 12th, when slight gangrene appeared on inner side of second toe, where end of great toe pressed against it. No pulsation ever felt in left popliteal or tibial vessels, although it was felt at times in right popliteal artery, but never in right tibials.

Gangrene spread slowly until by May 3rd it had involved nearly the whole of the three middle toes and parts of the other two. Skin also on dorsum of foot was getting discolored. Pulse 112, temperature 99.5°. Amount of morphine has been gradually increased from one or two-thirds of a grain per day to five or six grains. I then advised amputation, but before consenting to it patient wished a consultation. A medical gentleman was therefore

called in, who decided against the operation, and nothing further was then done. For the next three weeks the patient required 12 to 15 grains of morphine hypodermically to keep him tolerably comfortable.

On May 26th, with the assistance of Drs. Burns, McPhedran, Peters and Smith, I amputated at the junction of middle and lower thirds of thigh. The femoral artery when divided was but a rigid hard cord, atheromatous, and filled with firm clot. Some calcareous matter also found in its walls. Not a drop of blood flowed from it. Nearly a dozen of enlarged collateral arteries were ligatured. Patient's temperature has never been above 99.5° since operation. Pulse has been below 100, and he has required only one-quarter to one-half grain of morphine in the twenty-four hours; union by first intention; not a drop of pus.

It is becoming more and more the rule with modern surgeons to amputate in all cases of senile gangrene, where the disease involves all the toes and has extended considerably into the foot beyond. James, of Exeter, England, was among the first to advocate early amputation in these cases, instead of waiting for a line of demarcation to form; and this procedure has been more recently ably advocated and successfully practised by Johnathan Hutchinson. The only point of dispute is now as to the point at which amputation should be performed. Hutchinson inclines to operate in the lower thigh; while others prefer, in some cases at all events, to remove the limb below the knee.

In such a case as the one presented to the Society, however, there could be little doubt that the proper course was to select the thigh operation. As regards the pain in chest, it was very probably a form of angina pectoris, due to disease of the coronary artery.

A BLOODTHIRSTY FACULTY.—On page 45 of the annual announcement of a certain medical college not many miles away, there appears the startling statement that the Council requires each student to present a certificate of having dissected the whole adult human *family*!

A PHYSIOLOGICAL BASIS FOR AN IMPROVED CARDIAC PATHOLOGY.

BY T. WESLEY MILLS, M.A., M.D.,

Professor of Physiology in McGill University, Montreal.

(Abstract of paper read at the meeting of the Canadian Medical Association, Hamilton, Aug. 31st.)

I. The views presented in this paper are such as grow mainly out of the writer's own and other recent investigations in cardiac physiology, and seem to be in harmony with the facts of clinical medicine and pathology. The principal thesis presented for the first time, and maintained in this paper, is to this effect: The nerve centres are generators and reservoirs of nerve force, which force is not only exerted through nerves during the functional action, so called, of an organ or tissue, but is *constantly* being distributed to all the tissues of the body, according to their nutritive requirements. The functional action of a tissue is but a phase in its normal life; one of a cycle of changes essential to the well-being of that tissue, and without which its continued integrity is impossible. This view renders clearer the main part of the theory, which is that there is a *constant* outflow of nervous energy to the tissues, and not alone during functional activity. It follows that functional use and the *highest* nutritive condition of a tissue are inseparable; but this view also explains why tissues do not perish outright, when not for some time functionally active, provided the centres presiding over them and the nerves distributed to them are intact; while they do degenerate in every instance when their nerves are divided. This explanation the writer would denominate the *neuro-trophic* theory, or better, the theory of *constant neuro-trophic influence*. The evidence for this view is based upon common experience as to loss of appetite under depressing emotions; the results of functional and other disorders of the nerve centres; the sequel of the section of the nerves of glands, muscle, etc. An explanation of the injurious effects on the heart of sexual excesses is given in the light of this theory. Athletic strain is intelligible only on some such view as this. We must recognize in man a *residual nerve force*, exhaustion of which is followed by lasting injury. *Heart failure*

falls under one general law for all the tissues. The explanations hitherto given generally do not go beyond the remote cause (occasion). An explanation that is only mechanical can never be final for a living organism.

Certain peculiarities in cardiac disease are rendered much more intelligible when the *order of evolution* of the different parts of the heart in the animal series is considered. The oldest parts of the heart ancestrally considered have the greatest vitality.

It is also especially important both in aetiology and treatment to remember the disproportionate development of the cerebrum in man.

II. The nerves of the heart now appear in a new light owing to recent researches. Influences from the nerve centres reach the heart either by *sympathetic* nerve-fibres or *inhibitory* fibres proper. The vagus is really a *vago-sympathetic* nerve in all vertebrates thus far examined. The cardiac accelerators contain purely sympathetic fibres. The sympathetic fibres that reach the heart, in whatever nerves found, tend to bring about destructive nutritive changes (catabolic metabolism), and so to exhaust the heart; while the inhibitory fibres affect constructive nutritive changes (anabolic metabolism).

The nerves of the heart exercise a *constant* influence over its nutrition. Section of these nerves leads to degenerative tissue changes.

The views presented in this paper are not opposed to facts, while they furnish explanations that are both real and final.

Selections.

We are indebted to DR. NEVITT for the translations from the Italian and to DR. ZIMMERMAN for the French.

THE TREATMENT OF ŒDEMA OF THE LARYNX.

BY PROFESSOR L. VON SCHROETTER.

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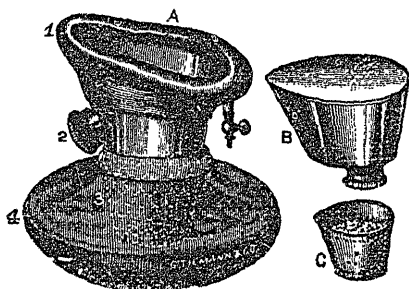
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he finds a corpse on his return. I know of more than one case where the patient died in this way. If we have to do with an abscess in the neighborhood of the larynx (angina ludwigii), this must be opened as quickly as possible, whereupon, generally, a decrease in the laryngeal swelling rapidly follows. In other cases, we must determine the primary cause of the œdema. If it be Bright's disease, for instance, a warm bath and a profuse perspiration will bring relief. With regard to the local treatment, the continued sucking of lumps of ice will be found very useful. The employment of astringents is, according to my experience, quite useless, and Strübing is of the opinion that in the angio-neurotic form this treatment rather makes the condition worse. The repeated introduction of the finger into the larynx, with the object of causing pressure on the swollen parts, may, when the œdema is chiefly of the ary-epiglottic folds, be of use, and especially is it so in those cases which otherwise have the tendency to pass rapidly by. In œdema of the deeper parts of the larynx, however, this experiment by increasing the irritation rather injures. Here also will the introduction of the catheter be without much result. Scarification has, according to the anatomy of the parts, a very doubtful value. It may happen that nothing flows out. However, this can be very easily carried out with a concealed larynx knife and a few superficial incisions made in the most swollen parts, and they will be most effectual if the incisions are made from within outwards, so as to prevent the fluid running into the larynx. If these methods are not followed by the desired results, one must perform laryngotomy.—*Wiener Med. Zeitung.*

SUBCUTANEOUS INJECTIONS OF AMMONIA IN ACUTE ALCOHOLISM.—Inject under the skin—the epigastric or dorsal region—a mixture of one part ammonia with two to six parts water. Two or three minutes after the injection an erysipelatous redness is observed around the puncture, and the next morning some soreness. Glinsky has seen a patient comatose from alcohol recover consciousness within three minutes of such injection.—*Giornale Internazionale.*

AN IMPROVED ETHER INHALER.—In presenting this apparatus to the notice of the profession, I wish at the outset to disclaim any idea of misappropriation. The instrument is in principle identical with Ormsby's inhaler, the best points of which have been utilized. A practical experience of some nine years with the original apparatus has induced me to modify it, so that a compact, efficient and inexpensive inhaler could be obtained by any practitioner. The improvements are the substitution of rigid, instead of flexible metal in the face piece; the omission of the ether supply tubes, and the modification of minor details throughout.



A. Inhaler ready for use. B. Ether reservoir. C. Ether measure, showing sponge inside. 1. Air cushion, inflated. 2. Air cap. 3. Wire net basket to contain sponge. 4. Rubber bag collapsed.

To prepare the inhaler for use, when the temperature of the room is below 65°, place a small napkin or towel, wrung out of very hot water, in the face piece for a few minutes. The sponge, which should have an absorption capacity of two ounces, is soaked, squeezed dry, and placed in the wire net cone, so that every part is above the gutter. The air cushion is then fitted and *partially* inflated. Pour one ounce, by measure, of Squibb's ether on the sponge and place the inhaler on the face, with the air slot wide open. This should be closed after three or four inspirations. During the progress of an operation, fresh ether is added, as required, in quantities of four drachms. If used for half an hour, it is advisable to remove the sponge and squeeze out the moisture which has formed by condensation.—*Dr. James H. Parkinson, in Sacramento Medical Times, (instrument manufactured by Tiemann & Co).*

In chronic hiccough always suspect aneurism and carefully examine for such.

ANTISEPTICISM.

