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THE

Canadian Medical Review.

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Original Communications.

The Treatment of Diseases of the Fallopian Tubes and Ovaries.*

BY A. LAPTHORN SMITH, B.A., M.D., M.R.C.S. ENG.,

Fellow of the American Gynæcological Society, Gynæcologist to the Montreal Dispensary, and Surgeon to the Women's Hospital, Montreal.

IN compliance with the request of our Secretary to read a paper at this meeting, I have taken the opportunity to contribute my mite toward the general stock of knowledge rather than read a compilation merely of all that has been written on this subject. I shall, therefore, give the conclusions to which I have been led from my own experience, comparatively limited though that experience must necessarily have been. I shall not attempt to touch to any extent upon the causation or prevention or the prognosis of these diseases, for the discussion of the treatment of them will alone be enough to fully occupy all the allotted time.

I will, however, endeavor to carefully review the different methods of treating the various diseases of the uterine appendages and to give

*Read at meeting of Canadian Medical Association, St. John, N.B.

to each method its due share of importance and praise, according to the results which it has given in my hands.

From the point of view of treatment, diseases of the uterine appendages may be divided into organic and functional; for in the former the most satisfactory treatment is generally surgical, while in the latter medicine and hygiene will usually effect a cure.

Let us then take in turn the principal organic diseases, first, of the Fallopian tubes, and, second, of the ovaries.

By far the most serious disease of the tubes is tubal pregnancy, a condition by no means so rare as was at one time supposed. There is only one treatment for it, and that is removal. The various methods so far employed other than extirpation are so uncertain and so much less safe than the treatment which removes the whole disease in a few minutes that we hardly need to mention them, while on the other hand total removal of the tube is one of the simplest and safest of abdominal operations.

A few years ago a woman called at my office one afternoon about five o'clock to consult me for pain in her side which she had had for several months. I had left that afternoon at 4 p.m. for Philadelphia, to spend a month with Dr. Joseph Price. She was disappointed at my absence, but went home and proceeded to finish her ironing, when at six o'clock she suddenly fell unconscious to the floor. At eleven o'clock that night she was dead. The *post-mortem* revealed the abdomen full of blood, coming from a ruptured tubal pregnancy.*

A year ago, a former pupil called me to a consultation on the case of a woman who had a pain in her side. A lump was felt, and the history of the case pointing that way, tubal pregnancy was diagnosed. Next day, my young friend, with my assistance, removed a tube which had ruptured into the broad ligament, and the patient forthwith made a rapid recovery.†

The general practitioner who is watchful enough to discover a case of tubal pregnancy deserves far more credit than the specialist who operates and saves the patient's life. And yet the diagnosis is not so very difficult; the pain in the side, the signs of pregnancy following a long period of sterility, the mass the size of a walnut or even as large as a small orange filling one side of the pelvis and pushing the uterus to the other side, all point to tubal pregnancy before rupture; while the sudden shock of hæmorrhage into the abdomen or the more gradual symptoms following bleeding into the broad ligament point

* "Transactions, Medico-Chirurgical Society of Montreal," Vol. IV., p. 308.

† "Transactions, Medico-Chirurgical Society of Montreal," Vol. VI., p. 100.

to rupture of a tubal pregnancy. If a lump can be felt, its removal is absolutely necessary in any case; while if on removal it proves to be an unruptured tubal pregnancy, the physicians deserve the gratitude of the patient for saving her from either sudden death from hæmorrhage on the one hand, or from slow death by suppuration, if on the other hand the case goes on to full time. The condition, however, by far the most common for which I have opened the abdomen is that of pus tubes or tubo-ovarian abscess. Would that we had back to-day in the light of our present knowledge the thousands of women who have gone to their graves from and with this disease unrecognized, but labelled on their death certificates with such causes of death as diarrhœa, dysentery, consumption of the bowels, inflammation of the bowels and decline. A young and healthy woman marries an apparently healthy man who has sown his wild oats and wants to settle down. She receives as her marriage portion, and on her wedding night, a gonorrhœal infection, followed by some pain and burning and frequency of micturition, and after a few days a thick yellow discharge appears. She takes all this as a matter of course, having been told beforehand that she would experience some pain, but not knowing that from that day forth she will never be as well again. By the time she reaches Philadelphia or Baltimore on her wedding tour she can go no farther, and is laid up there at the hotel. A physician is called in, who finds her in bed, lying on her back with her knees drawn up and her temperature high. She has pelvic peritonitis from extension of the gonorrhœal infection up the uterus and tubes to the ovary and pelvic peritoneum. From this attack she soon recovers under the skilful treatment of the local doctor, who wisely and in mercy keeps his suspicions to himself, but she is not really well. She cannot walk far, coitus is painful, and any great exertion lays her up in bed for a week or two with a poultice to her side. Her periods become more and more painful, and she passes most of her time laying around upon the sofa or in bed. She loses flesh, so that the plump fresh features and complexion of a few months before her marriage are now becoming wan and sallow. The gonococcus of Neisser has travelled up the tube, destroying the mucous membranes and leaving in its path a heap of dead and dying cells called "pus." At the first sign of oozing of this pus from the fimbriated extremity of the tube, nature quickly comes to the rescue and throws out a wall of plastic lymph with which the tube is sealed. The pus then escapes towards the uterus but ere long a cicatricial contraction of the uterine opening of the tube takes place, and an abscess cavity or collection of pus is formed. Then one of two things takes place—either the pus accumulates and the

tube wall becomes thinned by distention until one day it bursts among the bowels and the patient falls prostrate and collapsed; or the pus is gradually absorbed and the tubes and ovaries remain prolapsed and tender in Douglas' cul-de-sac, of no use for the purpose for which they were made and unfitting the patient for her duties as a woman and as a wife, and she can never be a mother. Coitus is extremely painful; some of my patients have told me that they would implore their husbands for weeks and weeks not to come near them, and when at last it could no longer be postponed, they have fainted away with pain. An instance of the former termination was the case of Mrs. R——, elsewhere reported,* a woman twenty-four years of age, the mother of one child, three years of age. She began to menstruate at the age of fourteen, and was normal in this respect until her marriage, at the age of twenty. She has never been well since the birth of her child, after which she made a slow recovery. She had a miscarriage four months ago, and bled steadily afterwards for one month, keeping her in bed, and for which she was treated by her family physician without avail. For this reason I was called in and found the uterus large and heavy and retroverted and resting upon a pair of tubes and ovaries which were large and hard and tender. Lest there might be either retained placenta, or fungous endometritis, the uterus was curetted very thoroughly and Churchill's iodine applied to the cavity. There was no retained placenta, but the endometrium was very velvety and vascular. The uterus was packed with iodoform gauze which was left in for two days. The bleeding ceased immediately, but she still complained of pelvic pain and dysmenorrhœa for the next two months or more. But she was so much better after the curetting that she did not send for me until four months later, when an urgent message was received to come at once, her husband stating that something had burst in her inside and that she had fallen on the floor unconscious.

The condition of her appendages being known, ruptured pus tubes were suspected and immediately preparations for an abdominal section were made, the patient being carefully brought to my private hospital for the purpose. When she arrived there she appeared to be in a condition of shock, the pain having almost disappeared but her pulse being fast and thready. As soon as our preparations could be completed her abdomen was opened, and at the first cut through the peritoneum an ounce of thick yellow pus flowed out. This was carefully cleaned away, after which the tubes and ovaries were removed with great difficulty. The pelvic peritoneum was full of freshly

*_American Journal of Obstetrics_ for August, 1894, p. 224.

organized lymph, and there was a hole in the tube from which the pus had poured. The tubes an inch from the uterus were thickened to the size of the finger, and at that point were almost solid fibrous tissue, but of very brittle consistency. The walls of the tubes were much thinner at the fimbriated extremities and formed veritable abscesses. The abdomen was washed out with the usual care and a drainage tube was inserted from which about eight ounces of lymph were drawn. This patient made a rapid recovery, being up in two weeks and going home in three. The pain which she had endured for several years previously disappeared the day after the operation, and coitus, which was before so painful, is now performed without inconvenience. I have mentioned this case to show the danger a woman runs in keeping such appendages in her pelvis. She was infected about the time of her first confinement, whether with gonococcus or staphylococcus I cannot say. But she certainly would have died if her appendages and the escaped pus from them had not been removed. Bernutz, in Paris, reported a similar case.* The patient was twenty-nine years of age, and was admitted to La Charite with very severe symptoms pointing to pelvic inflammation and subsequently peritonitis. She died four days after admission, and on a *post-mortem* examination suppurative peritonitis was found to have spread up from the pelvis, having arisen from the rupture of a tubal abscess.

An instance of the other termination is the following: †The very large tubes and ovaries which I now show you were removed from a Mrs. F——, an emaciated and sallow-looking woman thirty-five years of age, who gave us the following history: She began to menstruate at the age of 13, always profuse but otherwise normal. She was married at 23, but never had any children. Two weeks after marriage she was taken with pelvic peritonitis and very nearly died. She was five weeks in bed, and it was three months before she could get about. That was eleven years ago, and ever since that time she has had attacks of pelvic peritonitis about four times a year or oftener which confined her to bed for about a week each time. During most of that period her menstruation has come on every two weeks and lasted a week. Her bowels were moved every four to eight days, and always caused her great suffering as did also coitus, during which she generally fainted with pain. Bladder was all right. On examination the uterus was found in normal position, but the cul-de-sac of Douglas

* Lawson Tait, "Diseases of Women and Abdominal Surgery," 1889, p. 387.

