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THE
Canadian Medical Review.

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Original Communications.

Inaugural Address—Toronto Clinical Society.

BY THE PRESIDENT, DR. ALLEN BAINES, TORONTO.

FELLOWS of the Toronto Clinical Society, I beg to thank you heartily for the honor conferred on me by election to the highest office in this Society. It is with considerable diffidence, I can assure you, that I assume an office which has, in past years, been occupied by men whose skilful work and honest zeal have raised them to the high position in our medical world which they now hold. Comparing myself with such, I, of course, feel indeed most unworthy, and I ask the Society to-night to deal charitably with whatsoever shortcomings may be found in me, and to rest assured that I will do my best to follow in the steps of these my predecessors and to advance the objects and purposes of our Society. To this end I hope to procure for every meeting subject matter of such true clinical importance as to ensure the most earnest discussion and the most valuable deductions therefrom. In this manner your interest will be gained and the meetings will become a "multum in parvo" of clinical instruction, and will escape the ever present danger of deteriorating into a mere airing ground for medical

knowledge that falls wide of the matter in hand. I would therefore beg any fellow intending to present a case to kindly acquaint our Secretary as early as possible with the title to be selected for the paper or specimen, whatsoever it may be, in order that we may have the opportunity of looking over the literature of the subject, and of diving into the archives of our memories for any personal experience we may possess. By so doing the fellows taking part in the discussion can easily give the Society facts clearly and connectedly stated and not strung together in a desultory manner, as is frequently the case when called upon on the spur of the moment. Surely there are none of us but would greet discussion prepared in such a manner with delight, and I feel certain that time thus taken would in a few months yield a rich harvest and convince the Society of the value of such earnest work.

It may indeed be said that busy men, such as we all are, have no time to go in for minutiae. That depends upon the man. I have found our house staff at the General Hospital, and senior students ready and only too willing to make sections, preparations, urinalyses or other analyses, which work is in many instances of absolute necessity to the proper presentment of a case. The facilities for such minute observations are constantly being increased by science. Among the latest and most important of these stand the Roentgen rays, by whose aid, even in its present imperfect stage, the surgeon is in many cases changed from a blind man who gropes in unseen places with acute and sensitive but still uncertain touch, to one whose hand is guided by perfect sight. Of this marvellous discovery we can avail ourselves through the kindness of Dr. E. E. King, who has placed himself and his camera at the disposal of any member who wishes by this means to make a clinical report more perfect. These adjuncts are of the greatest possible value, in fact in many surgical cases are now indispensable, and the Society is indeed fortunate in possessing a member so skilled and accomplished in this intricate art. I am sure I voice the sentiment of the Society in the hope that Dr. King will give us, as frequently as possible, an exhibition of the advances that are being made so rapidly in this wonderful science.

I dare not attempt to give a resume of the briefest description of the work done in the medical world during the past year. Indeed, to give a list of the various books that have appeared on medicine, midwifery and surgery, to say nothing of the vast number of treatises on specialties, would take up a considerable part of this evening's time. Much of the paper covered with these compilations (called "original works") might have been used in a much worthier cause.

The burning question of antitoxins, animal extracts, blood serums, etc., flame vividly as ever. The journals teem with articles side by side, laudatory and condemnatory, so that the ordinary practitioner is in a quandary as to how much confidence he should place in these dubious compounds. On one hand we find a man like Joseph Winters, Professor of Diseases of Children in University of New York, one of the brightest and best known pediatricians of the day, who, after months of his valuable time spent in tracing from hospital to hospital, city to city all the world over, the action of the diphtheritic antitoxin, pronounces it, in a tersely written article prepared for the *Medical Record*, June 20, 1896, as useless, and even harmful—therein, by the way, agreeing with the opinion of our worthy Medical Health Officer, expressed more than two years ago. On the other hand, men of the well known attributes possessed by Koplik, Chapin, Booker and others, have published results which would go to prove the remedy almost a specific. In the face of such conflicting opinions pronounced by men of equal skill and fame, after equally zealous and unbiassed search for truth, I repeat that the ordinary practitioner, if he be not over self-confident, must feel an uncertainty leading to feebleness of action which will continue until there has been time in which to marshal hosts of cases before the judgment seat of science in order that the case may be decided by the evidence of the majority. This question, then, is for the whole medical world in general, and for us in particular: and in concluding my remarks on our practical work as a Society, I would like to remind myself and you that by every earnest discussion and well-weighed conclusion arrived at in these meetings, we are adding our mite to the advancement of our great branch of science. Undoubtedly this and kindred societies afford us all an opportunity of crystallizing our theories into facts through the medium of reporting all cases of an instructive character, and inviting free discussion and friendly criticism.

Since last year, death has entered our ranks for the first time in the annals of our Society, and has taken two familiar faces from our circle: those of Dr. McFarlane, and Dr. Cook, of Simcoe Street. Standing thus in the presence of death we are reminded, amid our efforts for the healing of men, of the futility of the greatest skill when the Highest Power has sent His reaper. The first empty chairs, and the first greetings missed from a friendly circle must always be sad. In the case of Dr. McFarlane, it is more so than usually, for, to quote Mr. Gladstone's words on the late Archbishop of Canterbury, "he died as a soldier" while in the active exercise of that most noble part of a medical man's duty, the tending of those poorer citizens

who depend for chances of healing upon these acts of mercy. In an effort to save life, our late beloved friend lost his own, and we shall always think of him as one who died honorably upon the open field of battle. These poor words and others from worthier lips that have preceded them, must take the place of the laurel wreath which was so fairly won. As former President of this Society, Dr. McFarlane was deservedly popular, and through all the years of our co-operation as fellow-members, we have all felt, I am sure, that his ready tact and genial manner, and kind and trustworthy nature have gained him the esteem, nay, the love, of us all. To speak of his surgical skill, well known to all, were out of place here. This is not an eulogium of the surgeon, but a tribute of affection to a man and a friend who has left us a bright example of self-sacrifice on the path of duty.

Dr. Cook, of Simcoe Street, died only a few days ago after a short illness of an incurable and very painful nature, bravely borne. His loss is keenly felt by all his patients, who were attached to him, not only in the character of physician but in that of a household friend whose sympathy was ever ready, both for the sufferer and the anxious watchers. We have placed this tribute of our esteem upon the newly made graves, and, turning back to life and work, synonymous words in our profession, I will, in conclusion, express the earnest hope that next year the same goodly number may meet as are present with us to-night.

THE PASSION FOR PRESCRIBING.—Gonelle, a jester at the court of the Duke of Ferrara, insisted that the trade which had the most followers was that of doctor. To prove his assertion, he left home one morning wearing his nightcap and with jaws wrapped up, pretending to suffer from a toothache. Every person he met had some advice to give. When the jester entered the presence of the prince, the latter declared that he knew something that would "take his pain right away." Gonelle instantly threw up his kerchief and remarked: "And you too, Monseigneur, are a doctor; I have only passed through one street in coming from my house, and have counted more than two hundred of them. I believe I could find ten thousand in the city." Whether the story is true or false, it could find practical basis in this day. There is probably no one who has not permitted himself to give medical advice to an ailing person in passing. It is a common affair to remark that a person was "cured" by such and such a remedy—"Try it!"—and to jeer at the doctors who know nothing about the affair.—*Popular Science Monthly*.

The Theory of Eliminative and Antiseptic Treatment of Typhoid Fever.

BY W. B. THISTLE, TORONTO.

[Abstract of a paper read at the Canadian Medical Association.]

SINCE the writer had published his first paper on this subject in April, 1893, and the objection that such treatment was accompanied with danger was now seldom heard, still there existed much misconception regarding the ideas which underlay this form of treatment. An example of such misconception had been shown in a very inaccurate report of the eliminative and antiseptic treatment which appeared in a recent edition of a well-known work on the practice of medicine. The writer of the book had stated that the treatment of the disease was based on erroneous ideas as to the pathology of the disease, that this form of treatment was administered under the idea that the specific bacteria were confined chiefly to the intestine. The writer of the book had stated positively that the specific bacteria were not present in the intestine until the ninth day of the disease. The author had further stated that the specific germs were found in the spleen and other parts of the body, the reader being led to infer that the advocates of the eliminative treatment had failed to appreciate that fact. The essayist then reiterated his views as to the pathology of typhoid fever. The toxins generated by the germs produced the phenomena of the disease. In his former papers the essayist had held to the view that the toxæmia was induced by more than one form of bacterium, that the bacilli coli communis contributed to the poisoning.