Dr. Senn, in his letter from Strasburg, makes the following remarks on antisepticism: The antiseptic treatment of this hospital is rigidly and conscientiously followed—a circumstance which certainly must come in for a great share of the credit pertaining to the remarkable recoveries after the most serious and dangerous operations. One forenoon I devoted to a visit to the gynecological and obstetrical wards, under the care of Professor Freund. The wards are in a new building only recently occupied, and located *vis-a-vis* the Surgical Klinik. The building is a model of its kind and a credit to the German Government, which has spared no expense in making it perfect as a centre for clinical teaching. Professor Freund takes a just pride in the institution which has developed into such a magnificent hospital and school for teaching under his personal supervision, and is untiring in his efforts in pointing out its advantages and modern improvements. In the lying-in department the antiseptic precautions are so thoroughly carried out that puerperal sepsis has never been known to originate in the wards. A small building, isolated from the main building, serves for the reception and treatment of infected patients from the city and the surrounding country, and here the student finds the only opportunity to study at the bedside and the post-mortem room the infective diseases incident to childbed. There is certainly a great deal of truth in the statement made by the famous Robert Koch, in answer to my question relative to the nature of septicæmia, that this disease is beyond the grasp of the pathologist in Germany, as antiseptics had succeeded in almost exterminating the disease in that country. I sympathize sincerely with the pathologists, but rejoice at the results obtained by Joseph Lister and his followers in expunging from the catalogue of diseases one of the most fatal and fearful complications of the obstetrical and surgical wards. In the face of these facts who can doubt any longer the efficiency of antiseptic precautions in preventing infection? Who will dare to ridicule the honest, conscientious surgeon and obstetrician in his efforts to protect his patients against infection? Who will have the courage

to recommend a pad of infective germs as a safe dressing for penetrating wounds of the abdomen? Let history, science, and the combined experiences of thousands of honest physicians and surgeons answer these questions.—*Journal of American Medical Association.*

REMINISCENCES OF AN OLD PHYSICIAN.—They call me “the *old* doctor.” Of course, my long white beard and the scant thatch on my head bear witness to the veracity of the term; and I have but to look at my stalwart grandsons to be fully assured that the adjective applies to me; nevertheless, I fancy that a spice of irony is implied in it. The go-ahead men of the present generation consider me out of date entirely—my ideas antiquated and obsolete. Well, I should not wonder if they are; for I suppose no branch of science has made such rapid and wonderful strides as that connected with the profession to which I have the honor to belong. No doubt, I am of the old school. I am resting on my oars now. The strife and struggle of life are over for me; and as I sit at my ease in my old armchair, memory takes me back to the past. I think of my student days, and I see before me those grand men whose footsteps first beat into the track which has led to the present heights of research and of discovery. Abernethy was one of those splendid pioneers. I think I see him as he used to lecture at St. Bartholomew's; small of stature, nose *retroussé*, eyes small, dark, and restless, gleaming alternately with wit and humour, or lit up with ineffable tenderness. A face comical and satirical, if you will, but full of expression; and crowned with a raised tuft of well-powdered hair, ending in a long queue. He was among the last of the pigtailed. Then, to add to the quaintness of his *tout ensemble*, he had a knack of thrusting one hand into his breeches-pocket while he gesticulated with the other. No lecturer in London could rivet the attention of his pupils as he did, so lucid were his descriptions, so powerful his language, so dramatic his action. Abernethy was far from being the coarse man that some of the clumsy imitators of his naive brusqueries would lead one to imagine. True, he would launch his little winged darts of satire ruth-

lessly at the manifold affectations of self-indulgent invalids; he had small sympathy for such; and no regard for rank or wealth of themselves. But when his feelings were enlisted, when called on to witness real suffering, real distress, who so kind as he? And then, when poverty was superadded, the recording angel alone might tell of his benevolences.

Although a great admirer of Abernethy, the hero of my boyish worship was Sir Astley Cooper. The lives of these two great luminaries for long years ran parallel. With Sir Astley I came more into personal contact; and assuredly he was the first surgeon of his day and generation. He was President of the College of Surgeons when I went up for my examination for membership. I had just gone through the fiery ordeal, and was drawing my breath triumphantly, when Sir Astley, using his privilege as President, called my attention: "Describe to me, sir, the origin and distribution of the fifth pair of nerves." I quailed for an instant, taking in, as one does at such moments, the whole beauty of his magnificent physique; then gathering up my somewhat scattered senses, I answered slowly, deliberately, and I trust also clearly, for I heard him say "Capital!" No word of praise, either before or since could have the electric effect of that trisyllable. It was positively intoxicating. My fortune seemed to be made from that moment.—*Chambers's Journal.*

INDICATIONS FOR THE USE OF NITRO-GLYCERINE.—The value of nitro-glycerine in various diseases, as angina pectoris, hemicrania, and neuralgia, and also in sea-sickness, certain forms of anæmia, etc., depends on the existence in these of an irregular distribution of the blood. This abnormal condition may be recognized by a certain grade of pallor of the skin, especially of the face, a appearance co-existent with a weak pulse and small radial arteries, hard and frequently situated at a certain depth. When, on the contrary, the headache and neuralgia occur in persons with chronic congestion of the subcutaneous vessels of the face nitro-glycerine is contra-indicated: and similarly it should not be used in asthma when the

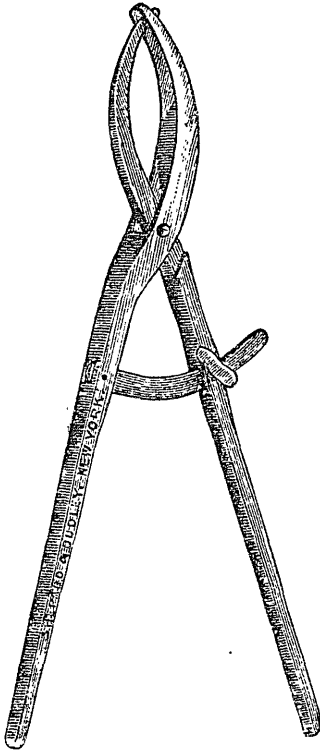
face is congested from the effects of the emphysema. Thus it may be said that the best therapeutic results from nitro-glycerine may be obtained in those cases in which angina pectoris, neuralgia, etc., are associated with pallor of the countenance.

The condition of the pulse is the best indication for the use of nitro-glycerine and the safest guide for the determination of the time in which one should begin the cure. The smaller the radial artery is, so much the more rapidly does it dilate under the influence of the drug, and so much the less are the secondary effects produced by it; on the contrary, the fuller the pulse and the more tense the radial artery, so much the less this resents the influence of it.

When the pulse is small the usual dose of one drop of a one per cent. solution is sufficient, while if the pulse is large two drops may be required to obtain the full effect. When the radial is soft and the pulse weak, smaller doses should be given, one-half to one-fourth of a drop. The sensations experienced by the patient, throbbing and pain in the head, as well as the distension of the radial artery under the observer's finger, should be the guide for the increase of the dose.—*Giornale Internazionale delle Scienze Mediche.*

AMERICAN PHYSICIANS.—A doctor, in America, is very apt to have been a traveller, and, being an American, to have seen a great deal that the ordinary traveller misses. His knowledge of the inside of his fellow-creatures seems to assist him in observing facts connected with their external environment; he is comparatively free from prejudices, and his opinions upon things in general are dictated by solid common sense. His professional training tends to sharpen his insight into human nature, and, if his own nature be social and humane, he forms many agreeable acquaintances in all parts of the world. In the seclusion of his rural study, shadowed by the elm tree on the lawn, and rendered fragrant by the lilac bush under the window, he cons over the latest discoveries of science, and meditates wisely and discriminatingly upon politics, literature, and art.—*Medical Register.*

EASTMAN'S PEDICLE CLAMP. — Eastman's clamp has many advantages over others used for this purpose. Being simple in construction, it cannot get out of order, and pressure can be



so firmly applied to the pedicle, that it is almost impossible for it to slip, an accident which has frequently occurred. The instrument is manufactured by Shepard & Dudley, 150 William St., New York.