† *American Journal of Obstetrics*, August, 1894.

was filled with an irregular shaped mass the size of a small orange. A diagnosis of pus tubes was made and their removal strongly advised. She entered my private hospital on the 11th April, and cœliotomy was performed on the 13th, when the appendages were removed; the operation occupied nearly an hour owing to the density of the adhesions; but they were eventually detached, the abdomen flushed out with hot water and a drainage tube was inserted. The incision was closed with silk-worm gut stitches four to the inch. The tube was pumped out under strict aseptic precautions, at first every half-hour and afterwards at longer intervals, almost four ounces of serum being removed altogether, until the tube was taken out at the end of thirty-six hours. This patient did not require any morphine, also stating that the pain which she had suffered for more than eleven years was entirely gone since the operation. She made a nice recovery, getting up at the end of two weeks and going home on the twenty-first day, on which date the stitches were removed.

On the 16th February, 1894, Mrs. M——, aged 37, presented herself at my office. She was a medium-sized but thin woman, with a very dark, almost bronzed complexion, such as we generally see in those who have for a long time been poisoned either with retained fæces or retained pus. She had also the prematurely wrinkled face and anxious expression of one who had suffered acutely for a long time. She gave me the following history of her life, beginning with menstruation at the age of 17: As a girl her periods had appeared every three weeks and had lasted eight days, and were always profuse. She was married about the same time, and during the course of the next few years had four children, the last child being born thirteen years ago. She had one miscarriage eleven years ago, since which she has never been well. From her physician I learned that her husband gave her gonorrhœa about the same time, but of this she was never aware. Eight years ago she stopped menstruating for seven months, and two years ago she stopped menstruating for four and a half months. Since then she has been menstruating every three weeks for three days and suffering great pain. Last month, however, the period was a week late and only lasted one day. For many years her bowels were moved only once in eight days, but latterly by the aid of medicine they have been moved every three days. She states that she passes water fifty times in twenty-four hours, more often at night. She has had several attacks of "inflammation of the bowels," as she called it, properly speaking pelvic peritonitis. The last attack occurred six months before seeing me, and was so severe that she was not expected to recover. Since eleven

years she has hardly been a day free from severe pain in her right side and down her leg. On examination, the perineum was found to be slightly lacerated, the vagina bathed in pus and the cervix badly lacerated. The uterus was in normal position, but the tubes and ovaries could be felt as a mass the size of an orange, glued together and completely filling the cul-de-sac of Douglas. The diagnosis of pus tubes and ovaries was at once made; the condition of affairs was fully explained to her, and she was strongly advised to submit to abdominal section and a Schroeder's operation at the same sitting. After fully understanding the relative gravity of the two operations, she refused to have the appendages removed and insisted upon having the lacerated cervix repaired first. This was contrary to my rule which is to remove diseased appendages before or at the same sitting as that at which the cervix is repaired. On the 21st February I performed Schroeder's operation, taking the greatest possible care not to disturb the appendages, and succeeded so well that there was not the slightest rise of temperature or acceleration of the pulse until the twelfth day when I allowed her to get up. She was only up for an hour when her temperature suddenly dropped, and then as suddenly rose to 103 and her pulse ran up to 140, accompanied by a rigor. The abdomen swelled and the patient vomited a great deal. I was perfectly aware that the pus tubes were leaking and I felt pretty sure that their removal would put an end to the peritonitis, but I had to wait a few hours for the consent of the family and, during that time, the abdomen became so much distended that I saw that I would have the greatest difficulty in getting the bowels back should they escape during the operation, and that afterwards I should lose the patient from intestinal obstruction. I therefore decided to wait until the acuteness of the attack was over. By the aid of quinine and plenty of asafœtida, and salines by the rectum and afterwards by the mouth, the abdomen became soft and flattened down, and the patient was carefully prepared for cœliotomy. This was performed on the 16th March when these enormously distended tubes and ovaries were removed with considerable difficulty. The masses were tied close to the uterus and cut off; but just as they were being placed on the tray, thick yellow pus began to pour out of the cut ends of the tubes so as to cover the bottom of the dish. The ends of the stumps were thoroughly cleaned with bichloride, the abdomen was well washed with water as hot as could be borne, a drainage tube passed to the bottom of Douglas' cul-de-sac, and the abdomen closed with silk-worm gut stitches so close as four to the inch. The drainage tube was left in for two days, being frequently pumped out. What was remarkable was this,

although the patient's sufferings during the attack of pelvic peritonitis caused her to scream for hours together so that she could be heard in the next house, she was hardly ever heard to complain after so painful an operation as this must have been of tearing out those adherent and distended pus tubes. As a matter of fact, the patient herself declared that the pain after the operation was as nothing compared with the agony she had endured with each of her attacks of pelvic peritonitis. She also stated the very day after the operation *that she was entirely* free from the pain she had had for so many years, although the cut in the abdomen was still very painful. Her convalescence was uneventful, her bladder trouble disappearing of itself; she was up in four weeks and walked downstairs in five weeks to go home, since when I have seen her nursing a sick daughter, and going about the house with considerable activity.

Since the above was written this patient has been seen several time. She states that she now looks forward to the approach of her husband w h pleasure instead of with dread, and that she never experienced sexual pleasure until after her operation. Another patient with pus tubes, who has not yet consented to an operation, told me a few days ago that, although she loved her husband very dearly, she had never, since her first attack of pelvic peritonitis, cared to give him a kind look or say an endearing word for fear of arousing his passions, sexual intercourse not only causing her such dreadful pain at the time, but confining her to bed for several days afterwards. Few men, even among physicians, realize what terrible suffering women with certain diseases of the ovaries and tubes patiently endure in their attempt to fulfil their duty to their husbands. As Tait says, "The marital act is associated in her mind with something little short of horror." Many a time I have seen the tears fill the eyes during the gentlest possible digital examination, and yet these same women bravely endured the pain after abdominal section almost without a murmur. It is simply absurd to talk about the importance to the woman of retaining such appendages as these, because their removal will prevent her from ever experiencing the joys of motherhood or of feeling the proper affection for her husband. These things have been done already by the disease. The ciliated epithelium which wafts the ovum down towards the womb has disappeared from the tubes; the uterine end of the tube is strictured; the fimbriated end is sealed. The tube itself is full of pus, and *the surface of the* ovary is covered with several layers of organized lymph. The exquisitely tender organs are lying hopelessly *imprisoned in Douglas'* cul-de-sac, directly in the road of the male organ and only a couple

of inches from the vaginal entrance. The woman is sterile, and has been so ever since her first attack years ago, and as for the duties of a wife, they are, in most cases, absolutely impossible of being performed. When we remove these painful pus sacs, we not only save her from years of married misery, during every day of which her life is in danger, but we, in many cases, give her a year or two of sexual pleasure, followed by no worse a state than the natural menopause, which does not prevent millions of women from doing their duty to their husbands. I have mentioned a few cases of operations with its gratifying results; I would like, if time permitted, to relate a few more, which emphasize more strongly the danger of delay. I was called a year or two ago to see a lady in Nova Scotia exhausted with suppuration, who had at one time a pus tube, which afterwards broke into the pelvic cellular tissue, setting up cellulitis, and then finding openings for itself through the abdominal wall, the vagina and the rectum by half-a-dozen openings. She was too far gone for operation then, and she died a few weeks later unrelieved by surgery. Her case impressed me very much, and helped to make me see clearly that pelvic cellulitis, apart from a lacerated cervix infected during labor, is a very rare disease.

Another case from which I learned a bitter lesson, but which eventually resulted favorably, was a Mrs. E——, to whom I was called in consultation. She had an undoubted pelvic cellulitis, but what it was caused by, it was, at the time, difficult to say. It was three months since her confinement, which was an easy one, and as the baby was born before the doctor arrived, no one examined her. It is true she had a rise of temperature, but only for a couple of days, and she made an apparently good recovery. She was a very sick woman with a high fever when I saw her, and I should have operated then, but had to go out of town for a few days. She was so much worse next day that another gynæcologist had to be called in, and he promptly opened the abscess and inserted a drainage tube through the vaginal vault. She recovered from this, but the most horrible smelling pus continued to be discharged for six months, until she became sick of life, neither her husband nor her friends being able to remain in the room with her. To a sensitive and pretty young woman this was unbearable, and she placed herself in my hands, as she said, "to kill or cure her." An examination by the vagina at once disclosed the true cause of the trouble, for there was an immense and imperfectly drained pus tube filling the pelvis and in close contact with the rectum. Although the operation promised to be a formidable one, it was undertaken, and with the assistance of two skilful

brethren, the tumor was removed, necessitating, however, the tying off of most of the broad ligament of that side. The operation was a terrible one, the bowels being stripped bare of peritoneum in many places, and for some days her life was trembling in the balance. She recovered, however, but with a fœcal fistula. A month afterwards she was taken with a severe pain on the opposite side, and on examination the other ovary was found to be as large as an orange. She returned to hospital, and a second section was performed, which was comparatively easy, and the ovary removed. This ovary was carefully examined during the first operation, and appeared, and I have no doubt was, healthy at the time, but was probably infected by handling it, quantities of pus having escaped into the pelvis, although, of course, this was carefully washed clean afterwards. That woman is now able to walk three or four miles a day, although she still has the fœcal fistula, from which also many loops of strong silk ligature have come away. Her case at first was merely a pus tube, which should have been taken out at once, but, failing that, it formed adhesions to Douglas' cul-de-sac, and bursting through into the pelvic cellular tissue, caused cellulitis, and eventually broke into the vagina.

In ninety-nine cases out of a hundred, probably when we feel the vaginal roof as hard as a board, the disease is not situated in the pelvic cellular tissue, but in the pelvic peritoneum.

I could mention many other cases to bear out my contention that a woman with pyosalpinx, hydrosalpinx, hematosalpinx, or even in some cases with chronic salpingitis, when there is at the same time pelvic peritonitis binding the tubes and ovaries down in the pelvis, will never be a well woman until these organs are removed. The question of diagnosing the exact nature of the tubal disease is of secondary importance, and is, moreover, often impossible. A hydrosalpinx sometimes causes more suffering than the more dangerous pyosalpinx. I am not unmindful of the fact that the removal of the appendages in a young married woman has many inconveniences both for her and her husband, troubles for the most part of a psychical nature, a subject too long for the present paper. Whenever only one is diseased, we should never remove the two, unless in the case of a large floroid, it is our object to endeavor to bring on the menopause prematurely. I believe in saving the two ovaries, or, if we cannot do that, then in saving one, or even the half of one, if there is that [illegible] of it healthy, and that, too, when the tubes have to come out.