During the progress of the disease there is a continual augmentation of the toxæmia by the absorption of toxins from the intestine and of quantities of poison produced by colonies in the spleen, mesenteric glands and Peyer's Patches. Recent investigations had confirmed his views as to the nature and extent of the poison. He had also questioned the correctness of the very generally accepted statement that the specific bacilli were present during the first nine or ten days. This contention, too, had been agreed with by recent observers: for the bacilli had been found in all stages of the disease, distinction between Eberth's bacillus and the bacillus coli having been made by perfected methods of bacteriological investigation. So that his great error, according to the author referred to, in supposing that the bacilli were

present in the early days of the disease, was not an error. Continuing, the essayist said :

However, before entering upon the treatment there are some fundamental facts which it is necessary to keep prominently in view in order to appreciate the logic of eliminative treatment.

1. There is the constant augmentation of the toxæmia. The toxine produced by bacilli in the intestinal contents and that produced by the colonies located in Peyer's Patches and the mesenteric glands is constantly being conveyed into the general system. Poison produced by colonies located in the spleen as in the other viscera would reach the circulation at once.

2. From the intestinal bacilli, both specific and bacillus coli, are carried to further increase the number in Peyer's Patches, mesenteric glands and spleen.

3. That death comes in typhoid in two ways, leaving out accidents such as epistaxis, etc., either by excessive accumulation of toxins in the body or by the excessive local action of the toxins on particular tissues.

Roughly it is said that eighty per cent. of the fatality in typhoid is due to toxæmia. that is, the constant augmentation of poison, either directly by overcoming the centres or less directly by producing exhaustion, proves fatal. The remaining twenty per cent. of the mortality includes of course the rare and accidental causes, but is mainly made up of the cases that die from excessive local action of the toxins on particular tissues. By far the greater portion is due to hæmorrhage and perforation, two accidents incidental to necrosis. So much of the toxins accumulates in Peyer's Patches owing to the facility with which bacteria, specific and bacillus coli, and toxins are carried from the intestines to still further increase the amount of toxins in the gland. The gland tissue at first irritated, is no longer able to resist the prolonged action of the ever-increasing toxins, and death of the part occurs.

Let us now notice the defensive measures against the condition described.

1. There are the channels through which toxic substances are got rid of.

These are: 1. The biliary secretion. By means of the bile, toxic materials are abstracted from the body and poured into the intestine, and so out of the body. Bouchard estimates the toxicity of bile as nine times greater than that of the urine. 2. Next to the bile as a means of eliminating poison from the system comes the urine. 3. The serous secretion into the intestine would, in case toxic

materials were in the circulation, necessarily carry some of the toxine with it.

A further defence is found in the resistance and aggressive action of the tissue cells themselves. Indeed, in cases that recover, the bacilli in the body must be destroyed in this way, excepting, of course, those that escape by the urine. Just here it may be noticed that the aggressive and defensive action of the tissues is in inverse ratio to the extent of the toxæmia.

The plan of treatment which I in 1893 brought forward as the eliminative and antiseptic treatment of typhoid consisted in the administration of frequent doses of purgative medicines, the exhibition of purgatives being continued daily throughout the entire disease.

With the employment of purgatives was associated the use of anti-septics, chiefly salol. To compensate for the withdrawal of so much fluid from the body by so frequent purgation, as well as to dilute and also facilitate elimination of poison, the ingestion of large quantities of water was enjoined. The purpose of giving purgatives is :

1. To interrupt the process of infection, that is, by sweeping out the intestines to clear away bacilli specific and non-specific, and also toxines which would otherwise go to increase the number of bacilli in the body and to increase the existing toxæmia.

2. To counteract at frequent periods the continuous augmentation of toxines in the body by carrying away the toxic bile poured out into the intestine, which if not carried out is again taken up and returned to the system.

3. To further deplete the volume of toxine by causing a free secretion into the intestine, bringing with it poison.

4. The constant clearing of the intestine must lessen the extent of the local lesion because it cuts off the base of supply from which bacilli and toxines are carried to Peyer's Patches to reinforce the bacilli and toxines already in possession.

It is stated in the *Maryland Medical and Surgical Journal* that a well-known surgeon of Baltimore, as a protection against law suits, keeps a book in which he has printed a form which all patients must sign before submitting themselves to an operation while under his care. In the case of a married woman the operation is explained to herself and her husband and both sign the release, and, in case of the absence of a husband, the nearest responsible male relative witnesses the signature of the woman.

Clergyman's Sore Throat?

BY PRICE-BROWN, M.D., TORONTO.

[An abstract of a paper read at the meeting of Canada Medical Association, Montreal, September, 1896.]

THIS name was usually confined to two diseases, follicular pharyngitis and chronic laryngitis. The intention of the paper was to include the many varieties of diseases which produced sore throat in clergymen. It was often necessary to look beyond the pharynx and larynx to get at the origin of the evil. The term "Clergyman's Sore Throat" was inappropriate and unscientific.

Hence having no definite and distinct meaning, being ignored by some writers and differently defined by others, it would be better if both physicians and laymen would for the future consider the term obsolete. The writer adds emphasis to this idea by the remarks made in reference to distinct diseases, which patients suffering from so-called clergyman's sore throat have really been afflicted with.

It was now an acknowledged fact, well understood by the profession generally, and particularly emphasized by laryngologists, that the large majority of cases of chronic throat disease have their origin in nasal or naso-pharyngeal obstruction of one kind or another. Wherever we have nasal stenosis we have oral breathing, leading to throat irritation and other attendant evils. Voice users, of which perhaps clergymen are our most representative class, often suffer from this cause, and the soreness experienced in the throat is naturally referred to by them as the disease itself, instead of the effect of disease situated in another organ.

During the ordinary act of respiration the nose, when in a normal state, performs a threefold duty:

1. It cleanses the air from impurities, as it passes through the vibrissæ and over the ciliated epithelium.
2. It heats the air to a blood temperature by the time it reaches the naso-pharynx on its way to the lungs.
3. It saturates the air by the moisture thrown out as serous exudation by the venous sinuses of the turbinateds.

The nose can only perform this triple function when normally open enough to allow of free nasal breathing; and it is only of recent years that the importance of air saturation before reaching the naso-pharynx has been sufficiently recognized.

The researches of Aschenbrandt, Kayser and Bosworth have established the fact beyond dispute, that the venous sinuses of the turbinateds discharge by transudation from twelve ounces to sixteen ounces of serum per diem for the definite purpose of saturating the air in its passage downwards. The venous sinuses discharge this fluid either by the tubular mucus glands of Zuckerkandl or by the minute serous canals of Chatellier, probably by both, as many believe the two to be identical.

However that may be, the turbinateds alone possess venous sinuses and tubular canals, and consequently no other bodies can effectually perform their functions. The posterior pharynx is not supplied with this intricate apparatus for irrigation; and when nasal breathing is cut off from whatever cause, the small amount of moisture in the throat is immediately picked up by the air in breathing, leaving the mucous membrane in a parched condition and producing to some extent the soreness of which clergymen so often complain.

Let oral breathing once become established, particularly when from any cause the voice requires to be used in an unusual degree, and follicular pharyngitis is one of the most frequent results. Thick, tenacious mucus will be secreted in the throat, with the resulting screatus to clear the parts of the viscid substance.

Sometimes, too, the palatal muscles are brought into such constant action, in the effort to procure relief, that the uvula becomes elongated and thickened. From its newly acquired size, it in turn becomes a foreign body lying on the tongue and inducing efforts of unavailing deglutition.

Another effect, not by any means unfrequent, arising from this abnormal pharyngeal exposure, is catarrhal and follicular tonsillitis, with enlargement and hardening of these bodies.

Still another result of obstructed nasal respiration, particularly so with clergymen, is hyperæmia of the vocal chords, accompanied by hoarseness, soreness and catarrhal secretion.

It is quite possible that these symptoms may sometimes arise from reflex action of the sympathetic and pneumogastric nerves, caused by an abnormal condition of the stomach and other digestive organs, and in which the nasal respiration is free and unobstructed; but the fact remains, that the majority of chronic throat affections, particularly in clergymen, owe their origin to nasal obstruction of one form or another. Hence, it should be our first duty in every case to examine the nose and naso-pharynx thoroughly, before concluding that the throat disease had its origin in the pharynx *de novo*.