PATHOLOGICAL SIGNIFICANCE OF VENOUS MURMURS.—Venous murmurs perceptible in the internal jugular vein depend upon the age of the subject, and are less frequently met with as age advances. Venous murmurs, which are heard when the head is turned to the opposite side, ought not to be attributed to anæmia, but are physiological events. Venous murmurs, loud and continuous, which are heard when the head is erect, in individuals of middle age (between 20 and 60 years) have a certain pathological significance, yet in general they are not to be considered pathognomonic of anæmia. Venous murmurs possess no special diagnostic value in chlorosis, or in other anæmic states.—*Revista Clinica.*

CASES OF SEWER-GAS POISONING.—The author reported in detail the histories of twenty-nine cases coming under his observation, in which various diseases appeared to have been due to the inhalation of sewer gas. He thought it probable that the following diseases may result from severe gas poisoning: vomiting and purging, separately or combined, general debility, fever, sore throat of a diphtheritic type, neuralgia and perhaps, also, myelitis of the anterior horns. These conditions are frequently combined. Fever is frequently associated with the other symptoms. There is one group of symptoms which is almost always present, that is loss of appetite, extreme prostration and pain in the head. When this occurs as a chronic condition we are justified in suspecting that the patient is suffering from sewer-gas poisoning.—*Dr. Hun at the Association of American Physicians.*

A GOOD DISINFECTANT is made by dissolving half a dram of nitrate of lead in a pint of boiling water, then dissolve two drams of common salt in eight or ten quarts of water. When both are thoroughly dissolved, pour the two mixtures together, and when the sediment has settled you have a pail of clear fluid, which is the saturated solution of the chloride of lead. A cloth, saturated with the liquid and hung up in a room, will at once sweeten a fetid atmosphere. Poured down a sink, water-closet, or drain, or on any decaying or offensive object, it will produce the same result. The nitrate of lead is very cheap, and a pound of it would make several barrels of the disinfectant.—*Scientific American.*

ITCHING OF THE VULVA.—A contributor to the *Union Médicale* credits M. P. Ménière with the following formula:

Zinc oxide.....	6 parts;
Potassium bromide.....	10 "
Extract of Indian hemp.....	2 "
Glycerite of starch.....	30 "

The application should be preceded by the use of lotions of very hot linden-flower water (distilled from the flowers of the *Tilia europæa*). When there is acne of the vulva, black soft soap should be applied for half an hour at a

time, morning and evening, followed by bathing with a strong infusion of black tea as hot as can be borne.—*N. Y. Medical Journal.*

THE MICROBE OF CANCER.—Domingo Freire has found in the blood of cancerous patients zooglea masses, which grew in gelatine cultivations, between 37° and 40° C., giving rise to bacilli somewhat resembling those found in typhoid fever. Without stating precisely whether or not he had cultivated a single species of micro-organism, he was of the opinion that his specific cancer germ passed through two phases in its evolution. The first represented by the micro-cocci, united into zooglea masses, and the second, more advanced, constituted of the bacilli, which, according to the author, can only develop outside the blood medium, yet which are met with in the cancer juice which bathes the ulcers. He inoculated guinea pigs with his cultivations, and found, one month afterwards, a voluminous tumor, which, on microscopic examination, appeared to be of the nature of encephaloid cancer. Finally he had succeeded in attenuating this cancerous virus, by passing through a series of birds, so that animals inoculated with the attenuated virus acquired immunity from the strong virus.—*Revista de Ciencias Medicas.*

Therapeutical Notes.

Pilocarpine aids very materially the absorbent properties of the iodides and mercurials.

HEMOPTYSIS.—Subcutaneous injections of $\frac{1}{12}$ th to $\frac{1}{20}$ th of a grain of sulphate of atropine is highly spoken of in obstinate cases of hemoptysis.

TO DISGUISE IODOFORM.—

- ℞ Balsam canadensis ʒi.
- Iodoform ʒi.
- Vaseline ʒvi.
- ℞. Solve.

ERYSIPELAS.—Von. Nusbaum recommends an ointment of equal parts ichthyol and vaseline as the best application in erysipelas of the trunk and extremities. For the face he uses ichthyol collodion and for the scalp ichthyol soap.

FOR ITCHING PILES.—

- Tr. capsicum 1 part.
- Spts. turpentine 2 "
- Spts. camphor 3 "
- Decolorized iodine 3 "

℞

Dr. J. Rennie Stuff, in the *Indian Medical Gazette*, extols the use of cannabis indica in the form of electuary combined with bismuth acacia, tincture of ginger, cardamoms, and chloroform, in subacute and chronic dysentery.—*Lyon Medical.*

FOR URTICARIA.—(N. Gueneau de Mussy).—

- ℞ Jaborandi pulv 10 centigrammes.
- Extract of guaiacum 10 "
- Benzoate of lithia 20 "

℞. ft. pil. Sig. Two daily, to be increased to four.—*L'Union Medicale.*

CANCER.—Dr. Peter Hood has obtained very satisfactory results from the use of carbonate of lime in the form of calcined oyster-shells as a means of arresting the growth of cancerous tumors. Dose 20-30 grains two or three times daily.

PUERPERAL ECLAMPSIA.—Pilocarpine hypodermically, 15 drops of a 2 per cent. solution, is highly recommended in puerperal eclampsia. Salivation and profuse sweating ensue, and the convulsions cease. The injection is repeated as required.—*Revue des Maladies des Femmes.*

VULVAR PRURITUS.—

- Tinct. of opium 8 grammes.
- Bicarbonate of soda 8 "
- " potash 4 "
- Glycerine (neutral) 6 "
- Water 25 "

℞. ft. lotio. —*L'Union Medicale.*

FOR GREEN DIARRHEA OF INFANTS AT THE BREAST.—

- ℞ Acid lactic 2 grammes.
- Simple syrup 98 "
- Essence of lemon 1 drop. ℞.

Filter. Dose, 2 to 3 coffee spoonfuls daily (ʒ 3 to ʒ 4 $\frac{1}{2}$).—P. Vigier, in *Journal de Med. de Paris.*

TO DISGUISE CASTOR OIL.—

R Saccharate of casein . . .	q. s. to emulsify.
Castor-oil	15 grammes.
Cherry laurel water . . .	5 "
Distilled water	100 "

The casein should be absolutely pure, and a small quantity of bicarbonate of soda and sugar added.—*Lyon Medicale*.

RAPID REVULSION.—Rapid intense counter-irritation, even to vesication, can be obtained by simple tincture of iodine, by saturating a wad of cotton batting and applying, as large as is desired, in contact with the skin for ten or fifteen minutes. In this manner the iodine may also act favorably by absorption.—*L'Normandie Med.*—*Lyon Med.*

HEPATIC CONTRACTION.—Bromine in doses of five drops of the following solution—bromine, 10 drops; water, 1 ounce—given thrice daily in distilled water, increasing one drop daily as long as tolerated, and is highly recommended by Prof. J. S. Jewell, of Chicago, in hepatic contraction. Its action is slow, and must be continued some months.

NIGHT-SWEATS OF PHTHISIS.—Rebory administers the tricalcic phosphate in one to four drachm doses in night-sweats, and considers it of incontestable utility. It is not toxic, well borne by the stomach, stimulates nutrition, is remedial in diarrhoeal conditions, and can be continued for a long time with benefit to the health.—*Le Moniteur Therap.*

GONORRHOEA.—Prof. Goll, of Zurich, recommends as an injection in acute gonorrhœa or gleet, sulphate of thalline in 2 to 2½ per cent. solution, used 2 to 4 times daily. He believes in this way vesical complications and epididymites are prevented. In gonorrhœal cystitis 5 grains of thalline are given every 3 or 4 hours.

At a meeting of the Medical Society of Rheims, M. Weill reported a case of measles, complicated with broncho-pneumonia, in which there occurred suppurating myositis of the recti muscles of the abdomen. As in typhoid fever,

or any other infectious disease, there occurs occasionally rupture of the muscle with hæmorrhage, caused by violent coughing, followed by inflammation resulting in suppuration. The temperature curve corresponded to the three stages of the disease, the eruption, broncho-pneumonia, myositis.—*Gaz. Med. du Nord-Est.*

FOR SPONGY GUMS.—

Tincture of pyrethrum . . .	15 grammes.
" guaiacum	4 "
" myrrh	4 "
" opium	4 "
" poppy	q.s. to color.

Apply to the softened and colorless gums morning and evening.—*L'Union Medicale*.

COMPOUND CREASOTE WINE.—

Creasote	13 grammes.
Tincture of gentian . . .	30 "
Alcohol	250 "
Sherry wine	q. s. to a litre.

Two or three tablespoonfuls daily in pulmonary phthisis when the temperature is under 38.5 C.—*Revue Gen. de Clin. et Therap.*

ANTI-GOUT COLLODION (Monin).—

R Flexible collodion	15 grammes.
Sulphuric ether	15 "
Acid, salicylic	4 "
Chlorhydrate of morphine .	1 gramme.

Apply every hour to the great toe. The pain soon ceases, without the swelling diminishing, and consequently there is no danger of metastasis.—*L'Union Medicale*.

ANTISYPHILITIC OINTMENT.—

Turpeth mineral	3 grammes.
Lard	30 "

Useful to remove the thick crusts of impetigo, ecthyma, rupia on the heads of syphilis. The crusts are to be covered in the evening with a layer of lard, and a linseed poultice and cotton batting applied over this. In the morning the crusts softened are carefully removed and the turpeth ointment applied with gentle friction in small quantities twice daily. If ulceration be present, a small piece of lint with turpeth is to be applied.—*L'Union Medicale*.

CAMPHORATED BISULPHIDE OF CARBON.—

Chiron considers a saturated solution of carbon bisulphide the best remedy for lumbo-abdominal neuralgia. It is applied with a brush to the painful region, or is painted upon the skin overlying the lumbar spines or sacrum. He has seen uterine hemorrhages, going with this painful condition, cease after one or two applications.—*Le Moniteur Therap.*

GUAIACUM AS AN EMMENAGOGUE.—In amenorrhœa, not depending on other disease or mechanical cause, Sayer prescribes guaiacum, 50 centigrammes of the resin in a glass of milk in the morning for several weeks. If cramps or purgation ensue it is to be suspended for a time. During painful menstruation give a drachm of ammoniacal tincture of guaiacum every 3 hours.—*Lyon Medical.*

DRY SEBORRHOEA OF THE SCALP.—Dr. Vidal.