But I have regretted my conservatism more than once. Thus, a Mrs. R—— was sent to me from the country for retroversion with

fixation, the tubes and ovaries lying in Douglas' cul-de-sac with the uterus on top of them. Every step she took caused the uterus to hit the ovaries a little blow, and coitus was very painful. She was young and pretty, and naturally begged me to spare the ovaries if possible. When I had my finger in the abdomen, and found the ovaries adherent, I was inclined to remove them, but, knowing how disappointed she and her husband would be, I dug them out of their bed, brought the uterus forward, and sewed it to the abdominal wall (ventrofixation). The retroversion is cured, so that she can now walk without pain, and her husband does not hurt her; but she is still sterile, and she has two painful ovaries, of which she complains to me by letter about twice a year.

(To be continued.)

Clinical Notes.

A Peculiar Case of Periodic Hæmaturia.*

BY ALLEN BAINES, M.D., L.R.C.P., LOND., ETC.
Lecturer Clinical Medicine, Trinity Medical College.

F. S——, aged 42, married, by profession a civil engineer, has never had any illness in his life, except from the cause about to be mentioned. His frame is large and very strongly built, muscular development far above the average, weight at present time 190 pounds, temperament sanguine, complexion dark and clear. In the early part of May, 1880, while playing lacrosse, he received a severe blow over the right kidney. The blow was given by the butt end of the stick, whilst he and another man were fighting back to back to obtain the ball, therefore, it was a jab or prod, delivered with a good deal of force, causing him to fall to the ground with a faint, agonizing pain, and nausea and vomiting which lasted for nearly an hour. He then pulled himself together and walked to his home, a distance of about half a mile, went to bed and sent for his doctor. Two hours after receiving the blow, he passed, *per urethram*, more than a pint, by the physician's measurement, of nearly pure blood. This hæmaturia kept up for about forty eight hours, during which time ice was applied over the injured kidney and appropriate remedies administered, and the great amount of blood diminished. On the fourth day after the accident, peritonitis developed. The pain, commencing over the injured kidney, passed down the line of the ureter towards the

* Read before Toronto Clinical Society, April, 1895.

bladder, and from there became general all over the abdomen. On the sixth day, pneumonia set in, attacking the right lung only. He was now, as may be inferred, in a critical condition, and the three physicians in attendance advised his sending for his friends, as they believed he had but a few hours to live. However, his strong constitution and steady mode of living was in his favor to such an extent that he ultimately pulled through, and by the end of July, was feeling fairly well. The attack had pulled him down very much, and it was found that he had lost sixty pounds during his illness. In the end of August he again went to work, and could do a fair amount of it in a day, although he did not yet feel quite himself. In September, he again passed bloody urine for a couple of days at a time, on three occasions at intervals of ten days. He then had a respite from the hæmaturia for three months, in which time the tenderness which had existed over the kidney since the accident disappeared.

In January, 1881, he had another attack of hæmaturia, preceded by an attack of pain over the kidney and great distention of the bowels, which caused his girth rapidly to increase about six or eight inches. When the hæmaturia put in an appearance, the distention disappeared inside an hour. After each attack, the urine would be bloody for two days, and then he would have perfect health.

This state of affairs kept up for eight years, the attack coming on every four to six weeks—every four weeks, if he made any extra effort in the way of lifting weights, or taking sharp walks or running. For the past six years,—during three of which he has been under my observation,—the period has been lengthened in which the attacks would supervene. It now shows itself every three months—the only difference being that the bloating before the attack is more marked and lasts longer, while the pain over the kidney is not so intense. The phenomenon of the immediate flattening of the abdomen on the appearance of the bloody urine continues precisely as stated.

I have several times examined him and cannot find any enlargement of the kidney. Tenderness is certainly not marked during the period of quiescence, throughout which he enjoys perfect health, doing hard work, such as constructing breakwaters, building canals, etc. The urine has been repeatedly examined by myself and others. It is always of the same color during these paroxysms,—a deep crimson, throwing down a flocculent deposit on standing. Under the microscope, blood corpuscles are found in large quantities, also mucus, but no pus corpuscles or casts. Many of these blood corpuscles are found to be crenated, which would suggest the idea that he might be suffering from uric acid diathesis, but the examination of the blood itself gave negative results.

Saundby, in his excellent lectures on Bright's Disease, gives as causes of hæmorrhage from the kidneys the following classification:

I. *Local Lesions:* External injury, twisted or movable kidney, calculus, tubercle, cancer, syphilis, embolism, parasites, congestion, Bright's Disease.

II. *Symptomatia:* Blood diseases (purpura, scurvy, hæmagobruæmia, leucocythæmia), specific fevers, malaria, cholera.

III. *Toxic:* Turpentine, cantharides.

IV. *Neurotic or Vicarious:* Hysteria, insanity, asthma, menstruation, hæmorrhoids.

Now, there are many other well-defined conditions in which blood may be found in the urine. These, however, need not be discussed in connection with this case, as its history shows that the sufferer never had any symptoms of bladder trouble in any way whatever, neither has he suffered from cystitis, even in a mild form; therefore, I think we may conclude that the blood certainly comes from the kidney, and thus exclude the question of the bladder or urethra from discussion.

I can only think that he might possibly have a calculus in the kidney, the nucleus of which was formed at the time of the injury. At the same time there are many classical symptoms wanting to make such a diagnosis at all clear. Prout says, and he is endorsed by Henry Morris, that the various calculi give rise to different and distinctive pains, *e.g*, *Uric acid calculus* produces the least pain, and that of a dull, oppressive character, and a sense of weight; *Oxalate of lime* causes a more severe pain of an acute character, referred to a particular spot, as well as shooting to the ureter, shoulder or epigastrium; *Phosphates* give rise to great and unremitting pain, attended, however, wtih exacerbations. The symptoms of *indigestion* are also peculiar.

The symptoms of dyspepsia, nausea and vomiting are very common, not only at the time of actual colic, but during periods of less acute suffering, and are explicable through the connection of the renal plexus with the pneumogastric. But this patient never has any of those pains, nor has he ever had the pain produced by the passage of a renal calculus, so that it makes the case to me very dubious in regard to the diagnosis of stone in the kidney. Various causes given in Saundby's list can, I think, be one by one excluded, leaving only *paroxysmal hæmorrhage* or *stone*, as already stated.

Foreign Bodies in the Auditory Canal.

BY MURRAY M'FARLANE, M.D.,
Laryngologist, etc., St. Michael's Hospital; Aurist, Western Dispensary.

It is quite a common occurrence for medical men to be called upon to remove foreign substances from the auditory canal, which have come there either by accident, or were introduced by the patient knowingly.

These substances may occasion all sorts of reflex mischief, not to speak of the deafness resulting from their presence, as two cases in my practice will illustrate:

Case 1.—Mrs. B——, aged 60, consulted me regarding her hearing, which was almost entirely gone. The deafness had been of eleven years' standing, and her doctor in England had informed her it was nerve deafness, due to taking too much quinine, and advised her not to spend any money in treatment, as it would be useless. She informed me, however, that the doctor did not examine her ears in any way, which seems hard to credit.

Having unlimited confidence in the gentleman, Mrs. B—— came to Canada, and tried to bear her burden as philosophically as possible.

Upon looking at her I thought I had a hopeless case, the marked alteration in her voice and features being such as are met with in cases of incurable deafness.

I found the watch could only be heard upon contact on each side. She carried a long tubular ear-trumpet, but could scarcely hear me speak even with its use.

Prior to six months since she had been able to hear, though with difficulty by the aid of this instrument, great dizziness was complained of, as well as a hard, irritating cough which had lasted for several years.

On closer examination I found the external auditory meatus of each ear completely occluded by a mass of impacted wax nearly as hard as bone, and about as hard to remove, and before the operation was completed I was a firm believer in "the parable of the loaves and fishes," for in addition to the wax there were splinters of toothpicks and matches which had been used to pick the ears—sufficient, one would imagine, to fill a dozen ordinary ears.

I was only removing the wax in order to inspect the membrana tympani, not expecting any improvement in hearing, being of the preconceived opinion that I had a case of middle ear sclerosis to deal with from the history of the case. I was greatly surprised, however, to

find, when the last of the wax had been removed, and the middle ear inflated by Politzer's method, that hearing was for all practical purposes restored, the watch being heard at twelve inches on the right side and nine on the left. I subsequently have heard that the cough and dizziness disappeared at the same time, and has not returned, pointing to its reflex origin in aural irritation. Here is a case of a woman, for eleven years debarred from the use of her ears by a little carelessness upon the part of her physician in England.

Case 2.—Mrs. W—— consulted me regarding some trouble she was having with her ears, complaining of great pain and giddiness. Upon examination with a speculum, I found the auditory canal of each ear completely blocked by hard pieces of garlic, which had been inserted upon the advice of a friend who extolled its virtues in restoring hearing. Mrs. W—— had followed this advice, and had entirely forgotten about the garlic, which began to swell, causing intense agony and dizziness from its presence. Upon removal all the symptoms disappeared, and garlic is banished from the family medicine-chest forever.

Society Reports.

Toronto Clinical Society.

(April Meeting.)

The motion made two months ago with regard to those Fellows in arrears, that their names should be dropped from the list, was put to the meeting and unanimously carried.

Osteotomy.—Dr. King presented a paper and also a patient, on whom he had performed an osteotomy for ununited fracture. The patient had sustained a fracture of the tibia near the ankle of the right leg, a railroad car having passed over the joint. The fracture was put up in a box-splint, with a pad under the lower end of the upper fragment. Although compound communated the wound healed; but the ankle was stiff and the leg movable at the seat of fracture. He removed a wedge-shaped piece of the tibia and a portion of the fibula. A perfect recovery ensued. He asked how much deformity was due to contraction of the tendo-achilles, and how much to the presen of the pad under the lower end of the upper fragment.