The writer concludes by giving the history of ten cases of throat

disease in clergymen, selected from a record of twenty-five. They were chosen as representative cases, all differing from each other as to cause, but all presenting similar throat symptoms. Four-fifths of them, or eighty per cent., owe their origin to nasal obstruction. The treatment in all cases was the removal of whatever obstructions existed, followed by mild spray treatment during the process of healing, care being always taken not to excise too deeply, or to remove in any way the normal tissue. As a result the throat symptoms in all cases improved and in many disappeared.

The cases reported were epitomized as follows :

In one there was a large polypus in one nasal cavity,

In one a dislocated columnal cartilage,

In one a twisted or contorted uvula,

In one hypertrophy of the faucial tonsils,

In one ulceration in the hyoid fossa,

In two there were septal ridges,

In two septal spurs,

In two catarrhal hypertrophy of post-septum,

In two elongation and hypertrophy of the uvula,

In two pharyngeal granulations,

In three turbinal hypertrophies,

While in only one was there entirely uncomplicated laryngeal disease.

REST AFTER A MEAL.—The question has very often been raised whether rest after a meal is favorable to digestion. Some persons cite the example of animals who lie down and go to sleep after eating, while others claim that sleep during digestion makes the mind sluggish and predisposes to apoplexy. M. Schule, of Fribourg, has endeavored to solve the question by chemistry. In two cases where the stomach was normal he removed the contents and analyzed them a few hours after meals, followed in some cases by sleep and in others by simple rest, in a horizontal position. According to these experiments the regular effect of sleep is to lessen the power of contraction of the stomach, while the acidity of the gastric juice increases ; on the other hand, rest in a horizontal position stimulates the motion of the stomach without increasing its acidity. The inference is that it is well to rest after eating, but without going to sleep, particularly when one is affected with a dilated stomach or with hyperacidity of the gastric juice.—*Medical Times*.

Society Reports.

Toronto Clinical Society.

The regular meeting was held in St. George's Hall, October 14th, President Dr. ALLEN BAINES in the chair.

RESOLUTION OF CONDOLENCE.

A committee was appointed to draft a resolution of condolence to be forwarded to the daughter of Dr. Cook, lately deceased, a Fellow of the Society.

The inaugural address was delivered by Dr. ALLEN BAINES, see page 93.

Resection of the Ribs.—Dr. A. PRIMROSE reported a case in which he had done resection of the ribs and parietal pleura in a long-standing case of empyæmia. He gave an historical resumé of the treatment of these cases. Mounted specimens of portions of the ribs (third to ninth) were presented, which had been removed from the patient whose case was reported.

Chronic Cystitis.—Dr. J. F. W. ROSS reported two cases of obstinate chronic cystitis (non-tubercular) treated by drainage through the vagina, with recovery after many months. Case one was of long standing, had been treated in many ways by many men, but grew worse. The patient had become exceedingly emaciated, could not sleep, had acquired the morphine habit, and suffered excruciatingly from tenesmus. The bladder wall was very much thickened. For some months after the opening was made improvement was slow, but finally complete relief and recovery was brought about. The wound was subsequently stitched up. Dr. Temple concurred with the treatment described in these cases. He reported cases in which a similar procedure was followed by complete relief. In one case the patient was so relieved that she positively refused to submit to the second operation for closure of the fistula. Dr. Ross presented three very large gall-stones he had recently removed, averaging one inch in the long diameter, and half an inch in the transverse.

Myoma of the Uterus.—Dr. A. A. MACDONALD reported a case of removal of myoma of the uterus with the adnexa. (Will appear in next issue of the REVIEW.) In discussing the paper, Dr. Ross said

he had used the clamp for the last time. He pointed out the dangers of its use. The leading American hysterectomists were abandoning this method. His method was to do total extirpation of the uterus and treat the stump extra-peritoneally below.

Cases in Practice.—Dr. WM. OLDRIGHT reported several cases in practice and presented specimens. First, a pair of pus tubes and a small uterine fibroma. Second, a hæmato-salpin gyes, a corpus luteum, and a little finger, removed for an enchondroma of two of the phelanges.

Editorials.

Snobbery Rampant.

“THE Medical Service in the British Army is rapidly deteriorating, owing to the snubbing which its members constantly receive from the commander-in-chief of the army and his subordinates among the so-called combatants. There are at present, it is said, about forty vacancies and no candidates can be found to fill them. The pay at some stations does not meet the medical officer's necessary expenses, but one of the most galling points in the situation, says the *Medical Press*, is the supercilious social attitude, for the most part, assumed by the combatant officers. The newly fledged army medical, who is, in nine cases out of ten, a man of liberal education and decent social position, finds himself the only medical man on a station. He is admitted, not as a right but upon sufferance, to the officers' mess, and is thus at once introduced to the system of arrogant social snobbishness with which the British army is still cursed, at any rate, so far as its medical branch is concerned. What wonder if the medical schools now warn all students against choosing the army as the scene of their future career? It will be interesting to observe what impression the dearth of candidates will have on the heads of the department.” So says the *Medical Record*.

It should be added that the present head of the Medical Department is a man who has never seen active service. What can he know practically of the requirements of an army in the field? Possibly he is easily moulded by his combatant superiors, being personally inexperienced in active warfare. The REVIEW has often recommended the medical service of the army to Canadian students. It now must warn them against it until better terms are granted and medical officers are treated as gentlemen.

The Incomes of City Practitioners.

THAT these have fallen off greatly during the past few years there is no gainsaying. For this several reasons are ready at hand.

In the first place, there is a certain attraction about living in large cities, and therefore an undue number of doctors make in them their homes.

Then again, commercial depression causes people to be a little careful about consulting doctors for every ill. This certainly keeps many from coming from the country to consult the city doctor, or from sending for him.

Further, the doctor in the country and smaller towns is now a much better all round man than he used to be. There are few things that are done in the city that cannot now be done in the country.

Most of the towns of five or ten thousand, or even less, have their specialists in gentlemen who go from time to time to Europe or New York and acquire a thorough knowledge of their special work.

But the towns and smaller cities have now their well regulated hospitals, where major and minor surgical work is performed with much credit to the operators. These gentlemen are now in the position to be somewhat independent of the city physician or surgeon, or indeed to be perhaps jealous of him.

These provincial town and city doctors are not likely to recommend their patients to come to Toronto, in order that the medical men of the latter may grow rich at the expense of the former. It is only natural that every effort will be made to prevent patients acquiring the habit of coming to Toronto.

It is becoming more and more apparent every year in New York, Chicago, Philadelphia, London, Eng., and other great city centres, that the volume of country or out of town work is decreasing. The reasons for this we have just pointed out. This condition of things will certainly increase as time goes on. The number of rural specialists and hospitals are increasing apace. This bodes no good to those in the few large cities.

LACERATION OF PERINEUM.—Dr. Batman, of Indiana, says: 1. The obstetrician has not discharged his full duty to his patient until he has carefully determined the location and extent of all injuries to the soft tissues of the pelvic outlet occasioned by the labor, and has repaired such as are susceptible of immediate repair. 2. The time is

not far distant, if not already here, when the courts will take cognizance of failure to render such services when thus indicated, since they are a part of the service which the thoroughly equipped practitioner renders his patient. The only amends which can be made for failure to make the immediate repair, in case the attendant is not prepared with appliances and a knowledge of the technique of the procedure, is to call for assistance upon some one that is prepared.

* * *

TREATMENT OF APPENDICITIS.—Dr. F. C. Wells, of Chicago, in *Chicago Clinical Record*, August, summarizes his treatment as follows. Absolute rest in bed is necessary. Of sixteen cases, he has had only four that he has turned over to the surgeon. In two of his cases there was no previous constipation. In one there had been diarrhoea. One grain each of calomel and soda is given every hour until the bowels move freely. Hot fomentations are applied, and the surface well moistened with a mixture of turpentine and camphorated oil. Good-sized flaxseed poultices are useful. The diet is limited to milk. Opium is ordered for the relief of the pain, although its use is condemned by some. There seems to be a connection between rheumatism and appendicitis, and in suspected cases of this kind, two in number, salicylates have been pushed freely with the greatest advantage. The high injection of hot water is of decided benefit.