R Precipitated sulphur... 15 grammes.
Castor oil..... 50 "
Cocoa butter..... 12 "
Balsam of Peru 2 "

Mix thoroughly the sulphur and castor oil, incorporate with gentle heat the cocoa butter, and add the balsam of Peru. Apply morning and evening.—*Nouveaux Remedes.*

ETHOXYCAFFEINE.—The following formula is recommended as palatable and well borne by the stomach in cases of migraine:

R Ethoxycaffeine..... gr. v
Salicylate of soda..... gr. v
Chlorhydrate of cocaine gr. ii
Flaxseed water..... ʒ ii
Syrup of maiden hair ʒ v

M. To be taken at one dose.—*Journal de Med. de Paris.*

ETHEREAL TINCTURE OF PHOSPHORUS.—Dr. Rocha Faria has given successfully the tincture of phosphorus, in doses of 5 to 12 drops in a cordial of 2 drachms, to three children from six months to six years of age. These children were suffering from asphyxia, with cold extremities; cyanosis frequent and thready pulse. The remedy, together with frictions, sinapisms, and oxygen inhalations proved successful.—*Lyon Medical.*

ITCH OINTMENT.—

R Flowers of sulphur.. 50 grammes.
Carbonate of soda .. 25 "
Gum tragacanth.... 0 gr. 50 centigram.
Glycerine..... 100 grammes.
Essence of bergamot. q.s.

Apply after thorough washing with soap and bathing. Change the clothes and bedclothes. After a second bath apply starch powder or glycerole of starch.—*L'Union Medicale.*

FOR PERTUSSIS.—

R Ext. cannabis Ind..... 1 grammes.
Ext. belladonna ½ "
Alcohol absolute..... 5 "
Glycerine 5 " M.

For children of 8 to 12 months, 4 to 5 drops; 1 to 2 years, 5 to 8 drops; 2 to 4 years, 8 to 10 drops; 4 to 8 years, 10 to 13 drops; 8 to 12 years, 12 to 15 drops; above 12 years and for adults, 15 to 20 drops.—*Lyon Medical.*—*Centralblatt f. Kl. Med.*

IMMEDIATE CURE OF LUMBAGO.—M. Sée reports the following case: A man, aged 42, was admitted to the Hotel Dieu on June 24. For four days he had suffered from lumbago—could not sit, and once in bed could not raise himself; his fingers and toes were also swollen. After a hypodermic of 50 centigrammes of antipyrine the lumbago completely disappeared and did not return. The hypodermic was continued morning and evening, and 3 grammes daily given internally. The action of the remedy on the fingers and toes, though not immediate, was very rapid, and the man recovered quickly.—*Gazette des Hôpitaux.*

UNILATERAL LOCOMOTOR ATAXIA.—M. Bertoye records the case of a weaver, non-syphilitic and not an alcoholic, in whom the right arm and leg were affected. The disease commenced suddenly five years before, with plantar anæsthesia and muscular inco-ordination of the right leg. The right arm was next attacked. The muscles of the limbs were not paralysed, atropied nor contracted. The absent patella reflex contrasted with that of the opposite side. M. Bertoye remarks that cases of locomotor ataxia are recorded as following excessive mus-

cular fatigue or sexual excesses. Alteration of the nervous functions always commenced by disorders of innervation in the overworked organs. The loss of patella reflex was not wanting in this unilateral ataxia.—*Lyon Med.*

PYROGALLIC COLLODION.—

- R. Acid pyrogallic
 Acid salicylic
 Collodion

Keep in a dark bottle. This collodion is recommended for psoriasis. After removing the scales by prolonged bathing, the collodion is spread over the plaques so as to cover the skin beyond the edges a centimetre. This application is renewed every two or three days, or, if necessary, daily, the preceding layer being removed at each dressing. If the eruption be general, it is attacked in sections. No dermatitis or pigmentation results.—*L'Union Médicale.*

ECZEMA AT THE MENOPAUSE.—M. Cheron recommends the following treatment:—

1. Take at each meal, in colored water, a coffee spoonful of the following:

- Arsenate of soda grains vii
 Distilled water $\bar{3}$ v.

2. Take twice a week as a-purgative:

- Citrate of magnesia $\bar{3}$ i— $\bar{3}$ i ss.
 Syrup of gooseberries $\bar{3}$ i.
 Water q. s.

To be taken in two doses, at 15 minutes interval. Diet—Vegetable soup or weak tea, after the first stool.

3. Apply very gently every night this ointment:

- White precipitate gr. xv.
 Vaseline $\bar{3}$ i.
 Essence of roses m. ii.

4. Every eight or ten days inject, subcutaneously, six to ten drops of

- Nitrate of pilocarpine gr. ii.
 Distilled water $\bar{3}$ i.

This is contra-indicated if there be disease of the heart or large arteries.—*Revue des Maladies des Femmes.*

THE Canadian Practitioner.

(FORMERLY JOURNAL OF MEDICAL SCIENCE.)

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

All exchanges, etc., may be addressed to Dr. W. H. B. Aikins, 63 Gerrard Street East.

TORONTO, SEPTEMBER, 1887.

THE DOMINION MEDICAL ASSOCIATION.

The twentieth annual meeting of this Association, which has recently taken place in Hamilton, passed off very successfully. The attendance was larger than at the two previous meetings, and the programme was carried through with a good deal of spirit. The introduction of the new mode of procedure, the reading of addresses instead of the report of committees, was found to work well. It will be necessary in future years to extend the meetings over three days, so that all the papers may be read and properly discussed. Under the plan just adopted the Association remains longer in general session, and shorter time is given for section work. It has also been suggested, and with much force, that there should in future be a section for Obstetrics and Gynæcology. There is no reason why there should not be a section for this department as well as for Medicine and Surgery.

The presence of Dr. Granville Bantock, President of the British Gynæcological Association, added very much to the interest of the meetings. His address on Abdominal Surgery was a very able one. His marvellous success in this department, together with that of his colleagues, Tait and Keith, marks an era in the history of medical science.

It was universally regretted that Dr. Osler did not read his paper on "The Cardiac Relation of Chorea." He was compelled to leave on the afternoon of the second day. As Dr. Osler had spent much time in

making the original investigation into this subject, the paper would no doubt have been a very interesting one. It will appear in the October number of the *American Journal of the Medical Sciences*.

Dr. Ross, of Montreal, was elected President for the coming year. He is eminently fitted for the position and deserves the recognition, as he has for years been one of the most faithful workers in the interests of the Association.

THE SUMMER VACATION.

In these days of excessive work and intense business worry it is frequently a matter of the greatest importance for the business or professional man to decide where he is to spend his brief holiday of three or four weeks. A good rule to follow is to get as thorough a change as possible. The inhabitant of a large city should leave his business anxieties at home, and go to the woods, where letters and telegrams cannot reach him. He should spend his vacation where he will find plenty with which to occupy himself, and have sufficient muscular exercise to give an appetite and assist in assimilating his food. He should find a place which is absolutely free from malaria. Any reading which he may do should be light, such as historical and biographical works of an interesting character. It is very doubtful if any mental rest is obtained by reading novels of the Haggard type. He should not engage in excessive physical work.

All the requirements mentioned are possessed by the extensive region in the northern part of this Province. The innumerable lakes afford facilities for boating and fishing; the small amount of soil on the granite rock probably prevents the growth of malaria; the air is exhilarating, and the absolute purity of the water, all give this district a character possessed by few others. The water, which is almost as pure as if distilled, has an excellent effect in some urinary disorders.

The system, which is now so much in vogue, of forming temporary villages and towns where families can spend their vacation, is, in our opinion, fraught with many dangers, and in most cases to be deprecated. These places are usually first instituted by speculators, who

buy the land *en bloc* and sell it in lots to those who will build cottages on them. In some instances the location has been chosen on the lake shore, which, if not itself malarial, is not far distant from malarial regions. Cottages are then built close together, sometimes without any sanitary system, so that in a few years the soil may become saturated with decomposing animal and vegetable matter. In addition to this, frequently a large hotel is built; and in order to prevent the mind from enjoying any rest whatever, an auditorium holding thousands of people is constructed, where the weary in body and mind crowd themselves together, breathe impure air, and become excited—pleasant or annoyed, as the case may be—by listening to a popular lecturer, who is usually well paid for his efforts.

We confidently assert, that the over-worked business or professional man who thus spends his vacation is making a sad mistake; that he will return to his work little benefited, and will engage in the battle of life the ensuing year at a great disadvantage. The inhabitant of small towns and country districts, who at home lead a quiet, unexciting life, may be benefited by spending a short time in such places, but to those who live in large cities the whole system is, in our opinion, a delusion and a snare. It may tend to elevate the intellectual and moral nature of the race, although this is scarcely possible, when the physical development is to such an extent lost sight of.