Dr. Atherton said that the ankylosis was, no doubt, due to the extension of the inflammation from the seat of fracture. He understood that the tendo-achilles had been divided in the operation described; he thought that would hardly have been necessary when such a portion of the bones had been removed.

Dr. MacFarlane asked if both bones were broken at the same level.

Dr. King replied that they were.

Dr. Fotheringham thought that the good result obtained was one that would not have been thought of, occurring fifteen or twenty years ago. Then, most likely, amputation would have been done at the time of the injury.

Dr. MacFarlane said that fifteen or twenty years ago they were guided much in the same way as they were to-day in such cases. If there were signs of circulation in the limb below the fracture, they tried to save the limb. The results now were more favorable, owing to the advance in antisepsis. As to what effect the pad had on the deformity it was difficult to say. It had been used, no doubt, to protect the heel, and was partially accountable for the deformity, but he considered that the contraction of the tendo-achilles was the major factor in its causation.

A Case of Periodic Hæmaturia.—By Dr. Baines. (See page 169.)

Dr. Atherton thought the swelling of the abdomen must be connected with the kidney in some way. One would think the enlarge-

ment, if present, could be made out at such a time. Was there any evidence of hæmophilia? It would seem unusual if due to stone. There was no appearance of stone in the interval. The crenation of the red blood corpuscles might be due to their retention in the urine in the pelvis of the kidney. Was the amount of urine noted that passed during the attacks? Was there an increase when the swelling disappeared?

Dr. FOTHERINGHAM asked if the flattening of the abdomen was accompanied by the escape of flatus. The case was one like a case he had seen where a testicle had been crushed, accompanied by distention of the bowels, which led to a diagnosis of peritonitis. But there was no inflammation. A high injection relieved the condition. The paralysis of the bowel was sympathetic, partly. So in the case related, the paralysis of the muscular coat might occur from such an occurrence as a twisting of the pedicle of the kidney.

Dr. ANDERSON asked with regard to the presence of mucus, and how its corpuscles were diagnosed from the pus corpuscles.

Dr. KING asked if there was no hæmaturia until the distention began to recede. That was an important point to note. He did not think the absence of pain excluded the diagnosis of stone. He had one, obtained at a *post-mortem* in which the patient had died from some other disease. It was one-third the size of the kidney and had produced no symptoms during life. If there had been any symptoms the patient would have spoken of them, as he was given to complaining about small troubles. The calculus might block up the ureter and the hæmorrhage occur behind it until sufficient collected to push it out, and then the process of accumulation might go on again.

Dr. BAINES said that he had examined the patient frequently during the distention, and could not make out any difference in the size of the loin. He was sorry that the patient was unable to be present that the members might examine him. He had been anxious that someone else should see the patient, but the patient had not agreed, thinking he was doing very favorably.

The amount of urine was always about the same. He had not thought of the damming back process referred to by Dr. King. In regard to the presence of mucus, he said acetic acid did not have any effect. He had spoken of the case to a number of men with wide experience, but the only one who had any case like it was Dr. Cameron. It was that of a little boy who, while running, had fallen and two others had fallen across him, and who had suffered subsequently from these paroxysmal attacks of hæmorrhage.

The Trinity Medical Alumni Association.*

(APRIL 4TH, 1895.)

President, DR. G. A. BINGHAM, in the chair.

A Few Notes on Cerebro-Spinal Pathology, by Dr. DANIEL CLARK, was the first paper presented. It referred to the advances made in the way of pathological inquiry during the last fifty years. Nasse, in 1840, discovered the change in character of nerve structure after injury. Walter, ten years later, showed that regeneration to the normal never occurred, and as a consequence function could never again be perfect. This was important as bearing on the prognosis of insanity. The essayist then discussed the question of nerve influence on nutrition—the trophic centres. If these are diseased various symptoms ensue connected with the skin, muscles and joints. It was striking what a small injury to certain insane will produce ecchymosis. Metastasis in disease was no doubt due to changes following mal-nutrition of the great nerve centres. The nervous condition antedated the pathological change in the supra-renal capsules. Many diseases, formerly attributed to impurity of the blood, now were known to be due to nerve depreciation. The abnormalities in the nerve structures in a number of diseases were then detailed. The fact that morbid processes wherever found are in essence identical and depend much on nerve influence and blood supply, has tended to abolish the specifics of empirics, and to the use of those agents which supply material to the system for upbuilding the depraved tissues. The relation of systemic diseases was dwelt upon. Many diseases could be traced to nutritive derangements of the sympathetic or spinal centres. The study of zoo-chemistry was important. The amyloid material, so often found, was explained as a degeneration from cerebrin.

The Antitoxine Treatment of Diphtheria.—This was the subject of an address by Dr. CHAS. SHEARD. The apparatus for cultivating bacteria and for preparing the serum, the different varieties of serum and the needle used for injecting it were shown. He described the method of making cultures and of obtaining the antitoxine. He had observed its action in twelve cases which had been bacteriologically diagnosed diphtheria. There was a mortality of twenty-five per cent. From his experience with it, and with the results of the use of Koch's tuberculin in mind, he did not feel in a position to pronounce upon its value

* Held in Trinity University, Toronto.

yet. Calomel fumigation and sprays of bichloride of mercury gave very satisfactory results. The Doctor stated that any practitioners who wished a bacteriological examination of any of their cases might have it done *gratis* at the Medical Health Office.

Philosophy of Abdominal and Pelvic Surgery was the title of a paper read by Dr. JOSEPH PRICE, of Philadelphia. Dr. Price deprecated the revival of the doctrine of pelvic cellulitis; he believed it to be a retrograde step. The attacking of tubes and allied diseases through the vagina was irrational and unscientific. Such could be dealt with best by opening the abdomen. This procedure demanded the strictest asepsis, and the fewer and simpler instruments the better. All adhesion should be broken down, preferably with the finger, and all bleeding points attended to. To irrigate when the element of sepsis was present was necessary. The hot abdominal douche was an excellent stimulant.

Dr. TEMPLE agreed with the remarks of Dr. Price as to the preference of operating by the abdominal incision rather than through the vagina for pelvic diseases. However, he was not, he said, a convert to the idea that there was no such thing as pelvic cellulitis.

Dr. KENNETH FENWICK related what he considered a case of pelvic cellulitis, where an abscess had followed removal of pus tubes.

Dr. PRICE believed the cause of the trouble in the case related by the last speaker to be a septic ligature. He did not belittle antisepsis, but it should not take the place of asepsis.

Radical Cure of Hernia.—This was the title of an able paper by Dr. A. H. FERGUSON, of Chicago. There were accompanying it, illustrations of the various methods of dealing with herniæ in a radical way. He pointed out the pathological condition present in oblique inguinal hernia. There existed, first, a congenital depression at the internal ring, then an infundibuliform pouching of the transversales fasciæ by the hernial mass, often an enlarged cord, then a thinning of the abdominal aponeurosis, and a certain amount of displacement of Poupart's ligament and the conjoined tendon. The operation he used was not a laparotomy, which Halstead's virtually was. However, the removal of the superfluous veins of the cord was correct. He utilized the sac like McEwen in making a pad to fill the funnel-shaped cavity. The transversalis was reefed by a figure of eight stitches, the ridge corresponding to the line of suture and being thrown inward. Then the opening through the aponeuroses was sutured in such a way as to produce a certain overlapping, thus giving additional strength to the heretofore weak place. His treatment of femoral hernia radically was then dealt with.

Infection Within the Cranium.—By Dr. ROSWELL PARK, of Buffalo. The paper discussed in a most scholarly way the various organisms found in brain infections, the paths of infection, the pathology of these affections, the symptoms, diagnosis and mode of healing.

[Owing to Trinity Convocation at 5 p.m. there was no time for discussing the last two papers.]

Editorials.

Ontario Medical Association.

THE Ontario Medical Association, whose meeting is announced for June 5th and 6th, under the presidence of Dr. R. W. Bruce Smith, of Hamilton, was organized in 1880, and is now consequently entering the period of adolescence. The objects of the Association at its inception were the cultivation of the science of medicine and surgery, the advancement of the character and honor of the medical profession, the elevation of the standard of medical education, the promotion of public health, and the furtherance of unity and harmony among its members. How well these objects have been striven for, and to what extent obtained, are well known to every observant practitioner. To maintain the high standard the profession has already attained against the onslaught of those who would drag it down, is the duty of every physician in the Province. The members of the profession should embrace all such opportunities for friendly intercourse and scientific discussion as our annual provincial association meeting affords. As a rule, the live men are found in the various medical societies of the Province.

The Committee on Papers, chairmaned by Dr. Powell, have been very active in securing papers, and their invitations for contributions from members have been well responded to. It is hoped, in consideration of the usual large number of papers to be presented, that those contributing to the programme will make their communications short and to the point. The valuable time of the Association should not be taken up by long, theoretical and abstract dissertations; only those of a practical nature will be appreciated.

The Number of Medical Men and Medical Schools to the Population.

FROM *Buffalo Medical and Surgical Journal* of April we glean the following interesting figures, which bear out our contention in last issue that there is a ludicrous increase in the number of physicians. The ratio of medical men to the population is as follows:

Italy .... 1 to 3,536.
Germany .... 1 to 3,038.
Austro-Hungary .... 1 to 3,857.
France .... 1 to 2,666.

But the following table is still more instructive:

	Population.	No. of Physicians.	No. of Schools.	Schools to Population.
Sweden	4,802,751	.....	3	1 to 1,600,917
Italy	30,347,291	8,580	21	1 to 1,445,109
Germany	49,428,470	16,270	20	1 to 2,471,923
Britain	37,740,285	22,105	16	1 to 2,358,767
Austro-Hungary	41,231,342	10,690	8	1 to 5,153,917
France	38,343,139	16,593	7	1 to 5,477,591
United States	62,622,250	100,000	140	1 to 440,151
Canada	*5,000,000 (?)*	.....	*10*	*1 to 500,000*

The above figures account for the fact that in Canada and the United States we have one medical man to every 600 persons, while in Britain there is only one to every 1,700.