* * *

THE MANAGEMENT OF PERTUSSIS —Charles G. Kerley, of New York, in the *New York Polyclinic* for 15th August, remarks that, after a most careful study of the leading remedies for whooping-cough, the following conclusions may be safely laid down: 1. Treatment by insufflation of powders into the nostrils is of no value, neither is the cresolene lamp, nor the use of embrocations. 2. Belladonna is of no use whatever, though given to the point of physiological effects. Alum, extract of horse-chestnut leaves, dilute nitric acid were equally worthless. 3. Quinine in doses of ten grains to fifteen grains every twenty-four hours to children from three to five years of age during the paroxysmal stage was often very effective in lessening the attacks in severity and frequency. 4. Bromoform is of no value, and may be dangerous. 5. The bromides are helpful to a certain extent, the best being the soda salt. 6. Antipyrin was of the greatest service. For a child of eight months, gr. ss. every two hours; for fifteen months, one gr. every two hours, from two years to four, two grs. This may be combined with soda bromide. No bad effects noticed.

CHARCOT-LEYDEN CRYSTALS.—Dr. David Riesman, in *Philadelphia Polyclinic*, September 12th, describes a case that came under his observation suffering from severe paroxysmal cough. The sputum was scanty, tenacious, greyish-white, and frothy. The sputum under examination yielded the Charcot-Leyden crystals. These are sharp-pointed pyramids joined at the base. They vary in size and numbers in different specimens of sputum. These crystals were detected by Charcot in 1856 in a case of catarrhe sec, and by Robin in 1853 in the spleen. They have been found in the blood of leucæmic patients. They are most abundantly found in cases of asthma and emphysema. It cannot yet be asserted that these crystals stand in the relation of cause and effect in asthma, though this is held by some good observers.

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POST-TYPHOID BONE LESIONS.—H. C. Parsons, late of Toronto General Hospital (Johns Hopkins Hospital Reports, Vol. V.), records six cases, in five of which a bacteriological examination was possible. In one Eberth's bacillus was associated with the staphylococcus pyogenes citreus, and in the remaining four it was found as a pure culture. In one case a post-typhoid node appeared and subsided twice without suppuration. The lesion is more frequent in men and is not influenced by age. It appears from one to sixteen months after the fever, and from an examination of literature the author found but one case forthcoming in which it had occurred during the fever. Any bone may be affected, but the tibia is most often involved, while the hands and feet are especially free. The ribs and costal cartilages are often affected. The typhoid spine is probably neurotic and not, as has been thought, due to organic change. Pain is the first symptom, and is usually localized to the seat of subsequent necrosis; in character it resembles that of secondary syphilis. Swelling follows. Resolution without necrosis may occur, or, on the other hand, there may be exacerbations and recurrences. Fever is absent, and the clinical course is very chronic. Trauma may, by lowering the vitality of the bone marrow in which typhoid bacilli can remain latent, be a causal factor, but a history of injury is often absent. Keen has shown that overstrain or muscular exertion may give rise to necrosis of bone after typhoid fever. Sinuses left after opening abscesses may remain open for long periods and the discharge be quite free from any micro-organism except the typhoid bacillus. The most satisfactory treatment is complete removal of all the diseased tissues. The prognosis is good.

ANOTHER DELICATE OPERATION, as reported in the *Telegram*, August 6, 1896: "Physicians in the Hospital for Sick Children have completed a successful operation upon little Lawrence Millsap, son of an Orillia district farmer, trephining in two places the lad's skull, injured a year ago. He was brought to the hospital two weeks ago, when it was found that the pressure of the injured portion of the skull upon the brain caused the fits the boy has for the past year been subject to." The ubiquitous reporter, in his thirst for items, evidently does not know that in publishing such notes of cases in the daily press he is doing an injury to the standing of the hospital which he evidently wishes to laud.

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THE FIBROID UTERUS.—Dr. George E. Shoemaker, in *The University Medical Magazine* for August, has an article on the above subject. The amount of hæmorrhage and pain and the size of the tumor all go to determine the propriety of operating. The tumor may not be large and give rise to very serious pressure symptoms. The attempts at treatment by medication, electricity or curettage are very likely to disappoint. They can only yield temporary improvement; and the question of operation has ultimately to be considered. The drugs that yield the best results are fluid extract hydrastis, and ergot in doses from ten to thirty drops. Their effects are very uncertain. When the tumor is in the lower segment of the uterus, and the patient is pregnant, it may be necessary to consider the complete extirpation of the organ, as labor would be impossible on account of the condition of things. The pain in some cases of fibroids becomes a prominent feature and calls for operation for its relief. The pain due to pressure and traction on adjoining organs may be extreme. The size of the tumor may become the leading feature, and justify interference. The weight of the tumor and the appearance produced have a very bad mental influence on the patient. Continued bleeding, though not severe, is sure to produce much disturbance. The different methods of removal are discussed: 1. Removal per vaginam. 2. By abdominal section. The latter has the writer's preference. When the abdomen is opened, the tumor may sometimes be enucleated without removal of the uterus. When the uterus must be removed, he prefers amputation of the cervix. The peritoneum is brought together and stitched so as to bury all cut surface. The removal of the ovaries and tubes is not recommended as a reliable means of treating fibroids. These tumors sometimes keep on growing and bleeding and growing after these operations and after the menopause. When the abdominal cavity is opened, it is much better to deal directly with the uterus.

Book Notices.

Practical Notes on Urinary Analysis. By WILLIAM B. CANFIELD, A.M., M.D., Lecturer on Clinical Medicine, University of Maryland: visiting physician to the Union Protestant Infirmary, Bay View Hospital and Hospital for Consumptives of Maryland: medical examiner, Manhattan Life Insurance Co., etc., etc. Second edition revised. Detroit, Mich.: Geo. S. Davis. 1896.

The importance of a knowledge of urinary analysis is so well known that it need not be dwelt on here. It is admitted that as a routine practice the urine of every patient should be examined.

This is a convenient book. It gives, after reviewing the general character of the urine, the tried and reliable tests for detecting normal and abnormal substances in the urine. Several new tests have been added. Great care has been taken by this noted and erudite writer in preparing this little volume of six chapters. The illustrations are good and accurate.

Buy a copy, it only costs a quarter, and may assist you to make many a correct diagnosis.

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A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M.A., M.D., LL.D. Ninth edition, revised and enlarged. New York: D. Appleton & Co. 1896.

The additions and alterations of this well-known work have been made, as the author states, to dispose of the new material which the rapid development of pharmacology has contributed to the science and art of therapeutics. The eighth edition, issued in 1893, was adapted to the revised U. S. P., but while the Revision Committee were instructed not to admit proprietary medicaments, such of these as are of most importance have received due notice. In this eighth edition the metric system was introduced. For the benefit of those who are unacquainted with the original work, published in 1876, it may be of interest to state that much of its material was obtained from independent experimental investigations by the author, who was not only teacher of the subject, but a general practitioner as well. Where others' work has been utilized, the names of such authorities and their works consulted are appended to each article. A peculiar feature of the work is the stress laid on the subject of alimentation. The therapeutical applications have been based on the physiological action to a great extent: but he has not omitted such empirical facts as have been well

founded by professional experience. Looking at that which is written at a particular remedy, the name, forms, incompatibles, synergists, are briefly mentioned. Then the physiological action is dwelt upon at length, and still more emphasis is laid on the therapy.

The writer of this review remembers reading the first edition of this work some years ago, as a student, with much interest. With tenfold more interest he does so now, being able to observe many of the phenomena as to the action of drugs described in the book. What is said of the newer remedies is of particular interest. Perhaps, if less had been said of some of the less-used remedies and a chapter added on serum therapy, the work would have been additionally valuable.

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The Feeding of Early Infancy. By ARTHUR V. MEIGS, M.D. Philadelphia: W. B. Saunders. Twenty-five cents.

In this small brochure of 14 pp. we have much valuable advice. The famous Dr. Johnson said that the most valuable books were the small ones that a person could take up in the hand and read by the fireside. This is particularly true of the little book before us. A food that the author has found of much use in feeding infants is made as follows: Good milk is allowed to stand in a long, narrow vessel for an hour; the upper half is gently poured off for use. A solution of milk sugar in water, eighteen drams to the pint, and good fresh lime water are required. The food is made by taking three tablespoonfuls of the creamery milk, two of the lime water, and three of the sugar water. The author condemns the habit of increasing the strength of the food with the age of the child. The mother's milk does not change.