ANTIPYRIN IN THE TREATMENT OF RHEUMATISM.—Dr. N. S. Davis, in the *Journal of the American Medical Association*, comes to the following conclusion on the treatment of rheumatism by antipyrin: (1) It is as efficacious as the salicylate of soda, producing similar therapeutic results, and is less nauseous than the latter, and does not produce headache or ringing in the ears. (2) Usually it acts most efficiently in the most frankly acute cases. (3) Besides reducing by its antipyretic properties the fever, and also the pain, it reduces the pain by acting directly upon the nervous system. He administered the drug in fifteen grain doses, giving it at the height of the disease every four hours, and lessening the frequency of its repetition as improvement occurred.

MEDICAL FACULTY OF THE UNIVERSITY OF TORONTO.

The scheme for the establishment of a medical faculty in the University of Toronto has been completed in all its details, and we learn, from the official announcement recently issued, that the regular course of lectures for the winter session will commence on Monday, October 3rd, when the opening lecture will be delivered. We are pleased to know that the new faculty is likely to receive cordial sympathy and support from both the profession and the public.

Although opinions may differ as to details, there is practically no opposition to the main features of the scheme, excepting on the part of a few who are not friendly to the University. Starting under such favorable auspices nothing can prevent its success, excepting incompetency on the part of the teaching staff. We have neither space nor inclination for a discussion of the merits of the individual members of the faculty.

We have simply to hope that they will prove worthy of the positions they are to occupy. If so, well and good; if not, let the Senate see that they are replaced by better men. As a matter of fact, the Senate of the University cannot afford to have anything like a failure in connection with this undertaking. Those of its members who have taken special interest in the scheme are, we believe, thoroughly in earnest, and will not be satisfied until the medical faculty becomes at least one of the strongest departments of the University.

INTERNATIONAL MEDICAL CONGRESS.

The meeting of the Congress, which commences in Washington, September 5th, will certainly be a good one, as far as numbers are concerned. The profession at home and abroad will be largely, if not well represented. That it can be an unqualified success is simply out of the question. Many able men, comprising, to a large extent, the cream of the profession of the United States, were actually kicked out of the Organizing Committee by an ill-mannered, sore-headed, sectional clique, at New Orleans, acting under the auspices of the

American Medical Association, and they have literally and emphatically stayed out of the concern altogether.

The great mass of the prominent men of the cities of Philadelphia, Boston, New York, Baltimore, and other places, will be conspicuous by their absence. This fact is well known in the older countries, and has had a chilling effect. We in Canada feel the effect of this blight, in what should have been, in many respects, the grandest Congress of medical men that the world has ever seen. We love our professional brethren of the United States; we rejoice with them in their prosperity, and mourn with them in their misfortunes. We sympathize with many worthy officers of the Congress who are honestly endeavoring to atone for the fatal errors of the unwise few, and any measure of success attending the meeting will be a source of pleasure to us, but at the same time the absence of many whom we honor and respect, with the results necessarily following, will ever be a source of bitter grief.

BACILLUS OF TYPHOID IN WATER.

Since Eberth published the results of his investigations, in 1883, upon the etiology of typhoid fever, and carefully described the micro-organism which is the etiological factor in the propagation of this disease, numerous pathologists have followed in the same line of work, adding to the life-history of the germ, and confirming by personal observations the conclusions of Eberth, that there is a specific and demonstrable agent in each and every case of typhoid fever, and the bacillus typhosus may now be looked upon as an accepted fact.

Chantemesse and Vidal on three occasions discovered these organisms in the water of the Seine, which was stored in a reservoir for drinking purposes. They also demonstrated the presence of this bacillus in the water of a well at Pierrefonds, not far from Paris, which had caused an outbreak of fever; and Thoinot, last March, took water from the reservoir of Villejuif, and without difficulty obtained the characteristic bacillus of Eberth and Gaffky. Hochsetter examined the soda water from different manufacturers and found all to be extraordin-

arily rich in bacteria. The calculation was made that in one cubic centimetre of this water there were between 73,000 and 75,000 bacteria. He impregnated the water with pathogenic bacteria and found the duration of their existence varied greatly, from a few hours up to several weeks. The typhoid bacillus retaining its active properties from five to seven days. Seitz found this microbe in the urine of typhoid patients—a fact of deep practical interest—and we would urge the necessity for a thorough disinfection of the discharges from the bladder as well as those from the bowels.

THE WOMAN'S MEDICAL COLLEGE, TORONTO.

Four short years ago the Woman's Medical College was started in Toronto as an experiment to meet what was considered by its founders to be a growing demand. The process of time has demonstrated beyond cavil the success of the experiment, and proved the wisdom and foresight of its founders.

Beginning with three regular students, each year has seen the number increase, and now there are fifteen regular students and a largely increased inquiry for the ensuing term. The students are hard-working, industrious, and apparently fond of their chosen profession.

The faculty has increased in size to keep pace with the demands for practical teaching. The course is that prescribed by the Council, and in addition, special courses on matters which may come within the particular province of female practitioners are delivered during the session.

The opening lecture of the fifth session will be delivered on the 3rd October, by Dr. McPhedran, the newly-appointed Dean.

THE ST. ANDREW'S AMBULANCE ASSOCIATION.

This Association was founded in Glasgow in 1882, and has therefore been in existence five years. The objects of the Association are:—
1. By means of "First-Aid Classes" to impart a knowledge of the proper aid to be rendered in cases of accident and sudden illness before the arrival of a medical man. 2. To secure the

safe removal of the patients to the nearest hospital, or to their own homes, by means of an ambulance transport. This includes light-folding stretchers, well furnished knapsacks and ambulance waggons.

One of these waggons, constructed on the most improved principles, with sling stretchers and india-rubber tyres on its wheels will shortly be placed at the disposal of the Toronto General Hospital through the generosity of Mr. John Ross Robertson, of the Toronto *Telegram*, who is at present in Scotland, where he has selected and purchased the largest and best that is made under the auspices of the Association.

ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION.

The greatest of all Medical Societies is the British Medical Association, which numbers over 11,000. The annual meeting this year was held in "dear dirty Dublin," commencing August 3rd. The proverbial Irish hospitality was extended to the visitors in the most cordial manner, and made the meeting an exceedingly enjoyable one. A great deal of useful work was done in the various sections, and some of the papers read and discussions following were very able.

This is the fifty-fifth annual meeting of this great Association. There were about 1,000 present; among them being many distinguished foreigners. Next year the meeting will be held at Glasgow under the presidency of Professor Gairdner.

THE PROFESSION OF ONTARIO.

From the recent register of the College of Physicians and Surgeons of Ontario we learn that there are 2512 names on the list of licensed doctors. Of these, a certain number practice outside the Province, leaving 2200 legally qualified practitioners in Ontario, or about 1 to every 900 inhabitants. During the last five years 593 have been added to the register, while the deaths among the members have amounted to 137.

These statistics show that the supply is not likely to run short. Some indeed think the supply will soon be far in excess of the demand.

If so, what then? Will the doctors starve, or will the public come to the rescue with some new diseases? The question is perplexing some of our friends. To any seeking locations we may say there is a good opening in Toronto. There are several corners still unoccupied by physicians.

The directors of the Maternity Hospital, of Winnipeg have, we are informed, decided to abolish it as a distinct institution, and in its place provide a lying-in ward to the General Hospital, which is now under the able superintendency of Dr. E. B. O'Reilly.

Meetings of Medical Societies.

THE DOMINION MEDICAL ASSOCIATION.

The Twentieth Annual Meeting of this Association took place in St. Paul's school-room, Hamilton, on August 31st and September 1st.

At 10 a.m. Dr. Holmes, of Chatham, took the chair. He made a short address, after which he introduced the new President, Dr. J. E. Graham.

Dr. McCargow, the chairman of the local committee, then read an address of welcome, and extended to the visitors an invitation to a conversazione to be held that evening.

The President replied, accepting on behalf of the Association the kind invitation given.

After the ordinary routine business had been disposed of, the Association adjourned until 2 p.m.

In the afternoon Dr. McPhedran delivered the address on Medicine; subject:

THE PATHOLOGICAL CONDITIONS AND BEHAVIOR OF FLUID IN EMPYEMA.

See page 275.

Dr. Mullin, of Hamilton, opened the discussion. He dwelt principally upon the difficulty in some cases of making a diagnosis between pneumonia and empyema. This is especially the case in the earlier stages. He cited some cases which occurred in his own practice to illustrate the point brought forward.

Dr. Sheard, of Toronto, referred to the cases

mentioned by Dr. Mullin, and was of opinion that both conditions might have been present. The illness might have commenced with a pneumonia and terminated in empyema; at least that was the conclusion he had arrived at from the study of cases similar to that mentioned by Dr. Mullin. He spoke of the temperature chart as a most important element in the diagnosis of empyema.

Dr. Teskey, of Toronto, combatted the germ theory in this disease. He was of opinion that pus was simply necrosed exudation, the result of severe inflammatory process, and that the presence of bacteria was not required to explain its presence. He was averse to the use even of the hypodermic syringe in exploring the chest, except in those cases where the diagnosis could be made in no other way. He thought that even so light a traumatism as the introduction of a syringe might determine the destiny of an exudation. One which might have remained sero-fibrinous could in this way become purulent.

Dr. Whiteman, of Shakespeare, made some further remarks on the diagnosis between pneumonia and empyema.

The President, Dr. Graham, then read the ANNUAL ADDRESS.

It will be found in another part of this number.