It is absurd for this thinly populated and comparatively poor country to attempt to keep up ten medical colleges. One for the North-West, one for Ontario and two for Quebec is ample to supply all the medical men needed. The teachers would be better paid and do better work. The student would get the benefit of this, and ultimately the people.

From 1880 to 1890 there graduated in the United States no less than 40,996, or over 4,000 a year. This is certainly a ludicrous increase in the numbers.

In Canada, Britain and the United States the time spent in medical studies is much below that of many other countries.

We would again caution the young man to think twice before he decides to study medicine. It is a long road to travel and very difficult to retrace if the person should not be successful.

The Removal of the Uterine Appendages for Nervous Diseases.

At the Boston Society for Medical Improvement the above subject was recently fully discussed. The question was introduced by a paper from Dr. W. H. Baker. Two things were strongly brought out in the paper. The first was that the greatest care should be taken not to operate on healthy appendages for the relief of nervous diseases; and the second was that if there was clearly some pathological condition of the uterine appendages, giving rise to constitutional disturbance, or nervousness, an operation might be the only means of treatment. Dr. Baker summed up his paper as follows: Diseases of the ovaries and tubes are sometimes the cause of nervous diseases. The adhesions that result from pelvic peritonitis may cause nervous diseases. The extent of pelvic disease is no test of the amount of nervous disease that follows from it. In all cases of obscure nervous disease, the pelvic organs should be thoroughly examined. Some forms of uterine disease may cause so much nervous disturbance as to justify the removal of the healthy ovaries.

Dr. J. Homans, in the discussion of the paper, gave his experience and reported his cases. He concluded his remarks with the following words: "*My belief in the efficacy of removal of healthy ovaries and* tubes for the relief of nervous disease is very slight. I think it may once in twenty times, perhaps, do some good; but I should never do it without the advice of some alienist in whom I had confidence." It may be remarked regarding the above opinions of Dr. Homans, that any *severe injury or operation might have a very decided effect on* nervous disease, though not done to the pelvic organs.

Dr. R. T. Edes then followed with sound words of caution. He held that healthy ovaries and tubes had been removed on far too many occasions. When a man began reporting his hundredth case of such operations for the treatment of nervous diseases, he thought something was decidedly wrong. He had known where the operation had been strongly advised, that a recovery took place by waiting a while. He had also seen death from the operation, by shock and depression, where there was no sepsis. He was glad the surgeons of Boston were more conservative than in some places.

Dr. F. H. Davenport held that the removal of healthy ovaries for the relief of nervous disease should be exceedingly rare. He was of opinion that all other methods of treatment ought to be well tried. Those who were readiest to remove the appendages for very slight

disease, should hesitate to do it when there was no disease found in them, with the hope that such an operation would cure nervous disease that could not have arisen from these organs when they are found normal.

Dr. P. C. Knoff remarked that he had never yet advised such removal on account of nervous disease. He had never yet seen good results from it, and he had seen the patient's condition rendered worse. When there is distinct disease of the appendages, causing pain and suffering, an operation should be performed. He did not believe that there would be disease of the uterus or appendages, giving rise to nervous disease. without, at the same time, pointing to its local nature and origin.

Dr. M. Prince spoke very strongly against the removal of healthy ovaries and tubes for the relief of nervous disease. He thought the cases where such treatment was required to be extremely rare. He contended that such operations were founded upon an entirely wrong pathology of the nervous system. Various operations had been suggested and tried for epilepsy, and they had fallen into disuse. When the pelvic organs were healthy, the removal of a toe or finger would be as likely to do as much good as the removal of the ovaries.

Dr. Baker, in reply, stated that he was glad to be assured that the healthy ovaries and tubes of this locality were so carefully guarded. He was sure that this was as it should be.

In the face of the above, when we hear of a young man in a small town performing one hundred normal ovariotomies for the relief of many functional nervous troubles, we are strongly inclined to call a halt. The opinions of the above gentlemen would be more likely to form a safe guide.

Dr. McKay's Bill to Amend the Medical Act.

THIS bill, which has passed and become law, has for its object the settlement of the question of the old tariffs. Inasmuch as most, if not all, the territorial divisions have been changed and meetings of the members represented in the new divisions have not been held, the old tariffs have no longer any *locus standi* in law. Therefore, to avoid the enactment of seventeen different tariffs in the Province, this bill was introduced to make it clear that the old tariffs are not effective in case of dispute arising as to charges for professional services. It is proposed that the Council shall have the power to enact a tariff for the whole Province, which will no doubt be done at the next meeting of that body. That being done the Legislature will be called

upon to ratify it. It seems to us that it would have been much better to have introduced a clause in this bill empowering the Council to make a general tariff while wiping out the old one. Until the Legislature meets there is no legal tariff in any part of the jurisdiction of the College of Physicians and Surgeons. Whether this will be found to be in the interest either of the profession or the public remains to be seen. In the various States there is no legal tariff, yet our colleagues across the line manage to make a living. That being so, perhaps we can contrive to worry along without one.

A UNIFORM CURRICULUM FOR TRAINING SCHOOLS.—Miss M. A. Snively, Superintendent of the Training School, Toronto, in an excellent article in *The Trained Nurse and Hospital Review*, suggests an association of well-recognized hospitals, a uniform admissional examination, a uniform period of training in medical, surgical and gynæcological nursing, and a final examination.

MIDWIVES AND MANSLAUGHTER.—Recent English papers are filled with a gruesome account of the doings of a licensed midwife appropriately named Rake. Among the misdeeds for which she was tried was that of causing the death of one Hilda Gray by communicating to her puerperal fever after having been warned that she must cease from attending patients until free from possible contagion. The jury disagreed and the defendant was admitted to bail until the next Sessions, when she will have to face other charges. This case points a moral and adorns a tale. The culpable negligence exhibited in this case would have had many congeners in Ontario had the Patron Medical Bill become law.

TREATMENT OF WOUNDS IN PRE-ANTISEPTIC DAYS.—Sir George Humphrey, in the *British Medical Journal*, March 30th, 1895, compares the treatment of wounds in pre-antiseptic days with that of to-day. The principle he followed then was to stop all bleeding completely, so that nothing would intervene between the opposed edges and in many cases to leave the wound exposed to the air. The principle now is to reduce to a minimum the media upon which bacteria act, and to reduce to a minimum the germs themselves, the former of which was unconsciously done in the earlier mode of treatment. The later treatment has the advantage of lessening the risks of secondary hæmorrhage, causing septic conditions.

HEREDITARY INSANITY.—Dr. R. H. Chase, in *Maryland Medical Journal*, 30th March, holds to the view that insanity in many forms is hereditary. He regards the child as inheriting many of the peculiarities of the parents, and these peculiarities show themselves in the nervous system more readily than anywhere else. The prognosis in cases of insanity with a history of inheritance is not good. Experience shows that if the insanity comes on suddenly, the chance of recovery is much better than if the incubation is slow and insidious. In all cases of insanity in the parents, the greatest care should be taken to secure the best of health by good food and careful sanitary conditions. The utmost care should be taken in the training of the child's temper to regulate it and maintain as good a balance as possible. The teachers for such cases should be of an even temper.

SPEECH DEVELOPMENT IN AN ADULT AFTER OPERATION FOR TONGUE-TIE.—Dr. G. Hudson Makuen reports in the *Times and Register* for 6th April an interesting case where a young man, aged 19, was unable to use articulate speech, and had made very little progress in learning, at which he was very much discouraged. The opinion had been given to him that his trouble was central or cerebral. He had made many attempts to talk and recite in school, but his teachers had to guess the meaning of his jargon. He had learned to write, and was obliged to use this means of communicating his thoughts. The frænum was found to be very short, so that he could not protrude the tongue beyond the lips. The frænum was freely divided. He was placed under a teacher, who gave him several hours' drill daily on vocal culture. Several adhesions that had formed were broken up. There was considerable glossitis. In one year he had acquired a perfect use of speech.

A YEAR'S WORK IN DERMATOLOGY.—Dr. J. Abbott Cantrell, in *Philadelphia Polyclinic*, 6th April, makes some remarks on the experience of the year on certain drugs. (1) With regard to bismuth subgallate for such conditions as excoriations, intertrigo and moist eczema, he contends that it is not worthy of much confidence. It is not clear that it acts as a germicide. It appears to be decidedly irritating, and sometimes almost caustic. (2) Alumnol has been employed in the same class of cases. It may be used as a powder from 10 to 20 per cent., and ointments of varying strengths. In eczema and intertrigo of an acute character it acted well. In more chronic forms of eczema, ulcers of non-syphilitic type, in non-parasitic

sycosis, in tubercular syphilitic eruptions and scabies, the drug acted well, though rather slowly, and was curative. In herpes zoster, it acted as a protective only. (3) Laborrague's solution of chlorinated soda was specially valuable in the dermatitis of poison ivy. (4) Salol has proven useful in chronic eczema, in tinea circinata and tinea versicolor. In tinea sycosis and tonsurans it is of no value.