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The Tonic Treatment of Syphilis. By E. I. KYES, A.M., M.D., late Professor of Dermatology, Syphilology and Genito-Urinary Surgery in Bellevue Medical College, etc. New York: D. Appleton & Co. \$1.00.

The substance of this book of 78 pp. made its appearance in 1876. Since then the author has worked faithfully for twenty years on the views then put forward. His faith has not been shaken in the value of small doses of mercury continued for a long time, from two to three years. This book goes fully into the questions ofunction, fumigation, hypodermic administration, etc., and also into the use of the iodides, and the mixed treatment by means of the iodides and mercury combined. He speaks highly of the value of the hypodermic injections of mercury in deep and visceral syphilis. A high share of praise is also given to the iodides in the late secondary eruptions, and

in all conditions of visceral syphilis. The book contains a great amount of valuable teaching upon the treatment of syphilis and should be extensively read.

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The Medical and Surgical Uses of Electricity. By A. D. ROCKWELL, A.M., M.D., formerly Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of New York Academy of Medicine; member of the American Academy of Medicine; member of the New York Neurological Society; formerly electro-therapist of the Woman's Hospital in the State of New York, etc. Illustrated with two hundred engravings. New edition. New York: William Wood & Co. 1896.

The first edition of this most valuable work received a fitting recognition from the profession. The work takes first place as an authority on the medical and surgical uses of electricity. The second edition brings the subject up to date, and shows that the gifted author has closely followed the many advances made. In this volume he gives the profession the benefit of his close and careful observation. No advanced physician can afford to be without the knowledge which a careful perusal of this book will make his own.

* * *

A Manual of Pharmacology and Therapeutics. By WILLIAM MURRELL, M.D., F.R.C.P., Physician to and Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, etc. Revised by Frederick A. Castle, M.D., Member of the Committee for the Revision of the Pharmacopœia of the United States, etc. New York: William Wood & Company. 1896.

Murrell's is a good name for the publishers to conjure with. The author had made a high reputation for himself as an able writer by his works on consumption, bronchitis, poisons, masotherapeutics, his many articles in medical journals, and his many years' experience as a teacher. The present work, therefore, must attain a high standard to keep up his reputation. This it undoubtedly does. Nowhere does the author appear to so much advantage as he does in this fine volume of 500 pp.

The first section deals with general questions such as ancient remedies, the art of prescribing, idiosyncrasy, accumulation, mode of administration, etc. This section is extremely readable and contains much valuable information.

Then comes the pharmacology of inorganic substances, as bromine, iodine, sulphur, etc. This is followed by the synthetic compounds, as alcohol, nitrous ether, chloral, etc. Then we have the drugs of vegetable origin discussed, and finally those of animal origin.

The work is not loaded down with much dry, weary matter on the many preparations of the drugs, and their chemical and physical properties. The author wisely spends his time and gives his experience on the more useful topics of their actions and therapeutics.

The publishers have done their work well. The book is handsomely printed on paper of a high quality, and the whole done up in beautiful binding. Taken all in all, we have no words but those of praise for this work, which we confidently believe will rapidly become one of the standards in every physician's library.

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An American Text-Book of Applied Therapeutics. For the use of practitioners and students. By J. C. WILSON, M.D., Professor of the Practice of Medicine and Clinical Medicine in the Jefferson Medical College; attending physician to the Hospital of the Jefferson Medical College, to the German Hospital, and to the Pennsylvania Hospital, Philadelphia. One handsome octavo volume of 1826 pages. Prices, cloth, \$7.00 net; sheep or half morocco, \$8.00 net.

The arrangement of this volume has been based, so far as possible, upon modern pathologic doctrines, beginning with the intoxications and following with infections, diseases due to internal parasites, diseases of undetermined origin, and finally the disorders of the several bodily systems—digestive, respiratory, circulatory, renal, nervous, and cutaneous. It was thought proper to include also a consideration of the disorders of pregnancy. The list of contributors comprises the names of many who have acquired distinction as practitioners and teachers of practice, of clinical medicine, and of the specialties. Among others we notice the names of Drs. I. E. Atkinson, Sanger Brown, J. Chalmers DaCosta, F. X. Dercum, John Guiteras, F. P. Henry, Guy Hinsdale, Orville Horwitz, W. W. Johnston, E. Laplace, A. Laveran, J. N. Mackenzie, J. W. McLaughlin, A. L. Mason, Charles K. Mills, John K. Mitchell, W. P. Northrup, F. A. Packard, Theophilus Parvin, Beaven Rake, E. O. Shakespeare, W. Sinkler, Louis Starr, H. W. Stelwagon, James Stewart, C. G. Stockton, James Tyson, Victor C. Vaughan, and J. T. Whittaker. The articles, with two exceptions, are the contributions of American writers. Written from the standpoint of the practitioner, the aim of the work is to facilitate the application of knowledge to the prevention, the cure, and the alleviation of disease. The endeavor has been to conform to the title of the book—Applied Therapeutics—to indicate the course of treatment to be pursued at the bedside, rather than to name a list of drugs that have been used at one time or another.

Correspondence.

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

Letter from Dr. Sangster.

HE REPLIES TO THE EDITORIALS IN THE "CANADIAN PRACTITIONER"—
THE GRASPING POLICY OF THE SCHOOL MEN—THE OVERCROWDED
PROFESSION—LOYALTY TO ALMA MATER.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—I regret that the pressure of other duties has hitherto prevented me from completing and forwarding my promised monthly letter for your next issue. As I dare hardly hope that I am yet in time, I will, with your permission, leave the continuation of the series till the November *Review* appears, and, in this, make a short though, seemingly, necessary digression.

The *Canadian Practitioner* has recently—I can imagine it was with some reluctance—published two letters of mine. Also, to the consternation of its friends, it proceeded to traverse and to garble them after the fashion approved of and practised by the *Ontario Medical Journal* before that delectable publication was privileged to "Requiescat in Hades" as my friend, Dr. James Bingham, tersely puts it. My chief purpose in addressing the readers of the *Practitioner*, through its editor, was to bring out and emphasize the fact that journals such as it and its congeners, which are established and maintained as the organs or mouthpieces of competing medical schools, cannot discuss questions of professional politics broadly or impartially—that it is vain, and, perhaps, unreasonable to expect medical school teachers and professors to so far rise above their private and corporate interests and associations, as to place the well-being of the profession otherwise than subordinate to that of the educational corporations with which they are severally identified. And furthermore, that when, as occasionally happens, one of these gentlemen ventures to pose as Mentor to the profession, or to assume the role of Censor of articles written in the interests of the medical electorate, his pretensions are apt to verge upon the ridiculous, and his criticisms become so colored by private and corporate considerations as to be, when justly appraised, worth less, except to the schools themselves, than the paper on which they are penned.

As an instance of the inconsequent trash in which these writers sometimes indulge, I may call attention to the charge gravely set forth by the editor of the *Practitioner* in his last issue, that, in the pursuance of my present course, I am disloyal to the Council of which I am a member! The events of the current year have not been provocative of "Loyalty to the Council" on the part of leal territorial representatives. This the editor of the *Practitioner* very well knows, and it may be questioned whether he is wise to thus force and accentuate disclosures which certainly do not redound to the credit of the schools. These institutions have, in the past, professed a lip loyalty to the Council, which was considered as binding only as long as that body consented to act as the mere official exponent of their educational behests. Now, on the other hand, I neither owe, nor have I ever professed to owe, any special loyalty to the Council, except as far as its decisions and acts are conceived in a spirit of fairness to the medical electorate. My allegiance is primarily, nay, is exclusively, due to the constituency I represent, and to the rights and immunities of the profession I am honored in being privileged to serve. To say, then, or to pretend that as a trusted representative of the medical electorate, I am bound to accept all the acts and decisions of the Solid Phalanx—constituted as it is constituted, and howsoever adverse these may be to the most vital interests of my constituents—without protest and lively resistance both within the Council chamber itself, and exteriorly thereto, in the independent professional, and, if necessary, also in the secular press, is a postulate so absurd, so monstrous, that, in venturing to formulate it in his journal, the editor of the *Practitioner* must imagine that he is addressing ignorant yokels or unformed school boys instead of thoughtful and intelligent men. When, as must eventually happen, the medical electorate becomes aroused so as to properly grasp the situation, and, rising to the duty of the hour, sends to that Council a solid body of representatives no one of whom can be led astray, as in the present and the past, by the artfully contrived figment of a supposititious loyalty to the Council overshadowing and superseding one's real and substantive duty to his constituents, the Council may, by a majority of votes, decide to stem the demoralizing influx into our ranks by elevating instead of tearing down the entrance standards. In that event the shareholders of medical educational incorporations will have to put up with reduced annual dividends, and one wonders whether the *Practitioner* will then so prettily prate to the Schools and their appointees about the duty and the beauty of submission, and of loyally accepting, as final, the decisions of the majority. Meanwhile,

having freely expressed his pungent sense of my imaginary delinquency, perhaps he will now tell us what he thinks of some of my fellow members in the Council—the trusted appointees of medical schools—seeking last spring to knife the Council in its very vitals, by surreptitiously approaching the Government and obtaining an Act annulling every advance that has been made in matriculation requirements during the last fourteen years, and practically abrogating the whole control of the Council over medical education.