The address on Surgery was then delivered by Dr. Grasett; subject:

OBSTRUCTED URINARY OUTFLOW.

It will be found also in this number.

The discussion which followed was conducted by Dr. Hingston, of Montreal, and Sir James Grant, of Ottawa. They both referred to the importance of the subject, and gave illustrations from their large practical experience.

MEDICAL SECTION.

KNEE-JERK IN DIPHThERIA.

Dr. R. L. MacDonnell, of Montreal, read a short paper on this subject, in which he stated that of 18 severe cases of diphtheria which he had under his care in the Montreal General Hospital, the knee-reflex had been absent on the day of admission in 10 cases. He also related the history of some cases where the absence of knee-jerk was the only symptom of diphtheritic

paralysis present, and also where it preceded other nervous symptoms, and remained persistent after they had quite disappeared.

The conclusions arrived at were: (1) That in a considerable number of cases knee-jerk is lost from the first beginning of the disease, and thus affords a valuable means of the diagnosis of the nature of the throat affection. (2) That loss of knee-jerk is the first evidence of the disease having attacked the nervous system. (3) Absence of the knee-jerk has no influence on the prognosis.

Dr. W. H. B. Aikins followed with some notes on

THE ANTHRAX EPIDEMIC AT GUELPH,
which appear on page 278.

SURGICAL SECTION.

Chairman, Dr. Bray, of Chatham.

Dr. Archibald Malloch, of Hamilton, read a paper entitled

REPORT ON NINETEEN CASES OF TRACHEOTOMY
IN DIPHTHERITIC CROUP.

He strongly advocated early operation, preferring the high operation to the low; urged the frequent washing out of the tube with a solution of soda carb., using a feather as a means, and following this by a wash of corrosive sublimate. The statistics of the nineteen cases bore out his arguments in favor of early operation. The paper was well received.

In discussion of the paper, Dr. Atherton, of Toron'o, believed that where the pharyngeal and nasal trouble was considerable, the membrane would be so far advanced into the larynx that there would be little hope from the operation. He advocated the operation only in the following cases: (1) Where the laryngeal affection comes on gradually, with slight pharyngeal and nasal obstruction. (2) To secure euthanasia.

Dr. Trenholm, of Montreal, followed with a few remarks.

Dr. James Bell, of Montreal, thought it was a mistake to perform the operation early, and related some cases where tracheotomy was urged, but was refused by the parents, and the children recovered. He prefers the low operation. He does not use the tube, simply using a form of clasp to keep the edges of the

wound apart. His reason for preferring this means to the tube is that it procures the largest possible breathing space.

Dr. Malloch closed the discussion on the subject.

Section then adjourned.

SECOND DAY.

The chair was taken by the President at 10 a.m.

After the reading of the minutes and the introduction of new members, the President moved that Drs. Ross and Stewart, of Montreal, and Dr. Graham, of Toronto, be a special Committee upon Organization, to consider the best means of maintaining and increasing the usefulness of the Association, and report at the next meeting.

The resolution was seconded and carried.

Dr. Bantock, President of the British Gynecological Association, was then invited to take a chair upon the platform.

An able address was then given by Dr. Eccles, of London; subject:

SUBINVOLUTION OF THE UTERUS.

This address will be published in our next number. The points dwelt upon were the causation, diagnosis and treatment of this obstinate affection. In addition to the means of treatment previously recommended, Dr. Eccles spoke favorably of excising part of the cervix in the most obstinate cases. He had seen excellent results follow this method of treatment.

Dr. Powell, of Ottawa, excused himself from entering into the discussion, as so many able speakers were to follow.

Dr. Cameron, of Montreal, thought septicaemia to be one of the most frequent causes of subinvolution, and that by preventing it you would also prevent the enlarged condition of the uterus. He compared the vaginal canal to a culture tube which should be kept sterilized. He accomplished this by insufflation of dry antiseptic powder and placing aseptic jute at the entrance of the canal. He had found very excellent results to follow this practice.

Dr. Granville Bantock was then invited to make some remarks upon this subject. He confined his address entirely to the treatment of subinvolution. He deprecated the use of such strong escharotics as nitric acid, which he

thought was, in many cases, dangerous. He also thought that such a measure as excising a portion of the cervix was unnecessary. He used applications of iodine and glycerine in varying strength, corrected existing misplacements, and in some cases of lacerated cervix adopted Emmet's method.

Dr. Trenholm, of Montreal, thought that the removal of existing displacements was one of the most important factors in treatment.

Dr. Holmes, of Chatham, spoke of the excellent results he had in the use of tampons of sheep's wool. By this means displacements were remedied, and the pressure exerted a curative influence upon the thickening. He stated that ordinary sheep's wool, when cleaned, could be disinfected by a solution of boracic acid, and would answer just as well as the more expensive article to be obtained from the druggists.

Dr. Eccles, in a few remarks, closed the discussion.

It was decided that Dr. Gardner's paper should be read before the whole Association.

Dr. Gardner read a paper entitled

A YEAR'S WORK IN ABDOMINAL SURGERY.

Dr. Granville Bantock then addressed the Association. He expressed his thanks for the kindness and courtesy which had everywhere been shown him since he set foot on Canadian soil. He had listened with great pleasure to Dr. Gardner's paper, and he was quite in accord with him in the methods of treatment adopted in the several cases. He referred particularly to the case of pregnancy, and thought Dr. Gardner ought to be congratulated upon the result. He then protested against the adoption of Listerism in abdominal incisions. He thought that it was not only unnecessary, but in some cases positively harmful. The application of strong carbolic acid produces necrosed tissue, which afterwards acts as a foreign body, setting up fatal inflammation. He recommended perfect cleanliness; the wounds should be scrupulously clean. The peritoneal cavity should be thoroughly cleansed; no clot of blood or film should be allowed to remain. He laid great stress upon this point, as the blood or film would afterwards act as a foreign body. He did not think it of any importance

to prevent atmospheric germs from entering the wound. He paid no attention to the germ theory in abdominal surgery. In proof of the correctness of his views he gave statistics showing that the mortality in ovariectomies had been reduced since the Listerian method had been abandoned. He also agreed with Dr. Gardner in withholding narcotics after an operation. He never gave them. They did harm rather than good.

The learned speaker then closed his address by referring to the importance of manipulative skill in these operations. He warned young men not to undertake such cases unless they intended to pay special attention to the subject. He cited statistics from his own experience, showing that as years advanced, and his practical knowledge increased, the results became more and more favorable.

At the conclusion of Dr. Bantock's address, Dr. Rosebrugh, of Hamilton, moved, seconded by Dr. Worthington, of Clinton, "That the thanks of the Association be given to Dr. Bantock for his excellent address, and that he be made an honorary member of the Association."

The motion carried amid great applause.

Drs. Trenholm and Hingston, of Montreal, continued the discussion. They both quite agreed with Dr. Bantock in his views on Listerism and the germ theory.

Dr. Hingston did not think the second ovary should be removed unless the cyst is quite large. He had in two or three cases allowed the second ovary to remain, when the diseased condition was slight; no bad results followed, and the women had afterwards borne children.

Dr. McCargow, on behalf of the Hamilton Medical and Surgical Society, invited the delegates to take a sail per steamer *Mazeppa* to the Beach, where luncheon awaited the members.

The Association then adjourned.

Business was resumed at 2 p.m., the President in the chair.

Dr. Stewart, of Montreal, gave an address on therapeutics, entitled:

THE PRESENT STATE OF CARDIAC THERAPEUTICS.

He referred to the advances which have recently been made in the therapeutics of cardiac

disease, and of the new remedies which have been brought into use. He gave a detailed description of Oertel's treatment of weak heart, and the cases in which it is likely to be of use. Convallaria, strophanthus, and sparteine were mentioned among the new remedies.

The Association then divided into sections.

In the medical section, Sir James Grant read a paper on

RENAL CALCULUS AND CHEYNE STOKES RESPIRATION.

Specimens of calculi were exhibited.

Dr. Buller then read an exhaustive paper on

HEADACHES IN CONNECTION WITH CERTAIN OPTICAL DEFECTS.

He was of opinion that an abnormal condition of the superior and inferior recti were more frequently the cause of headache than has been generally supposed.

Dr. R. L. MacDonnell, of Montreal, read a paper on

THORACIC ANEURISM,

with a view to illustrating the very good results obtained in the practice of the Montreal General Hospital in this disease by the use of the iodide of potassium. The histories of six cases were brought in evidence of the good effect of the drug in cases where rest, quiet and good diet were not obtainable. The most remarkable of the cases was one in which the aneurism had eaten through the sternum and formed a pulsating egg shaped tumor in the middle of the chest. Under the iodide the aneurism had become so reduced that the edges of the aperture of the sternum could be distinctly made out by the finger. The patient left the hospital much relieved.

The first case on the list presented a symptom of which Dr. MacDonnell claims to have been the first observer. The aneurism formed a pulsating prominence in the back between the scapulae, and the spine, and it is presumed, caused pressure upon the fifth and sixth intercostal nerves. During a period of two months, copious sweating was observed over an area corresponding in outline to the cutaneous distribution of the fifth and sixth intercostal nerves. The patient improved rapidly under the iodide treatment; sweating, pain, dyspnoea and other pres-

sure symptoms subsided, and the patient left the hospital in June, 1886. At date this patient is fairly well, the pulsating area diminished in extent, symptoms not troublesome, and he is able to take part in the keeping of a restaurant. There has been no recurrence of the localized sweating.