ANTITOXINE TREATMENT OF DIPHTHERIA.—Dr. James Jay Mapes, in the *New York Polyclinic*, has a very excellent paper on the above, which may be summarized as follows: 1. Klebs discovered the bacillus in 1883. Lœffler separated the bacillus and cultivated it, and produced the disease experimentally. In 1888, Roux separated the toxines from the germs. In 1890, Behring used the toxine on small animals, and found in their blood antitoxine which produced immunity. 2. Roux reported 448 cases of diphtheria last September treated with antitoxine, with a death rate of 24.5 per cent. At the same time, physicians in Berlin had been using it and weighing its effects carefully. 3. Roux has now over sixty horses at the Pasteur Institute, undergoing preparation. The blood is removed from these with the greatest antiseptic care. When the serum separates, it is bottled for use. The horse is then sent to the country to feed up. The toxine is at first weakened with iodine before it is used on the horse. When the horse can stand strong doses of the toxine, the cultures are used. 4. The dose for a child under two years is 5cc.; for a child two to four years, 10cc., and over four, 20cc. The treatment should be commenced early. As the serum does not do any harm, it is better to make the mistake of giving it early, even though the case should not turn out to be diphtheria, than to wait too long. In the first 2,000 injections, there was only one abscess. 5. In 3,900 cases, from 1890 to 1893, the death rate was 51.5 per cent. Since the antitoxine treatment has been used, Roux claims that the death rate has varied from 10 per cent. to about 15 per cent. in the recent cases treated in this way. The writer states that antitoxine has now passed beyond the stage of doubt, and is an assured success.

DR. SIR J. RUSSELL REYNOLDS was re-elected President of the Royal College of Physicians, London.

DR. DE BOSSY, of Havre, who is still youthful at the age of 102, continues in active practice. He was born in 1793, and graduated in 1818.

Items.

MR. CHRISTOPHER HEATH was elected President of the Royal College of Surgeons, of England, in the vacancy caused by the death of Mr. J. W. Hulke.

DR. J. L. DAVISON, the representative of Trinity Medical College, has resigned from the Senate of Toronto University. Dr. G. Sterling Ryerson has been appointed to the vacancy.

WE understand the emolument received by the senior professors of the Medical Faculty of Toronto University for the past session's work was somewhat less than $400.

THE Cottage Hospital, 27 Montague Place, continues to grow in favor. All classes of cases, other than infectious, are received. Patients may be attended either by their own physician or by the Medical Superintendent.

SIR JOSEPH LISTER was presented with the Medal of the Society of Arts in recognition of "the discovery and establishment of the antiseptic method of treating wounds and injuries, by which not only has the art of surgery been greatly promoted and human life saved in all parts of the world, but extensive industries have also been created for the supply of materials required for carrying the treatment into effect."

LONGEVITY IN THE TITLED CLASSES IN ENGLAND.—A recent return of deaths, and ages at death, of persons of title from dukes to baronets, for 1894, gives the following figures: Sixty-nine persons of both sexes died in the year. Of these, five were between 90 and 99, sixteen between 80 and 90, nineteen between 70 and 80, sixteen between 60 and 70. So that fifty-six persons of rank out of sixty-nine lived to be sixty and upwards, only thirteen dying before that age was reached—all of which goes to show that idleness and plenty does not shorten life, as some people suppose.

THE QUALIFICATION NECESSARY TO PRACTISE IN SOME STATES OF THE UNION.—A doctor may practise in the following States of the Union by presenting a diploma for inspection : California, Colorado, Connecticut, Delaware, Illinois, Iowa, Kentucky, Louisiana, Missouri, Montana, Nebraska, New Mexico, Oklahoma, Oregon, Tennessee, Vermont, and West Virginia. In the following States the diploma must be registered with the County Clerk, who is a qualified judge as to the physician's fitness to practise : Arizona, Georgia, Idaho, Indiana, Kansas, Michigan, Nevada, Ohio, South Carolina, Wisconsin, and Wyoming.

THE MEETING OF THE AMERICAN MILITARY SURGEONS AT BUFFALO.—As already announced in the REVIEW, the Association of Military Surgeons of the United States will hold its fifth annual session in Buffalo on May 21st, 22nd and 23rd. The officers for 1894-1895 are: President, George M. Sternberg, Brigadier General and Surgeon-General, U. S. Army, Washington, D. C.; Vice-President, Louis W. Read, Colonel and Surgeon-General, N. G., Pennsylvania, Norristown; Second Vice-President, Albert L. Gihon, Medical Director, U. S. Navy, Washington, D.C.; Secretary, Eustathius Chancellor, Lieutenant-Colonel and Medical Director, N. G., Missouri. Monday, May 20th—Receiving guests and quartering them at hotels and private houses. The hospital corps of the National Guard will be detailed for duty at the railway stations to see that the visitors as they arrive are properly cared for, and also to furnish any information which may be desired. Tuesday, May 21st—Opening meeting at 10 a.m. at the Star Theatre; addresses by Mayor Jewett, Gov. Levi P. Morton, Gen. George M. Sternberg, President of the Association, and others. Wednesday morning and afternoon will be devoted to the business of the Association, and in the evening there will be a reception. The business of the Association will be continued on Thursday morning, and in the afternoon there will be a carriage drive about the city. In the evening there will be a parade and review of the 65th regiment and a promenade concert by the band of the regiment. On Friday there will be an excursion to Niagara Falls, Lewiston and other points of interest. On arriving at the Falls the Association will be the guests of a committee representing that city. The following is a partial list of the papers to be read: "The President's Address," by Brig.-Gen. George M. Sternberg, Surgeon-General, U. S. Army; "Experiments Illustrating the Degree of 'Powder Burn,'" by Louis A. LaGarde, Captain and Assistant Surgeon, U. S. Army; "The Location and Removal of Missiles from the Cranial Cavity," by George R. Fowler, Major and Surgeon, N. G., N. Y; "Ambulance Construction," by Dallas Bache, Lieutenant-Colonel, Deputy Surgeon-General, and Charles R. Greenleaf, Lieut.-Colonel, Deputy Surgeon-General; "Conservative Surgery on the Battlefield," by Nicholas Senn, Surgeon-General, N. G., Illinois; "The Relation of Concentrated Food to Active Service Demands," by Austin Flint, M.D., ex-Surgeon-General; "Infected Bullets," by Louis A. LaGarde, Assistant-Surgeon; "Instruction of the Hospital Corps," by H. S. Turrill, Surgeon; "Field Hospital Service," by Dallas Bache, Lieut.-Colonel, Deputy Surgeon-General; "Gunshot Wound of the Kidneys," by Lieut.-Col. A. L. Wright; "On the Travois Litter," by Waldmir F. de Niedman,

Surgeon; "Method of Caring for Wounded in Field and Hospital of Chinese and Japanese Armies," by C. U. Gravatt, Surgeon, U.S. Navy; "Measures for the Prevention and Suppression of Dangerous Contagious Diseases in Garrison and in the Field," by H. Lincoln Chase, Assistant Surgeon; "The Effects and Treatment of Heat and Sunstroke at Camps of Instruction," by Orlando J. Brown, Assistant Surgeon; "The Mental Evolution of the Citizen Soldier," by Charles W. Galloupe, Assistant Surgeon; "Report on Diagnosistag for Field Use," by William H. Forwad, Surgeon, U.S.A. Medical officers of the Canadian Militia will be welcomed. Undress uniform is to be worn at the meetings and full dress at the social functions.

Book Notices.

A Manual of the Modern Theory and Technique of Surgical Asepsis. By CARL BECK, M.D. Philadelphia: W. B. Saunders.

This practical little volume is an outcome of the influence of bacteriology on surgery. It discusses the various surgical bacilli, the methods of securing asepsis by disinfection of various parts of the body, instruments, sutures, sponges, operating room, the treatment of various sorts of wounds, and the subject of anæsthesia. The illustrations are numerous and good, the type, paper and binding up to date.

The International Medical Annual and Practitioners' Index. Thirteenth year, 1895. E B. TREAT. New York: 5 Cooper Union. Chicago: 199 Clark St. Price, $2.75.

Most practitioners have come to recognize the great value of a good annual. In a convenient, reliable, and readable form the best of the year's progress in medicine is brought within the reach of the busy physician, who may not have the time nor the books or journals where the original article appeared. The "International Medical Annual" has long ago proven its right to existence, and has become a welcome yearly visitor to the bookcase of many a doctor. The work this year is fully equal to any of its predecessors. There is a very full index, which renders the task of looking up any subject easy and rapid. The work has been arranged by a staff of thirty-seven of the leading medical men of Britain and America, and this is saying much for the book. The work is well printed on good paper. We cheerfully commend the "Annual" to all.

A Book of Detachable Diet Lists and a Sick-room Dietary. Compiled by JEROME B. THOMAS, A.B., M.D. Published by W. B. Saunders, 925 Walnut Street, Philadelphia, Pa. Price, $1.50.

To the busy practitioner who has a large and varied practice, and little time to write out systems of diet for his patients, or to describe the proper preparation of foods for the sick, these lists will be most useful. The following conditions are considered : Albuminuria, Anæmia, Debility, Constipation, Diabetes, Diarrhœa, Dyspepsia, Fevers, Gout, Obesity and Tuberculosis.

Transactions of the Antiseptic Club. Reported by ALBERT ABRAMS, a member of the San Francisco medical profession. Illustrated. New York : E. B. Treat, 5 Cooper Union. San Francisco : Johnson & Ernigh. 1895.

This work is a keen satire upon the peculiarities of the medical profession, and in a humorous way shows up the weaknesses of our profession. In perusing its pages, one finds the mirror held up to reflect many of our deeply cherished fads, and to expose some peculiarity whereby we fondly hope to get ahead of our brethren and yet remain within the pale of the Ethical Code—that misty, elastic, ill-defined list of rules and regulations which is intended to guide the poor devil who has no practice into the certain way of never getting one.

This book is amusing throughout, and with the exception of a few stale jokes, is racy and fresh. We commend it to many of our friends, particularly the *posers,* and there are many such.

In view of the near approach of the time for the meeting of the Medical Association, we can, with a great deal of confidence, recommend the thoughtful study of Dr. Compressor Nasi's strictures. Dr. Nasi was incensed at the inanity of the preceding speaker's remarks. "He can talk more and say less than anyone I ever knew. His complaint," continued the speaker, "is altogether too common in medical societies. It is characterized as a 'diarrhœa of words and a constipation of ideas,' but he would be more charitable, he would call it vocal incontinence and mental sterility. He ventured the opinion that presidents of medical societies were not stringent enough in checking these vocal monstrosities. No one should be permitted to speak unless he had something original to say. He would rather bow to the superior intelligence of the man who counted the number of drops of urine expelled in a given unit of time, than to the plagiarist who, by skilful transposition of words, succeeded in presenting an original paper to the club."