I am tempted in this connection to advert to a cognate matter. I entertain only the highest respect and esteem for the teachers and professors of our medical schools. In my letters to the public and professional press I have ungrudgingly borne testimony to their great efficiency as instructors, and to their eminence and ability as medical men. In their private, their social and their professional relations they are, as far as I have the honor of their acquaintance, royally good fellows against whom no one can say, or desires to say, a single word that is unpleasant or discourteous or derogatory. In their function as members of educational corporations, however, they come into official relations with the profession and with the community, and in this, their corporate capacity, they are public men, just as liable to sharp criticism and adverse comment as are members of the Council, members of Parliament or city Aldermen or village School Trustees. I hope, and I firmly believe that, with perhaps a single exception, School professors, and, also, School appointees in the Council, are far too sensible to sympathize with the stupid claim set up, in effect, on their behalf by the *Practitioner* that, to criticize these institutions in moderate terms, or to express even strong disapproval of some of their business methods, is to be intentionally offensive or discourteous to the gentlemen who compose their several faculties! This journalistic curiosity is almost as good, in its way, as the claim made, a year or two ago, by the same writer that, to appeal to our fellow practitioners for united action in resisting the interference of the Schools in the government of the profession was to preach a gospel of bitterness, and to attempt to seduce medical alumni from their allegiance to their *Alma Mater!*

Without any attempts at such seduction on our part, College allegiance among medical men is rapidly becoming a vanishing fraction. There can be no doubt that, in the past, *ad misericordiam* appeals to College graduates to rally around their *Alma Mater* have had the effect of preventing many medical alumni from looking too closely into the pretensions of the Schools, and from actively ranging themselves in line with the Defence Association. That rope, however, which

among us was never a very strong one, has been strained beyond its power of resistance ; and moreover, in this practical and materialistic age, the sharp logic of events proves quickly fatal to such mere sickly sentimentalism as that on which these appeals were based. In the great and richly endowed universities of both Europe and America, where undergraduates spend several years in residence, and receive gratuitous instruction, the institution becomes to them, and, after graduation, remains to them, really a "Benign Mother" who has earned their gratitude and loving allegiance. Measurably, the same conditions prevail among Art and Science men in Ontario. But medical students and medical schools, here, sustain very different relations towards one another. The student is not in residence ; he merely attends lectures, and that somewhat reluctantly, for four or five months in the year, while the "school" exacts from him the full money value of every lecture or demonstration given, and of every ticket taken out, and of every examination submitted to, and of every "extremity" or "head and neck" dissected, and of every "parchment" conferred. And after thrusting him forth into a demoralizingly overcrowded profession, where he finds there is no place reserved for him, his "Benign Mother" proceeds to show her step-motherly qualities by evincing far more anxiety to obtain increasingly large annual grists for her educational mill, than solicitude to conserve the rights and morale of the profession, or to advance the material well-being and prosperity of her alumni. Is it any wonder, sir, that under these circumstances, and especially in view of the exasperating experiences of the present year, college graduates among us are almost universally learning to repudiate spurious claims of loyalty to their *Alma Mater*? "What in the world," asks the struggling medical man, "has my 'Benign Mother' done for me that she feels justified in claiming my assistance, or that I should continue to consent to her keeping my profession beneath her feet? It is true that she invites me to her annual feasts—where it is said that the undergraduates supply the cheer and foot the bill—and asks me to spread myself in reply to the toast of 'Our University.' And she gives me a seat of honor at her Convocations, and, generally, pats me on the shoulder, as one of her white-haired boys, with her left hand. All this is 'policy'—is a matter of business on her part. It costs her nothing, and is supposed to rope me in ; and, being published with a flourish in the daily press, helps to swell the incoming October grist. And all the while, with her right, hand she is lowering the money value of my diploma, and making it harder to earn my daily bread and butter, and helping to send the profession to the dogs, by annually

shovelling into it new men by the dozen, new men by the score, new men by the hundred. When I was a student she mulcted me in every cent she could legally exact. I not only had to pay some \$400 for my tickets besides examination and graduation charges, but my 'Benign Mother' sold me material for dissection at a profit of 200 per cent. or 300 per cent. and required me annually to hand over \$5.00 before she would enrol my name. And if I broke a test tube or a microscope slide, or accidentally upset a bottle of acid on the laboratory table, I was assessed in damages to the utmost farthing. Really, gentlemen, the whole thing is just as ridiculous as it would be for my tailor and my shoemaker and my butcher to claim my undying gratitude and my unswerving allegiance in addition to \$40.00 for each dress suit I get, and \$10.00 for each pair of evening boots, and 15 cents a pound for my daily mutton."

Still, sentiment dies hard, and some men are more easily led by feeling than by conviction. If, in the coming elections, the Schools find that there has been a revulsion of feeling in the profession, they will have themselves chiefly to thank for it. They are the active agencies in furthering the undesirable drift into our ranks. Hitherto, among those not sufficiently well informed, they have successfully posed as the advocates of advanced matriculation and professional standards. The occurrences of the present year have knocked the ground from beneath their feet in that connection. They now stand forth in their true colors, as being far more anxious to obtain new students than to conserve the standards of the Council. To that end they are restive to the point of rebellion under the five years' study clause, and have secured from the Government the degradation of the matriculation requirements to a point but little, if at all, in advance of those in force before the Council came into existence.

Truly yours,

Port Perry, October 6, 1896.

JOHN H. SANGSTER.

The Medical Student.

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—A few words to the new medical students, if it may not be out of place. I understand your journal is not interested in any College, and is therefore free to express its opinion regardless of the consequences. To those who come to the medical colleges of Toronto for the first time, I would say :

Some of you no doubt in the general struggle of life will be highly

successful. After a course of several years devoted to the acquisition of knowledge, you will go forth and gain distinction in the fields of general or special practice. But on the other hand many may find the journey of life along the path of medicine and surgery by no means a bed of roses.

Art is long and life is short. There is much hard and serious work to be done. The material upon which you will be called to display your skill is the nearest and dearest to all humanity—life. You must therefore expect that as your work is of the highest order, the criticism to which you will be exposed will be of the very keenest kind.

Medicine and surgery has been a money-making calling to only a few of the more fortunate. The physician is compelled to live in good form and maintain respectable appearances. He is often called upon freely, as to his time and means, to aid many objects. All these things drain heavily upon his resources. As things now go the medical man has his full share of the anxieties of life. His rewards may be many and of high grade; but certainly they are not likely to be of a financial order.

The numbers who enter upon the study of medicine, and afterwards meet with disappointment and betake themselves to other callings, are very considerable. But the numbers who still struggle on at the healing art and yet never rise above the level of a bare living are still greater. That the practice of medicine and surgery can only afford a good income to a few becomes at once apparent when you consider the number of physicians and surgeons as compared with the population of the civilized world.

How many of the young men now entering the colleges for the first time have really seriously considered the question, What should I make after spending my time and money for four or five years at College? Would the average ambitious young man think favorably of the idea of making, say, \$1,000 or \$1,500 a year as a reward for such an expenditure? Those who study medicine merely as a profession and for its own sake, are limited to the wealthy as a rule, and we have not very many of such students in this country. In the language of the German proverb, "Medical study with most of the students is bread study."

It is all very well to say there is room at the top; but only a few, a very few, can ever get there. I think there are now far too many young men rushing into the learned professions.

Yours, etc.,

London, Ont., Oct. 1st, 1896.

AN OLD PRACTITIONER.