Dr. Campbell then read a paper on

ALBUMINURIA OF PREGNANCY.

The following papers were accepted as read:

"The Treatment of Pneumonia," by Dr. Bruce Smith.

"A Physiological Basis for an Improved Cardiac Pathology," by Dr. Mills, of Montreal. (See page 382.)

SECOND SESSION.

Chairman, Dr. Grasett, Toronto.

The session was opened by the reading of a paper

ON THE REMOVAL OF NASO-PHARYNGEAL TUMORS, by Dr. Hingston, of Montreal. He referred particularly to the removal of fibroid growths. He mentioned the various methods of getting at these growths, but has adopted the following, if he cannot get at them by means of the fingers alone—which he is able to do in about half his cases. He cuts across the upper lip just below the nose, going through nearly to the mucous membrane, then a straight cut across the bridge of the nose, and connecting these two by a straight cut along the side of the nose; sawing through the bone, and raising the nose over by means of pliers, he thus easily gets at the tumor. He illustrated the results in some cases by means of photographs.

The next paper was read by Dr. Cameron, of Montreal, the subject being

SOME PRACTICAL POINTS IN ASEPTIC MIDWIFERY.

The reader is a germ theorist in the extreme, and believes that germs are the direct cause of puerperal septicæmia. We must have the seed, and we must have the soil; and the rational management of preventing puerperal diseases is to shut the door and prevent the seed getting at the soil. Also sterilize the soil. Do everything to prevent the invasion of the enemy. But if germ has entered, and symptoms are showing themselves, douche out the

the uterus thoroughly; if this fail, currette to bring away any clot, membrane, or placenta. If these means do not control the fever, attend to the nourishment and stimulation.

The paper was decidedly practical and interesting.

A discussion on the paper was taken part in by Drs. McCargow (Hamilton), Wright (Ottawa), Dupuis (Kingston), Taylor (Goderich).

This paper was followed by one by Dr. Johnston, entitled,

PUERPERAL PERITONITIS,

illustrating, by means of the microscope, specimens of pathological uterine tissue resulting from peritonitis, also showing the microbe. He reported a number of cases, including the autopsies, and in all cases micrococcus were found and cultured.

Dr. Dupuis, of Kingston, followed with a paper entitled,

REMOVAL OF THE ASTRAGALUS.

He cited two cases of successful operation of this kind, giving good results, with useful limbs. He urged conservative surgery, with strict aseptic procedure.

Dr. Sweetnam, Toronto, then read a paper on

STRICTURE OF THE RECTUM.

See page 276.

Section adjourned.

J. E. PICKARD, Secretary.

The Association resumed its session, the President in the chair. The President stated that he had received the Report on Hygiene from Dr. Cassidy. Owing to want of time it was taken as read.

Votes of thanks were tendered to the President, Secretary and Treasurer, and to the profession in Hamilton for their great kindness and courtesy. A vote of thanks was also given to the authorities of St. Paul's Church for the use of the school-room.

During the afternoon session the following were elected officers for the ensuing year:—

Dr. Geo. Ross, Montreal, President; Dr. James Bell, Montreal, General Secretary; Dr. Charles Sheard, Toronto, Treasurer.

Provincial officers for Ontario: Dr. Eccles, London, President; Dr. J. A. Grant, jr., Ottawa, Secretary.

For Quebec: Dr. Christie, Lachute, President; Dr. Armstrong, Montreal, Secretary.

For New Brunswick: Dr. Currie, Fredericton, President; Dr. Lunam, Campbelltown, Secretary.

For Nova Scotia: Dr. Nickwin, Halifax, President; Dr. Trueman, Sackville, Secretary.

For Manitoba: Dr. Blanchard, Winnipeg, President; Dr. Chown, Winnipeg, Secretary.

For British Columbia: Dr. N. True, New Westminster, President; Dr. Milne, Victoria, Secretary.

The next place of meeting will be Ottawa.

THIRD QUARTERLY MEETING OF THE PROVINCIAL BOARD OF HEALTH.

The Board met at 2 p.m., 24th ult., Dr. F. Rae, Oshawa, the recently appointed Chairman, being in the chair. There were also present Dr. Covernton, Dr. Cassidy, Dr. Bryce, Dr. McKay, of Woodstock, and Dr. McDonald, of Hamilton.

The Secretary presented a large number of communications, and indicated the action taken by him in relation to each. They included many local nuisances, where, in consequence of vested interests, it seems frequently very difficult for Local Boards to deal effectively with them.

The Secretary thereafter presented his report of an inspection made under Cap. 7, Stat. 1887, of proposed new site for a cemetery at Bradford. The report introduced a discussion on the subject on intramural burials; and other members of the Board urged the duty of the Board to be very circumspect in the matter of giving its sanction to intramural burials of any kind.

Dr. Covernton thought the Board should be careful in sanctioning intramural cemeteries. The growth of Toronto was such that a cemetery on the outskirts of the city would, in a few years, be in a thickly-inhabited section. There were a large number of houses quite close to St. James' Cemetery. Then there were two cathedrals, St. Michael's and St. James', where persons had been actually buried in places of worship. The Board of Health ought to express itself entirely against this practice.

He further stated that if the system of burying were to be continued the best possible provision would be to have simple wicker coffins, instead of placing bodies in three or four caskets, where they had pent up the sources of the worst possible kind.

Dr. Cassidy said it was unreasonable to bury people in places like a church where the people congregate. The effect of the precautions taken was simply to prolong decomposition. It was in opposition to the common sense of the age. The report was adopted.

OUTBREAK OF DIPHTHERIA.

Dr. Bryce reported that there had been frequent complaints of night soil being deposited by Toronto scavengers in Seaton village and at the back of Nordheimer's hill. Diphtheria had broken out in those localities and had been traced to this source. In several instances the Secretary stated that diphtheria existed on premises from which Toronto milk supplies came, but there was no inspection of these premises. The point, he said, was interesting, that Toronto sends out night soil to make it unpleasant for suburban residents and was being punished by having its effects returned to her in milk supplies. Summonses had been issued by the Township Local Board, and fines had been inflicted, but the deposition of night soil continues and the nuisance in a perhaps modified form is unabated. Diphtheria in many suburban municipalities from which food supplies—both meat and milk—reach Toronto, make the question of food inspections at their source of supply a matter of pressing importance.

The reply of the Minister of Agriculture to the memorial asking that the powers of the Board be defined as to compelling the inspection of milk, was read. The Minister stated that "The powers extended to the Provincial Board and to the Minister of the Department by this section (Sec. 6, Public Health Act, 1887) are expressly confined to measures to be taken for the limitation of *any existing* dangerous, contagious or infectious disease."

On discussion, Dr. Bryce stated that the report of the Committee on Epidemics made it evident that diphtheria was present in the Province to such an extent that the Minister's interpretation of the Act gave the Board the

opportunity for carrying out the Act, requiring suburban municipalities to regularly inspect milk supplies.

The Board then adjourned till Thursday at 11 a.m.

The Provincial Board of Health met again next morning, Dr. Francis Rae, of Oshawa, presiding. The members present were:—Drs. Covernton and Cassidy, Toronto; McKay, Woodstock; Macdonald, Hamilton; Yeomans, Mount Forest, and Bryce, Secretary to the Board.

MILL-POND NUISANCES.

Among the communications read was one from Dr. J. L. Addison, St. George, regarding the Woodvale pond nuisance, stating that the pond "is and has been for years in a filthy condition," and complaining that the local Board of Health took no action to abate the nuisance from which several cases of malaria had arisen. Another communication, from the clerk of the village of Cannington, made complaint also that the condition of a mill-pond was a public nuisance and injurious to health. The Committee on Sewage and Water Supply was instructed to investigate informally the St. George nuisance.

Extended correspondence was presented by the Secretary, regarding a glue factory nuisance in a suburb of Ottawa, in which the nature of the nuisance and the action taken in attempting its removal, was indicated. The Chairman was instructed to appoint a committee to investigate the matter, should present legal procedures fail to effect a remedy.

NEW QUARANTINE REGULATIONS.

Dr. Covernton reported, on behalf of the Committee on Epidemics, that the regulations recently issued by the Dominion Government for observance by masters of all ships coming from infected ports, and also of ships on which contagious diseases have occurred during voyage, had now come in force, and would, he believed, be found thoroughly satisfactory. Under the regulations all vessels, except the mail steamers which obtained their clearance at Rimouski, now would remain for examination, for which a day and night service was in operation. The regulations made provision for dealing with all contagious diseases, and left large

discretionary power in the hands of the medical officer of health, whose duties in matters of detail were well defined and comprehensive. In future every steamship or sailing vessel arriving with infectious diseases shall be liable to be detained at the quarantine station for disinfection, together with its cargo and passengers and crew, but every vessel provided with one isolated hospital for men and another for women, on the upper deck, ventilated from above and not by the door only, may, in the discretion of the quarantine medical officers, if satisfactory evidence be furnished, proceed on its voyage. Dr. Covernton said the Quebec officers were sensible of the support they received in their efforts to get the Legislature to pass these new epidemic laws, from the Ontario Board of Health, and now they had the satisfaction of knowing that the danger of epidemic entering the country by that port was reduced to a minimum.