Medical Gynæcology. A treatise on the diseases of women from the standpoint of the physician. By ALEXANDER J. C. SKENE, M.D., Professor of Gynæcology in the Long Island College Hospital, Brooklyn, N.Y., etc., etc. With illustrations. New York: D. Appleton & Co. Canadian agency: N. G. Morang, 63 Yonge Street, Toronto. 1895.

Surgical gynæcology has in recent times advanced so rapidly, and occupied so pronounced a place in medical literature, that it is a relief to read a work dealing with the purely medical side of this subject. This volume is divided into three parts. The first treats of the primary differentiation of sex, development and growth during early life, and the conditions favorable to the evolution of normal organization and the attainment of a healthy putrity. Part second considers the characteristics of sex, the adaption of structure to function, the predisposition to particular diseases, and the causes of certain affections peculiar to women, etc. Part three deals with the menopause and the diseases of the latter period. As is to be expected, the work is well written and contains many practical and useful suggestions; among the more interesting sections are those relating to massage, hysteria, neurasthenia, sex and its relations to insanity; functional diseases of the bladder and derangements of mensturation and of the sexual function. In dealing with mental therapeutics, Dr. Skene presents his compliments to the "Christian Scientists" as follows: "A sad and pitiful show they make of themselves when trying to do impossible things. While they are doing an endless amount of harm, they do good occasionally; but it is by accident. When by chance they get hold of a case that can be relieved by hypnotic suggestion, and they succeed in hypnotizing the sufferer, they do good. But the harm they do far outbalances the good in their efforts to do impossible things, by using their faith cure in cases that cannot be helped by it, and by keeping the poor sufferers from proper treatment. They offend against the right in this way as all charlatans do, by insisting on being able to cure all diseases by one agent. They should be suppressed. They are a bane to the world. . . . Prayer is a therapeutic agent; the hypnotic state can be induced by prayer. If relief is sought in prayer, and it is possible that it can be obtained through hypnotism, that prayer will be answered. The laws of psychology and physiology are so arranged that certain prayers are answered and others are not. This is the only scientific explanation of the efficacy of prayer in healing the sick that I can find."

Clinical Gynæcology, Medical and Surgical, for Students and Practitioners. By Eminent American Teachers. Edited by JOHN M. KEATING, M.D., LL.D., and by HENRY C. COE, M.D., M.R C.S., Professor of Gynæcology, New York Polyclinic. Illustrated. Philadelphia: J. B. Lippincott Company. 1895.

This work, even though it follows so closely upon others in the same line prepared by men of eminence and advanced thought, comes to us with peculiar interest. Owing to the untimely death of Dr. John M. Keating, the gifted editor who commenced the work, we have from him but the outline, which, however, has been carefully filled in and brought to completion by Dr. Henry C. Coe, than whom none could have been better fitted for the task.

The introductory pages from the pen of the late Dr. Wm. Goodell, show the wide scope of his mental attainments, the breadth of his views, and the soundness of his teaching. The careful perusal of these pages is both a pleasure and a profit to those engaged in this special work.

Whilst advocating in the strongest terms the greatest amount of conservatism in surgery, he gives ample proof of the truest kind of courage where surgical interference is required. In commenting upon the removal of the ovaries, he states "that the unwelcome fact cannot be ignored, that mental disturbance may be traced directly to the ablation of the ovaries. He is disposed to think that such disturbance is due rather to the fact that the woman considers herself unsexed, than that the shock of operation could produce the unbalancing of the mind.

These pages, few in number, are probably amongst his last writings. They are helpful to the profession, and in many ways tend to define our art.

In a system written by different men, it is almost impossible to have perfect freedom from conflicting opinions, but we notice that in this work there are few personal hobbies, and that few opinions clash.

Chapter I.—Written by Wm. H. Baker and Francis H. Davenport, it treats in a careful way of "Gynæcological Examination." In doubtful cases the use of an anæsthetic for diagnostic purposes is advocated. Full directions are given for palpating the ureters, as well as for catheterization. Undue importance seems to be attached to the uterine sound. As uterine dilators, the hard rubber ones are mentioned as being "thoroughly satisfactory." Some prefer steel on account of its hardness and polish. The chapter is well worthy of careful perusal.

Chapter II.—"Gynæcological Technique," by Hunter Robb. This chapter, giving prominence to every detail of technique, goes far

towards establishing on a scientific basis the practical work of the surgeon. He describes and figures the principal micro-organisms which concern us in our work, and especially the progenic bacteria.

The practical details of sterilizing, both the field of operation and instruments, dressings, etc., are clearly dealt with, and should be carefully considered by all. Aseptic sutures, ligatures and carriers are treated of in a masterly way. We cannot agree with his remark that, "as a rule, it is better not to make a complete knot when employing silk-worm gut, but to use instead only the first stroke of the surgeon's knot." We have known such "first-stroke-only" knots to slip, producing disastrous results. There is so much of value in this whole chapter that it seems hard to find a fault.

Chapter III.—"Gynæcological Therapeutics." In this chapter Bach. McE. Emmett gives careful attention to the latest improvements in treatment, and his directions for massage, both pelvic and general, are clear, and the contra-indications are stated in a concise way.

Chapter IV.—Barton Cooke Hirst gives a good idea of the anomalies of development of the genital tract, with copious illustrations and full directions for the most modern treatment.

Dr. P. F. Mundé gives an excellent chapter on uterine displacements, though undue prominence seems to be given to the operation of shortening the round ligaments for the cure of retro displacement. This system, in common with others of the present day, bristles with operations named after the men who invented or brought them into prominence. It seems a pity that in a work so scientific and of such excellence, a more rational method of nomenclature had not been adopted.

In a short review it is impossible even to mention all the various authors and their work. The treatise gives evidence of care and thought by everyone who has been engaged upon it. The publishers have given us the benefit of good paper, clear type and profuse illustration. The editor has shown great discrimination and good judgment, which, coupled with his acknowledged ability, have produced a book which is easily of the foremost rank and indispensable to those engaged in the study of gynæcology.

A. A. M.

DR. JOHN R. STONE, of Parry Sound, has been appointed an associate coroner for that district.

Correspondence

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

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In looking over your issue for April two ideas attracted my attention: First, your editorial, "The Patrons and Medical Education;" and second, Dr. Sangster's letter. In the one, "Another attack to wreck vested rights;" and in the other, a fulsome excuse. For what? I ask this question, that your readers may answer according to the evidence.

You rightly, to my mind, give credit to Dr. Ryerson for his prompt action in notifying the profession generally, and in successfully repelling assault. Now, Mr. Editor, I ask you, and I ask the profession in general, Why did Mr. Haycock attack the Medical Act? Was it not simply that he wanted to do something? He wanted to pose as a redresser of grievances, and he thought the medical profession were a disorganized body. He had read the *Farmers' Sun;* he had read the imbecile twaddle of discontent. He in his innocence, thought it weak and disorganized, and coward-like attacked it. If this was not so, why did he not turn his artillery against the legal profession? The daily papers give flagrant instances of excessive charges. It was plainly shown that the poor client, even if he won a case, lost in legal expenses. It is about as expensive to win as to lose. This fact makes it of interest to every individual—every Patron. Why not attack the press? A paper is sent; you return it. It is sent again; you do not want it; yet, in the end you have to pay for it. Is this just? Is it right? As it affects the individual it affects the Patron. Why did not Mr. Haycock try to remedy this grievance? Yet he would pose as a saviour of citizens' interests. Is he really better than the agitator, the Anarchist?

Dr. Sangster, in his letter, does not thank Dr. Ryerson, although every thinking reading member of the profession will. Oh, no; he does not even censure Mr. Haycock. Why? I answer that he well knows Mr. Haycock's action was the natural logical result of the articles written by himself and his friends, and the lengthy articles in the *Farmers' Sun*, so freely distributed, and marked copies sent to the electorate at the time of the medical elections. I ask Dr. Sangster, Who were the writers of these articles, and in whose interest were they published? At that time I intimated in my letters that subjects interesting to the profession alone should be confined to the

columns of medical journals. My advice was unheeded. Why? Simply because it did not suit the peculiar mode of attack of those gentlemen on the Medical Council they were going to disrupt, disorganize, destroy. Have they succeeded? Where are they now? What have they gained? I reply, simply unenviable notoriety—nothing more, nothing less. It is true the Medical Defence have elected some representatives, but the good sense of the medical profession are in the lead. The *Farmers' Sun* shed its light—but to pale, fade, die. And Haycock! Ask at the doors of Parliament, Where is he? A tail-end of—what?

Mr. Editor, I ask now, as I did months ago, that, as a profession, we stand together. If we have dirty linen, let us wash it at home. The new Council are elected. Let us loyally support it; and, instead of personal bickering, let us, shoulder to shoulder, work in the common interest.

If the Medical Defence Association, as represented by Drs. Sangster, Armour, and Registrar McLaughlin, is still a live factor, why not in the Council, where principles may be advocated and strengthened by personal vote and influence, secure unity of elected members, and, in this way, override and control school influence? Why not see that moneys taken by older members of Council, by mistake, be returned? Why not work to make *all* members of the Council elective? The schools are represented. We do not question by what right or by what means. We do not question by what covert and ingenious arguments they secured power. Let the M.D.O. satisfy their professions and the deluded votes they received; let them correct anti-election abuses; let them be the power they promised; relieve the general profession from chicanery and fraud; and let them introduce an honest executive. All this they promised. Let them carry out the programme. And more than all, let these good men introduce such reforms as are in the best interests of the profession. First and foremost, "Introprovincial Registration." Why not a uniform examination wherever the British flag flies? Is that not a part and parcel of a British degree? Why, then, not throughout the British Province? Why a separate examination in Quebec, Ontario, British Columbia? Is it not merely and only to give to certain cliques a bonus on each applicant for license? Is it not really legalized robbery of our graduates? Why perpetuate this fraud? Abolish lodge, society and contract work as degrading. Adopt an *increased* and *uniform* rate of fees all over the Province, and a stated fee for expert evidence in any court. These and a number of other matters are of first interest. Let the new members inaugurate an era of reform and

progress, and if they were in the past too opportune, if too rash and careless, we will forgive them if by humility of heart they seek forgiveness, and by advantages secured by honest contrition the whole profession benefit.