Proposed Testimonial to Rev. John Watson.

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—In the last number of the REVIEW, a correspondent calls the attention of the medical profession and especially of the Medical Council, to the prospective visit of the Rev. John Watson, D.D., of Liverpool, Eng., better known by his literary name of "Ian Maclaren." He does this to secure if possible a suitable expression of our appreciation of his touching, graphic sketch of "Doctor MacLure," who occupies so prominent and honorable a position in "Ian Maclaren's" inimitable delineation of Scottish peasant life, in his late interesting and deservedly popular book, "Beside the Bonnie Briar Bush." I am anxiously looking for your next number to see the response that is given.

It is more than probable that the portrait of "Dr. MacLure" has been but the sketching, from the writer's own mind, of figures impressed there during his pastoral visits to the sick-rooms, where he has met with, not one physician merely, but many who, by their knowledge, combined with sympathizing and judicious kindness and persevering solicitude, have commended themselves to him as illustrations of what the profession ought to be, and happily, very often is.

Now, Mr. Editor, if we are desirous of marking our appreciation of the painter of the portrait, and of the skill displayed in the picture, no time is to be lost. But what can be done? To set the Council in motion would take more time than the nature of the case can allow. Could not some of the well-known members of the profession in Toronto invite those who may be interested, to meet, informally, and discuss the question, "Shall anything be done?" If it should, what form should our expression of appreciation take? I venture to pen these thoughts. My name and professional standing would not add weight to them, so I merely sign myself

M.D. ('62), M. C. P. S. O.

[We heartily concur in expressing our appreciation for the benefit conferred by this brilliant writer, but fear that the present time is not opportune for a public presentation. It is to be hoped that when Mr. Watson again visits this country sufficient notice may be given to his many admirers in the profession in order that a suitable testimonial may be offered. We understand, however, that he is not doing badly on this tour, as his figure for a sermon and a lecture is \$1,500. — ED.]

Selections.

HEART STRAIN.—Pawinski regards the caffeine as of especial use in functional and degenerative disease of the heart muscle, and especially in the early stages. Sudden heart-strain from emotion or during fever is particularly benefited by caffeine.—*Medical Times and Hospital Gazette.*

* * *

GONORRHOEA IN WOMEN.—Not less than twelve per cent. of all the women who consult the specialist, exclusive of prostitutes, have gonorrhœa or its sequelæ. It is the cause of not less than fifteen per cent. of all cases of puerperal fever. It is responsible for seventy per cent. of all cases of sterility in women. It is the skeleton in many a family closet.—*Rosenwasser, in Hot Springs Medical Journal.*

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THE EFFECTS OF ERYSIPELAS TOXINS UPON MALIGNANT GROWTHS.—A committee of the New York Medical Society was appointed to ascertain the effects of erysipelas toxins upon malignant growths, and reported in part: 1. That the danger to the patient from this treatment was great. 2. Moreover, that the alleged successes are so few and doubtful in character that the most that can be fairly alleged for the treatment by toxins is that it may offer a very slight chance of amelioration. 3. That valuable time has often been lost in operable cases by postponing operation for the sake of giving the method of treatment a trial. 4. Finally, and most important, that if the method is to be resorted to at all it should be confined to the absolutely inoperable cases.—*University Medical Magazine.*

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“EXAMINATION FEVER” AND STAGE FRIGHT.—Fluid extract of gelsemium in the dose of ten minims three times daily is recommended as a means of toning up those about to undergo the ordeal of examinations. An English specialist, who was much resorted to by members of the dramatic and musical professions, was very successful in the treatment of stage fright with laudanum; five to seven drops, he found, would give confidence to the most excitable actress and *prima donna* on “first nights.” John Hunter was accustomed to nerve himself for the lecture-room in the same way; and it was probably this, as well as his experience of the drug in the case of sufferers from worse afflictions, that led him often to exclaim: “Thank God for opium!”—*The Practitioner.*

BRONCHITIS WITH HEART DISEASE.—Dr. Arthur Foxwell gives the following prescription for damaged lungs with bronchitis, complicated by enlarged heart and failing right ventricle :

R. Pot. iodidi	gr. iij.
Extr. stramonii	gr. $\frac{1}{4}$.
Extr. glycyrrhizæ	gr. ij.
Etheris sulphurici	℥ v.
Liq. arsenicalis	℥ ij.
Aquam.	ad ʒj.

To be taken five times a day.—*The Scalpel*.

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LEUCOCYTES AND THE BACTERICIDAL ACTION OF BLOOD.—Hahn *Arch. f. Hyg.*, vol. xxv., p. 105) has investigated the action of blood-serum and of pleural exudation of rabbits. The leucocytes in the latter were destroyed by freezing. He found that the exudation had a more powerful bactericidal action upon staphylococcus pyogenes aureus and bacillus typhosus than the blood-serum or the defibrinated blood of the same animal, and since the leucocytes were destroyed the action cannot depend upon phagocytosis in Metchnikoff's sense of the term. The author made experiments with Lichenfeld's histon-blood, in which the leucocytes remain unaffected in order to determine whether the bactericidal power depends upon the destruction of leucocytes or upon substances secreted by the leucocytes whilst still alive. He came to the conclusion that the latter is the more probable explanation.—*British Medical Journal*.

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TREATMENT OF DIABETES.—At the recent French Congress of Internal Medicine (*Sem. Med.*, August 19th) Mousse, of Toulouse, said he had tried antipyrin with the object of diminishing the amount of sugar, uric acid, and urea, but the diminution had only been fleeting. He had come to the conclusion that antipyrin should not be prescribed for diabetes. Beer yeast was of no use in his hands. He has tried pancreas in the fresh state in daily doses of 30 g., but with no better success. In his opinion the corner stone of treatment in diabetes is diet; if drugs are used, their effect should be closely watched, as they are not infrequently hurtful. In discussing the communication, Spillmann said he had treated two cases of wasting diabetes with injections of pancreatic juice. Each time the injections were given the sugar diminished and the weight remained stationary. Mousse admitted that each time he had given pancreas it had seemed to him that loss of weight was retarded.—*British Medical Journal*.

UTERINE CANCER.—The great error often made is in expecting to find these women emaciated, with marked cachexia, hæmorrhage, pain, stinking discharges, etc., as evidences of the presence of malignant diseases. Pain comes on late, and is often absent. Bleeding of a profuse character is rare, especially very early in the history of the disease. Foul watery discharges, so often alluded to, are sometimes absent. An irregular flow between the periods is the symptom most often noticed, and it is important especially if it occurs in a woman past the climacteric and following sexual intercourse. Many cases are much complicated, and the dangers from the operation much increased from adhesions, the result of delays and tinkering.—*Internationale Journal of Surgery.*

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THE NEED OF SPECIALISTS.—The highest attainment makes it both necessary and wise that there should be a division of labor with a corresponding concentration of study in special lines of work. This fact furnishes the reason and the motive for the specialist. Certainly no busy general practitioner whose daily round of duty is not limited to the usual hours of toil of the laborer, the artisan, the tradesman or other professional men, can expect to find time for that patient and persistent study of one subject which is a *sine qua non* to its mastery. The general practitioner who makes himself known to the circle in which he moves as a universal specialist is a danger to society. Equally to be dreaded is the man who assumes special knowledge and ability for special work, who by study and experience has not in some fair degree demonstrated his fitness for it.—*Charlotte Medical Journal.*

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MILK DIET IN BRIGHT'S DISEASE.—Ajello (Gior. dell. Assoc. Napol. di Med.) has studied the effect of milk diet and of mixed diet in twenty-one cases of chronic Bright's disease, and he concludes strongly in favor of a mixed diet; at any rate as far as the chronic stages of Bright's disease are concerned. Of the twenty-one cases, milk diet increased the volume of urine in nine and diminished it in eleven, and had no effect in one. The albumen diminished only in five cases and increased considerably in sixteen under milk, whilst under the same diet the urea diminished in eighteen cases, the phosphoric anhydride diminished in thirteen, the same for the sulphur in thirteen cases, and conversely under a mixed diet these elements showed an increase. Full tables are given of each case. In the acute stages the author would advise milk diet, but he is convinced that for the chronic stages of the disease a mixed diet is far better.—*Times and Register.*

THE ANTISEPTIC TREATMENT OF TYPHOID FEVER.—It is not to abort typhoid fever, as Dr. Osler apparently believes, that the antiseptic treatment is employed by the large majority of physicians who have faith in it, but because it inhibits the activity of intestinal germs concerned in fermentation and putrefactive processes and perhaps facilitate the spread of the necrotic process induced by the specific organism. To claim that antiseptics are of no value in typhoid fever because, as Dr. Osler states, they are a failure in cholera, is just as reasonable as would be the assertion that they must be efficacious because quinine, an antiseptic, cures malarial fever. There are few measures or means at the command of the physician that fulfil all the indications, and he who adopts a fad to the exclusion of all other effort, be it in the line of antiseptics or hydrotherapy, fails in his duty toward his typhoid-fever patients.—*Pittsburg Medical Review*.