The report was adopted.

ANTHRAX AT GUELPH.

Dr. Bryce submitted a special report regarding an outbreak of an epidemic at Guelph, by which a number of cattle were destroyed and several persons were affected. The disease first appeared last summer and broke out again amongst cattle pasturing on the river flats, which in many parts are flooded in the spring time. The disease was supposed to be anthrax, the germs of which might be carried into the river by the water used for cleaning imported wool in a factory situated on the river. The report recommended a thorough investigation and a biological examination of the disease to be made in order to obtain positive information on the subject.

The report was adopted, and the Committee on Epidemics was instructed to have a sample of blood from an animal which had died from the disease examined by a competent biologist. The Board then adjourned until 2.30.

AFTERNOON SESSION.

At the afternoon session of the Board a resolution was adopted, and forwarded by telegraph, congratulating the sanitarians of Quebec upon having secured the organization of a Board of Health in that Province with executive powers.

The plans for the water supply system at Berlin were fully discussed and adopted, the Board not holding itself responsible for their practicability, but simply accepting the position of referee in case the Local Board of Health should find the water is impure.

On motion, the Committee on Epidemics was instructed to interview the Minister of Agriculture with regard to the whole question of enforcing under the Act of 1887.

The Chairman and Secretary were appointed delegates to represent the Board at the International Conference of State Boards to meet at Washington September 7th and 8th.

This concluded the business of the quarterly meeting.

The new appointments to the Board made a slight re-arrangement of Committees necessary. Dr. C. W. Covernton was continued on the Committee on Epidemics, Dr. Macdonald, Hamilton, Dr. Mackay, Woodstock, and the Secretary were appointed a Committee on Sewage and Water Supply.

The Board finally adjourned at 6 p.m.

P. H. BRYCE, *Secretary*.

Correspondence.

To the Editors of the CANADIAN PRACTITIONER.

SIRS,—In your last issue some one, signing himself "Justitia," makes a statement, by way of re-opening the Permangano-Phenyline controversy of some eighteen months ago, to which I desire to make a very brief reply. Your correspondent does not wish "to stir up old strife." If he had just added that his only motive was another sneaking thrust at myself, he would, doubtless, have said all that was in his mind.

I shall not reply to this anonymous communication further than to say that I know from conversation with the gentleman who first devised the mixture referred to, what is its exact composition. Unless your correspondent is prepared to make his statement over his proper signature, I have no hesitation in saying it is utterly unworthy of credence.

Yours, etc.,

GEORGE WRIGHT.

Toronto, Aug. 27, 1887.

[It is much to be regretted that Dr. Wright should consider the matter in a personal light, for we have been assured by the correspondent referred to, that Dr. Wright was not in his thoughts when the letter was penned.—ED.]

EMASCULATION FOR RAPE.

To the Editors of the CANADIAN PRACTITIONER.

SIRS,—Of late the secular press has been ringing with accounts of criminal assaults upon women and girls—mere children—and it seems that the penalties prescribed by law are not sufficient to deter the worse than brutes who are guilty of those offences. The death penalty, although pronounced, is never carried out; the lash does not inspire sufficient dread, and imprisonment for life is so devoid of terror to such human-brutes that it is apt to be regarded as the solution of the boarding-house question.

As medical men, and the medical press, exist for the benefit of mankind, I think it comes within the province of a medical journal to suggest a remedy, less radical than hanging, that would forever bind the victim to good behaviour, in that respect, during life, and the fear of which would be sufficient to stamp out the crime. Wipe out the present penalties for rape from the statute-book, and substitute emasculation for the completed offence, and HALF the penalty for assault with intent; and let there be no alternative.

I feel confident, if this punishment was inflicted a few times, and well advertised, that such crimes would soon disappear from the calendar.

N. AGNEW, M.D.

Winnipeg, Aug. 30th, 1887.

Book Notices.

The University of North Dakota—Catalogue—1887.

Intubation of the Larynx. By E. F. Ingals, M.D., Chicago. Reprint.

Names and Addresses of Health Officers in Michigan for the year 1887-8.

Abstract of Proceedings of the Michigan State Board of Health, July 12, 1887.

Paper and Addresses of Colonial and International Congress of Inebriety. London, July 6, 7, 1887.

Address in State Medicine—Recent Advances in Preventive Medicine. By GEORGE H. ROHE, M.D., of Baltimore.

Sixth Annual Announcement New York Post Graduate Medical School and Hospital, New York City, Session 1887-8.

On the Existence of Dermatitis Herpetiformis (of Duhring) as a Distinct Disease. By L. D. BUCKLEY, A.M., M.D. Reprint.

Transactions of the Medical Association of the State of Missouri at its Thirtieth Annual Session, held at Macon City, May, 1887.

A Review of the Most Important Advances in Surgery, Medicine and Pharmacy in the last forty years. By C. W. MOON, M.D., San Francisco. Reprint.

Pathology and Treatment of Gonorrhœa and Spermatorrhœa. By J. L. MILTON, Senior Surgeon St. John's Hospital for Diseases of the Skin, London. New York: Wm. Wood & Co.

Experimental Researches in Artificial Respiration in Still-born Children, and Allied Subjects. By F. H. CHAMPNEYS, M.B. London: H. K. Lewis, 136 Gower St., W. C., 1887.

The Principles of Antiseptic Methods applied to Obstetric Practice. By DR. PAUL BAR, Accoucheur to the Maternity Hospital, Paris, etc. Translated by Henry D. Fry. Philadelphia: P. Blakiston, Son & Co.

This is one of the most useful and interesting works we have seen. The subject is one of vast importance and cannot be over-estimated. The author is enthusiastic on the question of antiseptics in obstetrics, but, at the same time, sufficiently conservative to prevent him from being "meddlesome." The various antiseptic procedures adopted by many institu-

tions in Europe, especially in Germany and France, are fully described. We can cordially recommend the book to all general practitioners.

A Handbook of General and Operative Gynecology. Volume I. By DR. A. HEGAR (University of Freiburg) and DR. R. KATTENBACH (University of Giessen). In two volumes. This is also Vol. VI. of "A Cyclopaedia of Obstetrics and Gynecology" (12 vols., price \$16.50), issued monthly during 1887. New York: William Wood & Co.

It is a matter of course that a work published by Hegar and Kattenbach, in any subject connected with operative gynecology, must be essentially a good one. This first volume describes the methods of making examinations, a number of minor gynecological operations, and the major operations in the ovaries, including ovariectomy and what Hegar calls castration, *i.e.*, the extirpation of healthy ovaries or those which are degenerated, without possessing very large dimensions.

Cyclopaedia of Obstetrics and Gynecology—Obstetric Operations; The Pathology of the Puerperium. Being Vol. IV. of a Practical Treatise on Obstetrics. By DR. A. CHARPENTIER, Adjunct Professor of the Academy of Medicine, Paris, New York: William Wood & Co.

This volume, which is the fourth in the series for the year, is the last of Charpentier's work on obstetrics. It describes minutely the various obstetric operations, and treats of the pathology of the puerperium. Speaking as a whole, this work of Charpentier's is a grand one, and of the fourth volume we can say with confidence that it is at least equal, if not superior, to the preceding. We doubt if anything has ever been published on the subject of obstetrics on this continent, for the sum charged, which is equal to these four volumes.

Personal.

Dr. Fred. Moore is practising on College Street.

Dr. G. G. Caron, of Aylmer, has removed to London.

Dr. D. Johnston has removed from Morrisburg to Iroquois.

Dr. Sweetnam leaves for six months in Europe early in October.

Dr. W. T. Parry has commenced practice at 272 Bathurst Street, Toronto.

Dr. J. Caven has returned from Germany, and will practice at 378 Parliament St.

Dr. Verner, who did valiant service in the Reil rebellion with the Queen's Own, was married last month.

We regret to notice the death of Dr. Joseph C. Hutchinson, of Brooklyn. He died of pneumonia after a month's illness. He paid special attention to surgery, and was among the first to give prominence to orbopædic surgery. His local reputation was very high, and his name is well known in the Medical Association of the United States.

Miscellaneous.

In pregnant women renal colic frequently produces abortion.

Dr. Senn is of the opinion that on the Continent the best surgical work is frequently done by those outside of the university towns.

Out of seven hundred infants given over to the care of the Grey Nuns of Montreal, according to the *True Witness*, 678 died during one year.

A lady who wanted a feeding bottle sent the following note, by the nurse girl, to the druggist:—"Please give the bearer a feeding bottle for a baby with a long spout."

RENAL CALCULI.—A rare case has come under observation in which a distinguished surgeon is able, with absolute certainty, to produce renal calculi in himself by drinking white wine. Even a quarter of a wine glassful is sufficient. At the end of a few hours violent pains are experienced, and finally calculi are voided. They may attain the size of a pea, and are composed exclusively of uric acid. Symptoms of calculi are never produced if the ingestion of white wine is avoided.—*Eichorst*.