In the meantime let us present the medal to Dr. Ryerson.

Yours truly,

Lindsay, Ont. P. PALMER BURROWS.

To the Members of the College of Physicians and Surgeons of Ontario.

GENTLEMEN,—The Medical Defence Association was formed three years ago for the vindication of your rights and the furtherance of your interests, and it has already in that direction reached results to which it can point with honest pride. It has largely disabused the profession of the idea that the injustice and other manifold evils of the past *regime* were a fate to be meekly accepted without useless resistance. It has awakened the medical electorate to a saving sense of the degradation involved in a tame submission to indignity and wrong, and has nerved it to self-assertion and a strike for freedom. It has satisfied most of you—perhaps, indeed, all of you except those too apathetic to read and investigate, or too subject to extra-professional considerations to be open to conviction—that the Medical Council has, heretofore, been controlled, and is still liable to be greatly influenced, by a grasping and dominant clique, whose power therein needs not only to be strenuously opposed, but to be either abolished *in toto*, or very seriously curtailed, if your most vital interests are to be protected and advanced. It has prompted you to inquire why of all professions that of medicine should be the most overcrowded and the most notably hampered, with an increasingly large annual influx of new recruits ; and to find the answer chiefly in the fact that the composition of the Council favors, and the easy subserviency of your elected representatives therein permits, the existence of the evil. It has created among you a widespread and a growing desire for clean and economical government, and it has animated you with an invincible determination to rest content, ultimately, with nothing short of professional independence. By the beneficial changes it has procured in the Ontario Medical Act, it has placed the future destinies of the profession chiefly in your own hands. It has, practically, given you the control of the Council, as soon as you shall have determined that no uncertain or weak-fibred candidate for election thereto shall receive your suffrages at the polls. It has ventured to remind you that

"eternal vigilance is the price of freedom," and that an apathetic, non-exigent electorate is certain to be served by careless, self-seeking or unfaithful representatives. And such being the case, it has urged you to ensure fidelity on the part of those you send to the Council by closely watching and intelligently criticising all their votes and contentions, so as to be able to call them to a strict account of their stewardship, when, three years hence, their day of reckoning comes around.

The Defence Association is very far from regarding its mission as closed. Much as it has accomplished in the past, it hopes to do yet more in the future. In the recent Council elections it has secured a coign of vantage from which it can henceforth act with tenfold greater effect, and it will never lay down its arms until professional autonomy is reached. Its immediate aim will be to bring about, through its elected members, such reforms in the Medical Council, next month, as can be effected in that body without further legislative assistance. You are earnestly requested to carefully watch the work then done or attempted, and to note the cause or causes of failure where our efforts are not crowned with success. Means will be found to place before you the yeas and nays of every important vote, together with a full record of the whole proceedings, and also to furnish you at the close with a running commentary on the principal arguments and forces brought into play. There may not be stalwarts enough in the new Council to carry every point in favor of the profession, but there will be quite a sufficient number to make the atmosphere of the Council chamber uncongenial to that school of cuckooism which has heretofore prevailed therein, and to expose, if they cannot prevent, infidelity on the part of your representatives. It is proposed to repeat these tactics next year, and the year following—at the same time using the professional press, to the extent of our opportunity, to mould and develop in our ranks a just and dignified *esprit de corps*—in the confident hope that the medical electorate, when next called upon to use the franchise, will have attained, practically, to a unanimity of sentiment. Whether, in the furtherance of the grand end we have in view, we shall feel impelled to approach the legislature next spring, or not until after next election, will very largely depend on the results of the coming session. If our reasonable claims on behalf of our constituents and our honest efforts at economy are then thwarted, mainly by the irresponsible elements in the Council, the profession will probably insist that decisive action shall not be delayed. In view of that contingency, it is most desirable that every medical man in Ontario who is in sympathy with our movement towards clean, econo-

mical and responsible government, shall join our brotherhood without delay. Our present membership of nearly 1,300 ought to reach 2,000 before the next Council elections, and as our influence with the government and the legislature will be in direct proportion to our numbers, we hope that our friends, throughout the province, will exert themselves in this behalf. Our Association owes nothing, the expenses of the past having been cheerfully borne by a few, and we anticipate no outlay in the future not easily within our means. We therefore levy no assessment on our members and ask for no contributions, so that membership in our Association will cost you nothing. It is your name and influence, and not your money, we want on behalf of the profession. Any members of the College who desire to identify themselves with us can secure enrolment by sending to my address a post-card (not a letter) expressing a wish to that effect, and properly dated and signed.

Our opponents have repeatedly tried to frighten us with the threat that, if we do not desist and leave the schools in undisturbed possession of their usurped privileges in the Council, they will break up the Ontario Medical Act. It is an idle threat, and they know it. Political charlatan Haycock's absurd fiasco in the House has served to show the immense power and reserve force which the profession can bring into play when roused to action, and has thus effectively exploded the idea that we have anything to fear in seeking such legislative relief as we may require. In this manner unquestioned good has accrued from a crazy attempt—instigated by malice, and, no doubt, largely promoted by a desire to cripple the Defence Association and the worst result of which was to excite a few emotional persons to the verge of hysterics. Happily, however, it has taught us that, unitedly, we can exert on the government and on the legislature an influence so powerful that neither schools, nor universities, nor Patrons, nor homœopaths, nor professional outcasts, nor all of them combined can prevent the final triumph of our reasonable and righteous claims. This knowledge is so important that we think it has been cheaply bought, and, although we dare not hope that sycophants and school parasites *et hoc genus omne* will altogether cease to use their servile pens in crying peace! peace! when there is no peace, their paltry efforts are, henceforth, harmless indeed. We do not, however, conceal from ourselves the fact that quite outside those who may be prompted by interest, or association, or flunkyism, or personal vanity, or disappointed ambition to thus carp at our methods or try to belittle our results, there are in the profession those who honestly think that having worsted our opponents in the recent elections, and

secured a controlling voice in the new Council, the hatchet should now be buried and peace proclaimed. Such persons know but little of the motives which still influence the irresponsible elements of the Council. If our opponents in that body were open to conviction on points where their financial interests are involved, and could be made, like the rest of us, to look at matters from a purely professional standpoint, there might be some reasonableness in this view. Their past actions and their present attitude, however, alike prove that they are to be beaten and not won into acquiescence—that, if we are to obtain from the medical schools and their satellites a profitable recognition of the rights of the profession, it must be, not by an exhibition of mistaken generosity, but at the point of the sword. That they still hug the delusion that they can continue the stupid concealment of the past and prevent us, in the Council, from exposing the extravagance and mismanagement of the last five years, is well shown by an incident which has just occurred. In blocking out the work to be attempted in the coming session it became necessary to apply to the Registrar for a return respecting the sums paid to the Council examiners, the number of papers read by each, the number of candidates presenting themselves at each fall examination who had not written the previous spring, etc. This information was asked for nearly three months ago. The request was forwarded by the Registrar to the President on the 8th of February, by him referred to the Executive Committee, and by it flatly refused. But all intimation that it was refused, was withheld till yesterday (the 12th inst.), lest, had we received it during the session of the legislature we should have obtained it—as in a previous case we were driven to do—by a motion of the House.

I shall probably more fully discuss this unworthy subterfuge in my next letter. Meantime I may remind you that the information sought was asked for in the interests of the profession, to be laid before the Council at its approaching session—that it involved no expense whatever, that it was within the prerogative of a member of the Council to seek and to obtain it, and that its refusal was either a piece of blundering incapacity or autocratic insolence. I may further ask you to remember that it was refused by an Executive Committee appointed by a moribund Council, at a stolen session, and composed of three persons—a University appointee, a president whose constituency publicly declared in the recent elections its want of confidence in him, and a homœopathic ex-president, discredited throughout the profession by his unblushing perversion of facts in his official address last June.

Yours, etc.,

Port Perry, April 13th, 1895. JOHN H. SANGSTER.

Obituary.

John Nash, M.D.

In the death of Dr. Nash, of Newmarket, which occurred March 19th, Ontario loses one of its oldest practitioners. Deceased was born near London, England, in 1799, and was educated at Oxford. After practising in London for some time he came, in 1836, to America, settling in Bridgeport, Connecticut, where he practised for a few years. He then came to Toronto, and shortly afterward settled in Newmarket, where he has resided ever since. Dr. Nash enjoyed the confidence of a large *clientèle*, and besides his skill as a practitioner he took a live interest in philanthropic work.

Kenneth Hugh L. Cameron, M.D.

Dr. K. H. L. Cameron, of Cayuga, died on the 8th of April, at the too early age of 40. He studied at the Toronto School of Medicine, and graduated from it and the Toronto University in 1875. He took a most active interest in politics, but did not allow it to interfere with his practice, in which he was highly successful.

Surgery is vastly overdone of late; . . . the modern shifting notions on pathology are largely responsible for the present state of things; the ever haunting phantom of infection from simple lesions has led to the conclusion that local and radical measures are called for in the treatment of conditions which in the usual order are remediable through simple means with the aid of systematic therapy.—*Times and Register.*

Ovaritis.—

℞. Sulphate of soda . . . . ʒiv.
Sulphur . . . . ℥j.
Sugar . . . . ℥v.
Essence of peppermint . . . . q.s.

S. Teaspoonful at bedtime in a glass of water.

— *Winternitz.*