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OPERATION FOR ATRESIA VAGINÆ.—Mackenrodt (*Centralbl. f. Gyn.*, No. 21, 1896) points out that attempts to keep the artificial vagina open by tampons after operations for this condition are seldom permanently, if even temporarily, successful, and states that he has recently in two cases successfully substituted a vaginal wall by transplantation of flaps obtained in operations for prolapse on otherwise healthy women. The new canal is prepared and plugged with iodoform gauze till its inner surface is covered with healthy granulations, and is then lined either by several single flaps which are kept in position by a tampon, or a lining is formed by sewing a number of flaps together round a Cusco speculum, and introduced with its wounded surface external into the granulating canal, and fixed by a tampon, which in either case is not removed for eight or ten days.—*British Medical Journal*.

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INFLUENCE OF THE VAGUS ON THE SECRETION OF URINE.—Walravens (*Archives Italiennes de Biologie*, xlv., 2) confirms the observation of Masius and others that faradization of the peripheral end of the vagus in the neck arrests the flow of urine. This effect is not, however, obtained if the animal is first atropinized. Hence Walravens considers that the arrest is due simply to the action of the vagus upon the heart and circulation, and not to any vasomotor fibres going from it to the kidney; if these existed, they would not be paralyzed by the small dose of atropine, which obviates the action of the vagus upon the heart. The author holds that all the observed facts may be explained by the variations in the aortic pressure. Stimulation of the central end of the vagus is found usually to increase

the flow of urine, though there is often no effect. This, again, is probably due to rise of blood pressure, and is related to the polyuria following puncture of the fourth ventricle. Walravens thus concludes that the vagus exercises no secretory influence on the kidneys.—*British Medical Journal*.

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THE BEST METHOD OF CLOSING THE ABDOMEN.—Dr. Bantock, of London, opened this discussion with an elaborate paper of which the following were the conclusions: 1. Bacteria do not play any part in the production of suppuration, but are the result and not the cause of the conditions under which they are found. Hence abscess in the wound or in the track of the sutures is not due to the entrance of "germs" or fully formed bacilli, but in the former case to the presence of matter acting the part of a foreign body, and in the latter to strangulation of the tissues by too tight constriction by the suture. 2. In ordinary cases the simple interrupted suture alone is sufficient for all practical purposes. 3. In very thin or very fat subjects it is desirable to close the peritonæum separately by continuous suture, while the remainder of the wound may be closed in one or two stages. 4. For the simple interrupted suture silkworm gut forms the best material, while for the buried suture catgut not chromicized will probably be found preferable.—*Medical Record*.

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THE OVARY AS A DRUG.—A writer in the *Gazette Medicale de Paris* for August 15th says that the success obtained by thyroid medication induced M. M. R. Mond (*Deutsche Medicinische Wochenschrift*, April 7th) to try the administration of ovarian substance in troubles due to functional inadequacy or extirpation of the ovaries. He employed tablets prepared by Merck from the cow's ovaries; they contained equal parts of salt and of ovarian substance. There are three kinds of tablets: 1. Those made from the ovarian substance. 2. Those made from the cortical substance. 3. Those made from a substance which is precipitated at the expense of the contents of the follicles. Up to the present time the experiments have been made with the first and the third only. Cases of total or partial extirpation of the annexa, cases of amenorrhœa with atrophy of the genital organs, and a case of rudimentary uterus with defective development of the ovaries were treated with "ovarine." The amount given was from four to six tablets a day, each containing eight grains. In eight out of eleven cases amelioration or disappearance of the pains was obtained. It is not possible, says the writer, to pronounce a definitive judgment on this mode of treatment, but we may hope to draw some profit from it.—*N. Y. Med. Jour.*

Miscellaneous.

A SON of Rokitansky, the celebrated Austrian pathologist, died recently in Vienna at the age of sixty. The deceased was for thirty years a member of the company of the Imperial Opera in Vienna, and for ten years a professor at the Conservatorium.—*The Medical Bulletin.*

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THE following letter from Dr. C. S. James, of Centreville, Iowa, indicates that Kellogg's Funis Ring Applicator is gaining in professional favor. Dr. James says: "I have been using the 'Funis Ring Applicator' for the past several months, and I now consider it one of the essentials of my obstetric bag. It not only affords the physician a degree of satisfaction and sense of security, but its use exerts a certain psychical influence upon the mother and nurse that is remunerative. To say I am pleased is expressing it mildly."

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THE DEATH OF SIR JOHN ERICHSEN.—Sir John Eric Erichsen, who died September 23rd, was one of the foremost representatives of British surgery. As his name implies, he was of Danish descent. He was born in 1818, and studied medicine at University College Hospital, where he was the pupil of Liston. By a combination of circumstances through which rapid promotion was facilitated, he was appointed professor in University College at the age of thirty-two. He became famous as a clinical teacher, and among his pupils were Sir Joseph Lister, Sir Henry Thompson and Marcus Beck. In 1866, on the resignation of Richard Quain, he became professor of clinical surgery in University College, and this position he held till 1875. At the time of his death he was emeritus professor of surgery and consulting surgeon to University Hospital, and to many other medical charities. He had been president of the Royal College of Surgeons of England, of the Royal Medical and Chirurgical Society, and of the Surgical Section of the International Medical Congress of 1881. He was appointed secretary of the Physiological Section of the British Association for the Advancement of Science in 1844; was member of the Royal Commission on Vivisection in 1875; was surgeon extraordinary to the Queen, and had been president of University College, London, since 1887, succeeding the Earl of Kimberly.—*Boston Medical and Surgical Journal.*

SANMETTO IN AFFECTIONS OF THE GENITO-URINARY TRACT.—Dr Robert Park, M.D., L.F.P.S. Glasg., L.S.A., M.R.C.V.S., etc., 288 Argyle street, Glasgow, Scotland, says: "I find in Sanmetto an extremely elegant preparation, and one very effectual in remedying those medical affections of the genito-urinary tract for which it is especially designed. I was particularly pleased with its successful action in a case of irritation of the bladder neck, and frequent micturition and incontinence in a young adolescent female."

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SARSAPARILLA DELUSION.—There is not a single tangible fact to show that sarsaparilla has any therapeutic properties whatever; no one has been able to show that the drug has produced any appreciable physiological effects. In spite of this fact, however, "sarsaparillas" appear to be popular remedies. A recent analysis of goods of this class shows that they depend for their popularity chiefly upon iodide of potassium and a large content of alcohol, which latter often reaches a percentage of twenty-six or more.—*Med. Age.*

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PAIN RELIEVED WITH UTMOST SAFETY.—Albert M. Williams, A.M., M.D., of Bradford, Pa., says: "I have used antikamnia in my practice since its first introduction and used it extensively. At first I was a little cautious and a little apprehensive, and rarely ventured on larger doses than five grains; but for several years I have given it in ten and fifteen-grain doses to adults and when needed, repeating every hour or two hours. I have rarely been disappointed in controlling pain, if the pain was of a character to be controlled by medicine. In severe neuralgias or any severe form of pain, my method is to prescribe ten grains to be given every hour till the pain ceases. I seldom use morphia or opium in any form. I have seen so many unfortunate victims of the opium habit that I shun its use, and antikamnia is my sheet anchor. The effects of opium and its alkaloids too, are most disagreeable to many people. I always suffered untold misery when I had taken even a small dose of morphia; itching and nausea especially continuing for about two days. There is none of this following the use of antikamnia, and I have never heard of a victim of the antikamnia habit. I have yet to see the first case where any alarming symptoms have followed its administration. I have for a long time been in the habit of prescribing it in a little larger doses than are recommended and any bad results from its use must be due to some idiosyncrasy on the part of the patient."